



RHS

QUEBEC FIRST NATIONS
REGIONAL HEALTH SURVEY



FIRST NATIONS OF QUEBEC
AND LABRADOR HEALTH
AND SOCIAL SERVICES
COMMISSION

SEXUAL BEHAVIOURS AND PREVENTION

Highlights

- Nearly two in five adolescents say they have had sexual intercourse.
- Condoms are the most popular method of contraception/protection and are used by three-quarters of sexually-active adolescents and by more than two-thirds of respondents who have had at least two sexual partners in the year prior to the survey.
- Half of individuals who have had sexual intercourse say they have been tested for STIs, and two in five say they have been tested for HIV.
- Among adolescents who have had sexual intercourse, about one in five say they have been pregnant.
- Less than one-quarter of adolescents 12-17 years old who have been pregnant say they have had an abortion.



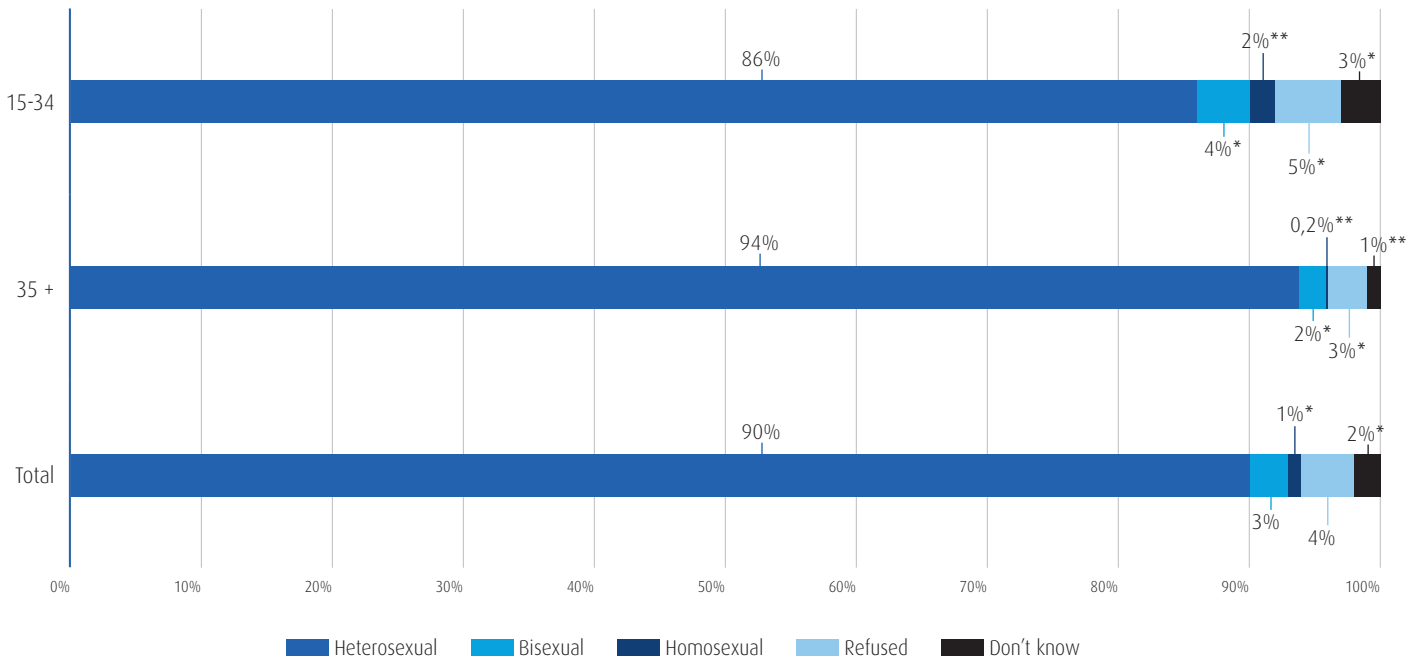
CONTEXT

This booklet provides information that is potentially useful for sexual health prevention in communities. It addresses, among other things, sexual orientation, sexual activity, contraception, screening for STBBIs (sexually transmitted and blood-borne infections) and teenage pregnancies.

