Sexual health of youth in BC

McCreary Centre Society

Sexual health of youth in BC

Copyright: McCreary Centre Society, 2015
ISBN: 978-1-926675-39-8

McCreary Centre Society
3552 East Hastings Street
Vancouver, BC, V5K 2A7

Copies of this report are available at **www.mcs.bc.ca**

For enquiries, please email **mccreary@mcs.bc.ca**

McCreary Centre Society is a non-government not-for-profit committed to improving the health of BC youth through research and community-based projects. Founded in 1977, the Society sponsors and promotes a wide range of activities and research to identify and address the health needs of young people in the province.

Youth health • Youth research • Youth engagement

Follow us on Twitter @mccrearycentre

McCreary team

Annie Smith	**Executive Director**
Elizabeth Saewyc	**Research Director**
Colleen Poon	**Research Associate**
Duncan Stewart	**BC AHS Coordinator/Research Associate**
Maya Peled	**Research Associate**
Kate Kovaleva	**Research Assistant**
Preeti Prasad	**Research Assistant**
Brynn Warren	**Research Assistant**
Annalise Zwack	**Administrative Assistant**
Alexandra Young	**Graphic Design**

Additional assistance was provided by Langara Nursing students Glory Vu and Tina Huynh.

Acknowledgements

Statistical weighting and expertise provided by Rita Green.

This report was funded by the BC Ministry of Health.

Funding for the 2013 BC Adolescent Health Survey was provided by BC Ministry of Children and Family Development, BC Ministry of Health, and BC Office of the Representative for Children and Youth.

Sincere thanks are due to all the students who participated in the 2013 BC Adolescent Health Survey. Quotes from students who participated in the survey are included throughout this report.

Thanks also to Ashleigh Turner, Communications Manager, Options for Sexual Health; Kristen Gilbert, Director of Education, Options for Sexual Health; Jenn De Roo, Sex Sense Coordinator, Options for Sexual Health; and Pat Mauch, Public Health Nurse (Retired) for reviewing and providing feedback on drafts of this report.

This study uses data from the 2013 BC Adolescent Health Survey which was approved by the Behavioural Research Ethics Board, University of British Columbia, #H12-02630.

CITATION

Poon, C., Smith, A., Saewyc, E., & McCreary Centre Society. (2015). *Sexual health of youth in BC.* Vancouver, BC: McCreary Centre Society.

Table of contents

Key findings 4
Introduction 5
Sexual activity 8
Age at first intercourse 12
Sexual partners 13
Efforts to prevent sexually transmitted infections (STIs) 15
Efforts to prevent pregnancy 17
Dual method use 21
Substance use and sexual activity 23
Sexually transmitted infections 24
Pregnancy 25
Safer sexual health practices among older youth 26
Access to sexual health support 27
Sexting 29
Regional comparisons 30
Risks to sexual health 33
Reducing inequities in sexual health 42
Sexual health of LGBTQ2S youth 48
Youth's suggestions for improving sexual health 56
Final word 58
Appendix 59

Key findings

In 2013, the fifth BC Adolescent Health Survey (BC AHS) was completed by nearly 30,000 students in grades 7 to 12 in public schools across British Columbia.

Sexual health was one of many topics covered in the survey. Youth were asked about their sexual health behaviours and sexual experiences. As some youth do not consider engaging in oral sex as "having sex," students were asked about oral sex and intercourse separately.

- Most youth were not sexually active. Three quarters of BC youth had not engaged in either oral sex or intercourse.
- Youth who did have intercourse were waiting longer to do so than in previous survey years. Four percent of youth under the age of 15 had ever had intercourse, compared to 7% in 2008 and 8% in 2003.
- Youth who first had intercourse at age 15 or older engaged in safer sexual practices than those who first had intercourse at an earlier age.
- Sixty-nine percent of students who ever had intercourse reported using a condom or other barrier the last time they had intercourse, while 17% of those who ever had oral sex used such a barrier the last time they had oral sex.
- Three percent of youth who ever had intercourse did not use any method of contraception the last time they had intercourse. Youth who did not use contraception were more than five times as likely as those who used some contraceptive method to report a history of pregnancy.
- Social inequities appeared to contribute to challenges in sexual health. Unstable home life, a history of government care, and poverty were associated with poorer sexual health. Similarly, some marginalized groups such as lesbian, gay, and bisexual (LGB) youth, those with a health condition or disability, and youth with custody experience, reported higher sexual health risks than their peers. Violence exposure, including abuse, dating violence, bullying, and discrimination, were also linked to poorer sexual health.
- Young people can be supported to make safer sexual health decisions. Students who were connected to family, school, or community; had supportive adult and peer networks; were engaged in extracurricular activities; felt good about themselves and their abilities; and had positive aspirations for the future all reported healthier sexual choices.

Introduction

Adolescence is an important time in sexual development. It includes physical changes of puberty as well as changes in emotions and cognitive abilities. During this time, most youth develop romantic and sexual attractions, begin to understand their sexuality, and some enter their first romantic relationships. Some young people will also have sexual relationships.

Legally the age of consent for sexual activity in Canada is 16 years old. There are close in age exemptions for youth aged 12 to 15 such that a 12- or 13-year-old can consent to have sex with someone less than two years older, and a 14- or 15-year-old can consent to have sex with someone less than five years older. In addition, a person under the age of 18 cannot legally consent to sex with someone in a position of authority (e.g., teacher, coach, babysitter, family member, employer).

Despite the law, there are a variety of opinions about what age and under what circumstances it is appropriate for young people to become sexually active, and also what constitutes sexual health for youth spanning the age range from 12 to 19.

There are a number of issues that can be examined with regards to youth sexual health. The BC Adolescent Health Survey asked youth about specific behaviours and experiences related to sexual health such as condom and contraceptive use. Youth were also asked about potential risk behaviours such as having sex at an early age, mixing sex with alcohol or other substances, and having multiple sexual partners.

The results show us whether youth are engaging in safer sexual practices, and also identify groups of young people who may be experiencing sexual health risks or inequities. Findings suggest areas where young people may need more support, and the protective factors that might contribute to healthy sexual development.

Survey

The data for this report comes from youth who completed the BC Adolescent Health Survey (BC AHS). Between February and June 2013, nearly 30,000 students in Grades 7 through 12 completed the pencil and paper survey. The survey was administered by public health nurses in partnership with the McCreary Centre Society in 56 of BC's 59 school districts, representing more than 98% of students enrolled in public schools.

The BC AHS has been conducted every five years since 1992. As part of this report, trends from the past ten years are included, using the 2003, 2008, and 2013 surveys. We also provide some comparisons between rural and urban regions and between each of the five health regions across the province: the Fraser, Interior, Northern, Vancouver Coastal, and Vancouver Island Health Authorities (see "Regional comparisons" chapter and Appendix).

Participants

The youth who took part in the 2013 BC AHS were diverse in terms of sexual orientation and gender identity. Eighty-one percent of youth identified as completely straight, while 6% were mostly straight, 3% were bisexual and 1% were gay or lesbian. In addition, 2% identified as questioning and 7% reported they did not have attractions.

Males were more likely than females to identify as completely straight while females were more likely to identify as mostly straight, bisexual, or questioning. Furthermore, 1% of youth identified as transgender and 5% of Aboriginal youth identified as Two Spirit.

Youth were also diverse in terms of ethnicity and culture. For example, 53% identified as having European heritage, 18% as East Asian, and 10% as Aboriginal. Over a fifth of Vancouver Coastal and Fraser students were immigrants compared to less than a tenth of Northern and Interior students. Also, about a third of Northern and Interior students lived in rural regions compared to 12% of Vancouver Island, 4% of Vancouver Coastal, and less than 1% of Fraser. Provincially, 10% of youth lived in rural regions.

For a full profile of youth in BC please see the report *From Hastings Street to Haida Gwaii*, available at www.mcs.bc.ca.

Limitations

NOTE This report does not attempt to define *sexual health* as it can look very different for youth of different ages and maturity levels. It also relates to personal values and emotions which were not captured in the survey.

The survey was administered in English to students in mainstream public schools. Students who attended alternative education programs or private schools, who were absent on the day of the survey, who were not attending school, or who had limited English comprehension may not be represented in the results.

The BC AHS covers many aspects of health as well as risk and protective factors. Although the survey includes items on sexual health, it was not designed to be a comprehensive sexual health survey.

The BC AHS did not include extensive definitions about the terminology used in its items, including "oral sex" or "sex other than oral sex or masturbation" (intercourse). Consequently, students responded to these items according to their own interpretation of what the terms meant.

Gender identity was not fully captured in the BC AHS as youth only had the options to identify as male, female, or transgender. Additionally, Aboriginal students had the option to identify as Two Spirit. Similarly, sexual orientation labels may be more diverse than the response options the survey could capture.

Many of the questions about sexual behaviour on the BC AHS focused on youth's last sexual experience. Unfortunately, there is no way to know whether this experience was consensual or not.

Youth who were involved in non-consensual sexual activity may have had no choice as to whether or not they engaged in safer sexual practices. They may also have lacked the knowledge, skills, or resources to make an informed or safe choice.

Finally, this report does not consider all aspects of youth sexual health. For example, it does not look at the association between sexual health and other health domains such as mental health or substance use. It is hoped that additional funding can be secured to focus on areas of sexual health not covered here.

All reported comparisons are statistically significant at a minimum of $p < .05$. This means there is up to a 5% likelihood that these results occurred by chance. Differences in tables or charts that are not statistically significant are noted.

Percentage estimates with an asterisk (*) should be interpreted with caution as the standard error was relatively high but still within an acceptable range.

TERMS USED IN THIS REPORT

SEXUAL ACTIVITY although the legal definition is broader, sexual activity refers to oral sex and/or intercourse.

ORAL SEX refers to giving and/or receiving oral sex.

INTERCOURSE refers to sex other than oral sex or masturbation.

EFFECTIVE CONTRACEPTION refers to the use of condoms, birth control pills, Depo Provera, or another doctor-prescribed method (e.g., IUD, birth control patch, birth control ring). These methods are considered to be among the most effective under typical use.

DUAL METHOD USE refers to efforts both to prevent STIs (i.e., using a condom or other barrier) and to prevent pregnancy (i.e., using a hormonal contraceptive such as birth control pills, Depo Provera, birth control patch, birth control ring, or an IUD).

Sexual activity

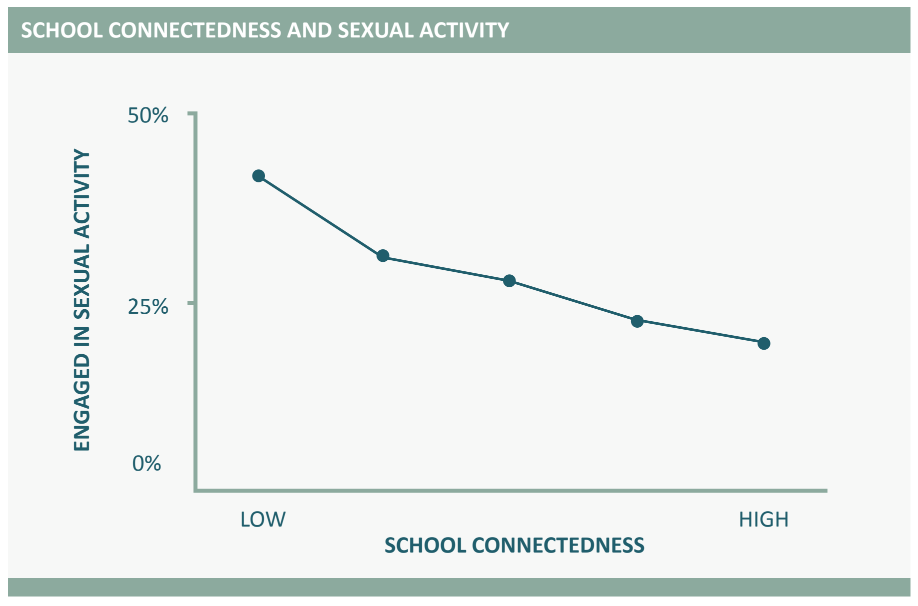
No sexual activity

The 2013 BC AHS asked youth whether they had engaged in oral sex as well as sex other than oral sex or masturbation (intercourse). Three quarters of male and female youth had not engaged in these sexual activities, compared to 72% in 2008.

Younger youth were more likely to have never been sexually active. For example, 96% of 13-year-olds reported not engaging in either oral sex or intercourse, compared to 76% of 15-year-olds and 53% of 17-year-olds.

Some groups of youth were less likely to have been sexually active. For example, 82% of recent immigrants (youth who had lived in Canada less than two years) had not engaged in either oral sex or intercourse, compared to 74% of youth who had lived in Canada for more than five years. In addition, youth of East Asian, Southeast Asian, and South Asian descent were less likely than their peers to have been sexually active.

Youth who were more connected to family and school were less likely to have engaged in oral sex and/or intercourse. Having a supportive adult inside the family and feeling good about themselves and their abilities were also associated with a lower likelihood of engaging in sexual activity.



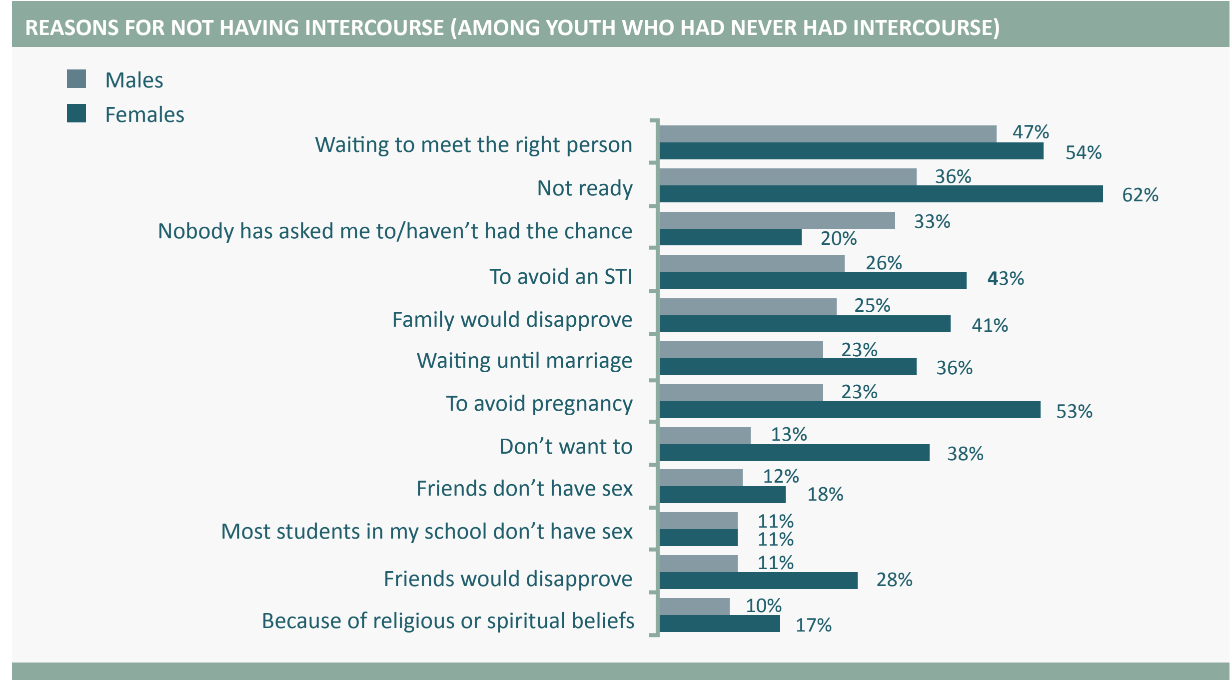
NOTE Sexual activity refers to oral sex and/or intercourse.

REASONS FOR NOT HAVING INTERCOURSE

Although the 2013 BC AHS did not ask the reasons youth may not have engaged in sexual activity, the 2008 survey did. According to that survey, among students who had not had intercourse, 51% were waiting until they met the right person, 50% were not ready, and 39% did not want to be involved in a pregnancy.

Females were more likely than males to endorse most reasons with two exceptions: Males were more likely to report they had not had intercourse because no one had asked them or they had not had the chance, and males and females were equally likely to report they had not had intercourse because most students at their school did not have sex.

> **If I were to have sexual intercourse with anyone in my teen years, I would have to be in a relationship with the boy/girl for at least 7 months-1 year."**



SOURCE 2008 BC AHS.
NOTE Youth could choose more than one response.

THE PERCENTAGE OF YOUTH WHO HAD INTERCOURSE DECREASED OVER THE PAST DECADE.

