

Healthy Sexuality

KEY MESSAGES:

- More than half of youth in Algoma said that school (53.3%) or a parent/ caregiver (70.3%) was a typical source of sexual health information⁽²⁾.
- Only 48.3% of Algoma adults aged 20 – 29 reported using a condom the last time they had sex⁽³⁾.
- The rate of chlamydia and gonorrhea infections in Algoma, were lower in 2023 than previous years⁽⁴⁾.
- Rates of infectious syphilis in Algoma have increased drastically in the past 5 years, from 2.1 infections per 100,000 in 2019 to 37.4 infections per 100,000 in 2023, exceeding the Ontario average in 2023⁽⁴⁾.

Sexual health information

Just like our physical and mental health, taking care of our sexual health is important for overall health and wellness. Sexual health encompasses many components, such as healthy sexuality, healthy relationships, reproductive health, consent, and puberty. Sexual health spans the life course – beginning in early childhood and continuing into our aging years.






It's important to start conversations about sexual health early to lay the foundation for lifelong sexual health practices and behaviours. Ensuring that children and adolescents are given accurate and reliable sexual health information is important so they can develop knowledge and make informed decisions about sexual health behaviours.

Youth 15- to 17-years-old who said they have an adult available to talk to for questions or concerns about puberty, sexual development or sexual health⁽²⁾.

88.5%
Algoma

85.6%
Ontario

Percentage of youth (15- to 17-years-old) and where they get their sexual health information⁽²⁾

	Algoma	Ontario
School 	53.3%	60.2%
Parent/ Caregiver 	70.3%	50.3%
Friends 	35.2%	36.9%
Internet 	58.2%	50.2%
Healthcare provider 	35.9%	20.0%

While school was a less common source for youth in Algoma, compared to the province, a higher proportion of youth in Algoma got their sexual health information from parents or caregivers.

Some tips for having conversations about sexual health and healthy sexuality with your child include⁽⁵⁾:

- 1** Answering their questions honestly.
Give your child the information they want to know and use words they will understand.
- 2** Giving correct information.
Valid information from a trusted adult is encouraged as some children receive sexual health information (or misinformation) from friends or other unreliable sources.
- 3** Starting conversations.
Don't wait for your child to begin conversations as some may never ask.
- 4** Sharing your beliefs, concerns and values.
It's important for your child to know what is important.
- 5** Encouraging your child to make good choices and supporting their decisions.
Building trust will increase the likelihood that they continue to ask questions and see support, when needed.

Healthy relationships

Relationships make up a large part of our everyday lives and take many forms, such as those with family, friends, sexual partners, and even coworkers.

Building and maintaining healthy relationships

A healthy relationship is⁽⁵⁾:

- one where people feel safe and comfortable
- one that is honest, caring, and respectful
- one where trust is established
- one where the power is shared
- one that includes open communication

In Algoma, **73.7% of youth** said they spend time just talking with their parents/caregivers daily, while **12%** said they spend time just talking with their parent/caregiver only once a week⁽³⁾.

Sexual activity

Almost **3 in 5 (58.5%)** Algoma youth (15- to 19-years-old) have had sex in their lifetime. This is comparable to other NE PHUs and significantly higher than the provincial rate of 26.9% for the same age group⁽³⁾.

Percentage of population sexually active and using condoms by region and age groups⁽³⁾

Have had sex in their lifetime				Have used a condom last time they had sex			
	Algoma	NE PHUs	Ontario		Algoma	NE PHUs	Ontario
15 - 19 year olds	58.5%	51.0%	26.9%	15 - 19 year olds	66.7%*	64.7%*	56.3%
20 - 29 year olds	90.9%	85.7%	74.6%	20 - 29 year olds	48.3%*	35.8%*	43.7%
30 - 39 year olds	93.6%	93.8%	94.4%	30 - 59 year olds	10.5%*	10.9%*	20.9%
40 - 49 year olds	93.2%	96.2%	94.9%	60+ year olds	-	-	5.5%

The proportion of Algoma residents who reported using a condom or another method of contraception (birth control)ⁱ decreased with increasing age.

