



Contraception education - why should it be done?

There is now a rigorous body of peer-reviewed evidence which demonstrates that well-designed adolescent sexual-health interventions are capable of significantly reducing sexual risk behaviour.¹

Detailed analysis has shown that the most effective sexual health education programs satisfy the following key criteria:¹

- Include sufficient classroom time to achieve program objectives;
- Provide teachers with training and administrative support;
- Employ theoretical models to develop and implement programming;
- Use elicitation research to ascertain student characteristics, needs, and optimal learning styles;
- Specifically target sexual behaviours that lead to unintended pregnancy and/or STI/HIV infection;
- Deliver and consistently reinforce prevention messages related to sexual limit setting, consistent condom use and other forms of contraception;
- Include activities that address social pressures related to adolescent sexual behaviour;
- Incorporate the necessary information, motivation, and skills to effectively perform sexual health promotion behaviours;
- Provide examples of and opportunities to practice (e.g. role plays) sexual limit setting, condom negotiation and other communication skills;
- Employ appropriate evaluation tools to assess program strengths and weakness in order to enhance subsequent programming.

References

1. The Sex Information and Education Council of Canada. Sexual Health Education In The Schools: Questions And Answers. The Canadian Journal of Human Sexuality 2004; 13: 129-141. Available at: http://www.sieccan.org/pdf/sexual_health_qs.pdf