Sexual health of BC youth

McCreary Centre Society

This fact sheet uses data from the BC Adolescent Health Survey (BC AHS), a population-level survey of the health and well-being of BC youth aged 12–19. The BC AHS has been conducted approximately every 5 years since 1992. The most recent survey was completed in 2023 by over 38,400 Grade 7–12 students in 59 of BC's 60 school districts. To learn more about the survey, visit ***mcs.bc.ca***.

Any percentage marked with an asterisk (*) should be interpreted with caution, as it had a higher than expected standard error, but was still within the releasable range.

Oral sex

Youth were first asked about oral sex on the 2008 BC AHS. Since that time, the percentage who reported having oral sex has steadily decreased from 26% in 2008 to 17% in 2023. In 2023, there were no gender differences in who had engaged in oral sex but there were age differences (e.g., 37% of 17-year-olds had participated in oral sex vs. 15% of 15-year-olds vs. 3% of 13-year-olds).

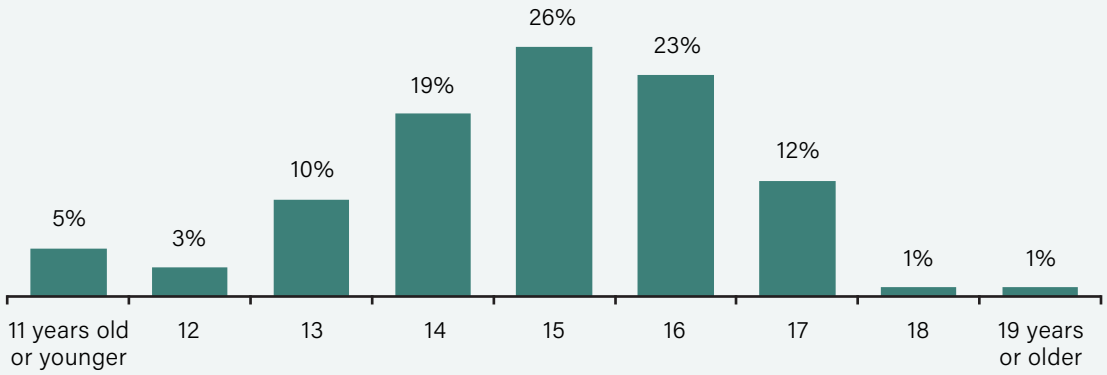
Sexual intercourse

"I feel that the biggest place I'm lacking in terms of education, health, etc., would be in sexual health. I have never had relations of that kind, but if that were to happen, I would be hilariously under-educated."

17-year-old youth, Fraser region

The percentage of youth who had ever engaged in sex other than oral sex or masturbation declined over the past 30 years (from 30% in 1992 to 16% in 2023). Among those who reported on the 2023 BC AHS that they had engaged in sexual intercourse, the most common age they first did so was 15 years old.

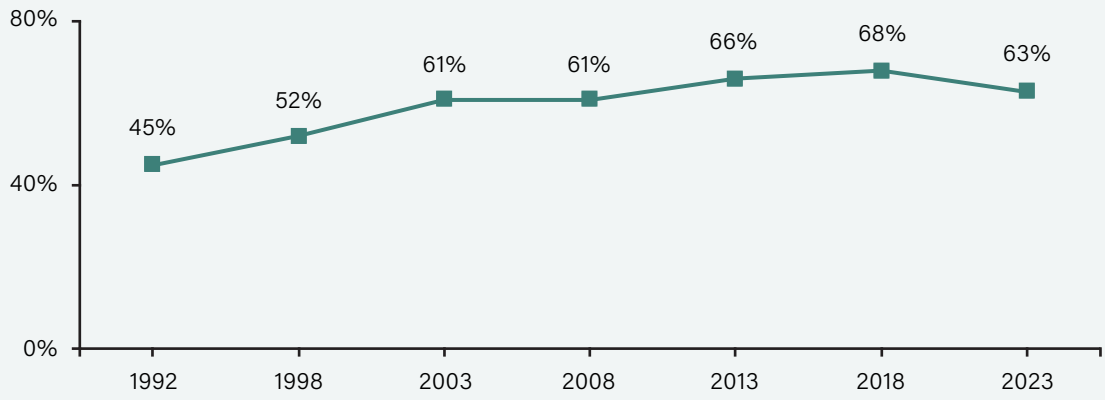
Age students first had sex *(among those who had ever had intercourse)*



The percentage of youth who were at least 15 years old before they had sex for the first time increased from 1992 to 2018. However, this did not continue in 2023, and the rate dropped below that in 2013.

