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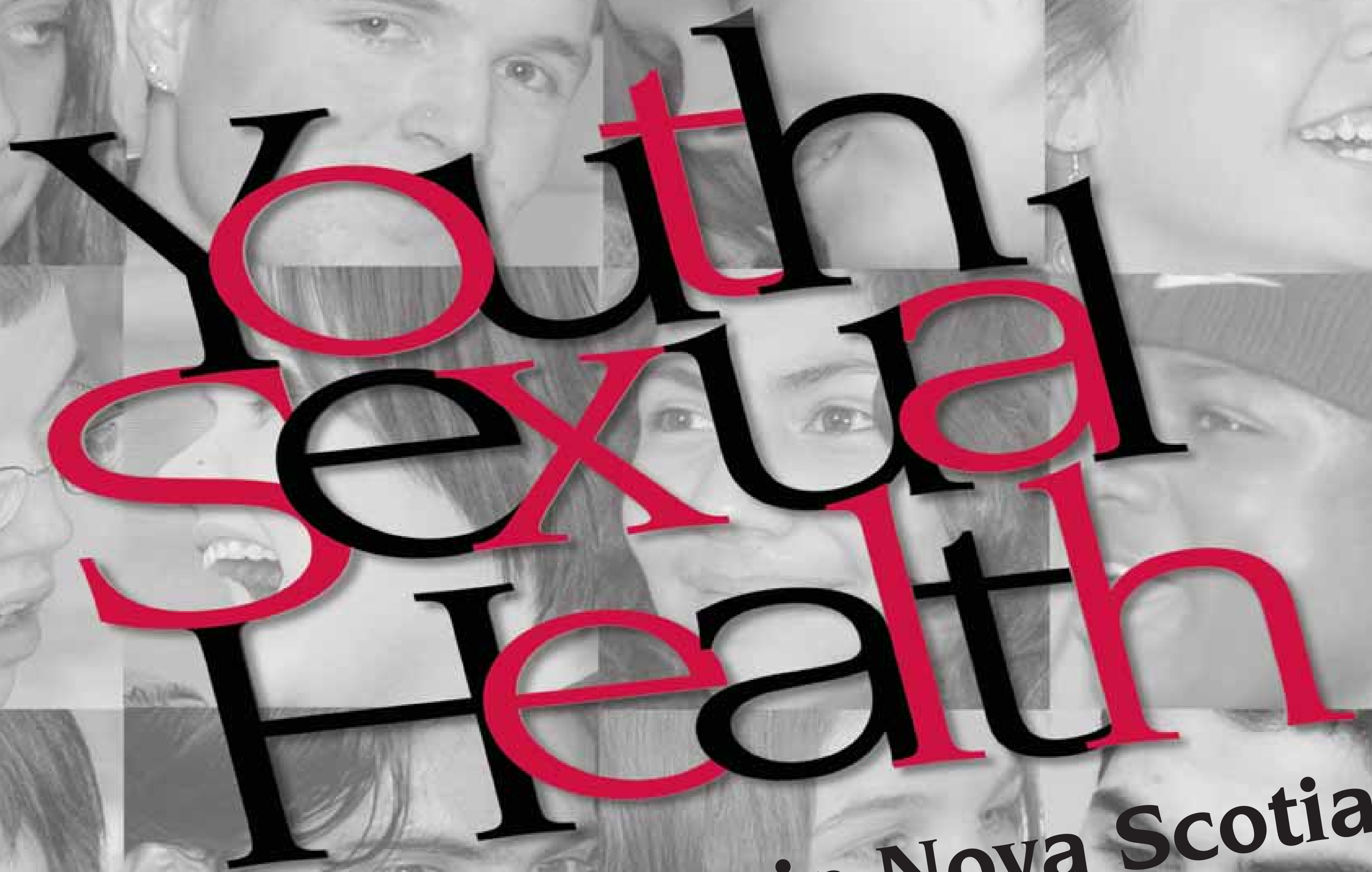

Nova Scotia Roundtable on Youth Sexual Health

Framework for Action:
Youth Sexual Health in Nova Scotia

Developed by:
Nova Scotia Roundtable on Youth Sexual Health,
in consultation with government and community partners

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To download additional copies please visit the Nova Scotia Health Promotion and Protection website: www.gov.ns.ca/hpp/healthySexuality.html

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ISBN: 0-88871-994-9

Contents

Executive Summary 1

What Is Youth Sexual Health? 3

A Population Health Approach to Youth Sexual Health 5

Why We Need the *Framework for Action*: *Youth Sexual Health in Nova Scotia* 7

Framework for Action: *Youth Sexual Health in Nova Scotia*—Five Components 9

- Leadership and Commitment 11
- Community Awareness and Support 15
- School-Based Sexual Health Education 21
- Youth Involvement and Participation 27
- Sexual Health-Related Services for Youth 31

Next Steps 33

Marginalized Youth Face Additional Barriers to Sexual Health 35

Strategies for Addressing Youth Sexual Health 37

- Sexual Health Education in Schools 37
- Multi-Sectoral Approaches to Sexual Health Promotion 39
- Community Resources for Youth Sexual Health in Nova Scotia 39

How the *Framework for Action* Was Developed 41

Nova Scotia Roundtable on Youth Sexual Health 43

Glossary of Terms 45

Appendix A: Organizations That Provided Input into the *Framework for Action* 49

Appendix B: Organizations That Have Committed to Contributing Resources for Implementing the *Framework for Action* 51

Appendix C: Nova Scotia Roundtable on Youth Sexual Health—Member Organizations 52

Endnotes 53

NIKE

Executive Summary

Sexual health* means much more than a state of physical well-being.[1,2] It is a balance between emotional, mental, physical, spiritual, and societal dimensions of **sexuality** and encompasses self-esteem, values, choices, and responsibility.[3] Furthermore, sexual health encompasses respecting, protecting, and fulfilling the **sexual rights** of all people, which include the right to pursue a satisfying, safe, and pleasurable sexual life and being free of discrimination, coercion, and violence[4], as well as guilt and shame.[5] Supports and resources that promote sexual health and informed decisions are needed for youth as they develop their sexuality, as well as across the lifespan.[6] In addition, these supports and resources need to be responsive to and inclusive of the needs of **diverse** and **marginalized populations** of youth.[7]

Research in Nova Scotia has demonstrated that our youth are at risk for poor sexual health outcomes. The *Nova Scotia Student Drug Use 2002 Survey*[8] found that 8% of grade 7 students have had sexual intercourse. The proportion of students engaging in sexual intercourse increased to 21% in grade 9, 34% in grade 10, and 58% in grade 12. These statistics did not vary significantly for different regions of the province. Of the students who reported having had sexual intercourse, 38% had more than one partner in the previous year, 66% had unplanned sexual intercourse, and 35% had unplanned sexual intercourse while under the influence of alcohol or drugs. About 36% of students had not used a condom during their last sexual intercourse, and this percentage was higher among grade 12 students than among those in lower grades.[9] Much research in Nova Scotia has defined "sexual activity" as "sexual intercourse". It is likely that actual rates of sexual activity among Nova Scotia youth are higher if the definition of sexual activity is expanded to include sexual behaviour beyond intercourse (e.g. oral sex).

The *Framework for Action* was developed† based on seven years of work by the Nova Scotia Roundtable on Youth Sexual Health‡ (the Roundtable). Among other things, this work consisted of reviewing Nova Scotian, Atlantic, and Canadian-based research and initiatives and gathering input from youth and youth sexual health stakeholders across the province. The purpose of the *Framework for Action* is to provide rationale and strategic direction for a comprehensive approach to sexual health education, services, and supports for all youth throughout Nova Scotia. The *Framework for Action* is intended for policy makers and decision makers from a variety of sectors and for people working in the area of youth sexual health.