SEXUAL ORIENTATION

According to the data of the RHS, nine out of ten people 15 years and over say they are heterosexual. This proportion is significantly higher among people 35 years and over than among people 15-34 years old (FIGURE 1). On the other hand, about 2%* of individuals 15 years and over say they are two-spirited/transgender.

FIGURE 1
Distribution of the population 15 years and over based on sexual orientation



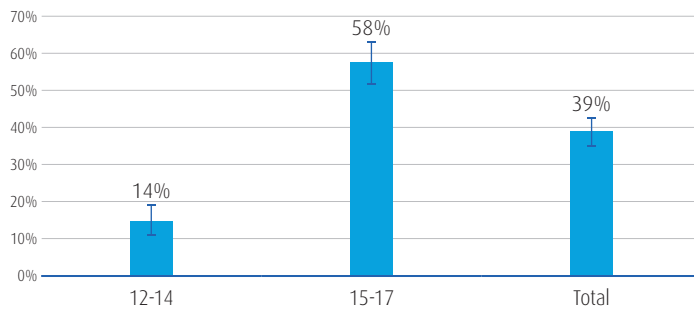
SEXUAL ACTIVITY

In this booklet, respondents are considered “sexually active” if they reported having had sexual intercourse at least once in the year prior to the survey. This has a different significance than reporting having ever had sexual intercourse.

Adolescents (12-17 years old)

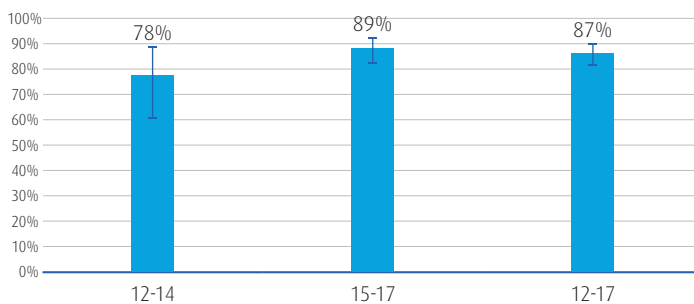
As illustrated in FIGURE 2, nearly two in five adolescents report having ever had sexual intercourse. This proportion is much lower among individuals 12-14 years old compared to those 15-17 years old.

FIGURE 2
Proportion of adolescents who have ever had sexual intercourse, based on age group



The vast majority of adolescents who have ever had sexual intercourse say they had intercourse in the year prior to the survey (FIGURE 3). They are therefore considered to be sexually active.

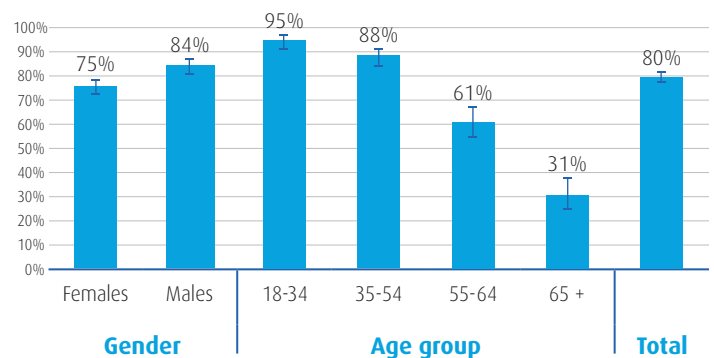
FIGURE 3
Proportion of adolescents who are sexually active among adolescents who have ever had sexual intercourse, based on age group



Adults (18 years and over)

Most adults (94%) report having ever had sexual intercourse. Of these, eight in ten say they had sexual intercourse in the year prior to the survey. A greater proportion of males than females claim to be sexually active. In addition, this proportion, which appears to be highest among 18-34 year olds with more than nine out of ten people, decreases with aging (FIGURE 4).

