

## PRO TEEN

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### About CAAH and Pro-Teen?

The Canadian Association for Adolescent Health (CAAH) is a non-profit organization that promotes the health and well-being of all Canadians adolescents between the ages of 12 and 19, regardless of race or social standing.

The CAAH was founded in 1993 by a group of Canadian paediatrician under the leadership of Dr Jean-Yves Frappier, paediatrician, head of adolescent medicine at CHU Sainte-Justine. The CAAH brings together professionals from various backgrounds are areas of expertise related to adolescent health and well-being. The CAAH team is based at CHU Sainte-Justine in Montreal, Québec, Canada.

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## News

### • McGill medical students become Sexperts

Following school funding cuts, group wanted youth to get necessary info:

Two years ago, five first-year medical students at McGill University here got together to brainstorm about how they could right a wrong created by an educational reform that derailed the teaching of sex education to Quebec high school students. The result was Sexperts, an innovative health-care project aimed at curbing the rate of sexually transmitted infections among youth—and a concept that is spreading to medical and other health-science faculties across Quebec.

PDF Summary: <http://www.acsa-caah.ca/Portals/0/Member/PDF/en/acsa/McGill.pdf>

Website: [www.mdpassport.com](http://www.mdpassport.com)

December 18, 2007. Mark Cardwell

### • Newly accredited training programs in Adolescent medicine in Canada

After the recognition by the Royal College of Physicians and Surgeons of Canada (RCPSC) of the subspecialty of Adolescent Medicine in May 2007, a subspecialty committee was appointed to outline the new specialty norms and requirements. Those documents (objectives, standards...) were accepted in June 2008 by the RCPSC. Thereafter, three Universities have applied to have their training programs accredited by the Royal College. All three programs received accreditation in February 2009 and they are: University of Toronto (Hospital for Sick Children, Adolescent Division); Université de Montréal (CHU Sainte-Justine, section de médecine de l'adolescence); McGill University (Montreal Children's Hospital; adolescent and gynecology program). All those sites have a long standing tradition of training paediatricians and other disciplines but they are now recognized as official training centres for residents who pursue a career in the new specialty of Adolescent Medicine.

To reach those programs:

Dr Deby Katzman (Toronto): [debra.katzman@sickkids.ca](mailto:debra.katzman@sickkids.ca)

Dr Franziska Baltzer (Montreal Children's Hospital): [franziska.baltzer@muhc.mcgill.ca](mailto:franziska.baltzer@muhc.mcgill.ca)

Dr Jean-Yves Frappier (Montreal, CHU Sainte-Justine): [acsacaah@globetrotter.net](mailto:acsacaah@globetrotter.net)

### • Adolescent Health Survey IV (AHS)

The fourth Adolescent Health Survey has been successfully completed in British Columbia schools by the McCreary Center Society. With the help of Public Health nurses, over 29,000 surveys were administered to youth across the province. The data has been cleaned and weighted to be representative of the entire population of Grade 7 to 12 students in BC, and analyses have begun. The Provincial Highlights report is expected to be released on schedule in the spring of 2009. Regional reports and specific population analyses will follow.

Website: <http://www.mcs.bc.ca/>



## Scientific event

- **International Association for Adolescent Health, 9<sup>th</sup> World Congress**

Private Lives, Public Issues Global Perspectives On Adolescent Sexual Health

28-30 October, 2009  
Kuala Lumpur, Malaysia

Website: <http://www.iaah2009.com/>

Tentative Scientific Programme: <http://www.iaah2009.com/documents/iaah2009%20scientific%20content.pdf>

- **31<sup>st</sup> Annual Guelph Sexuality Conference**

Positive approaches to sexuality and sexual health  
June 15– 17, 2009

Our theme on positive approaches to sexuality and sexual health is an important one. So much of sexual health education is pretty much focused on the scary things... and what all can go wrong with sex and relationships. Indeed, we often seem to avoid providing positive messages, whether on how, positively, to avoid those scary things, or in attending to some of the more profound and pleasurable aspects of sexuality and our sexual relationships. I think that our program this year provides the greatest number of session options yet! My guess is that you are going to find it a challenge, maybe even frustrating, in making your own selection. Do note that the Public Health Agency of Canada is releasing the Revised Canadian Guidelines for Sexual Health Education. There are opportunities, too, to focus on the use of innovative technologies, programs targeted for youth and other hard-to-reach populations, LGBTTTQ interests, STI prevention and management...and much, much more. Make your own selection. We look forward to your joining us!

