Women and Healthy Living in Canada

Fact Sheet Number 6 Fall 2012

SEXUAL BEHAVIOUR

Most women in Canada are sexually active and in a variety of ways. Sexual norms and double standards persist but education programs have not necessarily kept up.

Healthy sexuality and sexual health are both components of healthy living, as well as access to contraception (e.g., condoms), prevention of sexually transmitted infections (STIs) and HIV/AIDS, and deciding when and how to be sexually active.

Canadian sexual behaviour data are fairly limited as the focus of national health surveys is on risky behaviours related to STIs and HIV/AIDS and only women under the age of 50 were surveyed [1]. Although women's definitions of being sexually active vary [2], most women in Canada report being sexually active with over 80% of women 20 years and older reporting having ever engaged in sexual intercourse [1]. The Public Health Agency of Canada (PHAC) is developing a new survey on sexual health and healthy sexuality, which will provide additional information on sexual behaviour for Canadians [3].

Sex-and gender-based analysis

Sex–and gender-based analysis (SGBA) begins with four core concepts: sex, gender, diversity and equity.

1. ***Sex*** refers to the biological characteristics that distinguish male from female bodies. Sex differences include different chromosomal patterns, reproductive organs, hormones and proportions of fat to muscle.

2. ***Gender*** refers to socially constructed roles, relationships, attitudes, behaviours, relative power, etc., that shape and describe what it means to be male or to be female in a society.

3. ***Diversity*** can be identified as variations in culture, ethnicity, sex, gender, age and ability that affect our values, beliefs and behaviours, influencing all aspects of our lives.

4. ***Equity*** is achieved when there are no unfair differences within and among populations that lead to differences in health status. Social systems and policies should ensure that everyone has access to the resources, opportunities, power and responsibilities they need to ensure their full, healthy potential [4].

Sex issues

Most women report engaging in sexual behaviours, but a number of health issues (e.g., anxiety, depression, diabetes, hypertension) may affect women's sexual desire and subsequent levels of sexual activity [5]. Younger women with chronic heart disease exhibit lower rates of sexual behaviour compared to healthy peers [6]. Women who have recently given birth may be cautious about resuming sexual intercourse, including feeling concerned about healing, discomfort, sleep disruption, and general fatigue [7]. Changes in estrogen levels during menopause may affect women's enjoyment of sex [5].

Gender issues

Young women report that they are judged more harshly than young men if they transgress the sexual norms of their social circles [8]. A recent study of young women found that sexual compliance (defined as willingly engaging in sexual activity that one does not desire) is a common behaviour among young people in committed relationships [9]. Negotiating condom use may be difficult for many women due to fear of violence and concerns that a partner may become suspicious about a woman's HIV serostatus or STI infections [10]. In one study, women with older partners (>4yrs older) were more likely to report sexual behaviours that were risky [10].

Diversity issues

In a study of US young women, a significant portion of straight-identified youth reported engaging in some type of same-sex activity [11]. Sexual minority youths (who identify themselves as gay or lesbian, bisexual, or unsure of their sexual identity) may be less likely to use condoms or other birth control methods [12]. Sexual minority female adolescents have a significantly higher odds ratio of

RETHINKING WOMEN AND HEALTHY LIVING IN CANADA

Rethinking Women and Healthy Living in Canada: Challenging the Discourse, Evidence and Practice examines the sex, gender, diversity and equity dimensions of healthy living among women in Canada by conducting sex-and gender-based analyses of the healthy living discourse, key healthy living topics and selected healthy living strategies.

Fact sheets on women and healthy living have been prepared on physical activity, sedentary behaviour, self-injury, food insecurity, sodium, tobacco, alcohol, sexual behaviour and condom use.

Learn more at www.womenshealthdata.ca

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having an STI than female adolescents who are attracted only to males [14].

More than 1 in 4 female adolescents aged 15-17 in Canada reported having sexual intercourse in the previous year although the proportion of sexually active teens varied across the country [1]. The potential risks for 15 years olds are mainly linked to the emotional characteristics of this developmental stage [15]. A number of American studies confirm that drinking alcohol precedes unplanned sexual intercourse among young women [16]. Alcohol use may be more likely to be a factor in new, compared with repeat, sexual behaviours [16].

Most women reported having one sexual partner in the previous 12 months in the 2009/2010 CCHS, which did not differ by income, geographic location or education level [1]. Women who are intravenous drug users may have multiple partners if they are trading sex for survival, including for housing and drugs. One reason women give for their involvement in sex work is the lack of other employment and education opportunities.

Older women's sexual activity may be restricted due to a lack of same-age partners.

Equity issues

Street-involved youth participate in more sexually risky behaviours than their peers who are not homeless [17]. Women in Vancouver who lived on the streets or were street-involved were pressured into having unprotected sexual intercourse for a number of reasons, such as working away from the main streets because of fear of police, borrowing used crack pipes, violent clients, and servicing clients in public spaces or cars [18].

Women with higher levels of education may have greater confidence to negotiate condom use with their partners [19]. One study found that young women were less likely to use condoms if they were getting low grades in school, English was not their first language, or they were part of a visible ethnic group [20].

Critique

Data on the sexual activity of women aged 50 years and older are limited, as the focus of national surveys has commonly been on risky sexual behaviours among young people. Exploring society's broader views on various sexual behaviours and their relation to sexual health will allow researchers to move beyond outcomes that are based solely on individual behaviours, characteristics, and qualities [21]. The new survey from PHAC may provide research on some of these issues [3]. Exploration of policies and attitudes regarding sexual violence, adolescent sexual expression, and the "risks" of sexual behaviours among older women is needed. Sexual and reproductive health education programs that include information on relationships and present sex in a positive light, rather than only inherently risky, may be the most beneficial for all ages .

FOR MORE INFORMATION

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www.lasourcesantedesfemmes.ca

SGBA e-learning resource:
www.sgba-resource.ca

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Production of these fact sheets has been made possible through a financial contribution from Health Canada. The views expressed herein do not necessarily represent the views of Health Canada.