Tips for practicing safe sex⁽⁶⁾:



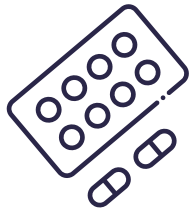
Choose options that lower the chance of passing or getting sexually transmitted infections (STIs), such as using condoms.



Take part in routine STI testing.



Become comfortable speaking with your partner and having a mutual understanding of what you both want and don't want.



Consider the use of hormonal/ non-hormonal contraceptives.



Know your options and consider your plans for pregnancy.



Give and receive consent – everyone has to say yes.

^{*}Marginal to high sampling variability, interpret with caution.
ⁱ Contraception includes the birth control pill, contraceptive patch, vaginal contraceptive ring, injection, hormonal implant, intrauterine device, vasectomy or tubal sterilization, spermicide, the rhythm method (tracking the ovulation cycle) or withdrawal/pulling out.

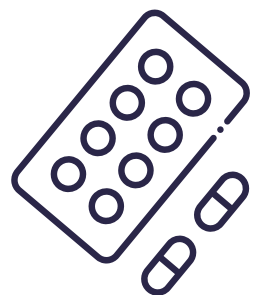
Condom use



Choosing options that lower the chance of getting or passing on an STI, such as using condoms, is one way of practicing safe sex. Condoms help reduce the risk of sexually transmitted and blood-borne infections and prevent pregnancy.

Algoma youth (15- to 19-years-old) and young adults (20- to 29-years-old) are more likely to have had vaginal and/or anal sex as compared to Ontario and NE PHUs⁽³⁾. Interestingly, Algoma youth and young adults are more likely to use condoms during sex as compared to Ontario and NE PHUs.

Contraception



In addition to condoms, there are numerous methods of hormonal and non-hormonal contraception. The most common form of hormonal contraception in Algoma is birth control pills.

According to a 2019 - 2020 survey, **32.4% of women aged 15- to 49-years in Algoma** reported taking birth control pills, while only 18.0% of women in Ontario reported using birth control pills⁽³⁾.

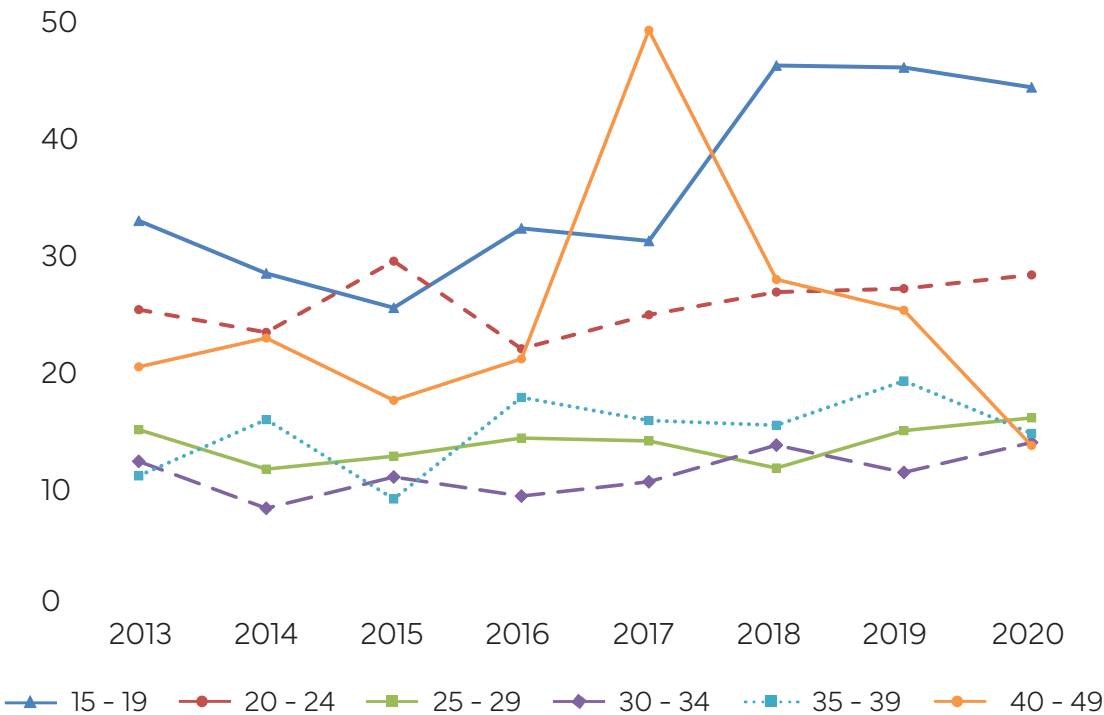
Therapeutic abortions

There are two types of legal abortion in Canada: medical and surgical.

