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▶ Parents underestimate their importance and the role teens expect them to play regarding their sexuality and sexual health.....16

# Pro Teen

CANADIAN ASSOCIATION FOR ADOLESCENT HEALTH

## Sexual Knowledge, Attitudes and Behaviours of Canadian Teenagers and Mothers of Teens



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## Introduction

### Survey objectives

- Provide insights into teenagers' knowledge, attitudes and behaviours with regard to sex and sexual health.
- Assess mothers' perception of teenagers' attitudes and behaviours with regard to sex and sexual health.
- Measure awareness of sexually transmitted infections among teenagers and mothers.
- Determine the sources used by teenagers and mothers to find information about sex and sexual health.
- Identify the gaps and barriers in getting information about sex and sexual health.
- Assess perceptions of communication around sex and sexual health between parents and teenagers.

### Methods

The results of the survey, completed in October 2005, are based on 1,171 online interviews conducted nationally with teenagers between the ages of 14 and 17, and 1,139 online interviews with mothers of teenagers between the ages of 14 and 17 (not the mothers of teens interviewed). The sample was generated by Ipsos-Reid's Canadian Consumer Online Panel. The Panel is composed of 150,000 randomly selected households, representing a microcosm of Canada's Internet population. Panellists are fully screened for inclusion in key demographic and market segments, including gender, age, income, education, household size, parentage, and many others. This provides samples that are fully representative of the pop-

ulation studied. With sample sizes of 1,139 and 1,171, the results are considered accurate to within  $\pm 2.9$  percentage points, 19 times out of 20, of what they would have been had the entire 14-17 teenage population been polled. These data were weighted to ensure the sample's regional and age/sex composition reflects that of the actual Canadian 14-17 teenage population according to Census data. Due to extensive screening practices, and strong rapport and credibility among panellists, research that relies on the Canadian Online Panel as the sample source achieves high response rates, which further enhances representativeness. The online methodology offers respondents a greater sense of confidentiality than does a telephone interview moderated by an interviewer; studies that contain highly sensitive subject matter are far more successful if conducted online. The questionnaire was developed by IPSOS and a group of Canadian experts in adolescent health coordinated by Dr Jean-Yves Frappier. The survey was approved by the Ethics committee of Ste-Justine Hospital.

### Acknowledgment

We are grateful to IPSOS for conducting this survey on behalf of CAAH, especially M. Alastair Cosby and Marie-Ève Laberge. We would like to thank those who helped develop the questionnaire and especially: Alison Liebel, Dr Roger Tonkin et al (McCreary Centre Society), Dr Franziska Baltzer, Dr Miriam Kaufman, Dr. Louise Charbonneau.

The survey and this publication were made possible through an unrestricted educational grant from Merck Frost Canada. We acknowledge the support of Sheila Murphy in facilitating the survey process and Caroline Rodier for her support in this publication of PRO-TEEN.



*Many Canadian teens are engaging in sexual behaviours that pose a threat to their health*

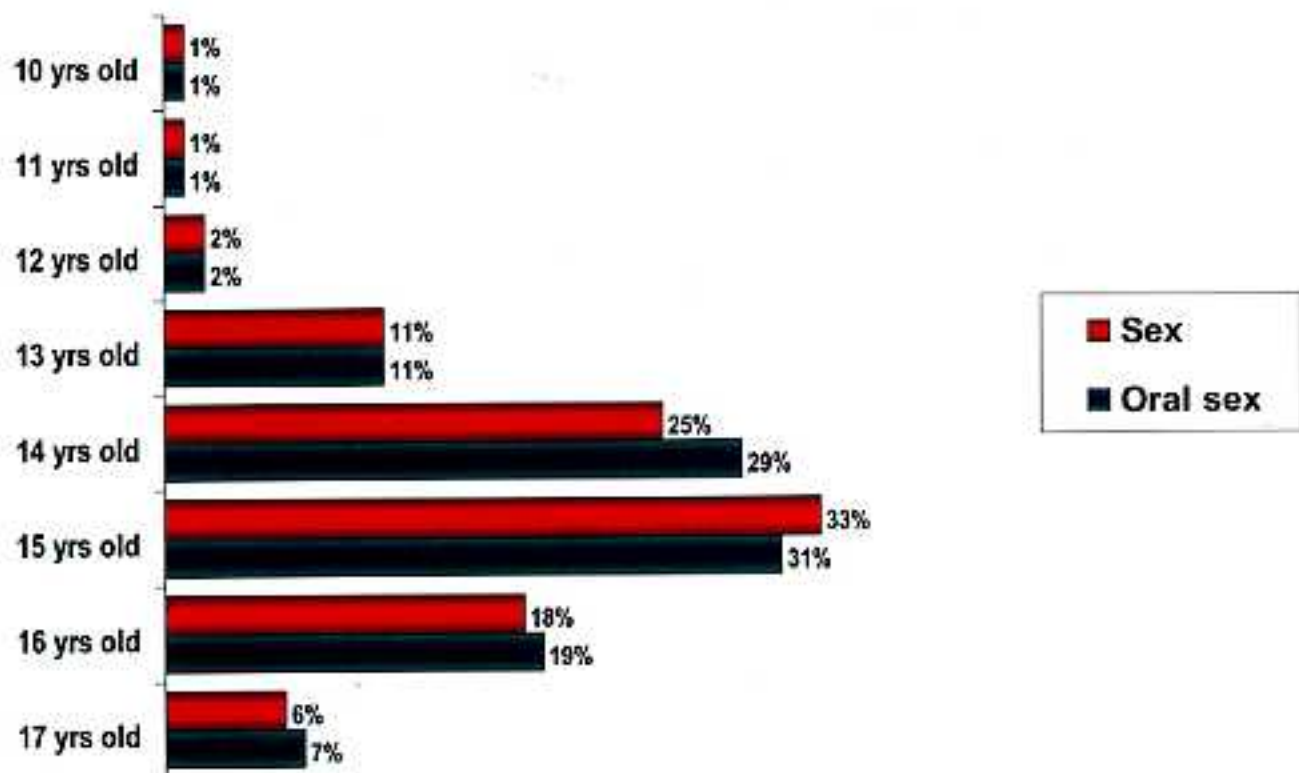
## Sexual Activity Status of Teenagers

	Total (n=1171)	14 yrs old (n=262)	15 yrs old (n=298)	16 yrs old (n=314)	17 yrs old (n=297)
Not sexually active (TOTAL)	73%	93%	80%	66%	55%
I have not yet become sexually active	57%	79%	65%	48%	40%
I have not yet become sexually active but think I could become sexually active in the next 12 months	16%	14%	15%	18%	15%
Sexually active (TOTAL)	27%	7%	20%	34%	45%
I am currently sexually active	15%	3%	10%	19%	27%
I am not currently sexually active, but have been in the past	12%	4%	10%	15%	18%

	Total (n=1171)	Males (n=574)	Females (n=596)	BC (n=152)	Prairies (n=206)	Ontario (n=458)	Quebec (n=270)	Atlantic (n=85)	Sexually active (n=319)	Not sexually active (n=852)
Not sexually active (TOTAL)	73%	74%	72%	72%	82%	73%	63%	78%	-	100%
I have not yet become sexually active	57%	55%	60%	52%	65%	62%	45%	58%	-	78%
I have not yet become sexually active but think I could become sexually active in the next 12 months	16%	20%	12%	20%	17%	13%	16%	19%	-	22%
Sexually active (TOTAL)	27%	26%	28%	28%	18%	27%	37%	22%	100%	-
I am currently sexually active	15%	12%	18%	14%	11%	13%	23%	17%	56%	-
I am not currently sexually active, but have been in the past	12%	13%	11%	14%	7%	12%	16%	6%	44%	-

