

SCHOOL-BASED AND SCHOOL-LINKED SEXUAL HEALTH EDUCATION AND PROMOTION IN CANADA

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INTRODUCTION

Sexual health education involves a combination of educational experiences that will enable learners to

- acquire knowledge that is pertinent to specific health issues;
- develop the motivation and personal insight that are necessary to act on this knowledge;
- acquire the skills they may need to maintain and enhance sexual health and avoid sexual problems;
- help create an environment that is conducive to sexual health.

Research consistently indicates that positive sexual health outcomes are most likely to occur when sexual health education effectively integrates knowledge, motivation, skill-building opportunities, and environmental support for sexual health.¹

STATEMENT OF PRINCIPLE

Most Canadians become sexually active during their teenage years and nearly all Canadians experience sexual intercourse at least once by the time they reach their early twenties.² The school continues to be the main source of sexual health information among adolescents. Consequently, it is imperative that schools, in co-operation with parents, the community, and health-care professionals, play a major role in sexual health education and promotion.

Key Words

Sexuality; sex education; health education, community; health promotion; schools; prevention; youth; adolescent

Education and promotion programs in elementary and secondary schools can and have had a positive effect on the sexual behaviours of youth. For example, the use of condoms by young adults has steadily increased, from use by less than one-third of young adults in 1988,³ to use by over two-thirds of young adults in 1996.⁴ However, research⁵ indicates that several subpopulations of youth and specific risk behaviours need to be particularly addressed through education, health services, and promotion programs:

- Many sexually active youth do not use condoms consistently.
- Many young women use oral contraceptives but do not encourage their sexual partners to use condoms to provide dual protection.⁶
- More than 42 000 young women aged 15 to 19 years become pregnant in Canada each year,⁷ their pregnancies resulting in either abortion or single parenthood.⁸ These teen mothers often come from disadvantaged socio-economic backgrounds, and early childbearing can compound the obstacles they face.⁹
- Sexually transmitted infections (STIs) pose a significant threat to the health and well-being of young Canadians. Rates of common STIs are highest among young people, particularly teens.¹⁰
- Although the limited data available suggest that the prevalence of human immunodeficiency virus (HIV) infection among youth in Canada is currently low, adolescents "are a group that could experience an increase in HIV infection."¹¹
- There is a subpopulation of at-risk youth who are practising several risky behaviours, such as alcohol use, drug and tobacco use, and unsafe sexual practices.
- A popular misconception is that oral sex is risk-free.
- Many young people experience sexual coercion, abuse, and

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assault in the form of date rape.

- Many young people have grown up without appropriate role models for parenting and other family practices.

It is clearly necessary for all youth to receive educational and health services that prepare them for the reality and responsibilities of sexual behaviour. The lack of such programs infringes on the right of all young people to make informed choices about their health and places them at increased risk for significant negative health outcomes. Consequently, a comprehensive approach to school-based and school-linked sexual health education and promotion, combining mandatory classroom instruction, accessible adolescent health services, and effective coordination of several interventions, should be encouraged. Physicians, through their professional training and expertise as well as through their clinical practices, can play a leadership role in promoting this comprehensive approach.

Canadian studies and reviews¹¹⁻¹³ and other data¹⁴ indicate that the quantity and quality of sexual health education and sexual health services being provided to our youth are inadequate. McCall *et al.*¹⁵ reported that many schools and school districts are not fully implementing their sexual health education curricula and that public health systems do not have the resources to provide adequate support, coordination, and referrals to preventive services. That study reported that students currently receive between 3 and 8 hours a year of instruction on sexual health issues, and that public health nurses are available to schools on average for only 5 hours a month with just 1 hour being spent on sexual health.¹⁵ That study also found that the implementation of the sexual health education curricula was problematic in most jurisdictions, with schools not providing adequate instructional time; teachers shying away from several key issues; inadequate teaching and learning materials; insufficient resources for the public health sector to play a coordination and referral role; and several gaps in the school and public health delivery systems.¹⁵

Survey research^{16,17} consistently shows that Canadian parents want their children to receive sexual health education in the schools. A *National Post/Global* poll¹⁸ conducted by COMPAS Inc. found that 58% of Canadians believed that sex education prevents unwanted pregnancies and 80% disagreed that sex education encourages young people to be too focused on sex. Small-scale Canadian surveys¹⁸⁻²² found overwhelming parental support for sexual health education being provided in the schools.

