

2008 HEALTH STATUS REPORT

SEXUAL AND REPRODUCTIVE HEALTH IN WELLINGTON-DUFFERIN-GUELPH



Public Health

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Section 1: Introduction

Wellington-Dufferin-Guelph Public Health is an accredited, non-profit agency, funded by the Ontario Ministry of Health and Long-Term Care as well as Wellington County, Dufferin County and the City of Guelph. Programs and services are directed at improving the health and well-being of the residents of Wellington, Dufferin, and Guelph (WDG). They are administered in accordance with the *1997 Mandatory Health Programs and Services Guidelines*, which will be replaced by the *Ontario Public Health Standards and Protocols* in January 2009.

The agency's Community Health and Disease Prevention Division includes the Youth and Adult Clinical (YAC) Services Program. YAC activities include sexually transmitted infection (STI) clinics; STI and HIV testing; counselling and outreach services; harm reduction; and sexual health promotion and education. Clinics are held at Public Health offices and in the community, as well as in 11 high schools throughout WDG. They are serviced by public health nurses (PHNs), nurse practitioners, and physicians. Services provided at clinics include birth control counselling, pregnancy testing, and provision of emergency contraception. Also included are HIV and STI testing and counselling, and treatment for STIs.

This report summarizes indicators of sexual health and well-being in WDG to give a snapshot of sexual health and safe-sex practices in the community. The report provides information that can be used to assess the state of sexual health in WDG, as well as to assist in YAC program planning and evaluation.

Section 2: Data Sources and Methodology

2.1. Data Sources

Data sources used in this report were the Canadian Community Health Survey (CCHS) cycle 3.1, the Provincial Health Planning Database (PHPDB), and the integrated Public Health Information System (iPHIS). Population estimates were obtained from the Statistics Canada Census data (2006) and from the PHPDB (2004).

2.2. Methodology

2.2.1. iPHIS data

All iPHIS data used in this report were extracted from iPHIS using Cognos ReportNet and were imported into Microsoft Access and Microsoft Excel. Data analysis was carried out using Microsoft Excel and Stata 9.0 (College Station, TX), and charts were constructed in Microsoft Excel. Confidence intervals for disease rates were calculated by the standard method.

2.2.2. CCHS 3.1 data

CCHS estimates were extracted using SPSS 15.0 (Chicago, IL), and confidence intervals for CCHS estimates were computed using the CCHS bootstrapping program (Bootvar) with 500 bootstrap weights in SPSS 15.0. In accordance with CCHS guidelines, estimates based on sample sizes <30 were suppressed and are not included in this report.

2.2.3. PHPDB data

Data were extracted from the PHPDB using queries constructed in BI Query (Hummingbird, Waterloo, ON), and were exported to Microsoft Excel for analysis and charting. As for rates calculated based on iPHIS data, confidence intervals for rates based on these data were computed using the standard method.

2.3. Interpreting Data and Charts in this Report

Percentages reported in the text and in charts that are based on low numbers of cases or respondents to surveys may not reflect true percentages within the population as accurately as those estimates that are based on larger numbers of cases or respondents (e.g., percentages for Ontario).

A useful indication of the degree of accuracy of an estimate or percentage is the confidence interval reported for that estimate. In this report, 95% confidence intervals are reported wherever possible. The 95% confidence interval (CI) is the range within which the true figure (e.g., percentage or rate) for the population (local or provincial) is likely to lie, with a 95% degree of certainty. For example, 57.6% of respondents to the 2005 CCHS in WDG who had more than one sexual partner reported using a condom the last time they had had sex. The 95% CI for this estimate was 49.0% (lower confidence level) to 66.3% (upper confidence level). This means that we can be 95% certain that, for the whole population of WDG (as opposed to the group of people interviewed from the population), the true percentage of people with more than one partner who used a condom was anywhere between 49% and 66.3%. The estimate for Ontario reported for the same survey question was 45.5% (95% CI 43.8%, 47.3%). This estimate has a relatively narrow CI because of the much larger number of survey respondents used to derive the estimate.

A rough indication of whether two estimates (for example percentages reported for two different populations) show a true (or *statistically significant*) difference between two populations or groups is if, and by how much, CIs overlap. Confidence intervals that do not overlap indicate that the two estimates are significantly different. However, overlapping CIs do not necessarily indicate that two estimates are not significantly different: significantly different estimates may have CIs with an overlap of less than 25%.

In this report, the mention of “statistical significance” is sometimes followed by the expression “ $p < 0.05$ ”. This refers to the probability that the difference between two estimates is due only to chance. In other words, if that probability (p) is < 0.05 , there is a less than 5% chance that the difference between the estimates is only due to chance and a more than 95% chance that the difference is a true and actual difference. When the probability (p) is > 0.05 (5%), the difference is said to be statistically significant.

Section 3: Sexual Health and Behaviours

At a glance:

- Among respondents to the 2005 CCHS, approximately 1 in 10 sexually active people in WDG had had more than one sexual partner in the previous 12 months. In WDG, and in Ontario as a whole, more males than females reported more than one sexual partner.
- Over 60% of sexually active teens 15 to 18 years old reported coitarche (first sexual intercourse) before 17 years of age.
- Among sexually active people interviewed in 2005, 3.8% said that they had been diagnosed with an STI at some time in their lives.
- In 2007, the highest rates of reported chlamydia and gonorrhoea infections were in 20- to 24-year-olds.

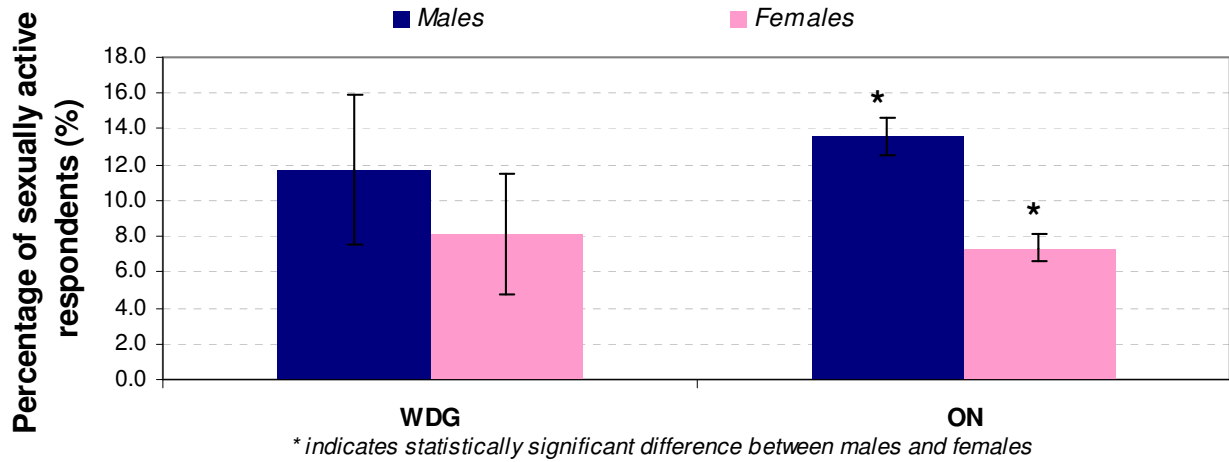
3.1. Sexual Activity and Behaviours

3.1.1. Multiple sexual partners

Having multiple sexual partners is a known risk factor for STIs (Santelli et al., 1998; Chen et al., 2008). In all age groups, an increased number of sexual partners usually results in a higher risk of exposure to STIs, and therefore a higher risk of infection. This is especially the case when safe sex is not practised.

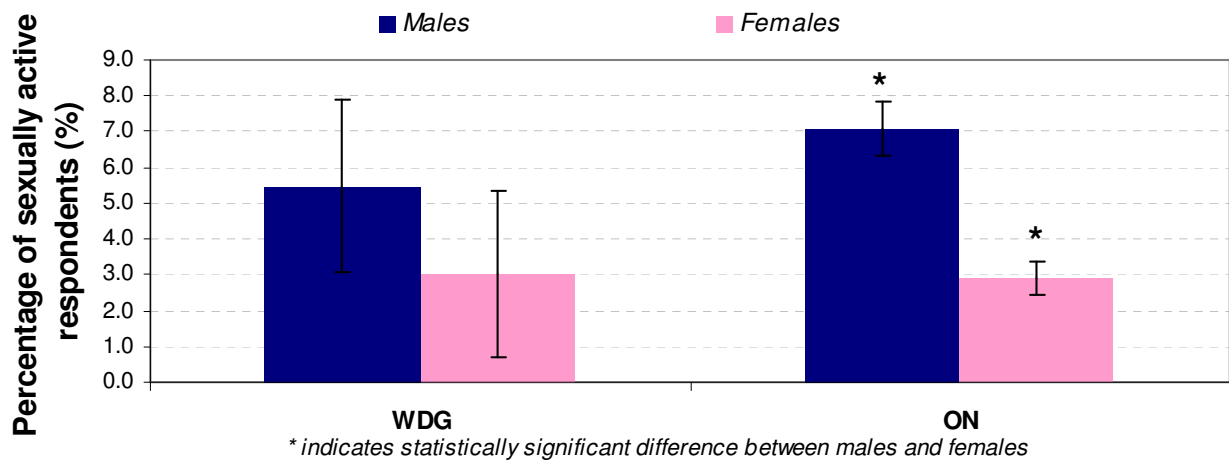
- In the 2005 CCHS survey, 11.1% of sexually active males and 8.1% of sexually active females in WDG reported that they had had more than one sexual partner in the past 12 months (Fig 1). This difference between males and females was not statistically significant. In Ontario as a whole, as in WDG, a larger percentage of males than females reported they had had more than one sexual partner, and this difference between males and females was statistically significant ($p < 0.05$). Low numbers of respondents in WDG may have resulted in a lack of statistical significance.
- More sexually active males (5.5%) than females (3.0%) reported having more than two sexual partners in the past 12 months (Fig 2). This difference was also seen in Ontario as a whole, and was statistically significant for the province.
- 57.6% (95% CI 49.0%, 66.3%) of people who had had more than one sexual partner reported they had used a condom the last time they had sex.

