

**SEXUALITY  
EDUCATION  
RESOURCE CENTRE  
(SERC) Manitoba, Inc.**

2nd Floor, 555 Broadway Ave.  
Winnipeg, MB R3C 0W4  
Phone: (204) 982-7800  
Fax: (204) 982-7819  
E-mail: info@serc.mb.ca

161 8th Street  
Brandon, MB R7A 3W9  
Phone: (204) 727-0417  
Fax: (204) 729-8364  
E-mail : brandon@serc.mb.ca

**Research shows that many sexually active youth are at risk for unplanned pregnancy and sexually transmitted infections (STIs) including HIV/AIDS.**

**Many factors — such as social support networks, education, gender, our sense of control over our lives and the things impacting our lives — affect the choices we make, our behaviours, and our ability to exercise our choices around sex and sexuality.**

**The research also shows that there are effective ways to reduce the risk.**

**You — as a young person, parent, educator, or as a member of the community — have an important role to play in talking about the issues and creating an environment that will promote health and wellness.**

# Youth, Sex and Pregnancy

## Youth in Manitoba

- ◆ There were 84,126 children aged 10-14 years and 81,920 teens aged 15-19 in Manitoba in 2001 [*Manitoba Centre for Health Policy, 2004*].
- ◆ In 2003, 22.1% of Manitoba children were living in poverty [*Social Planning Council of Winnipeg, 2005*].
- ◆ 40% of grade 11 boys and 23% of grade 9 boys reported having had sexual intercourse [*CYSHHAS, 2003*].
- ◆ Teenagers tend to feel invulnerable and take risks in many aspects of their lives, including sexual activity [*The Canadian Contraception Study, 1995*].
- ◆ Almost one quarter of sexually active young people aged 15-24 report having sex without a condom because they were drinking or using drugs at the time [*Kaiser Family Foundation, 2002*].

## Youth and Sex

- ◆ About one-third of grade 9 students and more than one-half of grade 11 students reported having had oral sex at least once [*Canadian Youth, Sexual Health and HIV/AIDS Study (CYSHHAS), 2003*].
- ◆ 46% of grade 11 girls and 19% of grade 9 girls reported having had sexual intercourse [*CYSHHAS, 2003*].
- ◆ 18% of grade 9 boys and 13% of grade 11 boys, plus 26% of grade 9 girls and 21% of grade 11 girls state that they would be too embarrassed to buy condoms [*CYSHHAS, 2003*].

### FACTS OF LIFE LINE

Thursday  
noon to 4:00 p.m.

In Winnipeg call  
947-9222

In Manitoba call  
1-800-432-1957

Provincial Web Site:  
[www.serc.mb.ca](http://www.serc.mb.ca)

Ask a Question On-line:  
e-mail [thefactsoflife@serc.mb.ca](mailto:thefactsoflife@serc.mb.ca)

Your question will be  
answered confidentially within  
2 working days.

# Youth and STIs

- ◆ Youth aged 15-24 have the highest rates of infection in Manitoba for chlamydia and for gonorrhoea/chlamydia co-infection [*Manitoba Health, 2006*].
- ◆ Five youth, 19 years and under, tested positive for HIV in Manitoba in 2005 [*CDC, Manitoba Health, 2005*].
- ◆ In 2005, females accounted for 35% of positive HIV tests in Canada among 15 to 29 year olds. Compared to other age groups, HIV positive tests for females is highest among youth [*Centre for Infectious Disease Prevention and Control, 2006*].

# Youth and Pregnancy

- ◆ Manitoba has one of the highest teen pregnancy rates in Canada; 43.4 pregnancies per 1000 girls aged 15 - 19 years [*Manitoba Health, 2007*].
- ◆ There were 1,798 pregnancies among 15 - 19 year olds in 2005/2006 [*Manitoba Health, 2007*].
- ◆ There has been a seven year decline in the teen pregnancy rate among 15-19 year olds since 1998/99 (62.5 / 1,000) [*SERC analysis of Manitoba Health statistics*].
- ◆ 90% of youth who deliver a baby choose to parent [*CYS Steering Committee on Adolescent Pregnancy, 1996*].
- ◆ Teen pregnancy causes many young people to drop out of school [*CYS Steering Committee on Adolescent Pregnancy, 1996*].
- ◆ Children born to single parent mothers have an increased risk of growing up poor [*Children and Youth Secretariat—CYS, 1997*].
- ◆ Among babies born to adolescents, there is increased risk of low birth weight, preterm delivery, and higher infant mortality [*Langille et.al., 2000*].

# Prevention

- ◆ Adolescent pregnancy prevention initiatives are most effective as multi- component programs with intensive sexuality and youth development components [*Kirby, 2001*].
- ◆ Research indicates that access to contraception does not lead to increased sexual activity [*Kirby, 2001; and CYS Steering Committee on Adolescent Pregnancy, 1996*].
- ◆ Research consistently shows that positive sexual health outcomes are most likely to occur when sexual health education integrates knowledge, motivation and skill-building opportunities and occurs in an environment conducive to sexual health [*Canadian Guidelines for Sexual Health Education, Health Canada, 2003*].
- ◆ Protective factors for sexual behaviour, condoms and contraception, pregnancy, and STIs include:  
Family connectedness, parental supervision, parent communication about sex, parent support of birth control use if sexually active, peer use of condoms, high educational aspirations, involvement in sports (females), greater internal locus of control, partner support for condom/birth control use...among others [*Kirby, Lepore, and Ryan, 2005*].
- ◆ Risk factors include: community violence, poverty, family disruption, older boyfriend, pregnant sister, doing poorly in school, peers using drugs/having sex/pro-childbearing, own teenage mother, sexually or physically abused [*Kirby, Lepore and Ryan, 2005*].
- ◆ Young people want to participate in defining their needs and in defining solutions to meet their needs [*Caputo, 1998*].
- ◆ Every group of youth consulted reported concern about a dire lack of education on adolescent sexuality issues [*Regional Youth Consultations, Manitoba Association of School Trustees, 1998*].
- ◆ Good sexuality education programs help to delay first intercourse and protect sexually active youth from HIV, STDs and pregnancy [*United Nations, 1997*].