The *Framework for Action* was developed to:

- improve the sexual health of Nova Scotian youth
- provide a comprehensive, strategic direction for youth sexual health in Nova Scotia for implementation over the next five to seven years

*Boldface indicates the first instance of a word that is defined in the Glossary of Terms, p. 45

†For more information about the development of the *Framework for Action*, see page 41

‡For more information about the Nova Scotia Roundtable on Youth Sexual Health, see page 43

- integrate the suggested goals, objectives, and proposed activities in the *Framework for Action* into ongoing discussions and planning
- include those who have not been involved in strategy development
- provide suggested roles for youth, communities, community-based agencies, and all sectors of government in improving the sexual health of youth in Nova Scotia.

The *Framework for Action* Components

There are five components in the *Framework for Action*, each of which contains interrelated goals, objectives, proposed activities, and suggested success indicators. These five components are:

- Leadership and Commitment
- Community Awareness and Support
- School-Based Sexual Health Education
- Youth Involvement and Participation
- Sexual Health-Related Services for Youth.

Next Steps

The Roundtable will continue to work in partnership with many government departments, agencies, organizations, and groups to implement the goals, objectives, and proposed activities in the *Framework for Action* across Nova Scotia. Through public consultations and the process of completing the *Framework for Action*, the Roundtable has identified the following next steps for using the *Framework for Action* to advance youth sexual health in Nova Scotia:

1. Distribute, publicize, and promote the *Framework for Action* with youth, the public, and relevant partners.
2. Implement the *Framework for Action*, with the Roundtable acting as steering committee.
3. Set up provincial and regional working groups that will establish priorities for the goals and objectives of the five components and develop implementation plans.
4. Keep youth, the public, partners, and all working groups informed on the progress of the various components of the *Framework for Action* by developing and implementing a communication plan.
5. Establish an evaluation committee that will develop and implement an evaluation plan.

What is Youth Sexual Health?

The term 'sexual health' means different things to different people. People's understanding of sexual health is influenced by community values and attitudes, as well as their personal experiences, values, beliefs, and customs.[10] Many people think the term sexual health refers to physical aspects of reproductive health-things such as fertility, contraception, and **sexually transmitted infections (STIs)**. The Public Health Agency of Canada's perspective on sexual health is based on the World Health Organization's definition, which advocates conceptualizing sexual health as more than a state of physical well-being.[11,12] Sexual health is a balance between emotional, mental, physical, spiritual, and societal dimensions of sexuality[13] and encompasses self-esteem, values, choices, and responsibility.[14] Furthermore, sexual health encompasses respecting, protecting, and fulfilling the sexual rights of all people, which include the right to pursue a satisfying, safe, and pleasurable sexual life and being free of discrimination, coercion, and violence, as well as guilt and shame.[15,16]

Some people may find it difficult to discuss youth sexual health because they confuse the terms 'sexual health' and 'sexual activity'. Many people in society are uncomfortable with the fact that young people are sexually active.[17] Sexual activity is one type of expression or experience of one's sexuality. In order to discuss and encourage the promotion of youth sexual health, we need to separate the concepts of sexual health and sexual activity. Sexual health is the capacity to enjoy, control, fulfil, and understand one's sexuality.[19] Therefore, all youth have the right to sexual health.

Sexuality "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, behaviour, practices, roles and relationships. While sexuality can include all of these dimensions, not all of them are always experienced or expressed."[18]

Young people are often overwhelmed with sexual images and messages, while at the same time facing **taboos** and judgments that act as barriers for those who seek information and assistance. Supports and resources that promote sexual health and informed decisions are needed for youth as they develop their sexuality, as well as across the lifespan.[20] These supports and resources need to be responsive to and inclusive of the needs of diverse and marginalized populations of youth. In order to make a successful and sexually healthy transition from childhood to adulthood, young people need supports and resources to help them learn about:

- healthy relationships and sexual behaviour
- diverse sexual orientations and gender identities
- gender roles and expectations
- self-respect and self-esteem

- STIs and prevention practices such as **safer sex**
- pregnancy, including prevention options and outcomes
- parenting skills and parental responsibility
- **sexual assault**, **sexual coercion**, and **sexual exploitation**. [21]

In addition, youth need to gain confidence and skills required to enable them to make healthy decisions as they develop their sense of their own sexuality.

The concept of **gender** is inextricably tied to sexual health, as it serves to help shape the different roles and expectations that are considered appropriate for males and females.

The concept of **gender** is inextricably tied to sexual health, as it serves to help shape the different roles and expectations that are considered appropriate for males and females. This is a significant issue in relation to sexual health precisely because how we understand gender roles, norms, and expectations will inform how we act as sexual beings. For example, recent research in Nova Scotia revealed that young **heterosexual** males experience particular barriers to accessing sexual health information and services.[22] Sociocultural standards informed by gender-based norms may place pressure on males to appear inherently knowledgeable and experienced about sex or sexuality. These norms and standards act as barriers to accessing information because young males may fear appearing unknowledgeable or inexperienced.[23] Alternatively, sociocultural standards pressure young females to be the gatekeepers of sexuality by denying sexual advances of young males and to appear inexperienced or unknowledgeable about sex.[24] The high rate of **sexual violence** against women illustrates the gender-based power imbalances, expectations, and norms that interact to influence males' and females' behaviours and ultimately their sexual health.

Although sexual health is a vital part of one's well-being, "it is a topic that provokes a strong emotional response and is an issue that remains taboo for many people."[25] Discussions about sexuality and sexual health are often value laden and considered private matters, inappropriate for public discussion or intervention.[26] Discussions about sexuality and sexual health become even more value laden when the focus is on youth. The prevalence of STIs, unintended pregnancies, and mental health issues underscores the need for open, productive dialogue and the provision of appropriate, adequate, and accessible services and resources to youth. Finding a balance between differing views and sensitivities can make planning policies and sexual health promotion activities a challenge. This is particularly the case with issues of sexuality in that they are influenced by the interaction of multiple factors, including the "biological, psychological, social, economic, political, cultural, ethical, legal, historical, religious and spiritual."[28] Therefore, supporting, protecting, and enhancing youth sexual health in Nova Scotia requires collaboration among diverse organizations, government sectors, and community-based partners.

Youth Sexual Health: A Basic Human Right

"... failure to provide young people with the education and services they need to protect themselves from harm and to develop the foundations for a healthy, satisfying, and responsible sexuality and reproduction must be interpreted as a contravention of their human rights."[27]

"I came out as gay to my friends...
I was bullied and picked on.
I lost my friends, my grades
dropped. I dropped out.
I was thirteen."

Hear us Out Youth Committee, *Hear us out!*.
(Halifax, NS: The Lesbian, Gay, Bisexual Youth Project, 2005.)

A Population Health Approach to Youth Sexual Health

Determinants of Health[31]

Income and social status

Social support networks

Education and literacy

Employment/working conditions

Social environments

Physical environments

Healthy child development

Personal health practices and coping skills

Biology and genetic endowment

Health services

Gender

Culture

To embrace a **population health** philosophy, discussions about youth sexual health should not focus solely on sexual activity, but instead should focus on the determinants that influence the contexts within which decisions and choices that affect sexual health are made. The population health approach, as advocated by the Public Health Agency of Canada[29], aims to improve the health of the entire population and to reduce health inequities among population groups by recognizing and responding to the broad range of factors and conditions that strongly influence health-the **determinants of health**.

The determinants of health do not act in isolation from one another but interact in complex ways that can have a profound impact on sexual health. For example, **culture** and race intersect and converge with gender to create different challenges to attaining sexual health for young men and women. It is important to note that many of the determinants fall outside the formal health-care sector. Therefore, it is essential that we use multi-sectoral and collaborative approaches that address multiple determinants through effective strategies.