Figure 1: Percentage of male and female sexually active respondents reporting more than 1 partner in past 12 months: WDG and Ontario, 2005



Source: Canadian Community Health Survey 2005 (Cycle 3.1), Statistics Canada; extracted June 2008

Figure 2: Percentage of male and female sexually active respondents reporting more than 2 partners in past 12 months: WDG and Ontario, 2005



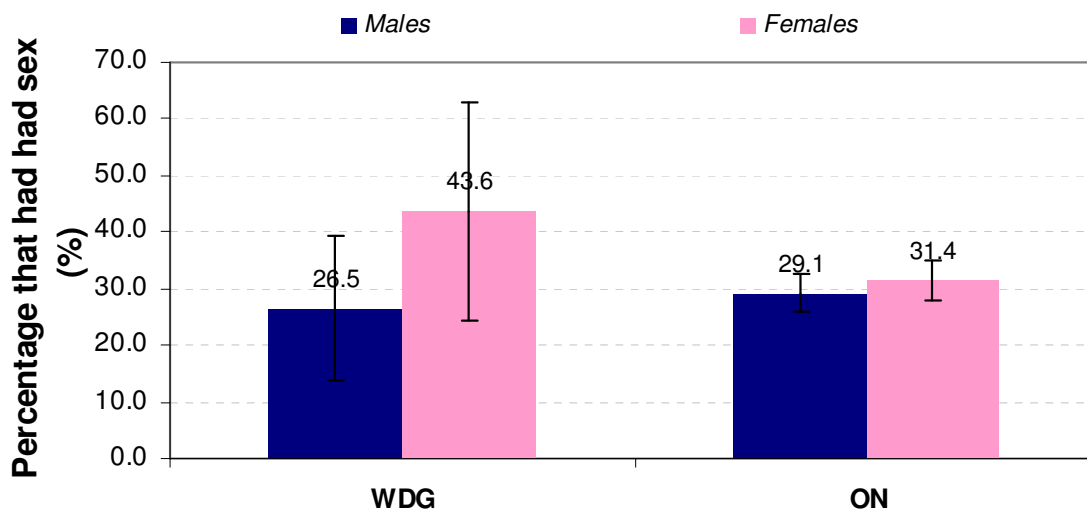
Source: Canadian Community Health Survey 2005 (Cycle 3.1), Statistics Canada; extracted June 2008

3.1.2. Sexual activity in teens

Early initiation of sexual activity is thought to be associated with several behavioural risk factors and adverse effects on sexual health (Coker et al., 1994; Sandfort et al., 2008).

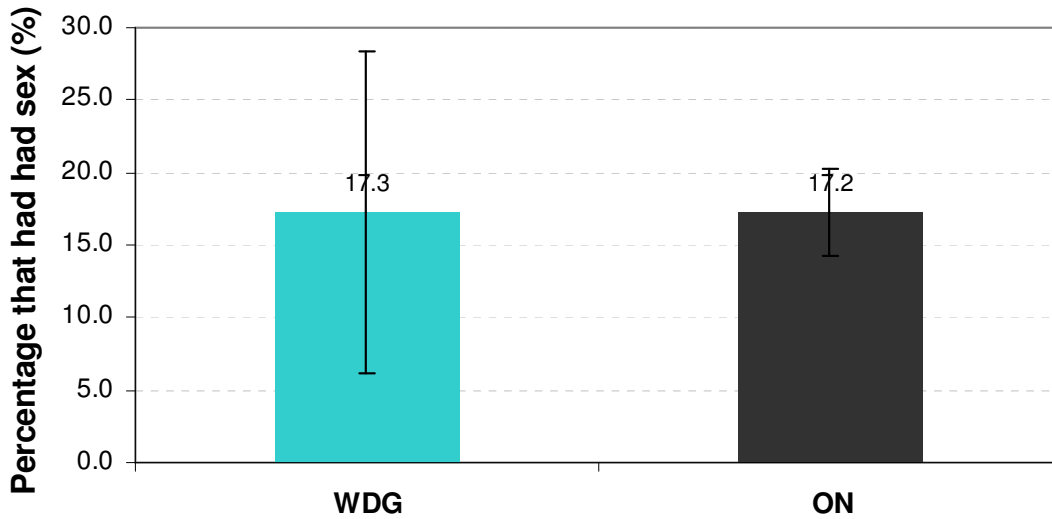
- In WDG, 26.5% (95% CI 13.6%, 39.4%) of males 15 to 18 years old surveyed had already had sexual intercourse (Fig 3). Of females 15 to 18 years old interviewed in this survey, 43.6% (95% CI 24.3%, 62.8%) reported they had already had sex. Overall, 34.0% (95% CI 22.3%, 45.7%) of teenagers 15 to 18 years old reported they had had sex. This was slightly higher (but not significantly different) from the provincial percentage (30.2%; 95% CI 27.8%, 32.6%).
- In WDG, 17.3% (95% CI 6.2%, 28.4%) of teens 15 to 16 years old surveyed had had sex (Fig 4). This was similar to the provincial percentage (17.2%; 95% CI 14.2%, 20.2%).
- Of teens 15 to 18 years old in WDG interviewed in the 2005 CCHS who reported they had already had sex, 64.3% (95% CI 49.1%, 79.5%) said they had first experienced sexual intercourse before age 17.
- In WDG, 5.8% (95% CI 0.1%, 15.6%) of teens 15 to 18 years old who had experienced sex reported they first had sexual intercourse at age 12, and 3.6% (95% CI 0.1%, 10.6%) said that they had become sexually active at age 13. Most teens had become sexually active at 15 to 17 years of age (Fig 5).
- Most sexually active teens (67.1%; 95% CI 51.8%, 82.4%) 15 to 18 years old interviewed in WDG reported they had had one sexual partner in the past 12 months. However, 18.6% (95% CI 3.4%, 33.7%) of teens had had two partners, and 9.7% (95% CI 0.1%, 20.2%) reported four or more sexual partners (Fig 6).

Figure 3: Percentage of males and females 15 to 18 years old that reported having had sex, WDG and Ontario, 2005



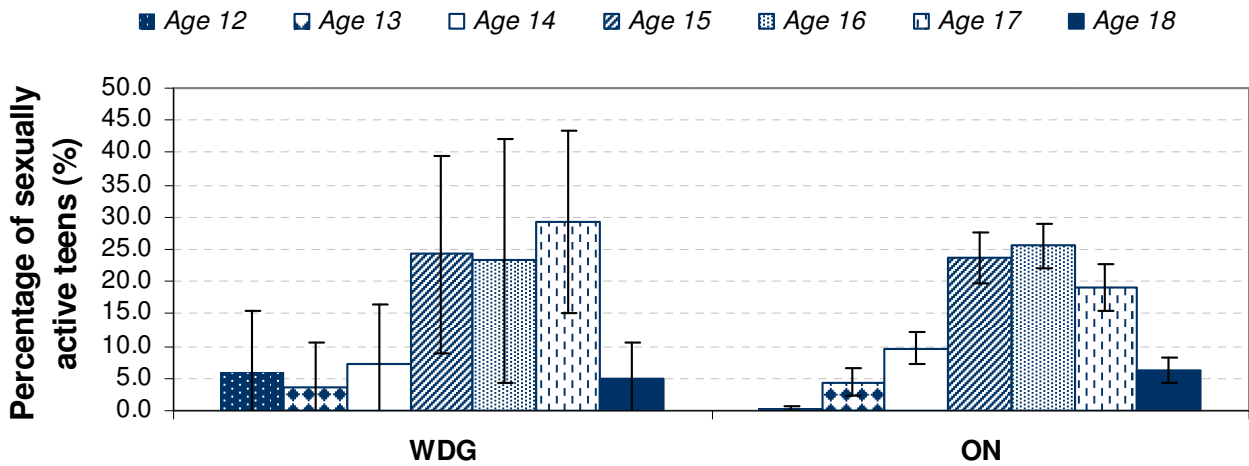
Source: Canadian Community Health Survey 2005 (Cycle 3.1), Statistics Canada; extracted June 2008

Figure 4: Percentage of teenagers 15 to 16 years old that reported having had sex, WDG and Ontario, 2005



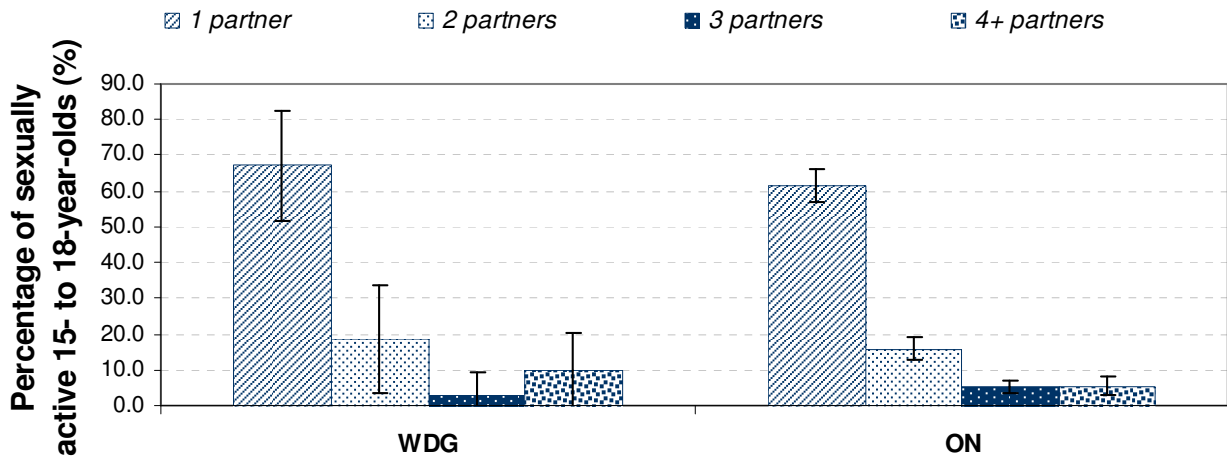
Source: *Canadian Community Health Survey 2005 (Cycle 3.1)*, Statistics Canada; extracted June 2008

Figure 5: Age of first intercourse reported by teenagers 15 to 18 years old: WDG and Ontario, 2005



Source: *Canadian Community Health Survey 2005 (Cycle 3.1)*, Statistics Canada; extracted June 2008

Figure 6: Number of partners in past 12 months reported by sexually active teens 15 to 18 years old: WDG and Ontario, 2005



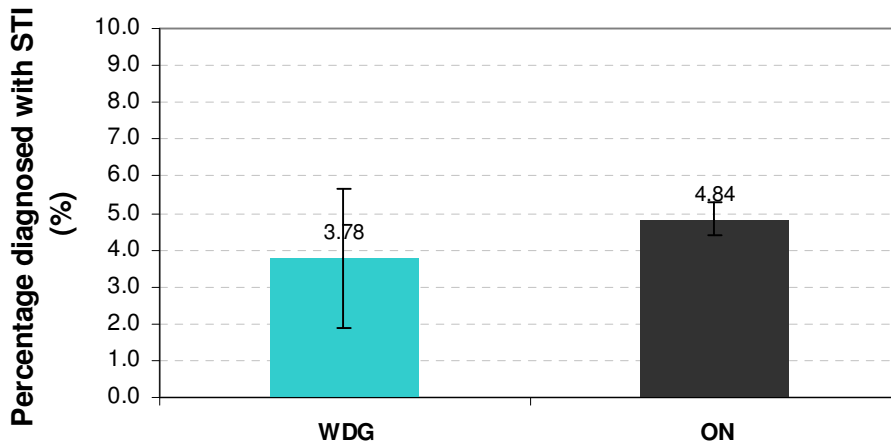
Source: Canadian Community Health Survey 2005 (Cycle 3.1), Statistics Canada; extracted June 2008

3.2. Sexually Transmitted Infections

The number of confirmed cases of STIs reported to Public Health has been steadily increasing over recent years. The spread of these infections can usually be prevented by safe sexual practices.