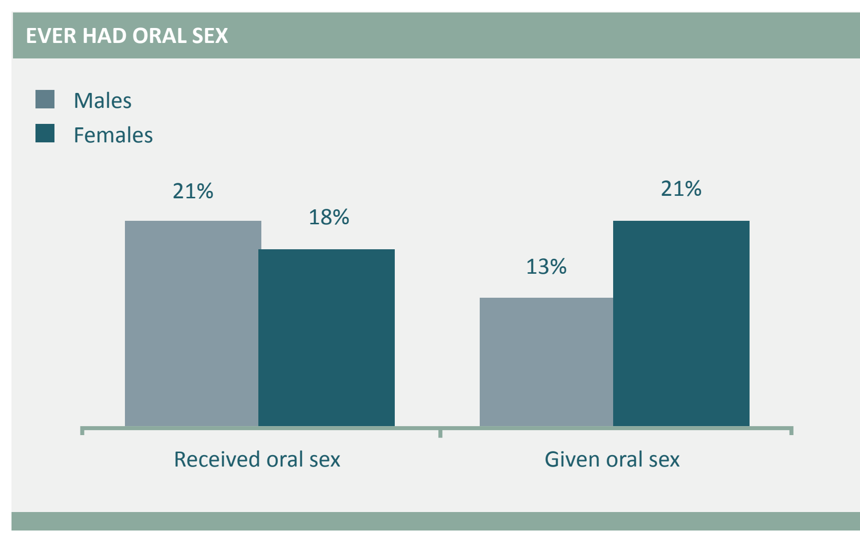
Oral sex

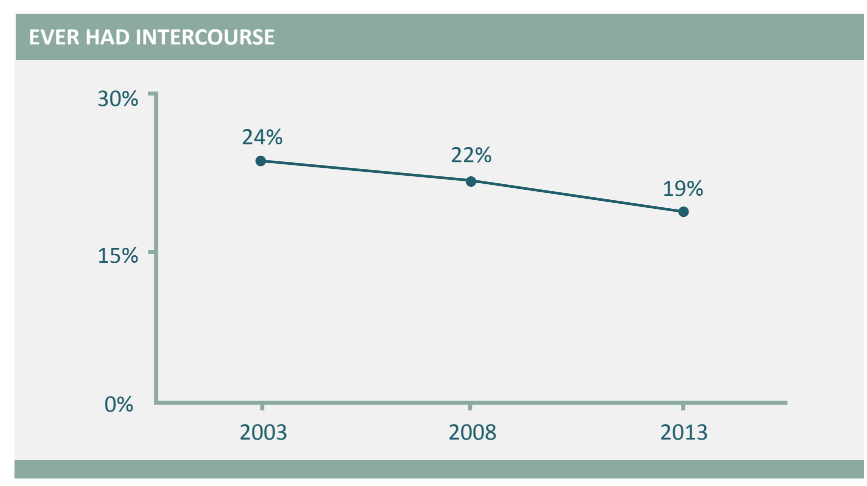
In 2013, 23% of BC students had ever had oral sex, a decrease from 26% in 2008. Males were more likely to have received oral sex, while females were more likely to have given it.

Rates of giving and receiving oral sex generally increased with age. For example, 3% of 13-year-olds had received oral sex, compared to 18% of 15-year-olds and 38% of 17-year-olds. Similarly, 2% of 13-year-olds had given oral sex, compared to 16% of 15-year-olds and 35% of 17-year-olds.

Intercourse (sex other than oral sex or masturbation)

Nineteen percent of male and female students reported ever having had intercourse. Older students were more likely to have had intercourse than younger ones. For example, 3% of 13-year-olds had had intercourse compared to 16% of 15-year-olds and 39% of 17-year-olds.





Overlap in types of sexual activity

In total, 17% of youth had engaged in both oral sex and intercourse, while 6% had oral sex exclusively and 2% had intercourse exclusively. Males were more likely than females to have had oral sex exclusively (6% vs. 5%).

Fewer youth reported engaging in both types of sexual activity compared to five years earlier (19% in 2008 vs. 17% in 2013).

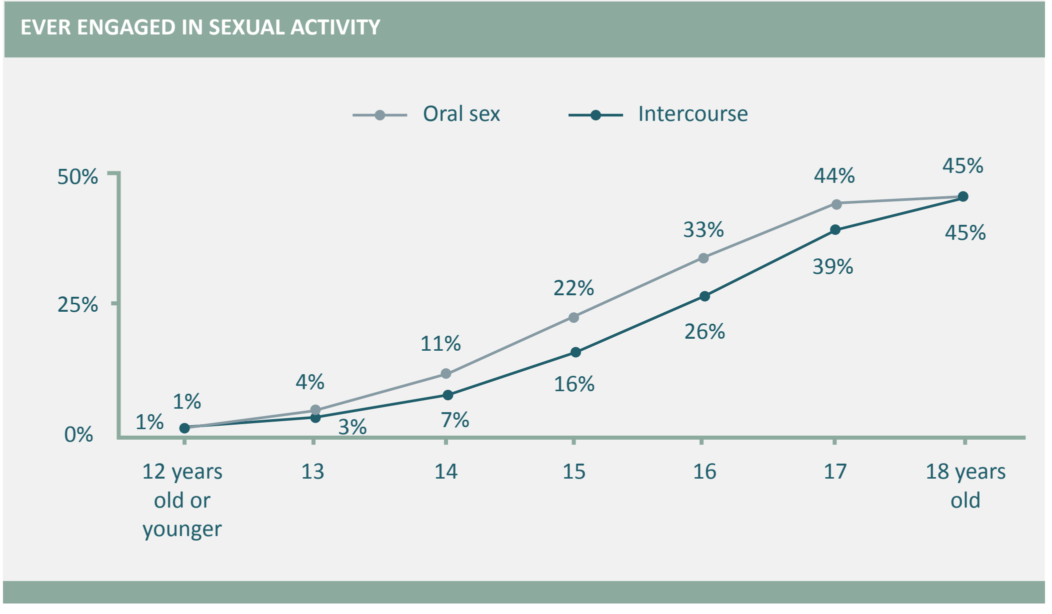
Between the ages of 14 and 17 youth were more likely to have engaged in oral sex than intercourse, but this difference was not seen among younger or older youth.

Non-consensual sex

Some youth engaged in sexual activity against their will. For example, 6% reported they had been sexually abused, and 18% had been physically sexually harassed. Additionally, 1% were forced into sexual activity by an adult and 5% by a youth.

As noted earlier, sex between a youth aged 12-15 and someone who is not close in age is considered non-consensual. Six percent of youth who had ever had intercourse were the younger of an illegal age pairing the first time they had sex.

No one under the age of 12 can consent to sex in Canada. Therefore, any sexual contact with someone aged 11 or younger is sexual assault. Five percent of males and 2% of females who had ever had intercourse reported first doing so before the age of 12.



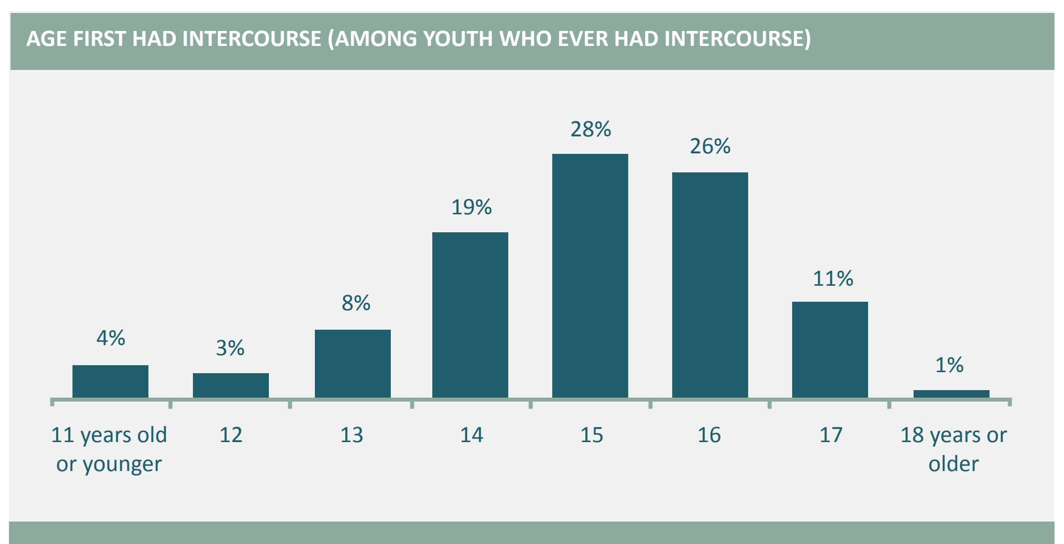
NOTE The difference for 13-year-olds was not statistically significant.

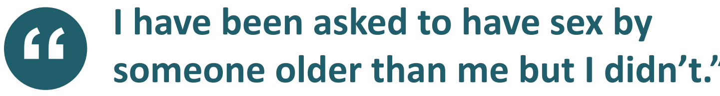
Age at first intercourse

Among youth who had ever had intercourse, the most common age for first doing so was 15.

Youth were waiting longer to first have intercourse than in previous years. Four percent of youth under the age of 15 had ever had intercourse, compared to 7% in 2008 and 8% in 2003. Among students who ever had intercourse, 34% had first done so before the age of 15, compared to 39% in both 2008 and 2003.

Earlier age of first having sex has been linked with riskier sexual behaviour. See the chapter "Safer sexual practices among older youth" for more details.



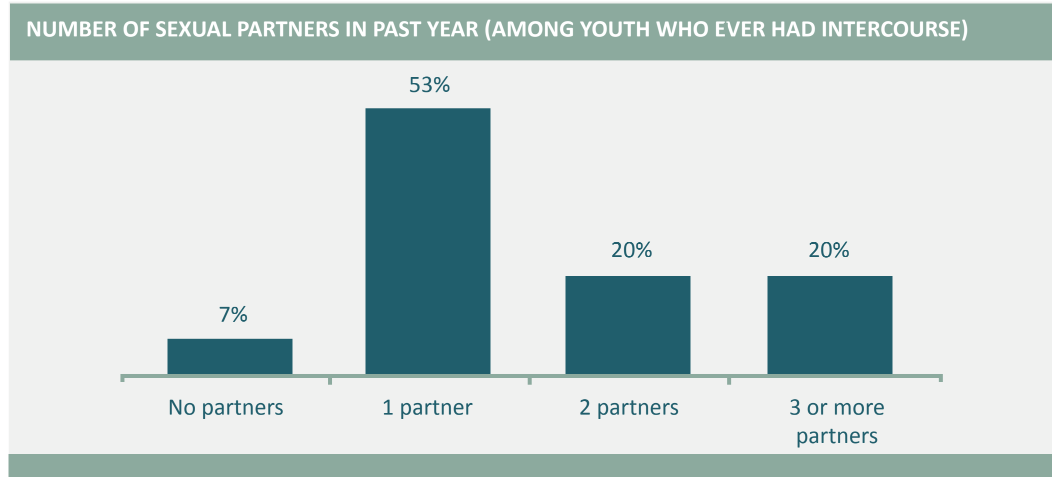


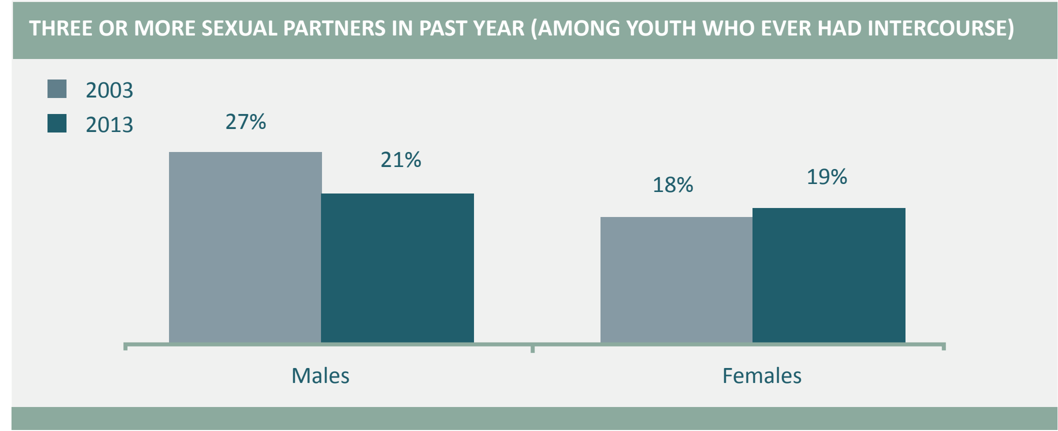
Sexual partners

Number of sexual partners

Among male and female youth who ever had intercourse, 53% had one sexual partner in the past 12 months, and a fifth had three or more partners.

Among females, the number of sexual partners was unchanged from 2003. However, the percentage of males who had one partner in the past year increased from 48% in 2003 to 52% in 2013 (among those who ever had intercourse), while the percentage of those having three or more partners declined.





NOTE The difference for females was not statistically significant.

Gender of sexual partners

See the chapter "Sexual health of LGBTQ2S youth" for more details about the sexual health of LGBTQ2S youth.

Gender identity and sexual orientation are complex and were not fully captured in the BC AHS. Additionally, how youth self-identified in terms of sexual orientation may not reflect the gender of who they had sex with.

In this section youth with "same gender partners" refers to those who identified as male and indicated they had intercourse with male partners, or who identified as female and indicated they had female partners. Youth with "opposite gender partners" were those who identified as male and had female partners or vice versa.

In the past year, most youth who had intercourse had exclusively opposite gender partners (87% of youth who ever had intercourse). Females were twice as likely as males to have had intercourse with both male and female partners (6% vs. 3%). Seven percent of youth who had ever had intercourse reported having no sexual partners in the past year.

Among those who ever had intercourse, the percentage of male and female youth reporting same gender partners exclusively increased from 1% in 2003 to 2% in 2013, while the percentage reporting opposite gender partners exclusively decreased from 90% to 87%.

Youth aged 13 years old or younger were more likely than their older peers to have had intercourse exclusively with a same gender partner in the past year (8% vs. 2%, among youth who ever had intercourse), and less likely to have had exclusively opposite gender sex (73% vs. 87%).

GENDER OF SEXUAL PARTNERS IN PAST YEAR (AMONG YOUTH WHO EVER HAD INTERCOURSE)

Exclusively opposite gender
Both males and females
No partners
Exclusively same gender

87%
5%
7%
2%

NOTE Percentages do not equal 100% due to rounding.

Efforts to prevent sexually transmitted infections (STIs)

Oral sex

Among youth who ever had oral sex, 17% of males and females reported using a condom or other barrier the last time they had oral sex.

Older students were less likely than their younger counterparts to use a condom or other barrier. For example, 40% of 13-year-olds who had oral sex used a condom or other barrier, compared to 20% of 15-year-olds and 13% of 17-year-olds.

Youth were less likely to use a condom or other barrier during oral sex than intercourse. Furthermore, use of a condom during oral sex was less likely among male and female youth who had had oral sex exclusively (that is, had not had intercourse, 12%). This may indicate that some youth may not be aware of the risks associated with transmission of STIs such as herpes, gonorrhea, syphilis, and HPV during oral sex.

As noted earlier, youth who were involved in non-consensual sexual activity may have had no choice as to whether or not they engaged in safer sexual practices. See p. 7 for more details.

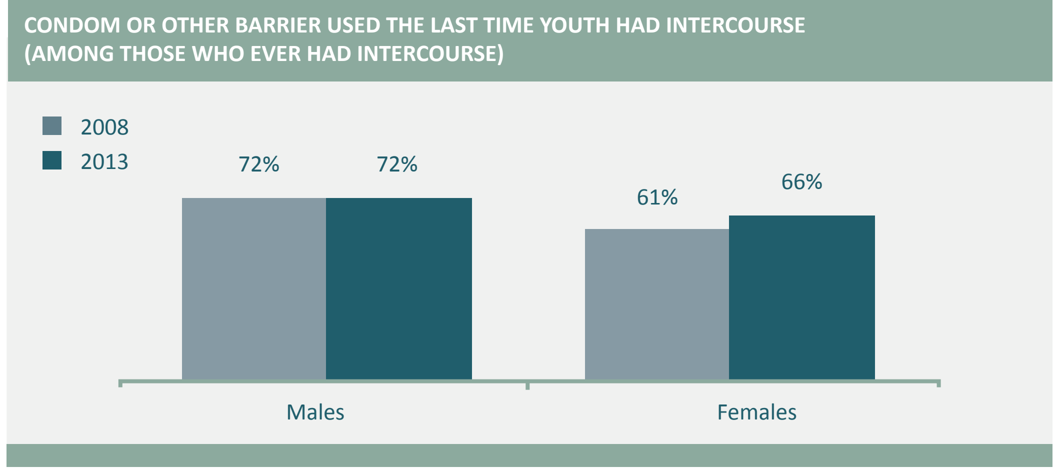
Intercourse

Provincially, 69% of youth who had intercourse used a condom or other barrier the last time they had intercourse. Males were more likely to report condom use than females (72% vs. 66%).

Unlike the pattern for oral sex, youth under the age of 13 were less likely to use a condom or other barrier the last time they had intercourse compared to older students. While 36%* of youth aged 12 years old or younger who ever had intercourse reported using a condom, at least 65% of older youth did so.

Five percent of youth who ever had intercourse were with a same gender partner the last time they had intercourse, and 54% of these youth used a condom or other barrier.

Males were more likely than females to have used protection with their same gender partner the last time they had intercourse (62% vs. 49%). In contrast, 70% of youth who last had intercourse with a partner who was of the opposite gender had used a condom or other barrier or protection (73% of males vs. 67% of females).



Efforts to prevent pregnancy

Contraception results for 2013 exclude youth who had a same gender partner the last time they had intercourse (5% of youth who ever had intercourse). However, because previous cycles of the BC AHS did not ask about gender of partner in the context of contraception, trends are reported among all youth who ever had intercourse.

In addition to being asked about condom use, youth were specifically asked about their efforts to prevent a pregnancy. Condoms were the most common contraceptive method used the last time youth had intercourse, followed by birth control pills and withdrawal (which can be an ineffective method).

EFFORTS MADE BY YOUTH OR THEIR PARTNER TO PREVENT PREGNANCY THE LAST TIME THEY HAD INTERCOURSE (AMONG THOSE WHO EVER HAD INTERCOURSE)

	OVERALL	MALES	FEMALES
Condoms	65%	69%	61%
Birth control pills	48%	45%	51%
Withdrawal	35%	33%	38%
Emergency contraception	6%	6%	6%
Depo Provera	2%	1%	3%
Other method prescribed by doctor or nurse (e.g., IUD, birth control patch, birth control ring)	2%	2%	3%
Not sure	3%	4%	2%
No effort made to prevent pregnancy	3%	4%	3%

NOTE Youth could choose more than one response.