There were no gender differences in youth who had ever had sexual intercourse. However, among those who had had intercourse, males and females were more likely to have waited until they were 15 or older to first have sex (64% of males and females vs. 48% of non-binary youth).

First had sex at age 15 or older *(among students who ever had intercourse)*



Protection against sexually transmitted infections

"[I would like to learn more about] STDs and sexual health."

15-year-old youth, Interior region

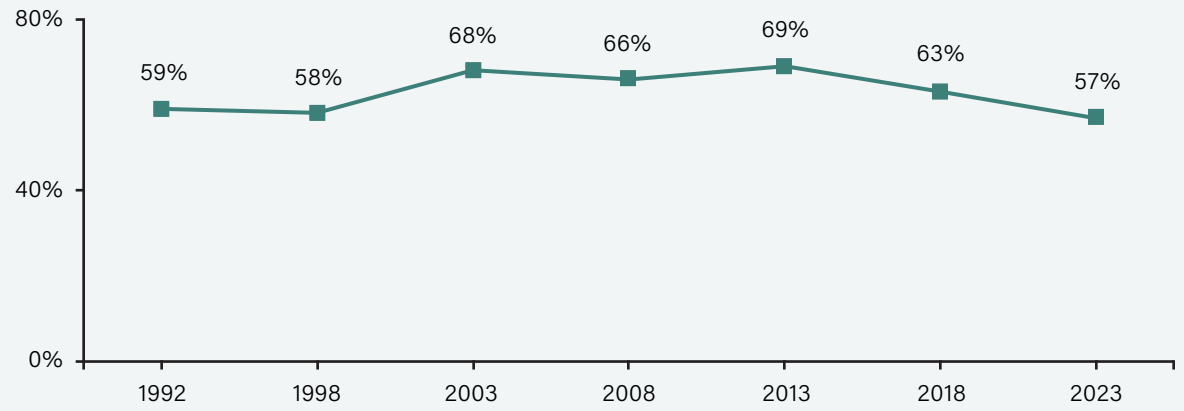
Reflecting results over the past decade, 1% of youth reported they had ever had a sexually transmitted infection.

Among youth who had ever had oral sex, 19% used a condom or other barrier the last time they did so, which was higher than in previous survey years (17% in 2013 and 2018). Younger youth were more likely than older ones to have used protection during oral sex (e.g., 32% of 13-year-olds vs. 24% of 15-year-olds vs. 15% of 17-year-olds). There were no gender differences.

Among youth who had ever had intercourse, there was a decrease over the past decade in the percentage who used a condom or other barrier the last time they had sex, from 69% in 2013 to 57% in 2023 (a return to the rate reported in 1998 and 1992). Males were the most likely to have used this type of protection the last time they had intercourse (61% vs. 54% of females vs. 36% of non-binary youth). Youth aged 12 or younger were the least likely age group to have used protection the last time they had sex (e.g., 29%* vs. 48% of 13-year-olds vs. 60% of 16-year-olds; among those who ever had intercourse).

There were no differences in protection use among non-binary youth based on their sexual orientation, but straight males and females were more likely than their sexual minority counterparts to use a condom or other barrier the last time they had intercourse (e.g., 63% of straight males did so vs. 50% of sexual minority males; among those who had ever had intercourse).

Youth who reported they or their partner used a condom or other barrier/protection the last time they had sex *(among those who had ever had intercourse)*



Note: Not all differences between survey years were statistically significant.

Pregnancy involvement

One percent of youth reported they had been pregnant or gotten someone pregnant. This was similar to results over the past decade and lower than in 1992 (3%). Also, 1% were unsure if they had been involved in a pregnancy. Among youth who reported they had engaged in sexual intercourse, 5% reported pregnancy involvement.