- In the 2005 CCHS, 3.8% (95% CI 1.9%, 5.6%) of sexually active respondents in WDG reported that they had been diagnosed with an STI at some time in their lives. At the provincial level, 4.8% (95% CI 4.4%, 5.3%) of sexually active respondents had been diagnosed with an STI (Fig 7).
- No sexually active teens 15 to 18 years old in WDG reported that they had been diagnosed with an STI. At the provincial level, 1.9% (95% CI 0.7%, 3.0%) of sexually active 15-to-18-year-olds surveyed had had an STI.

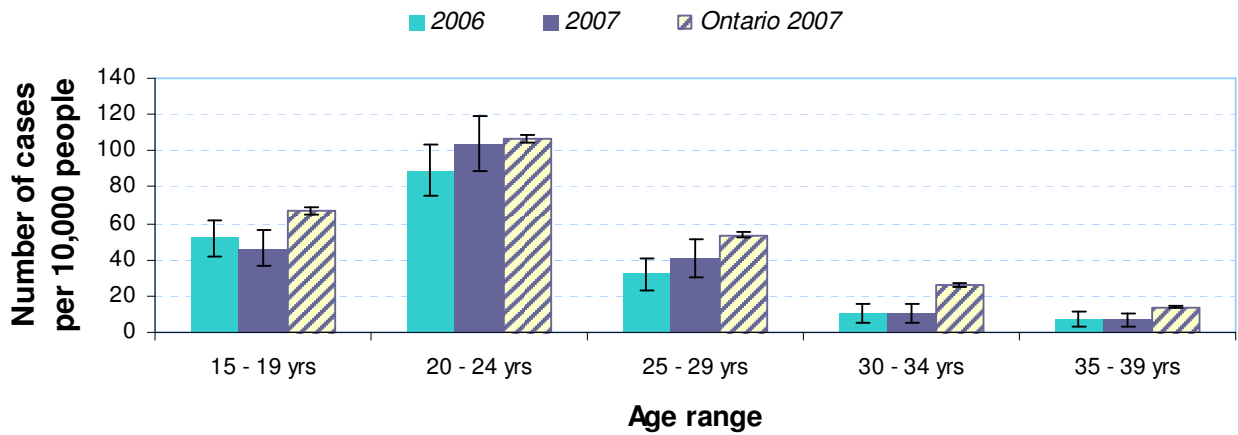
Figure 7: Percentage of sexually active respondents that had been diagnosed with an STI: WDG and Ontario, 2005



Source: Integrated Public Health Information System, Ontario Ministry of Health and Long-Term Care; extracted May 2008

Overall, there has been a general increase in the number of confirmed cases of STIs reported to Public Health each year. In WDG, as in Ontario as a whole, the highest rates of reported cases of chlamydia and gonorrhoea occur in young adults aged 20 to 24 years (Fig 8). Teenagers aged 15 to 19, and adults aged 25 to 29, are also affected by these diseases; however, rates of confirmed disease in these age groups are consistently lower than in 20- to 24-year-olds.

Figure 8: Rates of reported cases of chlamydia infection: WDG and Ontario, 2006 to 2007



Source: Integrated Public Health Information System, Ontario Ministry of Health and Long-Term Care; extracted May 2008

Section 4: Reproductive Health and Fertility

At a glance:

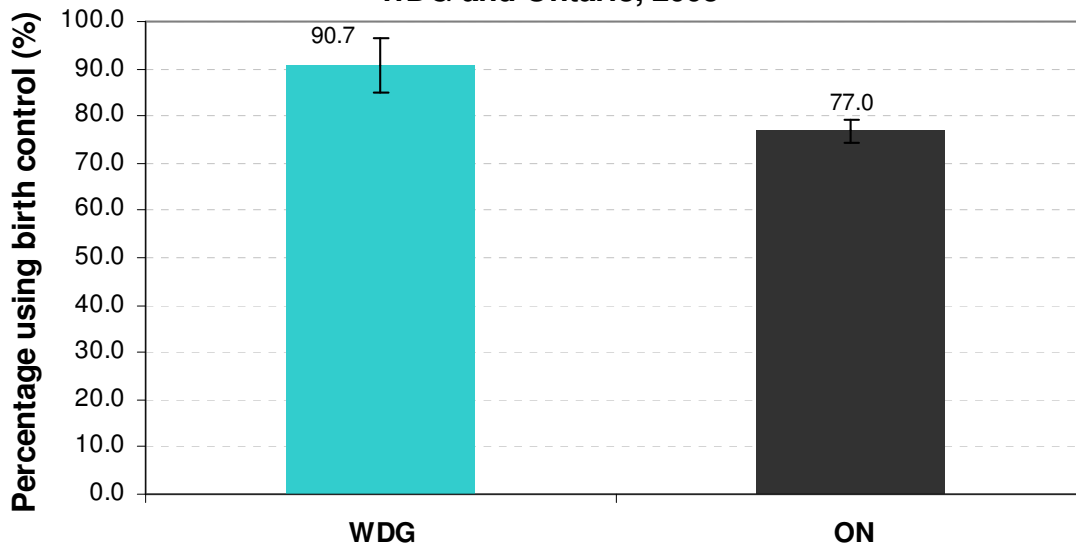
- In 2005, the majority of sexually active people 15 to 24 years old surveyed in WDG said they used some form of birth control.
- From 1994 to 2004, there was a slight increase in the average age of mothers giving birth to babies in WDG.
- In each year from 2001 to 2004, rates of teen pregnancies in WDG were consistently lower than teen pregnancy rates in Ontario.
- From 1994 to 2004, there was an overall decrease in the rate of live-births to mothers in WDG.
- In WDG, there was a decline in teen births from 16.5 live births per 1000 women aged 15 to 19 years in 1994, to 9.9 live births per 1000 in 2004.
- In WDG, rates of induced abortions that required a visit to a hospital were highest in women aged 15 to 19 years.
- From 2001 to 2004, there was a steady decline in rates of induced abortion in WDG teens.

4.1. Birth Control and Fertility

The use of birth control by sexually active couples facilitates family planning and reduces the risk of unintended pregnancies. This, in turn, can lead to lower rates of induced abortions in the community, and improved health and well-being for mothers and their babies. Public Health provides birth control counselling and distributes contraceptives at sexual health clinics held at four of our offices, in the community, and in local high schools.

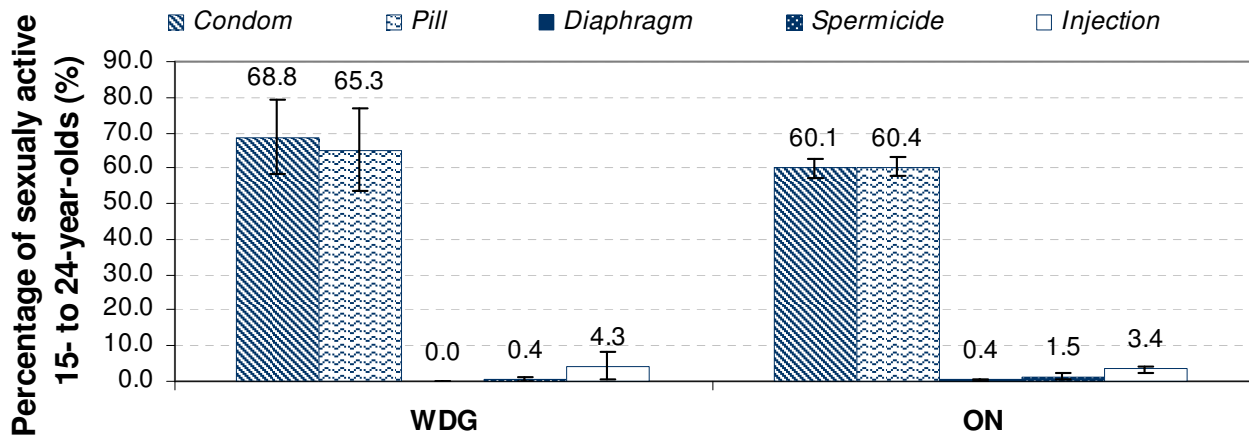
- In 2005, 90.7% (95% CI 85.0%, 96.3%) of sexually active respondents aged 15 to 24 years old surveyed in WDG, said they had used some form of birth control during the last 12 months (Fig 9). This was a higher percentage of respondents in this age group than those reporting use of birth control in Ontario overall (77.0%; 95% CI 74.5.0%, 79.4%).
- In WDG as well as in Ontario overall, condoms and the birth control pill were the most popular choice of birth control methods among those 15- to 24-year-olds who practised birth control (Fig 10).
- Other means of birth control (diaphragm, spermicide or injectable contraceptives) were used by less than 5% of sexually active 15- to 24-year-olds.

**Figure 9: Percentage of sexually active people aged 15 to 24 years who used birth control during last 12 months:
WDG and Ontario, 2005**



Source: Canadian Community Health Survey 2005 (Cycle 3.1), Statistics Canada; extracted June 2008

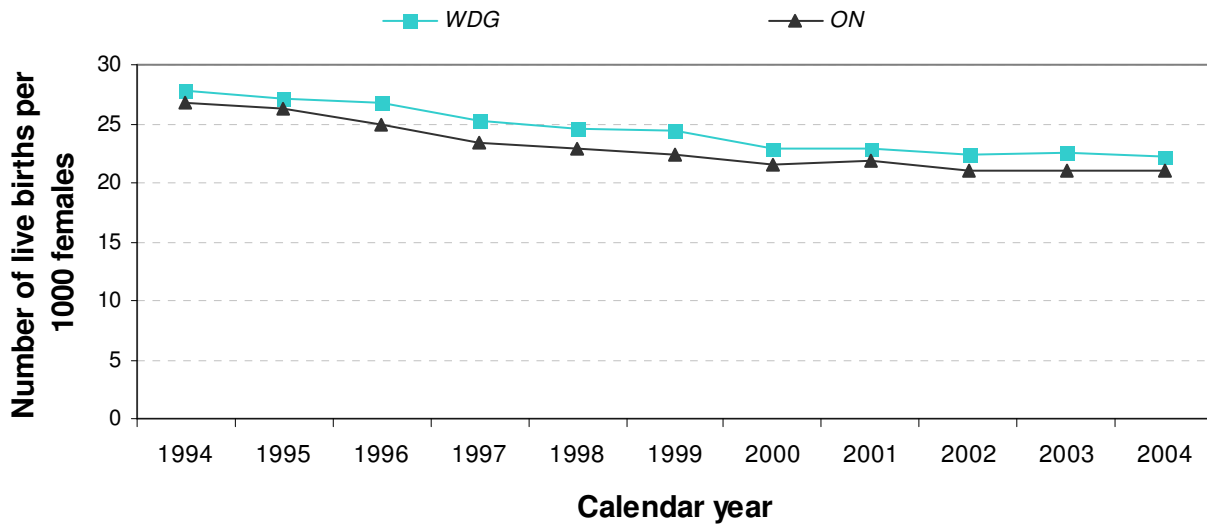
**Figure 10: Birth control methods used by sexually active people aged 15 to 24 years practising birth control:
WDG and Ontario, 2005**