Further, education ministries in 12 out of the 13 Canadian jurisdictions require mandatory sexual health education for upper elementary and junior high school grades. The 13th jurisdiction requires HIV/AIDS education and strongly recommends a sexual health program. McCall *et al.*¹⁵ found that while most school systems allowed for a parental opting-out of their child from sexual health education programs, less than 2% of parents chose to do so.

In order to address these challenges, a comprehensive and coordinated approach to sexual health education and promotion is required. Governments, health-care professionals, educators, parents, youth, and the private sector need to work together towards a national strategy on sexual health promotion. Provincial/territorial round tables involving key stakeholders and a specific focus within the relevant research-granting agencies such as the Canadian Institutes for Health Research (CIHR) would greatly contribute to this goal. Specific actions and strategies could include:

- Widespread dissemination of the Canadian Guidelines for Sexual Health Education.¹ The dissemination should include the creation of a variety of practical tools, such as updated clinical practice guidelines, best practices inventories, assessment and planning tools, as well as the production of education and training materials.
- Basic research and intervention studies to determine the most effective way of addressing the specific subpopulations and specific issues identified above.
- Systematic review of the research evidence to clarify the curriculum and service delivery goals.
- Rigorous monitoring of the implementation of sexual health programs and their intended outputs.
- Greater emphasis and more resources for pre-service and continuing education of educational and health professionals.
- More effective and consistent use of the Internet and communications technologies to provide sexual health information and support to young people, educators, and health-care professionals.

RECOMMENDATION

The Society of Obstetricians and Gynaecologists of Canada (SOGC) supports the use of a comprehensive approach to school-based and school-linked sexual health education and promotion.

MANDATORY SCHOOL EDUCATION PROGRAMS AND SHARED, EVIDENCE-BASED, PAN-CANADIAN LEARNING OUTCOMES

Interprovincial co-operation has resulted in the development of pan-Canadian descriptions of minimum and desirable learning outcomes in science, reading, and mathematics. The development of such shared goals for health curricula has been supported through the interprovincial mechanisms/protocol of the Council of Ministers of Education, Canada (CMEC), as well as of the Atlantic Provinces Education Foundation and the Western Provinces Curriculum Accord. A definable core of required knowledge, skills, attitudes, and beliefs relative to sexual health should and can form part of curriculum policy in all jurisdictions.

The development of shared learning outcomes would provide an opportunity for research and development of specific

curriculum strategies to define exactly what can and should be achieved in school-based educational programs. Unlike other health issues such as tobacco use, the specific achievable learning outcomes relative to sexual health have been masked by the debates about sexual health education. While the research evidence clearly shows that the provision of sexual health education does not impact the young people's decisions to experiment with sexual intercourse, researchers have not clearly defined the specific age-appropriate outcomes that we should be seeking.

According to the Canadian Guidelines for Sexual Health Education,¹ sexual health education and promotion should help to create an environment that is conducive to sexual health, and help young people to (a) acquire knowledge relevant to their specific sexual health issues, (b) develop the motivation and personal insight they will need to act on the knowledge, and (c) acquire the skills they need to both enhance their sexual health and avoid negative sexual health outcomes.

CHARACTERISTICS OF EFFECTIVE PROGRAMS

The characteristics of effective educational programs^{1,23-28} are based on

- solid behavioural research
- early provision
- focus on delayed intercourse and/or protected intercourse
- sessions of at least 14 hours in duration
- organization of sessions of sufficient intensity
- use of regular, consistent, and coordinated interventions
- provision of a range of interactive activities
- provision of clear, factual information
- identification of the social influences of peers and the media
- provision of training for teachers
- recognition and response to developmental stages of children and adolescents
- linkage and coordination with other school and community-based interventions

Interprovincial and national mechanisms should be established to encourage the free flow of information and materials among all of the stakeholders in sexual health education and promotion. This should include effective use of comprehensive Web sites, on-line training, e-mail lists, on-line databases, and other cost-effective tools. The use of the Internet provides an opportunity to address the specific needs of educators and service providers in rural and isolated communities. On-line courses and professional development modules should be coordinated with the delivery of subsidized workshops to rural communities and schools. The positive and significant impact of the SOGC Web site on sexual health (<http://www.sexualityandu.ca>) suggests that all possible uses of emerging information technologies should be maximized to promote sexual health.

