

What types of sexual health education are the most effective at helping adolescents protect themselves against unwanted pregnancy and STI?

During the past twenty years a considerable body of scientific research has been devoted to identifying the key ingredients of effective sexual health education. With respect to pregnancy, HIV/AIDS and STI prevention, a clear picture has emerged as to what is the most effective approach.

1. Effective prevention programs clearly focus on reducing specific sexual risk-taking behaviours, directly relevant information, gives students the opportunity to develop the motivation and personal insight to use the information, and help them to develop the behavioural skills necessary to carry out health promoting behaviours. (Fisher & Fisher, 1998; Health Canada, 1994; Kirby et al., 1994; Kirby, 2000).
2. Effective prevention programs provide the information, motivation and behavioural skills to help adolescents delay first intercourse and to use contraceptives/condoms if and when they experience sexual intercourse. Research consistently shows that well designed programs employing this dual approach are effective in both delaying first intercourse and increasing the use of contraceptives/condoms for those who are sexually active (Brown & Eisenberg, 1995; Frost & Darroch Forrest, 1995; Kirby et al, 1994; Kirby, 2000). A World Health Organization review of 47 studies found that the programs that are most effective in reducing adolescents' high risk sexual behaviour are those that address delay of intercourse among young adolescents, as well as provide information and skills related to contraception and condom use for STI prevention. (Grunseit & Kippax, 1993; Grunseit et al., 1997). The authors of the most comprehensive review of evaluated sexual health education programs conclude from their findings that:

Programs should both encourage youths to delay or refrain from intercourse and also encourage them to use contraceptives if they initiate intercourse. Programs should be both age and experience appropriate. That is, programs for younger adolescents should focus more upon delaying intercourse, while those for older youths should focus more upon condoms and other contraceptives.
(Kirby et al., 1994, p. 359).

More recent comprehensive reviews of the peer reviewed literature support these conclusions. (Jemmott & Jemmott, 2000; Kirby, 2000).

Does teaching adolescents about contraception/condoms lead to earlier or more frequent sexual activity?

The answer to this question is a definitive “No”. Research studies investigating the impact of sexual health education on adolescent behaviour consistently find that providing contraceptive/ condom education does **not** lead to earlier or more frequent sexual activity(Frost & Darroch Forrest, 1995; Grunseit & Kippax, 1993; Grunseit et al., 1997; Jemmott, Jemmott & Fong, 1998; Kirby, 2000; Ku, Sonnenstein & Pleck, 1992; Wellings et al., 1995). A meta-analysis of published teenage pregnancy prevention program evaluations shows that these programs do not increase sexual activity but do significantly increase contraceptive use among sexually active teens, and that those programs which include distribution of contraceptives are the most effective(Franklin, Grant, Corocan, O’Dell, Miller & Bultman, 1997).

What is the impact of making condoms easily available to teenagers?

Research has clearly documented that the promotion and distribution of condoms to adolescents does **not** increase rates of sexual activity, but significantly increases condom use among those adolescents who are sexually active (Guttmacher et al., 1997; Schuster, Bell, Berry & Kanouse, 1998; Sellors, McGraw & McKinlay, 1994). Condom availability programs may have particularly significant impact of young men. A study of the impact of a high school condom availability program found that the program did **not** increase sexual activity among students, but did increase the percentage of teenage men who used condoms every time they had intercourse in the previous year from 37% before the program began to 50% one year later. In addition, the percentage of young men who reported using a condom at first intercourse rose from 65% to 80%. (Schuster, Bell, Berry & Kanouse, 1998).

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