Source: Canadian Community Health Survey 2005 (Cycle 3.1), Statistics Canada; extracted June 2008

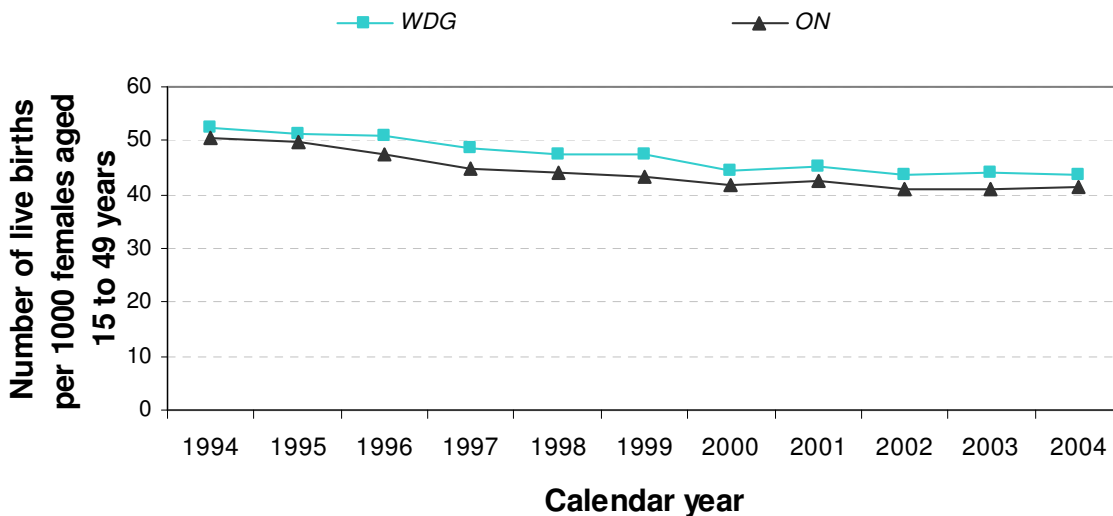
- In WDG, there was an overall decrease in the rate of live births between the years of 1994 to 2004. This was the case for the female population in general, as well as for women aged 15-49 years (Figs 11 and 12), and reflected the trend of decreasing rates of live births across the province of Ontario.

Figure 11: Live birth rates in WDG and Ontario, 1994 to 2004



Source: Ontario Live Birth Data, Provincial Health Planning Database, Ontario Ministry of Health and Long-Term Care; extracted July 2008

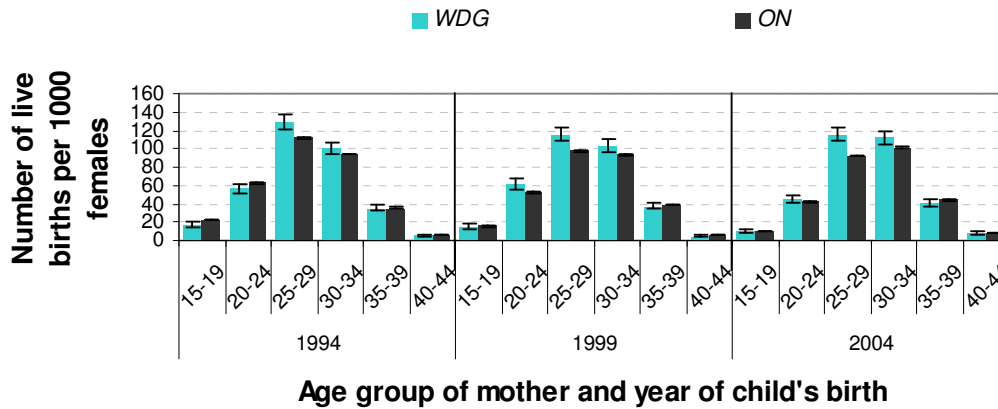
Figure 12: Live birth rates to women aged 15 to 49 years in WDG and Ontario, 1994 to 2004



Source: Ontario Live Birth Data, Provincial Health Planning Database, Ontario Ministry of Health and Long-Term Care; extracted July 2008

- Rates of live births to women 25 to 29 years old in WDG have been falling slightly in comparison with live births to those aged 30 to 34 years old (Fig 13). This reflects the provincial trend of an increasing average age of childbearing by women.
- Rates of live births to teenaged girls 15 to 19 years old were lower in 2004 than in 1999 or 1994. This may reflect a generally decreasing trend in live births to women in this age group.

Figure 13: Rates of live births to residents of WDG by age group of mother: 1994, 1999 and 2004



Source: Ontario Live Birth Data, Provincial Health Planning Database, Ontario Ministry of Health and Long-Term Care; extracted July 2008

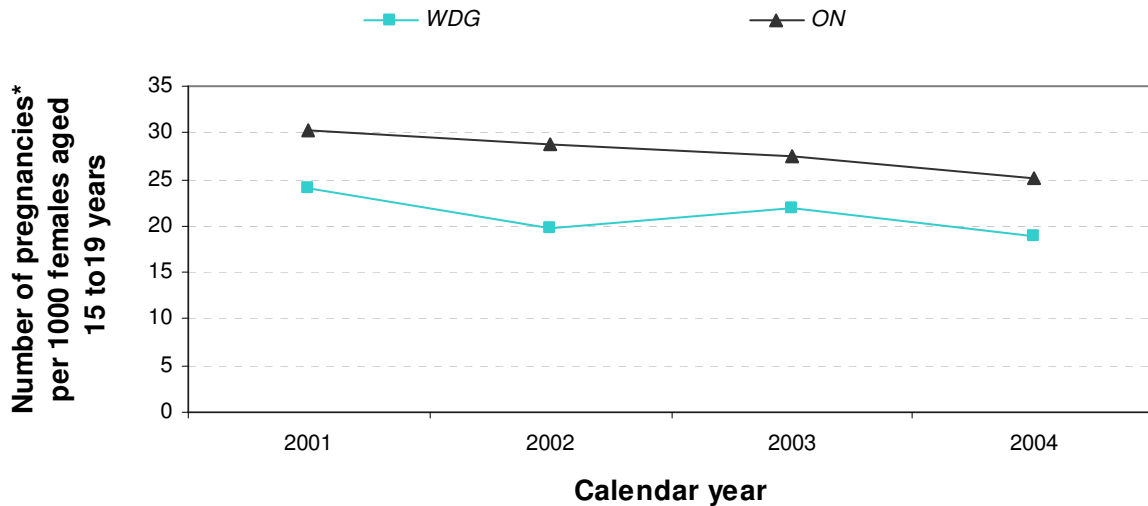
4.1.1. Pregnancy, live births and birth control in teens

Teen pregnancy refers to pregnancy in women and girls aged 19 years and under. Estimates of teen pregnancy rates are derived by adding together the reported numbers of live births, still births, and induced abortions. Teen pregnancies are generally assumed to be unintended; therefore, a reduction in teen pregnancy rates is seen as an indicator that teenage women are exercising greater control over their reproductive health.

Note: In the estimation of total pregnancy rates, induced abortion rates are based on records of induced abortions performed in hospitals and registered clinics, which must be reported to the province. This usually represents only a proportion of the total number of induced abortions that have occurred: medically induced abortions that did not require hospitalization, and out-of province abortions, are not captured here. Stillbirths reported refer to babies born dead at 20 weeks or more gestation. The number of stillbirths may be under-reported; in addition, pregnancies that end by miscarriage (that is, at less than 20 weeks gestation) usually do not require hospitalization and therefore are not captured in this report.

- From 2001 to 2004, teen pregnancy rates in WDG showed an overall decline from 24.1 to 19.0 recorded pregnancies per 1000 females 15 to 19 years old (Fig 14).
- During the same time period, teen pregnancy rates in Ontario consistently declined from 30.2 to 25.0 pregnancies per 1000 females 15 to 19 years old.
- In each of these four years (2001 to 2004), the rate of teen pregnancy in WDG was lower than the corresponding provincial rate.

Figure 14: Total pregnancies in female teens 15 to 19 years old in WDG and Ontario, 2001 to 2004

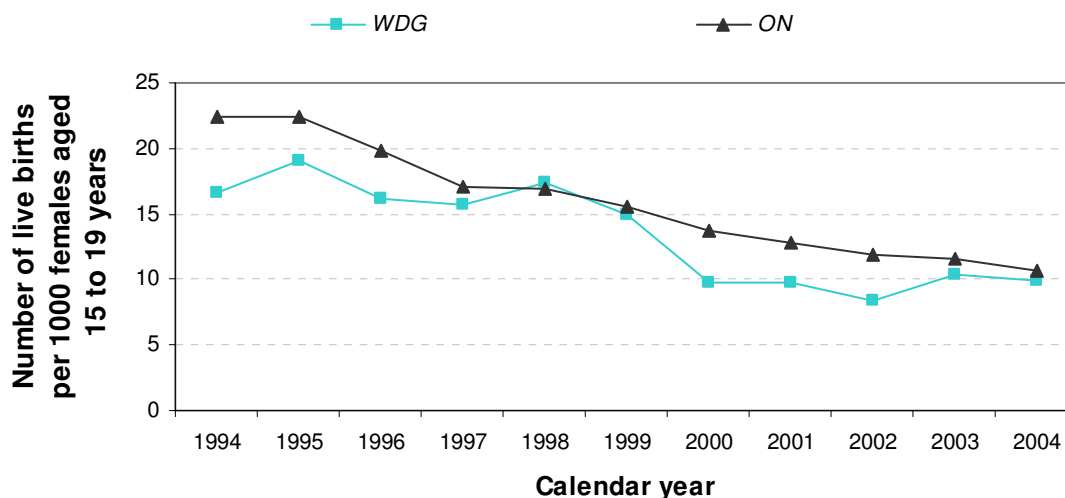


Source: Ontario Live Birth, Stillbirth and Abortion Data, Provincial Health Planning Database, Ontario Ministry of Health and Long-Term Care; extracted July 2008

*Note: Pregnancy rates are only estimates and do not include miscarriages, medically-induced abortions not requiring hospitalization, and out-of province abortions.

- The rate of live births to teenaged mothers 15 to 19 years old in WDG was lower than the provincial average in most years from 1994 to 2004 (Fig 15).
- In WDG, from 1994 to 2004, there was an overall decrease in the rate of live births to teen mothers aged 15 to 19. A similar trend was seen in teen births across the province of Ontario. In 1994, there were 16.5 live births per 1000 females in this age group in WDG; however, in 2004, there were only 9.9 live births per 1000 females aged 15-19 years.
- In 2004, 22.7% of fathers of the 88 babies born to mothers 15 to 19 years old in WDG were teenagers. The age range of these fathers was 17 to 19 years. Of all fathers of babies born to teen mothers, 45.5% were over 19 years old, while the ages of 31.8% were unknown.