## When First Had Sex / Oral Sex

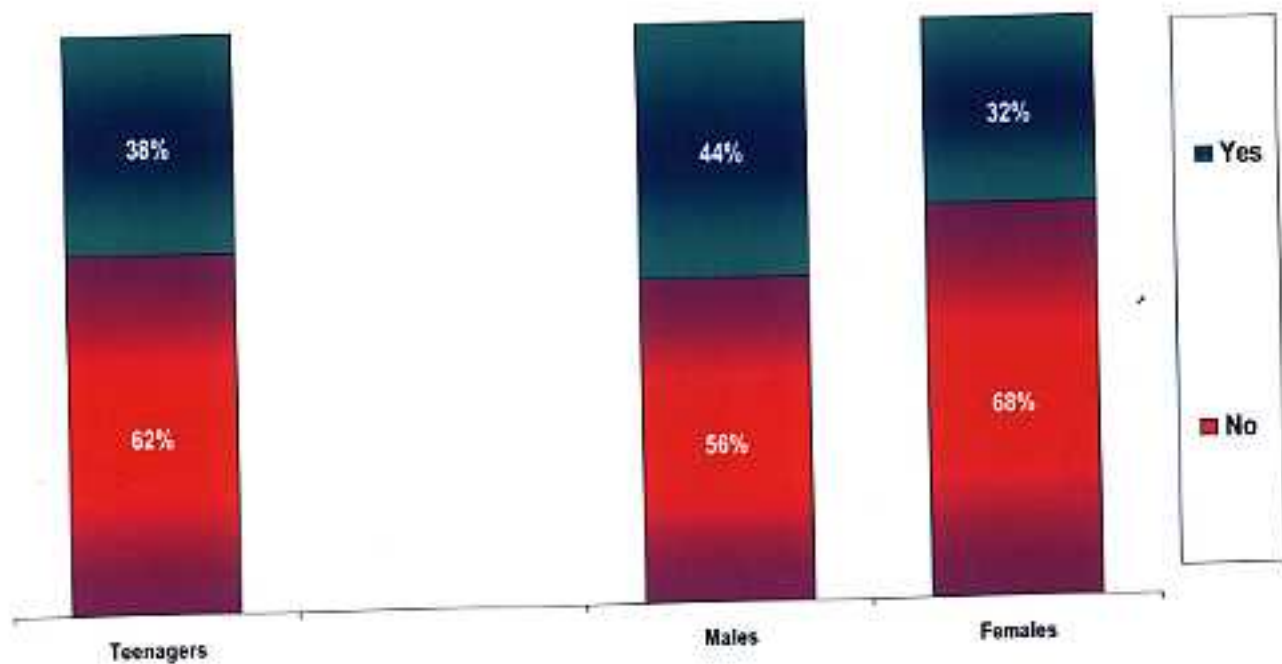
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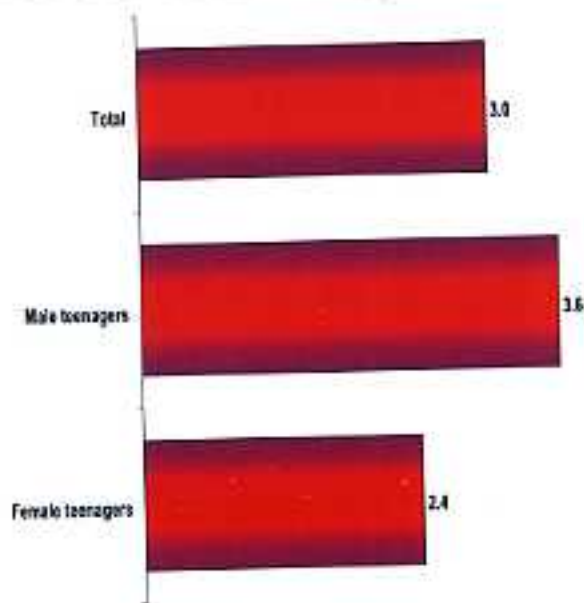
### Among boys and girls who are sexually active:

- Mean age when first had sex or oral sex is 15 y.o.
- 80% of boys and 89% of girls have had vaginal intercourse
- About 68% of teens (both sexes) have had oral sex
- More than half have masturbated their partner
- 11% of girls and 8% of boys have had anal intercourse
- About 17% of boys and girls have masturbated while on the phone or chatting online with another person

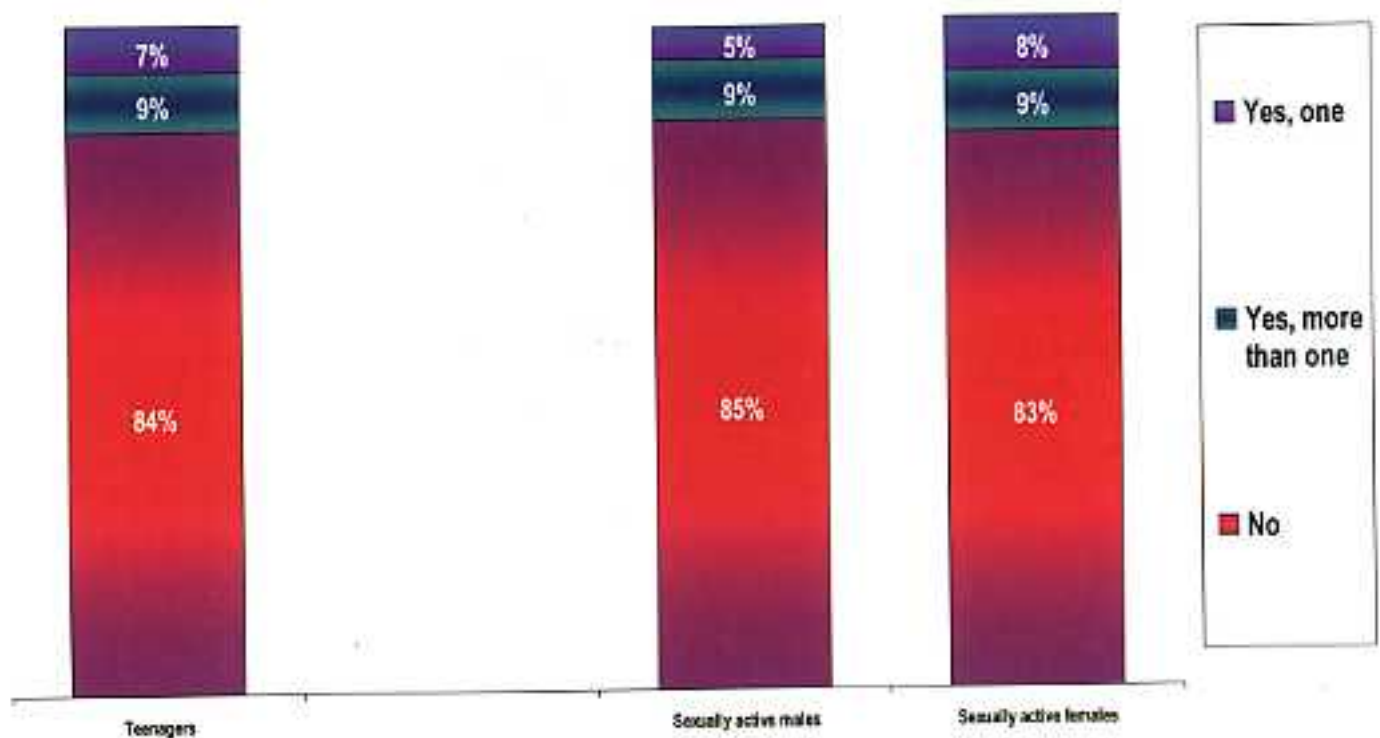
## Whether Ever Participated in Casual Sexual Activities



