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Canadian Guidelines for Sexual Health Education

Sexual Health Education

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Correspondence:
Sexual Health & Sexually Transmitted Infections Section
Community Acquired Infections Division
Centre for Communicable Diseases and Infection Control
Infectious Disease and Emergency Preparedness Branch
Public Health Agency of Canada
Ottawa, Ontario K1A 0K9
Fax: (613) 957-0381
Email: PHAC_Web_Mail@phac-aspc.gc.ca

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Canadian Guidelines for

Sexual Health Education

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Preface

The first *Canadian Guidelines for Sexual Health Education (Guidelines)* were published in 1994 and were later revised in 2003. Both editions of the *Guidelines* were developed with the expertise of professionals in various areas of sexual health, including education, public health, women's issues, health promotion, medicine, nursing, social work, and psychology. The *Guidelines* are grounded on evidence-based research placed within a Canadian context.

The *Canadian Guidelines for Sexual Health Education*, 2008 Edition, is based on the 2003 Edition, however, comments from a national evaluation survey that was undertaken in Fall 2007 as well as input from external reviewers have been incorporated. Among other changes, these *Guidelines* have incorporated recent evidence-based literature and have been written using language that is more inclusive of Canada's diverse populations.

Acknowledgements

The *Canadian Guidelines for Sexual Health Education* would not exist without the efforts, knowledge and expertise of those involved in the development of the 1994 and 2003 editions. A complete list of the coordinators, working group members and contributors from all editions of the *Guidelines* can be found online at: www.publichealth.gc.ca/sti.

The Public Health Agency of Canada would like to acknowledge and thank the individuals who volunteered their time to review and contribute to the *Canadian Guidelines for Sexual Health Education*, 2008 edition.

The revisions to this document were made possible through the valuable input provided by experts working in the field of sexual health education and promotion across Canada, including the members of the Sexual Health Working Group of the Joint Consortium for School Health.

In addition, the Public Health Agency of Canada would like to acknowledge the staff of the Sexual Health and Sexually Transmitted Infections (STI) Section, Centre for Communicable Diseases and Infection Control for their contribution to the revisions of this document.

Introduction

Goals and Objectives of the Guidelines

Sexual health is a key aspect of personal health and social welfare that influences individuals across their lifespan. It is thus important that health promotion programs focusing on enhancing positive sexual health outcomes and reducing negative sexual health outcomes are available to all Canadians regardless of their age, race, ethnicity, gender identity, sexual orientation, socioeconomic background, physical/ cognitive abilities, religious background or other such characteristics.

One goal of the *Guidelines* is to guide the efforts of professionals working in the area of sexual health education and promotion. The *Guidelines* place particular emphasis on assisting curriculum and program planners, educators in and out of school settings, policy-makers, and health care professionals.

A second goal of the *Guidelines* is to offer clear direction to assist local, regional and national groups and government bodies concerned with education and health to develop and improve sexual health education policies, programs and curricula which address the diverse needs of all Canadians.

These *Guidelines* are designed to:

1. Assist professionals concerned with the development and implementation of new and effective programs, services and interventions that reinforce behaviours that support sexual health and personal well-being.
2. Provide a detailed framework for evaluating existing sexual health education programs, policies and related services available to Canadians.
3. Offer educators and administrators a broader understanding of the goals and objectives of broadly based sexual health education.

How to Use the Guidelines

The *Guidelines* are not intended to provide specific curricula or teaching strategies. This document provides a framework that outlines principles for the development and evaluation of comprehensive evidence-based sexual health education. *Guideline* statements support each principle and provide the context for effective and inclusive sexual health education programs and policies in Canada.

Readers should begin by reviewing the section on *Key Concepts*. This section provides the foundation for the *Guidelines* and provides readers with a sense of how key concepts are defined.

The *Exploring Sexual Health and Sexual Health Education* section discusses and recognizes diverse viewpoints concerning the concept of sexual health, defines the goals of sexual health education and highlights the need to recognize and meet the diverse sexual health needs of various populations.

The *Developing a Broad Framework for Sexual Health Education* section explains how a common philosophy and clear guiding principles can be applied to programs designed to enhance sexual health and, in turn, assist in the avoidance and reduction of negative sexual health outcomes. The principles and strategies provided suggest steps that may be used for current and future program planning and policy development. The *Checklists* give individuals a tool they can use to review and evaluate their own sexual health programs. Action plans developed from such reviews can help identify gaps in services in order to improve the sexual health of Canadians.

The *Theory and Research* section of the *Guidelines* provides a brief summary of the key theoretical models pertaining to sexual health and suggests ways in which evidence-based research can be utilized in the development and updating of sexual health education curricula and programs. This section also demonstrates that curricula and programs based on well-tested theoretical models, such as the Information, Motivation and Behavioural Skills (IMB) Model, are most likely to achieve their intended outcomes.

Overall, the *Guidelines* discuss in detail the elements of an effective sexual health education program (see Figure 1, on page 15). The *Guidelines* can assist in the planning, development, implementation and evaluation of sexual health education programs and initiatives that will help individuals gain the information, motivation and behavioural skills needed to achieve positive sexual health outcomes.

Individuals and Organizations Who May Benefit from the Guidelines

At the individual level, those who may benefit from using the *Guidelines* include: health and educational policy-makers, curriculum developers, education researchers, teachers, school administrators, health care professionals, social workers, counsellors, therapists, community and public health personnel, parents, clergy, and all other individuals who are involved in the planning, delivery and evaluation of broadly based sexual health education.

At the organizational level, those who may benefit from using the *Guidelines* include: municipal, provincial/territorial and federal ministries and departments of health, education and children's and social services, public health units, community service agencies, schools, colleges, universities, group homes, youth-based agencies/organizations, sexual health and STI/HIV clinics, community health centres, religious and/or faith-based organizations, parent/teacher organizations, long-term care facilities and others involved in the planning, delivery and evaluation of broadly based sexual health education throughout the lifespan.

Key Concepts

When discussing sexual health issues it is important to acknowledge that terms and concepts may have different and sometimes conflicting meanings for diverse individuals and groups. This document recognizes and embraces these differences which can arise from diversity in cultural, environmental and community norms and values. To help facilitate the effective use of the *Guidelines* the following key concepts are defined using sources that reflect this broad understanding.

Health

As defined by the World Health Organization, "health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."[1]

This definition captures the notion of 'positive health', which involves not only the elimination of specific health problems, but also "improved quality of life, efficient functioning, the capacity to perform at more productive and satisfying levels, and the opportunity to live out one's lifespan with vigor and stamina."[2]

Research demonstrates that factors outside the health care system can significantly affect an individual's health and sense of wellness. This broader notion of health recognizes the wide range and complex interactions between social, economic, physical and environmental factors that contribute to health and individual well-being.[3] Sexual health is an often overlooked, yet vitally important aspect of an individual's sense of health and personal wellness.

Health Promotion

"Health promotion is the process of enabling people to increase control over, and to improve their health."[4]

"Health promotion has emerged as a cornerstone of contemporary public health that aims to advance the physical, social, [sexual, reproductive], and mental health of the wider community."[5]

"Health promotion represents a comprehensive social and political process, it not only embraces actions directed at strengthening the skills and capabilities of individuals, but also action directed towards changing social, environmental and economic conditions so as to alleviate their impact on public and individual health."[6]

Health Education

"Health education is not only concerned with the communication of information, but also with fostering the motivation, skills and confidence (self-efficacy) necessary to take action to improve health. Health education includes the communication of information concerning the underlying social, economic and environmental conditions impacting on health, as well as individual risk factors and risk behaviours and use of the health system."[6]

Sexuality

"Sexuality is a central aspect of being human throughout life and encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practices, roles and relationships. While sexuality can include all of these dimensions, not all of them are always experienced or expressed. Sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, ethical, legal, historical, religious and spiritual factors."[7]

As a result of these multiple influences, sexuality is best understood as a complex, fluid and dynamic set of forces that are an integral aspect of an individual's sense of identity, social well-being and personal health.

Sexual Health

"Sexual health is a state of physical, emotional, mental and social well-being in relation to sexuality; it is 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 respected, protected and fulfilled."[7]

"Sexual health is influenced by a complex web of factors ranging from sexual behaviour, attitudes and societal factors, to biological risk and genetic predisposition. It encompasses the problems of HIV and sexually transmitted infections (STIs)/reproductive tract infections (RTIs), unintended pregnancy and abortion, infertility and cancer resulting from STIs, and sexual dysfunction. Sexual health can also be influenced by mental health, acute and chronic illnesses, and violence."[7]

Sexual Health Education

Sexual health education is the process of equipping individuals, couples, families and communities with the information, motivation and behavioural skills needed to enhance sexual health and avoid negative sexual health outcomes.

Sexual health education is a broadly based, community-supported process that requires the full participation of educational, medical, public health, social welfare and legal institutions in our society. It involves an individual's personal, family, religious, social and cultural values in understanding and making decisions about sexual behaviour and implementing those decisions.

Effective sexual health education maintains an open and nondiscriminatory dialogue that respects individual beliefs. It is sensitive to the diverse needs of individuals irrespective of their age, race, ethnicity, gender identity, sexual orientation, socioeconomic background, physical/cognitive abilities and religious background.

Sexual Rights

"Sexual rights embrace human rights that are already recognized in national laws, international human rights documents and other consensus statements. They include the right of all persons, free of coercion, discrimination and violence, to:

- *the highest attainable standard of sexual health, including access to sexual and reproductive health care services;*
- *seek, receive and impart information related to sexuality;*
- *sexuality education;*
- *respect for bodily integrity;*
- *choose their partner;*
- *decide to be sexually active or not;*
- *consensual sexual relations;*
- *consensual marriage;*
- *decide whether or not, and when, to have children; and*
- *pursue a satisfying, safe and pleasurable sexual life.*

The responsible exercise of human rights requires that all persons respect the rights of others."[7]

Exploring Sexual Health and Sexual Health Education

The *Canadian Guidelines for Sexual Health Education* have adopted a working definition of sexual health presented by the World Health Organization (WHO) because it recognizes the complexities of sexual health as well as an individual's sexual health rights. Access to timely, broadly based sexual health education plays a significant role in ensuring an individual's sexual health rights. Further, recognizing the complexities of sexual health will help ensure that individuals using the *Guidelines* will create curricula, programs and learning opportunities that are inclusive. Despite the appeal that is associated with this definition, users should remain aware that there is no single, universal definition for sexual health.[8]

The Social Construction of Sexual Health

Values and norms about sexuality and health come from a variety of sources including social and religious viewpoints, science, medicine and individual experience. No single definition of sexual health will fully represent this diversity. Indeed, a review of the emergence of the concept of sexual health concluded that "there is no international consensus on the concept of sexual health and its implementation in public health policies."[9]

Individuals or groups that suggest a particular definition of sexual health are likely to appear to have good reasons for their selection. However, these reasons are often informed by cultural practices that, as a result, produce a definition that uncritically fits the existing society. In this context it has been argued that "we cannot step outside of these cultural processes to develop a universally applicable concept of sexuality"[10] and this document acknowledges that the same is true for the concept of sexual health.