Richard Barham, PhD Chair, Program Planning Committee  
Email: [sexconf@open.uoguelph.ca](mailto:sexconf@open.uoguelph.ca)

- **Society for Adolescent Medicine, 2010**

The annual meeting of the Society for Adolescent Medicine will be held outside the US in 2010. Toronto will host the meeting April 7-10 2010. For more information, visit the SAM website:  
<http://www.adolescenthealth.org/>



## Articles

### • STD and condom effectiveness

Consistent and correct use of male latex condoms can reduce (though not eliminate) the risk of STD transmission. To achieve the maximum protective effect, condoms must be used both consistently and correctly. Inconsistent use can lead to STD acquisition because transmission can occur with a single act of intercourse with an infected partner. Similarly, if condoms are not used correctly, the protective effect may be diminished even when they are used consistently. The most reliable ways to avoid transmission of sexually transmitted diseases (STDs), including human immunodeficiency virus (HIV), are to abstain from sexual activity or to be in a long-term mutually monogamous relationship with an uninfected partner. However, many infected persons may be unaware of their infections because STDs are often asymptomatic or unrecognized.

Website: <http://www.cdc.gov/condomeffectiveness/latex.htm>

Summary: <http://www.cdc.gov/condomeffectiveness/brief.html>

### • The Pope and condom use to prevent AIDS

This winter, on his first visit to Africa, Pope Benedict said that "[AIDS] cannot be overcome through the distribution of condoms, which even aggravates the problems". The Pope's statement is at odds with the research on AIDS prevention, and a setback to decades of hard work on AIDS education and awareness. With powerful moral influence over more than 1.1 billion Catholics in the world, and 22 million HIV positive Africans, these words could dramatically affect the AIDS pandemic and put millions of lives at risk.

<http://www.acsa-caah.ca/Portals/0/Member/PDF/en/documents/The%20Pope.pdf>

### • US Teenage Birthrate Increases for Second Consecutive Year

The birth rate among US teens ages 15-19 rose 1.4 percent from 2006 to 2007, possibly indicating that the campaign to reduce teen pregnancy has stalled or suffered a reversal. The rate among that group previously jumped 3.4 percent from 2005 to 2006, but researchers will have to wait at least another year before a clear trend can be established.

"We've now had two years of increases," said Stephanie J. Ventura of CDC's National Center for Health Statistics, which issued the preliminary report on Wednesday. "We may have reached a tipping point. It's hard to know where it's going to go from here."

The increase could partly reflect complacency about AIDS and teen pregnancy, and it could be part of a broader trend. Birthrates have also increased among women in their 20s, 30s, 40s, and older unmarried women. The teen birth rate spiked from 1986 to 1991, leading to a campaign that helped reduce teen sexual activity and births. That decline in births lasted 14 years, first leveling off in 2001 before increasing in 2005.

The birth rate for teens ages 15-19 rose from 41.9 births per 1,000 in 2006 to 42.5 births per 1,000 in 2007, while the rate among girls ages 10-14 remained unchanged. Nationally, the birth rate rose 2 percent among whites and Asians and 1 percent among blacks. The rate decreased among Hispanics by 2 percent.

The mixed statistics and modest increases mean the data could represent a statistical blip, Ventura said.



However, other experts said the findings fit a pattern of a stalled decline in teen sexual activity and decreased condom use. The US teen birth rate is the highest among industrialized countries.

Washington Post (03.19.09): Rob Stein; Donna St. George.