## Number of Partners since First Becoming Sexually Active



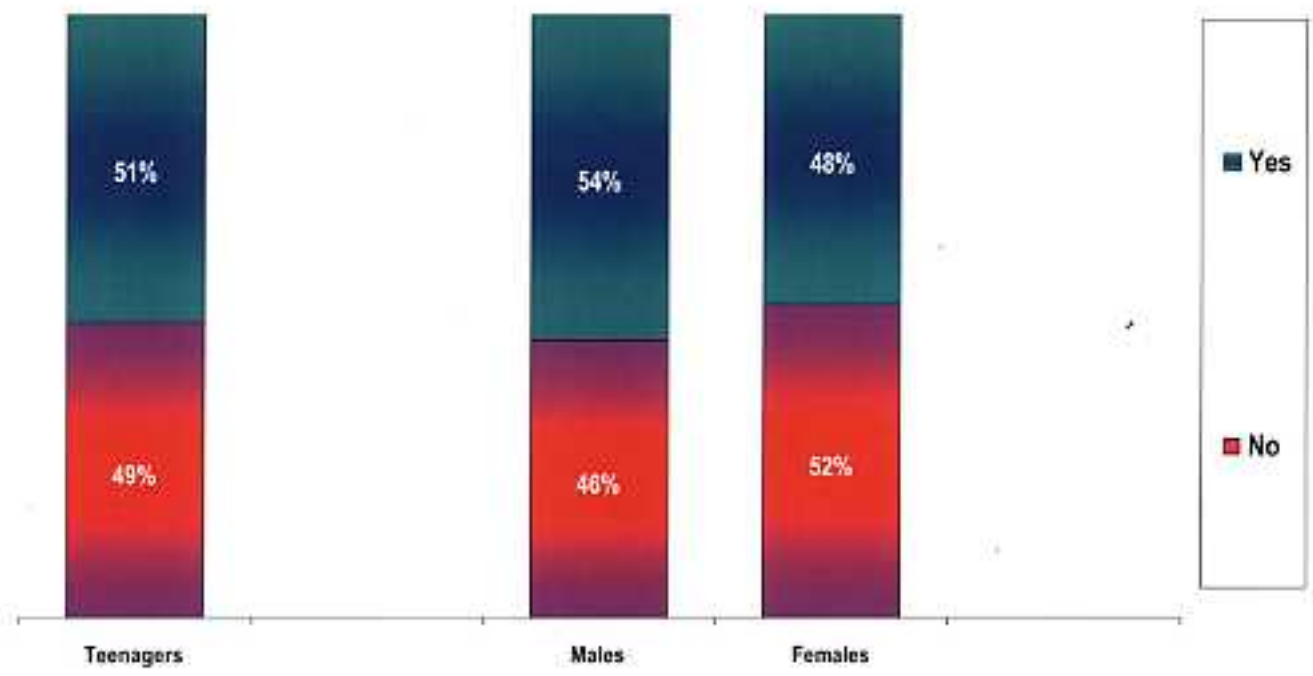
## Whether Partner Has/Had Multiple Sexual Partners



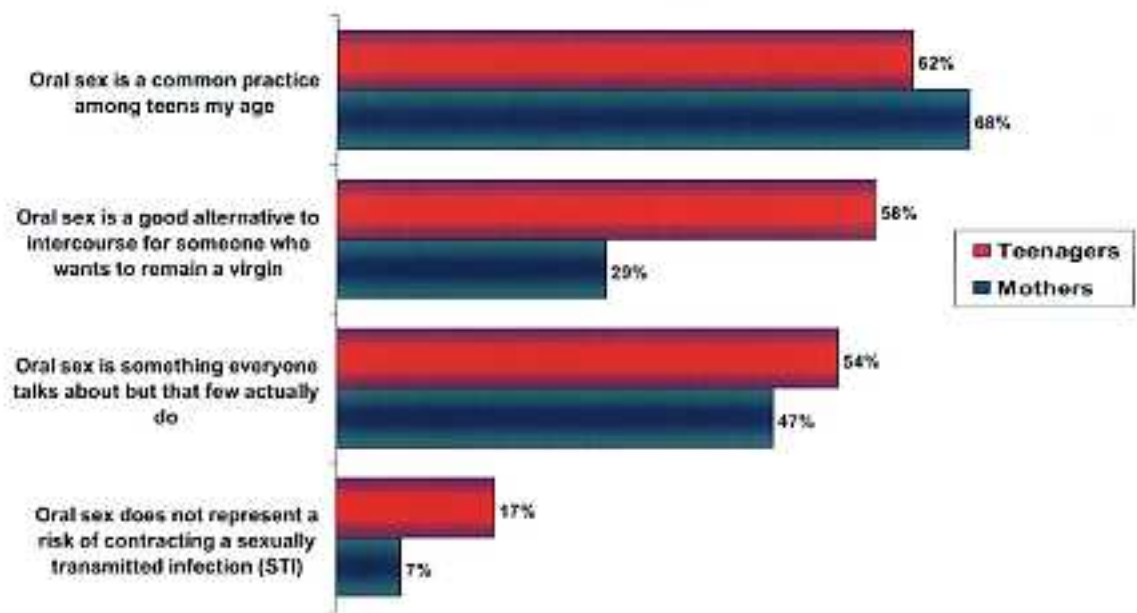
## Method Of Contraception Used Last Time Had Sex

	Total (n=319)	14 yrs old (n=19)	15 yrs old (n=59)	16 yrs old (n=108)	17 yrs old (n=133)
Condom	76%	79%	80%	79%	72%
Use condom but not oral contraception	53%	59%	55%	55%	51%
Oral contraception (birth control pills)	33%	31%	33%	32%	35%
Withdrawal/ None of the above (TOTAL)	19%	16%	17%	23%	17%
- None of the above	10%	11%	12%	11%	9%
- Withdrawal	9%	5%	5%	12%	8%
Other contraception methods (patch, injection, ring, intra uterine device, foam)	4%	10%	3%	5%	1%
Emergency contraception (morning after pills)	1%	5%	-	1%	1%

## Whether Users of Comdoms Check for Breakage after Use



## Attitudes to Oral Sex (Strongly or Somewhat Agree)





## Summary: Sexual Attitudes and Behaviours

---

- Nearly 3 in 10 (27%) Canadian teens between the ages of 14 and 17 report being sexually active. This represents about 500,000 Canadians in this age group. By age 17 nearly one in two (45%) Canadian teens report being sexually active, while it is one in five (20%) at age 15.
- On average, teens have had 3 partners since becoming sexually active.
- Over 1 in 3 (38%) sexually active teens have engaged in casual sex. 16% admit that their partner had other sexual partners while dating them.
- One in 4 sexually active teens have not used any protection against STIs the last time they had sex. This means 100,000 youth who had unprotected sex the last time they were sexually active. Half of those who did use condoms never checked to see if the condom remained intact after use.
- Two in 3 (68%) sexually active Canadian teens have had oral sex. Nearly 1 in 5 (17%) adolescent does not know that STIs can be transmitted by oral sex.
- Teens and Mothers have misconceptions regarding teen sexuality. As an example, they overestimate by 50% the number of teens engaging in sex at any age.