The words "health" and "healthy" can be linked historically to the field of medicine, and as such they often carry a prescribed medical connotation and authority. As a result, the term "sexual health" may be misunderstood to express approval or disapproval of specific behaviours or individuals under the guise of "medical truth". Thus, some professionals/ educators may be hesitant of promoting a concept of sexual health (directly, by defining it, or indirectly, by developing guidelines) through education.

There are three different approaches that can be considered when defining sexual health:

i. Avoid defining the term "sexual health" because our understanding of sexuality is socially constructed and as a result, a non-ideological or normative definition is impossible.[11,12]

   According to this approach, developing a definition of sexual health for use in education programs may result in the transmission of powerful messages indicating what is to be considered "proper" or "normal" sexuality or sexual behaviour. These messages may be presented as if they are "scientific" facts, when in reality they are indicative of well-established normative positions that reflect an educator's or mainstream society's perceptions about sexuality. From this perspective, education programs addressing sexuality should avoid making direct references to definitions of sexual health.

ii. Define and use the term with caution. Keep in mind that definitions of sexual health can change and should not be taken as rigid rules of conduct.[13]

This approach recognizes that beliefs about sexual health vary from one individual to another and can change over time and in different cultural or faith-based contexts. Although terms like "sexual health" can be problematic, the achievement of overall "health" is generally accepted as a desirable outcome. Therefore, when professionals use terms such as "sexual health", they should do so with caution. In keeping with this view, definitions of sexual health should be confined to issues such as individual rights, needs, desires and obligations rather than prescriptive codes of conduct or rigid systems of belief.

iii. View the term as an optimistic vision.[14]

With this approach, the term sexual health is used to provide a range of "sexual health indicators" that suggest a preferred or ideal set of nonjudgmental sexual attitudes and behaviours.

For example, such an approach may specify that with respect to their sexuality, individuals should try to achieve and maintain a certain level of sexual functioning free of anxiety and guilt, and work towards pleasurable, intimate relationships in order to achieve optimal sexual health.

Before applying any of the above approaches, professionals working in this area should be aware of and challenge their own values and standards as well as the values and standards of the organization they work for. They should also be conscious of the needs of the target audience. Finally, they must remain cognizant of the different meanings and understandings associated with the term "sexual health".

Goals of Sexual Health Education

Sexual health is a major, positive part of personal health and healthy living. Sexual health education should be available to all Canadians as an important element of health promotion programs and services. The goals of sexual health education as outlined in the *Guidelines* are as follows:

i. to help people achieve positive outcomes (e.g., self-esteem, respect for self and others, non-exploitive sexual relations, rewarding human relationships, informed reproductive choices); and

ii. to avoid negative outcomes (e.g., STI/HIV, sexual coercion, unintended pregnancy).

Recognizing and Meeting Diverse Needs in Sexual Health Education

All Canadians have a right to sexual health education that is relevant to their needs. Diverse populations such as sexual minorities, seniors, individuals with disabilities (physical/developmental) and socio-economically disadvantaged individuals such as street-involved youth often lack access to information and education that meets their specific needs. Correspondingly, it is important that sexual health educators and service providers give particular attention to the kinds of programs and resources that support the sexual health and personal well being of these individuals across their lifespan. The *Guidelines* propose that the diverse needs of various populations should be included in all facets of broadly based sexual health education. The selected examples that follow are representative of this larger principle.

Sexual Minorities

With respect to sexual diversity, contemporary research indicates that approximately 2 to 10% of individuals within Canadian society self-identify as non-heterosexual.[15] Due to a complex combination of circumstances (e.g., cultural and religious background; geographic location; peer pressure, etc.) even more individuals may engage in same-sex behaviour, yet not label themselves as a lesbian, gay, bisexual, trans-identified, two-spirited or queer (LGBTTQ) person. For example, a survey of 1358 Canadian youth (ages 13-29) found that while 3.5% self-identified as a sexual minority, 7.5% of the heterosexual youth surveyed acknowledged experimenting sexually with members of the same sex.[16] Given these statistics, it is important to remember that in relation to education sexual behaviour is not always synonymous with sexual identity. This realization has important implications for educators and health care professionals when engaging in sexual health education and promotion for diverse populations.

In relation to the health needs of sexual minorities, it has been suggested that, "appropriate care for [LGBTTQ youth and adults] does not require special skills or extensive training. Rather, awareness that all youth [and adults] are not heterosexual, sensitivity in conducting routine interviews, and understanding the stressors that affect [LGBTTQ youth and adults] will enable providers to assess and address their needs."[17]

Key protective factors that are important for sexual minority youth include: a supportive family; positive peer and social networks; access to nonjudgmental sexual health information; and inclusive community supports and health services.[18] Inclusive and affirming supports are critical and should be provided for all youth and adults, regardless of their sexual orientation and gender identity. Providing sexual health education applicable to individual needs is one essential step in ensuring quality care and inclusive service to an often invisible and under-served minority in Canadian society.

See Appendix B, page 51, for Sexual Orientation and Gender Identity Terms and Definitions.

Seniors

The need for sexual health education is important regardless of age, however, addressing the sexual health needs of seniors may sometimes be overlooked or avoided. Aging brings about natural changes, both physically and mentally, which can affect sexual intimacy and response.[19] Open communication with a health care professional and access to information that is relevant to their needs can help seniors adjust to the changes that affect their personal and sexual relationships. Having safe sexual relationships is also important, as STIs do not respect age. [19] The sexual health needs of seniors can be more complex when intimate relationships occur or develop in institutional settings such as long term care facilities, where a lack of privacy and the roles and responsibilities of the staff may be a concern. Sexual health education and awareness of individual needs is important for both seniors and health care professionals in this context.

Individuals with Disabilities

Individuals with physical disabilities, chronic illness, or developmental disabilities require access to sexual health education that meets their specific needs. Although the sexual

health education and service needs of people with disabilities are receiving more attention than in the past, for many, the kind of education that supports expression of their sexuality is often insufficient. People with developmental disabilities may therefore be less informed and have fewer opportunities to learn about sexual health than the general population.[20] The specific needs of individuals with disabilities vary greatly from one individual to another and this should be taken into account when developing programs or curricula. As research indicates, "Not only does the disabled population require the same basic sexual health information and skills development opportunities as the non-disabled population, but people with physical or developmental disabilities also require information and skills related to sexuality that are specific to their disability."[21]

Street-involved Youth

The majority of youth receive sexual health education in school and in their homes. However, for youth who are living on the streets and who have dropped out or been expelled from school, there is often no access to broadly based sexual health education. Findings from Canadian studies of street-involved youth have shown that they are more likely to have had sexual intercourse at a younger age[22] and are at an increased risk for many sexually transmitted infections[23] when compared with those in the general youth population. Street-involved youth often do not have the benefit of supportive family or school settings and, as such, they are among the most vulnerable populations in Canada. It is important that outreach initiatives and safe environments such as drop-in centres are able to provide sexual health information and services to these youth who may not have access to it otherwise.

Accessibility and comprehensiveness of sexual health education are two important principles of effective sexual health education articulated in the *Guidelines*. Educators, health professionals and their respective organizations have a responsibility to address the specific sexual health education needs of individuals who may experience isolation or disapproval because of their diversity. Awareness of these distinct needs can foster the inclusive, nonjudgmental, broadly based sexual health education to which all people, including youth, should have access.

Developing a Broad Framework for Sexual Health Education

The *Guidelines* have been conceptualized and integrated within a broad framework for sexual health education. The framework outlined consists of philosophy, elements and characteristics of effective sexual health education and guiding principles.

Philosophy

The expression of human sexuality and its integration in an individual's life involves a dynamic interplay between:

- personal desires and abilities;
- the needs and rights of others; and
- the requirements and expectations of society.

Effective sexual health education should be provided in an age-appropriate, culturally sensitive manner that is respectful of individual sexual diversity, abilities and choices. Effective sexual health education also:

- Does not discriminate on the basis of age, race, ethnicity, gender identity, sexual orientation, socioeconomic background, physical/cognitive abilities and religious background in terms of access to relevant, appropriate, accurate and comprehensive information.
- Focuses on the self-worth, respect and dignity of the individual.
- Helps individuals to become more sensitive and aware of the impact their behaviours and actions may have on others and society.
- Stresses that sexual health is a diverse and interactive process that requires respect for self and others.
- Integrates the positive, life-enhancing and rewarding aspects of human sexuality while also seeking to prevent and reduce negative sexual health outcomes.
- Incorporates a lifespan approach that provides information, motivational support and skill-building opportunities that are relevant to individuals at different ages, abilities and stages in their lives.
- Is structured so that changes in behaviour and confidence is developed as a result of nonjudgmental and informed decision making.
- Encourages critical thinking and reflection about gender identities and gender-role stereotyping. It recognizes the dynamic nature of gender roles, power and privilege and the impact of gender-related issues in society. It also recognizes the increasing variety of choices available to individuals and the need for better understanding and communication to bring about positive individual health and social change.

- Challenges the broader and often invisible dynamics of society that privilege certain groups (e.g., heterosexuals) and identifies those dynamics which marginalize or disadvantage others (e.g., sexual minorities, people with disabilities, street-involved youth).

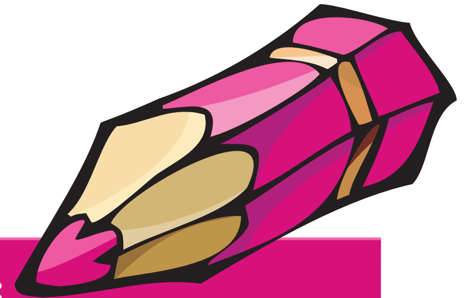
- Addresses reasons why anti-oppressive (sexual) health education is often difficult to practice.

- Recognizes and responds to the specific sexual health education needs of particular groups, such as seniors, new immigrants, First Nations, Inuit and Métis communities, youth, including 'hard to reach' youth (e.g., street-involved, incarcerated), sexual minorities (e.g., lesbian, gay, bisexual, trans-identified, two-spirited, intersex and queer) and individuals with physical or developmental disabilities, or who have experienced sexual coercion or abuse.