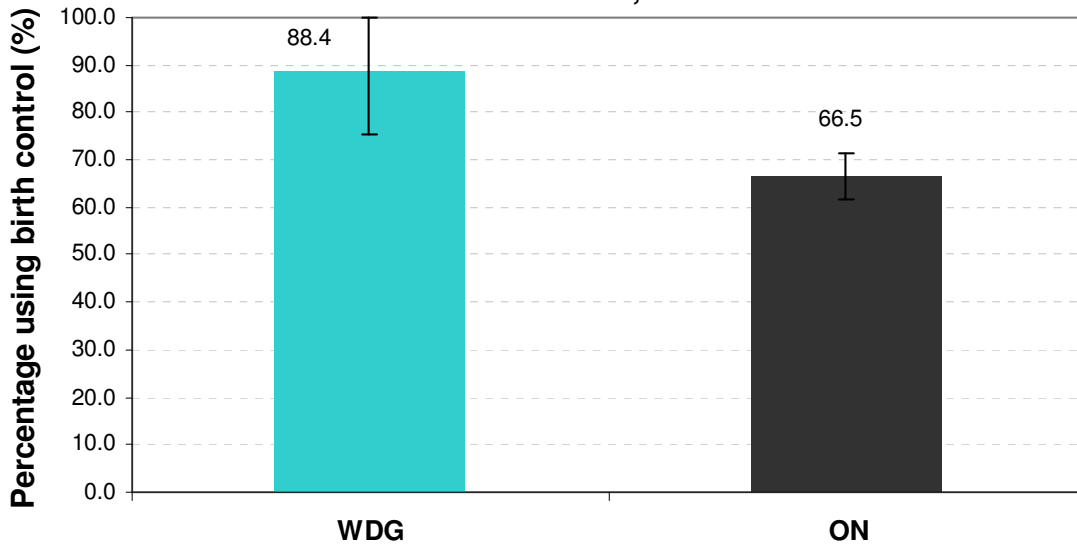
Figure 15: Live birth rates to female teens 15 to 19 years old in WDG and Ontario, 1994 to 2004



Source: Ontario Live Birth Data, Provincial Health Planning Database, Ontario Ministry of Health and Long-Term Care; extracted July 2008

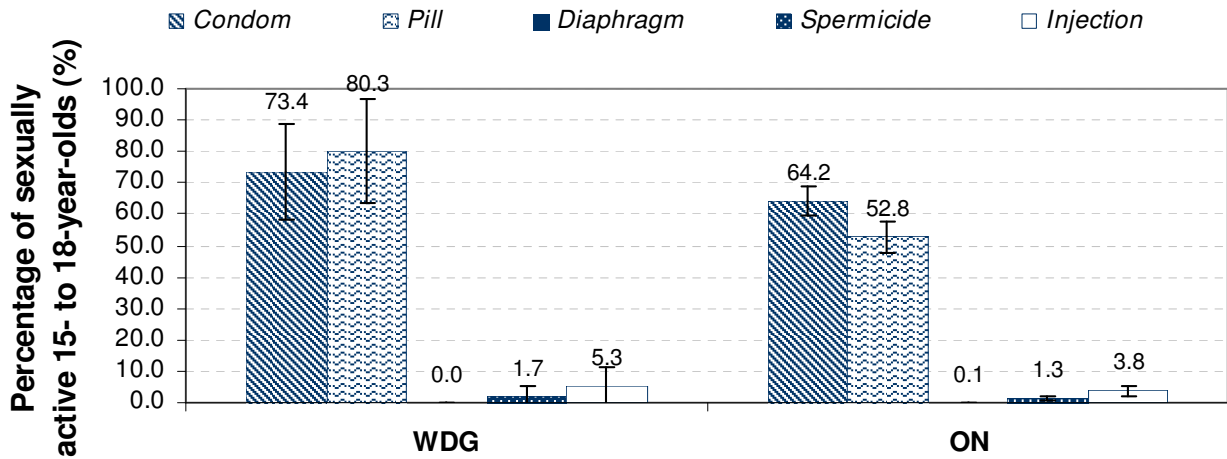
- In 2005, 88.4% (95% CI 75.3%, 100.0%) of sexually active teens aged 15 to 18 years old in WDG reported that they had used some form of birth control during the last 12 months (Fig 16). This was a higher percentage of respondents in this age group than those reporting use of birth control in Ontario overall (66.5%; 95% CI 61.7%, 71.3%).
- As in the case of 15- to 24-year-olds, the most popular choice of birth control methods for 15- to 18-year-olds who used birth control were condoms and the birth control pill (Fig 17).
- Other means of birth control (diaphragm, spermicide or injectable contraceptives) were used by less than 5% of sexually active teens practising birth control.

Figure 16: Percentage of sexually active teens 15 to 18 years old who used birth control during last 12 months: WDG and Ontario, 2005



Source: Canadian Community Health Survey 2005 (Cycle 3.1), Statistics Canada; extracted June 2008

Figure 17: Birth control methods used by sexually active teens 15 to 18 years old: WDG and Ontario, 2005



Source: Canadian Community Health Survey 2005 (Cycle 3.1), Statistics Canada; Extracted June 2008

4.2. Outcomes of Pregnancy: Stillbirths and Induced Abortions

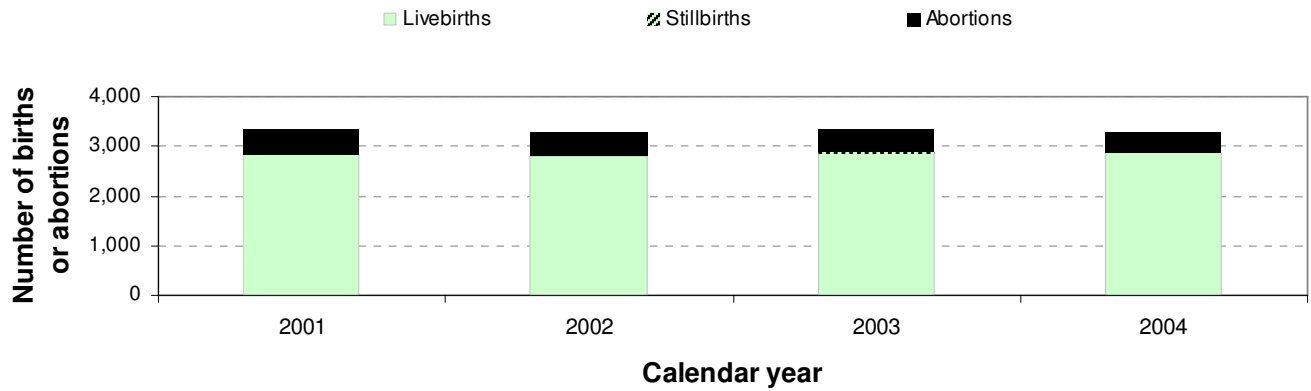
In most cases, induced abortion (termination of a pregnancy by medical or surgical means) is the result of an unplanned and unwanted pregnancy (Larsson et al., 2002). The rate of induced abortion is therefore a useful indicator of the effectiveness of family planning in a community. Public Health offers birth control counselling and provides contraceptives at several clinics in WDG. Pregnancy testing and options counselling are also provided at these clinics.

Stillbirth (the birth of a baby that has died from natural causes before birth) can be used as an inverse indicator of healthy pregnancies in the community. The Child and Family Health Division at WDG Public Health provides services aimed at promoting healthy pregnancies in WDG.

Note: In this section of the report, induced abortion rates and percentages are based on records of induced abortions performed in hospitals and registered clinics, which must be reported to the province. This usually represents only a proportion of the total number of induced abortions that have occurred: medically induced abortions that did not require hospitalization, and out-of province abortions, are not captured here. Stillbirths reported refer to babies born dead at 20 weeks or more gestation. The number of stillbirths may be under-reported; in addition, pregnancies that end by miscarriage (that is, at less than 20 weeks gestation) usually do not require hospitalization and therefore are not captured in this report.

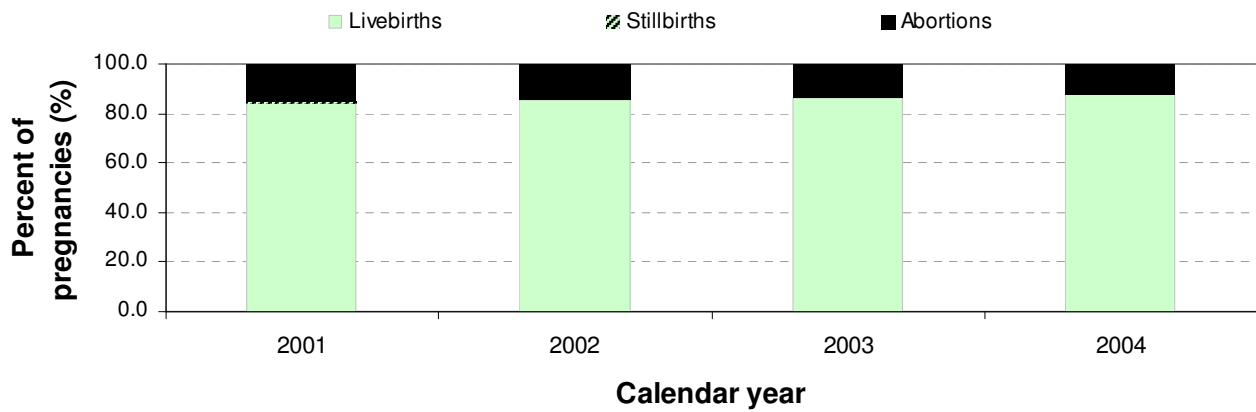
- From 2001 to 2004, the number of pregnancies in WDG that ended in induced abortion fell steadily each year, from 518 in 2001 to 401 in 2004 (Fig 18).
- The percentage of recorded pregnancies terminated by induced abortions performed in a hospital also decreased in each year from 2001 to 2004. In 2001, 15.4% of recorded pregnancies were terminated in this way; in 2004, 12.2% of recorded pregnancies were terminated in this way (Fig 19).
- In 2004, 12.2% of all recorded pregnancies in WDG ended in induced abortion. Live births resulted from 87.3% of pregnancies, while 0.5% produced stillborn babies.
- In Ontario, rates of induced abortion increased from 2001 to 2002, followed by a decrease from 2002 to 2004. However, rates in WDG showed a small but consistent yearly decrease from 2001 to 2004 (Figs 19, 20).