FIGURE 4
Sexually-active adults (population who have ever had sexual intercourse) based on gender and age group

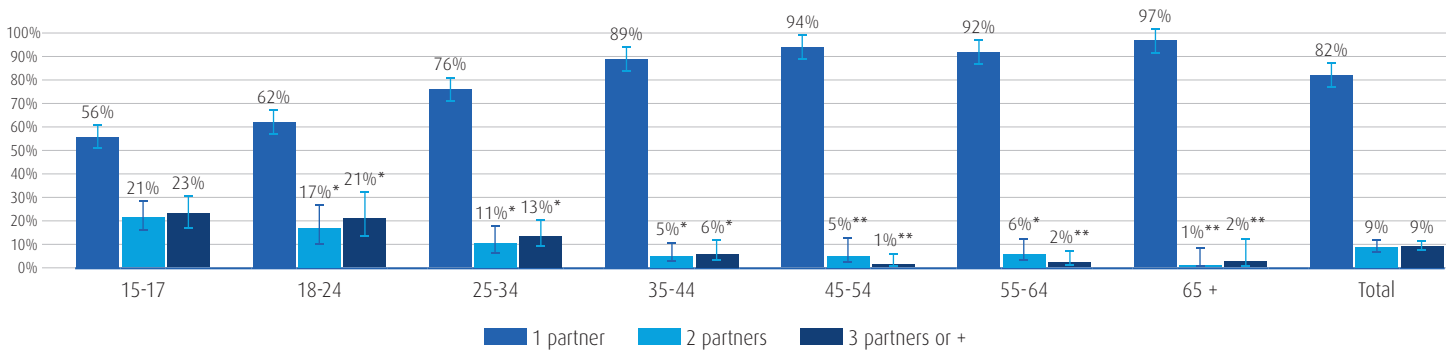


NUMBER OF SEXUAL PARTNERS

Over the year prior to the survey, sexually-active individuals 12 years and over reported having 1.3 partners on average. Males reported a slightly higher average number of partners (1.4) than that reported by females (1.2).

Looking at FIGURE 5, it can be seen that nearly one in five sexually-active respondents 15 years and over reported that they had more than one sexual partner in the year prior to the survey. The highest proportion is observed among adolescents. However, it should be noted that the phenomenon is rare among adolescents 12-14 years old, as the vast majority (91%) of adolescents who say they had more than one sexual partner are 15-17 years old.

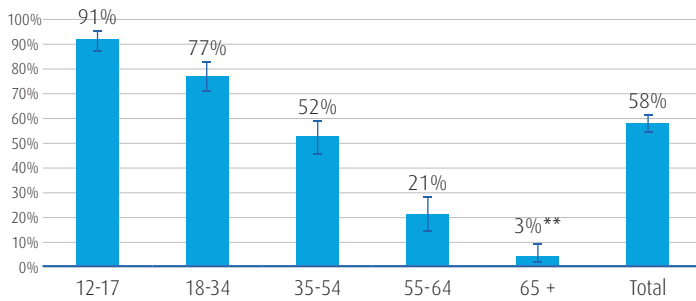
FIGURE 5
Number of sexual partners in the year prior to the survey, based on age group (sexually-active population)



CONTRACEPTION AND PROTECTION

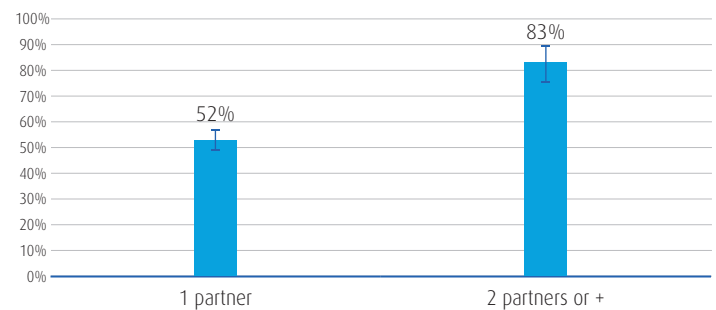
Among the sexually-active population 12 years and over, about three in five say they use one or more contraception/protection methods. While this is the case for more than nine out of ten adolescents, this proportion decreases with age (FIGURE 6).

