

## The Importance of Sexual Health Education

Sexual health is a key component of our overall health and well-being. In principle, all people living in Canada, including youth, have a right to information and the skills necessary to enhance sexual health. Enhancing our sexual health involves working towards a positive self-image and self-worth, integrating sexuality into mutually satisfying relationships, and preventing or treating sexual health outcomes such as STIs, including HIV.<sup>i</sup>

Most people living in Canada become sexually active during their teenage years.<sup>ii</sup> Our youth have higher rates of STIs than the general population<sup>iii</sup> and specifically amongst Indigenous populations, colonialism has interrupted traditional sexual health practices, which has resulted in higher rates of STIs/HIV, unintended pregnancy, and sexual assaults.

Traditionally in Indigenous cultures, sexuality was seen as a gift and a source of great pleasure. Community adults openly taught children about their bodies, the moon time, and other sexual and reproductive passages. The Kokums (Grandmothers) were the keepers of the knowledge of herbal medicines for, among other things, birth control. This perspective was lost with the influence of the church and residential schools. The impact of the church-run schools, what the schools taught about sex, and the sexual abuse experienced there has made talking about sex taboo for many Indigenous people.<sup>iv</sup>

Service providers such as teachers, health professionals, and frontline workers are in a unique position to provide children, youth, and young adults with the knowledge, understanding, skills, and attitudes they will need to make and act upon decisions that promote sexual health throughout their lives. Teen Talk has developed a comprehensive sexual health curriculum based on promising practices for sexual health. One notable document is the *Canadian Guidelines for Sexual Health Information*,<sup>v</sup> which provides a framework for implementing effective programming. The Guidelines embody an educational philosophy that is inclusive, respects diversity, and reflects the fundamental basis of education in a democratic society.

Effective sexual health education programs recognize that responsible individuals may choose a variety of paths to achieve sexual health and support informed decision-making by individuals. These programs provide individuals

with the knowledge, personal insight, motivation, and behavioural skills that are consistent with each individual's personal values and choices.<sup>vi</sup>

Studies have consistently found that most parents and youth want sex education to be taught in schools. Human sexuality, puberty, birth control, and HIV/AIDS rank the highest as the most valuable topics of sexual health information.<sup>vii</sup> Youth have also mentioned that they want to learn more about healthy relationships, HIV/AIDS, pleasure, and communication skills.<sup>viii</sup> Research clearly demonstrates that providing youth with sexual health education does not lead to earlier or more frequent sexual activity.<sup>ix</sup> Effective programs have a positive impact on sexual health behaviours such as delaying or decreasing sexual behaviours and/or increasing condom or contraceptive use. The research also shows that condom and safer sex distribution programs can increase their use among sexually active youth and do not result in earlier or more frequent sexual activity.<sup>x</sup> In general, there is growing recognition that sexual health education can make a significant positive contribution to the health and well-being of the community.

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- <sup>i</sup>Sex Information and Education Council of Canada (SIECCAN). (2010). *Sexual Health Education in the Schools: Questions & Answers, 3<sup>rd</sup> Edition*. Retrieved from [www.sieccan.org/pdf/she\\_q&a\\_3rd.pdf](http://www.sieccan.org/pdf/she_q&a_3rd.pdf).
- <sup>ii</sup>Maticka-Tyndale, E. (2008). Sexuality and sexual health of Canadian adolescents: Yesterday, today and tomorrow. *The Canadian Journal of Human Sexuality*, 17, 85–95.
- <sup>iii</sup>Public Health Agency of Canada. (2015). Executive summary: Report on sexually transmitted infections in Canada: 2012. Canada.
- <sup>iv</sup>Aboriginal Nurses Association of Canada, & Planned Parenthood Federation of Canada. (2002). *Finding our way: A sexual and reproductive health sourcebook for Aboriginal communities* (p. 339). Aboriginal Nurses Association of Canada.; Thoms, J. M. (2007). Leading an extraordinary life: Wise practices for an HIV prevention campaign with Two-Spirit men. In (pp. 1–68). 2 Spirits.
- <sup>v</sup>Public Health Agency of Canada. (2008). *Canadian guidelines for sexual health education* (pp. 1–62). Canada.
- <sup>vi</sup> Ibid.
- <sup>vii</sup> Frappier, J-Y, Kaufman, M., Baltzer, F. et al. (2008). Sex and sexual health: A survey of Canadian youth and mothers. *Pediatric and Child Health*, 13, 25–30.
- <sup>viii</sup> Causarano, N., Pole, J.D., Flicker, S., & the Toronto Teen Survey Team. (2010). Exposure to and desire for sexual health education among urban youth: Association with region and other factors. *The Canadian Journal of Human Sexuality*, 19 (4), 169–184.
- <sup>ix</sup> Kirby, D., Laris, B. A., & Rolleri, L. (2007). Sex and HIV education programs: Their impact on sexual behaviors of young people throughout the world. *Journal of Adolescent Health*, 40, 206–217.
- <sup>x</sup> Blake, S. M., Ledsy, R., Goodenow, C., Sawyer, R., Lohrmann, D., & Windsor, R. (2003). Condom availability programs in Massachusetts high schools: Relationships with condom use and sexual behavior. *American Journal of Public Health*, 93(6), 955–962.