Medicalⁱⁱ and surgical abortions, called therapeutic abortions, are available locally in the district of Algoma. It is important for individuals to know they are in control of their own health and have the right to make decisions that best serve them. This includes the decision of when to have a baby.

The four-year (2017 - 2020) average therapeutic surgical abortion rate for womenⁱⁱⁱ 15- to 49-years-old in Algoma was **24.1 per 100 pregnant women⁽⁷⁾**.

Therapeutic surgical abortion rates (per 100) of pregnant women aged 15 to 49 in Algoma, by age group⁽⁷⁾



ⁱⁱ Medically/pharmacologically induced abortions in hospitals. Those induced by the emergency contraceptive pill, RU 486, or methotrexate (usually reserved for ectopic pregnancies) are not captured in this therapeutic abortion data.

ⁱⁱⁱ The term "women" is used in this section to stay consistent with the data source. Trans-men and non-binary individuals are also able to get pregnant and have children.

Sexually transmitted and blood-borne infections (STBBIs)

Sexually transmitted infections (STIs) are infectious diseases that spread from one person to another through sex or close contact, particularly vaginal, oral or anal sex.

Blood-borne infections (BBIs) are caused by viruses that are carried in the blood and can be transmitted through sexual contact, sharing contaminated equipment (e.g., needles), needle-stick injuries, from mother to baby during pregnancy, during birth or through breastfeeding. BBIs may also exist in other bodily fluids. Sexually active people can be at risk of STBBIs at any age.

Practicing safer sex with every new partner is important at any life stage.

DID YOU KNOW?

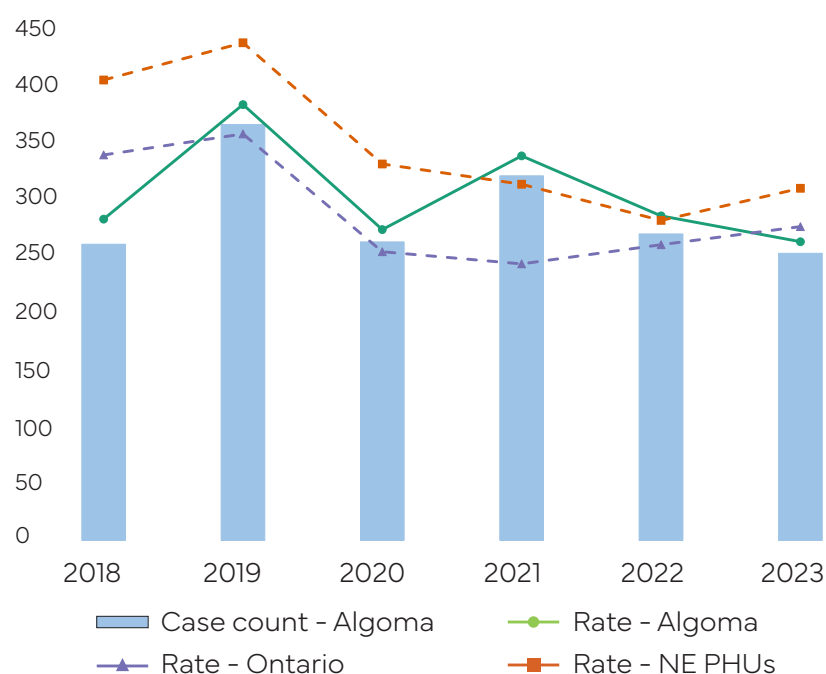
Personal service settings (e.g. tattooing, piercing, and salons) can pose a significant health risk if infection control measures are not followed. Public Health Inspectors (PHIs) inspect and support these personal settings to ensure compliance and cleanliness to prevent illnesses. Illnesses associated with personal services include HIV, Hepatitis B and C and other bacterial and fungal infections.