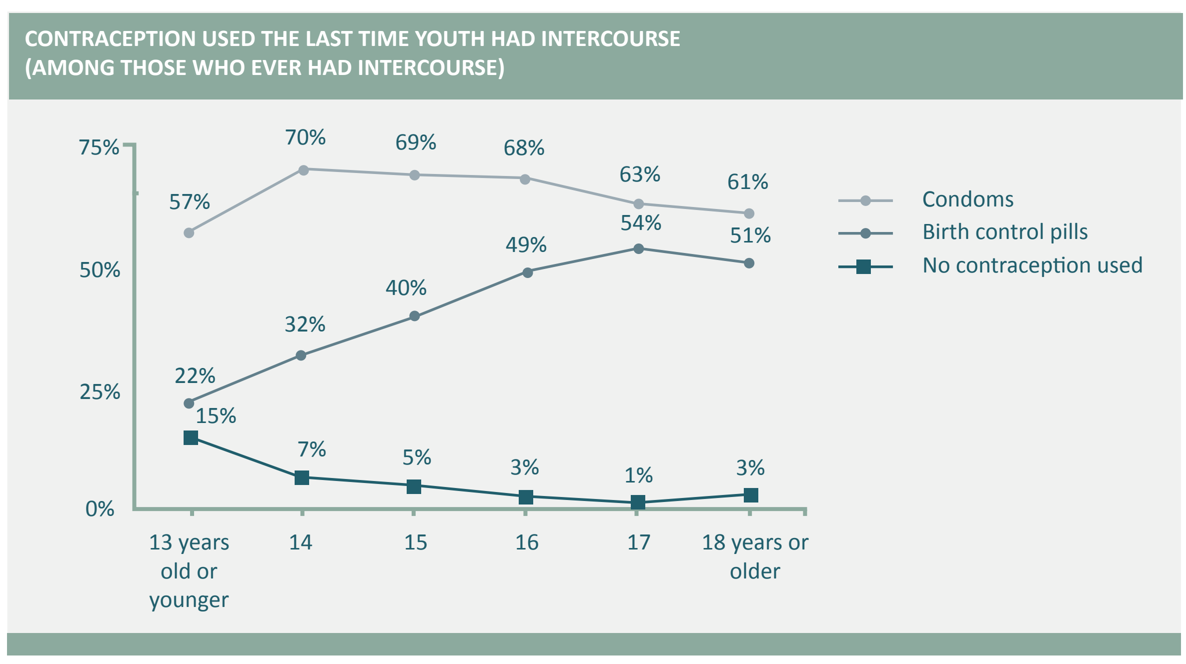
NOTE The differences between males and females for other method prescribed by doctor or nurse and for no effort to prevent pregnancy were not statistically significant.

Condoms

Males were more likely than females to indicate that a condom was used as a contraceptive method the last time they had intercourse.

Youth aged 12 or younger were the least likely to have accessed condoms to prevent pregnancy. However, while 61% of 18-year-olds who ever had intercourse used condoms for contraception, 69% of 14- to 16-year-olds did so.

The use of condoms as a contraceptive method was comparable to that seen in 2003 among both males and females.



NOTE Youth could choose more than one response.

NOTE Not all differences between data points were statistically significant.

Birth control pills, Depo Provera, and other prescribed methods

Nearly half of youth (48%) who ever had intercourse reported the use of birth control pills as a method of contraception the last time they had sex.

As might be expected, females were more likely than males to identify birth control pills and Depo Provera as their last method of contraception.

As youth got older, they were more likely to use birth control pills. For example, among females who ever had intercourse, 33% of 14-year-olds used birth control pills compared to 57% of 17-year-olds.

The use of birth control pills in 2013 was similar to five years earlier, but increased from 2003 when 42% of youth who ever had intercourse reported using the pill. On the other hand, the use of Depo Provera decreased from 5% in 2003 to 2% in 2008 and 2013.

Emergency contraception

Emergency contraception includes hormonal contraceptive pills or insertion of a copper IUD. Six percent of youth who ever had intercourse reported using emergency contraception the last time they had intercourse. The use of emergency contraception was higher in 2013 than 2003 (6% vs. 4%, among youth who ever had intercourse). The increased use seen over the past decade may be, in part, due to increased availability of non-prescription forms of emergency contraception during this time.

Withdrawal

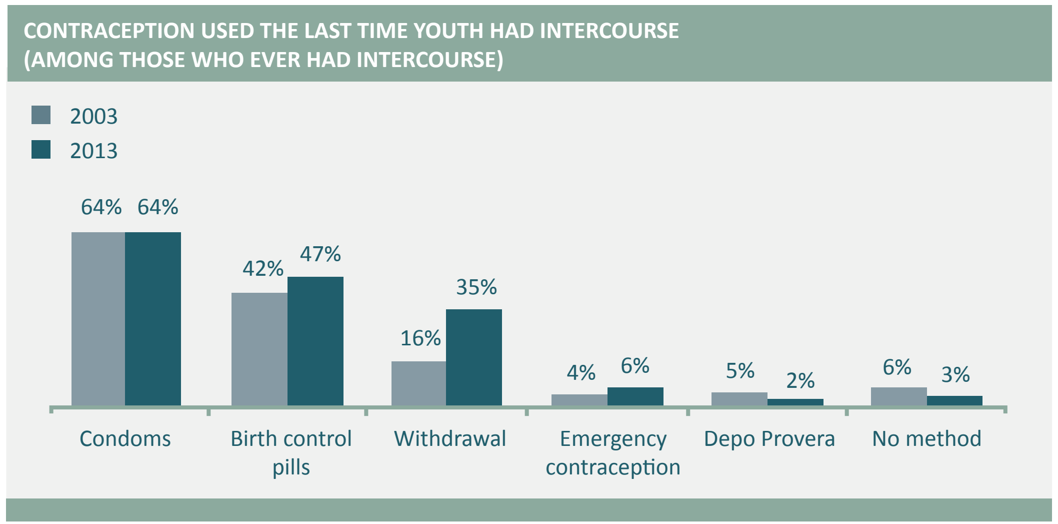
Withdrawal can be a less reliable method of preventing pregnancy than condoms or prescribed methods. Females were more likely than males to identify that withdrawal was used as a method of contraception the last time they had intercourse.

Eight percent of male and female youth who ever had intercourse identified withdrawal as their only method of contraception, which was an increase from 2003. There were no age differences in using withdrawal as the sole method of contraception.

No effort to prevent pregnancy

Among youth who had intercourse, the percentage who did not make any effort to prevent pregnancy the last time they had intercourse halved compared to previous survey years (3% in 2013 vs. 6% in 2008 and 2003). A decrease was seen among both males (6% in 2008 vs. 4% in 2013) and females (5% vs. 2%).

In general, younger youth were more likely than older ones to report not using any type of contraception the last time they had intercourse. For example, 15% of youth under the age or 14 who ever had intercourse did not use any method to prevent pregnancy compared to 1% of 17-year-olds.



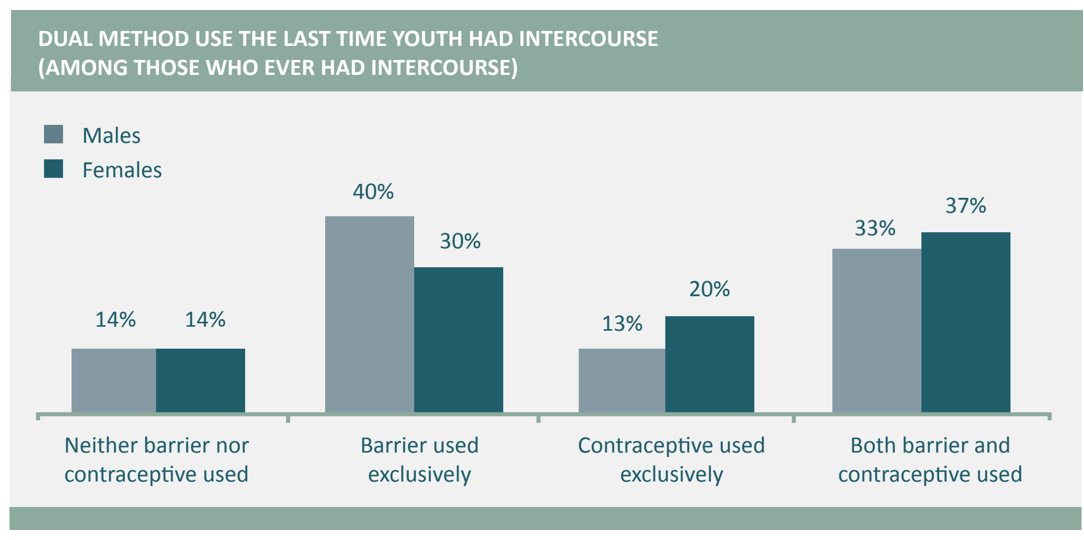
NOTE Youth could choose more than one response.

Dual method use

In this section, results exclude youth who had sex with a same gender partner the last time they had intercourse.

Dual method use refers to efforts made to prevent both sexually transmitted infections (STIs) and pregnancy the last time youth had intercourse. Use of a condom or other barrier as well as use of a hormonal contraceptive (such as birth control pills, Depo Provera, birth control patch, birth control ring) or IUD were considered to be dual method use.

Among youth who had ever had intercourse, 35% were dual method users the last time they had intercourse. The same percentage reported exclusively using a condom or other barrier, while 17% used exclusively a hormonal contraceptive or IUD and 14% used neither.



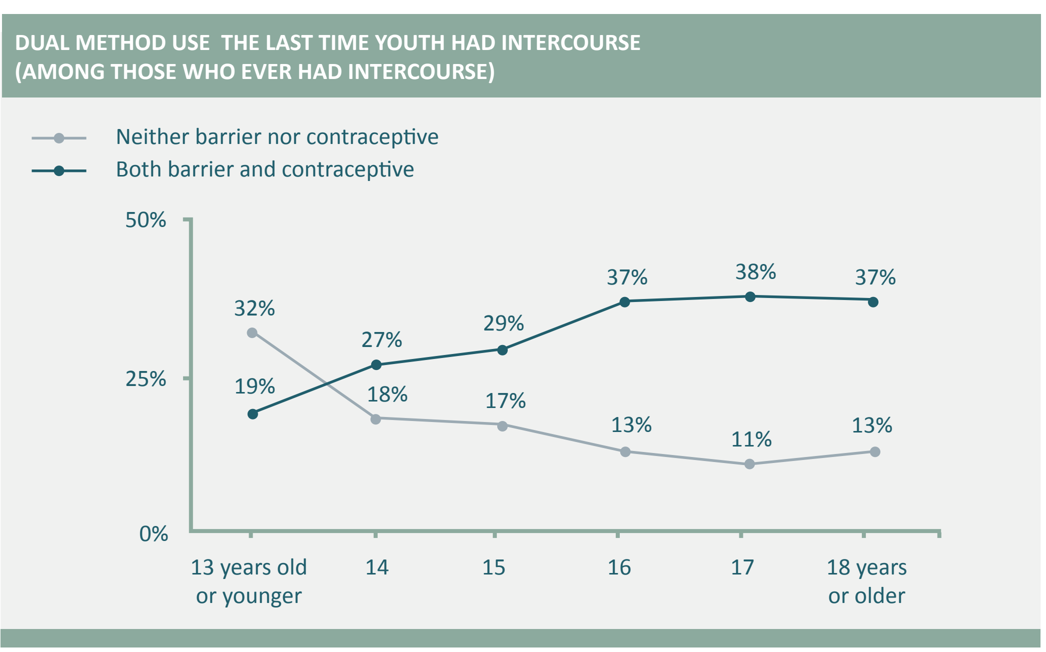
NOTE Barrier refers to use of a condom or other barrier. Contraceptive refers to the use of a hormonal contraceptive (birth control pills, Depo Provera, birth control patch, birth control ring) or IUD.

NOTE The difference between males and females for the use of both barrier and contraceptive was not statistically significant.

Males and females were equally likely to report that dual methods were used the last time they had intercourse. Males were more likely to report using a condom or other barrier exclusively, while females were more likely to report using a hormonal contraceptive or IUD exclusively.

Older youth were more likely than younger ones to have been dual method users the last time they had intercourse.

Younger youth were more likely to report that neither a barrier nor a hormonal contraceptive or IUD was used the last time they had intercourse. Seventeen percent of 15-year-olds used neither a barrier nor contraceptive, compared to 11% of 17-year-olds.



NOTE Barrier refers to use of a condom or other barrier. Contraceptive refers to the use of a hormonal contraceptive (birth control pills, Depo Provera, birth control patch, birth control ring) or IUD.

NOTE Not all differences between ages were statistically significant.

Substance use and sexual activity

Nearly a quarter (24%) of youth who had ever had intercourse used alcohol or other drugs before they had intercourse the last time. While males aged 13 or younger were less likely than those 14 or older to have engaged in sex after using substances (18% vs. 26%, among those who ever had intercourse), females aged 13 or younger were more likely than older females to have done so (42%* vs. 21%).

There was no association between substance use and whether or not youth had a same or opposite gender partner the last time they had intercourse.

The percentage of youth who engaged in intercourse after substance use increased from 29% in 2003 to 32% in 2008, before dropping to 24% in 2013.

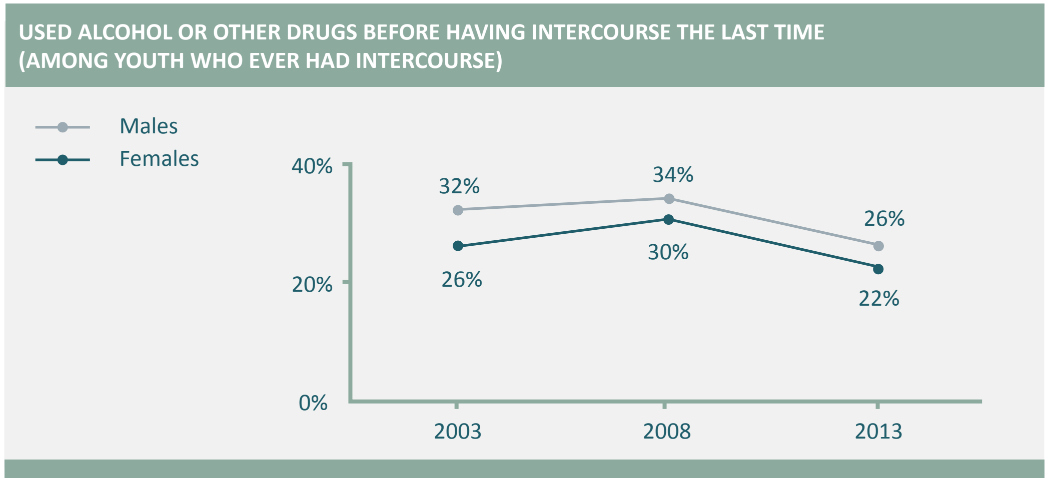
> **You should inform boys that it is rape if the girl is drunk because she cannot give consent.”**

Unwanted sex after substance use

In addition to asking youth whether they had used substances before having intercourse the last time, the BC AHS also asked youth whether they had experienced any negative consequences as a result of their alcohol or other drug use in the past year. One of the possible consequences was that youth had sex when they did not want to.

After rising from 3% in 2003 to 4% in 2008, the percentage of youth reporting unwanted sex in the past year after drinking alcohol or using other drugs dropped to 2% (2% of males vs. 3% of females).

Having unwanted sex after substance use was more prevalent among older youth. For example, while 2% of 15-year-olds reported unwanted sex after substance use in the past year, 4% of 17-year-olds did so.



NOTE The difference for males between 2003 and 2008 was not statistically significant.

Sexually transmitted infections

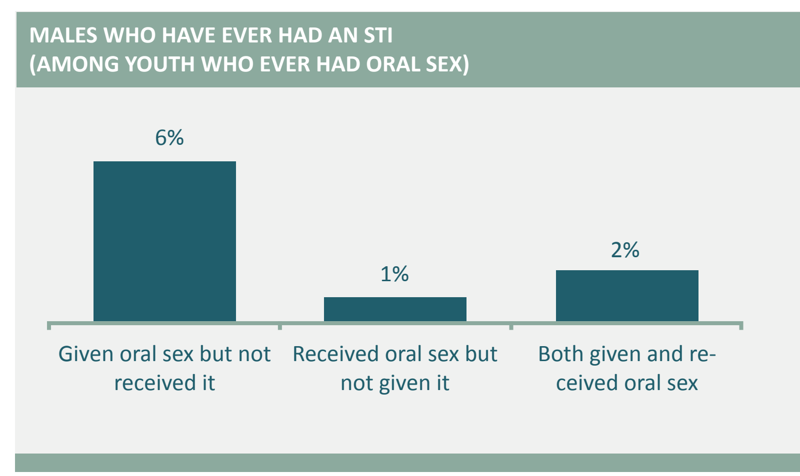
Overall, 1% of male and female youth had been told by a doctor or nurse that they had a sexually transmitted infection (STI). The percentages among those who exclusively had oral sex or exclusively had intercourse were comparable.