Youth who had engaged in sexual intercourse were asked if they or their partner had made any efforts to prevent pregnancy the last time they had sex. The percentage who reported they made no effort remained similar to results over the past decade (3% in 2023). Condoms remained the most commonly used method to prevent pregnancy, but use decreased from 64% in 2013 to 53%.

Around 4 in 10 youth who had ever had intercourse used withdrawal as one of their methods of birth control the last time they had sex. This was a decrease from 2018. However, 11% indicated withdrawal was the only method they used, which was higher than in any previous survey year (e.g., 7% in 2013 and 4% in 2003 used withdrawal exclusively).

The percentage who used emergency contraception was also highest in 2023 (e.g., 10% vs. 6% in 2013 vs. 4% in 2003; among youth who had ever had intercourse), as was the percentage who were unsure of the method they or their partner used to prevent pregnancy the last time they had sex (e.g., 5% vs. 3% in 2018).

Method(s) youth used to prevent pregnancy the last time they had sex *(among those who had ever had intercourse)*

	2018	2023
Condoms	58%	53%
Withdrawal	45%	39%
Birth control pills, birth control patch, NuvaRing, or other method prescribed by a doctor or nurse	44%	31%
Emergency contraception	7%	10%
IUD	3%	7%
Depo-Provera	2%	1%
Not sure	3%	5%

Note: Youth could mark all that applied.
Note: The difference between 2018 and 2023 was not statistically significant for 'Depo-Provera.'

The last time they had sex, older youth were more likely to have used birth control pills, birth control patch, NuvaRing, or other method prescribed by a doctor or nurse (e.g., 33% of 16-year-olds vs. 25% of 14-year-olds; among those who had ever had intercourse), and an IUD (e.g., 9% of 17-year-olds vs. 4% of 15-year-olds). Younger youth were more likely not to have used any method and to be unsure of the method they or their partner used to prevent pregnancy.

Eight percent of youth who had ever had intercourse did so with a same sex partner the last time (19% of sexual minority youth vs. 4% of those who identified as straight).

Among youth who ever had intercourse, those who used protection the last time they had sex were less likely to have a history of pregnancy involvement (3% vs. 7% of those who did not use protection), and to have experienced an STI (2% vs. 4%).

Sexual assault, harassment, and abuse

Not all sexual activity is consensual, and the percentage of youth who reported they had been forced into sexual activity was higher in 2023 than 5 and 10 years earlier (e.g., 8%. vs. 6% in 2013). In 2023, 7% reported they had been forced into sexual activity by another youth and 2% by an adult. Males were the least likely to report they had been forced into sexual activity (e.g., 4% vs. 12% of females).

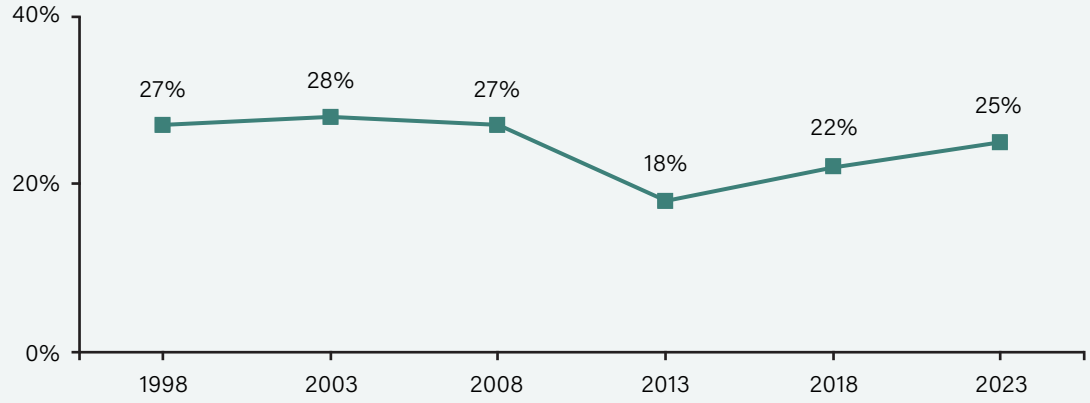
In the past 12 months, 40% of youth experienced verbal sexual harassment. This percentage was similar to results over the past decade, and lower than results prior to that (e.g., 47% in 2008 and 44% in 2003).

