

Beyond the Basics:

*A Sourcebook on Sexual and
Reproductive Health Education*



Second Edition

Canadian Federation
for Sexual Health



Fédération canadienne
pour la santé sexuelle

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The Sourcebook is for individuals and organisations working in the area of sexual and reproductive health. While the most up-to-date materials were used to prepare the Sourcebook, users should be aware that information changes rapidly. Therefore, we urge users to consult a broad range of information and/or contact us at 613-241-4474 for more details. Users relying on this information do so entirely at their own risk. Canadian Federation for Sexual Health does not accept any responsibility for damage that may result from the use or misuse of this information.

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Foreword and acknowledgements

The Canadian Federation for Sexual Health (CFSH) is pleased to present *Beyond the Basics: A Sourcebook on Sexual and Reproductive Health Education*. Developed under the guidance of an advisory committee of Canadian experts, this curriculum was sponsored by CFSH and funded by the Population Health Fund, Health Canada.

CFSH is a national voluntary organisation that works with affiliates in 68 communities in Canada. We envision a society that celebrates healthy sexuality, its diversity of expression and a positive sexual self-image for individuals throughout life. Our mission is to promote sexual and reproductive health and rights to enhance the quality of life for all.

In producing this document, we hope to provide educators with the tools they need to deliver an effective sexual and reproductive health education program. We thank Health Canada for the funding that made this opportunity possible, and all those that participated in this project.

A handwritten signature in black ink that reads "Linda Capperault". The signature is written in a cursive style with a large initial 'L'.

Linda Capperault
Executive Director
Canadian Federation for Sexual Health

Contents

Foreword and acknowledgements

About the Sourcebook

List of Contributors

List of Contributing Programs

Table of Contents

I. Getting Started

II. Values and Sexuality

III. Puberty and Reproductive Health

IV. Self Esteem

V. Sexual Identity

VI. Relationships, Communication and Decision-Making

VII. Contraception and Safer Sex

VIII. STIs and HIV

IX. Appendices

Appendix A: Glossary

Appendix B: Sample Letter to Parents

Appendix C: Needs Assessment Activities

Appendix D: Community Mapping Activities

Appendix E: Using the Internet to Access Sexual Health Information

Appendix F: Icebreaker Activities

Appendix G: Anatomy Diagrams

X. Resources

About the Sourcebook

Funded by Health Canada, the *Sourcebook*

- respects differing views on sexuality in a multicultural environment
- encourages healthy choices
- focuses on the development of self-confidence and negotiating skills
- supports healthy sexuality by providing information, motivation, and behavioural skills in an environment conducive to sexual health.

Studies conducted world wide indicate that well designed adolescent sexual health interventions reduce the risk of unintended pregnancy and STI/HIV infection by increasing the use of condoms and other contraceptive methods and delaying first intercourse.¹ Despite this, there is a fragmented and inconsistent approach to teaching SRH education across Canada. Youth, teachers, volunteers, public health nurses, and professional and community organisations across the country agree that there is a strong need for better information about the practice and content of sexual and reproductive health education. *Beyond the Basics: A Sourcebook on Sexual and Reproductive Health Education* seeks to fill this gap.

A tool for educators who deliver SRH education to 9 to 18 year olds, the *Sourcebook* is based on Health Canada's *Canadian Guidelines for Sexual Health Education* and *A Report from Consultations on a Framework for Sexual and Reproductive Health*. Designed to complement the existing programs and curriculum guidelines set by provincial/territorial Ministries of Education, the *Sourcebook* can be used in schools and community agencies. While every effort was made to include Canadian resources, some American materials were also used.

We hope that this *Sourcebook* will improve the content, quality and effectiveness of SRH education across the country in order to assist in the healthy development of children and youth.