- Provides evidence-based sexual health education within the context of the individual's age, race, ethnicity, gender identity, sexual orientation, socioeconomic background, physical/cognitive abilities, religious background and other such characteristics.

A CHECKLIST FOR ASSESSING PROGRAMS IN RELATION TO THE
Philosophy of Sexual Health Education Reflected in the *Guidelines*….

The sexual health education activity, program or policy integrates the philosophy of sexual health education presented in the Guidelines.



EXPECTED CHARACTERISTICS:	NOTES:
☐ The sexual health education program emphasizes the self-worth and dignity of the individual.	
☐ The sexual health education activity or program instills awareness of the impact that one's behaviour can have on others.	
☐ The sexual health education program reflects a balanced approach to sexual health enhancement and the prevention of negative outcomes.	
☐ The sexual health education program deals with sexual health education as a lifelong process requiring consideration at all ages and stages of life.	
☐ The sexual health education program assists behavioural change through informed individual choice.	
☐ Ensures that access and content do not discriminate against individuals on the basis of age, race, ethnicity, gender identity, sexual orientation, socioeconomic background, physical/cognitive abilities, religious background and other such characteristics.	
☐ The sexual health education program counters misunderstanding and reduces discrimination based on the characteristics previously mentioned.	

Elements of Sexual Health Education

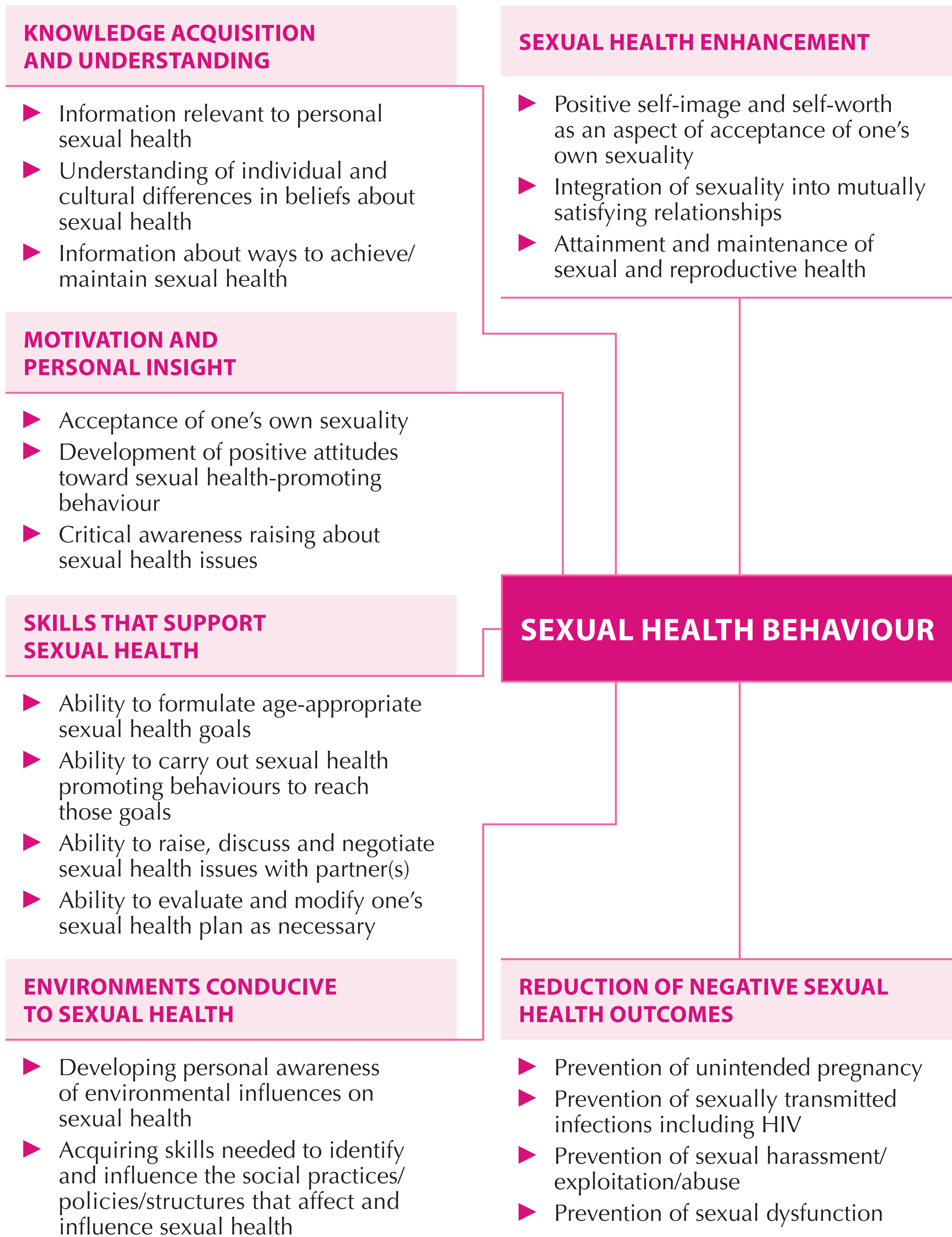
Broadly based and effective sexual health education involves a combination of educational experiences that allow individuals to develop:

- a deeper understanding that is relevant to their specific health needs and concerns;
- the confidence, motivation and personal insight needed to act on that knowledge;
- the skills necessary to enhance sexual health and to avoid negative sexual health outcomes; and
- a safe, secure and inclusive environment that is conducive to promoting optimal sexual health.

Research consistently demonstrates that positive sexual health outcomes are most likely to occur when sexual health education integrates understanding, motivation and skill-building opportunities and occurs in environments conducive to sexual health (see the *Theory and Research in Sexual Health Education* section for more information).

The elements of sexual health education are summarized in Figure 1, on page 15.

Figure 1.
Elements of Sexual Health Education



Knowledge Acquisition and Understanding

This element helps individuals to:

- acquire the knowledge and understanding that is appropriate to their level of development and ability, and directly relevant to their own sexual health needs, including information about developmental stages, prevention of negative sexual health outcomes and maintaining or achieving an optimal level of sexual health;
- integrate relevant information with personal values to create a personal sexual health plan;
- recognize the behaviours, resources and supports that can help them to attain positive sexual health outcomes, as well as potential personal, cultural and/or societal barriers to sexual health that they may experience and need to address;
- learn how to apply their knowledge and understanding to behaviour that will lead to the development of positive sexual health outcomes and prevent negative ones; and
- learn how to share their knowledge and promote sexual health information with family, friends, partners and their community.

Motivation and Personal Insight

This element helps individuals to:

- develop positive personal attitudes towards attainment of sexual health and performance of sexual health promoting actions;
- engage in opportunities for the clarification of personal values;
- foster acceptance of one's own sexuality and self-worth as a foundation for attaining, maintaining and enhancing sexual health; and
- raise their awareness of the personal benefits of taking action to enhance sexual health and to prevent and/or reduce negative sexual health outcomes. It also helps individuals realize that there is social support (e.g., peer group approval) for taking action to promote sexual health.

Skills that Support Sexual Health

This element helps individuals to:

- acquire developmentally appropriate skills that are necessary to achieve personal sexual health goals. This involves a personal decision-making process in which individuals integrate and evaluate information and knowledge with their own values in an effort to make conscious decisions about their sexual health needs and concerns;
- engage in opportunities to learn how to raise, discuss and negotiate sexual health issues with partners. For example, individuals would learn how to negotiate and set sexual limits, including choosing not to take part in particular sexual activities; how to articulate their concerns and to negotiate and consistently use safer sex practices; how to avoid, or safely leave a situation in which personal and sexual health is placed at risk; and how to work toward nurturing, affectionate and respectful relationships;

- learn to identify possible health challenges, evaluate the potential outcomes of their sexual health practices and to modify their behaviours as necessary;

- learn how to use materials and access resources that can promote sexual health, such as using condoms/barrier protection, getting tested regularly for STI/HIV and seeking counselling and professional support in the face of sexual assault or coercion;

- feel confident about their potential to achieve positive sexual health outcomes. This will help individuals to be more effective in negotiating healthy sexual behaviours and relationships with a partner. The intent is to encourage the development of a consistent practice of behaviours that will enhance sexual health and help individuals to learn appropriate ways of communicating their sexual health goals. Individuals who feel reassured when they make positive choices about their sexual health may be inclined to do so more consistently. They may also have the confidence to self-evaluate their relationship or situation and seek professional help to access care, treatment and support to improve their situation.

Environments Conducive to Sexual Health

This element helps individuals to:

- develop an awareness of the ways in which the environment can help or hinder individual efforts to achieve and maintain sexual health;

- create a learning environment where they can feel safe to ask questions, discuss values and share views with others;

- respect diverse views, norms and values and provide support for decisions that support sexual health and challenge those that do not;

- empower themselves with the knowledge, understanding and skills used to identify and access sexual health resources in their community and to act both individually and collectively to create environments conducive to sexual health;

- assess a group's sexual health needs and to note the availability or lack of resources/supports to meet those needs;

- organize, support and promote sexual health education programs and related clinical services and counselling that are needed;

- increase the impact of sexual health education through consistent and coordinated health-promoting messages and services from governments, social service agencies, employers, media, religious and/or faith-based organizations, community leaders/role models, and other relevant institutions, individuals and agencies.

Guiding Principles

The philosophy of sexual health education used in this document gives rise to five principles that characterize effective sexual health education programming. These principles are:

- **ACCESSIBILITY –** Sexual health education should be accessible to all individuals, regardless of background.
- **COMPREHENSIVENESS –** Sexual health education should address diverse sexual health promotion and illness prevention objectives and should be a coordinated effort of individuals, organizations, agencies and governments.
- **EFFECTIVENESS OF EDUCATIONAL APPROACHES AND METHODS –** Sexual health education should incorporate the key elements of knowledge acquisition and understanding, motivation and personal insight, skills that support sexual health and the critical awareness and skills needed to create environments conducive to sexual health.
- **TRAINING AND ADMINISTRATIVE SUPPORT –** Sexual health education should be presented by confident, well-trained, knowledgeable and nonjudgmental individuals who receive strong administrative support from their agency or organization.
- **PLANNING, EVALUATION, UPDATING AND SOCIAL DEVELOPMENT –** Sexual health education achieves maximum impact when it is:
  - planned carefully in collaboration with intended audiences;
  - evaluated on program outcomes and participant feedback;
  - updated regularly; and
  - reinforced by environments that are conducive to sexual health education.

Principle 1: Accessible sexual health education for all Canadians

Effective sexual health education is accessible to diverse groups and takes into account different needs for information, motivation and skills development. It ensures the availability of educational services and the development of supportive and nonjudgmental learning environments.