The percentage of youth who had experienced physical sexual harassment in the past year was lowest in 2013 and then steadily increased to 25% in 2023.

Non-binary youth were the most likely, and males were the least likely, to have experienced verbal sexual harassment (58% vs. 51% of females vs. 28% of males) and physical sexual harassment (40% vs. 32% of females vs. 18% of males) in the past 12 months.

In 2023, 13% of youth experienced sexual abuse, including being forced into sexual activity and being the younger of an illegal age pairing the first time they had intercourse (28% of non-binary youth vs. 19% of females vs. 6% of males). The percentage of youth who had experienced sexual abuse was comparable to 2008 and higher than in other survey years (e.g., 13% vs. 11% in 2018, 9% in 2013, and 10% in 2003).

Changes over time in students who had experienced physical sexual harassment in the past 12 months



Note: Not all differences between survey years were statistically significant.

Sex education at school

In 2023, 80% of youth reported receiving sex education at school, and the majority of these youth (63%) found it helpful, while 37% did not find it helpful. Among youth who had received sex education, those who were more likely to find it useful included:

- Youth born abroad (69% vs. 61% of those born in Canada).
- Younger youth (e.g., 66% of 13-year-olds vs. 58% of 17-year-olds).
- Female youth (64% vs. 62% of males vs. 55% of non-binary youth).
- Straight youth (e.g., 64% vs. 59% of those who were bisexual or pansexual).
- Urban-based youth (63% vs. 58% of rural-based youth).
- Youth who had never had sex (65% vs. 56%).

Youth who received sex education were asked whether this education had met their needs:

- 82% felt the sex education they received had started at the right age for them.
- 84% felt it was relevant to their gender identity.
- 79% felt it was relevant to their sexual orientation.
- 84% felt it was respectful of their culture/religion.
- 58% felt it was relevant to any disability or health condition they had.

Non-binary youth were the least likely to feel the sex education they received was relevant to their gender identity (55% vs. 84% of males vs. 86% of females), and sexual minority youth were less likely to feel it was relevant to their sexual orientation.

Youth who felt the sex education they received started at the right age for them were less likely to have ever had sex (17% vs. 24% of those who felt it did not start at the right age). Also, those who were older when they had sex for the first time were more likely to have felt the sex ed they received started at the right age for them (e.g., 78% of those who first had sex at age 15 or older felt their school-based sex ed had been helpful vs. 73% of those who first had sex at age 14 or younger).

Youth who found the sex education they received at school to be helpful were more likely to have used a condom or other protection the last time they had sex (59% vs. 54% of those who did not find it helpful; among those who had ever had intercourse).

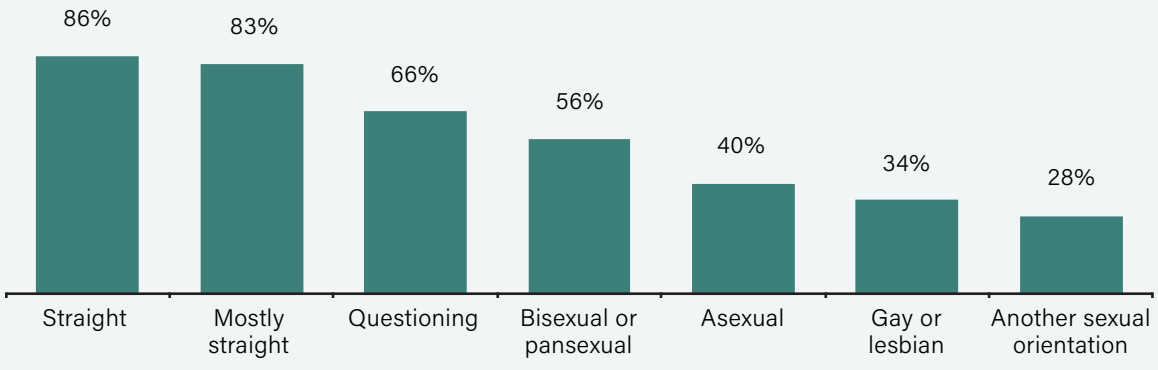
"There needs to be a required and regular sex education program for all high school students of all grades weekly."