Figure 18: Pregnancy outcomes in WDG (all ages of mothers): 2001 to 2004



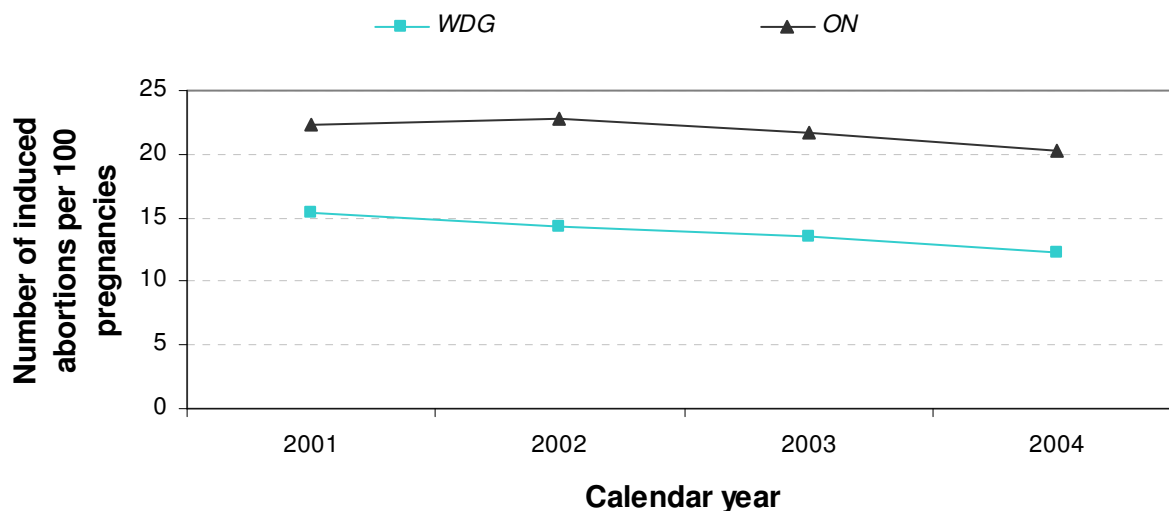
Source: Ontario Live Birth, Stillbirth and Abortion Data, Provincial Health Planning Database, Ontario Ministry of Health and Long-Term Care; extracted July 2008

Figure 19: Outcomes of pregnancy in WDG by percent of pregnancies (all ages of mothers):



Source: Ontario Live Birth, Stillbirth and Abortion Data, Provincial Health Planning Database, Ontario Ministry of Health and Long-Term Care; extracted July 2008

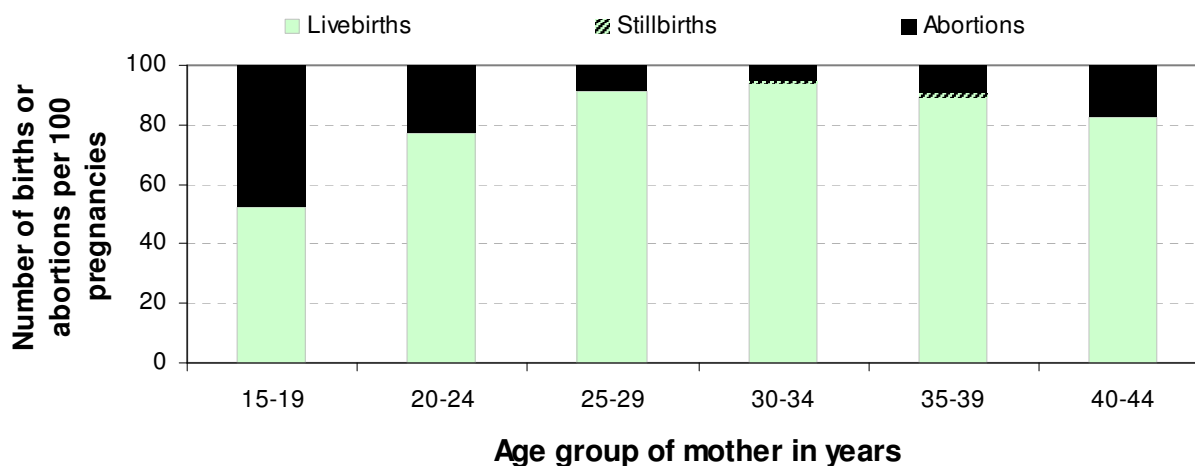
Figure 20: Rates of induced abortion in WDG and Ontario (all ages of mothers, percent of pregnancies): 1995 to 2004



Source: Ontario Abortion Data, Provincial Health Planning Database, Ontario Ministry of Health and Long-Term Care; extracted July 2008

- In 2004, recorded pregnancies in 15- to 19-year-olds were more likely to end in induced abortions (47.9% of pregnancies) than pregnancies in women of other age groups up to 44 years old. Among pregnancies in women aged 20 to 44 years, induced abortion was most likely in pregnant 20- to 24-year-olds (23.1% of pregnancies) and 40 to 44-year-olds (17.1%), compared to other age groups (Fig 21).

Figure 21: Outcomes of Pregnancy in WDG (percent of pregnancies)

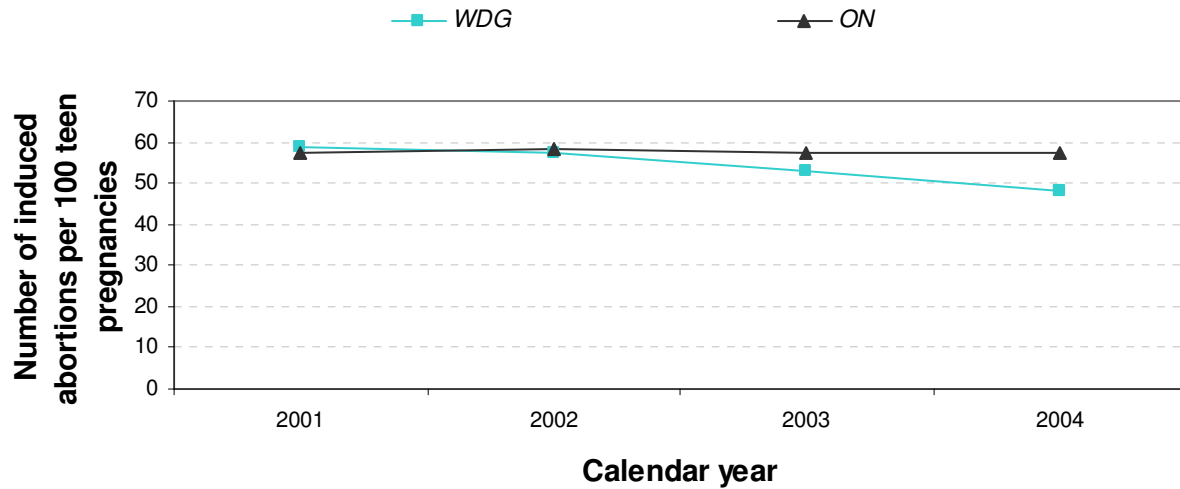


Source: Ontario Live Birth, Stillbirth and Abortion Data, Provincial Health Planning Database, Ontario Ministry of Health and Long-Term Care; extracted July 2008

4.2.1. Induced abortion in teens

- Within the 15- to 19-year-old age group, rates of induced abortion in Ontario involving hospital visits remained approximately steady from 2001 to 2004. In contrast, there was a yearly decrease in rates of abortion among teens in WDG over this time period (Fig 22).

Figure 22: Rates of induced abortion in WDG and Ontario teens 15-19 years old: 1995 to 2004

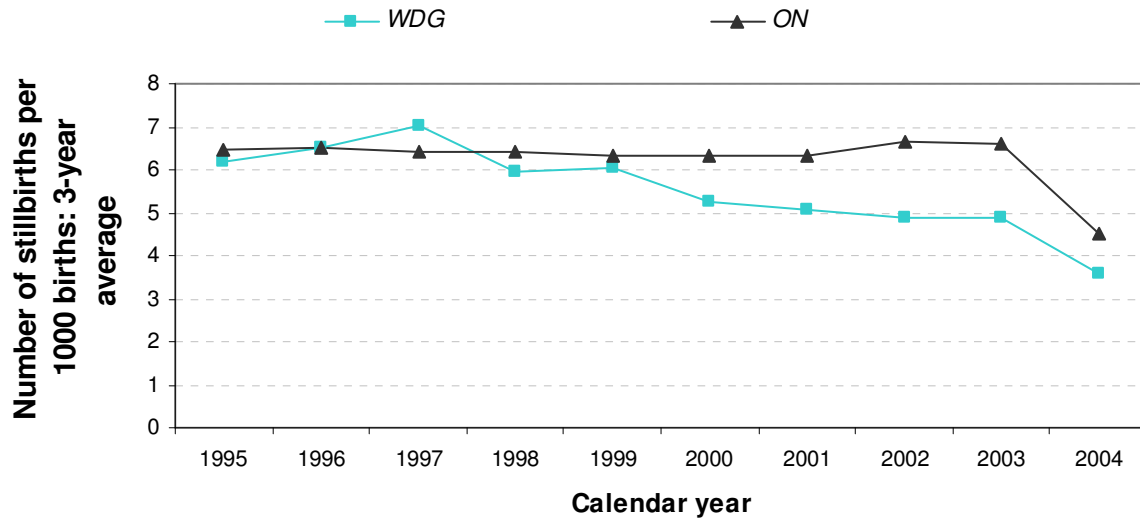


Source: Ontario Abortion Data, Provincial Health Planning Database, Ontario Ministry of Health and Long-Term Care; extracted July 2008

4.2.2. Stillbirths

- Stillbirth rates fluctuated in WDG from 1995 to 2000. However, after 2000, there was a steady decline in the rate of stillbirths from 5.3 per 1000 births in 2000, to 3.6 per 1000 births in 2004 (Fig 23).
- From 1998 to 2004, stillbirth rates in WDG were consistently lower than the yearly provincial average.

Figure 23: Stillbirth rates in WDG and Ontario: 3-year moving average, 1995 to 2004



Source: Ontario Stillbirth Data, Provincial Health Planning Database, Ontario Ministry of Health and Long-Term Care; extracted July 2008

Section 5: Public Health Clinic Activities and Services

5.1: Pregnancy Testing

Public Health provides pregnancy testing services at clinics based at our offices, as well as in several local high schools. In 2007 and 2008, there was no significant difference between the numbers of tests done by Public Health at our office-based clinics and in schools. In 2007, 46.8% of all pregnancy tests were done in schools, while in 2008, 49.0% were done in schools (Fig 24).

With the exception of decreased testing during school holidays, there was no obvious seasonal pattern in high school pregnancy testing in 2007 or 2008 (Fig 25).

