Guiding Principles for Sexual Health Education for Young People:

A Guide for Community-Based Organizations

Introduction

Sexual health education for young people (ages 10 to 24) is a challenging topic. Community-based organizations play an important role in delivering sexual health education to adolescents to decrease the incidence of sexually transmitted diseases (STDs), HIV and unintended pregnancy.

A sexually healthy adolescent is able to realize their individual potential around critical developmental tasks related to sexuality. These tasks include: accepting his/her body; gender identity and sexual orientation; communicating effectively with family, peers and partners; possessing accurate knowledge of human anatomy and physiology; understanding the risks, responsibilities, outcomes and impacts of sexual actions; possessing the skills needed to take action to reduce his/her risk; knowing how to use and access the health care system and other community institutions to seek information, and services as needed; setting appropriate sexual boundaries; acting responsibly according to his/her personal values; and, forming and maintaining meaningful, healthy relationships.

To promote the optimal sexual health of young people in New York State, adolescent sexual health education programs supported by the New York State Department of Health are most effective when they include the following guiding principles:

- Youth-centered
- Strength-based
- Comprehensive
- Evidence-based
- Skills-driven
- Developmentally appropriate

- Culturally appropriate
- Supported by parents, families and communities
- Facilitate access to health and support services
- Measurable outcomes

This guide was developed to provide the background behind each of these principles and to provide strategies that community-based organizations can put into action to overcome the challenges associated with fulfilling these principles.

The strategies displayed in this document are not the only ways to put the guiding principles into action. Community-based organizations may think of other strategies based on the populations they serve and the needs of the communities they serve. Resources are referenced in this document to provide more in-depth information, as well as additional potential strategies.

Youth-Centered

Principle

Sexual health education is responsive to the specific needs of young people and allows young people the opportunity to be active participants in the development and delivery of sexual health education.

Background

A core premise of youth development/sexual health programming is that young people gain more from an experience when they are actively involved. Research also suggests that programs that are developed through a partnership of youth and adults may be highly effective in building young people's skills and reducing their sexual risk-taking behaviors. Such programs benefit the youth who help to develop them and also have a greater impact on the young people served.[1]

Strategy

Community-based organizations may engage in a planning activity (e.g., work group) to examine the organization's structure and culture, and to identify any barriers that might prevent the active involvement of youth to help develop and deliver sexual health education. Examples of how to overcome these barriers include the following:

- Schedule meetings during times when young people are not in school or work (e.g., late afternoon, evening, weekend);

- Ensure meeting locations are accessible to adolescents who do not have personal vehicles or consider the provision of travel vouchers or reimbursement methods to cover transportation costs;

- For meetings that occur during meal times, provide food to young people; and,

- Ensure that youth are involved in programs in a meaningful way[2]:

  - Begin by involving young people in planning, facilitating, mentoring and implementing specific projects or tasks (e.g., community development project, community health fair, HIV prevention education program, youth mentorship);

  - After youth have participated in these specific projects or tasks, begin to obtain their opinions and perspectives on particular issues (e.g., focus groups, ongoing advisory groups); and,

  - Finally, involve young people in decision-making roles (e.g., voting members of Board of Directors, deciding how funding is used, chairing community councils).

Strength-Based

Principle

Sexual health education is most effective when it takes a positive youth development approach that builds on young people's existing strengths, skills and external assets.

Background

Positive youth development is a way to think about young people which focuses on their assets (capacities, strengths and developmental needs) and not on their deficits (risks, negative behaviors and problems). This approach calls for the shifting of attention away from a focus on the elimination of problems. It develops strategies that increase young people's exposure to positive and constructive relationships and activities that promote healthy, responsible and compassionate choices. A program that uses a positive youth development approach works with young people to help them realize their fullest potential.[3]

Strategy

Community-based organizations may adopt strength-based approaches, including the following examples:

- Employ youth development principles and program tools, such as an assets survey, to identify and build on the strengths and assets of youth participants;[4] and
- Incorporate program activities that focus on enhancing protective factors[5], such as strengthening connections to families and communities, strengthening academic achievement (e.g., tutoring, service learning) and developing life and career skills (e.g., mentoring program).
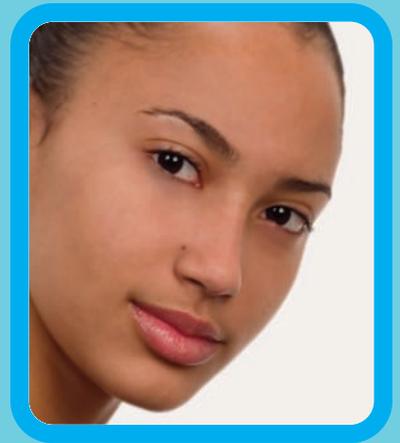
Resources

3 **"Youth Development"** (New York State Department of Health). www.nyhealth.gov/community/youth/development

4 **"40 Developmental Assets for Adolescents Ages 12-18"** (Search Institute). www.search-institute.org/system/files/40AssetsList.pdf

5 **"Executive Summary: Sexual Risk and Protective Factors"** (ETR Associates). ww.etr.org/recapp/theories/RiskProtectiveFactors/ExecutiveSummary200712.pdf

Comprehensive

Principle

Sexual health education provides a full range of scientifically accurate information and options for sexual health and for reducing the negative outcomes of sexual behavior.