¹ McKay, Alex (2004) Sexual Health Education in the Schools: Questions and Answers. *The Canadian Journal of Human Sexuality*. 13(3-4): 132. To review the entire document, please go to: www.sieccan.org

The Right to Sexual and Reproductive Health (SRH) Education

All individuals are sexual beings. According to Health Canada:

Healthy sexuality is a positive and life affirming part of being human. It includes knowledge of self, opportunities for healthy sexual development and sexual experience, the capacity for intimacy, an ability to share relationships, and comfort with different expressions of sexuality including love, joy, caring, sensuality, or celibacy. Our attitudes about sexuality, our ability to understand and accept our own sexuality, to make healthy choices, and respect the choices of others, are essential aspects of who we are and how we interact with our world.²

At the most basic level, access to information that may prevent sexual health problems and enhance sexual health is a fundamental right. This is the rationale for providing SRH education to youth. In developing the *Canadian Guidelines for Sexual Health Education*, Health Canada (1994) endorsed sexual health as a state of physical, emotional, mental and societal well-being related to sexuality and not merely the absence of disease, dysfunction or infirmity.

Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be protected and fulfilled.³

Education that provides youth with the appropriate knowledge, critical awareness, and skills to make informed decisions about their sexual health is indispensable if the right to sexual health is to

² Health Canada (1999) *A Report from Consultations on a Framework for Sexual and Reproductive Health*. Ottawa: Author, page 2.

³ Health Canada (2003) *Canadian Guidelines for Sexual Health Education*. Ottawa: Population and Public Health Branch, Health Canada, page 5.

be achieved. Recognizing and affirming young people's right to SRH education is the cornerstone of the development and implementation of sexual health education programs by schools and other community-based organisations.

Guiding Principles of Sexual and Reproductive Health Education

Sexuality

- Sexuality touches upon the physical, emotional, spiritual, and interpersonal development of every person.
- Sexuality influences thoughts, feelings, actions, interactions, and thereby our mental and physical health.
- Within every community, there is a diversity of personal and social moral beliefs, values, and ethics related to sexuality.
- The role of sexuality changes throughout the stages of an individual's life.

Sexual Health

- Sexual health involves the integration of the physical, emotional, and social aspects of sexuality in ways that contribute to the overall health and well being of the individual.
- In a democratic society, sexual health includes the ability to make informed choices about sexual and reproductive behaviour, within the context of social and personal ethics.
- In order to make informed choices conducive to sexual health, individuals must have access to accurate sexual health information appropriate to their stage of development.

Sexual Health Education

- Sexual health education is a broadly based, community-wide activity.
- Sexual health education is a responsibility shared by parents, students, schools, places of worship, health, social and legal services, media, and a variety of other relevant groups.
- Sexual health education enables individuals, couples, families, and communities to develop the knowledge and the skills needed to ensure sexual health.
- Sexual health education must be sensitive to individual beliefs, family, community, cultural, and religious backgrounds.

- Sexual health education provides education relevant to the individual needs of all students.
- Sexual health education recognizes, explores, and develops the individual's responsibility to respect the rights and needs of others.
- Sexual health education emphasises the self-worth and dignity of the individual.
- Sexual health education is ongoing and sequential, reflecting the different developmental stages of individuals' lives.
- Because schools have meaningful contact with nearly every young person, they are pivotal organizations in providing sexual health education.
- Effective sexual health education, at elementary and secondary school levels, is taught within specific programs and is linked to related curriculum areas that touch upon sexuality, relationships, and personal development.

The Need for Sexual and Reproductive Health Education

Ample evidence exists that young Canadians do not have the information, support, and/or services they need to ensure healthy sexual development. Canadian teenagers have high rates of sexually transmitted infections (STIs), which pose a significant threat to their health and well-being.. For example, over half of the reported cases of chlamydia are in the 15-29 year old age group⁴ The potential for HIV, then, remains significant among young Canadians since STIs and HIV often coexist and STIs likely increase the efficacy of transmission of HIV.⁵ While the teenage pregnancy rate in Canada declined from 48.6 per 1,000 in 1994 to 30.6 in 2001,⁶ teenage pregnancy is still an important concern given its implications for the health and well-being of young women as well as its economic consequences.⁷ These unintended pregnancies and sexually transmitted infections, as well as negative body image, poor self-esteem, and sexual violence among adolescents are frequently the result of failure to provide timely and relevant information, enough positive role models, or enough support to teenagers.