Guidelines

This section addresses the general principle of accessibility as it applies to effective sexual health education.

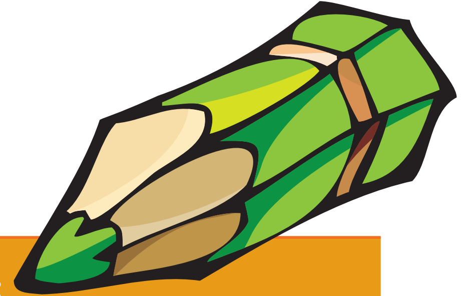
- Effective sexual health education requires financial and administrative support for a wide range of sexual health education activities, including staff training and resource materials for use in formal and informal settings. Access to effective sexual health education requires ongoing support in both formal settings, such as schools, community groups, health and social service agencies and in informal settings where sexual health education is provided by parents, caregivers, peers and others.

- Effective sexual health education is age-appropriate and responsive to an individual's age, race, ethnicity, gender identity, sexual orientation, socioeconomic background, physical/ cognitive abilities and religious background and reflects different social situations and learning environments. For example, youth, seniors, sexual minorities, First Nations, Inuit and Métis people, ethno-cultural minorities, individuals with disabilities (e.g., physical, mental or developmental), individuals who live in geographically isolated areas, economically marginalized individuals and incarcerated individuals are among the groups that require improved and nonjudgmental access to sexual health education.

- Schools are one of the key organizations for providing sexual health education. They can be a major pathway to ensure that youth have access to effective and inclusive sexual health education. Since schools are the only formal educational institution to have meaningful (and mandatory) contact with nearly every young person, they are in a unique position to provide children, adolescents 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.

A CHECKLIST FOR PRINCIPLE 1 : Access to sexual health education for all

The sexual health education activity, program or policy promotes accessibility for all, as suggested by the Guidelines.



EXPECTED CHARACTERISTICS:	NOTES:
☐ The funding for sexual health education, which includes staff training and resource development, is sufficient for the goal of universal and inclusive access.	
☐ Programs and policies embody the key elements of sexual health education as identified in the *Guidelines*.	

Principle 2: Comprehensiveness of sexual health education

A comprehensive approach to effective sexual health education addresses diverse sexual health promotion and illness prevention objectives and provides information, motivational inputs and skills acquisition opportunities to achieve these objectives. This approach also considers sexual health education to be the shared responsibility of parents, peers, schools, health care systems, governments, media and a variety of other social institutions and agencies. The principle of comprehensiveness suggests that effective sexual health education programs are:

- **BROADLY BASED –** All disciplines or subject areas relevant to sexual health are addressed.
- **INTEGRATED –** Learning in formal settings, such as schools, communities, health care systems and social service agencies is complemented and reinforced by education acquired in informal settings through parents, families, friends, media and other sources of influence.
- **COORDINATED –** The different sources of sexual health education work together along with related health, clinical and social services to increase the impact of sexual health education.

Guidelines

This section elaborates on the principle of comprehensiveness as it applies to effective sexual health education.

- Effective sexual health education at elementary, junior/middle and secondary school levels is taught within specific educational programs and classes. Accordingly, it is linked to related curriculum areas that address sexuality, relationships and personal development.
- Effective sexual health education programs are most effective when combined with access to clinical services, counselling and social services and support from family, peers and the community. These programs take into account the resources required to support individual efforts that will enhance sexual health and prevent negative sexual health outcomes.

  For example, the sexual health concerns of seniors in retirement homes or care facilities may require an integrated approach that addresses access to information and counselling, staff attitudes and training, institutional policies, and physical arrangements that ensure the right to privacy.
- Comprehensiveness in effective sexual health education focuses on the needs of different groups and considers the various issues relevant to the sexual health of individuals within any group.
- Age-appropriate sexual health education should be provided from the beginning of elementary school to the end of high school. It should be provided in schools as an integral element of a broadly based sexual health education program, and continue beyond school through the coordinated interaction of community agencies and services that adults are likely to encounter throughout their lifespan.

- Adolescence is only one phase in a life-long process of sexual development and learning. Sexuality is a central and positive part of the total well-being of young people and, as a result, comprehensiveness of sexual health education for children, adolescents and young adults involves far more than the prevention of unintended pregnancy and STI/HIV education. Sexual health education should include an understanding of developmental changes (e.g., puberty), rewarding interpersonal relationships, developing communication skills, setting of personal limits, developing media literacy, challenging of stereotypes, prevention of STI/HIV, effective contraception methods, information on sexual assault/coercion, sexual orientation and gender identity and a critical examination of evolving gender-roles and expectations.

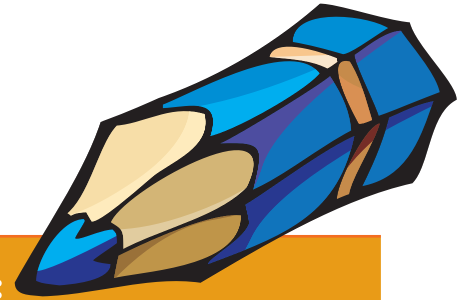
- Effective sexual health education provides information and opportunities to develop personal insight, motivation and skills that are relevant to an individual's current and future development of sexual health in a safe, caring, inclusive, and nonjudgmental environment.

- Effective sexual health education requires multi-sector collaboration between the departments of education and health and other relevant agencies at the federal, provincial/territorial and municipal levels in order to help coordinate the development, implementation and evaluation of sexual health curricula in schools.

A CHECKLIST FOR PRINCIPLE 2:

Comprehensiveness of sexual health education: Integration, coordination and breadth

Is the sexual health education activity, program or policy sufficiently comprehensive in terms of the integration, coordination and breadth suggested by the Guidelines?



EXPECTED CHARACTERISTICS:	NOTES:
☐ The sexual health education program or policy is sufficiently broad in content and meets the information, motivational support and skills development needs of diverse groups and individuals seeking to achieve and maintain sexual health.	
☐ Sexual health education is offered consistently from the beginning of elementary school through to the end of high school.	
☐ Sexual health education is offered in specific programs dedicated to this topic.	
☐ Sexual health education is linked to other relevant curricular objectives and age-appropriate learning outcomes.	
☐ Sexual health education programs are coordinated to facilitate access to clinical and social services.	
☐ The departments of education and health collaborate with other relevant agencies to coordinate efforts toward effective sexual health education in schools.	

Principle 3: Effectiveness of educational approaches and methods

Effective sexual health education increases the knowledge, understanding, personal insight, motivation and skills needed to achieve sexual health. It requires sensitivity to the needs, experiences and circumstances of different groups, as well as of individual members within these groups.

Guidelines

This section describes the characteristics of educational approaches and methods that create effective sexual health education.

- Effective sexual health education integrates four key elements:

  i. knowledge acquisition and understanding;

  ii. motivation and personal insight;

  iii. skills that support sexual health; and

  iv. environments conducive to sexual health.

  For an in-depth description on the elements of sexual health education and the effects of environments conducive to sexual health education, refer to the section on *Theory and Research in Sexual Health Education*.

- A variety of formal, informal and non-formal approaches to effective sexual health education are available to accommodate the different learning styles, opportunities, and needs of people at different ages and stages of their lives.

- Effective sexual health education programs require financial and administrative support to develop, implement and evaluate age-appropriate and socially relevant programs. Schools can be a major source of creativity and innovation in the development and presentation of age-appropriate sexual health education. However, new and different approaches are needed to reach youth who are street-involved, have dropped out of school, or are living in institutional or care-related settings. Educational approaches should also be identified and utilized to more effectively meet the needs of specific populations, such as sexual minorities, immigrants, First Nations, Inuit and Métis communities, seniors and people with disabilities.

- Effective sexual health education provides opportunities for individuals to explore, question and challenge the attitudes, feelings, values and customs that may influence their choices about sexual health. The goal is to encourage positive sexual health outcomes and to increase individual awareness of the social support available for such behaviour.

- Effective sexual health education programs ensure access to clinical health and social services that can help people address their counselling and health care needs related to sexual health. Examples of such services include birth control and pregnancy counselling; counselling about sexual decision making (including decisions on whether to engage in particular sexual activities); sexual health and STI/HIV clinics; counselling sensitive to the concerns of sexual-minority adolescents; child sexual abuse or assault-survivor groups; peer-support groups for single parents; accessible sexual health services for people with

disabilities; treatment for people who have committed sexual offences; and sex therapy for a range of sexual dysfunctions or paraphilias.

- Effective sexual health education recognizes that responsible individuals may choose a variety of paths to achieve sexual health. Correspondingly, each individual should have the right to accurate and nonjudgmental information that is relevant to his or her specific cultural and social needs.

- Effective sexual health education supports informed decision-making by providing individuals with the opportunity to develop the knowledge, personal insight, motivation and behavioural skills that are consistent with each individual's personal values and choices. For example, some adolescents engage in partnered sexual activities whereas others will make an informed decision to delay these sexual activities.

- Since the media plays a major role in the sexual education of individuals, effective sexual health education provides training in critical media literacies to help individuals identify and deconstruct hidden and overt sexual messages and stereotypes. Importantly, comprehensive sexual health education helps individuals to understand how these messages may affect their sexual health.

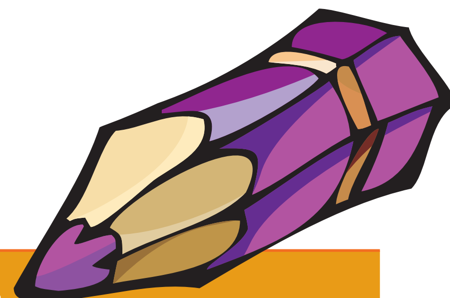
- Effective sexual health education identifies and assists, through referral and support, individuals who have experienced the trauma of child sexual abuse, sexual coercion and sexual assault, violence and exploitation. Individuals who provide effective sexual health education should create a caring, trusting, inclusive and sensitive environment that will be conducive to assisting all individuals, including those who have been sexually abused and/or traumatized.

- Effective sexual health education builds upon its broad-based support, often found among parents and caregivers, to strengthen student learning and positive parent-child communication.

- Effective sexual health education encourages and strengthens the role of peer education and support. Individuals involved in peer education should be well-trained, carefully supervised and be aware of the differences between this type of supportive role and professional counselling or therapy.

A CHECKLIST FOR PRINCIPLE 3: Effectiveness of educational approaches and methods

The sexual health education activity, program or policy incorporates effective and sensitive educational approaches and methods as suggested in the Guidelines.