Health Canada's *Report from Consultations on a Framework for Sexual and Reproductive Health*[31] indicated that the tools for influencing these determinants are research, information, and public policy, which are developed through collaboration among many partners. These partners may include policy makers, educators, health professionals, parents, the community, and youth.

Why We Need the *Framework for Action*: *Youth Sexual Health in Nova Scotia*

Rationale for Action: The Health of Nova Scotia's Youth

Recent research demonstrates that our youth continue to be at risk for poor sexual health outcomes. The reasons often stem from an overall lack of knowledge or lack of ability to apply knowledge, as well as broader gender-based expectations about sexual norms and behaviours.

For example, a 2002 Canadian survey of youth sexual behaviour found that only 1% to 3% of youth who have had sexual intercourse have ever been tested for STIs and that 44% to 66% of youth surveyed thought there was a cure for **HIV/AIDS**.[32] In addition, the *Nova Scotia Student Drug Use 2002 Survey*[33] found that 8% of grade 7 students have had sexual intercourse. The proportion of students engaging in sexual intercourse increased to 21% in grade 9, 34% in grade 10, and 58% in grade 12. These statistics did not vary significantly for different regions of the province. Of the students who reported having had sexual intercourse, 38% had more than one partner in the previous year, 66% had unplanned sexual intercourse, and 35% had unplanned sexual intercourse while under the influence of alcohol or drugs. Approximately 36% of students had not used a condom during their last sexual intercourse; this percentage was higher among grade 12 students than among those in lower grades. Much research in Nova Scotia has defined "sexual activity" as "sexual intercourse". It is likely that actual rates of sexual activity among Nova Scotia youth are higher if the definition of sexual activity is expanded to include sexual behaviour beyond intercourse (e.g. oral sex).

The 1999 Health Canada report entitled *Environmental Scan of Sexual and Reproductive Health in the Atlantic Provinces*[34] indicated that the Atlantic Region as a whole reported high numbers of people having unprotected sex. This report suggested that one reason for high rates of unprotected sex may be a lack of choice and safety from sexual violence in women's relationships. In addition, the *Canadian Sexually Transmitted Infections Surveillance Report*[35] indicates that Nova Scotia has the highest number of reported cases of **chlamydia** and **gonorrhea** in the Atlantic Region and the most affected group is young females between the ages of 15 and 24 years.

Purpose of the *Framework for Action*

The purpose of the *Framework for Action* is to provide a rationale and strategic direction for a comprehensive approach to sexual health education, services, and supports for all youth throughout Nova Scotia.

The reasons for developing the *Framework for Action* include the following to:

- improve the sexual health of Nova Scotian youth
- provide a comprehensive, strategic direction for youth sexual health in Nova Scotia for implementation over the next five to seven years
- integrate the suggested goals, objectives, and proposed activities in the *Framework for Action* into ongoing discussions and planning
- include those who have not been involved in strategy development
- provide suggested roles for youth, communities, community-based agencies, and all sectors of government in improving the sexual health of youth in Nova Scotia.

The *Framework for Action* is meant to provide a solid foundation on which to build a **youth-centred approach** to sexual health for Nova Scotia. It is a flexible structure that is open for discussion, debate, and growth. By engaging Nova Scotians in dialogue about the *Framework for Action* and about what we know about youth sexual health, this province can have a truly responsive approach to youth sexual health that is representative of the needs of all Nova Scotian youth and communities.

Intended Audience of the *Framework for Action*

The *Framework for Action* is intended for policy makers and decision makers from a variety of sectors and for people working in the area of youth sexual health.

"People must be informed so they can make the right choice."

Healthy Sexuality Focus Group Summary, Draft 31/03/03.

Framework for Action: Youth Sexual Health in Nova Scotia – 5 Components

1 Leadership and Commitment

In Nova Scotia, Nova Scotia Health Promotion and Protection (NSHPP) has identified healthy sexuality as one of its six strategic directions. NSHPP has made the commitment to work with the Roundtable and its partners to promote and protect the sexual health of Nova Scotian youth. The Leadership and Commitment component of the *Framework for Action* outlines the leadership role that NSHPP will play.

2 Community Awareness and Support

This component focuses on developing local and regional community awareness of youth sexual health. It describes the Roundtable's work to promote youth sexual health as a normal part of human development and provide better sexual health information to youth, as well as the need to identify and support specific stakeholder groups, such as community leaders, parents, and youth service providers.

3 School-Based Sexual Health Education

The School-Based Sexual Health Education component of the *Framework for Action* focuses on messages and curricula in the formal education system. This component involves evaluating the content and delivery of the sexual health curricula to ensure their alignment with the *Canadian Guidelines for Sexual Health Education*[36], Health Canada's framework for evaluating healthy sexuality education in Canada. This component also discusses ways to create healthy school environments, including classrooms in which teachers are delivering sexual health messages.

4 Youth Involvement and Participation

Nova Scotian youth are better served when a youth-centred approach is applied to program and service delivery. This component focuses on increasing the participation of youth as partners with the Roundtable and with others across the province who are involved in sexual health discussions, initiatives, and decision making.

5 Sexual Health-Related Services for Youth

This component of the *Framework for Action* focuses on two issues: ensuring that existing services are youth-centred and available to youth throughout Nova Scotia and developing strategies for creating new services and resources for youth in Nova Scotia outside the formal education system, including direct services, resources, and education.

The goals, objectives, proposed activities, and suggested success indicators for each of the five components of the *Framework for Action* are outlined in the following section of this document. The Roundtable and NSHPP have accepted the responsibility for the leadership and coordination of the *Framework for Action*. There are many departments, organizations, agencies, and groups that are not named explicitly in the *Framework for Action* who will be needed for the successful and complete implementation of the goals, objectives, and proposed activities across Nova Scotia. The Roundtable is in the process of identifying partners and working with stakeholders to develop an implementation plan for the *Framework for Action* that will include

a confirmation of timelines, outcomes, and activities, as well as the commitment of resources by partners and stakeholders.

Overarching Principles

The following overarching principles apply to each component of the *Framework for Action*. In its implementation, the *Framework for Action* will:

- be grounded in a population health approach
- be guided by evidence-based practices
- be guided by the voices of youth and youth participation, including marginalized youth
- recognize and respond to the unique needs of diverse and marginalized youth
- use a collaborative, multi-sectoral approach and work with a wide range of people who are involved with youth and youth sexual health
- integrate and coordinate relevant strategies and initiatives related to youth and sexual health (e.g., the 2003 *Nova Scotia's Strategy on* HIV/AIDS[37] and youth health centres) at provincial and local levels
- demonstrate respect for the diverse opinions and values of youth, parents, and stakeholders
- acknowledge and recognize partners and their contributions.

1 Leadership and Committment

Goal 1: Youth sexual health services, programs, and promotion activities will be delivered with consistent quality across Nova Scotia.

Objective 1.1

To develop, in collaboration with a diverse group of youth sexual health stakeholders, guidelines for youth sexual health in Nova Scotia; these guidelines will be informed by best practices, standards, guidelines, and policy directions for youth sexual health

Proposed Activities

NSHPP, in partnership with the Roundtable and with the support of the provincial and regional Child and Youth Action Committees (CAYACs), will

1.1.1 conduct a literature review of standards, policy directions, guidelines, and best practices in the field of youth sexual health

1.1.2 lead the development of provincial guidelines for youth sexual health for all organizations and agencies that provide sexual health services to youth

1.1.3 identify the services and supports that are needed to apply these guidelines

1.1.4 participate in or lead an impact analysis of the guidelines

1.1.5 identify and work towards implementing the supports required for sexuality educators, paid service providers, volunteers, and researchers to adhere to these guidelines in schools and communities.