### HPV : Some Facts and a Vaccine

The human papillomavirus (HPV) is the world's leading sexually transmitted infection. Different HPV types are related to different diseases: genital warts, cervical cells changes and eventually cervical cancer. HPV is transmitted by skin-to-skin contact with the penis, scrotum, vagina, vulva, or anus of an infected person. Kissing or touching a partner's genitals with the mouth can also transmit HPV. Condoms have not been shown to offer full protection or prevention of infection by HPV possibly because the virus can be on uncovered areas of the skin. HPV infects the skin, lining of the mouth, tongue, throat, tonsils, vagina, penis, cervix and anus. It is estimated that 75 per cent of all sexually active Canadians will have at least one HPV infection in their lifetime, mostly before the age of 25. The majority of infected individuals will get rid of the infection through time. However, in a small minority, the infection and the cervical cells changes could lead to cervical cancer. In 2002, an estimated 400 Canadian women were expected to die because of invasive cervical cancer. Health Canada approved a preventative vaccine in girl and women age 9-26 years of age for the prevention of infection caused by Human Papillomavirus ( HPV) for the following diseases: Cervical cancer and pre-cursor lesions; vulvar and vaginal cancer and their pre cursor lesions, cervical adenocarcinoma in situ and genital warts. The vaccine should prevent against HPV types 6 and 11 responsible for 90 % of genital warts and types 16 and 18 responsible for 70 % of cervical cancer. For more information on HPV you can consult this site: [www.hpvandyourpatients.ca](http://www.hpvandyourpatients.ca)

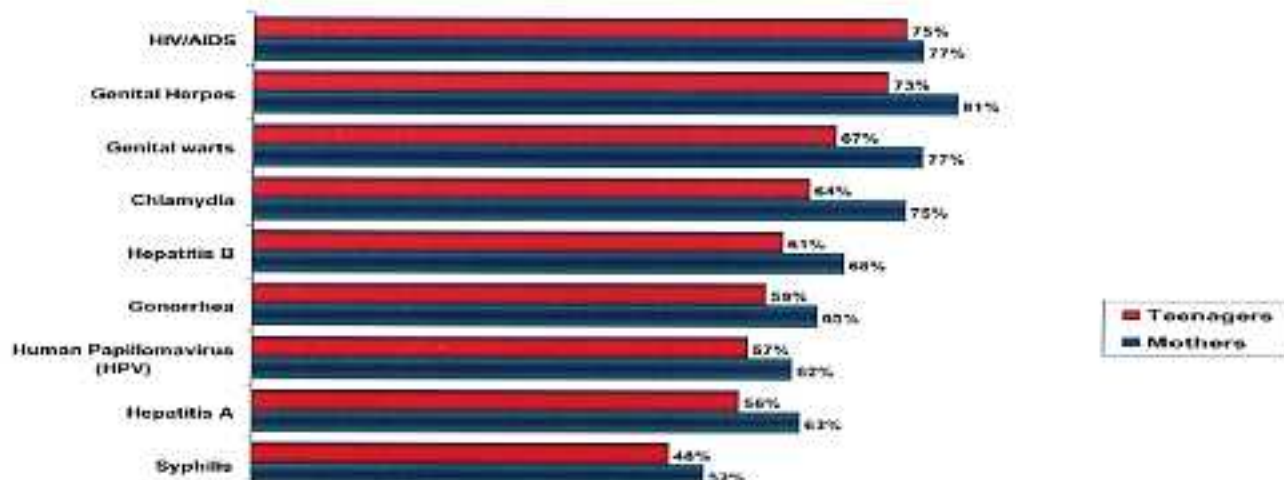
## Teens lack knowledge about STI and their consequences



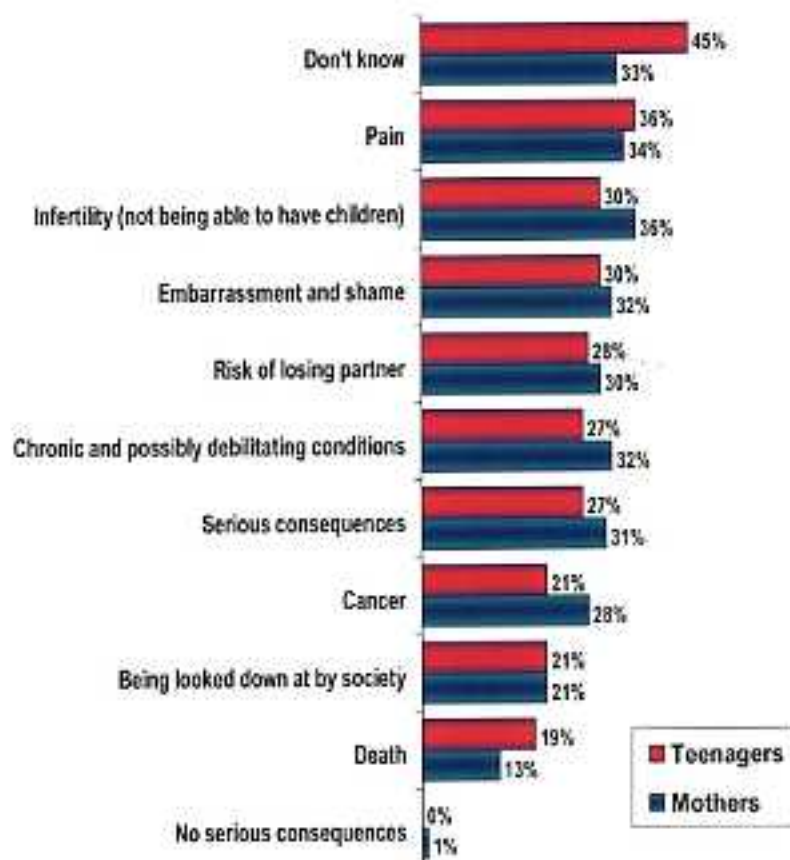
### STI Awareness

	Total (n=1171)	Males (n=574)	Females (n=596)	Sexually active (n=319)	Not sexually active (n=852)
HIV/AIDS	97%	97%	98%	98%	97%
Genital Herpes	81%	78%	84%	87%	79%
Hepatitis B	78%	73%	83%	79%	77%
Gonorrhea	72%	70%	74%	84%	67%
Syphilis	70%	67%	72%	79%	66%
Hepatitis A	66%	61%	70%	66%	66%
Chlamydia	58%	51%	66%	74%	52%
Genital warts	57%	50%	64%	68%	53%
Human Papillomavirus (HPV)	19%	15%	23%	23%	17%
None of the above	1%	2%	1%	0	1%

### How Common STIs Perceived to Be (Very or Somewhat Common)



## Possible Consequences of Human Papillomavirus (HPV)



### Comments

The most frequent STIs are: Human Papilloma Virus (HPV) that causes genital warts and can cause cervical cancer, Chlamydia and although less frequent, Genital Herpes and Gonorrhea. However, Adolescents mention as most frequent STIs those that are least frequent. Probably, they mention STIs that they frequently hear about, either because of an immunization (Hepatitis B), or because they are old STI known to their parents (Syphilis) or because they are publicized (HIV).

There is significant misinformation related to how STIs can be contracted. 23% of teens and 21% of mothers believe public toilet seats and poor personal hygiene are sources.

Regarding Consequences of STIs:

- For Chlamydia, 37% mention infertility and 43% pain
- For Gonorrhea, 32% mention infertility and 48% pain
- For Genital Herpes, 54% mention pain

But shame and embarrassment, and risk of losing partner are mentioned very often as consequences (between 40% to 66%), especially for Genital Warts, Genital Herpes, Gonorrhea, Chlamydia and Syphilis.