Reproductive Health – a state of complete physical, mental & social well-being, and not merely the absence of disease, in all matters relating to the reproductive system and to its functions and processes.

Reproductive Rights – embraces certain human rights recognized in legal documents and national and international human rights agreements. These include the rights of couples and individuals to

⁴ Health Canada (2004) *2002 Canadian Sexually Transmitted Infections (STI) Surveillance Report: Pre-Release*. Ottawa: Population and Public Health Branch, Health Canada.

⁵ Health Canada (2000) *Canada Communicable Disease Report. (Suppl.) 1998/1999 Canadian Sexually Transmitted Diseases (STD) Surveillance Report*. Vol. 26S6

⁶ Statistics Canada (2005) *Teen pregnancy, by outcome of pregnancy and age group, count and rate per 1,000 women, Canada, provinces and territories, 1997-2001*. Available at: www.statcan.ca.

⁷ Dryburgh, Heather (2000) Teenage Pregnancy. *Health Reports*. 12(1).

decide freely and responsibly on the number and spacing of desired children, and to have the information and the means to achieve this; the right to obtain the highest standard of sexual and reproductive health; the right to make decisions free from discrimination, coercion or violence.

Sexual health – the achievement of positive outcomes (e.g. self-esteem, respect for self and others, non-exploitive sexual satisfaction, rewarding human relationships, the joy of desired parenthood) and the avoidance of negative outcomes (e.g. unintended pregnancy, sexually transmitted infection, sexual coercion).⁸

Sexual health education enables individuals, couples, families, and communities to develop the knowledge, motivation, skills, and critical awareness needed to enhance sexual health and to avoid sexual problems.⁹

⁸ *ibid*, page 29

⁹ *ibid*, page 7

Using the Sourcebook

The *Sourcebook* is comprised of 8 modules or chapters. Modules cover specific topics, starting with more general, foundational skills (e.g. values, self-esteem, relationships) and concluding with more specific issues (e.g. contraception, STIs/HIV). A complete list of modules includes the following:

- Values and sexuality
- Puberty and reproductive health
- Self-esteem
- Sexual identity
- Relationships, communication, and decision-making
- Contraception and safer sex
- STIs and HIV
- Resources

Each module contains a one to two primer that highlights key issues that may arise when teaching that particular module. **We strongly recommend taking the time to read the primer!** Each primer outlines the objectives, provides background information for the educator, and indicates how activities in other modules might be incorporated into more comprehensive lesson plans.

Concise yet complete, these sections were created specifically with the educator in mind. They are designed to highlight key issues that may arise when teaching a particular module and to provide the educator with crucial background information.

In addition to the primer, each module contains a series of activities¹⁰ for participants, accompanied by answer keys and instructions for the educator. All activities and handouts can easily be pulled out and reproduced. Activities in each module are divided into three levels:

¹⁰ Classroom teachers are strongly advised to consult their curriculum guidelines before selecting activities from the *Sourcebook* as guidelines differ across Canada.

Level I: ages 9-11; grades 4-6

Level II: ages 12-14; grades 7-9

Level III: ages 15+; grades 10+

Since children and adolescents develop physically, sexually, and emotionally at different rates, the ages and grade levels associated with each level are to be used as guidelines only.

One additional feature of the *Sourcebook* is the glossary (Appendix A). As with any subject, SRH education has a unique collection of terms and phrases. Designed specifically for the teacher, this glossary can be referred to in order to ensure the use of proper language and to define terms that are used throughout the *Sourcebook*.