Background

The integration of HIV, sexually transmitted disease (STD) and pregnancy prevention involves the blending of messages and programs, networking among service providers and holistic methods for addressing sexual health issues. An integration of efforts provides many benefits for youth and for community-based organizations that serve young people.[6]

One example of a comprehensive approach to adolescent sexual health education would be to include topics such as the relationship of substance use to sexual risk, differences associated with gender-related sexual behavior/attraction/identity issues, adolescent health care rights (including reproductive rights) and sexual violence (including rape and sexual abuse).

Strategy

Community-based organizations may develop an environment in which organizations (e.g., family planning, HIV/STD clinics, teen pregnancy, HIV/AIDS service) collaborate with youth, parents, communities and government agencies to promote adolescent sexual health. The following are examples of how to develop an integrated approach:

* Create a community coalition to support the integration of HIV, STD and pregnancy prevention;
* Invite staff members from sexual health organizations to meetings and conferences to provide presentations and share materials;
* Cross-train staff in HIV, STD and pregnancy prevention; and,
* Develop integrated messages and materials that address common risk factors.

Resources

"Integrating Efforts to Prevent HIV, Other Sexually Transmitted Infections and Pregnancy Among Teens" (Advocates for Youth). www.advocatesforyouth.org/publications/iag/integrating.htm

Evidence-Based

Principle

Effective sexual health education interventions are those that have been proven effective by demonstrating positive effects on behavior with the intended participants.

Background

Recent research on programs to reduce teen pregnancy and STDs shows that effective programs change adolescent sexual behavior by acting on the risk and protective factors that influence such behavior.[7] The research studies identify the characteristics of effective programs and curricula.[7,8] A listing of programs proven effective by rigorous research was published in 2006 by Advocates for Youth.[9] A listing of curriculum-based programs that prevent teen pregnancy was published in 2009 by The National Campaign to Prevent Teen and Unplanned Pregnancy.[10]

Strategy

Community-based organizations may consider the following when choosing a sexual health education intervention:

- Conduct a literature search and review interventions that have been published in peer-reviewed journals and shown to be effective;
- Identify interventions that have demonstrated behavior changes among youth (e.g., delayed sexual activity, reduced number of sexual partners, increased use of condoms, decreased unprotected sex); and,
- Identify interventions that have been proven effective in reducing the rates of HIV, STDs and pregnancy among adolescents.

Resources

7 **"Sex and HIV Education Programs for Youth: Their Impact and Important Characteristics"** (ETR Associates). www.etr.org/recapp/programs/SexHIVedProgs.pdf

8 **"Emerging Answers, 2007 Research Findings on Programs to Reduce Teen Pregnancy and Sexually Transmitted Diseases"** (The National Campaign to Prevent Teen Pregnancy). www.thenationalcampaign.org/EA2007/

9 **"Science and Success, Sex Education and Other Programs that Work to Prevent Teen Pregnancy, HIV and Sexually Transmitted Infections"** (Advocates for Youth). www.advocatesforyouth.org/programsthatwork/intro.htm

10 **"What Works. Curriculum-Based Programs That Prevent Teen Pregnancy"** (The National Campaign to Prevent Teen and Unplanned Pregnancy). www.thenationalcampaign.org/resources/pdf/pubs/whatworks09.pdf

Skills-Driven

Principle

Sexual health education provides young people with opportunities to learn, practice and apply the skills required to maintain optimal sexual health.

Background

Life skills are behaviors that allow individuals to adapt to and effectively deal with the opportunities and challenges of life. Core life skills include decision-making, problem-solving, critical and creative thinking, analyzing and clarifying values, communication (listening, empathy-building, assertiveness and negotiating), emotional coping and self-awareness. These skills are effective in delaying initiation of sexual intercourse, and for youth who have experienced sexual activity, in increasing condom use and decreasing their number of sexual partners.[11]

Strategy

Community-based organizations may conduct a range of activities that include skills-driven practice opportunities, such as:

- Use decision-making worksheets and problem-solving exercises to help adolescents consider their sexual health choices;

- Develop role-playing exercises that allow youth to practice how they would react to real-life situations in a non-threatening environment (e.g., refusing to have sex with a partner who does not have a condom, initiating a conversation regarding STDs with a partner);

- Develop activities that help young people to experience key skill areas, such as an activity that allows individuals to summarize or discuss the process involved with searching the internet for a STD testing site and considering steps needed to make an appointment and obtain services (e.g., contraception, condom demonstration);

- Provide links to simulated decision-making games on the internet that allow youth to make sexual health-related choices and to obtain feedback on the related consequences; and,

- Provide opportunities to apply learned skills in community settings (i.e., provide presentations, conduct advocacy activities).