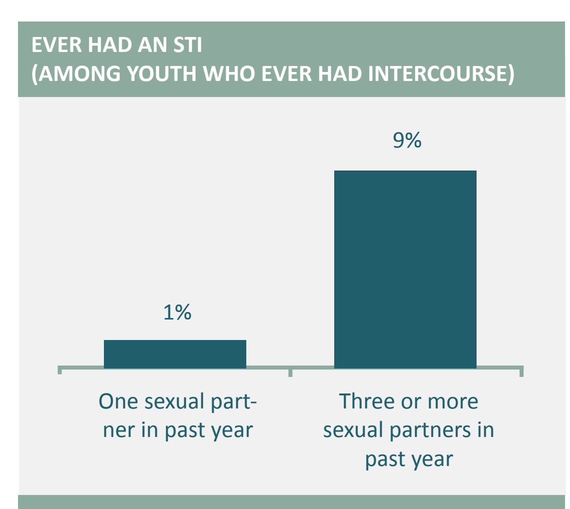
The percentage of males and females who reported an STI decreased from both 2008 and 2003 (4% vs. 3% in 2013, among youth who ever had intercourse).

Males who had given but not received oral sex were more likely than either those who had received oral sex but not given it or had both given and received oral sex to report a history of STIs. There was no such difference among females.

Youth who engaged in safer sexual behaviour were less likely to have a history of STIs. For example, youth who reported that they or their partner used a condom or other barrier the last time they had intercourse were less likely than those who did not use a condom to have had an STI (2% vs. 5%, among youth who ever had intercourse). Similarly, fewer youth who had one partner in the past year reported an STI compared to those who had three or more partners.

> **"Every time I have any kind of sexual activity I'll be worried sick for the following week, or month, that I caught an [STI]."**





Pregnancy

One percent of all youth across the province reported that they had ever been pregnant or been involved in a pregnancy. The percentage was 5% among male and female youth who ever had intercourse. At the time they took the survey, 2% of male and 1% of female youth who ever had intercourse were unsure whether they had been involved in a pregnancy.

Among youth who had ever had intercourse, the percentage reporting pregnancy was lower compared to five years earlier (7% in 2008).

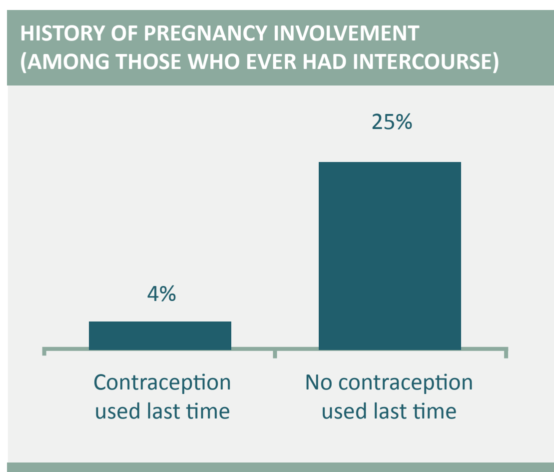
Some youth who completed the survey indicated having been sexually abused but did not identify as having had intercourse, likely because the activity was not consensual. One percent of these youth reported having been involved in a pregnancy.

NUMBER OF TIMES INVOLVED IN PREGNANCY (AMONG YOUTH WHO EVER HAD INTERCOURSE)

No pregnancy involvement
Once
Twice or more
Not sure

93%
3%
2%
2%

Youth who reported they did not make any efforts to prevent pregnancy the last time they had intercourse were more than five times as likely as those who used some method of contraception to report a history of pregnancy.



Safer sexual health practices among older youth

Having sex at an earlier age has been linked with potentially risky sexual behaviour. These sexual health risks might include having sex with multiple partners, using substances before engaging in sexual activity, and not using protection against STIs or unintended pregnancy. In order to examine these risks, this section focuses on youth aged 16 to 19 who ever had intercourse and compares the sexual health of those who waited until they were at least 15 years old to first have intercourse with those who first had intercourse at an earlier age.

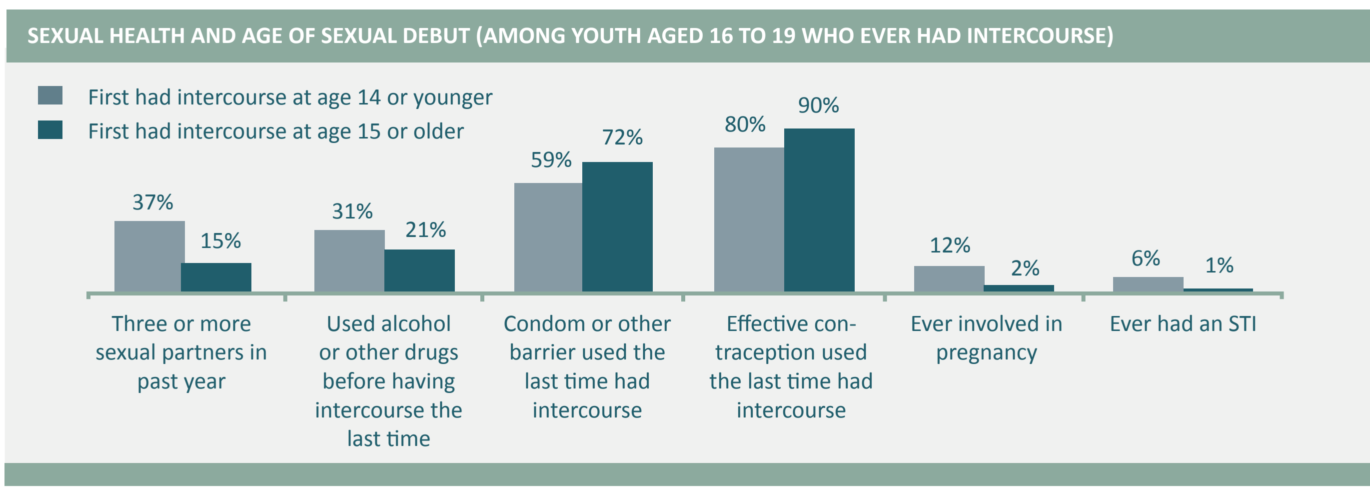
Among youth aged 16 to 19, those who first had intercourse at 15 or older were more likely to have had one sexual partner in the past year (59% vs. 33% of those aged 14 or younger at first intercourse), while those who first had intercourse before the age of 15 were more likely to have had three or more partners in that time period.

Youth who waited to have intercourse until they were 15 or older were also less likely to have used substances before the last time they had intercourse, and were more likely to use protection against STIs and pregnancy.

In order to explore the early sexual experiences of older youth compared to younger ones, we looked at youth who were within one year of their sexual debut and compared the sexual health of those aged 16 and older to those aged 15 and younger.

Among youth who had intercourse for the first time within the past year, older youth were less likely to engage in some risk behaviour than younger youth. For example, youth aged 16 or older were less likely to have had three or more partners (6% vs. 10% of youth aged 15 or younger, among those who first had intercourse in the past year).

Older youth were also more likely to use an effective form of birth control the last time they had intercourse (90% vs. 85% of younger youth, among those who ever had intercourse) and less likely to have used no method of contraception.



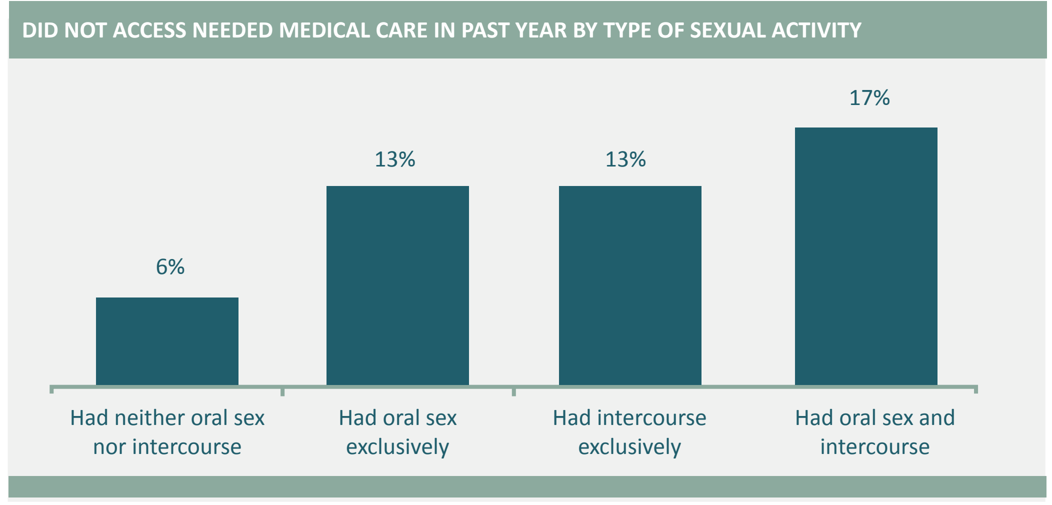
NOTE Effective contraception refers to the use of condoms, birth control pills, Depo Provera, or another doctor-prescribed method (e.g. IUD, birth control patch, birth control ring).

Access to sexual health support

In the past year, 6% of males and 10% of females did not get medical help when they thought they needed it. Youth who had ever engaged in oral sex or intercourse were more likely to report not seeking needed medical care compared to their peers who had not engaged in sexual activity (16% vs. 6%), with females more likely to have missed out on this care than males (19% vs. 12%).

When asked about why they did not seek needed medical care, responses differed between those who had engaged in sexual activity and those who had not. For example, among youth who did not access needed help those who had engaged in oral sex or intercourse were more likely to report reasons such as being afraid someone they knew might see them (20% vs. 14% of those who had not engaged in sexual activity) and being afraid of what they would be told (32% vs. 26%). Also, among those who needed help, females were more likely to report not being able to go when clinics were open (9% of those who had engaged in sexual activity vs. 5% of those who had not).

Although there is no way to determine the nature of the medical help needed, and specifically whether it was a sexual health matter, it appears that not accessing the health care system may be related to risky sexual health behaviours. For example, among youth who ever had intercourse, those who did not seek needed medical help were less likely to use a condom or other barrier the last time they had intercourse, compared to those who did not forego needed medical care.



In addition, among females who had ever had intercourse, 4% of those who did not get the medical care they felt they needed did not use contraception the last time they had intercourse, compared to 2% who did not forego care.

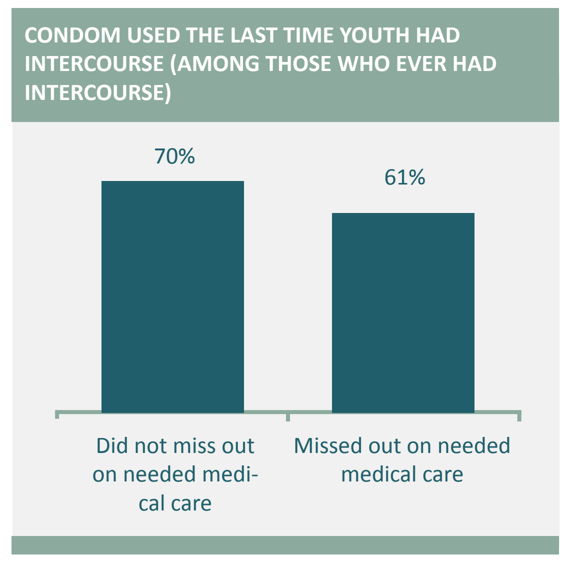
It is important that youth get treated if they have an STI, not only to alleviate symptoms and prevent the spread of infection but also because untreated STIs can lead to infertility.

Among youth who ever engaged in oral sex or intercourse, those who had experienced an STI were more likely than those who had not to have foregone needed medical care. This was especially the case for males (30%* of those who had experienced an STI vs. 12% of those who had not) and youth in urban areas (28% vs. 15%).

Having no transportation or relying on public transit can pose barriers to accessing sexual health supplies such as condoms and contraception, as well as medical care. Youth who reported not having transportation to access medical care were less likely to have used a condom or other barrier (50% vs. 63%, among youth who ever had intercourse).

Similarly, youth who hitchhiked were more likely than those who did not, to report they had no transportation to access needed medical services and to report using emergency contraception or no method of contraception.

I would like for it to be easier to know where teens go if they think they are pregnant or help to prevent it. As I do not know where to go, and it makes me uneasy/stressed. Also the money for birth control etc. is an issue."



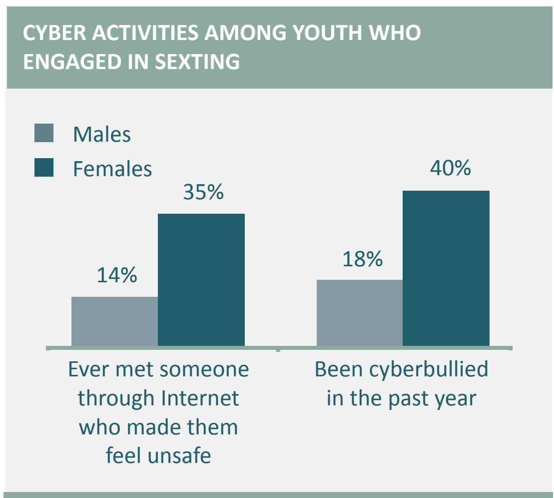
Sexting

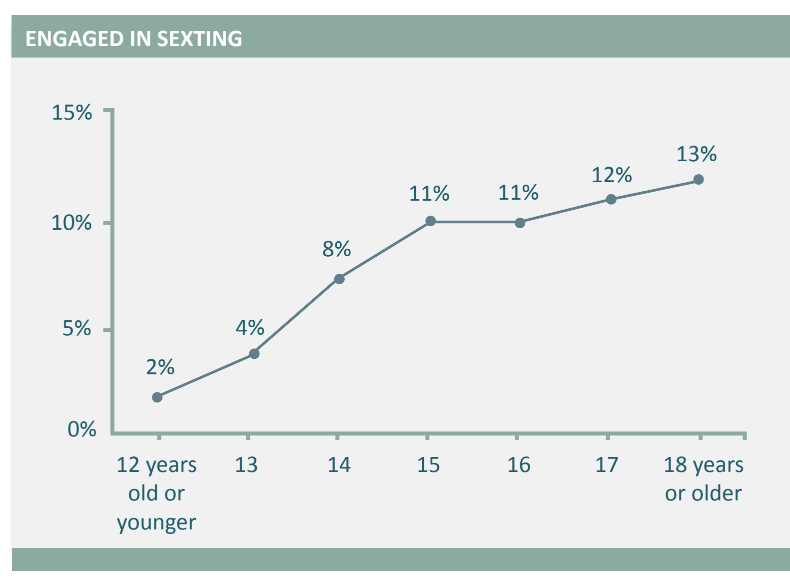
Sexting is the sending of explicit photographs or messages via cellphone or other similar device. Nine percent of youth in the province reported sexting, with males more likely to engage in sexting than females (11% vs. 6%).

Eight percent of youth reported sexting after school, 3% during school, and 2% before school. One percent of youth sexted at all three of these times (2% of males vs. 1% of females).

Youth who engaged in sexting were more likely than those who had not to report that they had met someone through the Internet that made them feel unsafe (22% vs. 13%) or that they had been cyberbullied (26% vs. 13%).

Youth who engaged in sexting were also more likely than their peers who had not sexted to have been the perpetrator of cyberbullying (18% vs. 5%).





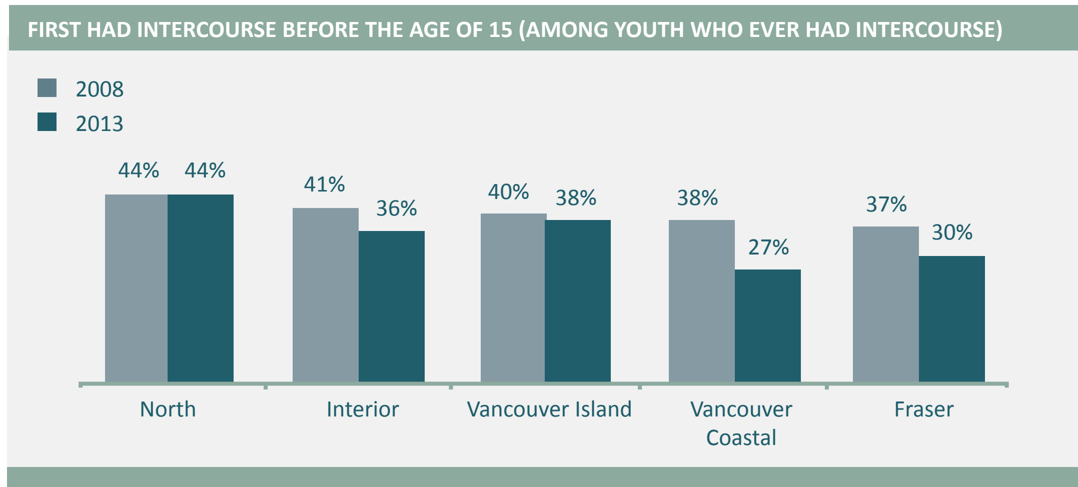
NOTE Differences among youth aged 15 and older were not statistically significant.

Regional comparisons

There were some differences in sexual health among youth in the five health authority regions of the province (Fraser, Vancouver Coastal, Vancouver Island, Interior, and North). For example:

- Youth in Vancouver Coastal and Fraser regions were the least likely to have engaged in oral sex (18-19% vs. 28-31% in other regions) or intercourse (14-15% vs. 24-29% in other regions).
- The percentage of youth who had oral sex declined between 2008 and 2013 in Fraser, Vancouver Island, and the Interior; but remained stable in Vancouver Coastal and the North. The same pattern was observed for youth who had intercourse.
- Vancouver Coastal and Fraser youth were more likely than those in other regions to say they had not had intercourse because they were waiting for marriage (2008 BC AHS).

FIRST HAD INTERCOURSE BEFORE THE AGE OF 15 (AMONG YOUTH WHO EVER HAD INTERCOURSE)



NOTE The difference for Vancouver Island between 2008 and 2013 was not statistically significant.