EXPECTED CHARACTERISTICS:	NOTES:
☐ Approaches and methods effectively integrate the four key elements of sexual health education featured in Figure 1: knowledge acquisition and understanding, motivation and personal insight, skills that support sexual health and environments conducive to sexual health.	
☐ Various sources of formal and informal sexual health education are created for diverse learning styles and are age-appropriate.	
☐ Sexual health education policies provide financial and administrative support for approaches that target specific audiences.	
☐ The sexual health education program provides positive opportunities to explore attitudes, feelings, motivations, values, community norms and moral perspectives relevant to choices about sexual health.	
☐ The sexual education program provides access to clinical and social services that support counselling and health care needs related to sexual health.	
☐ The sexual health education program acknowledges that responsible individuals may choose different pathways to achieve and maintain sexual health.	

☐ The sexual health education program provides training in critical media literacies relevant to sexual health.	
☐ The sexual health education program helps to identify, assist, refer and support individuals who have experienced sexual abuse, coercion or violence.	
☐ The sexual health education activity or program encourages informed parent and caregiver support to strengthen positive parent-child communication about sexual health issues.	
☐ The sexual health education program incorporates strategies for peer education and support with careful training, supervision and delineation of clear roles and responsibilities.	

Principle 4: Training and Administrative Support

Effective sexual health education involves institutional and administrative commitment and support. This support encourages the formal training of those individuals working in professional settings as well as the development of educational opportunities for parents, group leaders and others providing more informal sexual health education.

Guidelines

This section outlines the training and administrative supports that are important for providing effective sexual health education.

- Preparation and support of individuals who provide sexual health education in formal and informal settings are necessary. The requirements for individuals delivering sexual health education in formal settings, such as schools, public health units, clinics or group homes, should be mandated by the educational and administrative authorities that govern their professions.

- Sexual health educators should acquire the following characteristics and aptitudes through their pre-professional education at college/university and through their professional in-service and continuing education opportunities:
  - understanding of human sexuality and the capacity to discuss sexual health in a positive, nonjudgmental and sensitive manner;
  - understanding of the sexual health issues that are relevant to their profession and to the needs of their intended audience;
  - teaching and/or clinical skills necessary to implement sexual health education within professional settings. In the case of educators, for example, these skills would be reflected in their ability to provide students with information as well as opportunities to develop personal insight, confidences, motivation and self-esteem, and to facilitate the acquisition of skills necessary to achieve optimal sexual health;
  - ability to identify and understand the diverse beliefs and values of individual students, clients or groups. This aptitude is based on sensitivity to the diverse cultural norms, beliefs, attitudes and goals of various racial, ethnic, socio-economic, gendered, sexual minority and religious groups, as well as to persons with disabilities as they relate to human sexuality. This sensitivity often involves the ability to address issues surrounding conflict management and resolution;
  - deconstructing personal assumptions and biases in order to work towards a nonjudgmental learning environment;
  - understanding of contemporary and historical issues surrounding sexual orientation and gender identity and the skills to provide effective and inclusive education in this area;
  - sensitivity to gender-related issues as they pertain to both the practice and content of sexual health education;
  - teaching strategies that help people to effectively address sensitive and controversial issues. For example, educators who find themselves uncomfortable teaching about sexual health, sexuality and other

related areas should, at minimum, be able to make suitable professional referrals;

- insight and skills to help individuals reflect upon and evaluate the varied ways that media (e.g., television, Internet, music, movies, print and digital media, literature and the arts) can affect sexual health; and
- understanding of, and commitment to follow, a professional code of ethics as it pertains to sexual health education and related counselling and clinical services.

► Effective sexual health education requires administrative support and sufficient time for educators to meet professional and academic development needs. Those training sexual health educators should also be supported in this way and enough time should be provided to do so within the curricula of the relevant discipline (e.g., education, medicine, nursing, social work, rehabilitation counselling, gerontology, psychology and library services).

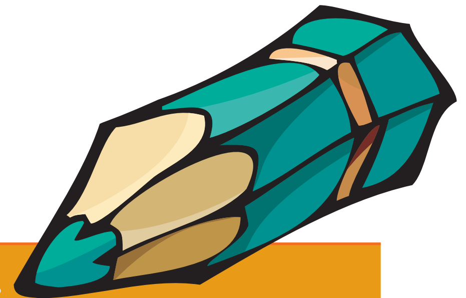
► Effective sexual health education requires in-service training and continuing professional education that gives educators the opportunity to upgrade their skills on a regular basis. The organizations and agencies involved should coordinate such training to provide formal, informal and non-formal mechanisms for communication, information sharing and education.

► Effective sexual health education gives parents, guardians and primary caregivers access to a variety of opportunities to learn about sexuality and sexual health, which in turn provides them with the knowledge, skills and confidence necessary to support them in speaking effectively to their children about healthy sexuality. Parents have an enormous influence on a child's healthy development and well-being, particularly during the early stages of a child's life. This makes parents, guardians and primary caregivers important sources of positive sexual health education. Effective methods to equip and support them in this role ought to be pursued, supported and authorized by all agencies involved in sexual health education.

► Effective sexual health education encourages training and educational opportunities for persons engaged in peer education, counselling and advocacy in all areas related to sexual health education.

A CHECKLIST FOR PRINCIPLE 4: Training and administrative support

The sexual health education activity, program or policy meets the expectations for training and administrative support suggested by the Guidelines.



EXPECTED CHARACTERISTICS:	NOTES:
☐ There are mandated professional requirements for those who provide sexual health education.	
☐ Professionals providing sexual health education have sufficient opportunities for in-service training and professional development.	
☐ Those training sexual health educators receive strong administrative support.	
☐ Those providing sexual health education have acquired through their training or equivalent experience: ▶ extensive general knowledge and understanding of human sexuality; ▶ knowledge and understanding of evidence-based approaches to sexual health education and promotion; ▶ specific knowledge of sexual health issues relevant to the audience, client group, etc.; ▶ the skills and confidences to act as effective sexual health educators in their professional setting;	

- the ability to understand and acknowledge the needs of people of diverse backgrounds, sexual orientation, and varied sexual health education;
- the ability to sensitively affirm sexual feelings as a natural part of life;
- the ability to recognize the effect that religious, ethno-cultural and other variables may have on an individual's values and beliefs about sexuality;
- the ability to sensitively address and resolve conflicts that may arise as a result of differing values and beliefs surrounding sexual health and sexuality;
- specific understanding about issues related to sexual orientation and gender identity and skills to provide inclusive and nonjudgmental sexual health education in this area;
- sensitivity to gender-related issues relevant to sexual health; and
- media literacy relevant to sexual health.

Parents, guardians and primary caregivers are provided the opportunity to participate in learning about sexuality and sexual health.

Peer educators, counsellors or advocates receive training, supervision and opportunities for continuing education.

Principle 5: Program Planning, Evaluation, Updating and Social Development

Effective sexual health education programs require careful planning, realistic evaluation and regular updating.

Guidelines

This section summarizes the principles of planning, evaluation, and updating and social development that contribute to effective sexual health education.

Program planning

- Effective sexual health education programs are based on a broad assessment and understanding of individual, community and social needs. This process involves collaboration with persons for whom the programs are intended to be delivered.
- The content, delivery and methodology of effective sexual health education programs emerge from the assessment of community needs supported by evidence that draws upon input from community members, educators and researchers in a variety of disciplines.

Evaluation

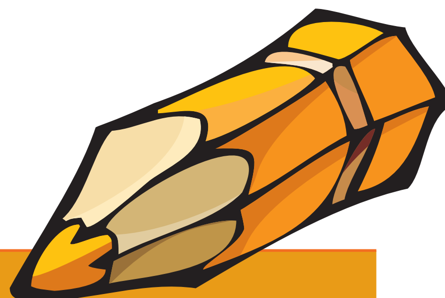
- Effective sexual health education programs are evaluated on a regular basis. Program planning should incorporate evaluation into the early planning stages. Careful program evaluation ensures that learning outcomes are clearly defined from the outset and are being met over time, which in turn can guide program delivery and modification.
- Effective sexual health education programs are evaluated based upon their stated objectives and not upon opinions about what these programs should accomplish.
- Individuals who receive effective sexual health education are given regular opportunities to assess the usefulness and relevance of such programs. Evaluation tools should be used to detect outcomes that might be missed by focusing on specific, pre-defined outcomes.

Updating and social development

- Objectives for effective sexual health education programs are guided by a realistic awareness that education is one of a number of factors that contribute to health-related knowledge, attitudes and behaviour.
- Effective sexual health education identifies and strengthens social circumstances and behaviours that enhance sexual health. For example, the media represents a powerful influence on how individuals perceive themselves, others and the world around them. The images portrayed in the media are important factors that shape sexual self-image and sexual norms. Such images can be unrealistic in terms of the expectations communicated about sexual attractiveness and performance. As a result, media influence can be negative, especially in its portrayal of gender-role stereotyping and sexual health issues. Correspondingly, organizations and individuals should be encouraged to support media and social marketing efforts designed to help individuals enhance sexual health and avoid negative sexual health outcomes.

A CHECKLIST FOR PRINCIPLE 5: Program planning, evaluation, updating and social development

The sexual health education activity, program or policy incorporates the elements of planning, evaluation, updating and social development suggested by the Guidelines.



EXPECTED CHARACTERISTICS:	NOTES:
☐ Sexual health education programs are based on a careful needs assessment that includes input from community, educators and the scientific/research sector.	
☐ Evaluations are incorporated right from the start of a program and are based on the stated objectives of the program.	
☐ Participant feedback is used to assess program effectiveness and to detect additional outcomes other than specific stated program objectives.	
☐ Evaluation incorporates realistic awareness of social and other factors that can affect outcomes of specific interventions.	
☐ The sexual health education program helps individuals to recognize environmental factors affecting sexual health and creates environments conducive to sexual health.	

Theory and Research in Sexual Health Education

Sexual health education can range from public health messages that provide basic information to comprehensive interventions with precise behavioural objectives. While most forms of sexual health education have potential benefits, many are still missing the main elements needed to effectively address the diverse sexual health needs that may be relevant to Canadians.

Research continues to make progress in distinguishing the essential elements required to develop more effective sexual health education programs that can meet the needs of its intended audience(s) and that can appropriately contribute to the reduction of negative sexual health outcomes. The approach to sexual health education presented in the *Canadian Guidelines for Sexual Health Education* is supported by such research. It demonstrates the importance and encourages the incorporation of current research and evaluation as the basis for further development of sexual health education programs and policy.