Suggested Success Indicators

We will know we have been successful in achieving this objective through the following indicators:

1. NSHPP, the Roundtable, and key partners have developed guidelines for youth sexual health in Nova Scotia.
2. NSHPP and key partners have committed to implementing these guidelines.
3. Youth sexual health service providers are assisted in acquiring the necessary supports and resources to deliver services in line with the provincial guidelines.

Goal 2: The guidelines for delivery of youth sexual health services, programs, and promotion activities will be available and accessible across Nova Scotia.

Objective 1.2

To develop effective distribution and communication plans to promote and distribute the guidelines for youth sexual health across Nova Scotia

Proposed Activities

NSHPP, in partnership with the Roundtable and with the support of the provincial and regional CAYACs, will

1.2.1 develop an implementation plan with clearly identified roles and responsibilities for meeting the guidelines for youth sexual health in Nova Scotia

1.2.2 work with youth and youth sexual health stakeholders to launch the implementation plan

1.2.3 promote the implementation of guidelines for youth sexual health in Nova Scotia.

"Without the Youth Health Centre in my school, I would not have been able to finish high school and I would have made a huge mistake."

Capital Health Satisfaction Survey, June 2004.

Suggested Success Indicators

We will know we have been successful in achieving this objective through the following indicators:

1. All youth sexual health stakeholders and partners (individuals and organizations) have adopted the guidelines for youth sexual health for Nova Scotia in their work.
2. Youth sexual health partners across Nova Scotia are promoting the adoption of the guidelines throughout the province.
3. There is better access for youth, parents, and service providers to accurate and timely information about youth sexual health.

Goal 3: Progress of the implementation of the *Framework for Action* will be monitored, and its impact will be evaluated.

Objective 1.3a

To develop and put in place a system for monitoring the implementation of the *Framework for Action*

Proposed Activities

NSHPP, in partnership with the Roundtable and with the support of the provincial and regional CAYACs, will

1.3.1 develop an ongoing monitoring system to track activities related to implementing the *Framework for Action*

1.3.2 implement the ongoing monitoring system.

Objective 1.3b

To develop and implement an evaluation framework for the *Framework for Action*

Proposed Activities

NSHPP, in partnership with the Roundtable and with the support of the provincial and regional CAYACs, will

1.3.3 create an evaluation committee made up of stakeholders with expertise in youth sexual health and evaluation

1.3.4 develop an evaluation framework

1.3.5 implement the evaluation framework

1.3.6 contribute to the knowledge base on youth sexual health by disseminating the evaluation results to youth sexual health stakeholders and evaluation participants.

Suggested Success Indicators

We will know we have been successful in achieving these objectives through the following indicators:

1. There is a sustainable system in place for monitoring, analysing, and reporting on the impacts and outcomes of the *Framework for Action*.
2. A wide range of stakeholders have participated in the evaluation.
3. Youth sexual health stakeholders are able to use the evaluation results to build on and strengthen their youth sexual health work.
4. Youth sexual health stakeholders use the evaluation results to build on and strengthen their youth sexual health work.

2 Community Awareness and Support

Goal 1: Youth sexual health will be considered a normal and important part of human development.

Objective 2.1

To increase positive attitudes among adults and the general public in Nova Scotia towards youth sexual health

Proposed Activities

With the assistance of the Roundtable, NSHPP will

2.1.1 regularly review research that assesses the attitudes of diverse groups of young people about youth sexual health in Nova Scotia

2.1.2 conduct a **culturally competent** and linguistically appropriate survey to establish a baseline measurement of public attitudes about youth sexual health in Nova Scotia

2.1.3 repeat the survey every three to five years to assess changes in public attitudes about youth sexual health

2.1.4 conduct a literature review of best practices for promoting youth sexual health to the general public; the best-practices review should consider such aspects as urban and rural services, social inclusion, and language

Suggested Success Indicators

We will know we have been successful in achieving this objective through the following indicators:

1. Effective links and partnerships have been established among NSHPP, the Roundtable, youth, youth-centred community organizations, the corporate sector, universities, foundations, and other research-funding bodies.
2. Funds are in place for developing, carrying out, and evaluating the social marketing campaign.

2.1.5 share the results of the literature review with Roundtable members and youth-serving agencies

2.1.6 create partnerships with like-minded organizations, government departments, and the Public Health Agency of Canada to help develop and carry out a social marketing campaign that will normalize attitudes among the general public about youth sexual health

2.1.7 gather sufficient physical and financial resources to carry out a social marketing campaign in both English and French

2.1.8 develop, carry out, and evaluate a social marketing campaign for helping people accept youth sexual health as a normal and important part of human development

3. A social marketing campaign, responsive to community needs, has been implemented.
4. The general public considers youth sexual health a normal and important part of human development.

Goal 2: Individuals and organizations at the community, district, and regional levels will consider youth sexual health a priority.

Objective 2.2

To increase the involvement of community leaders* in creating safe and supportive environments to improve and support youth sexual health, while recognizing and responding to youth in all of their diversity

Proposed Activities

The Roundtable will act as the leader to

2.2.1 identify community leaders who have influence or a stake in youth sexual health (through both the Roundtable's membership and local agencies that serve youth)

2.2.2 build on existing partnerships and maintain the momentum for these community leaders to be engaged in the process of improving youth sexual health

Suggested Success Indicators

We will know we have been successful in achieving this objective through the following indicators:

1. Youth sexual health has been addressed in community-based and organization-based planning processes

*Community leaders include (but are not limited to) volunteers, parents, youth, professionals, and organizations.

2.2.3 identify the supports that will allow community leaders to continue to advocate for youth sexual health issues at the local level

2.2.4 support community leaders by holding community forums and education sessions to promote youth sexual health throughout the province; these sessions will support community leaders who encourage and facilitate open dialogue and co-operation on sexual health issues among various special interest groups, especially youth

2.2.5 support community leaders as they develop community-based plans for supporting youth sexual health (e.g., community health board plans and municipal youth programs); these plans should build on the priorities identified under objective 5.1

2.2.6 develop criteria, processes, awards, and events for identifying and recognizing excellence among community leaders promoting youth sexual health

2.2.7 identify and recognize these community leaders.

(e.g., community health boards, district health authorities, provincial and regional CAYACs, school advisory committees, parent teacher associations, regional school boards, and municipal governments).

2. Participants in community forums and education sessions on youth sexual health report that the forums are beneficial and informative as well as helpful for making changes within the community.
3. Community leaders have taken part in community forums and planning sessions related to youth sexual health.
4. Community leaders have been publicly recognized for their role in promoting youth sexual health.
5. The community (including youth, professionals, religious organizations, parents and guardians, schools, non-profit agencies, government, and the community at large) has been involved in developing initiatives and talking about youth sexual and reproductive health.

Goal 3: Parents and guardians will be confident about and play a significant role in supporting and informing their children about sexual health.

Objective 2.3

To increase parents' and guardians' knowledge, skills, and confidence for talking with their children about the broad range of dimensions of sexual health

Proposed Activities

The Roundtable will work in partnership with NSHPP to

2.3.1 assess parents' and guardians' needs for information and support to help them talk about sexual health with their children

2.3.2 identify (through literature) quality tools, resources, and supports for parents and guardians to talk with their children about sexual health

2.3.3 informed by best practice, develop and/or provide tools, resources, and supports for parents and guardians related to talking with children about their sexual health

2.3.4 evaluate the effectiveness of the tools, resources, and supports

2.3.5 evaluate the utilization of the tools, resources, and supports by parents and guardians.

"...Sex is a taboo topic. Even now, it is still a taboo topic to talk about."

J. Gahagan and L. A. Rehman, *Mind the Sex Gap: Bridging Sexual and Reproductive Health and HIV Prevention for Youth Heterosexual Males—The Buddy Study* (Halifax: School of Health & Human Performance, Dalhousie University, 2004).