- Vancouver Coastal youth were the most likely to say that the reason they had not had sex was because their peers were not sexually active (2008 BC AHS).

- Youth in the North first had intercourse at a younger age than their peers across the province. Vancouver Coastal and Fraser youth were the least likely to first have intercourse before 15 years of age.

- Youth in the North (21% of males and 28% of females) were the most likely to have used a condom or other barrier the last time they had oral sex.

- Vancouver Coastal 18-year-olds were twice as likely as 16- and 17-year-olds to use a condom or other barrier during oral sex, whereas in the rest of the province condom use was lower among older students.

- Youth in the North and Interior were the most likely to engage in sexting.

Rural and urban differences

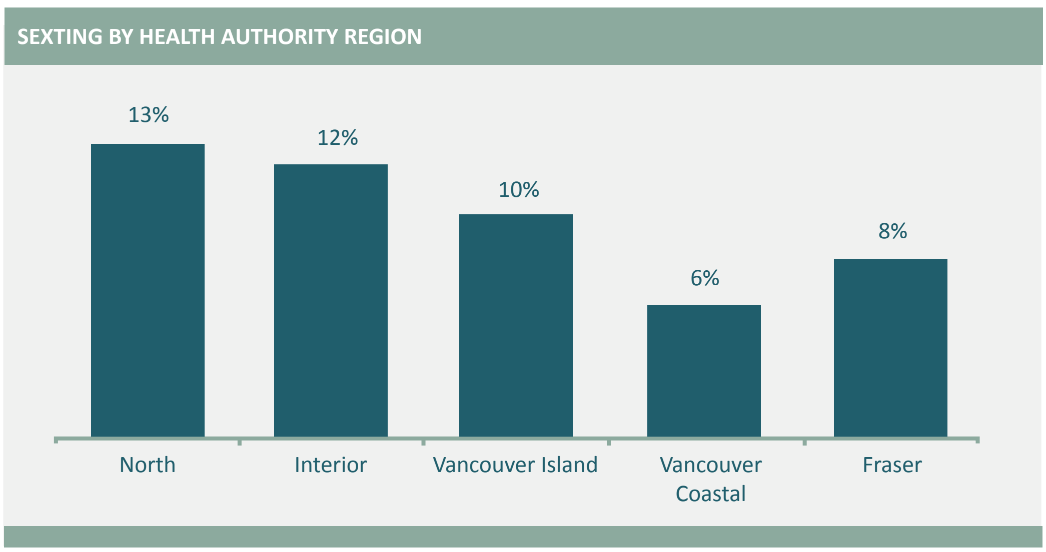
In addition to regional differences, there were also some differences between urban- and rural-based students across BC. For example:

- Rural students were more likely than urban ones to ever have oral sex (28% vs. 22%) or intercourse (28% vs. 18%), and this difference increased with age.

- Among youth who had oral sex, rural youth were more likely to use a condom or other barrier the last time they had oral sex (24% vs. 16% of urban youth).

- Urban students were more likely than rural ones to be waiting for marriage before they had sex and to say their peers were not sexually active (2008 BC AHS).

- Youth in rural areas were more likely to have intercourse before age 15 (42% vs. 33% of urban youth who ever had intercourse).



NOTE The difference between Northern and Interior regions was not statistically significant.

- In the past year, youth in urban areas were more likely to have sex with a same gender partner exclusively (2% vs. 1%, among youth who ever had intercourse).

- Youth in rural and urban regions were equally likely to use birth control pills or Depo Provera. However, youth in rural regions were twice as likely as their urban peers to use other methods prescribed by a doctor or nurse such as IUDs, birth control patch, or birth control ring (4% vs. 2%, among youth who ever had intercourse).

There were also some gender differences:

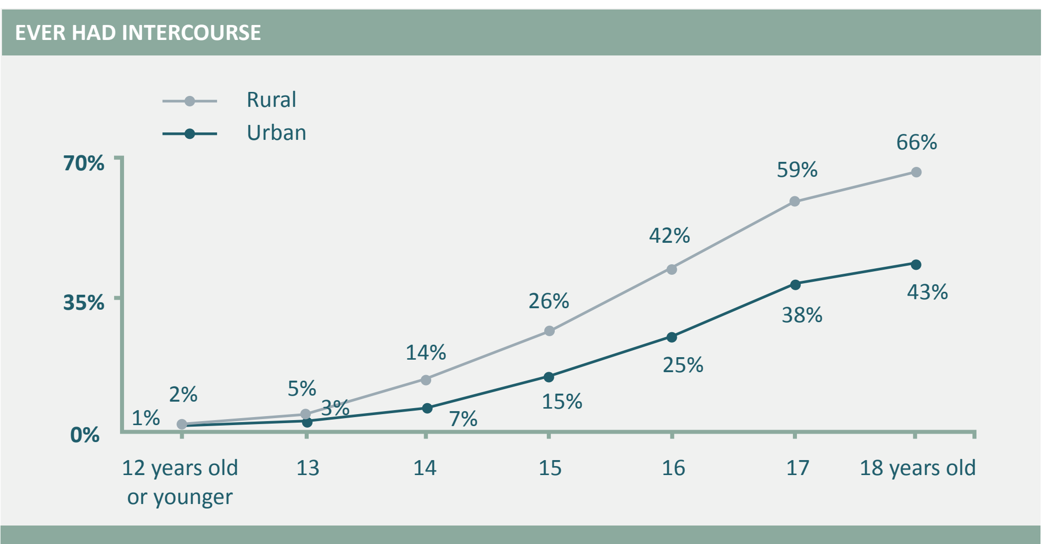
- Rural females were more likely than rural males (10% vs. 6%, among youth who ever had intercourse) and urban females (10% vs. 5%) to have been the younger partner in an illegal age pairing the first time they had intercourse.

- Rural females were more likely than their urban peers to report unwanted sex after substance use (4% vs. 3%). There was no difference between urban and rural males.

- Males in rural regions were half as likely as both urban males and their rural female peers to report that emergency contraception had been used the last time they had sex (3% vs. 6%, among youth who ever had intercourse).

- Rural females were more likely than their urban peers to have ever been pregnant (7% vs. 5%, among youth who ever had intercourse). Although a decline in pregnancy was observed provincially compared to five years earlier, there was no decrease for rural females.

- Rural male and female youth were more likely than urban ones to engage in sexting (11% vs. 9%).



NOTE Not all differences between data points were statistically significant.

Risks to sexual health

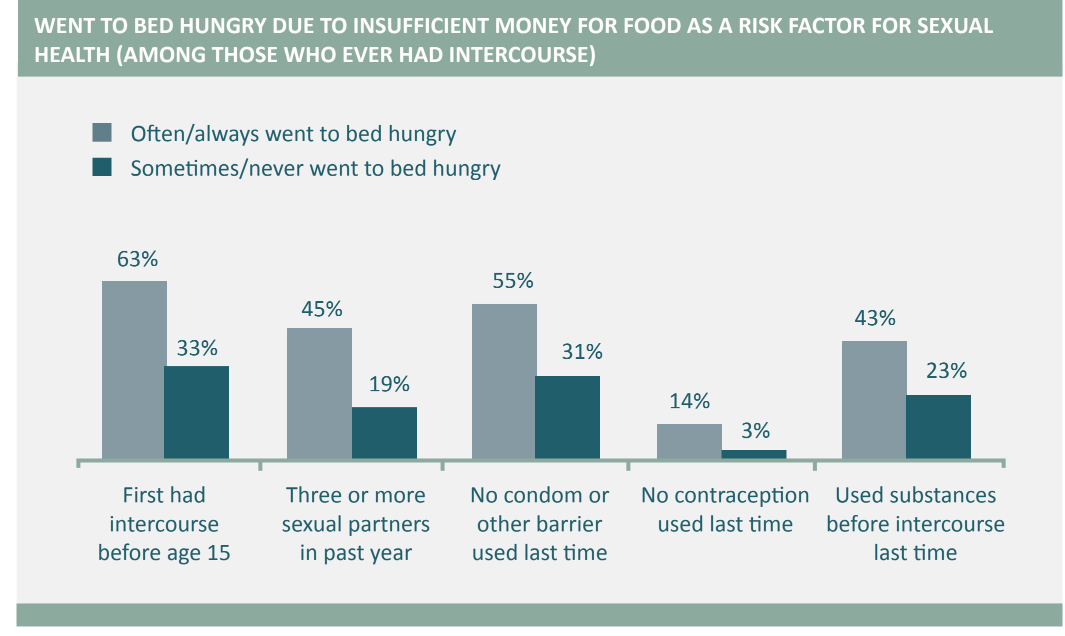
Social and economic conditions as well as past or current life experiences may affect the ability of youth who have sex to have optimal sexual health. A number of factors can lead youth to be disconnected from support and resources. Some of these risk factors, such as a history of victimization and unstable home life, were examined in relation to sexual health behaviours that may put youth at risk for outcomes such as STIs or unwanted pregnancy.

The specific sexual risk behaviours included:

- First having intercourse before the age of 15
- Having three or more sexual partners in the past year
- Not using a condom or other barrier the last time youth had intercourse
- Not using contraception the last time youth had intercourse
- Using alcohol or other drugs before having intercourse the last time

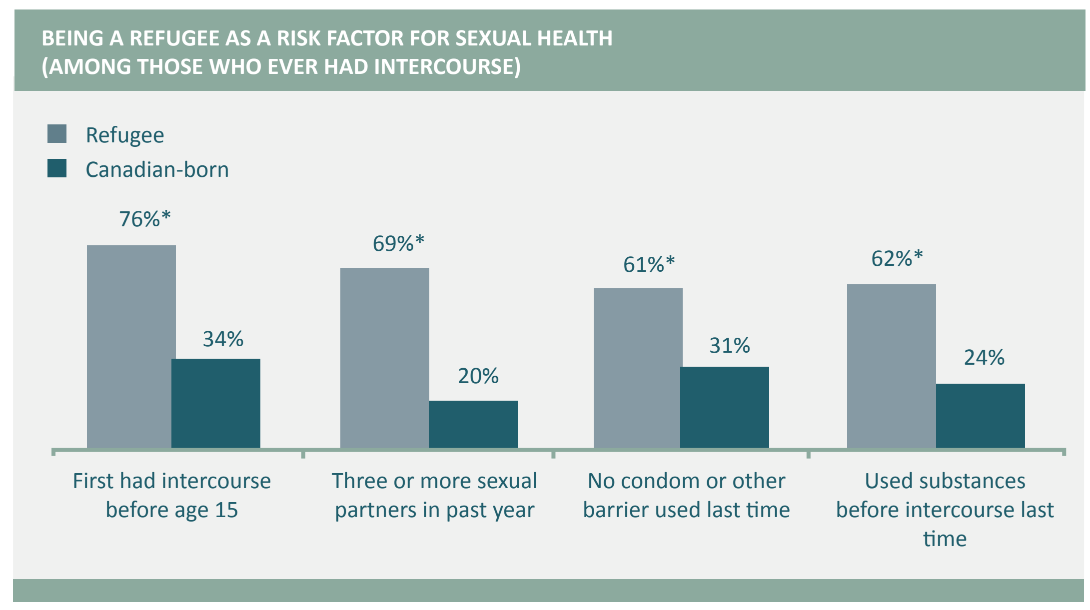
Food insecurity/Poverty

The BC AHS asked youth how often they went to bed hungry because there was not enough money for food at home. One percent of youth reported doing so often or always. These youth were more likely than those who went to bed hungry less often to report risky sexual behaviour.



Being a refugee

The BC AHS asked youth whether they were born in Canada or were international students, refugees, or permanent residents/ Canadian citizens. One percent of BC youth were refugees. These youth seemed particularly vulnerable to engaging in risky sexual behaviour. For example, refugee youth were about twice as likely as Canadian-born youth to report not using a condom or other barrier the last time they had intercourse, and they were even more likely to have had an earlier sexual debut, multiple partners in the past year, and to have used substances before having intercourse the last time.

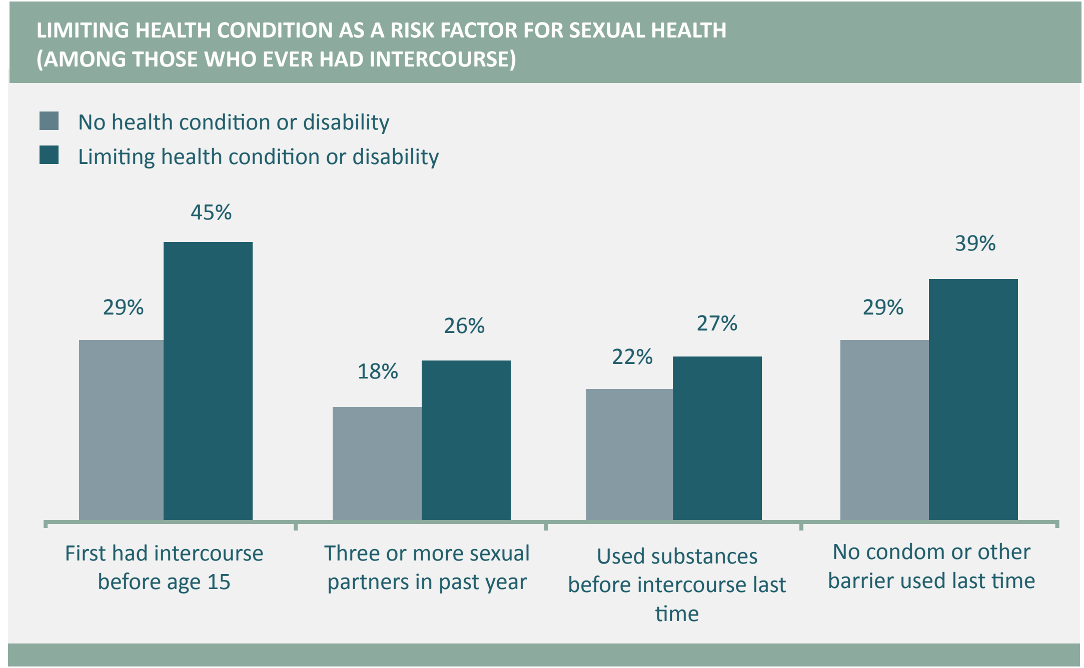


* Interpret with caution as the standard of error was relatively high but still within an acceptable range.

Having a health condition or disability

Over a quarter (26%) of youth had some kind of health condition or disability such as a physical disability, sensory disability, learning disability, chronic medical condition, mental health condition, behavioural condition, or allergy requiring an epinephrine injection. These youth were more likely than those without such a condition to have engaged in risky sexual behaviours.

Furthermore, youth who had a health condition or disability that was debilitating to the point that it limited their activities were more likely than those without such a condition to have first had intercourse at an earlier age, multiple partners in the past year, and to have used substances before having intercourse the last time. They were also less likely to have used a condom or other barrier the last time they had intercourse.



Having fewer friends

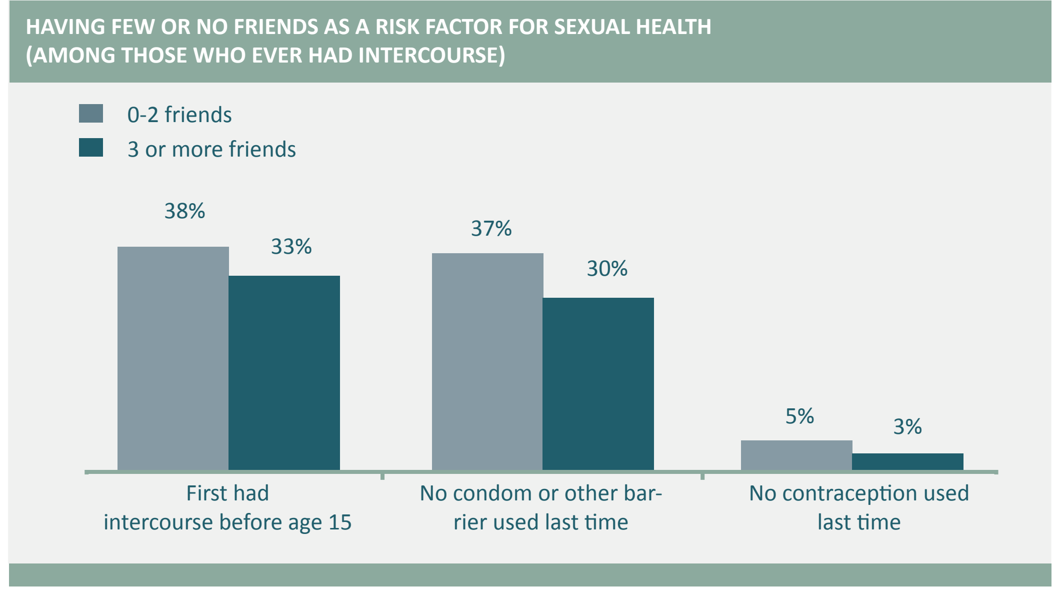
Most youth had three or more close friends in their school or neighbourhood, while 14% had one or two, and 3% had no close friends. Youth who had few or no friends were more likely than their peers with more friends to have first had intercourse before the age of 15. Having few friends was also associated with not using a condom or contraception the last time youth had intercourse. However, number of friends was not associated with either multiple partners or substance use before having intercourse.

Absent from school

Missing school may be associated with fewer opportunities for sex education and connecting with adult supports, and this, in turn, may be associated with risky sexual behaviour. For example, students who skipped three or more days of school in the past month were less likely to have used a condom or other barrier the last time they had intercourse (61% vs. 73% who did not skip school, among those who ever had intercourse) or oral sex (14% vs. 19%, among those who ever had oral sex).