Programs that are exclusively directed at increasing the knowledge of an individual are often successful in reaching this objective. Although useful in this regard, focusing only on providing factual information about sexual health may not be sufficient or effective in reducing negative sexual health outcomes. While an individual exposed to this type of educational programming may possess a high level of sexual health knowledge, it is unclear whether that knowledge will translate into behaviours that can enhance sexual health.

Theoretical Models to Guide Effective Sexual Health Education

Theoretical models derived from research enable program planners to determine the teaching methods that most effectively result in behaviours that will enhance sexual health. In the case of STI/HIV prevention, one of the characteristics of nearly all effective interventions is the incorporation of theoretical models that are well supported by a body of research and that effectively encourage sexual health promotion and behavioural change.

In the process of creating and implementing sexual health education programs, it is important for program planners and policy-makers to rely on well-tested and empirically supported theoretical models as a foundation for sound program development.

Several theoretical models meet these standards and can be used to develop programs consistent with the *Canadian Guidelines for Sexual Health Education*. Examples of models which have provided the theoretical basis for behaviourally effective programs include the Social Cognitive Theory, Transtheoretical Model, Theory of Reasoned Action & Theory of Planned Behaviour, and Information, Motivation and Behavioural Skills (IMB) Model. A brief summary of these models is provided on the following pages.

Social Cognitive Theory

Evaluation research indicates that health interventions informed by the Social Cognitive Theory (SCT) can help to positively modify an individual's behaviour in a number of domains including STI/HIV prevention.[24-28]

The Social Cognitive Theory[29] states that people learn from one another by observation, imitation and modelling. The theory provides a framework for understanding, predicting and changing human behaviour. It identifies human behaviour as an interaction of:

- personal factors (e.g., knowledge, understanding, expectations, attitudes, confidences),
- behavioural factors (e.g., skills, practice, self-efficacy), and
- environmental factors (e.g., social norms, access in community, influence of others).

Social Cognitive Theory can be applied to sexual health education in a number of ways. For example, a recent study applied SCT in an HIV prevention program for fathers and their sons. The program activities targeted fathers and were designed to promote the development of self-efficacy, positive expectations and intentions to discuss sexual topics with their sons. The program included relevant and current information about listening and communication skills, adolescent development, puberty, and HIV and STI risk-reduction practices. Consistent with SCT, it was found that developing an understanding about HIV and STI prevention practices among fathers and increasing their communication skills, resulted in more positive outcomes such as higher levels of self-efficacy in their sons' decision making.[27]

Transtheoretical Model

The Transtheoretical Model has also provided the basis for effective STI/HIV interventions.[30-32]

This model considers behaviour change as a process rather than as an isolated event. According to the model, individuals participating in behaviour change interventions should be guided through a five-stage continuum[33]:

i. Precontemplation: little or no intention to change the behaviour in the near future;

ii. Contemplation: intention to change behaviour in the near future (e.g., within the next 6 months);

iii. Preparation: intention to take steps to changes (e.g., within the next month);

iv. Action: engaging in the health behaviour within the past 6 months; and

v. Maintenance: consistent practice of desired health behaviour and working to prevent relapse (e.g., 6 months to 5 years).

The transtheoretical model has been shown to have promise for use at an adolescent sexual health and STI/HIV clinic. In one study, having a supportive partner and being older in age made it more likely that the client would move forward through the stages of change. It was also noted that the transtheoretical model helped clinic staff to structure and personalize their counselling sessions.[32]

Theory of Reasoned Action & Theory of Planned Behaviour

The Theory of Reasoned Action & Theory of Planned Behaviour is a well-tested model that has provided the theoretical basis for effective interventions targeting STI/HIV prevention[34] and condom use.[35-37]

The Theory of Reasoned Action[38,39] is a theory that focuses on an individual's *intention* to behave a certain way. This intention is determined by one or both of two major factors:

- **ATTITUDE –** the individual's positive or negative feelings towards performing a specific behaviour.
- **SUBJECTIVE NORM –** associated with the behaviour. An individual's perception of other people's opinions regarding the defined behaviour will influence their behavioural intention.

The Theory of Planned Behaviour[40] is an extension of the Theory of Reasoned Action, which additionally considers that *behavioural intention* is a function of attitudes toward a behaviour, subjective norms toward that behaviour and perceived behavioural control, or the feeling that the individual can indeed perform the behaviour in question.

A study guided by the Theory of Reasoned Action has demonstrated the theory's applicability when targeting condom use in university students. The study found that students had greater intentions of using condoms when the educational intervention focused on: (1) positive attitudes towards condom use and their protective effect against STIs, including HIV, and also (2) students' perceptions that their sexual partner(s) and peers were likely to approve of condom use.[35]

Information, Motivation and Behavioural Skills (IMB) Model

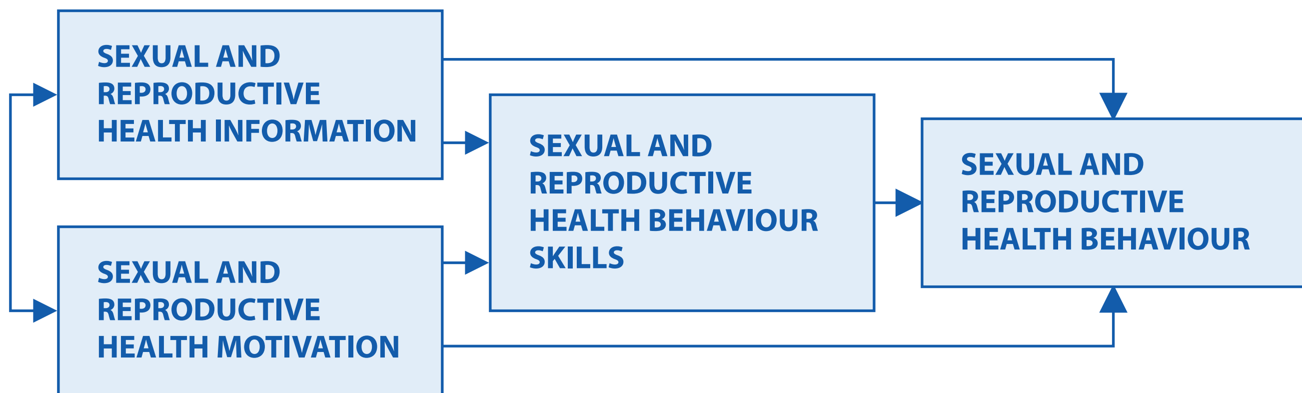
Within sexual health education programs (including those informed by other models), evidence supports the inclusion of elements of information, motivation and behavioural skills.[41] Information, motivation and behavioural skills are basic concepts that are easily understood by educators and program audiences. The Information, Motivation and Behavioural Skills (IMB) Model is well supported by research demonstrating its efficacy as the foundation for behaviourally effective sexual health promotion interventions.[42-44]

Integrating Theory into Practice: Utilizing the IMB Model

While there are a number of very good theoretical models that can be used in the development of sexual health education curriculum and programming, the *Guidelines* are based on the IMB model because there is significant empirical evidence which demonstrates the model's effectiveness.

Evidence of the IMB model's effectiveness in the area of sexual risk reduction has been demonstrated in a number of diverse populations including young adult men,[45] low income women[46,47] and minority youth in high school settings.[48] Furthermore, a meta-analysis strongly supports the need to include elements of information, motivation and behavioural skills in interventions that target sexual risk behavioural change.[49]

Figure 2. The IMB Model[50]



Note: Adapted from Fisher, W.A., & Fisher, J.D. (1998). Understanding and promoting sexual and reproductive health behavior: theory and method. *Annual Review of Sex Research*, 9,39-76.

The fundamental elements of sexual health education proposed by the *Guidelines* can be readily incorporated into an IMB model. Using the IMB model, sexual health education programs are based on the three essential elements:

- Information – helps individuals to become better informed and to understand information that is relevant to their sexual health promotion needs and is easily translated into action;
- Motivation – motivates individuals to use their knowledge and understanding to avoid negative risk behaviours and maintain consistent, healthy practices and confidences; and
- Behavioural skills – assists individuals to acquire the relevant behavioural skills that will contribute to the reduction of negative outcomes and, in turn, enhance sexual health.

The IMB model can help individuals to reduce risk behaviours, prevent negative sexual health outcomes and guide individuals in enhancing sexual health. Programs based on the three elements of the model provide theory-based learning experiences that can be readily translated into behaviours pertinent to sexual and reproductive health.

Elements of the IMB Model

INFORMATION – For sexual health education programs to be effective, they need to provide evidence-based information that is relevant and easy to translate into behaviours that can help individuals to enhance sexual health and avoid negative sexual health outcomes.

Information included in sexual health education programs should be:

- Directly linked to the desired behavioural outcome and will result in the enhancement of sexual health and/or the avoidence of negative sexual health outcomes.

  Example: Acquiring information about how a specific form of birth control works, including how it is used effectively, how it may be paid for, how it may be discussed with a health care provider and with a partner, and information that is relevant to actual use of the method of contraception is essential for programs targeting pregnancy prevention. Acquiring such information may be directly linked to reducing cases of unintended pregnancies.

- Easy to translate into the desired behaviour.

  Example: Creating a directory of all local, easily accessible sexual and reproductive health centres may translate into a desired positive behaviour when it results in individuals identifying accessible, appropriate, user-friendly sexual health care resources and visiting such a health centre or clinic more frequently.

- Practical, adaptable, culturally competent and socially inclusive.

  Example: Programs targeting groups with diverse backgrounds must provide information that is clear, practical and situated within the social context and environment experienced by the target population. For example, a safer sex promotion program might identify risky behaviour–rather than membership in a sexual or ethnic minority–as the basis for the practice of prevention.

- Age, gender and developmentally appropriate.

  - Programs should be tailored to meet the mental, physical and emotional needs of people at different ages and stages of their lives.

  Example: Programs targeting prevention of STI/HIV risk behaviours among adolescents with disabilities must take into account their unique needs.

MOTIVATION – Even very well informed individuals who have received sexual health information that is easy to translate into action need to be *motivated* sufficiently to act upon what they have learned to promote their sexual health. Accordingly, in order for sexual health education programs to achieve their goals, planners should address the motivational factors that are needed to bring about behavioural change.

Where sexual and reproductive health behaviours are concerned, motivation takes three forms:

- Emotional Motivation – An individual's emotional responses to sexuality (the individual's degree of comfort or discomfort with the issues surrounding sex and sexual health) as well as to specific sexual health-related behaviours, may heavily influence whether or not that individual takes the necessary actions to avoid negative sexual health outcomes and to enhance sexual health.

  Example: Men who have negative emotional responses to sexuality may be less likely to benefit from educational programs designed to encourage them to undertake a testicular self-examination.