STBBI rates in Algoma^{iv}

Chlamydia

Chlamydia continues to be the most common bacterial sexually transmitted infection in Algoma. The rate of chlamydia infections decreased from 2021 to 2023 and is similar to the rate for Ontario overall⁽⁴⁾.

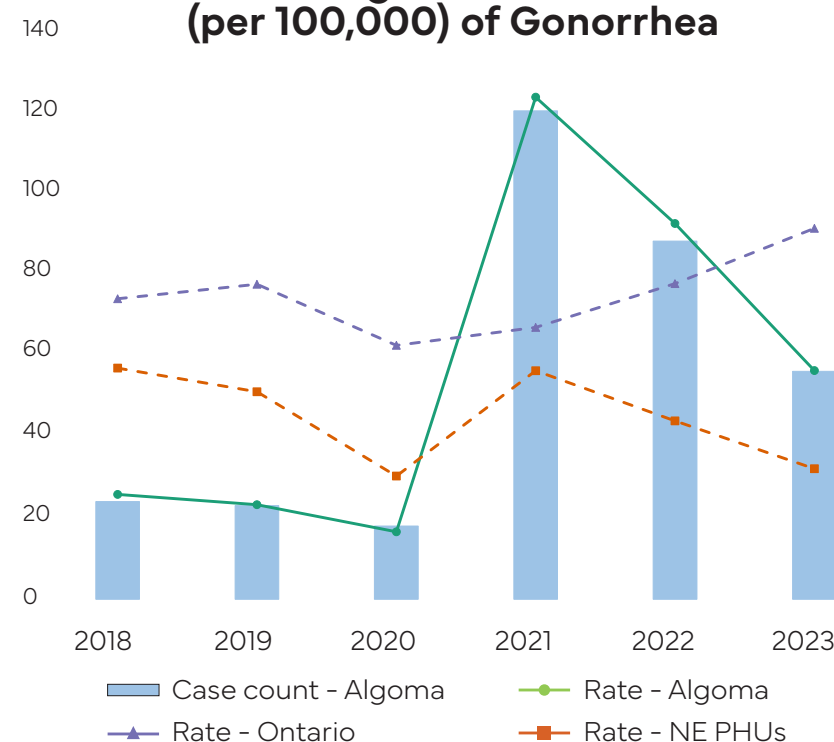
Count and age-standardized rate (per 100,000) of Chlamydia



Gonorrhea

Gonorrhea infections in Algoma increased noticeably from 2020 to 2021. In 2023, the rate for Algoma remained higher than pre-pandemic rates, but was lower than the Ontario rate overall. Those aged 25 - 34 had the highest rates of gonorrhea in Algoma in 2023⁽⁴⁾.

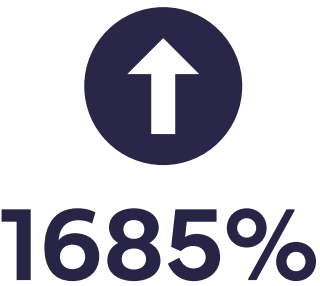
Count and age-standardized rate (per 100,000) of Gonorrhea



^{iv} Interpret data for 2020 through 2022 with caution due to impact of the COVID-19 pandemic on testing and reporting of diseases of public health significance in Ontario.