In addition, youth who missed three or more days in the past month due to work were more likely to use alcohol or other drugs before they had intercourse the last time (49%* vs. 23% who did not miss school for this reason, among those who ever had intercourse).

Furthermore, those who missed multiple days of school for three or more different reasons (skipping, illness, work responsibilities, family responsibilities, being bullied) were even more likely to use substances before they had intercourse the last time (58%* vs. 20% who did not miss any school).

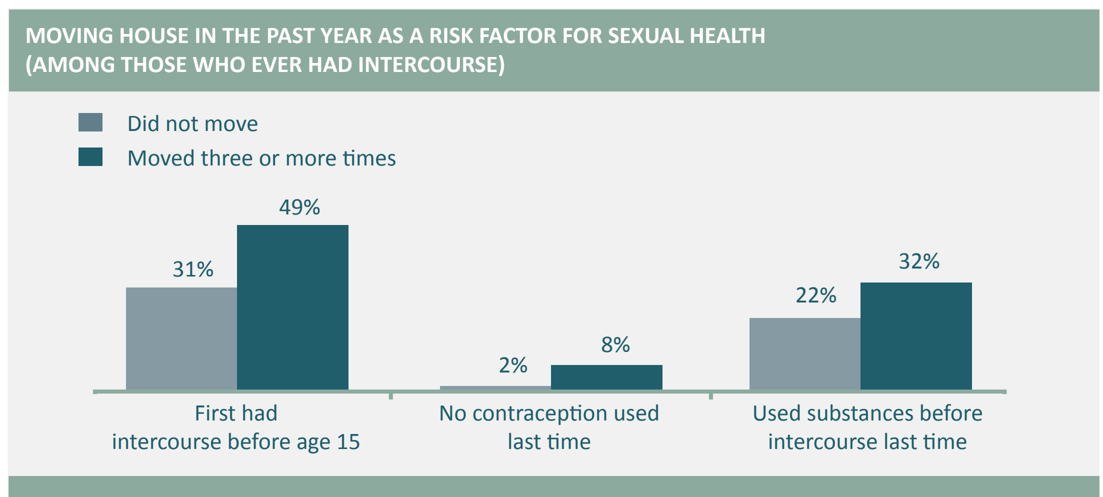


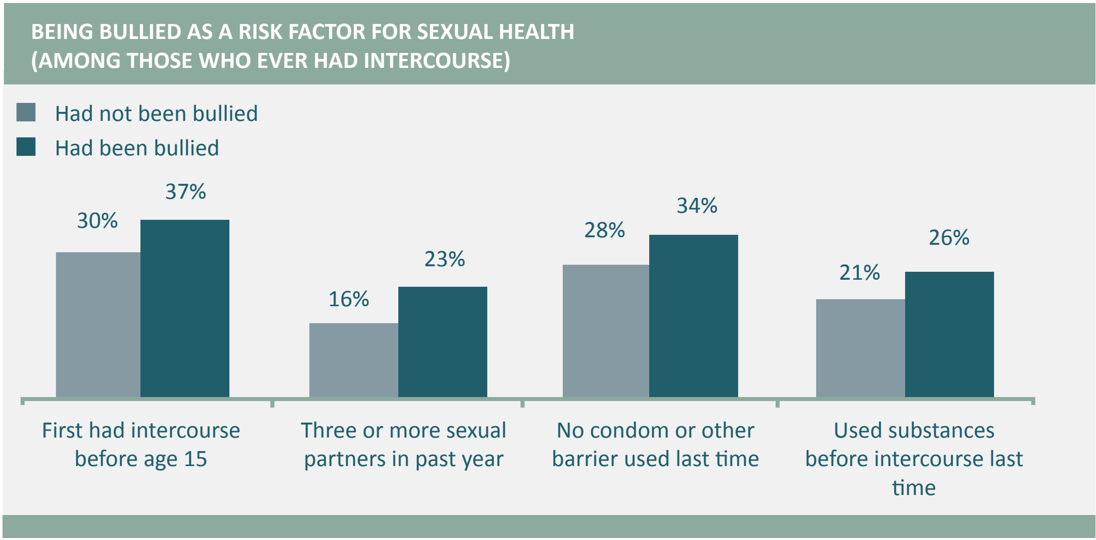
Moving house

Youth who move multiple times may experience instability and health risks, such as being separated from their social network. Five percent of youth had moved three or more times in the past year. These youth were more likely than their peers who had not moved to have ever had intercourse and to have engaged in risky sexual behaviour, including not using contraception the last time they had intercourse and using alcohol or other drugs before they had intercourse the last time.

Been bullied

The BC AHS asked youth whether they had been the victim of several forms of in-person bullying (being teased, socially excluded, or physically assaulted) as well as cyberbullying in the past year. Youth who had been bullied reported less safe sexual health practices than their peers who had not been bullied.



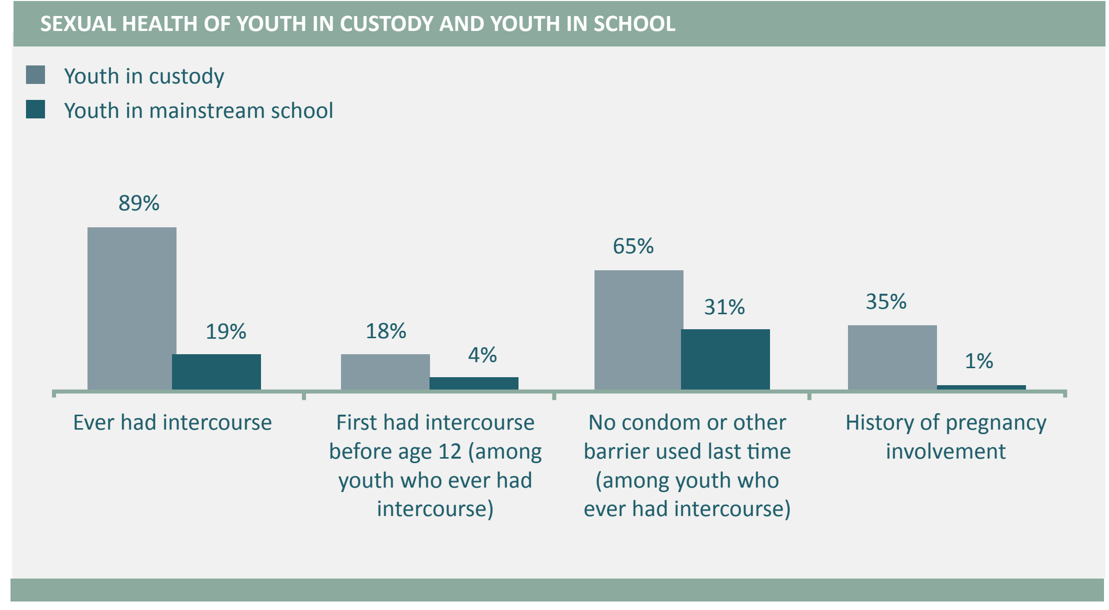


Youth in custody

Youth in custody completed a modified version of the 2013 BC AHS and answered similar questions about their health including their sexual behaviour (see McCreary Centre Society's report *Time Out III: A profile of BC youth in custody*). The results showed that youth in custody were more likely than youth in mainstream school to have ever had intercourse, and they were more likely to engage in risky sexual behaviours such as not using a condom.

Youth in custody face a number of challenges. Prior to entering custody, many of these youth are exposed to the risk factors that contribute to the inequities in sexual health behaviour discussed previously, such as victimization and poverty. For example, 11% of youth in custody reported often or always going to bed hungry while they were living in the community because there was not enough money for food, compared to 1% of youth in mainstream schools.

SEXUAL HEALTH OF YOUTH IN CUSTODY AND YOUTH IN SCHOOL



NOTE Youth in custody data from McCreary's report *Time Out III: A profile of BC youth in custody* (2014).

Using data from the BC AHS, the table below provides a summary of potential risk factors and their association with sexual health behaviour.

✓ Risk factor for youth
M Risk factor for males only
F Risk factor for females only

SOME RISK FACTORS FOR SEXUAL HEALTH					
	SEXUAL RISK BEHAVIOUR (AMONG YOUTH WHO EVER HAD INTERCOURSE)				
RISK FACTOR	First intercourse before age 15	Three or more partners in past year	No condom or other barrier used at last intercourse	No contraception used at last intercourse	Substance use before last intercourse
LIVING SITUATION					
Government care experience	✓	✓	✓	✓	✓
Lived on Youth Agreement	✓	✓	M	M	M
Went to bed hungry often/always due to insufficient money for food at home	✓	✓	✓	✓	✓
Could not afford to participate in extracurricular activities		M	M		✓
Worked 21 or more hours per week during school year	✓	✓	✓		
HOME ENVIRONMENT					
Little or no parental monitoring of free time	✓	✓	✓	✓	✓
Never or rarely ate evening meal with parents	F	✓	✓	M	✓
Low family connectedness	✓	✓	✓	F	✓

Legend	
✓	Risk factor for youth
M	Risk factor for males only
F	Risk factor for females only

SOME RISK FACTORS FOR SEXUAL HEALTH (cont.)					
	SEXUAL RISK BEHAVIOUR (AMONG YOUTH WHO EVER HAD INTERCOURSE)				
RISK FACTOR	First intercourse before age 15	Three or more partners in past year	No condom or other barrier used at last intercourse	No contraception used at last intercourse	Substance use before last intercourse
HOME ENVIRONMENT (cont.)					
Moved three or more times in past year	✓	✓		✓	✓
Ran away three or more times in past year	✓	✓	✓	F	✓
Caretaking responsibilities (for a relative)	M				
Caretaking responsibilities (for own child or children)	✓	✓	M	✓	M
SOCIAL ENVIRONMENT					
Two or fewer close friends	F		✓	✓	
Skipped school		✓	✓		✓
Family or friend ever attempted suicide	✓	F	✓		F
MARGINALIZED					
LGB	✓	✓	✓	✓	M
Health condition or disability	✓	✓	✓		✓
Lived in Canada less than 6 years		M		F	
Refugee	✓	✓	M	F	✓

✓ Risk factor for youth

Risk factor for males only

Risk factor for females only

SOME RISK FACTORS FOR SEXUAL HEALTH (cont.)					
	SEXUAL RISK BEHAVIOUR (AMONG YOUTH WHO EVER HAD INTERCOURSE)				
RISK FACTOR	First intercourse before age 15	Three or more partners in past year	No condom or other barrier used at last intercourse	No contraception used at last intercourse	Substance use before last intercourse
VIOLENCE EXPOSURE					
Physically abused	✓	F	✓	F	F
Sexually abused	✓	✓	✓	✓	✓
Experienced dating violence	✓	✓	✓	M	✓
Bullied in-person and/or cyberbullied	✓	✓	✓	M	✓
Discriminated against	✓	✓	✓	✓	✓
Verbally and/or physically sexually harassed	✓	✓	✓		✓

NOTE Sexual abuse included being the younger of an illegal age pairing at first intercourse and being forced into sexual activity by an adult or another youth.

Several of the identified risk factors were associated with each of the sexual risk behaviours. For example, having little or no parental monitoring of free time, a history of sexual abuse, discrimination, government care experience, and going to bed hungry because there was not enough money for food at home were all associated with higher rates of sexual risk behaviours for both males and females.

Other risk factors were found to be associated with some of the sexual risk behaviours and not others. For example, having few or no close friends was associated with lack of condom use and lack of contraception, but it was not associated with number of partners or substance use before intercourse.

Furthermore, some risk factors were evident for females and not males or vice versa. For example, female youth who had a friend or family member who had attempted suicide were more likely than their peers without this experience to have used alcohol or other drugs before they had intercourse the last time. This relationship was not found among males.

Youth who experience intersecting risk factors may be even more likely to engage in sexual risk behaviours. For example, among youth who ever had intercourse, 23% of those who had been bullied reported having three or more sexual partners in the past year. However, the rate rose to 49%* if youth had been bullied as well as had moved multiple times in the past year and did not have any friends.

Reducing inequities in sexual health

When youth have protective factors in their lives, they may be better equipped and supported to make healthy decisions about their sexual behaviour. A number of factors have been found to reduce health inequities among youth such as connectedness to family and school, having supportive adults, having pro social friends (who would disapprove of risk behaviours such as getting drunk or pregnancy involvement), being involved in extracurricular activities, and having plans for post-secondary education.

Protective factors were examined in relation to four safer sexual practices:

- Being substance-free before intercourse
- Using a condom or other barrier to prevent STIs
- Using an effective form of contraception (i.e., condoms, birth control pills, Depo Provera, or another doctor-prescribed method such as an IUD, birth control patch, birth control ring)
- Having no history of pregnancy involvement

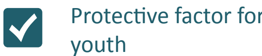
Results are summarized in the table below.

✓ Protective factor for youth

M Protective factor for males only

F Protective factor for females only

SOME PROTECTIVE FACTORS FOR SEXUAL HEALTH				
	SAFER SEXUAL PRACTICES (AMONG YOUTH WHO EVER HAD INTERCOURSE)			
PROTECTIVE FACTOR	Did not use substances before last intercourse	Condom or other barrier used at last intercourse	Effective contraception used at last intercourse	No history of pregnancy involvement
CONNECTIONS				
Connected to family	✓	✓	✓	✓
Connected to school	✓	✓	✓	✓
Connected to community	✓	✓	✓	M



✓ Protective factor for youth

M Protective factor for males only

F Protective factor for females only

SOME PROTECTIVE FACTORS FOR SEXUAL HEALTH (cont.)				
	SAFER SEXUAL PRACTICES (AMONG YOUTH WHO EVER HAD INTERCOURSE)			
PROTECTIVE FACTOR	Did not use substances before last intercourse	Condom or other barrier used at last intercourse	Effective contraception used at last intercourse	No history of pregnancy involvement
CONNECTIONS (cont.)				
Feel safe in neighbourhood in daytime	✓	✓	✓	✓
Feel safe in neighbourhood at night	M	M	✓	✓
Feel safe inside home	✓	M	✓	✓
ADULT SUPPORTS				
Have an adult in family to talk to	✓	✓	✓	✓
Have an adult outside family to talk to		M	✓	M
Found a teacher helpful (among those who asked for help)	✓	M	✓	F
Found a school counsellor helpful (among those who asked for help)	✓	F	F	M
Found a doctor helpful (among those who asked for help)		M	✓	
Found a nurse helpful (among those who asked for help)	M		F	
FRIENDS				
Have three or more close friends		✓	✓	✓
Have pro social friends	✓	✓	✓	✓

✓ Protective factor for youth

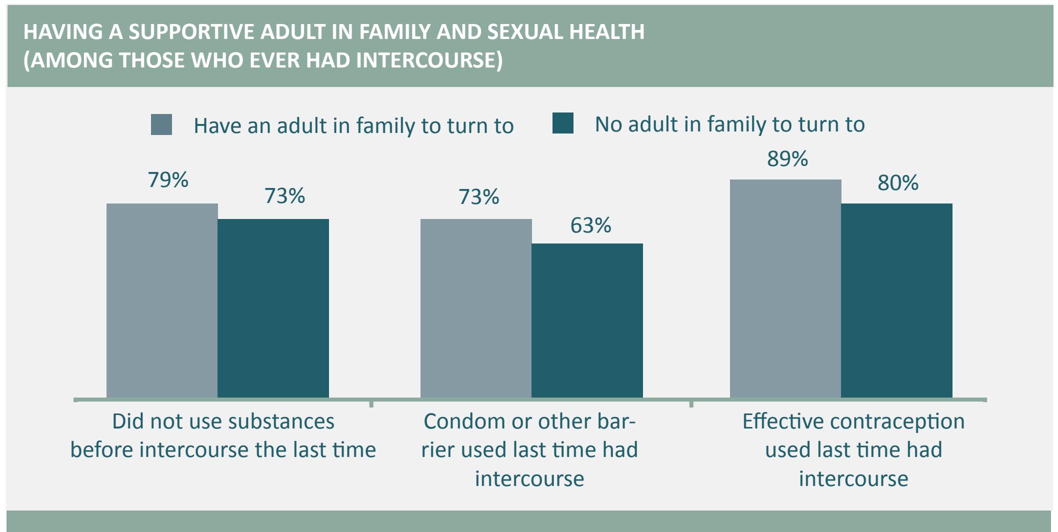
M Protective factor for males only

F Protective factor for females only

SOME PROTECTIVE FACTORS FOR SEXUAL HEALTH (cont.)				
	SAFER SEXUAL PRACTICES (AMONG YOUTH WHO EVER HAD INTERCOURSE)			
PROTECTIVE FACTOR	Did not use substances before last intercourse	Condom or other barrier used at last intercourse	Effective contraception used at last intercourse	No history of pregnancy involvement
FRIENDS (cont.)				
In non-physically-abusive dating relationship (among those who were in relationship)	✓	✓	✓	✓
YOUTH ENGAGEMENT				
Involved in weekly extracurricular activities	✓	✓	✓	M
Engaged in activities youth found meaningful	✓	✓	✓	✓
Felt valued in activities	✓	✓	✓	✓
SELF-ESTEEM				
Can identify something they are good at	F	F	✓	M
Feel good about themselves	F	✓	✓	M
Feel good about skills and abilities	✓	✓	✓	✓
FUTURE ASPIRATIONS				
Post-secondary educational aspirations	✓	✓	✓	✓
Future aspirations for job/ career	✓	✓	✓	M
HEALTH				
Good/excellent mental health	✓	✓	✓	✓
Good/excellent general health	✓	✓	✓	✓

NOTE Effective contraception refers to the use of condoms, birth control pills, Depo Provera, or another doctor-prescribed method (e.g., IUD, birth control patch, birth control ring).