Suggested Success Indicators

We will know we have been successful in achieving this objective through the following indicators:

1. Parents feel supported as they facilitate the healthy sexual development of their children.
2. Information and resources for parents on sexuality are accessible, accurate, appropriate, culturally relevant, and responsive to diversity, and they include strategies for sharing information with their children.
3. Parents have access to and use appropriate resources for dealing with issues and crises concerning their children's sexual health.
4. Parents and guardians have improved their knowledge, skills, and confidence for talking with their children.

Goal 4: Youth sexual health service providers in communities throughout Nova Scotia will have the information, knowledge, and skills they need to deliver quality health services to youth.

Objective 2.4

To build capacity among service providers to use the youth sexual health guidelines (see objective 1.1) when they deliver youth sexual health services and education across the province

Proposed Activities

Youth will have direct participation in achieving this goal, which includes the following activities:

2.4.1 Establish, and provide the needed resources to, a task force that includes stakeholders, youth, and regional representatives to carry out the following activities:

- Prepare a report with best-practices guidelines/recommendations on training educators and service providers; developing training curricula and resources; and training providers to address issues of social inclusion, integrated service delivery, and inequity. (This report will complement the guidelines for youth sexual health in Nova Scotia.)
- Develop strategies for addressing the sexual health needs of youth who are marginalized because of poverty, poor health, sexual orientation, gender, race, or a lack of education. (These strategies may include staff training and outreach.)
- Obtain stakeholder input on the guidelines report.
- Develop a plan, including funding options and mechanisms, for implementing the best-practices guidelines in Nova Scotia.
- Implement the recommended best practices.
- Support the implementation of the provincial Youth Health Centre Standards (2004) for

Suggested Success Indicators

We will know we have been successful in achieving this objective through the following indicators:

1. Task force recommendations are supported by adequate, sustainable funding and have other mechanisms in place to support them.
2. Service providers have adopted practices that work, based on evidence-based research.
3. Service providers are trained and prepared to deliver the wide range of programs and services that have been identified through the sexual health-related services for youth component of the *Framework for Action*.

training youth service providers.

- Develop and implement a province-wide training program for youth sexual health service providers (beginning with coordinators of youth health centres).
- Develop and implement a train-the-trainer session to reach youth sexual health service providers in each community.

4. Service providers are trained and prepared to deliver the wide range of programs and services that have been identified through the sexual health-related services for youth component of the *Framework for Action*.
5. Service providers are trained and prepared to work with all youth population groups, including marginalized youth.
6. Service providers, and those who make decisions about work in the fields of youth sexual health or population health, have better access to objective, accurate, and user-friendly information about sexual and reproductive health risks and outcomes.

3 School-Based Sexual Health Education

Goal 1: All schools in Nova Scotia will deliver a wide range of sexual health education programming for students aged 10 to 19, and educators will have access to resource supports and professional development opportunities.

Objective 3.1

To develop and implement a comprehensive youth sexual health curriculum for grades 4 to 11

Proposed Activities

The Department of Education (DOE), working with the regional school boards and the Conseil scolaire acadien provincial (CSAP), and with the support of the Roundtable, will

3.1.1 continue to identify and involve a wide range of appropriate stakeholders in the community, including representatives from First Nations and African Nova Scotian communities, in curriculum development and revision

3.1.2 with the assistance of the Roundtable, review the curriculum guides prescribed by the Minister of Education to ensure that they meet the *Canadian Guidelines for Sexual Health Education*[38]

3.1.3 based on the review discussed in 3.1.2, make any necessary changes to the existing curriculum.

Suggested Success Indicators

We will know we have been successful in achieving this objective through the following indicators:

1. These stakeholders report that they feel engaged and supported as partners and consider their role in supporting curriculum review, revision, and implementation to be appropriate and effective.
2. Funding is available for curriculum development and implementation.

"Teens always get mixed messages… We hear one thing and then we hear another."

Healthy Sexuality Focus Group Summary, Draft 31/03/03.

3. Resources and professional develop ment are available to support the implementation.

4. The revised comprehensive youth sexual health curriculum has been implement ed in all schools, and appropriate resources have been made available to support the implementation. Specific indicators would include the following:
    - revisions made and supports devel oped as needed for grades 4 to 6 and grade 11 (Career and Life Management)
    - implementation for grade 7 in 2006–2007
    - implementation for grade 8 in 2006–2007
    - implementation for grade 9 in 2007–2008.
    - Educators who use the curriculum in schools report that they support it, find it user-friendly, and have the resources and supports they need.
    - The appropriate stakeholders have been involved in reviewing, revising, and supporting the implementation of the sexual health curriculum.
    - These stakeholders report that they feel engaged and supported as part ners and consider their role in supporting curriculum review, revision, and implementation to be appropri ate and effective.
    - Funding is available for curriculum development and implementation.
    - Resources and professional develop ment are available to support the implementation.

Objective 3.2

To identify and/or develop the resources required to support the delivery of the sexual health curriculum

Proposed Activities

The DOE, with the support of the Roundtable, will set up a task force to

3.2.1 work with a wide range of stakeholders to identify existing resources and develop new resources as needed to support the delivery of the sexual health curriculum

3.2.2 develop best-practices resources that address the needs identified under objective 3.3

3.2.3 pilot and evaluate draft teaching resources with educators

3.2.4 obtain support from school boards and administrations for the implementation of the prescribed curriculum and effective use of the related resources

3.2.5 implement the use of the teaching resources across the province.

"There is more pressure on black male youths to have more than one girlfriend, like it's expected of us. It is something that is never discussed in our family or school. I don't think schools would even be aware of this issue. I was left alone to figure out my sexual feelings and behaviours myself."

(personal communication, Office of African Nova Scotian Affairs with African Nova Scotian youth, November 2005)

Suggested Success Indicators

We will know we have been successful in achieving this objective through the following indicators:

1. The teaching resources are comprehensive and readily accessible (e.g., in print and online).
2. The teaching resources help teachers to deliver sexual health education in schools
3. Educators report that the teaching resources are available for use within their schools.
4. Schools have the supports they need.

Objective 3.3

To develop professional development strategies that are wide ranging and socially inclusive for educators who work in the area of youth sexual health

Proposed Activities

The DOE, with the support of the Roundtable, will

3.3.1 conduct a needs assessment with educators to determine their need for information, resources, and teaching strategies related to sexual health

3.3.2 use information from the needs assessment to guide the development of professional development strategies and resources and to create a range of opportunities for training, including online delivery

3.3.3 work with the school boards and other partners to deliver and sustain professional development for educators.

Suggested Success Indicators

We will know we have been successful in achieving this objective through the following indicators:

1. Professional development strategies have been developed and implemented based on the needs of educators. These strategies should be both socially inclusive and wide ranging.
2. There are increased knowledge and skills among educators who have engaged in professional development related to sexual health for the delivery of youth sexual health curricula.

Objective 3.4

To increase networking between schools and community partners for curriculum delivery

Proposed Activities

The DOE, with the support of the Roundtable, will

3.4.1 identify and list a wide range of local and regional community partners who are appropriate to support the curriculum implementation

3.4.2 develop a provincial steering committee to create standards, guidelines, and strategies for strengthening and sustaining partnerships between schools and their community partners; these standards should complement the guidelines for youth sexual health in Nova Scotia discussed under objective 1.1

3.4.3 develop supports that allow schools and appropriate community partners to work together to support the curriculum implementation

3.4.4 pilot the standards, guidelines, and strategies in several communities

3.4.5 implement the standards, guidelines, and strategies across the province.

> "Some newcomer girls in my class weren't allowed in PDR by their parents so they went to the library."
>
> (personal communication, newcomer youth, November 2005)

Suggested Success Indicators

We will know we have been successful in achieving this objective through the following indicators:

1. Schools across the province have identified, contacted, and used a wide range of appropriate partners in their communities.
2. Teachers have delivered the sexual health curriculum with support from community partners.
3. Schools have used the guidelines and strategies to strengthen community partnerships.
4. Community partners feel supported by teachers and comfortable in their role as partners with teachers in supporting the curriculum implementation.