Developmentally Appropriate

Principle

Sexual health education provides information and skills that are appropriate to the physical, intellectual and emotional development, as well as the sexual orientation, of the intended participant.

Background

During adolescence, physical changes happen at an increased rate. At the same time, young people experience cognitive, social, emotional and interpersonal changes. During growth and development, adolescents must deal with the influences of outside factors such as parents, peers, community, culture, religion, school, world events and the media. Although each adolescent is an individual with an individual personality and interests, there are many developmental issues that almost every adolescent faces during early, middle and late adolescent years.[12,13]

Sexual orientation is one component of a young person's identity. This component is made up of other components, including culture, ethnicity, gender and personality traits. Sexual orientation is something that develops across a person's lifetime, with realization varying at different stages of people's lives. Gay, lesbian and bisexual youth may face prejudice, discrimination, violent behavior and negative messages in their families, schools and communities.[14] The "Sexual Education Library" provides a comprehensive list of sources of information on adolescent sexual behavior.[15]

Strategy

Realizing that adolescents are at varying stages of cognitive and sexual development, community-based organizations may consider the following when communicating with adolescents:[13]

- Use non-threatening questions that help adolescents define their identities;
- Listen without judgment so that adolescents know that you value their opinions;
- Ask open-ended questions to assist adolescents with thinking through their ideas;
- Avoid asking "why" questions, which may put adolescents on the defensive; and,
- Provide examples of how you or someone you know made a decision (e.g., how to handle a personal conflict).

Resources

12 **"Research, Facts and Findings: Stages of Adolescent Development"** (ACT for Youth Upstate Center of Excellence). www.actforyouth.net/documents/faCT%20Sheet05043.pdf

13 **"Developing Adolescents - A Reference for Professionals"** (American Psychological Association). www.apa.org/pi/cyf/develop.pdf

14 **"Gay, Lesbian and Straight Education Network (GLSEN). Just the Facts About Sexual Orientation and Youth: A Primer for Principals, Educators and School Personnel"** (GLSEN). www.glsen.org/binary-data/GLSEN_ATTACHMENTS/file/123-1.pdf

15 **"Sexual Education Library, Adolescent Sexual Behavior"** (Sexuality Information and Education Council of the United States - SIECUS). www.sexedlibrary.org/adolescentssexualbehavior.html

Culturally Appropriate

Resources

16 "A Youth Leaders Guide to Building Cultural Competency" (Advocates for Youth). www.advocatesforyouth.org/publications/guide/

Principle

Sexual health education is tailored to the cultural and community norms of the intended participants.

Background

Culture can be defined as a particular form of civilization, especially the beliefs, customs, arts and institutions of a society at a given time. Cultural competence refers to an ability to interact effectively with people of different cultures, including but not limited to people of different races and ethnicities. Developing cultural competence is a process that develops over a period of time.[16]

Strategy

Community-based organizations may build a culturally-appropriate education program that provides opportunities for educators to develop their cultural competency skills, through:[16]

- Learning about culture in general and its components;
- Conducting a self-assessment of their cultural assumptions, values and perspectives (e.g., language and communication style, health beliefs, family relationships, sexuality, gender role, faith/religion, immigration status, racism, economic concerns);
- Learning about the adolescents being served, including their sexuality-related issues; and,
- Identifying the cultural norms and practices of the target community.

Supported by Parents, Families and Communities

Principle

Sexual health education recognizes the larger context in which sexual behaviors occur and encourages the involvement and support of all people who have relationships with young people (e.g., parents, family members, peer and social networks, service providers, school personnel).

