

SEXUAL HEALTH EDUCATION

BACKGROUND

The *Kindergarten to Senior 4 Physical Education/Health Education Manitoba Curriculum Framework of Outcomes for Active Healthy Lifestyles* (MB Education & Training 2000) integrates physical and health education

“to emphasize the importance of moving towards health promotion and of addressing risk factors facing our children and youth.” (p. 4)

Physical Education/**Health Education** is a compulsory subject area for Kindergarten to Grade 12 students.

RESEARCH IDENTIFIES THE SIGNIFICANT BEHAVIORS THAT CONTRIBUTE TO TODAY’S MAJOR HEALTH ISSUES AS:

- Inadequate physical activity
- Unhealthy dietary behaviors
- Drug use, including alcohol and tobacco
- Sexual behaviors that result in sexually transmitted diseases/infections and unintended pregnancies
- Behaviors that result in intentional and unintentional injuries (page 5)

THE THREE GENERAL LEARNING OUTCOMES (GLOs) WHICH ADDRESS **SEXUAL HEALTH - RELATED CONTENT ARE:**

- Safety – demonstrate safe and responsible behaviors to manage risks and prevent injuries in physical activity participation and in daily living.
- Personal and Social Management – develop self-understanding, make health-enhancing decisions, work cooperatively and fairly with others, and build positive relationships with others.
- Healthy Lifestyle Practices – make informed decisions for healthy living related to personal health practices, active living, healthy nutritional practices, substance use and abuse, and human sexuality.

Each of these areas is interrelated with the others in providing a comprehensive approach to the development of knowledge, attitudes and skills which will provide a critical foundation for healthy choices regarding relationships and other areas of sexual health.

SCHOOLS PLAY A CRITICAL ROLE IN PROVIDING SEXUAL REPRODUCTIVE HEALTH EDUCATION

According to the *Canadian Guidelines for Sexual Health Education*:

“Since schools are the only formal educational institution to have meaningful contact with nearly every young person, they are in a unique position to provide children, adolescents, and young adults with the knowledge and skills they will need to make and act upon decisions that promote sexual health throughout their lives.” (*Health Canada, 2008, p. 19*)

In a series of surveys of Canadians, 85% of parents, and 89% of adolescents agreed that sexual health education should be provided in the schools. *Canadian Journal of Human Sexuality, Vol. 9 (1), 2000, revised 2001.*

Evaluations of comprehensive Sexual Health Education programs reveal that they *delay the onset of sex, reduce the frequency of sex, reduce the number of sexual partners among teens, and/or increase the use of condoms and other forms of contraception.*

Kirby, 2007.

See Characteristics of an Effective Sexuality Education Program.

32% of grade 9 boys and 28% of grade 9 girls engaged in oral sex at least once.

23% of grade 9 boys and 19% of grade 9 girls engaged in sexual intercourse at least once.

Of these, 39% of the boys and 28% of the girls used alcohol or drugs before their last sexual intercourse.

The number one reason for their not using condoms the last time they had sexual intercourse was ‘did not expect to have sex’.

Canadian Youth, Sexual Health and HIV/AIDS Study, Council of Ministers of Education, Canada, 2003.

SOME MYTHS AND FACTS ABOUT SEXUAL HEALTH EDUCATION

MYTH: Students in elementary are too young to need information about sexuality.

FACT: In every subject, students are given a foundation in the early school years that is expanded upon in later years. Children are often curious about issues related to sexuality and need accurate, age-appropriate information. Children also need to learn the correct names of all their body parts so that they can tell someone if they have been sexually abused.

MYTH: If you talk to kids about sex they will go out and experiment.

FACT: Children who are well informed and comfortable talking about sexuality with their parents are also the least likely to have intercourse when they are adolescents. Knowledge does not lead to inappropriate behavior, whereas a lack of information poses greater risks.

MYTH: Kids will pick up what they need to know.

FACT: Kids are constantly picking up sexual messages, many of them ones that do not promote healthy sexuality. They will pick up the commercial and exploitive messages that are in the interest of advertisers to promote, and they will pick up misinformation from their uninformed peers. From adults, they may pick up the message that there is something wrong with feeling comfortable about sexuality.

MYTH: If I don't feel completely comfortable talking to my students about sexual issues, it's better not to say anything at all.

FACT: It is quite common to be uncomfortable talking about sexuality. However, we should not let this stop us from educating our students. It is important for educators to provide comprehensive Sexual Health Education that is culturally and socially appropriate, and that meets students' needs. Talking about facts rather than values is an effective way to combat apprehension. Educator training is an effective method for developing comfort and skill.

MYTH: Comprehensive sexual health education doesn't address abstinence.

FACT: Comprehensive Sexual Health Education stresses abstinence as the preferred sexual behaviour among teens. Abstaining from sexual activity that involves exchange of bodily fluids and/or genital-to-genital or skin to genital contact is the only way to be absolutely sure of avoiding the risk of pregnancy or sexually transmitted infections. Postponement of initial sexual activity until maturity, adherence to one sexual partner and protected sexual intercourse are sequentially offered as the next best alternatives. The programs that have been most effective in helping young people to abstain discuss both abstinence and contraception.

Adapted from SIECUS, 1996-2003.

WHAT CAN WE DO?

- ✓ **ENSURE THAT YOU HAVE A FORMAL POLICY AND GUIDELINES ON SEXUAL HEALTH EDUCATION**
- ✓ **INVOLVE STUDENTS**
- ✓ **PROVIDE SUPPORT AND TRAINING FOR TEACHERS**
- ✓ **ENSURE THAT PROGRAMS ARE EFFECTIVE**
 - Deliver and consistently reinforce a clear message to ‘abstain from sexual activity or use condoms or other forms of contraception’. This appears to be one of the most important characteristics that distinguishes effective from ineffective programs.
 - Provide examples of and practice with communication, negotiation, and refusal skills.
 - Employ teaching methods designed to involve participants and which have them personalize the information.
 - Schedule a sufficient length of time (i.e., more than a few hours).
- ✓ **INVOLVE PARENTS**
 - Send home information about the course
 - Show parents the materials you are using
 - Provide information to assist parents in their role as sexuality educators
 - Organize a workshop for parents

ONLINE

SERC - SEXUALITY EDUCATION RESOURCE CENTRE
www.serc.mb.ca

SIECUS – SEXUALITY INFORMATION AND EDUCATION COUNCIL OF THE U.S.
www.siecus.org

SIECCAN – SEX INFORMATION AND EDUCATION COUNCIL OF CANADA
www.sieccan.org

CANADIAN GUIDELINES FOR SEXUAL HEALTH EDUCATION
www.phac-aspc.gc.ca

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