Objective 3.5

To ensure that schools have safe and supportive environments for the delivery of sexual health education

Proposed Activities

The DOE, working with the regional school boards and the CSAP and in collaboration with community partners, will

3.5.1 conduct a needs assessment to identify both the factors that support and those that challenge safe and supportive educational school environments for the delivery of sexual health education, including the physical, emotional, social, and physiological elements of safety for students and staff

3.5.2 create an action plan based on the needs assessment findings with strategies to ensure that school environments are safe and supportive for the delivery of sexual health education

3.5.3 identify people who will be responsible for implementing the action plan and facilitating the changes that are outlined in the needs assessment findings

3.5.4 implement and evaluate the action plan in schools across the province.

Suggested Success Indicators

We will know we have been successful in achieving this objective through the following indicators:

1. Students, staff, and community partners report that the appropriate supports are in place to create and maintain a safe and supportive school environment.
2. Students, staff, and community partners report that their schools have safe and supportive environments for delivering sexual health education.

> "Possibly, if you ask good questions, someone may make the assumption that you're active when you're not."
>
> (personal communication, youth with a disability, October 2005)

4 Youth Involvement and Participation

Goal 1: Youth will be meaningfully involved on the Roundtable and be engaged in policy, programs, service delivery, supports, and education.

Objective 4.1

To strengthen and increase the Roundtable's own youth membership

Proposed Activities

The Roundtable will

4.1.1 research best practices for including youth

4.1.2 develop and implement a strategy that will attract youth members to participate on the Roundtable

"In my tradition if you got pregnant you bring down the name of your entire family, so it is a lot more responsibility."

(personal communication, newcomer youth, November 2005)

Suggested Success Indicators

We will know we have been successful in achieving this objective through the following indicators:

1. Increased numbers of youth members representing different perspectives and groups regularly participate in Roundtable meetings and activities.

2. The Roundtable recognizes, addresses, and incorporates the unique perspectives and needs of diverse youth, including youth from different regions and those of different ages, stages of development, race, religions, sexual orientations, gender identities, experiences, and abilities.

Objective 4.2

To have the Roundtable adopt a youth-centred approach

Proposed Activities

The Roundtable will

4.2.1 educate itself about engaging youth

4.2.2 create an atmosphere that encourages and welcomes young people to participate

4.2.3 address barriers to participation, e.g., meeting times and locations

4.2.4 provide an orientation for youth members that includes reviewing membership expectations

4.2.5 provide opportunities for youth members to develop the skills they need to fully participate.

Suggested Success Indicators

We will know we have been successful in achieving this objective through the following indicators:

1. Youth members report that they are fully participating on the Roundtable in meaningful ways.
2. Roundtable members report that they are using the input from youth to make decisions and design activities.

"Especially when you're from a small town, like [name of town] has only like two drug stores or whatever there...and it's pretty much your drug stores and if you wanted to go get [condoms] usually you know someone who knows your mom or dad."

J. Gahagan, L. Rehman, L. Barbour, and S. McWilliam, *The preliminary findings of a study exploring the perceptions of a sample of young heterosexual males regarding* HIV *Prevention Education Programming in* Nova Scotia, *Canada*, submitted manuscript.

Objective 4.3

To annually recognize the positive contributions and achievements of organizations and individuals who involve youth in promoting youth sexual health in Nova Scotia

Proposed Activities

The Roundtable will

4.3.1 establish and implement a process for nominating and awarding appropriate organizations and individuals throughout Nova Scotia who successfully involve youth in the promotion of their sexual health (building on the process suggested for objective 2.2)

4.3.2 publicly recognize the award winners.

Suggested Success Indicators

We will know we have been successful in achieving this objective through the following indicator:

1. Organizations and individuals are receiving annual awards that recognize their achievements in engaging youth in the promotion of their sexual health.

Objective 4.4

To increase opportunities for youth to network and learn about sexuality

Proposed Activities

The Roundtable, with the support of key stakeholders, will

4.4.1 hold a province-wide conference on youth sexual health, involving the following groups:

- at least 100 youth
- members of the general community from across the province
- participants from health and education departments

4.4.2 establish a provincial youth sexual health committee that will play an active role in addressing youth sexual health issues in the province; it will be made up entirely of youth aged 12 to 25 and will have a minimum of 20 members, with more members from rural areas than from urban areas.

"I find it almost impossible to get information on anything because they think I won't understand; sometimes they forget that it's o.k. to be different – just because you have a disability doesn't mean you can't do things like everyone else."

(personal communication, youth with a disability, October 2005)

Suggested Success Indicators

We will know we have been successful in achieving this objective through the following indicators:

1. A province-wide conference on youth sexual health has been held.
2. A provincial youth sexual health committee has been established.
3. At least 100 young people have participated in the conference.
4. Youth who have participated in the conference report that they know more about sexuality issues than prior to their participation.

5 Sexual Health-Related Services for Youth

Goal 1: There will be responsive, confidential, accessible, non-judgmental, culturally competent, and youth-centred sexual health services and supports across Nova Scotia.

Objective 5.1

To increase the understanding of youth sexual health priorities, which have been identified by youth, among policy makers, service providers, and educators in Nova Scotia

Proposed Activities

The Roundtable, together with youth on the youth sexual health committee, will

5.1.1 design and implement a process to assist regional partners in identifying youth priorities for the youth sexual health services and supports in their area, including the priorities of marginalized youth

5.1.2 compile a summary of youth sexual health priorities around the province, identify where provincial action may be useful, and publicize the findings.

Suggested Success Indicators

We will know we have been successful in achieving this objective through the following indicators:

1. Youth sexual health priorities have been clearly established.
2. Youth sexual health priorities have been made readily accessible to policy makers, service providers, and educators across Nova Scotia.

Objective 5.2

To develop comprehensive services and resources for youth sexual health that address the priorities and gaps identified by the community and by youth

Proposed Activities

Provincial and regional CAYACs, community health boards and DHAs, and other local partners will

5.2.1 work together to address the youth sexual health priorities that have been identified in their communities by building on existing local and provincial initiatives, including those that are youth-directed, as well as community-based plans discussed under objective 2.2.

5.2.2 develop and implement an inclusive plan of action for creating programs and services to address the identified priorities and gaps.

Suggested Success Indicators

We will know we have been successful in achieving this objective through the following indicators:

1. The process of developing programs and services has been started, and there are ongoing mechanisms for providing input and feedback.
2. There is increased funding and more resources for grassroots initiatives that are run by youth in their communities.
3. The sexual health needs and experiences of marginalized youth are being addressed.
4. There is better access to confidential information and services in rural areas for (but not limited to) anonymous HIV testing, STI testing, pregnancy testing, information on contraceptives, services for pregnant youth, services for victims of sexual assault, and information on drugs and alcohol.
5. There is better access to objective, accurate, and user-friendly information and services on sexual and reproductive health risks for youth.

Next Steps

Through public consultations and the process of completing the *Framework for Action*, the Roundtable has identified the following next steps for using the *Framework for Action* to advance youth sexual health in Nova Scotia.

1. Distribute, publicize, and promote the *Framework for Action* with youth, the public, and relevant partners by
   a. developing and distributing a summary promotional document for the *Framework for Action* for youth and the general public
   b. developing and hosting a public launch and promotion of the *Framework for Action* and summary promotional document
   c. developing effective strategies for introducing the *Framework for Action* and integrating it into the work of government departments/ agencies, community organizations, and networks where support for youth sexual health has to be strengthened.