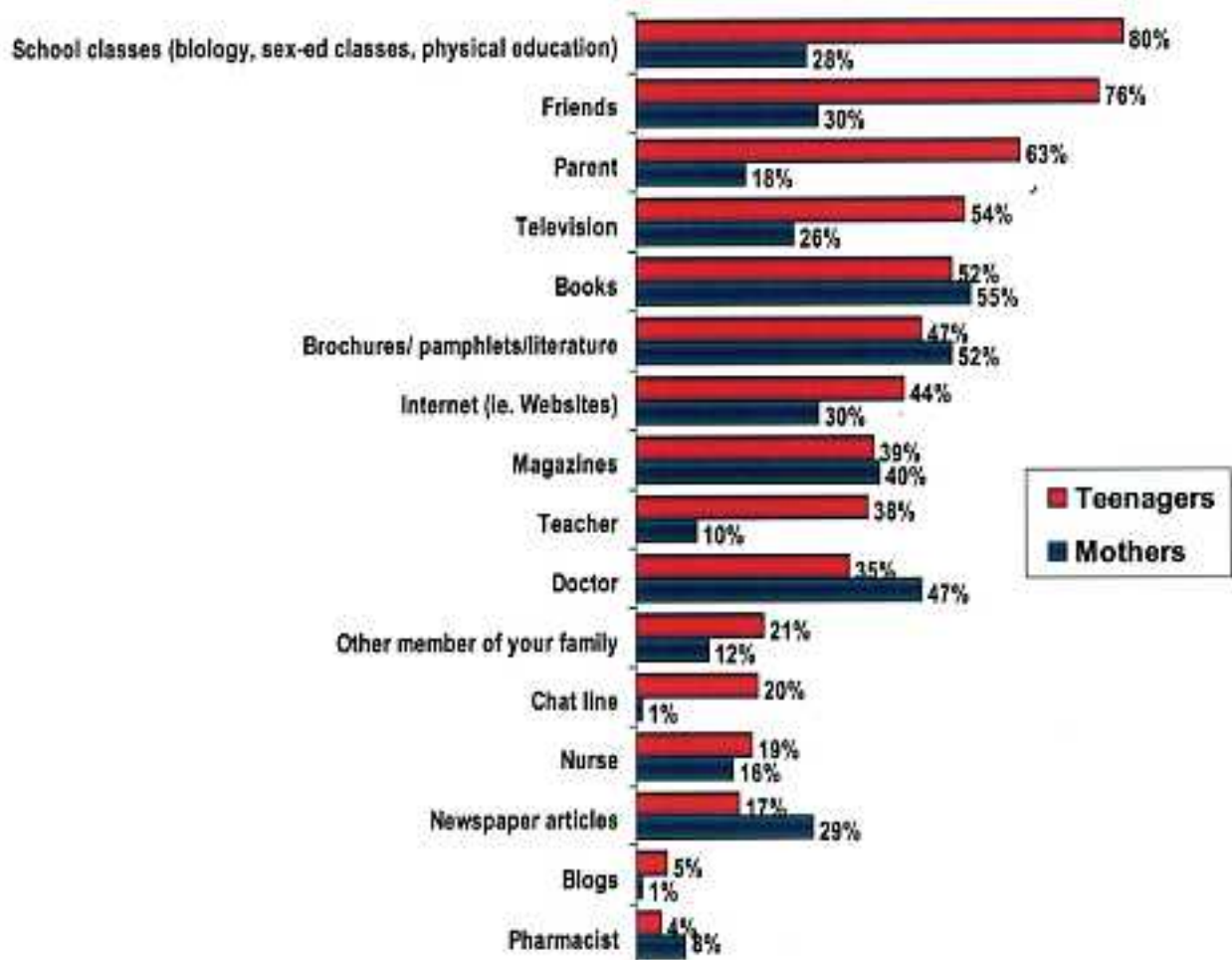
## Summary: STI Knowledge

- While 9 in 10 (90%) teens claim to be very or somewhat knowledgeable about sex and sexual health, only 1 in 5 (19%) have heard about HPV, the most common sexually transmitted infection. When asked how common are the different STIs, more teens list HIV as opposed to all other STIs.
- When asked for the consequences of the different STIs they answered they were knowledgeable about, too few knew the major consequence of common STIs. For example, only 1 in 5 (20%) mention cancer as a possible consequence of HPV, 1 in 3 (37%) mention infertility as a possible consequence of Chlamydia, and 1 in 2 (54%) mention pain as a consequence of Herpes.
- About half of teenagers and mothers who have heard of genital warts are very or somewhat concerned about becoming/ their teenager becoming infected with them in the next 5 years. Less than half of teenagers and mothers who have heard of HPV are very or somewhat concerned about becoming/ their teenager becoming infected with this STI in the next 5 years.



## Teens face significant barriers seeking information about STIs and other sexual health matters.

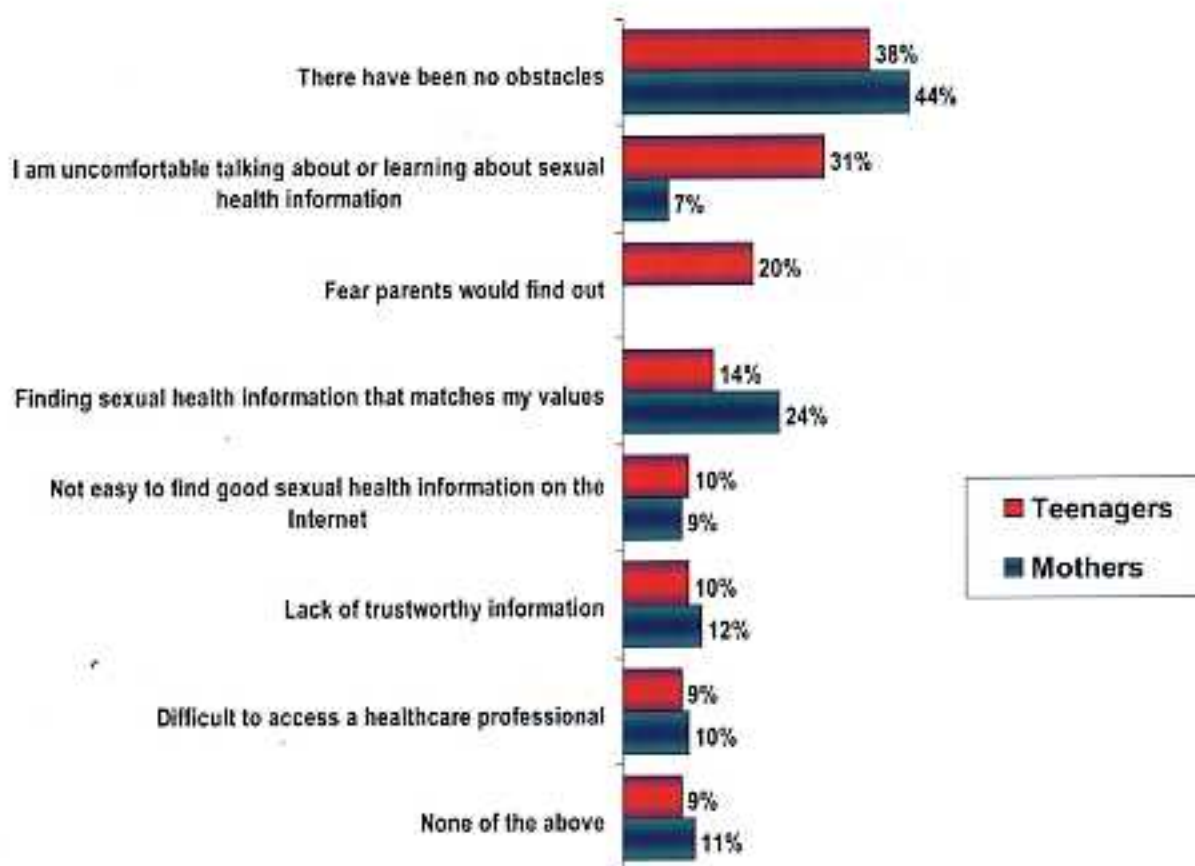
### Sources of Information about Sex and Sexual Health Issues



#### Comments

Sex education at school was an opportunity for 74% of the mothers to discuss sexuality and sexual health with their teenager. In 43% of the cases, their adolescent initiated the discussion and in 31% of the cases, mothers initiated the discussion.

