Human Development and Sexual Health in Elementary Schools

Risky sexual behaviour can lead to poor reproductive health outcomes such as unplanned pregnancy and sexually transmitted infections.

Purpose:

The purpose of this resource is to provide educators and parents with strategies to promote healthy growth and development that can lead to reducing risky sexual behaviour among children and youth. Strategies target curriculum, teaching and learning, as well as student engagement and home, school and community partnerships.

How was this resource developed?

This toolkit was designed to support the Foundations for a Healthy School Resource. It recommends that health topics are addressed across each of the components of the framework which include:

- Curriculum, teaching and learning;
- School and classroom leadership;
- Student engagement;
- Social and physical environment;
- Home, school, and community partnerships.

For more information about the Foundations for a Healthy School visit
http://www.edu.gov.on.ca/eng/healthyschools/foundations.html

The evidence clearly indicates that for an initiative in the school setting to be impactful, it has to be multicomponent and delivered over long periods of time versus single component or “one off” programming. Therefore, strategies outlined in this tool kit are identified as aligning with the components of the framework.

Why do we need to promote healthy growth and development?

Providing students educational programs that focus on growth and development prior to them entering into sexual relationships helps to decrease the incidence of risky sexual behaviour. (Poobalan et al., 2009). Risky sexual behaviour is a health concern among youth that can lead to poor reproductive health outcomes such as unplanned pregnancy and sexually transmitted infections (STIs) (Bearinger, Sieving, Ferguson, & Sharma, 2007).

These outcomes are associated with behaviours which can include early initiation of sexual intercourse (Sandfort, Orr, Hirsch & Santelli, 2008); sexual intercourse with multiple partners (Kuortti & Kosunen, 2009; Rotermann, 2012), sexual intercourse without the use of condoms (Sprecher, 2013; Shneyderman & Schwartz, 2012), sexual intercourse without any form of contraception (Bearinger, Sieving, Ferguson, & Sharma, 2007), and sexual intercourse while intoxicated (Sprecher, 2013; Shneyderman & Schwartz, 2012).

The proportion of youth engaging in sexual behaviour increases with age and these trends have not changed in the past 20 years. In 2009/2010, 30% of Canadians aged 15-17 and 68% of Canadians aged 18-19 reported ever having sexual intercourse – a percentage that has remained unchanged since 1996/1997 (Rotermann, 2008, 2012). Sexual initiation occurs before age 15 for approximately 10% of youth and increases to one quarter of the population by age 16 (Rotermann, 2012). Early initiation of sexual intercourse puts youth at risk for other unhealthy sexual behaviours (Sandfort, Orr, Hirsch & Santelli, 2008). For instance, nearly 40% of males and 20% of females in Canada reported having multiple partners (Rotermann, 2012). A substantial proportion of youth are not using condoms and use appears to decline with age (PHAC, 2009/10). The Canadian Community Health Survey reported that in Ontario, only 81% of sexually active 15-17 year-olds reported using a condom at last intercourse which further dropped to only 70% of 18-19 year-olds. Males were more likely to use a condom than females (Rotermann, 2012). These rates are consistent with overall Canadian rates.

Local data also shows the need to decrease risky sexual behaviour and the associated undesirable outcomes. In Middlesex-London in 2009, about 32 of every 1000 female teenagers aged 15-19 were pregnant. Teen pregnancy rates and time trends are similar to those in Ontario and similar health unit areas (Middlesex-London Health Unit, n.d.). The annual average reported incidence rate of chlamydia infections was about 15 per 1000 females 15-19 years of age and 3 per 1000 males in the same age group. Chlamydia rates are over 20 times higher and gonorrhea rates are 10 times higher than the rates in the rest of the population (Middlesex-London Health Unit, n.d.).

There are, however, protective factors that are associated with healthy sexual behaviour which may lead to a decrease in the prevalence of negative outcomes of risky sexual behaviours, such as STIs and unplanned pregnancy. Connectedness, including family and school connectedness, can be a protective factor in adolescent sexual and reproductive health (Markham et al., 2010, Kao and Manczak, 2012). This toolkit offers resources to help educate students about healthy growth and development and provides strategies to enable students to make healthy choices. For additional information and resources on connectedness consider accessing our "Promoting School Connectedness Toolkit".

Adolescents are better able to plan and engage in safe sexual practices if they have high self-efficacy in their ability to discuss with a partner about condom use, motivation to use a condom, and concern about pregnancy (Safii, Stovel, Davis, & Holmes, 2013). Another protective factor is parent and child communication (Kao and Manczak, 2012).

In summary, the evidence supports the need to decrease risky sexual behaviour among youth to support healthy sexual and reproductive health.

Why should school play a role?

Schools have been identified as an ideal setting to work with children and youth because of the universal enrollment of children in school and the consistent access to this target population. However, a more compelling reason aligns with Ontario's Well-Being Strategy for Education. It is undisputed that healthy students are better prepared to learn. Studies demonstrate that promoting student health and well-being can help schools meet their educational goals, such as reduced absenteeism, fewer behavioural problems, and higher school-wide test scores and grades (http://www.cdc.gov/healthyschools/health_and_academics/pdf/health-academic-achievement.pdf).

A healthy school not only provides educational opportunities but creates a supportive environment for health and well-being. The Foundations for a Healthy School is an Ontario Ministry of Education resource that is designed to support student health and well-being. It emphasizes the importance of taking a comprehensive approach to address health-related topics that contribute to well-being. This approach demonstrates that multiple levels of influence determine individual behaviour and recognize that no single factor can adequately account for why children and youth engage in health risk or health promotion behaviours. This toolkit was designed to support The Foundations for a Healthy School. Activities and resources to reduce risky sexual behaviour are described according to the foundations. The appendices contain supplementary information to assist with the implementation of the activities.

Why is student engagement important?

Students are arguably the most important stakeholders in the education system and thus student engagement should be at the heart of a healthy school. The Foundations for a Healthy School defines student engagement as *"the extent to which students identify with and value their learning; feel a sense of belonging at school; and are informed about, engaged with and empowered to participate in and lead academic and non-academic activities".* While student engagement is one of the five components of a healthy school, student engagement is best achieved when it is integrated into all of the Foundation's components.

When students are given the opportunity to be active contributors to their learning, and their learning environments, they derive a sense of belonging and connectedness to the school community, and gain feelings of competence and satisfaction from achievements in their work. The role of the adult is to empower students; give them the skills and confidence to contribute equally to decisions, lead meetings, and organize and implement activities.

Public Health's Commitment to Schools

The goal of Middlesex London Health Unit's (MLHU) Child and Youth Program Team is to improve the health of children and youth, and contribute to a positive and healthy school climate. Specifically, our team works with school boards and/or staff of elementary and secondary schools, using a comprehensive health promotion approach to influence the development and implementation of healthy policies and the creation or enhancement of a supportive environment to address key topics. Each school in London and Middlesex County is assigned a Public Health Nurse (PHN). For a list of PHNs assigned to schools, visit https://www.healthunit.com/public-health-at-your-school. Contact your PHN to determine how they can support this resource and collaborate with your school to improve the health of children and youth.

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