- Personal Motivation – An individual's attitudes and beliefs in relation to a specific sexual and reproductive health behaviour strongly predict whether or not that individual engages in that behaviour.

  Example: An individual who has strong negative feelings about a method of contraception ("condoms are awful because they reduce feeling," "the pill is bad because it will make me gain weight") are unlikely to adopt the method of contraception in question, unless they come to accept offsetting positive beliefs that alter their negative attitudes.

- Social Motivation – An individual's beliefs regarding social norms, or their perceptions of social support pertaining to relevant sexual and reproductive health behaviours are also likely to influence behavioural change.

  Example: Individuals who are questioning their sexual orientation are more likely to seek out and speak openly in an environment they feel is supportive of all sexual orientations. In such a setting, they may realize that many individuals seek similar kinds of support and thereby be motivated to pursue information or services consistent with their needs.

BEHAVIOURAL SKILLS – Individuals should be aware of and acquire practice enacting the specific behavioural skills that are needed to help them adopt and perform behaviours that support sexual health.

While relevant information and motivation are essential elements influencing adoption of behaviours that support sexual health, having appropriate behavioural skills to act effectively is also essential for behavioural change. This is why sexual and reproductive health skills training are key elements of effective sexual health education programs.

- Behavioural skills consist of the following:

  i. The practical skills for performing the behaviour (e.g., knowing how to negotiate); and

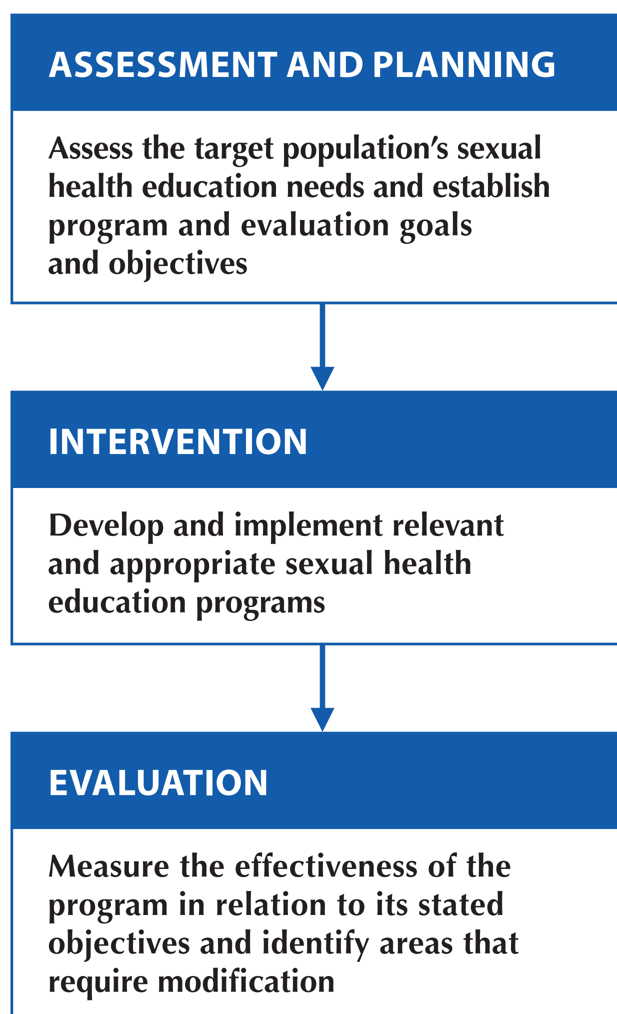
  ii. The self-efficacy to do so (e.g., personal belief in one's ability to successfully negotiate).

  Example: An individual who has been given information on how to use a condom, and is motivated to use it, must also have the technical skills to properly put it on, and the negotiation skills to get their partner to agree to use or to support the use of one.

Behavioural skills training for the prevention of STI/HIV and if applicable, unintended pregnancy, should include the skills to negotiate safer sex (e.g., condom use) as well as the ability and confidence to set sexual limits (e.g., to delay first intercourse). Behavioural skills for self-reinforcement and for partner-reinforcement for maintaining sexual health promoting behaviour over time is also critical in the long run.

Applying the IMB Model to sexual health education programs

A comprehensive application of the IMB model to sexual health education programs involves a basic three-step process:



ASSESSMENT AND PLANNING

- Identify the level of information, motivation and behavioural skills that the target population has related to specific health behaviours and outcomes. To assess this information, conduct focus groups, interviews or administer a survey questionnaire to a representative sub-sample of the target population.

  Example: In the assessment phase of a sexual health education program for pre-teens that includes the objective of delaying first intercourse, a sub sample of pre-teens may be selected to fill out a questionnaire to measure their:

  - knowledge related to the implications of first intercourse (*Information*);
  - attitudes and perceptions of peer pressure and social norms related to sexual activity (*Motivation*); and
  - skills as well as beliefs in their own ability to follow through on a decision to delay first intercourse (*Behavioural skills*).

- Make evidence-based decisions for program planning based on the current research, other program evaluations as well as assessment of need.

- Program evaluation is an integral part of program management. There are several types of program evaluation, both in the program planning and implementation stages. Program planners should consider conducting a needs analysis, and/or a feasibility study. Information from a needs analysis and a feasibility study will provide planners with information on the

type of programming that is required, and if the program is appropriate in terms of timing, resources and audience. Program implementation evaluation consists of two forms: process and outcome evaluation. The purpose of process evaluation is to improve the operation of an existing program, and focuses on what the program does and for whom. The purpose of outcome evaluation is to assess the impact of a program, and focuses on examining the changes that occurred as a result of the program and whether it is having the intended effect.

- The plan for process and outcome evaluation should be built into the overall program plan, prior to its actual launch. This is especially important for outcome evaluation. In order to determine whether a program made a difference or not, there needs to be an understanding of how things were before the program was implemented (e.g., knowledge, attitudes, beliefs, etc).

INTERVENTION

- Design and implement the sexual health education program based on the assessment findings.

- For each target group, address where gaps exist in information, motivation and behavioural skills in relation to the program objectives and needs of the individual.

- Use assets that the group has in the area of information, motivation and behavioural skills. These assets should be used to reach program objectives.

  Example: The intervention phase of a sexual health education program is designed to increase the use of condoms among sexually active adolescents. This could fill knowledge gaps among the target group (*Information*), reinforce the group's personal views about condom use and help them to personalize the risks of teen pregnancy and/or STI/HIV (*Motivation*) and incorporate role playing exercises to help individuals learn how to negotiate condom use with sexual partners while also teaching them where to access free condoms (*Behavioural skills*).

EVALUATION

- Evaluation is required to determine if the program has had the intended effect on the target group's information, motivation and behavioural skills in relation to the program objectives. Evaluation research enables program planners to identify strengths and weaknesses in the program so that, if necessary, modifications may be made to increase the program's effectiveness.[50-53]

- Evaluation should also include a mechanism to capture any unintended outcomes that emerge separate from the stated objectives of the program. Such unintended outcomes may also identify particular strengths and weaknesses in the program that are not revealed by an analysis of just the stated objectives.

- It is important for program planners to consider and address factors that can have an impact on the validity of the evaluation findings. When possible, the evaluation should include a control group to ensure that observed changes

are actually the result of the program and not the result of external influences. Use of different types of measures can increase confidence in the evaluation data collected.

Example: The evaluation phase of a sexual health education program focusing on cervical cancer prevention and screening might include the following steps:

- At the beginning of the program, have participants fill out a questionnaire that assesses their knowledge of the prevalence, causes and preventive measures associated with cervical cancer (*Information*), their personal attitudes towards taking the necessary precautions to reduce their risk of cervical cancer (*Motivation*) and their perceived ability and skills to change risk behaviours and seek screening/ vaccination services to reduce the risk of cervical cancer (*Behavioural skills*).
- The questionnaire should directly assess the occurrence and frequency of risk behaviours. In this case, the questionnaire would determine the participant's level of behavioural risk for cervical cancer, whether the individual has received an HPV vaccine and whether they have been screened for cervical cancer and, if so, how frequently.
- Randomly split individuals that have completed the questionnaire into two groups: a control group that does not receive the new sexual health education program and an intervention group that does.
- As part of the evaluation process, re-administer the questionnaire to both groups after the program has been completed to measure the degree of effectiveness.
- Identify parts of the program that require modification.

Environments Conducive to Sexual Health

The *Guidelines* identify "Environments Conducive to Sexual Health" as a fourth key element of sexual health education.

A variety of environmental factors have been recognized as determinants of sexual and reproductive health. These include:

- social and economic circumstances (e.g., income, education, employment, social status and social supports);
- access to/knowledge of health services; and
- community norms, values and expectations related to sexuality, gender identity, sexual orientation and reproduction.[54]

▶ Programs based on the IMB model have the ability to influence sexual health promotion behaviour change. However, these programs must also address the influence of environmental factors on individual efforts to acquire and apply the knowledge, motivation and skills needed to maintain or enhance sexual health.

Example: A study in Winnipeg found that teen birth rates were strongly related to socioeconomic status (the social and economic circumstances which include factors such as unemployment, high school

completion and single parent households). The rate of teen births was over 13 times higher in the low socioeconomic status (SES) areas when compared to the high SES areas.[55]

Similarly, a geographic mapping study of census tracts in Toronto found that higher birth rates among teens and higher chlamydia and gonorrhea rates in young adults were associated with lower income.[56] Income and access to services are only two of the many examples of the different ways in which the social environment, and particularly social inequality, can affect sexual health.

- *International Comparisons*. An in-depth international comparative study of adolescent sexual and reproductive health in five developed countries (Canada, United States, France, Great Britain and Sweden) has provided convincing evidence of the role of environmental factors in influencing sexual health.[57]

  Example: Countries that scored high or very high in levels of economic equality, had access to reproductive health services and sexual health education, and used the media to promote responsible sexual behaviour were more likely to have lower teen pregnancy and STI rates compared to countries that scored low or very low on these indicators. Data collected for the Canadian component of the study suggested that in Canada, for both early teen pregnancies and STIs, rates vary by geographic region and economic status. Additionally, the age of first intercourse also varies by economic and social status as well as by region of residence.[58-60]

  In the United States a comprehensive review of research on teenage pregnancy found that environmental factors such as community disadvantage and disorganization, family structure and economic situation, as well as peer, partner and family attitudes towards sexuality and contraception are directly linked to determinants of adolescent sexual behaviour, use of contraception, pregnancy and attitudes toward childbearing.[61]

- *Media*. The media, including television, movies, music, magazines and the Internet, have become an increasingly powerful force in communicating norms about sexuality and sexual behaviour. However, these messages are often barriers to the creation of environments conducive to sexual health.