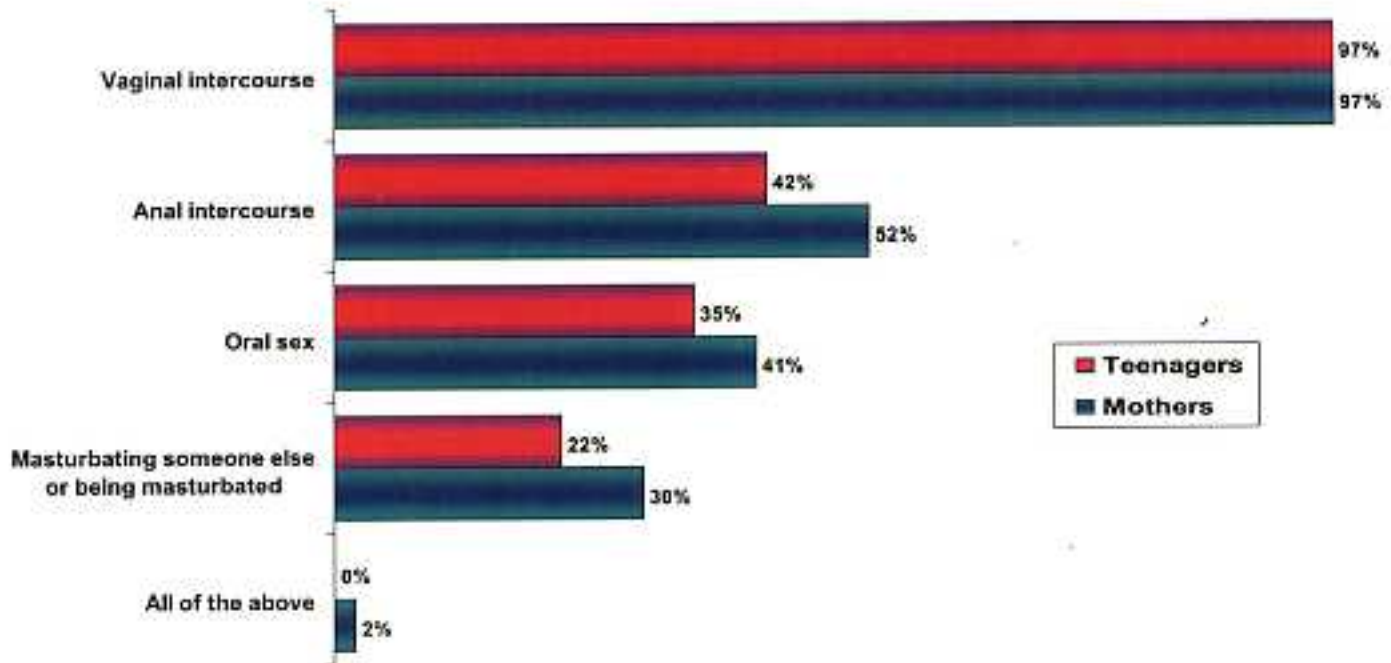
## Obstacles or Barriers in Getting Answers to Questions about Sex and Sexual Health



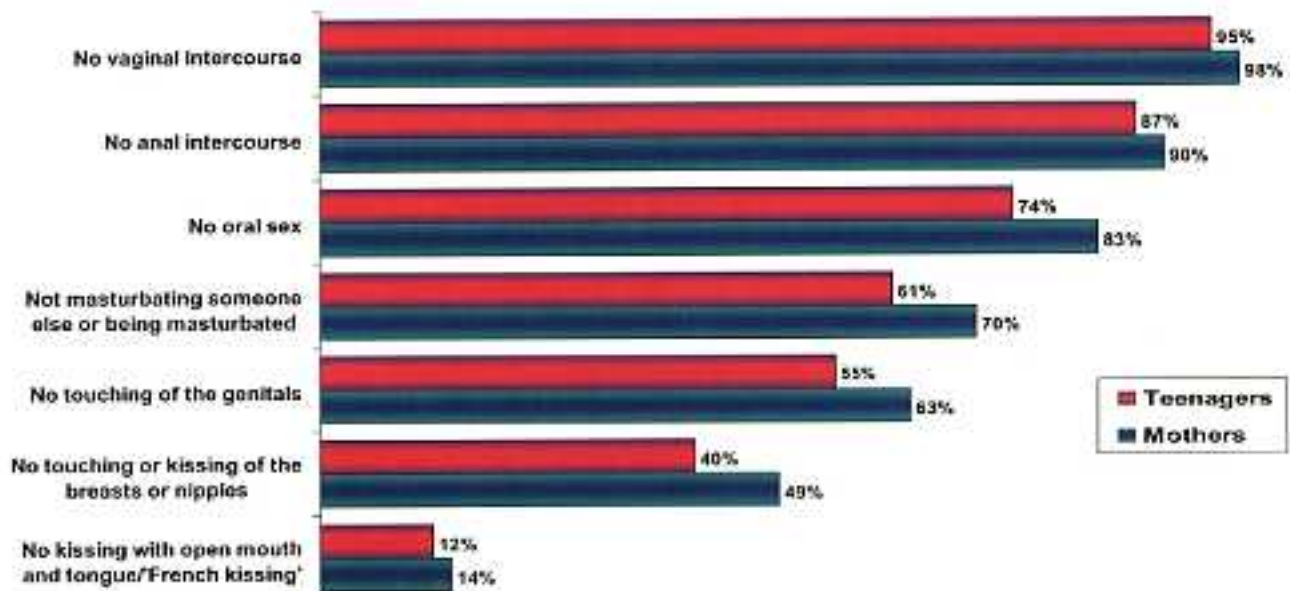
### Other results

When asked about gaps in sexual health information, 31% of teens denied any. However, the gaps most often mentioned fall into 2 categories: 1) violence between partners, physical or psychologic, and date rape; 2) all emotional aspects of sexuality and of communicating between partners and between teens and parents; how to know if I am ready, how to talk with my parents and my partner about sex, love and emotions, etc.

## Definition of Sexual Intercourse



## Definition of Sexual Abstinence



## Summary: Sources of Information, Obstacles and Gaps

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- Two thirds (62%) of Canadian teens faced obstacles or barriers in getting answers to their questions on sexual health. As an example, one in three (31%) are uncomfortable talking or learning about sexual health information and 20% fear their parents will find out.
- Though 4 in 5 Canadian teens (79%) get sex education in school only one in four (23%) think that it is very useful. However, for the majority (74%), it was an occasion to discuss sexuality with their mothers, more often initiated by the teens.
- 69% of teens have identified gaps in the sexual health information they were looking for. The gaps were mainly about violence between partners and date rape, around communication issues between partners and between teens and parents, and finally dealing with emotions and love.
- The meaning of a word can be different for different people so vocabulary can be a barrier to information. For example, 1 in 5 Canadian teens and 1 in 3 mothers include mutual masturbation in their definition of "sexual intercourse". And when asked to define sexual abstinence, for 1 in 4 teens, it appears that practicing oral sex is compatible with abstinence.