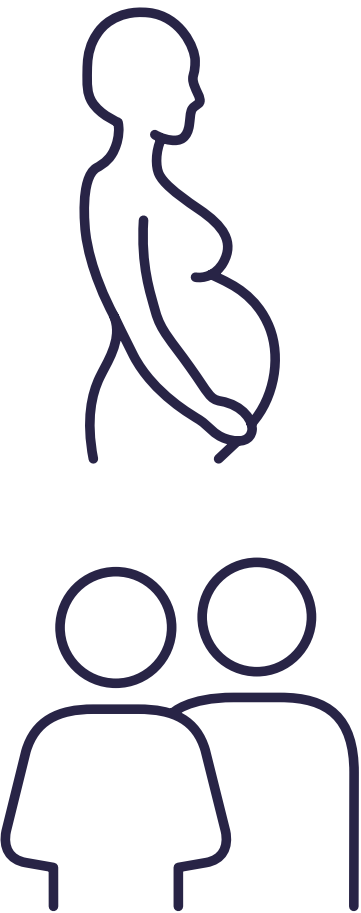
Syphilis

Syphilis is a sexually transmitted infection caused by the bacteria *Treponema pallidum*, and if left untreated it can cause serious health problems such as damage to the heart, brain and other organs of the body, and in very rare cases, may even cause death. It is transmitted through unprotected vaginal, anal and oral sex. It can also be transmitted from infected mother to infant during pregnancy or birth causing health concerns for the infant. Early symptoms can include genital sores, rash and headache. Prenatal testing and condom use can reduce the risk of spread⁽⁸⁾.



The annual rate of infectious syphilis in Algoma has increased by **1685%** from the pre-pandemic rate in 2019 (2.1 per 100,000) to 2023 (37.4 per 100,000).

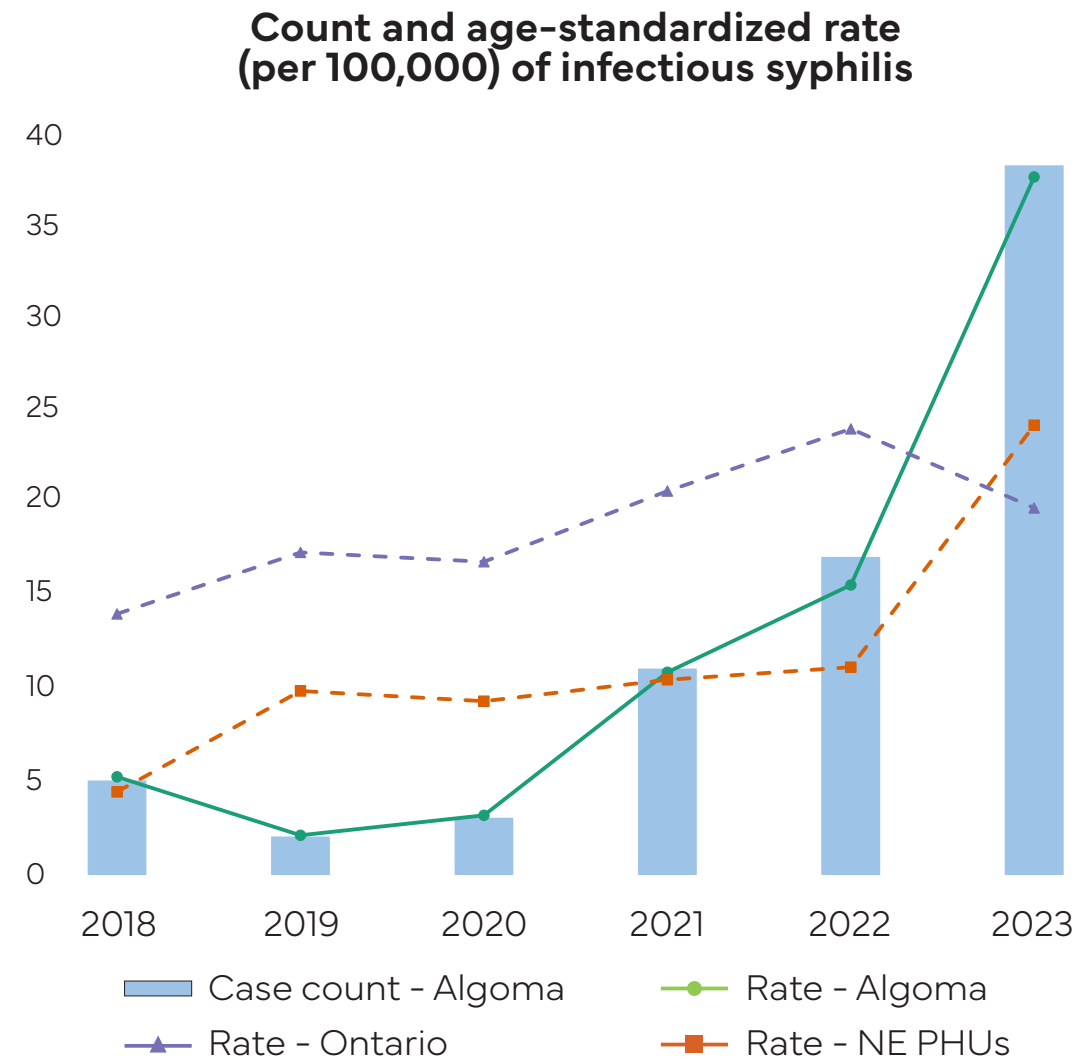
Algoma’s rate of infectious syphilis in 2023 was higher than both the NE PHUs and for Ontario overall⁽⁹⁾.