The table shows that the majority of the factors examined were protective in that they were associated with engaging in safer sexual practices. For example, having an adult in their family students could turn to when they had a serious problem was protective for both males and females and for each of the safer sexual health practices. The same was true for being connected to school.

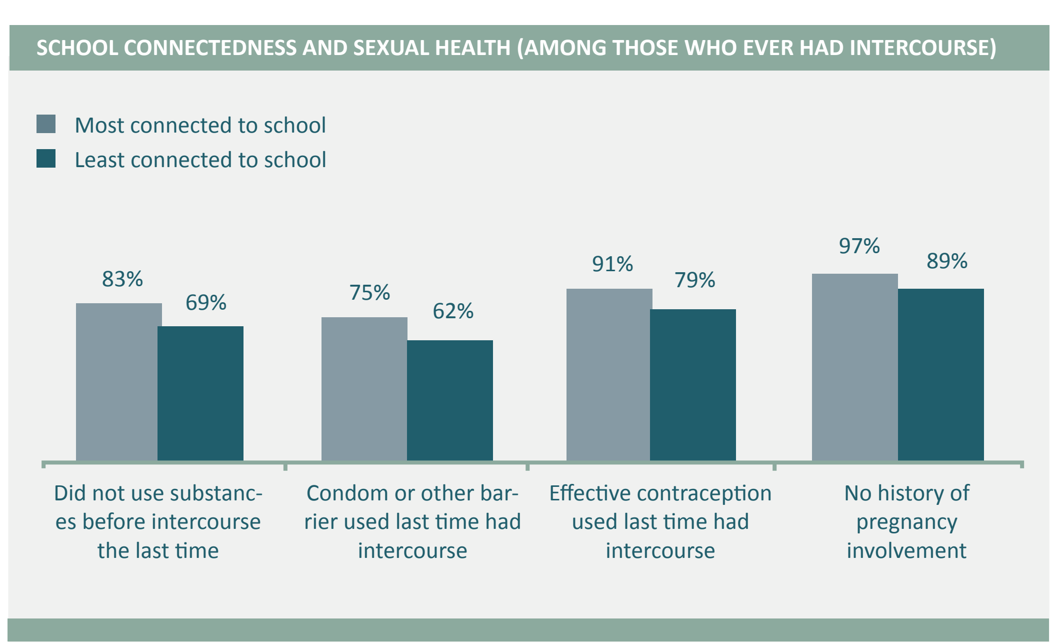


NOTE Effective contraception refers to the use of condoms, birth control pills, Depo Provera, or another doctor-prescribed method (e.g., IUD, birth control patch, birth control ring).

Some protective factors were particularly powerful for female youth. For example, 91% of females who had visited a nurse in the past year who they found helpful used effective contraception the last time they had intercourse, compared to 70%* of those who found the nurse they saw to be unhelpful. They were also more likely to have used effective contraception if they had found a school counsellor helpful, which was not the case for males.

In general, having helpful support from at least one professional was associated with using protection against STIs and pregnancy, as was having a helpful informal support such as a friend or family member.

The presence of protective factors can be of benefit for vulnerable groups of youth as well. For example, 69% of youth who ever had intercourse reported using a condom or other barrier the last time they had intercourse. This rate was 39%* among youth who were refugees. However, if refugee youth felt like part of their community, had at least one close friend, had an adult in or outside their family they could talk to, were engaged in meaningful activities, or had future aspirations for a post-secondary education or a job/career, they were more likely to have used a condom or other barrier the last time they had intercourse compared to those without these protective factors.

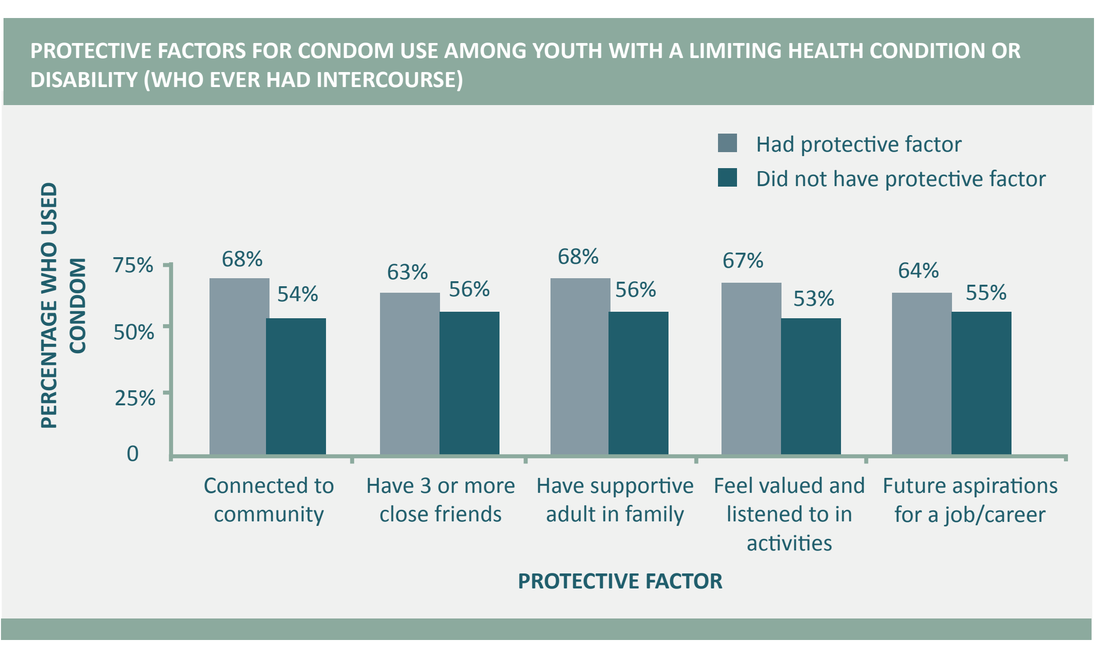


NOTE Effective contraception refers to the use of condoms, birth control pills, Depo Provera, or another doctor-prescribed method (e.g., IUD, birth control patch, birth control ring).

Similarly, among those with a limiting health condition or disability, those who were more connected to their community, had three or more close friends, had a supportive adult in their family to talk to, were engaged in their activities, were in good mental health, or had aspirations for a job/career or post-secondary education were more likely to have used a condom or other barrier the last time they had intercourse compared to their peers without these protective factors.

Youth who had been in government care were less likely than youth with no care experience to have used an effective form of birth control the last time they had intercourse (73% vs. 86%, among those who ever had intercourse). However, when youth with care experience had various protective factors in their lives, use of an effective form of birth control was more prevalent.

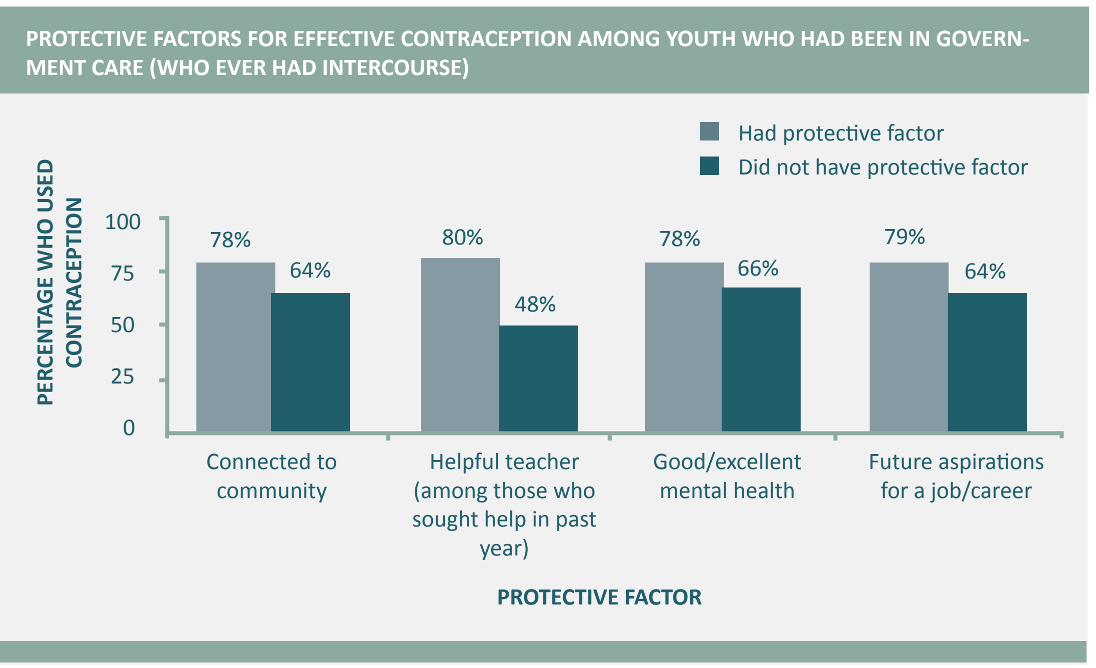
PROTECTIVE FACTORS FOR CONDOM USE AMONG YOUTH WITH A LIMITING HEALTH CONDITION OR DISABILITY (WHO EVER HAD INTERCOURSE)



NOTE Condom use refers to use of a condom or other barrier the last time youth had intercourse.

NOTE Comparison for community connectedness is between those who were at least somewhat connected and those who were connected very little or not at all.

PROTECTIVE FACTORS FOR EFFECTIVE CONTRACEPTION AMONG YOUTH WHO HAD BEEN IN GOVERNMENT CARE (WHO EVER HAD INTERCOURSE)



NOTE Effective contraception refers to the use of condoms, birth control pills, Depo Provera, or another doctor-prescribed method (e.g., IUD, birth control patch, birth control ring) the last time youth had intercourse.

NOTE Comparison for community connectedness is between those who were at least somewhat connected and those who were connected very little or not at all.

Sexual health of LGBTQ2S youth

Sexual orientation and gender identity are components of sexual health. However, the sexual health needs of sexual minority and gender-diverse youth are not always considered in discussions of sexual health. This chapter therefore considers the health of the 6% of youth who identified as lesbian, gay, bisexual, questioning, transgender, and/or Two Spirit (LGBTQ2S).

The purpose of this chapter is to provide sexual health profiles for youth of different orientations and/or identities. It is not intended to compare the sexual health of these different groups of youth. In fact, apparently large differences may not be statistically significant, and therefore readers are cautioned against making such comparisons.

Gay males

Fifty-five percent of males who identified as gay had not engaged in either oral sex or intercourse, while 30% had engaged in both.

Forty-three percent of gay youth had ever had oral sex, with 42% reporting they had ever given oral sex and 34% reporting they had received oral sex. Among gay youth who ever had oral sex, 15% used a condom or other barrier the last time they had oral sex.

About a third of gay youth (32%) had ever had intercourse. The most common age of first having intercourse was 15 years old, but nearly half (46%*) first did so before the age of 15.

I think I am homosexual but I just end up doing stuff with girls….It is a big secret. My friends and family don't know about it."

Most gay males who ever had intercourse reported having intercourse in the past year, including 40%* who had one sexual partner and 31% who had three or more partners. Nearly two thirds (64%*) of gay youth who ever had intercourse had exclusively same gender partners in the past year and 20%* had male and female partners.

Among gay males who ever had intercourse 58% used a condom or other barrier the last time they had intercourse. About a third (34%*) of gay youth used alcohol or other drugs before they had intercourse the last time.

Information about contraception and history of pregnancy or STIs could not be reported for gay males due to the relatively small sample size of this group.

Lesbian females

Just over half of lesbian students (52%) had never engaged in oral sex or intercourse, while a third had engaged in both.

Forty-two percent of lesbian youth ever had oral sex, with 38% reporting they had ever given oral sex and 31% reporting they had received oral sex.

About 4 in 10 (39%) lesbian females had ever had intercourse. The most common single age of first having intercourse was 16 years old, but 51%* first did so before the age of 15.

Most lesbian youth who ever had intercourse reported having done so in the past year, including 46%* who had one sexual partner and 34%* who had three or more partners. Among lesbian females who ever had intercourse 45%* had exclusively female partners in the past year, 35%* had male and female partners, and the remainder either had exclusively male partners or had not had sex in the past year.

Among lesbian youth who ever had intercourse 21%* reported they or their partner used a condom or other barrier the last time they had intercourse. Lesbian youth were nearly five times as likely to use a condom or other barrier with a male partner as with a female partner the last time they had intercourse.

A quarter of lesbian students (25%*) used alcohol or other drugs before they had intercourse the last time (among those who ever had intercourse).

Information about contraception and history of pregnancy or STIs could not be reported for this group due to sample size limitations.

Bisexual males

Fewer than half of bisexual males (48%) reported engaging in sexual activity: 44% had ever had oral sex and 37% had ever had intercourse.

Just over 1 in 3 (36%) bisexual males reported ever having given oral sex and 38% ever received oral sex. Among those who had oral sex, 19% of youth used a condom or other barrier the last time they had oral sex.

Bisexual males most commonly first had intercourse at the age of 14, with over half (51%*) first doing so before the age of 15 (among those who ever had intercourse).

Most bisexual males who ever had intercourse reported having intercourse in the past year, including 39%* who had one sexual partner and 29%* who had three or more partners. Nearly 6 out of 10 (59%*) bisexual males had exclusively female partners, and 26%* had both male and female partners in the past year.

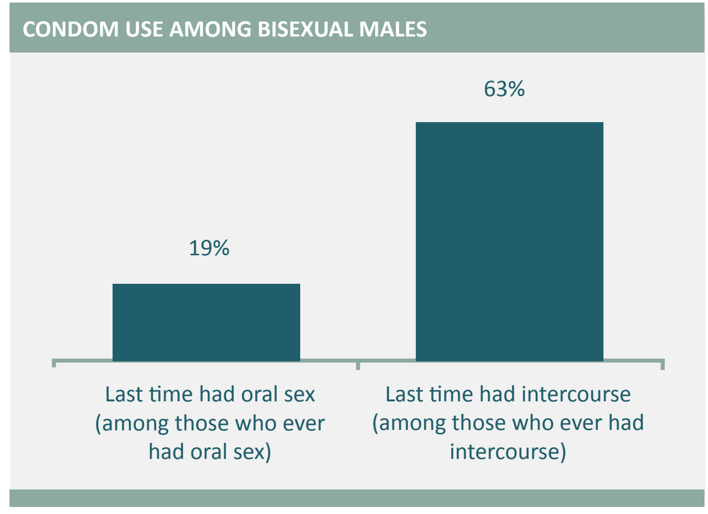
Among bisexual males who ever had intercourse, 63%* reported that they or their partner had used a condom or other barrier the last time they had intercourse.

Among bisexual males who had a female partner the last time they had intercourse, 81%* reported using an effective form of contraception (condom, birth control pills, Depo Provera, or another contraceptive method prescribed by a doctor such as birth control patch, birth control ring, or an IUD).

When asked whether they had used alcohol or other drugs before having intercourse the last time, 36%* of bisexual males who had ever had intercourse reported doing so.

Six percent of bisexual male students reported that they had been involved in a pregnancy. The percentage was 16% among bisexual males who had ever had intercourse.

The percentage of bisexual males who had been told by a doctor or nurse at some point that they had an STI was not releasable.



Bisexual females

Over half (51%) of bisexual females had engaged in sexual activity. While 37% had engaged in both oral sex and intercourse, 8% had had oral sex exclusively, and 6% had had intercourse exclusively.

Forty-one percent of bisexual female students had ever given oral sex and 35% had received oral sex. Among those who had oral sex, 19% used a condom or other barrier the last time they had oral sex.

Forty-three percent of bisexual females had ever had intercourse. Bisexual females most commonly first had intercourse at the ages of 14 or 15, with nearly half (49%) of those who ever had intercourse first doing so before the age of 15.

About 1 in 10 bisexual females who had ever had intercourse reported not having intercourse in the past year (8%), while 41% had one partner, 17% had two partners, and 34% had three or more partners. Fifty-three percent of bisexual females who ever had intercourse had exclusively male partners in the past year.

Nearly 6 in 10 bisexual females (58%) who ever had intercourse reported that they or their partner had used a condom or other barrier the last time they had intercourse, with those who had a female partner less likely to do so than those with a male partner (37%* vs. 63%).

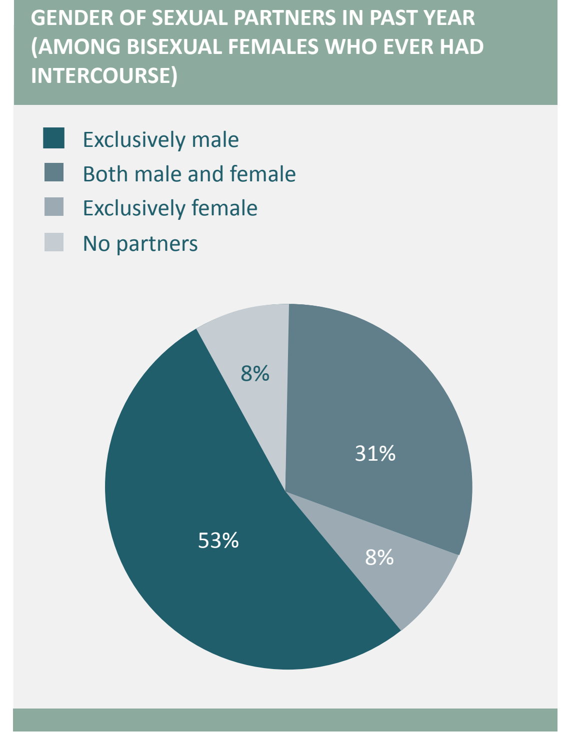
Among bisexual females who had a male partner the last time they had intercourse, 80% reported using an effective form of contraception, and 4% reported making no efforts to prevent pregnancy.