A Word about the Activities

Over the last two decades, a considerable body of research has been devoted to identifying the key ingredients of effective SRH education. With respect to pregnancy, HIV/AIDS, and STI prevention, a clear picture has emerged identifying the two most effective approaches, both of which have been incorporated into the *Sourcebook*:

Effective prevention programs clearly focus on reducing specific sexual risk-taking behaviours. They provide directly relevant information, give young people 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.

Effective prevention programs take a dual approach in which young people are provided with the education necessary to delay first intercourse and to consistently use contraception/condoms if and when they experience intercourse. While abstinence is presented as an option, “abstinence-only” programs, which do not provide choices and information regarding pregnancy and STI prevention (e.g. contraception), have not been shown to be appropriate or effective.¹¹

In addition to the above, activities in the *Sourcebook* are based on the Information, Motivation, and Behavioural Skills (IMB) approach to SRH education.¹² This model provides a clear theoretical basis for developing and implementing effective programs. In essence, the IMB model asserts that the acquisition of sexual health related information, motivation, and behavioural skills in an environment that is conducive to sexual health, are the fundamental

¹¹ McKay, Alex (2004) Sexual Health Education in the Schools: Questions and Answers. *The Canadian Journal of Human Sexuality*. 13(3-4): 135. To review the entire document, please go to: www.sieccan.org

¹² This approach provides a basis for understanding the psychological determinants of sexual and reproductive health behaviours **and** a methodology for creating theoretically based and empirically targeted educational programs. It can be used to focus on a wide array of sexual/reproductive health behaviours and can be adapted to the needs of diverse populations. The IMB approach has received considerable empirical support, and programs using it have been shown to help people to modify their sexual/reproductive health behaviour in order to enhance sexual health. For further information on this theoretical model, please consult the *Canadian Guidelines for Sexual Health Education*, available at: www.hc-sc.gc.ca/pphb-dgspsp/publicat/cgshe-ldnemss/index.html.

determinants of sexual health problem prevention and enhancement behaviour. In order to change behaviour, SRH education must contain all four components of the IMB model.

For example, with respect to unintended pregnancy and STI/HIV prevention, the IMB approach suggests that:

1. An individual must possess information that is directly relevant to prevention and that is easily translated, within the student's social context, into risk-reduction behaviour.
2. Once the relevant information is obtained, the student must have sufficient motivation to act upon it. Motivation includes the personal motivation to practice preventive behaviours (e.g., attitudes towards consistent condom use, delay of sexual intercourse), the social motivation to engage in prevention (e.g., perceptions of social support for performing such acts), and perceptions of personal vulnerability to pregnancy or STI infection.
3. Once the individual has become sufficiently informed, and motivated to reduce their risk, they must acquire the necessary behavioural skills to perform preventive behaviours. Examples of behavioural skills include: the ability to negotiate sexual limits or condom use with a partner, and the ability to reinforce patterns of preventive behaviour in themselves and their partner.
4. The acquisition of information, the development of motivation and personal insight and the development of behavioural skills that support sexual health should occur in an environment conducive to sexual health. Examples include: opportunities to consider the ways in which the environment can help or hinder individual efforts to achieve and maintain sexual health and fostering an atmosphere of respect where participants feel comfortable asking questions, discussing values and sharing their views with others.

A Word About Evaluation

Classroom teachers, in particular, may be responsible for providing a grade for students participating in SRH education courses. While the *Sourcebook* contains some evaluation ideas, the bulk of evaluation modalities remain at the teacher's discretion. There are several handouts in each module (e.g. quizzes, homework assignments, etc.) in which assigning a grade is relatively straightforward. However, many modules contain activities in which the participant is to seek out an adult s/he trusts to complete an assignment. Please note that while the "declaration of completion" slips provide proof of assignment completion and preserve the privacy of the participants, not all young people may be able to complete such assignments (e.g. safety reasons, having no one to talk to). Please be sensitive to the diverse needs and circumstances of your group when using these assignments.