In 2023, **28.9%** of cases were among females of childbearing age. Increased syphilis in this group raises the risk of congenital syphilis. Algoma had **its first case of congenital syphilis in 2022**, after 10 years without any cases. Screening is recommended for pregnant people in Ontario during their first trimester or at the first prenatal visit, with possible re-screening later⁽¹¹⁾.

Algoma’s syphilis rates were higher than Ontario’s, with females **3.7** times higher and males **1.6** times higher in Algoma compared to the provincial averages⁽⁹⁾.

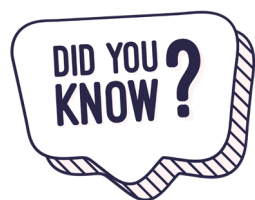
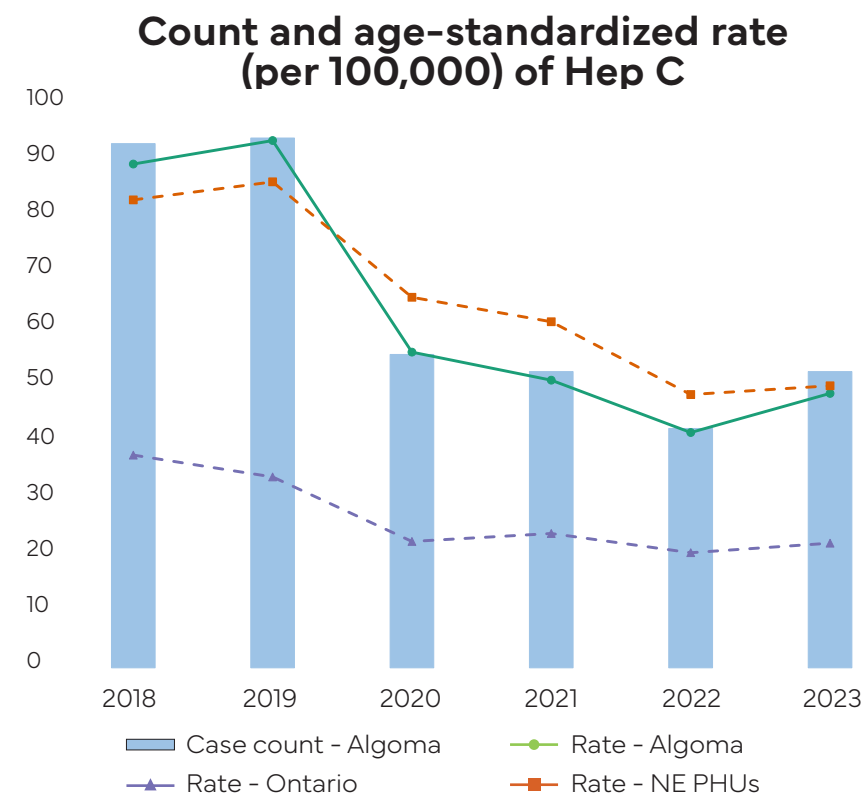
In 2023, age-standardized syphilis rates in Algoma were twice as high among males (**51.1 per 100,000**) compared to females (**24.4 per 100,000**)⁽⁹⁾.