Figure 24: Pregnancy testing at WDG Public Health office clinics and high schools: 2007 and 2008

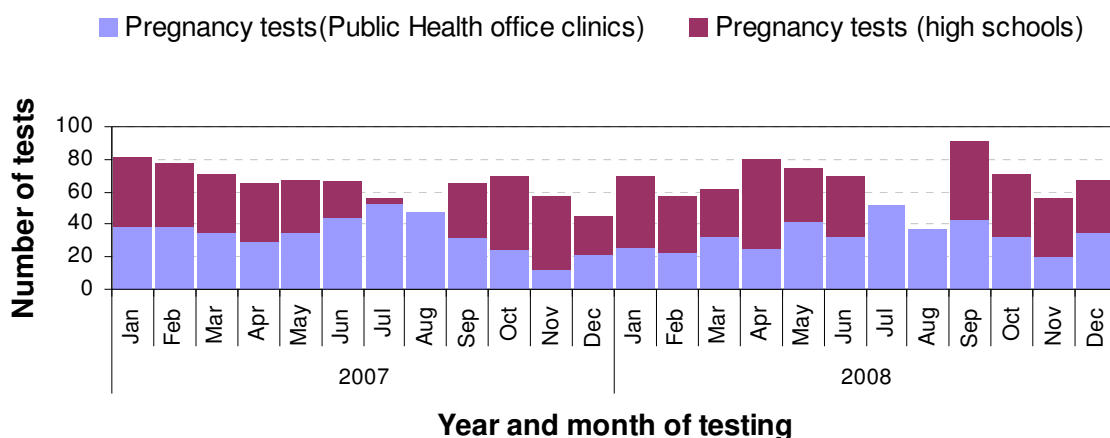
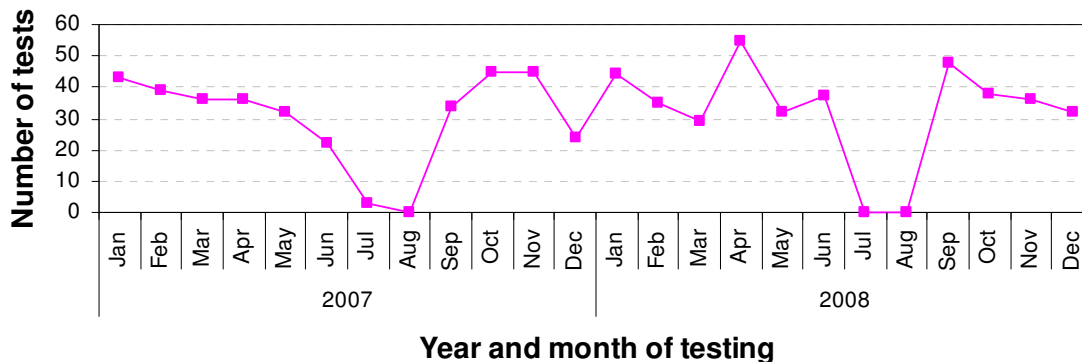


Figure 25: Pregnancy testing in high schools: WDG Public Health, 2007 and 2008



5.2: Emergency Contraception (Plan B®)

Public Health dispenses emergency contraception pills (ECP, Plan B® or the “morning-after pill”) free of charge, and in conjunction with education and counselling, to clients at Public Health office and high school clinics. In 2007, 37.9% of all ECP dispensed was to clients at consultations in high school clinics, while in 2008, 43.3% was to clients at school clinics. Figure 26 shows requests for ECP that were filled at office- and school-based clinics within the region. In 2007 and 2008, the number of requests for ECP at Public Health office clinics was generally higher in the summer months than at other times of year (Fig 27, 28). This could possibly be explained by the closure of school clinics in the summer and a resulting increase in the use of office clinics by school-aged clients.

Figure 26: ECP requests filled by WDG Public Health: 2007 and 2008

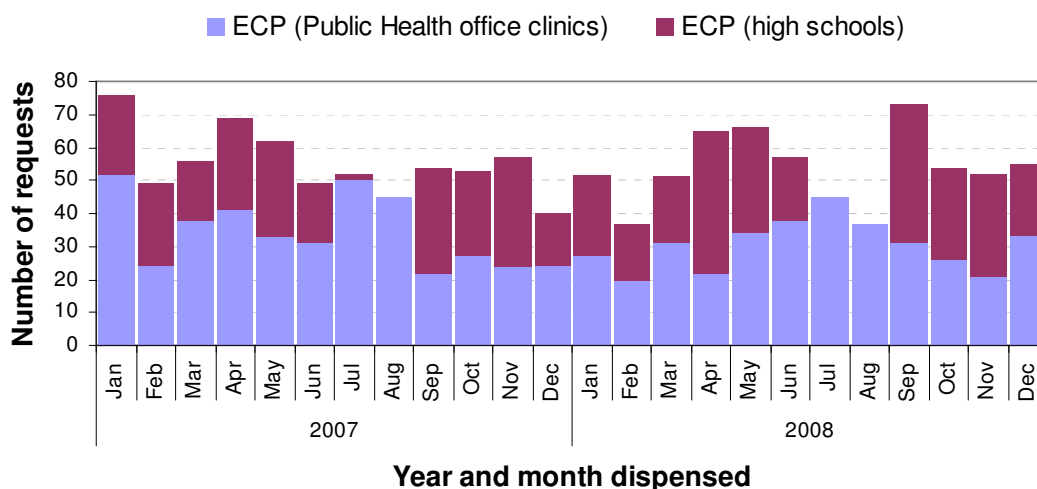
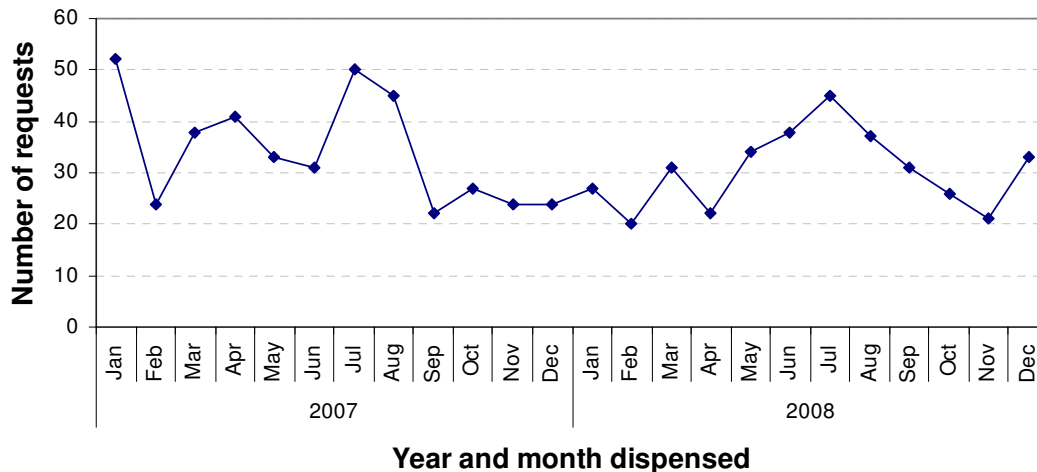
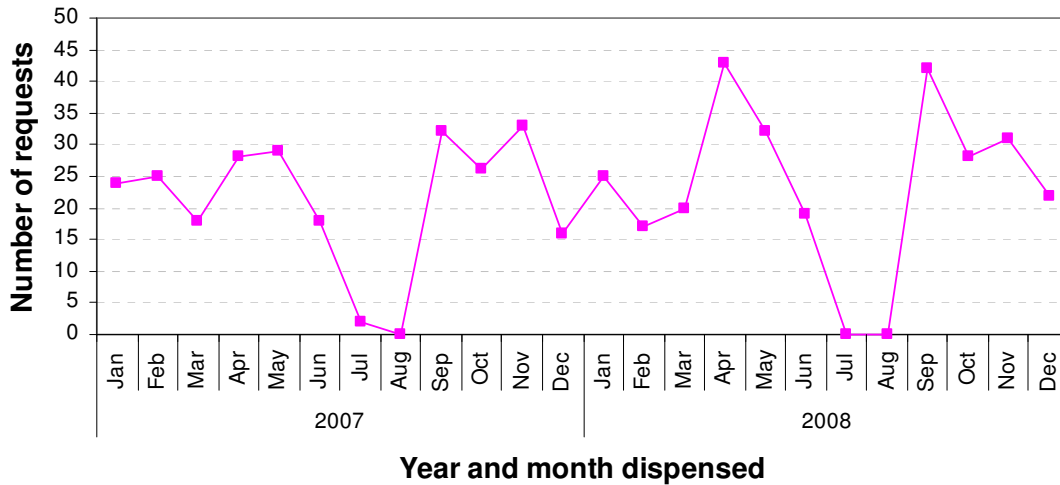


Figure 27: ECP requests filled at WDG Public Health office clinics: 2007 and 2008



**Figure 28: ECP requests filled at high schools: WDG
Public Health, 2007 and 2008**



5.3. HIV Testing

Public Health offers anonymous HIV testing services at clinics in Public Health offices, as well as in several local high schools. Since April 2008, a rapid, on-site (point-of-care) test has been offered in addition to standard laboratory-based testing (Fig. 29). Most HIV testing is done in Public Health office clinics: in 2007 and 2008, only 5.8% and 3.1% of standard tests were performed in high schools, respectively (Fig 30).

**Figure 29: HIV testing, WDG Public Health:
2007 and 2008**

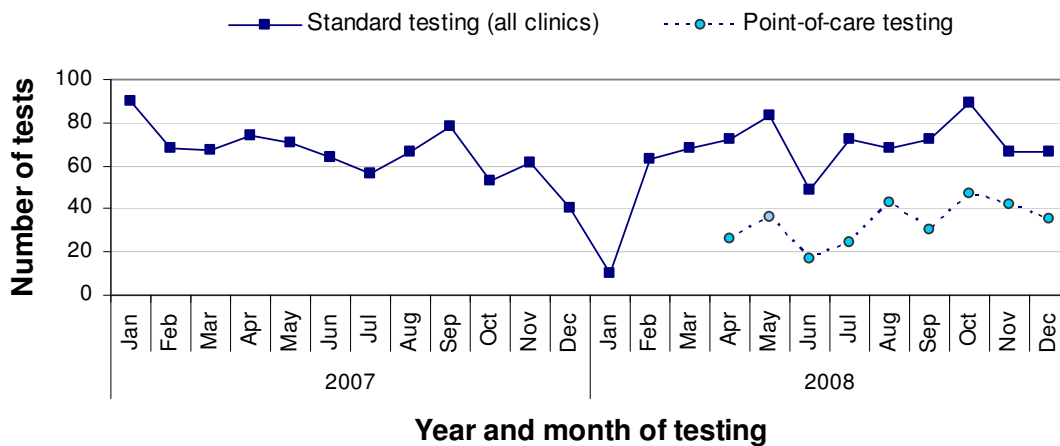
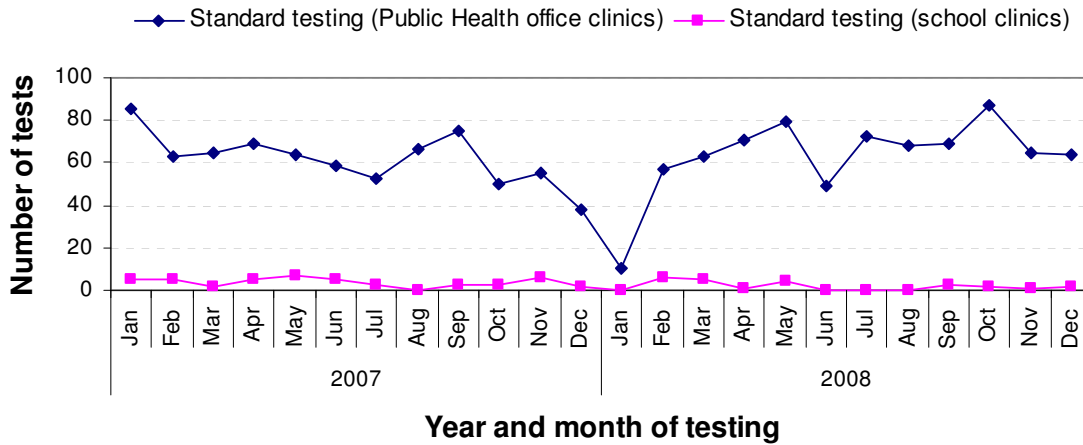


Figure 30: HIV testing in Public Health office clinics and high schools: 2007 and 2008



5.4: Use of Public Health Clinics

In 2007, WDG Public Health provided 11,760 sexual health client consultations. Of these, 4640 (39.4%) were in high schools. In 2008, 10692 consultations were provided; of these, 40.4% were in area high schools. Of the office-based clinics, the Guelph clinic did the highest number of consultations, followed by Orangeville. Client use of Youth and Adult Clinical (YAC) Services at Public Health is summarized in Figures 31 to 35.