<http://www.cdc.gov>

### • Internet 'Snake Oil' Boosts Sex Education Need

Edmonton Journal (03.07.09): Shannon Proudfoot, CanWest News Service

Sexual health educators in Canada say misinformation circulating on the Internet - like the "facts" that Mountain Dew can be used as a spermicide, "penis-enlargement" pills really work, and an HIV vaccine already exists - make accurate sex education more important than ever. Teenagers' ability to navigate the Internet often exceeds their ability to critically evaluate what they find there, said Matthew Johnson, media education specialist with the Ottawa-based Media Awareness Network.

"If you put in any search terms related to sexuality, for every good source that comes up, you're going to get a number that at the lesser end may simply be pornographic and at the worse end may be disturbing or even illegal," Johnson said. In addition to teaching the basics, educators must help students acquire the media literacy skills they need to find more facts for themselves, he said.

Saleema Noon, a sexual health educator in Vancouver, said she finds students are often reluctant to ask questions about what they see online for fear of being punished for seeking information about sex. Because she believes the ability to speak confidently about sex is key to gaining knowledge, she instructs boys and girls together and encourages them to answer questions using proper terminology.

Alex McKay, research coordinator for the Toronto-based Sex Information and Education Council of Canada, said teachers struggle with how to respond to the Internet's influence. He added, however, that at its best the Web can guide teens toward the answers to hard-to-ask questions, and it can help otherwise isolated youths - particularly those who are disabled, gay or transgender - find a sense of community as they explore their sexuality.

### • Gender Differences in Knowledge About Chlamydia Among Rural High School Students in Nova Scotia

Sexual Health Vol. 6; No. 1: P. 11-14 (02.09): Donald B. Langille; Gordon Flowerdew; Catherine Aquino-Russell; Robert Strang; Kathryn Proudfoot; Kevin Forward

In Canada, sexually transmitted infections (STIs) result in 20 percent of infertility cases. Previous infection with chlamydia is responsible for 42 percent ectopic pregnancies, and chlamydia is the most prevalent STI among Canadian adolescents.

In order to assess students' knowledge of chlamydia and the association of knowledge with gender and protective behaviors, researchers surveyed youths at a rural high school in Nova Scotia. The survey presented 15 statements about chlamydia that students were instructed to designate as true or false. The statements were analyzed for differences in the percentage of correct responses by sex. A knowledge score was created by summing correct responses. Socioeconomic status variables and age were included in multivariate



regression models to determine if they modified associations between knowledge score and protective behaviors seen in simple regression.

Eighty-six percent of registered students (n=538) took part, and girls responded to 10 of the 15 knowledge statements significantly more often than did boys. The students were least knowledgeable about their rights to confidential health services for chlamydia. Knowledge score was associated with use of both condoms and oral contraception at last intercourse in girls (odds ratio 1.15; 95 percent confidence interval 1.01-1.31). The researchers found no association of knowledge score with having had an STI test in the previous year.

"School sexual health programs should make special efforts to meet the needs of male students, and programs and health professionals should include information about the confidential nature of sexual health services for adolescents," the authors concluded.

- **High school sports participation and educational attainment: recognizing, assessing, and utilizing the relationship**

This report provides a brief summary overview of scholarly research, knowledge, and understanding of the relationship between interscholastic high school sports participation and educational achievement in the United States.

<http://www.la84foundation.org/3ce/HighSchoolSportsParticipation.pdf>

- **Effectiveness of interventions to promote physical activity in children and adolescents: systematic review of controlled trials**

The prevalence of childhood obesity and related health problems is increasing in many Western countries and is anticipated to continue to increase. Evidence of an association between physical activity and weight gain remains sparse. Nevertheless, in an effort to halt or reverse trends in obesity, promotion of physical activity in children and adolescents has been identified as a key focus of efforts to promote health. Physical activity among children and adolescents is believed to be insufficient, and low levels of activity seem to persist into adulthood. This makes physical inactivity among young people a risk factor for cardiovascular disease, cancer, and osteoporosis in later life. The development and evaluation of interventions to promote physical activity in young people is therefore a priority.