Hepatitis C

Hepatitis C infection is caused by a virus that attacks the liver. It is transmitted through contact with infected blood and is most often spread through sharing contaminated drug-use equipment (e.g. needles, straws, pipes, cookers, etc.) to inject or snort drugs. It can also be spread by sharing personal care items like a razor, nail clippers or a toothbrush with a person who has the infection. Sexual transmission of hepatitis C is less common, but it can happen, especially when there is a chance that infected blood is present (such as during menstruation). There is currently no vaccine to prevent hepatitis C, although effective therapy is now available⁽¹²⁾.

The rate of new hepatitis C diagnoses decreased in Algoma from 2019 to 2022 but increased by 17% from 2022 to 2023. In 2023, the Algoma rate per 100,000 (48.2) was similar to the NE PHU rate (49.5), but twice as high as the rate for Ontario (21.9)⁽⁹⁾.



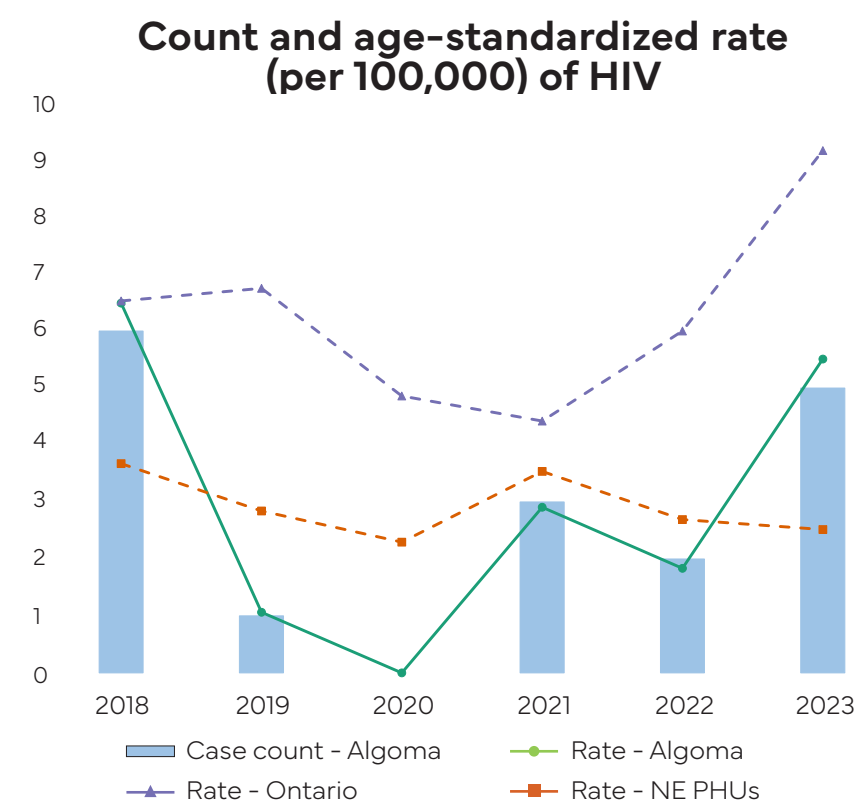
There are highly effective treatments that cure more than 95% of people of hepatitis C. Direct-acting antivirals (DAAs) block the ability of the hepatitis C virus to replicate. Treatment includes taking one to three pills once a day for eight or 12 weeks. Since 2014, DAAs have been available under the Ontario Drug Benefit (ODB) program. If you are interested in learning more about Hepatitis C treatment, please contact your health care provider or the HEP Care Program⁽¹⁾.

HIV


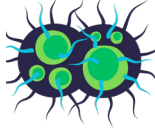

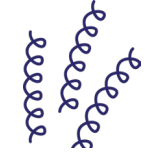


From 2019 to 2022, Algoma had lower rates of HIV infection compared to NE PHUs and Ontario overall. In 2023, Algoma's rate per 100,000 (5.5) increased by 200% from 2022, above the NE PHU rate (2.5); however, rate changes in Algoma should be interpreted with caution due to the small number of cases⁽⁹⁾.