Leadership must come from the medical community, include a significant role for dedicated professional organizations such as the Sexual Information and Education Council of Canada, and be based on co-operation with relevant professional associations representing physicians, teachers, nurses, and others.

HEALTH SERVICES

Studies^{15,29} have shown that many public health systems are too underfunded to provide the services and coordination required to implement an appropriate effective campaign and program to improve the sexual health of young Canadians. In several jurisdictions, there is anecdotal evidence showing that regionalization of health services has led to the dismantling of vital community-based sexual health clinics or delivery infrastructure.¹⁵

The research on school-based or school-linked health clinics²⁶ clearly shows that by making adolescent health services convenient and friendly to youth, access and use of those services increases, health improves, and socio-economic costs decline.²⁷

RECOMMENDATION

The issue of the legal provision of health services to minors should be clarified in order to allow appropriate ethical provision of care without fear of litigation.

COORDINATION

Research from Canada^{30,31} and from the United States³² found that jurisdictions with access to both sexual health education in schools and to clinical services had lower rates of teen pregnancy than did areas that lacked access to community clinics or related sexual health services. Furthermore, international comparative research²⁹ indicated that countries that provide easy access to reproductive health services for youth, combined with sexual health education programs, do better on youth sexual health indicators than countries that do not.

A recent study¹⁵ demonstrated that coordination and co-operation among two public systems (schools and public health) is sorely lacking. Those findings showed that

- interministry and interagency committees on sexual health and HIV/AIDS have become inactive;
- few health ministries require local health authorities to prepare a coordinated approach to sexual health promotion or HIV prevention and few health ministries provide incentives to do so;
- long-term goals for sexual health promotion are not clearly articulated;
- few health or education authorities or ministries have well-developed policies or programs monitoring systems;
- health and education professionals are not trained or

- sufficiently supported to coordinate their efforts;
- most local school boards and local health authorities do not have an interagency protocol for co-operation.

While the general principle of a comprehensive school health approach³³ is well accepted in some curriculum and policy documents, this coordinated strategy is far from being implemented in all jurisdictions, including its application to sexual health promotion and education.

PERSONAL COMMITMENT

The role of physicians and other health-care professionals in promoting health in co-operation with schools has been articulated.^{34,35} Health-care providers have a responsibility to lend their official and moral support to agencies endorsing the above concepts and to offer practical assistance in the education and service components of such programs once established.

Although physicians are often assumed to speak with authority in the area of reproductive health education, it must be recognized that most are ill equipped for this role. Provision for the upgrading of skills of physicians currently in practice in this area is desirable. Access to resource personnel, both locally and nationally, to help promote programs and provide assistance, is important. As well, the use of the Internet should be maximized. Research on the effectiveness of on-line training and professional development shows that the best approach is to use a combination of relatively brief on-line modules in combination with regular conferences, workshops, or face-to-face course delivery.

Further, it would be more effective and efficient if residency programs and CMEC accreditation authorities could coordinate the development of their requirements related to this topic so that course credit or accreditation can be granted in a meaningful and convenient manner.

RECOMMENDATION

It is strongly urged that mandatory programs in reproductive health education be integrated in medical school undergraduate curricula, as well as in residency programs likely to lead to involvement in this area (Family Practice, Obstetrics and Gynaecology, and Pediatrics).

A CALL TO ACTION

The SOGC strongly believes that Canada can make further, significant progress in developing and implementing comprehensive school-based and school-linked sexual health education and promotion programs. Enhanced education, greater access to adolescent services, and better coordination of the various interventions are 3 important priorities of these programs.

These programs should focus on specific outcomes for

children and youth, and seek to influence behaviours, selected determinants, public policy, and professional practice. Physicians, by providing expertise and commitment, can lead and support the efforts of educators, other health-care professionals, parents, and youth themselves.

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