  Example: Several studies have suggested that exposure to sexual content in the media is one of the many factors that may influence the timing of onset of sexual behaviours.[62,63] Effective sexual health education programming should address media messages and help individuals to evaluate critically what they see, hear and read in the mass media while simultaneously relating to diverse sexual norms and practices.

  Critical evaluation of the impact of the media, and of the environment that such information creates, should also be a key part of sexual health education in both the public and not-for-profit sectors.

- *Community/Cultural Appropriateness*. Research on program evaluation illustrates how sexual health education programs that are culturally appropriate and sensitive to community needs are more likely to be effective.

  Example: An effective STI/HIV risk reduction program for low-income women living in housing developments can be adapted to that environment by conducting elicitation research among its residents. This can also be done by identifying and using organizers within the housing developments as educators and by using housing development events as opportunities to provide effective sexual health education.[64] Professionals who recognize that educational program participants are likely the most expert about what it might take to change their behaviour, might well turn to the participants and ask them what would have to happen in order for change to take place.

Conclusion

The aim of these *Guidelines* is to unite and guide professionals working in the area of sexual health education and health promotion, with a particular emphasis on curriculum and program planners, policy-makers, educators (in and out of school settings) and health professionals.

The complexities related to developing education curricula and programs can be daunting. Developing curricula and programs related to sexual health education can add another level of complexity as a result of the sensitivities associated with discussions of sexuality. While the *Guidelines* do not attempt to be a stand-alone document for those wishing to develop sexual health education curricula and programs, the *Guidelines* do offer a framework for the development of effective, comprehensive and inclusive sexual health education.

While this document presents a great deal of information, there are three keys points that provide the critical foundation for the *Guidelines*. These foundational principles are:

1. Inclusivity – sexual health education must be inclusive of the population it is targeting. The target population will rarely be a homogeneous group. Account for intra-group diversity and differing health needs.
2. Evidence-based – Sexual health education should be grounded in a theoretical model that is applicable to the subject and target population being served. The most appropriate model will need to be used in order to meet the needs of the target population.
3. Evaluation – Ensure that an evaluation mechanism is included into program planning and curriculum development. Check to ensure that this mechanism is able to evaluate the intended goals and identifies areas that need to be addressed and changed to achieve the desired results. Continual evaluation, reflection and modification are the hallmarks of a successful health education program.

Appendix A

The information provided below offers sample criteria that can be used in assessing or revising programs consistent with the *Guidelines*.

Examples of Criteria to use in Assessing Programs in Relation to the *Guidelines'* Principles

PHILOSOPHY

The sexual health education activity, program or policy integrates the philosophy of sexual health education presented in the Guidelines.

Example:

- Work with individuals to assess their personal and primary needs where sexual health and sexuality are concerned.
- Communicate with individuals to assess how their age, race, ethnicity, gender identity, sexual orientation, socioeconomic background, physical/cognitive abilities and religious background form their views about sexual health and sexuality and how these views influence and affect their behaviour.
- Understand the central underlying issues associated with the above factors in order to assist program planners, policy-makers and educators in creating and implementing effective, targeted programs and services that will help to prevent negative outcomes and bring about positive behavioural change.

PRINCIPLE 1: ACCESS TO SEXUAL HEALTH EDUCATION FOR ALL

The sexual health education activity, program or policy promotes accessibility for all, as suggested by the Guidelines.

Example:

- Work in partnership and form linkages with federal, provincial, territorial and community organizations to pool funds and resources in order to ensure the coordinated development of effective, targeted sexual health education programs, policies or activities. Identify ways to bring people together to meet funding requirements.
- Build up the systems of supporters and users of the *Guidelines* and develop discussion papers that will be the subject of national debate on the future of sexual health education.
- Build on and improve access to sexual health education, for example, by making sexual health education learning tools available through the Internet and alternative media (e.g., to target youth).
- Educate practitioners on how to understand and use the *Guidelines* to ensure that the target population benefits from its key messaging.

PRINCIPLE 2: COMPREHENSIVENESS OF SEXUAL HEALTH EDUCATION: INTEGRATION, COORDINATION AND BREADTH

The sexual health education activity, program or policy is sufficiently comprehensive in terms of the integration, coordination and breadth suggested by the Guidelines.

Example:

- Comprehensiveness refers to the information, motivation, and behavioural skills content of sexual heath education. For example, "information only" may not be enough to motivate persons to act and equip them with the needed skills to act effectively.
- Determine where sexual health education overlaps with related programs and integrate sexual health education into these areas. For example, sexual health education can be provided as a component of biology, psychology, sociology, anthropology, family studies, religious studies, personal and social development courses. These programs can be targeted and delivered at the primary, secondary and post-secondary levels.
- Partner with health care professionals, parents, and student organizations to create effective sexual health education programs and services in community, educational and clinical settings.

PRINCIPLE 3:
EFFECTIVENESS AND SENSITIVITY OF EDUCATIONAL APPROACHES AND METHODS

The sexual health education activity, program or policy incorporates effective and sensitive educational approaches and methods as suggested in the Guidelines.

Example:

- Work strategically with partners to define a shared vision and to identify the main objectives, recognizing and respecting the various ethnic, cultural, social and economic needs of others; provide opportunities to learn from each other.
- Collaborate with provinces, territories and community organizations to identify the key elements/topics of the program area.
- Engage parents and young people in the developmental process by informing them about the benefits of effective sexual health education and the maintenance of sexual health and healthy living. Encourage their input to ensure that programs and services in this area are tailored to meet their needs.
- Create innovative ways to involve peer leaders, identified through key informants in the community, who will act as advocators of sexual health and healthy living. Also work in concert with community leaders and sexual health experts, as well as provincial and territorial officials to address any controversy that may arise from this issue.

PRINCIPLE 4: TRAINING AND ADMINISTRATIVE SUPPORT

The sexual health education activity, program or policy meets the expectations for training and administrative support suggested by the Guidelines.

Example:

- Provide a comprehensive orientation guide for those who provide sexual health education. Contents of the guide should include:
  - expected knowledge and ability requirements,
  - directed and self-directed activities, and
  - learning and personal performance evaluation guidelines.
- Ensure that job descriptions within the organization have clearly defined statements of qualifications which will help guide staff selection, interviewing and hiring processes to ensure that the selected person has a specific level of knowledge, skills and ability to provide sexual health education services.
- Perform a formal evaluation of the professional development of educators on an annual basis, ensuring that in-service planning and professional development activities are based on the learning needs identified through this evaluation process.
- Include as part of the annual budget, funds to support on-going professional development and in-service training for those providing sexual health education. A specified number of days per year should be allocated for specialized training and professional development in this area.
- Include sexual health education as part of curriculum. Ensure that educational institutions have curricula in place to enable pre-sevice teachers as well as medical and nursing students to acquire the knowledge, skills and attitudes needed to provide effective sexual health education. The curricula should be based upon, and evaluated according to the framework outlined in the *Guidelines*.

PRINCIPLE 5: PROGRAM PLANNING, EVALUATION, UPDATING AND SOCIAL DEVELOPMENT

The sexual health education activity, program or policy incorporates the elements of planning, evaluation, updating and social development suggested by the Guidelines.

Example:

- Engage and influence policy-makers in the developmental and evaluation processes.
- Create ways to support the direct and active involvement of policy-makers, researchers and health care practitioners that will result in the advancement of sexual health education and the development of improved sexual health education programs and services.
- Synthesize and share best practice models (nationally and internationally) for the development of effective sexual health education programs, simultaneously integrating research with policy and practice.
- Develop more frequent and improved linkages by expanding the range of provincial, territorial and community-based partners and ensuring that key experts and stakeholders have direct input into the policy, planning, research and evaluation processes.
- Create an Advisory Committee composed of members from the community, non-governmental organizations and from all levels of government to monitor and evaluate sexual health education programs on a regular basis to ensure that they are meeting the needs of the target audiences. Committee members should provide recommendations to modify programs when needed and provide an annual report on the status of sexual health education programs, services and activities (perhaps included as a part of a more comprehensive report or provincial/territorial educational measures and outcomes).

Appendix B

Sexual Orientation and Gender Identity Terms and Definitions[65-67]

This glossary of terms is a resource for individuals working in sexual health education and promotion. These terms may vary according to multiple sources and across cultures.

BISEXUAL: A person who is attracted physically and emotionally to both males and females.

COMING OUT: Often refers to "Coming out of the closet"–the act of disclosing one's sexual orientation or gender identity (e.g., to friends, family members, colleagues).

GAY: A person who is physically and emotionally attracted to someone of the same sex. The word gay can refer to both males and females, but is commonly used to identify males only.

GENDER IDENTITY: A person's internal sense or feeling of being male or female, which may or may not be the same as one's biological sex.

HETEROSEXUAL: A person who is physically and emotionally attracted to someone of the opposite sex. Also commonly referred to as straight.

HOMOPHOBIA: Fear and/or hatred of homosexuality in others, often exhibited by prejudice, discrimination, intimidation, or acts of violence.

INTERNALIZED HOMOPHOBIA: A diminished sense of personal self-worth or esteem felt by an individual as a result of the experienced or presumed homophobia of others.

INTERSEXED: A person born with ambiguous sex characteristics that do not seem to conform to cultural or societal expectations of a distinctly male or female gender. For example, some intersexed individuals are born with the reproductive organs of both males and females or ambiguous genitalia. In some cases a person is not found to have intersex anatomy until he or she reaches puberty.

LGBTTQ: A commonly used acronym for the constellation of lesbian, gay, bisexual, trans-identified, transsexual, two-spirited, and queer identities. Sexual minority is a synonymous term.

LESBIAN: A female who is attracted physically and emotionally to other females.

QUEER: Historically, a negative term for homosexuality. More recently, the LGBTTQ community has reclaimed the word and uses it as a positive way to refer to itself.

SEXUAL ORIENTATION: A person's affection and sexual attraction to other persons, regardless of gender.

TRANSGENDER/ TRANS-IDENTIFIED: A person whose gender identity, outward appearance, expression and/or anatomy does not fit into conventional expectations of male or female.

TRANSSEXUAL: A person who experiences intense personal and emotional discomfort with their assigned birth gender and may undergo treatment (e.g. hormones and/or surgery) to transition gender.

TWO-SPIRITED: Some Aboriginal people identify themselves as two-spirited rather than as bisexual, gay, lesbian or transgender. Historically, in many Aboriginal cultures, two-spirited persons were respected leaders and medicine people. Before colonization, two-spirited persons were often accorded special status based upon their unique abilities to understand both male and female perspectives.

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