Ways to prevent HIV transmission or acquisition:

1. Pre-Exposure Prophylaxis (PrEP) is a combination of medication that can reduce your chances of getting HIV from sex or injection drug use. It can be taken by HIV-negative individuals at high risk of infection. When taken as prescribed, the medication reduces the risk of acquiring sexually transmitted HIV by more than 90%. If an individual acquires HIV infection, PrEP must be discontinued immediately⁽¹²⁾.
2. People living with HIV who take anti-retroviral therapy (ART) and who achieve and maintain an undetectable viral load have effectively no risk of transmitting HIV sexually⁽¹²⁾.
3. Condom use.



Age-standardized incidence rates (per 100,000) of STBBIs in 2023⁽⁴⁾

		Algoma	NE PHUs	Ontario
	Chlamydia	262.2	309.1	275.4
	Gonorrhea	56.2	32.1	91.1
	Hepatitis C	48.2	49.5	21.9
	Syphilis*	37.4	24.1	19.7
	Hepatitis B**	2.9	3.7	11.2
	HIV	5.5	2.5	9.2

*The syphilis rate is the rate of infectious syphilis.

** Hepatitis B rate includes incidence of acute and chronic hepatitis B.

References

1. CATIE, Canada's source for HIV and hepatitis C information. Hepatitis C basics. CA. 2024. Available from: <https://www.catie.ca/essentials/hepatitis-c-basics>
2. Statistics Canada. Canadian Health Survey on Children and Youth (CHSCY), Ontario Share File 2019 [data file]. Ottawa, ON: Government of Canada [producer]; Toronto, ON: Ontario Ministry of Health [distributor]. Available from: <https://www23.statcan.gc.ca/imdb/p2SV.pl?Function=getSurvey&Id=1215270>
3. Statistics Canada. Canadian Community Health Survey (CCHS), Ontario Share File 2019 - 2020 [data files]. Ottawa, ON: Government of Canada [producer]; Toronto, ON: Ontario Ministry of Health [distributor].
4. Ontario Agency for Health Protection and Promotion (Public Health Ontario). Infectious Diseases Query: Algoma Public Health Unit: counts. Toronto, ON: King's Printers for Ontario; c2023 [updated 2023 July; cited 2023 July].
5. Alberta Health Services. Teaching sexual health: Your role as a parent: 2024. Available from: <https://teachingsexualhealth.ca/parents/teaching-your-child/your-role-as-a-parent>
6. CATIE, Canada's source for HIV and hepatitis C information. Safer sex is... CA. 2024. Available from: <https://www.catie.ca/safer-sex-guide/safer-sex-is>
7. Therapeutic abortion cube [2013 - 2020]. Ottawa, ON: Canadian Institute for Health information [producer]; Toronto, ON: Ontario Ministry of Health, IntelliHealth Ontario [distributor] [Data extracted: February 2024].
8. Public Health Ontario. Syphilis: 2024. Available from: <https://www.publichealthontario.ca/en/diseases-and-conditions/infectious-diseases/sexually-transmitted-infections/syphilis>
9. Public Health Ontario. Maternal and early congenital syphilis in Ontario: 2020-2022: 2024. Available from: https://www.publichealthontario.ca/-/media/Documents/C/24/congenital-maternal-syphilis-2020-2022.pdf?rev=e8910e62cf164cd28c4e89c358dd51ac&sc_lang=en
10. Public Health Ontario. Universal prenatal syphilis screening and congenital syphilis: 2023. Available from: https://www.publichealthontario.ca/-/media/Documents/U/2023/universal-prenatal-screening-congenital-syphilis.pdf?rev=dd1dc37fd58441b0b882bc320f10d9a5&sc_lang=en
11. Algoma Public Health. Hepatitis C: 2015. Available from: <https://www.algomapublichealth.com/disease-and-illness/infectious-diseases/Hepatitis-C>
12. Health Canada. HIV factsheet: Biomedical prevention of HIV – PrEP and PEP: 2021. Available from: <https://www.canada.ca/en/public-health/services/publications/diseases-conditions/hiv-factsheet-biomedical-prevention-prep-pep.html>

Public Health Standards:

Infectious and Communicable Disease Prevention
Healthy Growth and Development
School Health
Chronic Disease Prevention

Chapter Contributors:

Kristin Bateman, Sandra Dereski,
Taylor Labadie, Sara Luomaranta,
Alexandra Nunn, Angela Piaskoski