FIGURE 6
Use of methods of contraception/protection among sexually-active respondents 12 years and over, based on age group



The data also reveal that just over half of respondents who had only one sexual partner in the year prior to the survey use some method of contraception/protection. However, this proportion is much higher among those who reported they had more than one partner (FIGURE 7).

FIGURE 7
Use of methods of contraception/protection among sexually-active respondents 12 years and over, based on the number of sexual partners



Condoms are the most commonly used contraception/protection method, but use decreases with age. We also note that the use of birth control pills becomes less frequent starting at 35 years old. In addition, the non-use of contraception/protection methods increases with age (TABLE 1).

These observations seem to coincide with the sexual activity profile of the various age groups (such as that people under 35 years old more often have more than one partner), and particularly in adolescence (FIGURE 5). Adolescents, who, especially from the age of 15, carry an increased risk of STBBIs and unwanted pregnancies, are the largest users of condoms and, it seems, birth control pills

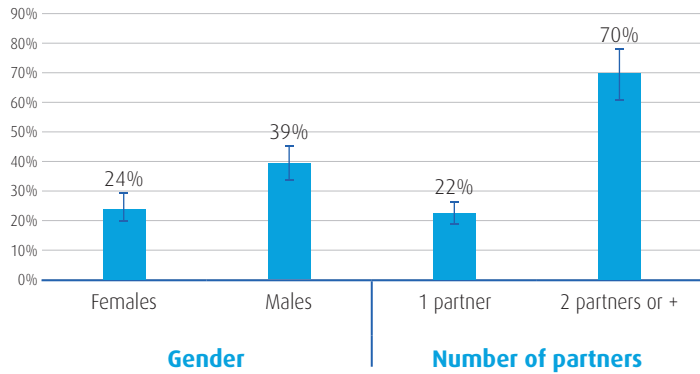
TABLE 1
Contraception/protection methods used by sexually-active individuals based on age group

	12-17	18-34	35-54	55-64	65+	Total
None	9%* [6-14]	23% [18-30]	48% [42-54]	79% [72-86]	97% [90-99]	42% [38-45]
Condom	74% [67-81]	48% [41-55]	19% [14-26]	13%* [8-20]	2%** [0-9]	32% [28-36]
Oral contraceptive (birth control pill)	25% [19-31]	21% [16-27]	11% [8-16]	3%** [1-10]	0%	14% [12-17]
Surgery (hysterectomy, vasectomy, tubal ligation)	0%	3%** [1-6]	16% [12-21]	6%* [3-12]	1%** [0-7]	9% [7-11]
Intrauterine device (IUD)	3%** [1-8]	11% [7-16]	9%* [6-13]	0%	0%	8% [6-11]
Injection (Depo-Provera)	14% [9-21]	8%* [5-13]	2%** [1-5]	0%	0%	5% [4-7]
Natural (withdrawal, calendar)	5%* [3-9]	4%* [2-8]	4%* [2-7]	1%** [0-5]	0%	3%* [2-5]
Patch	7%* [4-12]	3%* [2-7]	1%** [0-4]	0%	0%	2%* [1-4]

USE OF CONDOMS

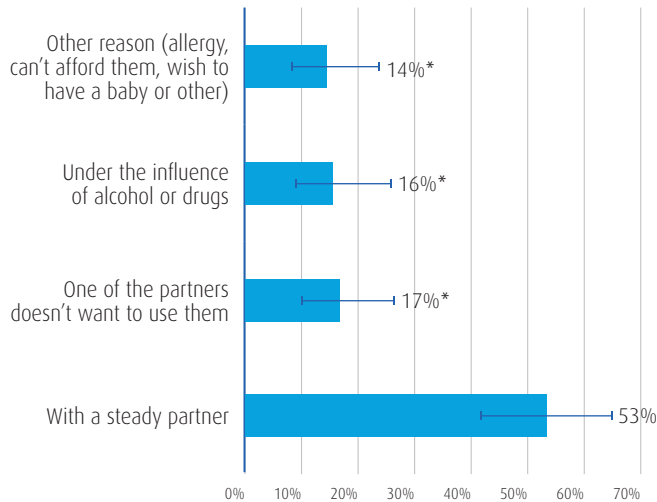
FIGURE 8 shows that of the sexually-active respondents 12 years and over who reported having only one sexual partner in the year prior to the survey, less than one-quarter said that they use a condom. This proportion increases to more than two-thirds among those who report having had more than one sexual partner. In addition, males more frequently than females report using a condom.

