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EBCOG position statement – Public health role of sexual health and relationships education

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ABSTRACT

Sexual and relationship education should be part of educational curriculum in early teenage years. The young people should be provided with evidence based education to reduce the risks of untimed pregnancies and sexually transmitted infections.

Sexual health and relationships education (SRE) is defined as 'a curriculum-based process of teaching and learning about the cognitive, emotional, physical and social aspects of sexuality' [1,2]. The general aim is to provide young people with evidence-based information to make informed choices about their sexual health and wellbeing.

For sexuality education to be most effective, it should ideally take place before the first sexual encounter. In most countries, the median age of first sexual encounter has fallen over recent decades. Early sexual encounters are often associated with poor or inconsistent use of condoms, and an increased risk of regret. As a group, adolescents are known to be at increased risk of STIs and unplanned pregnancy. Therefore effective education strategies are required to reduce potential harm.

Traditionally, sexuality education has focussed on these negative consequences of sexual ill-health although formal sex education can take many forms, and increasingly more 'comprehensive' programs are being adopted. These provide a more holistic approach with greater focus on developing positive attitudes and values towards sex, sexuality and relationships. This in turn can help to develop the knowledge and behaviour necessary to reduce harm at both personal and societal level, as part of wider health and wellbeing education.

There are a number of advantages of school-based education. There is some evidence to suggest that, young people report school as their primary and preferred source of information about sex. The school delivery system provides the opportunity to develop a tailored program, delivered at age-appropriate intervals and with scope to build on previous learning over a number of years. Ideally, this should commence in early years and have clear parameters, developed in conjunction with parents and other stakeholders. School-based delivery provides scope for regulation and consistency, and has been shown to be a cost-effective approach. However, wider public health outcomes can more difficult to demonstrate.

Most of the evidence that exists around sex education focusses on its effect on biological or health outcomes. It can be concluded from this that structured sex education programs are associated with an increase in knowledge about sexual and reproductive health-related issues and condom use. Furthermore, participation

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is not linked to an increase in sexual activity or risk-taking behaviours. However the specific type of program is important, as those which focus solely on abstinence as a risk-reduction strategy have been shown to ineffective.

It may be expected that these knowledge and behavioural outcomes of SRE education would be linked to a parallel reduction in STIs, HIV and unintended pregnancy, but there is limited data to directly correlate these effects. This is because these studies are largely observational, there is wide variety in the education programs used and the longitudinal outcomes measured can be difficult to assess. Additionally, improved outcomes are also greatly influenced by other factors such as access to health information and services.

Most European countries have some form of institutionally-delivered sexuality education. The 2010 WHO Standards document [1] attempts to reduce the extensive variations in sexuality education across Europe. This outlines the minimum standards which should be adopted in content, design and delivery; while recognising that individual countries would need to adapt these to suit their own needs. It is clear that school-based interventions focussing solely on pregnancy and STI prevention are inadequate, and abstinence-only programs are ineffective. In addition to risk reduction messages, comprehensive sex education encompassing wider aspects such as sexuality, gender, body image and consent is needed.

However, school-based programs alone may be inadequate to address this need. In addition to school, young people report parents/guardians and healthcare professionals as other preferred sources of information about sex. Therefore on a wider level, the availability of accurate information and support for parents, and improved access to youth-friendly services can complement the aims of school-based education [3].

It is acknowledged that the internet and social media play an important role in the lives of young people, including easy access to pornography. These forums are frequently accessed to explore sexuality, and behaviours such as 'sexting' (sending explicit sexual messages or images of oneself via mobiles) are becoming increasingly common. While the internet provides a vast opportunity scope to disseminate information about sex and relationships in a youth-friendly way, there is also great potential for inaccuracy, unregulated content and harm. A holistic and structured approach to sexuality education should ensure that these broader aspects can be addressed [4,5].

EBCOG has published "European standards of care in Gynaecology" [6] which lays out service standards for contraception, sexual health and paedetric gynaecology to develop a common template across all countries in Europe. It is recommended that all countries should have a comprehensive and measurable programme of school-based sexuality education, delivered at an appropriate age and stage of development by adequately trained individuals. A positive approach should be adopted to aid development of knowledge, social skills, positive attitudes and values about sex, sexuality and relationships and society; rather than just the avoidance of 'risk'. Holistic sexuality education can positively impact not only sexual health, but general health and wellbeing, and should be a cornerstone of any modern society.

Reviewers

This position has been reviewed by the ENTOG Council, and EBCOG Standards of Care and Position Statements Group. The final version was approved by EBCOG officers and Council in November 2018.

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