2. With the Roundtable acting as steering committee, implement the *Framework for Action* by
   a. continuing to inform/sensitize local and provincial leaders, decision makers, and policy makers whose work (such as public support, policy development, and resource allocation) influences youth sexual health
   b. setting overall priorities for the goals and objectives based on input from youth, the public, and the provincial and regional working groups within the available resources
   c. continuing to build integration and coordination among relevant strategies and initiatives relating to youth and their sexual health
   d. continuing to work with government departments/agencies and community organizations to confirm resource commitment for the implementation of the goals, objectives, and proposed activities in the *Framework for Action*.

3. Set up the provincial and regional working groups that will
   a. build on existing provincial and regional networks and groups to develop implementation plans for each of the five components of the *Framework for Action*
   b. begin a dialogue with collaborative regional networks (such as regional Child and Youth Action Committees) to define a potential ongoing role in the collaborative implementation of the goals, objectives, and proposed activities in the *Framework for Action*
   c. set priorities for the goals and objectives within each of their respective components found within the *Framework for Action*.

4. Keep youth, the public, partners and all working groups informed on the progress of the various components within the *Framework for Action* by developing and implementing a communication plan.

5. Establish an evaluation committee that will develop and implement an evaluation plan to
   a. provide accountability to youth, the public, and all partners
   b. build on the suggested success indicators named within the *Framework for Action*.

Marginalized Youth Face Additional Barriers to Sexual Health

Many sexual and reproductive health issues and concerns begin as a consequence of structural inequities, including poverty, social and physical isolation, a lack of education and support, and social **marginalization**.[39] While Nova Scotia as a whole has poorer sexual health outcomes than other parts of Canada[40], certain marginalized youth populations are at even greater risk of developing serious sexual and reproductive health issues.

For example, a Public Health Agency of Canada report, entitled *Enhanced Surveillance of Street Youth in Canada*[41], indicates that 96.9% of street-involved youth between the ages of 15 and 24 years report ever having had sexual intercourse. Of those who reported ever having sexual intercourse, 51% did not use a condom during the last sexual intercourse with a female partner, and 47.5% did not use a condom during the last sexual intercourse with a male partner.

Youth who may experience marginalization include those who are living in poverty, working in the sex trade, using injection drugs, street involved, living in rural areas, part of the **rainbow community**, youth with disabilities, experiencing mental health issues, out of school, experiencing addictions, female, First Nations, African Nova Scotian, visible minorities, recent immigrants, and those whose first language is not English. In addition, male youth may also be marginalized regarding access to appropriate sexual health information and supports. Many initiatives aimed at promoting healthy sexual behaviours and the prevention of STIs, such as HIV/AIDS, tend to focus on young heterosexual women and **gay** men, often leaving out young heterosexual men.[42] Young people who are marginalized may not be able to use existing services and resources because they are afraid of a lack of privacy and confidentiality or because the services may not be culturally appropriate. Marginalized youth may also feel that existing resources do not support or empower them to express their sexuality in the ways they wish.

Social and economic exclusion and geographic isolation are among the factors that should inform planning, services, programs, and policy. Equally important are factors such as the need for culturally competent services and culturally appropriate resources, the need for privacy and confidentiality, and resources that support and empower youth to express their sexuality. All youth need to feel supported, entitled, and safe in accessing services and supports to enhance their sexual health. Improving and promoting the sexual health of youth, then, is not solely the responsibility of the health-care sector, nor parents alone; it is the responsibility of many government departments and, indeed, the entire community. In order to meet the needs of marginalized youth, it is critical that a comprehensive, inclusive *Framework for Action* involves these marginalized youth, parents, communities, and partners from many sectors (e.g., health, education, justice, social services).

"In First Nation's communities in general, there's not enough awareness.Youth only know what they've learned from each other. There needs to be more information on sexual health from STIs to healthy relationships."

(personal communication, First Nation's youth, November 2005)

Strategies for Addressing Youth Sexual Health

Using evidence-based examples, the following section illustrates effective methods for addressing youth sexual health in Nova Scotia. Examples of how to effectively provide sexual health education, conduct community-based sexual health promotion activities, and ensure access to community resources are included.

Sexual Health Education in Schools

Health Canada's *Canadian Guidelines for Sexual Health Education*[43] publication indicates that schools are essential for providing sexual health education. Sexual health education needs to be linked to broader community health resources and strategies, but schools are considered the primary medium for ensuring that young people have access to effective sexual health education and programs. An effective school-based sexual health curriculum is one that contributes to the capacity to delay a young person's first sexual activity and increases the likelihood that sexually active youth will take responsibility for their own well-being.[44] According to Health Canada's[45] guidelines, the goal of sexual health education is to help people achieve positive outcomes (e.g., self-esteem, respect for self, non-exploitive and rewarding sexual relations) and avoid negative outcomes (e.g., unintended pregnancy, STIs/HIV, sexual dysfunction, sexual coercion).

In order to be effective, school-based sexual health education must be

- **timely:** it is started early, before sexual behaviour patterns are established
- **positive:** it acknowledges the positive aspects of sex, sexuality, and youth and their relationships and avoids shame and judgement
- **integrated:** information about sexual and reproductive health is delivered as part of a comprehensive program and linked to local resources and other issues that have an impact sexual health (e.g., combining discussions about substance abuse and sexual risk taking)
- **practical:** information includes what resources and services are available, when and where they are available, and how to access them
- **set in a social context:** it addresses gender issues, sexual orientation, power inequalities, and social and cultural differences, as well as stereotypes
- **needs-led and evidence-based:** the content and approach are determined by what young people say they need.[46]

A systemic review of studies from North America, Australia, New Zealand, and Western Europe that focused on interventions to reduce unintended pregnancies found that most **primary prevention** strategies reviewed were not effective.[47] Based on the review of 26 randomized control trials, the authors recommended that prevention programs may need to begin much earlier than they currently do and should be designed with input from young people, with a focus on negotiation skills and communication in relationships. The authors also emphasized the importance of linking school-based sexual health education with information about community-based, youth-friendly sexual health resources. One way to accomplish this is for the many different segments of society — including governments, community

groups, schools, parents, and youth – to work together in a more collaborative manner to address the complex factors that influence youth sexual health. These are all important considerations to be addressed as Nova Scotia moves forward to strengthen school-based sexual health education.

In Nova Scotia, children are introduced to curricula pertaining to sexual attitudes and self-esteem topics beginning in grade primary and carrying through high school. As part of this, the Personal Development and Relationships (PDR) curriculum is taught from grades 7 to 9. Although this is seen as an important contribution to students' overall sexual health knowledge, the variability in the delivery of the content remains problematic.[48] Students interviewed during the 1990s about barriers to effective sexual health education commented that they found systemic problems with how sexual health education was being delivered in Nova Scotia.[49] Broadly speaking, sexual health education was often under-resourced, given a lower priority, and not linked to wider strategies to improve sexual health.[50] This resulted in youth not regarding their sexual health as a priority. According to the students interviewed:

- the curriculum was repetitive
- the material covered was not relevant to them
- they needed information on contraception earlier than they received it
- some teachers were uncomfortable talking about sex
- there was too little training for teachers and students on the subject of sexual health
- there was no safe time or place to ask questions or talk about sexual health issues.[51]

In addition, it was recommended that consistent, up-to-date, and youth-focused sexual health education needs to be a priority in every Nova Scotian school and that teachers need to be given professional support to teach sexual health more effectively.