Background

Parents' actions and attitudes greatly effect adolescents' development. Community-wide youth development efforts need the engagement of parents and other significant adults. Community is commonly defined as a locality where people live (e.g., a city or neighborhood). A community can also be seen as a group of people who identify themselves as such because of shared experiences, background, values, faith/religion, orientation, culture or interests. Adolescents thrive when all segments of the community contribute to their well-being.[17]

Strategy

Community-based organizations may do the following to better assure successful collaboration between schools, parents/care givers and community members:[17]

- Assist schools to become familiar with the various organizations in their community (e.g., organizations' names, what they do and how they can help);
- Ask schools to invite community groups to participate in or co-sponsor school events, to ensure a feeling of shared responsibility and relationship-building;
- Sponsor a media campaign focused on parent/adolescent communication;
- Promote inter-generational events to foster and strengthen communication (e.g., mother/daughter, father/son, grandparents and other adults); and,
- Engage in an assessment process with the community to evaluate the accessibility of sexual health information and services for young people.
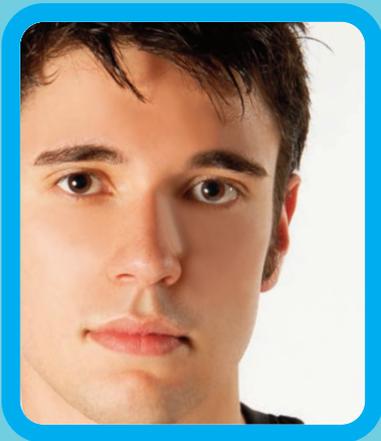
Resources

17 "**Enhancing Service through Effective School/Community Collaboration**" (Advocates for Youth). www.advocatesforyouth.org/documents/prACTice_June05.pdf

Facilitate Access to Health and Support Services

Principle

Sexual health education facilitates young people's access to needed health and support services.

Background

Comprehensive adolescent sexual health education programs include information on the availability of a wide range of health and support services. It is best to have referral networks in place so that staff can help adolescents identify and access appropriate local resources and services when needed. Although confidentiality is critical, this can be challenging related to the role of adolescents' parents and guardians. The American Medical Association (AMA) encourages physicians to involve parents when it is in the best interest of the adolescent.[18]

In New York State, most young people under the age of 18 who understand the risks and benefits involved, may consent to and obtain sexual and reproductive health care services for the following without their parent's involvement or knowledge:[19]

• Reproductive services (including prescription contraception, emergency contraception and abortion);

• Prenatal care and care during labor and delivery;

• STD testing and treatment;

• HIV testing; and,

• Sexual assault (including counseling).

For HIV-related treatment, in general, minors must have parental consent. Exceptions include minors who are married, as well as minors who are pregnant/parenting.

Strategy

Community-based organizations may consider the following to facilitate youth's access to health and support services:

• Develop referral networks with local service agencies that can assist adolescents in identifying appropriate resources and services;

• Create or modify local service directories that feature youth-friendly services, including hours of operation, location, directions and payment options (e.g., free/sliding scale, options for uninsured); and,

• Develop materials/messages that explain adolescents' rights associated with access to health care services.

Measurable Outcomes

Principle

Sexual health education programs have clear and measurable intended outcomes and regularly monitor their progress in achieving those outcomes.

Background

In identifying intended outcomes, it is important to first define what needs to be assessed (e.g., what adolescents are learning). A baseline should be collected regarding each key measure at the start of the program so that there is a beginning point against which to measure a level of change. The intended outcome should be measurable so that evidence can be provided that the outcome was achieved. The outcome should be something that is important and there should be a method identified as to how progress will be assessed.[20]

Strategy

Community-based organizations may do the following when creating their intended outcomes:[20]

- Select verbs (e.g., create, develop, evaluate) to specify the trait, ability or behavior to be assessed;

- Plan to measure the trait with quantitative or qualitative data (e.g., pre and post-tests, knowledge and attitude surveys, structured interviews, logs/journals);

- Ensure that the information to be measured is connected to the issues or questions that are useful and meaningful to stakeholders and that it can be classified into various categories (e.g., program outcomes, learning outcomes and developmental outcomes); and,

- Include expected outcomes such as:
  - Increased perceived risks/costs of becoming pregnant or contracting HIV/STDs if sexually active
  - Increased practice of sexual risk reduction behaviors
  - Increased self-efficacy and skills to abstain from sex
  - Increased number of adolescents who know how to access HIV/STD testing
  - Increased self-efficacy and skills to obtain and use contraception
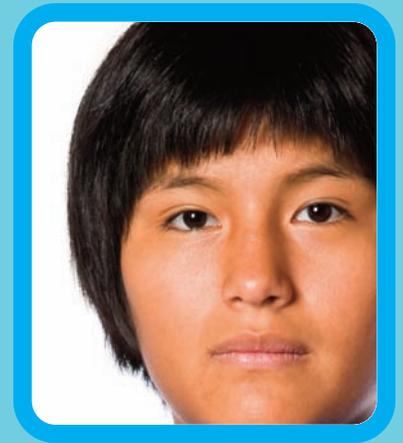
Resources

[20] **"Writing Measurable and Meaningful Outcomes"** (North Carolina State University). www.uga.edu/studentaffairs/assess/pdf/200708/Session_2/Writing%20Measurable%20and%20Meaningful%20Outcomes-%20Bresciani%20Article.pdf

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