Figure 31: Total clients seen at WDG Public Health sexual health clinics, 2007 and 2008

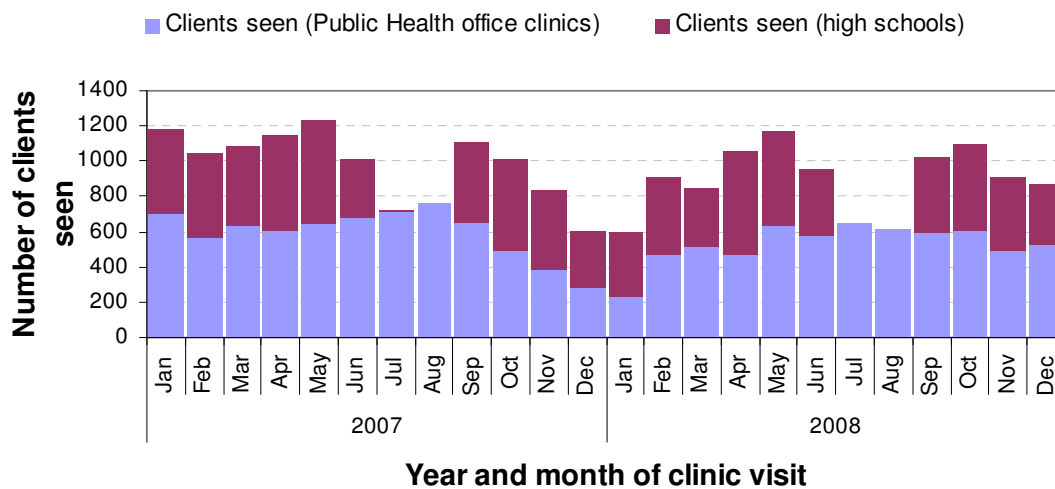


Figure 32: Total clients seen at WDG Public Health office clinics, 2007 and 2008

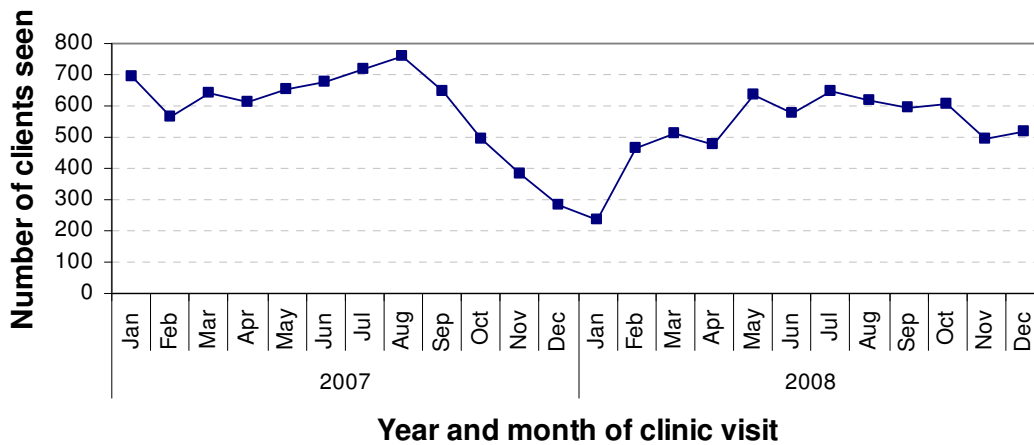


Figure 33: Clients seen at WDG Public Health office clinics, by location: 2007 and 2008

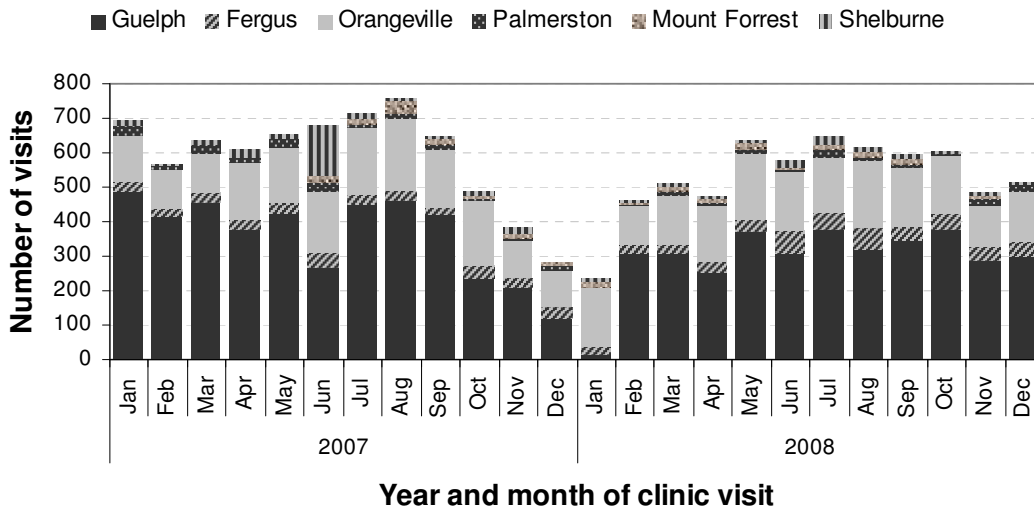


Figure 34: Number of clients seen at WDG Public Health office clinics, 2007-2008

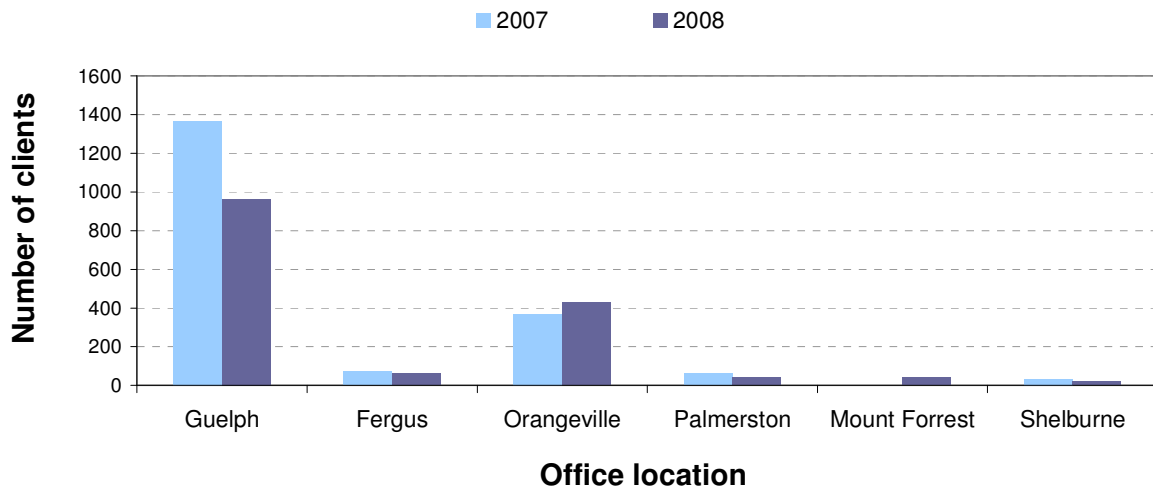
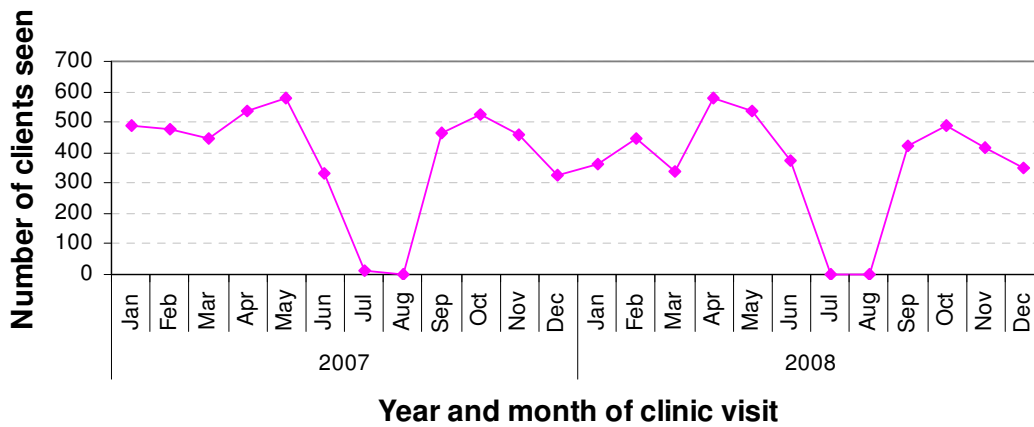


Figure 35: Total clients seen at WDG Public Health clinics in high schools, 2007 and 2008



Section 6: Conclusion

This report summarizes indicators of sexual and reproductive health in the population served by WDG Public Health. Through YAC Services, Public Health aims to provide services that assist in the prevention, treatment and control of STIs, and the promotion of sexual and reproductive health in the community. This report has shown that for many people in WDG, sexual activity begins before the age of 17 years, and that many people do not follow safe sexual practices. In the 2005 CCHS survey, for people who said they had had more than one sexual partner in the past 12 months, approximately 60% had used a condom during their last sexual encounter. However, this means that up to 40% of people in this category may not have done so.

Like the province of Ontario overall, WDG has experienced an increase in the number of cases of *Chlamydia* infection during the past few years. This may be directly related to the persistence of unsafe sexual practices in the community. Public Health continues to provide STI testing and treatment, as well as education on safe sexual practices, in order to encourage safe sex and reduce the incidence of STIs.

This report shows a gradual decrease in the rates of teen pregnancies and induced abortions (both overall and among teens) in WDG. Rates of both these indicators are generally lower than those for Ontario as a whole. This trend may be a reflection of decreasing rates of unwanted pregnancies. With continued efforts to provide sexual health education and services to the population, WDG Public Health anticipates similar improvements in other indicators of sexual and reproductive health in the region.

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Acronyms and Abbreviations Used in This Report

CCHS	Canadian Community Health Survey
CI	confidence interval
ECP	emergency contraceptive pill
HIV	human immunodeficiency virus
iPHIS	integrated Public Health Information System
PHN	Public Health nurse
PHPDB	Provincial Health Planning Database
STI	sexually transmitted infection
WDG	Wellington-Dufferin-Guelph (County Wellington, County Dufferin and the City of Guelph)
YAC Services	Youth and Adult Clinical Services