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;*
- *consent to 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]

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.

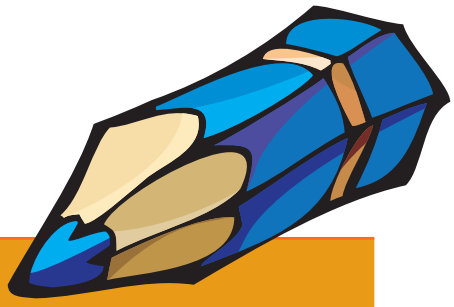
- Comprehensiveness in effective sexual health education focuses on the needs of different groups and considers the various issues relevant to the sexual health of individuals within any group.

- 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.

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.	

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 coersion 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.

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

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]

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 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.