### Other interesting results:

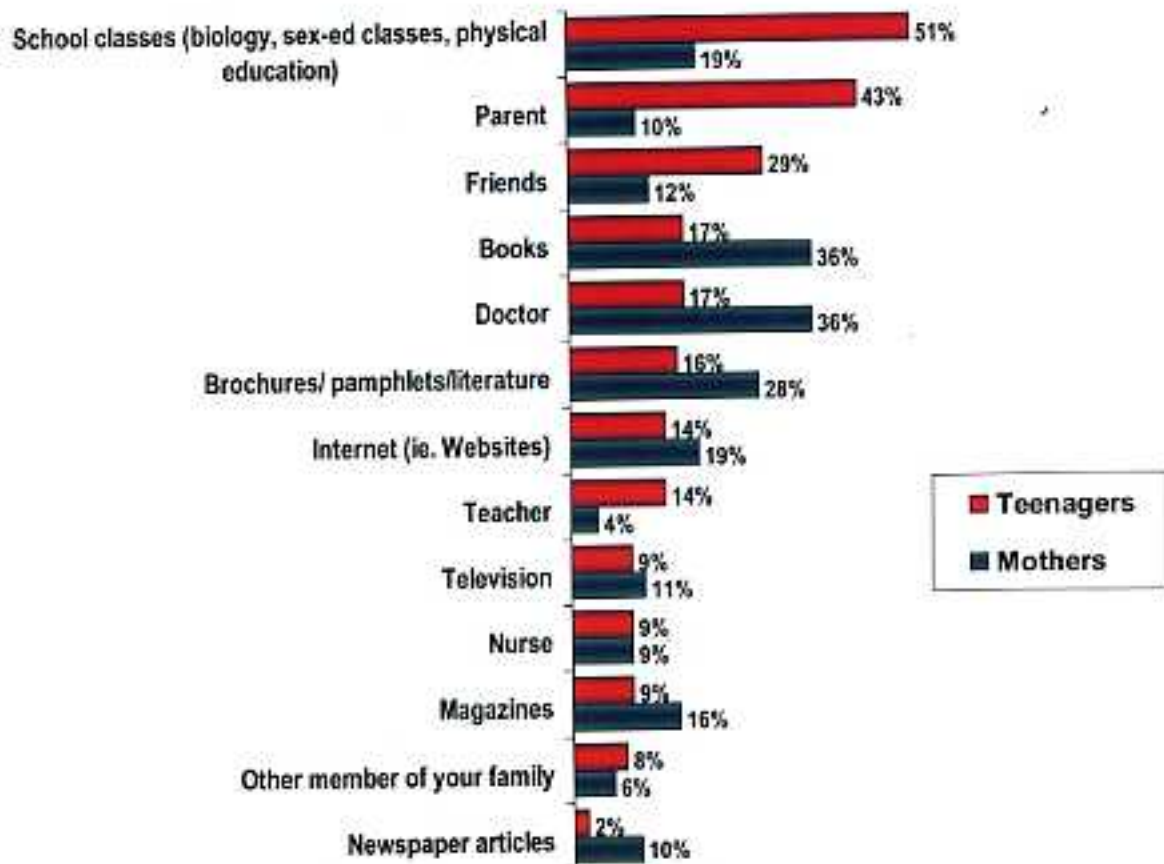
70% have consulted a health professional since they were 12 years old and 22% have done so for a sexual health reason (47% of sexually active teens versus 12% of non sexually active). The majority of teenagers were very or somewhat satisfied with the care they received. Regarding health professionals, most trust the information given by them, believe that it is their role to provide sexual health info and that they will insure confidentiality is respected.

86% of teens understand the reasons for sexual abstinence during adolescence (77% of sexually active and 89% of non sexually active). For 61% of boys and 74% of girls, abstinence from sex is an option they consider (39% of sexually active and 78% of non sexually active). 80% of teens believe that sexual abstinence for adolescents is not promoted enough.



*Parents underestimate their importance and the role teens expect them to play regarding their sexuality and sexual health*

Most Useful and Valuable Sources of Information about Sex and Sexual Health



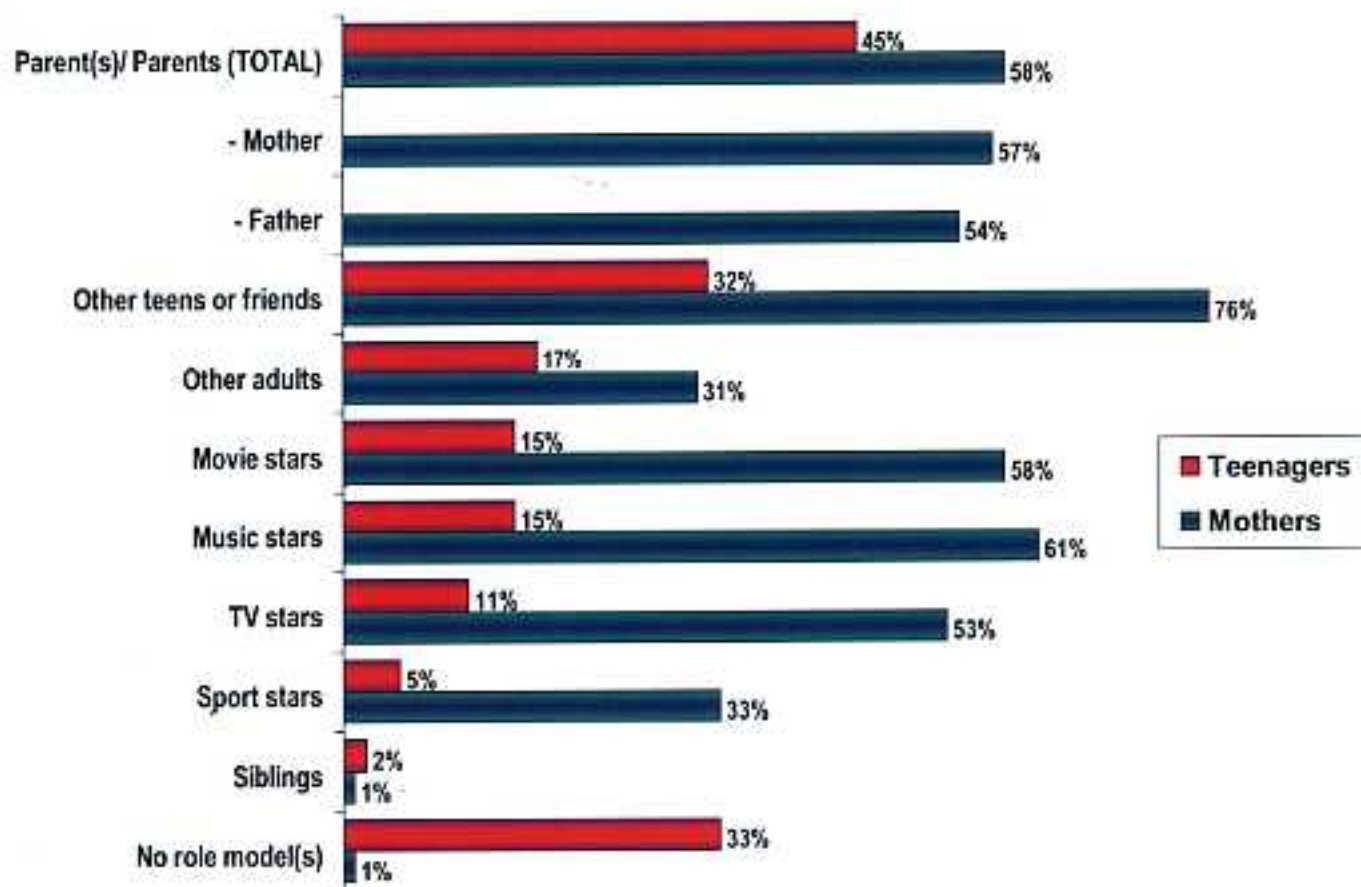
**Other results**

Teenagers were asked about their level of comfort discussing sexuality issues with different persons. It is 82% of them who felt very or somewhat comfortable discussing sexuality with friends, 65% with their partner, 61% with their mother, 55% with their doctor, 49% with a nurse (much higher in girls) and 28% with their father or a school counselor. More girls than boys are comfortable in discussing sexuality, as are those who are sexually

active. It is 89% of the mothers who felt very or somewhat comfortable discussing sexuality with their adolescent. Among many topics such as date rape, condom use, contraception, STI, dating, love and emotion, it is more than 80% and often 90% of the mothers who felt very or somewhat comfortable discussing them with their adolescents, boys or girls, sexually active or not.