FIGURE 8
Use of condoms based on gender and the number of sexual partners (sexually-active respondents 12 years and over)



Among male and female condom users 12 years and over, slightly more than half (55%) say they always use them, with others saying they use them most of the time or occasionally. The main reason for not always using a condom is being with a steady partner (FIGURE 9).

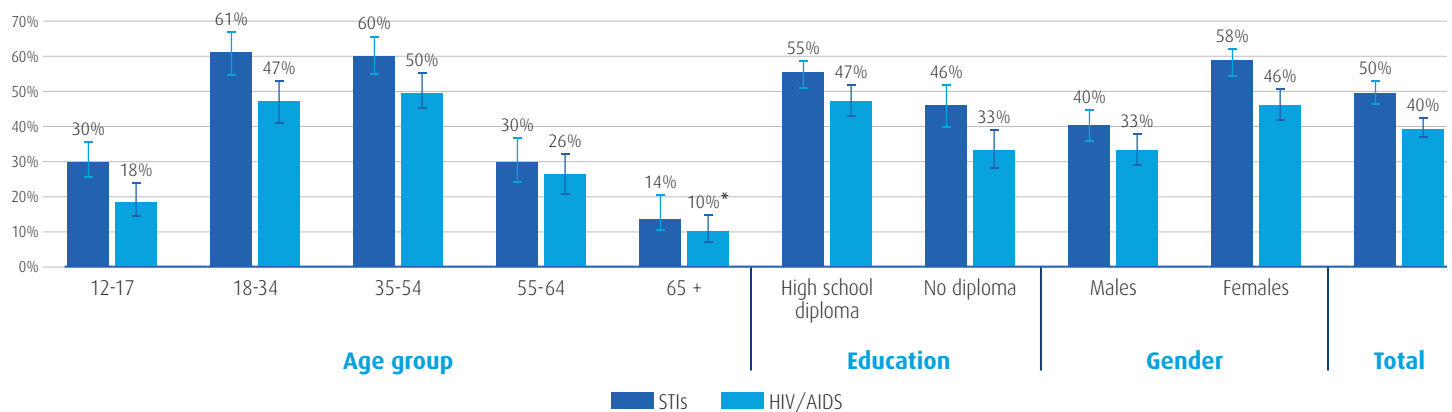
FIGURE 9
Reasons given by sexually-active respondents for not always using a condom (12 years and over)



SCREENING FOR STBBIS

Among respondents 12 years and over who have ever had sexual intercourse, half say they have been tested for STIs. Fewer (two out of five) people say they have been tested for HIV (Human Immunodeficiency Virus). For both types of tests, the highest proportions are observed among adults 18-54 years old, as well as among females (FIGURE 10). In addition, we note that people who have a high school diploma are more likely to have been tested for HIV than non-graduates, which also seems to be the case for STI screening.

FIGURE 10
Screening tests for STIs and HIV/AIDS based on age group, education and gender (respondents 12 years and over who have ever had sexual intercourse)