17-year-old youth, Interior region

"I think that the sexual education within schools is lacking in many areas including safe relationships and awareness for domestic violence."

18-year-old youth, Northern region

Youth who felt the sex education they received was relevant to their sexual orientation



Note: The differences between 'asexual,' 'gay or lesbian,' and 'another sexual orientation' were not statistically significant.

Accessing reliable sexual health information

When youth wanted reliable information about sexual health they most commonly approached their parent or guardian, followed by a same-aged friend or peer and online resource.

Where youth accessed reliable information about sexual health	
Parent/guardian	31%
A same-aged friend/peer	26%
Website/online resource	24%
An older youth	15%
Sexual health professional	10%
Other family member	9%
School staff	8%
Adult outside their family	5%
Pornography	4%
Printed resource (e.g., book, brochure, poster)	3%
Professional (other than a sexual health professional)	3%
Did not know where to go	6%
Did not go anywhere	38%

Note: Youth could mark all that applied.

There were gender differences in where youth went for reliable information about sexual health. For example, females were the most likely to go to their parent or guardian as well as to other family members; and were the least likely to access pornography. Males were most likely to not go anywhere; and non-binary youth were the most likely to not know where to go for reliable information on sexual health.

Older youth were more likely to have sought this information from online and printed resources, a same-aged or older youth, an adult outside their family, and pornography. For example, 11% of 13-year-olds turned to an online source for this information, compared to 24% of 15-year-olds and 38% of 17-year-olds.

Sexual orientation and sexual health

"I want to learn more about STDs and how they can be transmitted for same-sex couples.

14-year-old youth, Vancouver Coastal region

"[We need] better sex education for those who are not cisgender+straight."

16-year-old youth, Fraser region

Youth who did not identify as straight were more likely than those who did to have ever had oral sex (20% vs. 16%) and sexual intercourse (19% vs. 16%). They were less likely to have used protection (e.g., 21% of straight youth used a condom the last time they had oral sex vs. 13% of sexual minority youth; among those who had engaged in oral sex).

When they wanted reliable information about sexual health, sexual minority youth were less likely to go to their parents (28% vs. 32% of straight youth); and were more likely to go to sources outside their family such as to a sexual health professional (13% vs. 9%) and school staff (10% vs. 7%).

Urban-rural differences in sexual health

Rural-based youth were more likely than urban-based ones to have ever had oral sex (22% vs. 17%) and sexual intercourse (23% vs. 16%). They were also more likely to have first had intercourse before the age of 15 (e.g., 11% first had sex at age 12 or younger vs. 8% of urban youth; among those who had ever had intercourse). There were few other differences between the two groups, except urban-based youth were more likely to access reliable sexual health information online (24% vs. 21% of rural-based youth), and rural-based youth were twice as likely to have sexted the previous day (4% vs. 2% of urban-based youth).

Immigrant status and sexual health

Youth born in Canada were more likely than those born abroad to have ever had oral sex (18% vs. 13%) and sexual intercourse (18% vs. 13%). Among those who had engaged in intercourse, Canadian-born youth were more likely to have done so at a younger age (e.g., 38% first had sex at age 14 or younger vs. 29% of those born abroad).

