

Sexual Health Services and Education for Adolescents: Options for Nova Scotia*

Adolescence can be fraught with challenges of many sorts for young women and men, not the least of which is that of maintaining their sexual health, defined by the World Health Organization as "... integration of the somatic, emotional, intellectual and social aspects of sexual beings in ways that are positively enriching and that enhance personality, communication and love." Young people are often able to develop the knowledge and skills required to protect these aspects of their sexual health, and frequently are also able to take the action required to do so. Unfortunately, many experience barriers to both accessing information, and acting upon it, with the result that unintended pregnancy and sexually transmitted infections (STIs) occur at needlessly high rates. Both of these conditions have immediate and long-term health, economic and social implications for young women and men, their children, and their communities.

Building upon earlier research, this discussion paper examines:

- ❖ the extent of sexual activity, risk-taking and negative sexual health outcomes for adolescents in Canada and in Nova Scotia, making international comparisons where appropriate;
- ❖ existing health and educational policies in Nova Scotia;
- ❖ the nature and scope of sexual health services and education currently offered in the province; and,
- ❖ options for addressing this important aspect of health with an emphasis on issues of concern to young women.

Sexual Activity, STIs, and Pregnancy in Adolescents

- ❖ Many adolescents are sexually experienced (i.e., have had sexual intercourse), often at an early age, without contraception or barrier protection, and with multiple partners
- ❖ Adolescent sexual relationships can be characterized by significant age differences, with females often being markedly younger than their male partners; the power structure of these relationships can play a role in sexual risk taking and in negative outcomes such as pregnancy
- ❖ Socio-economic disadvantage is a major factor related to adolescent sexual health
- ❖ STIs are common in adolescents, particularly females; are often asymptomatic; and may lead to pelvic inflammatory disease, infertility, and ectopic pregnancy

** This is a summary of "Sexual Health Services and Education for Adolescents: Options for Nova Scotia" (Policy Discussion Series Paper No. 8, December 2000, MCEWH) by Donald B. Langille, Associate Professor, Department of Community Health and Epidemiology, Faculty of Medicine, Dalhousie University. Dr. Langille led the MCEWH project Young Women's Experiences in Obtaining Sexual Health Services and Education in a Nova Scotia Community (see Moving Towards Women's Health, No. 2, April 1999 and "So Many Bricks in the Wall: Developing Understanding from Young Women's Experiences with Sexual Health Services and Education in Amherst Nova Scotia", June 1999, MCEWH).*

- ❖ Chlamydia trachomatis is the most often reported STI in women aged 15 to 24 years; this age group is at increased risk due to factors related to physiological development of the cervix, and the fact that young women often have older partners who are more likely to be infected than younger males
- ❖ Reported HIV infections in those aged 15 to 19 are relatively uncommon and quite stable; however, significant numbers of AIDS cases are reported in those aged 20 to 29 suggesting many HIV transmissions occur during adolescence
- ❖ Rates of adolescent pregnancy are slightly lower than the Canadian average (in Nova Scotia about 4% of women aged 15–19 become pregnant each year)
- ❖ Factors predictive of adolescent pregnancy include having a mother who was a teenage mother herself, having had emotional problems, and having low educational attainment at age sixteen; these factors are also outcomes: adolescent pregnancy is associated with subsequent decreased educational attainment, unemployment, increased reliance on welfare, and higher divorce rates for those who marry
- ❖ Adolescent pregnancy can result in low birth weight infants and pre-term delivery, and higher infant mortality
- ❖ Approximately three-quarters of pregnancies among adolescent women are unintended
- ❖ Direct financial costs of adolescent pregnancy and STIs include the treatment of pelvic inflammatory disease, tubal infertility and ectopic pregnancy, pre- and post-natal care, abortion services, and the social support often required by adolescent mothers and their babies

Options for Nova Scotia

It is clear, adolescent health services and sexual health education delivery systems currently in place in Nova Scotia are sub-optimal. If we want to improve outcomes in the near future, we must undertake a reorientation that is holistic in nature, rooted in social ecological thinking, needs based, youth centred, and outcome focussed. Such a revamping would have five major thrusts:

1. **Mobilize** community support through mass media and other campaigns to increase public awareness of adolescent sexual health issues and to enhance community input and involvement in helping young people with their sexual health.
2. **Unite** stake holders on issues, objectives and ways of working together more effectively (i.e., communication, negotiation and sharing expertise). Hire personnel to carry out coordination at the county level as a minimum.
3. **Establish** dedicated adolescent health services province-wide which are youth friendly, comprehensive and accessible, and have a clear and consistent mandate to deal with adolescent sexual health as a priority. This requires consideration of governance, training and level of expertise/skills of personnel, best locations (i.e., in or out of schools), range and comprehensiveness of services, and integration with the current primary care system.
4. **Decide** on an appropriate and effective mandatory sexual health curriculum that is content and age appropriate; provide motivated, well-trained and adequately supported teachers.
5. **Undertake** appropriate and timely evaluations of efforts so that their impacts can be examined and modifications made as necessary.

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