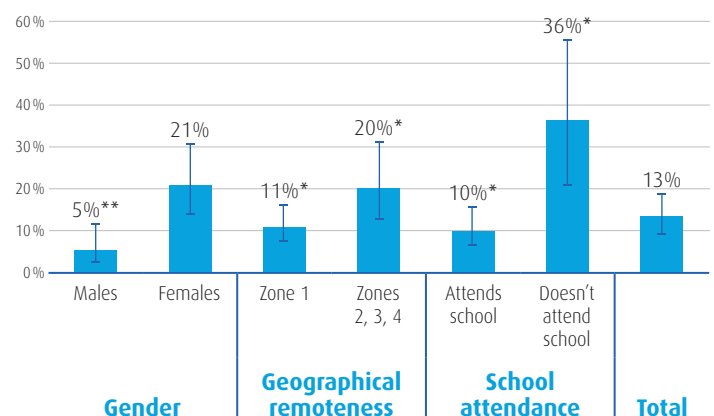
TEENAGE PREGNANCY (12-17 YEARS OLD)

As pointed out by Joncas and Roy (2015) after a review of the literature on the subject, some authors believe that Aboriginal teenage pregnancies are often linked to an unfavourable socio-economic reality and constitute, in the short-, medium- and long-term, a risk for the health of mothers and their children. On the other hand, others observe that teenage pregnancies are not only accepted but also valued in many Aboriginal nations. The coming of a child is considered a gift from the Creator, and teenage girls, by becoming mothers, would be responding to social expectations and thereby becoming adults in their living environment (p.20).

According to the data of the RHS, among adolescents (12-17 years old) who have ever had sexual intercourse, about one in five report having been pregnant. This proportion is much higher than among males reporting having ever gotten someone pregnant (FIGURE 11).

On the other hand, the proportion of adolescents who have gotten pregnant or gotten someone pregnant seems to vary with the degree of geographical remoteness. In fact, the proportion estimated for communities in Zones 2, 3 and 4 is almost twice that observed in communities in Zone 1. In addition, while one in ten adolescents attending school at the time of the survey reported having gotten pregnant or gotten someone pregnant, this is reported by more than one-third of adolescents who were not attending school (FIGURE 11).

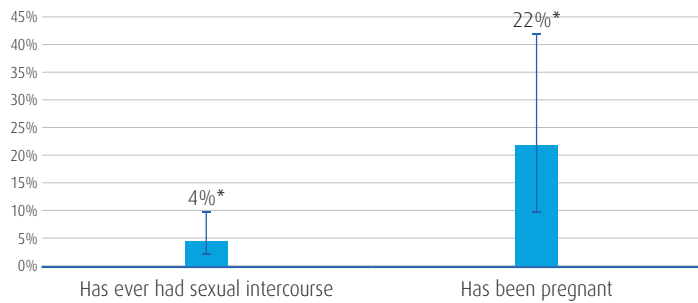
FIGURE 11
Adolescents (12-17 years old) who have ever had sexual intercourse and report having gotten pregnant or gotten someone pregnant, based on gender, geographical remoteness and school attendance