It is unclear how successful efforts have been to increase the activity levels of young people. Recently published reviews have mostly dealt with the prevention of obesity or included only adult populations. Previous attempts to summarize the evidence in young people were mostly narrative, did not assess the effects on children and adolescents separately, and did not assess the methodological quality of the studies. In addition these reviews have included studies without a no intervention control group and studies in which the promotion of physical activity was only a small part of an overall health promotion program. We systematically reviewed the evidence on promotion of physical activity in children and adolescents.

<http://www.bmj.com/cgi/content/full/335/7622/703>



### • Health care aspects of transition to adulthood for youth with special health care needs

"Solutions to improving the preparation for transition [to adulthood] are needed at the patient and family, provider, and health system levels," state the authors of an article published in the January 2009 issue of *Pediatrics*. The Title V program of the Social Security Act, administered by the Maternal and Child Health Bureau (MCHB), provides funding for specialized medical services for children with a range of conditions and guidance to states on improving systems of care for children and youth with special health care needs (CYSHCN). MCHB has made the preparation for adulthood one of six core performance outcomes, which together define a high-performing system of care for CYSHCN. Two national surveys have been conducted to assess state and national progress toward meeting core performance outcomes from families' perspectives. The first National Survey of Children with Special Health Care Needs (NS-CYSHCN) was conducted in 2001 and the second in 2005-2006. This article describes changes to the measurement strategy for the transition core outcome since the 2001 survey and reports national results on the transition core outcome and its individual components using the 2005-2006 survey data. The authors also identify factors associated with meeting the core outcome and its components and discuss implications of the results for federal and state planning and policy.

A total of 40,723 interviews with parents of CYSHCN were completed during 2005-2006, including 18,198 with parents of youth with special health care needs (YSHCN) ages 12-17. Parents of children without special health care needs were surveyed for comparison, with a total of 1,862 parents of youth ages 12-17 responding to the entire survey. The transition core outcome was calculated on the basis of the following component measures: parent report of transition-related discussions with their child's health professionals about shifting to adult health professionals, adult health care needs, and health insurance and parent report that the child's health Professional usually or always encouraged the child to take responsibility for his or her care. All components were required to meet the overall core outcome.

The authors found that :

- \* Overall, 41% of YSHCN met the transition core outcome.
- \* Forty-two percent of parents of YSHCN discussed shifting care to an adult health professional, 62% discussed their child's adult health care needs with a health professional, and 34% discussed upcoming changes in health insurance. The majority (78%) of respondents reported that their child's physician or other health professional usually or always encouraged their child to take responsibility for his or her health.
- \* Male gender, older age, non-Hispanic black or Hispanic race and ethnicity, not speaking English in the home, and not having a medical home were independently associated with increased odds of not meeting the core outcome.
- \* Overall, the rates of meeting the transition core outcome did not significantly differ between YSHCN and the referent sample.

"As in 2001, performance on the transition core outcome trails that of the other MCHB outcome measures," the authors conclude, suggesting that addressing "disparities in transition services is a high priority."

Lotstein DS, Ghandour R, Cash A, et al. 2009. Planning for health care transitions: Results from the 2005-2006 National Survey of Children with Special Health Care Needs. *Pediatrics* 123(1):e145-e152.

<http://pediatrics.aappublications.org/cgi/content/abstract/123/1/e145>



## Publications, web sites

- **Report examines the media's influence on adolescent sexual behavior**

Managing the Media Monster: The Influence of Media (from Television to Text Messages) on Teen Sexual Behavior and Attitudes is intended to inform practitioners and programs about what research says about adolescents and media influence. The report, published by the National Campaign to Prevent Teen and Unplanned Pregnancy with support from the Centers for Disease Control and Prevention, examines how the media influences sexual knowledge, attitudes, and behavior -- both positively and negatively. Topics include an overview of what is currently known about the effects of sexual content in the entertainment media young people typically use; a review of 25 evaluated, peer-reviewed interventions from 19 countries on how effective media interventions have been in addressing adolescents' reproductive health and recommendations to consider when developing media interventions; and a review of more than 20 media-based-interventions for sexual and reproductive health that have been conducted in the United States. A snapshot of health behavior theories and additional resources are included.