When asked whether they had used alcohol or other drugs before having intercourse the last time, 23% of bisexual females who had ever had intercourse reported doing so.

Six percent of bisexual females reported that they had been pregnant. The percentage was 12% among those who ever had intercourse.

Three percent of bisexual females had been told by a doctor or nurse at some point that they had an STI. The percentage was 6% among bisexual females who had engaged in oral sex and/or intercourse.

GENDER OF SEXUAL PARTNERS IN PAST YEAR (AMONG BISEXUAL FEMALES WHO EVER HAD INTERCOURSE)



Questioning youth

Two percent of youth in BC identified as questioning, that is, they were questioning their sexual orientation (1% of males vs. 2% of females). About 8 in 10 questioning youth (83%) had never engaged in oral sex or intercourse while 11% had engaged in both. Females were more likely than males to have never engaged in these sexual activities.

Sixteen percent of questioning youth had ever had oral sex (24% of males vs. 13% of females). Males were more likely to have given oral sex (18% vs. 10%) and to have received oral sex (20% vs. 10%). Of questioning youth who ever had oral sex, 15% used a condom or other barrier the last time they had oral sex (about twice as many males as females).

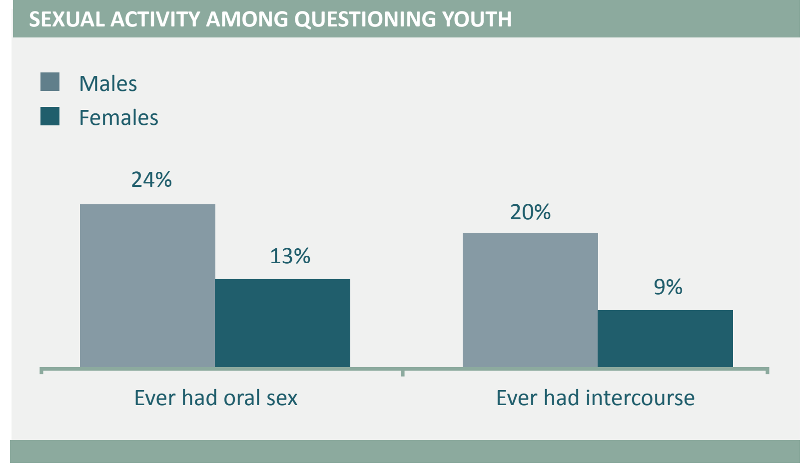
Twelve percent of questioning youth ever had intercourse (20% of males vs. 9% of females). Questioning youth most commonly first had intercourse at the age of 14. Among those who ever had intercourse, 60% had their sexual debut at age 14 or younger, with females more likely to do so than males.

Thirty-eight percent of questioning youth who ever had intercourse had one sexual partner and nearly a quarter (24%) had three or more partners in the past year. While males were more likely than females to have a single partner in the past year, females were more likely to have two or more partners. The majority of questioning youth had exclusively opposite gender partners in the past year (51%* of males vs. 69% of females, among those who ever had intercourse).

Just over half (52%) of questioning youth who ever had intercourse had used a condom or other barrier the last time they had intercourse (63%* of males vs. 44%* of females), and 69% used an effective form of birth control.

A third of questioning youth reported using alcohol or other drugs before having intercourse the last time. Females were more likely to report this than males.

The percentage of questioning youth who had a history of pregnancy involvement or STIs was too small to release.



Transgender youth

This was the first time that the BC Adolescent Health Survey asked a question about transgender identity. It may not have been fully understood by all youth who completed the survey and it did not capture other gender-diverse identities. As a result, these findings should be viewed with caution. McCreary Centre Society is a partner in further national research about effective ways to ask young people questions about gender identity.

One percent of youth identified as transgender. Of these youth 64% also identified as male and 32% identified as female. With respect to sexual orientation, 38% of transgender youth responded that they were straight, 19% were gay/lesbian, and 16% were bisexual.

More than half of youth (57%) who identified as transgender on the survey reported ever engaging in sexual activity. While 39% had engaged in both oral sex and intercourse, 10% had had oral sex exclusively and 9% had had intercourse exclusively.

SEXUAL ORIENTATION OF TRANSGENDER YOUTH	
Completely straight	38%
Mostly straight	9%
Bisexual	16%
Gay or lesbian	19%
Questioning	NR
Don't have attractions	NR
Multiple responses or no response	10%

NR Not releasable due to sample size.

Forty-eight percent of transgender youth had ever had oral sex, with 35% reporting they had given oral sex and the same percentage reporting they had received oral sex. Among youth who ever had oral sex, 30%* used a condom or other barrier the last time they had oral sex.

Forty-seven percent of transgender youth ever had intercourse. Over half of these youth (56%*) first did so before the age of 15, with 34%* doing so before the age of 12.

Most transgender youth who ever had intercourse had done so in the past year, with 17%* reporting having had one partner and 66%* having had three or more partners in the past year.

Over half (51%*) of transgender youth reported using alcohol or other drugs before having intercourse the last time (among youth who ever had intercourse).

Among youth who ever had intercourse, 37%* of transgender youth reported using a condom or other barrier the last time they had intercourse, and 20%* made no efforts to prevent pregnancy.

The percentage of transgender youth who had been involved in a pregnancy or who had an STI could not be reported due to sample size limitations.

Two Spirit youth

Two Spirit is a term used by some Aboriginal people to refer to a person who has both a masculine and a feminine spirit or whose spirit does not fit into a masculine or feminine identity, and is sometimes used to describe sexual, gender, and/or spiritual identities.

Five percent of Aboriginal youth identified as Two Spirit, although more than half of Aboriginal students did not know what the term Two Spirit meant. We will be conducting further analyses and engaging with community experts as part of our next *Raven's Children* report on the health of Aboriginal youth in BC. Results on the sexual health of Two Spirit youth will be examined at that time.

Risk and protective factors for LGB youth

Ideally, we would examine risk and protective factors for lesbian females, gay males, bisexual females, and bisexual males separately. However, the relatively small numbers of youth in these groups meant that this was not always possible. Therefore, lesbian and bisexual females were sometimes combined, as were gay and bisexual males.

LGB youth who face challenges in their lives may be at greater risk. For example, LGB youth who had been sexually abused were more likely than those who had not been abused to report that they used alcohol or other drugs before the last time they had intercourse (males: 56%* vs. 26%; females: 29% vs. 18%, among youth who ever had intercourse).

In addition, gay and bisexual males who had experienced racial discrimination in the past year or who often or always went to bed hungry because there was not enough money for food at home were more likely than their peers without these experiences to have used substances before having intercourse the last time.

LGB youth who had protective factors in their lives engaged in safer sexual practices. For example, male and female LGB youth who were more connected to school were more likely to report using a condom or other barrier the last time they had intercourse. In addition, gay and bisexual males with plans for a post-secondary education were less likely than their peers who did not plan to continue their education beyond high school to use substances before having intercourse the last time.

Having supportive adults in their lives was also protective for LGB youth. For example, bisexual female youth who had an adult in their family they could turn to about a serious problem were more likely than those without such support to report use of a barrier the last time they had intercourse (66% vs. 51%, among those who ever had intercourse).

Gay and bisexual male youth who had a supportive adult outside their family were less likely to use substances before having intercourse the last time (25%* vs. 44%*).

Having supportive peers was also protective. For example, gay and bisexual male students who had at least one close friend were less likely to use alcohol or other drugs before they had intercourse the last time than youth with no friends.

In addition, involvement in meaningful activities was linked to safer sexual practices among LGB youth. For example, gay and bisexual males who felt the activities they were engaged in were meaningful were less likely than those who did not feel this way to have used substances before having intercourse the last time (28%* vs. 60%*) and were more likely to have used a condom or other barrier (73%* vs. 49%*).

Also, bisexual male youth who were involved in extracurricular activities on a weekly basis were more likely to use a condom or other barrier the last time they had intercourse compared to those were not involved in extracurricular activities.

Risk and protective factors for transgender and Two Spirit youth

The role of risk and protective factors in the sexual health of transgender and Two Spirit youth were not examined. In both cases there were sample size limitations. However, we are taking a comprehensive look at risk and protective factors for these groups of youth in separate reports.

Several of the risk factors identified for youth generally may be pertinent for transgender and Two Spirit youth as well. For example, a relatively high percentage of transgender youth reported victimization experiences such as physical abuse (31%), sexual abuse (39%), and sexual harassment (69%).

As is the case with youth generally, efforts should be made to foster protective factors in the lives of transgender and Two Spirit youth in order to support healthy decision-making, including those that involve their sexual health.

Youth's suggestions for improving sexual health

Comments and suggestions from youth pointed to a number of areas where they felt sexual health behaviour could be improved. These came from written comments youth made on the 2008 and 2013 BC AHS as well as through Next Steps Workshops where results were taken back to youth to obtain their reactions and feedback.

Students were very engaged in the topic of sexual health. For example, youth in Lytton, Nisga'a, Qualicum, and Hazelton created films to promote awareness about sexual health. Their films encouraged youth to think about the choices they made around sexual activity, and raised awareness about the importance of having accurate information about sexual health. (View the films at https://www.youtube.com/user/McCrearyCentre)

In discussions, students felt that more accurate sexual health information would be obtained from teachers, parents, and other adults but reported that they got most of their information from their peers. They were aware that peers may not give accurate information, but it was often the only source they felt comfortable accessing.

> **"You guys can't keep teaching abstinence only sex ed. You need to teach about different kinds of birth control and condoms. So many people do stupid stuff because they didn't know another way existed."**

Youth suggested that among adults, school personnel or public health professionals were more likely to be a neutral source of information than parents, and they would trust them more and be able to ask more questions.

Students felt sex education often focused too much on the mechanics of sex and should include information about STI prevention and contraception as well as sexual assault.

Across the province, students felt that sex education should start at an earlier age and be part of elementary school curriculum. This was partly because some students are sexually active at a young age but also because they receive a lot of misinformation and information they do not understand.

Students from smaller communities felt they had less access to sexual health information compared to their peers in larger communities and also felt that a lack of privacy in their communities was an issue.

Following the release of the 2008 BC AHS results which showed a rise in the use of prescription pills without a doctor's consent, female youth spoke of using their friend's prescribed birth control pills because they were unable to access a prescription themselves. In 2013, despite an overall decrease in the misuse of prescription pills from 15% in 2008 to 11% in 2013, 20% of females who used birth control pills reported using prescription pills without a doctor's consent in the past year. Although there is no way of knowing whether this misuse referred to birth control pills, this suggests the issue may still need to be addressed.

Other suggestions

- Ensure youth have access to accurate information about sexual health through schools and other venues (e.g., custody centres or clinics if youth are not in school).

- Sex education should include information about negotiating dating and sexual relationships, what consent means, and what to do when unwanted sexual contact happens or appears like it might happen.

- Provide information to students about sexual health services and support so that they know where to go if they need help. This includes needing help in dealing with reactions from friends and family, such as about pregnancy involvement or having an STI.

  "I don't know where to go to find out about STDs and my parents don't care."

- Ensure sexual health services are accessible to youth in every community across the province.

  "I think there needs to be more of the youth clinics around and they should be open more hours (for example, the one near my school is only open 3 days a week, 3-4 hours at a time)."

- Ensure contraception and protection are available to youth at no cost.

  "Lots of sexually active teens don't use proper forms of birth control because the resources aren't there, or they're too expensive."

- Provide youth with low barrier (easily accessible) extracurricular activities so that youth are not engaging in potentially risky behaviours, such as having sex and using drugs, because they are bored.

  "Most friends of mine drink, and they want me to. I refuse always because I know it will lead to something unwanted. My biggest fear is sex, then getting someone pregnant. I really want some more activities that I can attend after school so this won't happen."

- Provide a safe and comfortable environment for youth to talk about sexual health concerns or questions.

- Increase awareness of different sexual orientations, homophobia, and heterosexism; and ensure LGBTQ youth receive relevant sexual health information and sex education. Also ensure mainstream sexual health programs include LGBTQ youth in them.

Final word

This report focuses on the sexual health of students aged 12-19 in British Columbia. For some people this is a difficult topic to discuss, yet the BC AHS results show us that around a quarter of youth are sexually active. It is therefore important for parents, health care providers, and schools in particular to understand not only the prevalence of various sexual behaviours but also the risk and protective factors that are associated with engaging in these behaviours.

The report raises many questions which could not be answered by the data, either because the numbers were too small to report or because the survey could not always accurately establish how consensual the activity was. Despite these limitations, it is hoped that the information provided can be used to encourage an open dialogue with young people.

The report speaks to the ongoing need for youth to receive comprehensive sex education from an early age, whether they are in school or not. This will ensure they can learn the skills needed to negotiate healthy relationships and to make informed decisions which can help protect them against abuse, exploitation, unintended pregnancies, and sexually transmitted infections.

Despite some regional differences, findings from the report are encouraging in that a majority of students who engaged in intercourse had used a condom or other barrier to protect against sexually transmitted infections, used an effective method of contraception, and had not mixed alcohol or other drug use with sex. However, the findings also suggest that students may require more education and support about dual method use during intercourse and about use of a condom or other barrier during oral sex.

Taking results such as the ones included in this report back to young people has shown us that they generally do not respond positively to attempts to deter or frighten them away from having sex. They have frequently told us that they want reliable factual information which will allow them to choose whether or not they are ready to have a sexual relationship or engage in different types of sexual activity.

Young people can make more informed decisions by learning about topics such as sexual development, contraception, consent, birth control, and sexuality. The report also shows us that the presence of protective factors in young people's lives can help them to make safer choices. For example, students who reported higher levels of family, school, or community connectedness, had caring adults they could turn to with problems, were engaged in extracurricular activities they found meaningful, felt good about themselves, and had aspirations for the future all reported healthier sexual choices.

Appendix

YOUTH SEXUAL HEALTH: HEALTH AUTHORITY COMPARISONS	NORTH (A)	INTERIOR (B)	VANCOUVER ISLAND (C)	VANCOUVER COASTAL (D)	FRASER (E)
Ever had oral sex	31%[d,e]	30%[d,e]	28%[d,e]	18%[a,b,c]	19%[a,b,c]
Used condom or other barrier at last oral sex (among those who ever had oral sex)	24%[b,c,d,e]	18%[a]	15%[a]	14%[a]	16%[a]
Ever had intercourse	29%[c,d,e]	26%[d,e]	24%[a,d,e]	14%[a,b,c]	15%[a,b,c]
First had intercourse before age 15 (among those who ever had intercourse)	44%[b,c,d,e]	36%[a,d,e]	38%[a,d,e]	27%[a,b,c]	30%[a,b,c]
Three or more sexual partners in past year (among those who ever had intercourse)	21%	23%[d,e]	21%	17%[b]	19%[b]
Used condom or other barrier at last intercourse (among those who ever had intercourse)	68%	68%	68%	67%	71%
Used effective contraception at last intercourse (among those who ever had intercourse and whose last partner was not same gender)	84%	86%	87%	85%	84%
Used alcohol or other drugs before having intercourse the last time (among those who ever had intercourse)	24%	25%	23%	24%	23%
Pregnancy involvement	2%[d]	2%[d]	1%[d]	1%[a,b,c,e]	1%[d]
STI history	2%[b,e]	1%[a]	1%	1%	1%[a]

NOTE Superscripts indicate health authority regions for which the percentage estimate was statistically different. For example, Vancouver Coastal and Fraser youth were less likely to report having three or more sexual partners compared to youth in the Interior. However, no differences between health authority regions were found for condom or other barrier use at last intercourse.

NOTE Effective contraception refers to the use of condoms, birth control pills, Depo Provera, or another doctor-prescribed method (e.g., IUD, birth control patch, birth control ring).

YOUTH SEXUAL HEALTH: RURAL/URBAN COMPARISONS WITHIN HEALTH AUTHORITY REGIONS	NORTH		INTERIOR		VANCOUVER ISLAND		VANCOUVER COASTAL		FRASER	
	Urban	Rural	Urban	Rural	Urban	Rural	Urban	Rural	Urban	Rural
Ever had oral sex	31%	30%	30%	29%	28%	24%	17%	27%*	19%	NR
Used condom or other barrier at last oral sex (among those who ever had oral sex)	22%	29%^	17%	21%^	14%	28%^	15%	NR	16%	NR
Ever had intercourse	27%	33%	26%	27%	24%	23%	14%	28%*^	15%	NR
First had intercourse before age 15 (among those who ever had intercourse)	42%	50%	35%	38%	37%	46%*	26%	46%*^	30%	NR
Three or more sexual partners in past year (among those who ever had intercourse)	23%	18%	25%	20%^	21%	19%	17%	20%*	19%	NR
Used condom or other barrier at last intercourse (among those who ever had intercourse)	68%	68%	66%	72%^	68%	73%	68%	55%*	71%	NR
Used effective contraception at last intercourse (among those who ever had intercourse and whose last partner was not same gender)	85%	83%	86%	87%	87%	88%	85%	NR	84%	NR
Used alcohol or other drugs before having intercourse the last time (among those who ever had intercourse)	24%	25%	25%	26%	23%	21%	24%	35%^	23%	NR
Pregnancy involvement	2%	2%	1%	2%	1%	2%	1%	NR	1%	NR
STI history	1%	2%	1%	1%	1%	NR	1%	NR	1%	0%

***** Interpret with caution as the standard error was relatively high but still within an acceptable range.
^ Difference between urban and rural youth within the health authority was statistically significant.
NR Not releasable due to sample size limitations.
NOTE Effective contraception refers to the use of condoms, birth control pills, Depo Provera, or another doctor-prescribed method (e.g., IUD, birth control patch, birth control ring).

McCreary Centre Society