ABORTION

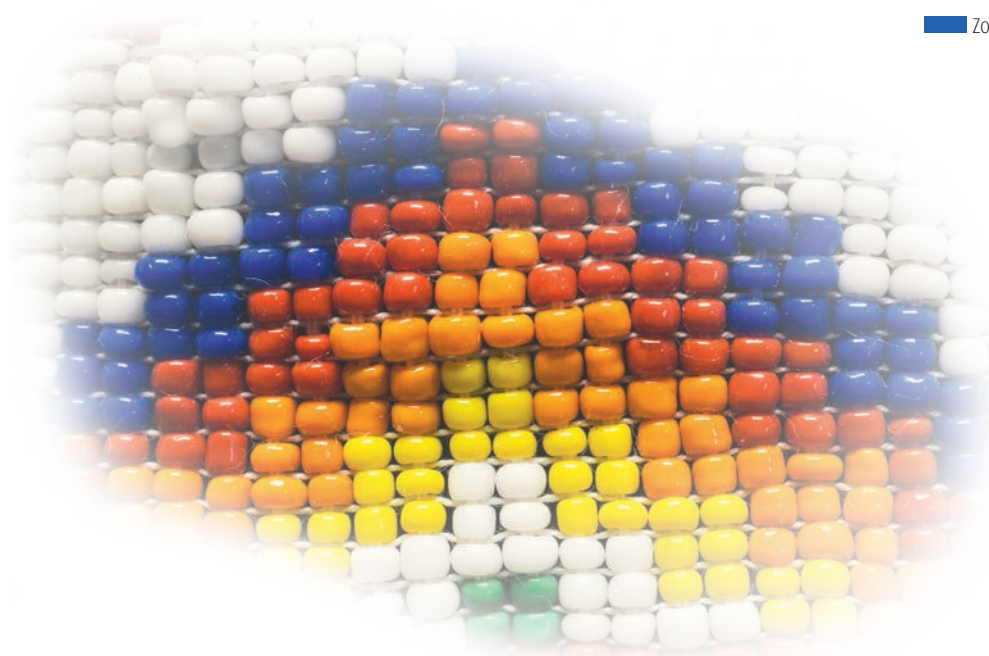
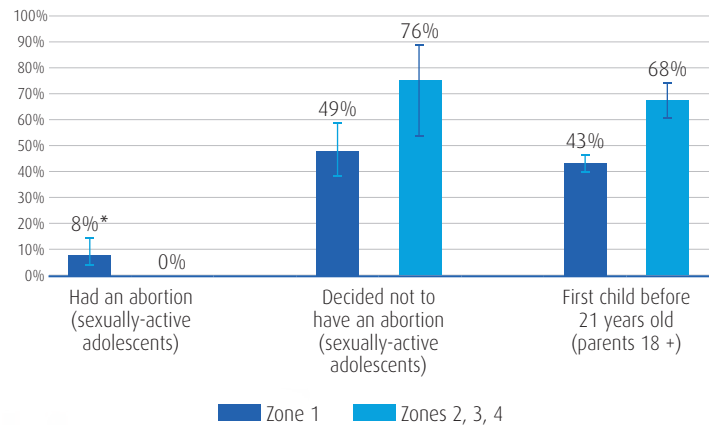
Among adolescents who have ever had sexual intercourse, about one in 25 reports having had an abortion. Among adolescents having been pregnant, the proportion is estimated at nearly one-quarter (FIGURE 12).

FIGURE 12
Abortion among adolescents who have ever had sexual intercourse and adolescents who have gotten pregnant (12-17 years old)



As illustrated in FIGURE 13, there appears to be differences as concerns abortion and reproduction between communities in Zone 1 and communities in Zones 2, 3 and 4. For example, among sexually-active adolescents residing in Zone 1, nearly one in ten said they had undergone an abortion, while adolescents from other areas reported never having had an abortion. Moreover, the proportion of teenage girls who say they would not choose to have an abortion if they have an unwanted pregnancy seems to be higher in Zones 2, 3 and 4 than in Zone 1. It is therefore possible that abortion is more likely to be a choice in Zone 1. Moreover, the proportion of parents who had their first child before they were 21 years old is less than half in Zone 1, compared to more than two-thirds in Zones 2, 3 and 4.

FIGURE 13
Impact of geographical remoteness on having an abortion, on the decision whether or not to have an abortion and on teenage parenting





CONCLUSION

The data of the RHS show that the use of contraception and protection methods is higher among young people, as well as among people with more than one sexual partner. However, within these groups, significant proportions of respondents claim to use no method of contraception or protection. We also find that among sexually-active people, at least half have never been tested for STIs or HIV. There is reason to fear that many cases go undiagnosed. Moreover, there is no information at the regional level on the prevalence of STBBIs in non-agreement First Nations communities.¹

On the issue of teenage pregnancies, there are several points of view in the literature. Adverse socioeconomic conditions and limited access to health services, but also the importance of motherhood, the social pressure to carry the pregnancy to term and the significant support of the extended family (Joncas and Roy, 2015) could explain, in part, some of the results presented in this booklet, such as the high proportion of teenaged girls having experienced pregnancy, as well as the apparent unpopularity of abortion in communities remote from urban centers.

BIBLIOGRAPHY

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Accessed online: <https://www.erudit.org/en/journals/raq/2015-v45-n1-raq02363/1035161ar.pdf>.