[http://www.thenationalcampaign.org/resources/monster/Media\\_Monster.pdf](http://www.thenationalcampaign.org/resources/monster/Media_Monster.pdf)

- **Findings on reproductive behaviors and motivation among adolescent and young and adult males**

Sexual and Reproductive Health Behavior Among Teen and Young Adult Men: A Descriptive Portrait draws on the male data file from the 2002 National Survey of Family Growth to present a descriptive portrait of reproductive health behaviors among U.S. adolescent and young adult males (ages 15-24). The research brief, published by Child Trends, examines survey results on several dimensions of reproductive health by age and by race and ethnicity. Topics include sexual experience and activity, use of reproductive health services, condom use and contraceptive use, and fertility. The brief is intended to help health professionals, policymakers, and parents learn more about the circumstances of males in the adolescent and young adult years.

[http://www.childtrends.org/Files//Child\\_Trends-2008\\_10\\_07\\_RB\\_MaleRepro.pdf](http://www.childtrends.org/Files//Child_Trends-2008_10_07_RB_MaleRepro.pdf)

- **Funny condoms video**

For the National Condom Week in April, Planned parenthood federation of America selected a playlist of their favorite condom-related videos:

Planned Parenthood is the nation's largest provider of contraceptive services, so we're pretty big fans of National Condom Week. It's a time to talk about important issues like contraceptive access and education, not to mention prevention of sexually transmitted infections. But mostly, it's a time to celebrate that simple, effective, wonderful invention known as the latex condom.

So we've pulled together a few of our favorite condom-related videos and put them all in one playlist. Want to see condoms used in high fashion? Or maybe it's time for a brief refresher on properly using a condom? And then there's my favorite, the Golden Girls shopping at the pharmacy, with Bea Arthur yelling, "Condoms, Rose! Condoms!"

[http://www.ppaction.org/ct/DpzEXDS1kLMx/PP\\_YouTube](http://www.ppaction.org/ct/DpzEXDS1kLMx/PP_YouTube)



### • Why Screen for Chlamydia? An Implementation Guide for Healthcare Providers

It covers the latest information and tools for healthcare providers to:

- Improve delivery of chlamydia screening to patients
- Make chlamydia screening and care a routine part of a medical practice
- Provide confidential care to adolescents
- Take a sexual history with adolescent and adult patients

Why Screen for Chlamydia? was developed by Partnership for Prevention with the assistance of members of the National Chlamydia Coalition, whose members are working together to increase chlamydia screening rates.

The U.S. Preventive Services Task Force and major medical groups recommend annual screening for sexually active women 25 years of age and under. A urine test allows both women and men to be screened for chlamydia without invasive procedures.

Chlamydia is a silent infection, often causing no symptoms. Left untreated chlamydia may cause pelvic inflammatory disease which, untreated, may result in infertility, ectopic pregnancy, or chronic pelvic pain for young women. A pregnant woman with chlamydia can pass the infection to her infant. Prompt treatment with an antibiotic can prevent these complications.

<http://www.prevent.org/templates/ncc-home/download/whyscreenforchlamydia.pdf>

### • The drinkaware teen site

Steered by young people, it's got some great video clips in the 'Video Views' index. Questions 3 (Why do you drink) and 8 (What advice would you give to other young people) in particular have some great messages. The interviewees are very engaging!

<http://www.truthaboutbooze.com/index.php>

### • Us task force updates recommendation on screening for depression

Screening and Treatment for Major Depressive Disorder in Children and Adolescents: Recommendation Statement updates the 2002 U.S. Preventive Services Task Force (USPSTF) recommendation on screening for depression. The statement, published by the Agency for Healthcare Research and Quality, now recommends screening of adolescents (ages 12-18) for major depressive disorder when systems are in place to ensure accurate diagnosis, psychotherapy (e.g., cognitive-behavioral, interpersonal), and follow-up. Contents include the rationale, clinical considerations, and research needs and gaps. Discussion topics include the burden of disease, scope of review, accuracy of screening tests, effectiveness of early detection, and potential harms of screening or treatment. Recommendations of other groups and references are included.

<http://www.ahrq.gov/clinic/uspstf09/depression/chdeprss.htm>