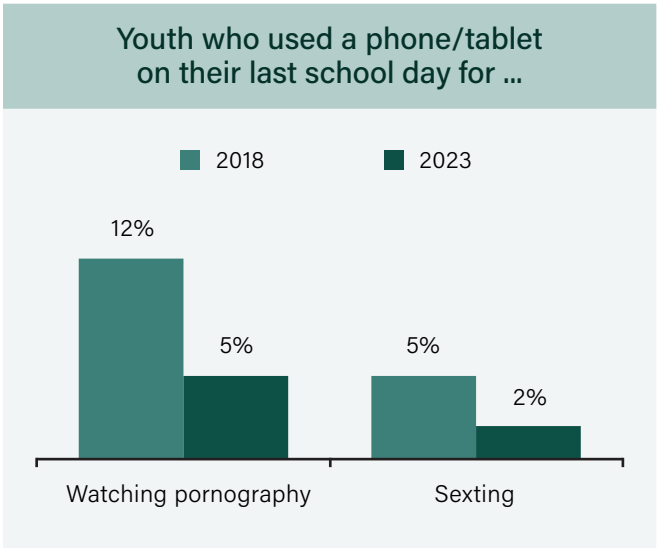
Among those who had engaged in oral sex, youth born abroad were more likely to have used a condom or other barrier the last time they had oral sex (25% vs. 17% of those born in Canada). Youth born abroad were also more likely to seek out reliable sexual health information and to specifically do so from a website or online resource (27% vs. 23% of those born in Canada), school staff (9% vs. 7%), and printed resources (4% vs. 3%).

Pornography and sexting

"[Pornography] needs to be talked more about in schools and people need to be educated a lot earlier in life. I started watching porn when I was 12. At the time I didn't understand what the effects of it were."

14-year-old youth, Interior region

Compared to 2018, there was a decrease in the percentage of youth who used a phone on their last school day to watch pornography and for sexting.



Risks to sexual health

"[I would like to learn more about] trauma-informed sex ed."

17-year-old youth, Northern region

"I would like to learn more about finding resources for teens who have health problems but don't feel safe enough to reach out to their parents."

18-year-old youth, Vancouver Island region

"[I would like to learn more about] how physical disabilities can affect your life and ways to work around it."

17-year-old youth, Vancouver Island region

Youth who experience systemic barriers to health and well-being were also at risk of experiencing challenges to their sexual health. For example, among youth who had engaged in sexual intercourse:

- 61% of youth with government care experience had sex for the first time at age 14 or younger compared to 34% of those never in care, as did 50% of youth who went to bed hungry because of a lack of access to food at least sometimes (vs. 34% who did not go to bed hungry).
- 50% of youth with a health condition or disability did not use protection the last time they had sex vs. 38% of those without a health condition or disability.
- 17% of youth who had been homeless in the past 12 months used withdrawal as their only method to prevent pregnancy the last time they had sex, compared to 11% of those who had not experienced homelessness during this time.

Youth's suggestions

"Where do I get plan B or birth control?"

14-year-old youth, Fraser region

"I strongly believe that sexual education should continue past grade 10."

18-year-old youth, Interior region

"I want to learn more about sexual health, especially around periods."

18-year-old youth, Vancouver Island region

Youth who completed the 2023 BC AHS were asked if there were any health and well-being topics they wanted to learn more about. Along with mental health, sexual health was the most common topic they requested learning more about. Their specific requests included:

- Comprehensive age- and stage-appropriate sex education at every grade level from elementary school to Grade 12.
- To learn healthy relationship skills, including learning about boundaries, consent, and how to recognize when relationships are abusive.
- To have sex education that was trauma-informed and inclusive of different abilities, gender identities, and sexual orientations.
- To offer both mixed group and single gender sex education classes, so that youth could participate where they felt most comfortable.
- To learn about local resources they could access, including where to get birth control and emergency contraception, and under what circumstances their parents might be informed.
- To have an anonymous way to get their sexual health questions answered.

Resources

Options for Sexual Health provides non-judgmental sexual and reproductive health services and education across BC. For more information, please visit: ***optionsforsexualhealth.org***.

Sex Sense is a free and confidential service offered by Options for Sexual Health that provides information and resources on sex, sexuality, and sexual health.

- The Sex Sense line is open Monday to Friday 9 a.m. to 9 p.m. Pacific Time. Call ***1-800-739-7367*** throughout BC or ***604-731-7803*** in the Lower Mainland.
- You can also submit a question through their email form ***optionsforsexualhealth.org/sex-sense/***.