¹ In Quebec, the Inuit, Cree and Naskapi have entered into agreements with the Quebec government giving them political and administrative autonomy and access to provincial public services (the James Bay and Northern Quebec Agreement, 1975, and the Northeastern Quebec Agreement, 1978). First Nations who did not participate in these agreements are known as "non-agreement."



METHODOLOGY IN BRIEF

The third phase of the First Nations Regional Health Survey (RHS) aims to describe the health status of the population in First Nations communities in Quebec. It was conducted from February 2015 to May 2016 in 21 communities from eight nations and reached 3,261 people (825 children aged 0 to 11 years, 769 adolescents aged 12 to 17 years and 1,667 adults aged 18 years and over) who responded to an electronic questionnaire submitted by field agents.

Data followed by the “*” sign have a coefficient of variation of 16.6% to 33.3% and should be interpreted with caution. The sign “***” indicates a coefficient of variation greater than 33.3%. This data is not published, except for estimates below 5%, which must be interpreted with caution. The lines presented in the bar or line charts are the confidence intervals calculated using a 95% confidence level.

In certain cases, the data are presented according to the geographic zone of the community of the respondents. These zones are defined as follows:²

- Zone 1 (urban): less than 50 km from a service centre with road access;
- Zone 2 (rural): between 50 and 350 km from a service centre with road access;
- Zone 3 (isolated): more than 350 km from a service centre with road access;
- Zone 4 (difficult to access): no road.

Service centre: The nearest access to suppliers, banks and government services.

In the context of the RHS, the term “community” is used to represent “Indian reserves.”

For more details, please refer to the *Methodology* booklet of the RHS.

The RHS report consists of 20 thematic booklets. All the booklets can be consulted at the FNQLHSSC documentation center: <https://centredoc.cssspnql.com>.

² INAC, <http://fnppn.aandc-aadnc.gc.ca/fnp/main/Definitions.aspx?lang=eng> [accessed 2018-01-03].

Writing

Matthieu Gill-Bougie, Technical Research Assistant,
First Nations of Quebec and Labrador Health and
Social Services Commission

Regional Advisory Committee

André Simpson, Epidemiologist,
Institut national de santé publique du Québec

Françoise Gédéon, Social Services Coordinator,
Foster Families, Gesgapegiag

Marie-Noëlle Caron, Public Health Advisor,
First Nations of Quebec and Labrador Health and
Social Services Commission

Martine Awashish, Coordinator – Suicide Prevention Program,
Services de santé d’Opitciwan

Oumar Ba, Regional Manager,
First Nations and Inuit Health Branch

Serge Rock, Danny Robertson, Regional Youth Coordinator,
Assembly of First Nations Quebec-Labrador

Sony Diabo, elder of Kahnawake

Content review

Isabelle Cornet, Clinical Advisor - Telehealth and Information
Management Systems, First Nations of Quebec and Labrador
Health and Social Services Commission

Marie-Noëlle Caron, Public Health Advisor,
First Nations of Quebec and Labrador Health and
Social Services Commission

Reviewers

Faisca Richer, Aboriginal Health Sector,
Institut national de santé publique du Québec

Mathieu-Olivier Côté, Principal Data Analyst,
First Nations of Quebec and Labrador Health and
Social Services Commission

Nancy Gros-Louis McHugh, Research Sector Manager,
First Nations of Quebec and Labrador Health and
Social Services Commission

Linguistic revision

Chantale Picard, Linguistic Services Coordinator, FNQLHSSC
Vicky Viens

Graphic design and page layout

Patricia Carignan, Graphic Designer

This document is also available in French and
can be downloaded from the FNQLHSSC website:
<https://centredoc.cssspnql.com>.

Photo credits: iStock, Manon Dumas and Thinkstock.

Suggested citation:

First Nations of Quebec and Labrador Health and Social Services
Commission. (2018). *Quebec First Nations Regional Health
Survey – 2015: Sexual behaviours and prevention*. Wendake:
FNQLHSSC.

ISBN: 978-1-77315-190-8

Legal deposit – 2018

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