## Teenagers' Role Models When It Comes to Sex



### Other results

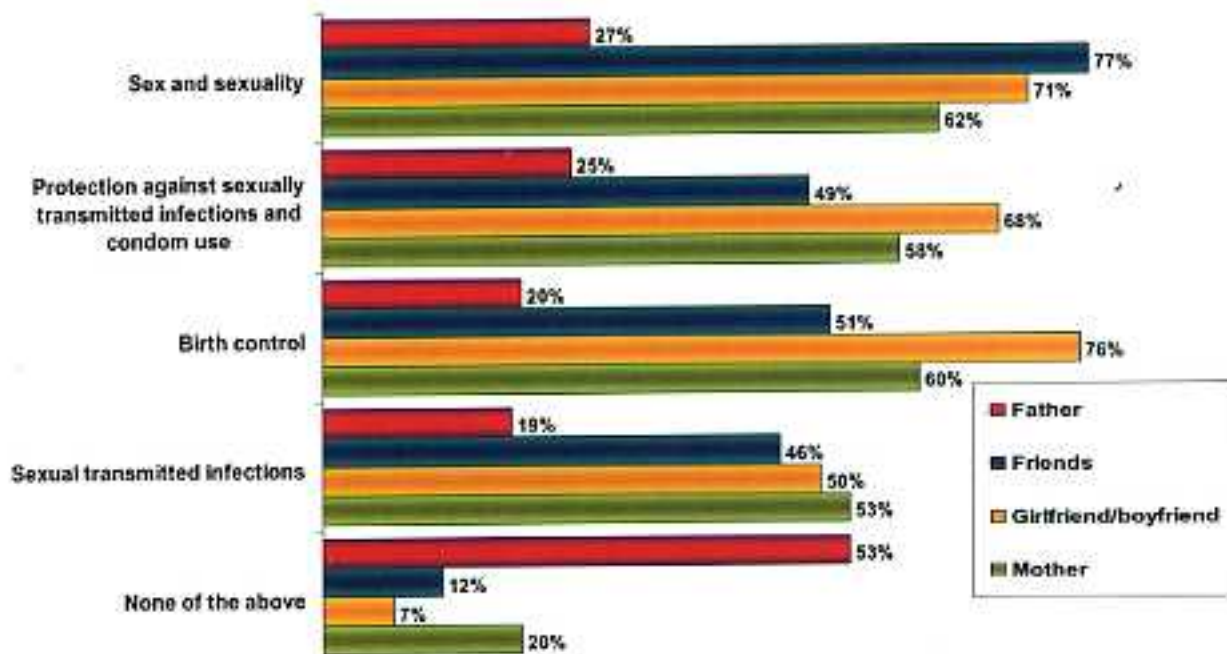
The majority of teens mention very good relationships with their mother. However, less teens mention very good relationships with their father. It is about 75% of teenagers, boys or girls, who feel very close to their mother and it is the same percentage of mothers who feel very close to their adolescent. More than 80% mention they care about each other. In general, 68% of teens are satisfied (often or most of the time) with the

relationship with their mother and 45% with the relationship with their father. 31% of teenagers mention they are very well understood by their family and another 62% feel somewhat understood by their family. 60% of the mothers mention they understand their adolescent very well and another 39% say they somewhat understand their adolescent.

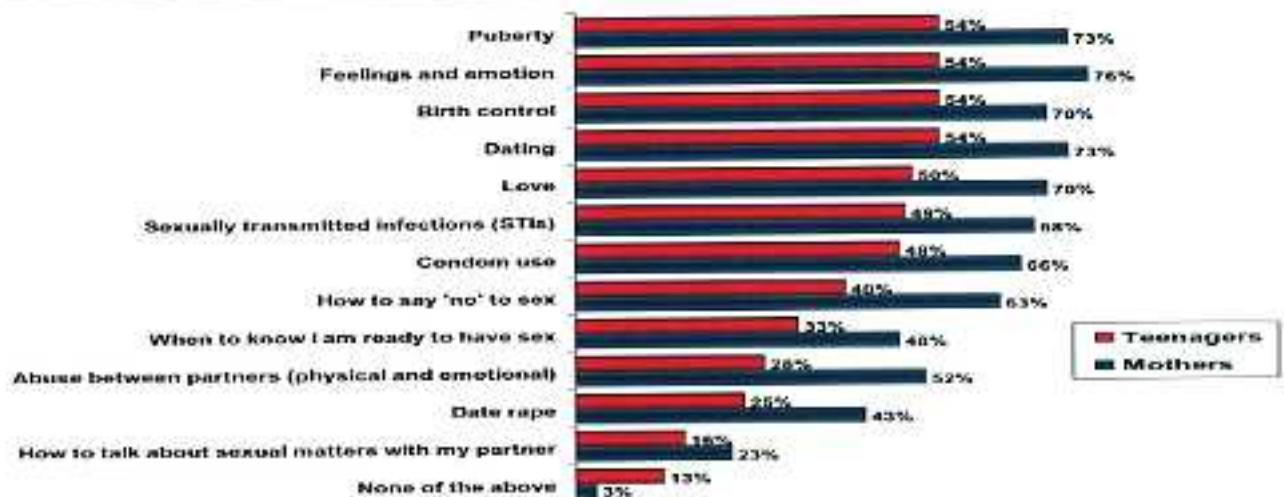
## Communicating around sexuality issues with parents and friends



### Subjects Discussed With Family And Friends



### What Has Been Discussed with Parents



## Summary: Role of Parents, Communication Issues

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- Parents are considered a major source of information on sex and sexual health by their teenagers (63%) and nearly half (43%) consider their parent to be the most useful and valuable source of information.
- Three in 4 mothers believe that friends are significant role models when it comes to sex, and more than half mention entertainment industry stars at par with parents. They may be surprised to learn that 45% of teens regard their parents as their role model, far ahead of friends (at 32%) and of entertainment industry stars (at about 15%).
- Although the relationship between mothers and teens is mainly very positive, 38% of teens have not discussed sex and sexuality with their mothers.

## Conclusion

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The goal of this survey was to determine if teenagers need more information on sex and sexual health, to better identify their needs and some aspects of the communication around sexuality issues, and to understand how to answer the needs and gaps identified.

This national survey by IPSOS and the Canadian Association for Adolescent Health (CAAH) shows that although many Canadian teens are responsible when it comes to sex and sexuality, there are still major areas of concern. Too many teens are engaging in sexual behaviours that threaten their health; there are major gaps in information on STIs and their consequences. The gaps in STI knowledge and some of the sexual behaviours of teens explain in part the increasing prevalence of STI in Canada.

Adolescents mention barriers to getting information on sexual health; and parents underestimate their role in that domain. Teens' lack of knowledge about STIs and their consequences is unfortunately exacerbated by the difficulties in obtaining sexual health information. A fair percentage mentions their own discomfort in talking about sex or getting info on sexual health. Vocabulary can be a barrier too. For example, 22 per cent of Canadian teens and 30 per cent of mothers include mutual masturbation in their definition of "sexual intercourse". And when asked to define sexual abstinence, for 26 per cent of teens, it appears that practicing oral sex is compatible with abstinence.

Parents are important figures for their adolescents with regards to sexuality. Communication be-

tween teens and parents could be better regarding sexuality issues, especially with their fathers.

Although there is no direct link between safe sex and good knowledge about sexual health, effort should be made to improve the sexual health knowledge of adolescents. Healthcare professionals, teachers and adults in contact with teens all have a role to play. Parents have an important role too. They can facilitate access to pertinent information, at school or through brochures, websites or others means. Parents should also take a lead in discussing sexuality issues with their teens, especially regarding the gaps identified by teens such as love and emotions, violence, "when to know if I am ready". Parents have thoughts and experiences to share about those topics.

Healthcare professionals and parents should go beyond the simple sentence like "be careful". It is not enough to remind them to use condom, we have to discuss barriers in accessing condom (shame, money). Also, it is important to have a diversity of sources of information and to make sure the information is repeated. All teens are not ready at the same time to receive the information.

Finally, government through their health or education department and public health authorities have an important role to play in order to make sexual health information accessible, diverse and repeated and overall adapted to the reality of adolescents.