Nova Scotia is in the process of implementing new health education curricula for grades primary to 9 to replace those from the early 1990s. The need for more resources and the need for ongoing professional development remain priorities to be addressed.[52]

Multi-Sectoral Approaches to Sexual Health Promotion

A multi-sectoral approach to sexual health promotion involves engaging people from different areas, such as government, community groups, and youth, to work together. In 1992, Dalhousie University researchers, Cumberland County Family Planning, and Amherst students and teachers worked together on a community-based project for promoting sexual health. This project was entitled the Amherst Association for Healthy Adolescent Sexuality (AAHAS). The goals of the project were:

- to bring the community of Amherst together, through the use and enhancement of existing community resources
- to improve the sexual health of Amherst's adolescents.[53]

As a result of the project, the Amherst Regional High School set up a youth health centre. The centre is open to all students and offers sexual health information, referrals, and services. The AAHAS is an important step in helping to bring attention to youth sexual health in Amherst and in showing the value of using a multi-sectoral approach. It is important to encourage and promote initiatives such as the AAHAS that develop youths' capacity to take positive action regarding their sexual health by involving them in planning and decision-making processes.

Nova Scotia has several other innovative projects in the area of youth sexual health. These include the following:

- community- and school-based youth health centres
- summer camps that help young people develop better self-esteem and decision-making skills
- supportive and youth-driven programs for gay, lesbian, and bisexual youth
- a *Just Loosen Up and Keep Talking*[54] briefing kit developed by the Roundtable and Planned Parenthood Nova Scotia
- *Sex?-A Healthy Sexuality Resource*[55] for youth aged 12, developed by Nova Scotia Health Promotion, the Departments of Health and Education, Public Health Services, and community partners, in consultation with youth, parents, teachers, and provincial and national experts.

Community Resources for Youth Sexual Health in Nova Scotia

By building on existing effective strategies and using a multi-sectoral approach to ensuring **equitable access** to needed resources, Nova Scotia can become a leader in promoting youth sexual health. Quality community resources for youth sexual health already exist in Nova Scotia. For example, a recent evaluation of youth health centres in the province reported that school-based youth health centres are opening at a rate of one to two per year, indicating a need for such a community-based resource.[56] The services offered in many youth health centres are provided by public health nurses, who are responsible for the provision of sexual health education as part of their school and community care. However, of the 34 youth health centres, close to 50% are located in the Halifax Regional Municipality.[57] This suggests there is a need to address the issue of **accessibility** of this type of resource for youth in more rural and remote communities.

Planned Parenthood of Nova Scotia (PPNS) (now known as Nova Scotia Association for Sexual Health) is also a leader in providing sexual health education for youth. In the 1990s, PPNS had a provincial office and five local affiliates, at which any young person could receive sexual health information and services in a confidential, non-judgmental environment.[58] At that time,

there were few other places where youth could go for this information and service. Since then, PPNS has initiated several projects to address the need for more sexual health resources for youth in the community.

In 1993, PPNS created the Lesbian, Gay and Bisexual Youth Project (LGB Youth Project). The LGB Youth Project later became an independent group with a mission to make Nova Scotia a safer and healthier place for lesbian, gay, and bisexual youth. The LGB Youth Project offers support, education, and advocacy for self-empowerment. It also helps individuals and groups to build their resources and do **community development**. Youth members have decision-making control over the direction and actions of the organization.

In 1995, PPNS initiated a research project to talk to youth about their experiences with their own sexuality, their needs and visions for achieving sexual health, and their challenges in accessing needed resources.[59] The final report, entitled *Just Loosen Up and Start Talking*[60], was the catalyst for the formation of the Nova Scotia Roundtable on Youth Sexual Health. The authors suggest that it "provides some advice but not the solutions. The solutions will come in the continuing dialogue of government, agencies, communities, and families with their youth."[61] The report underscored the need to actively involve and support youth in sexual health programming and service provision.

This section has examined evidence-based examples of youth sexual health promotion strategies in Nova Scotia. Programmers, service deliverers, and policy makers in Nova Scotia need to remain responsive to the emerging needs of youth and continue to be informed by evidence-based effective practices and policies for supporting, protecting, and enhancing youth sexual health.

How the *Framework for Action* was Developed

The *Framework for Action* was developed based on seven years of work by the Nova Scotia Roundtable on Youth Sexual Health. Moreover, the *Framework for Action* has been informed by the collective knowledge from initiatives and research mentioned throughout this document, other frameworks and strategies focusing on youth sexual health, and the input and feedback of stakeholders across the province.

The creation of the *Framework for Action* began with a review of the 1999 Health Canada report entitled *Report from Consultations on a Framework for Sexual and Reproductive Health*.[62] Based on the strategic directions recommended by Health Canada[63], the Roundtable identified three priority areas for action:

- Healthy Development of Youth: Improve the healthy development of youth, with attention to attitudes, child and parent education, reduction of social risk conditions, and social support.
- Improved Access to Information and Services: Improve access to information and services, particularly for marginalized youth. Improve access to information about innovative and effective strategies and best practices for those who provide services, education, and personal development for all youth.
- Measure, Track, and Report: Measure, track, and report indicators of sexual health by using surveillance, needs assessment, and best practices.

In order to identify strategies to meet the above priorities, as well as to gain a comprehensive understanding of existing work in the field of youth sexual health, the Roundtable conducted a province-wide environmental scan in 2001. The results of the scan assisted the Roundtable in identifying gaps in youth sexual health education, services, and supports. The Roundtable discovered there were some excellent examples of work being done to improve youth sexual health. However, the availability of sexual health services, education, and supports was very uncoordinated and inconsistent across the province. Moveover, this work was primarily being carried out by the formal health-care sector, and not all communities and populations were having their needs met.

In 2002, the Roundtable consulted with youth sexual health service providers. In the spring of 2003, based on the input from these consultations, a review of available literature, and the environmental scan, the Roundtable identified the five components of the current *Framework for Action*:

- Leadership and Commitment
- Community Awareness and Support
- School-Based Sexual Health Education
- Youth Involvement and Participation
- Sexual Health-Related Services for Youth.

Next, the Roundtable gathered input from youth who had been involved in creating a document entitled *Engaging Nova Scotia"s Youth in the Public Policy Process*.[64]

In the summer of 2004, Nova Scotia Health Promotion committed funding to finalize the *Framework for Action*. Through the late fall and early winter of 2004–2005, a consultant agency and Roundtable members gathered input from the provincial Child and Youth Action Committee (CAYAC) and other key provincial stakeholders, focus groups in each district health authority (DHA), and online surveys with stakeholders from across the province. The purpose of these activities was to gather feedback on the draft *Framework for Action* and to obtain the organizations' commitment for implementation of the proposed activities to attain the goals and objectives outlined in *Framework for Action*.

(See Appendix A for a list of organizations that provided input into the *Framework for Action* and Appendix B for a list of organizations that have committed to contributing resources for implementing the *Framework for Action*.)

Nova Scotia Roundtable on Youth Sexual Health

Background

In 1997 a report entitled *Just Loosen Up and Start Talking*[65] was released. It contained advice from Nova Scotian youth about their sexual health experiences and needs. In response to this report, a multi-sectoral group of health professionals, educators, and government and non-government policy and program staff came together to form the Nova Scotia Roundtable on Youth Sexual Health. The original purpose of the group was to collectively identify ways to respond to the advice and recommendations included in the report. The Roundtable has become a leader in promoting healthy sexuality among Nova Scotian youth.

(See Appendix C for a list of Roundtable member organizations.)

Mission

To work collaboratively to ensure the promotion and protection of the sexual health of all Nova Scotian youth through policy development, advocacy, and evaluation research.

Vision

To have all Nova Scotian communities receptive to and active in promoting, protecting, improving, and supporting youth sexual health. The vision is built on the belief that healthy sexuality includes openness, respect, responsibility, informed options, and good decision-making skills. The values on which the vision is based include a commitment to youth participation and direction; equitable and comprehensive service provision; partnerships across regions and communities; and culturally competent, youth-centred services.

Goal

To ensure that all Nova Scotian youth have equitable, confidential, and timely access to sexual health education, information, services, and supports.

The Importance of Youth

The Roundtable acknowledges the centrality of youth in our communities and values their contributions. Although definitions of 'youth' may differ, the importance of youth should not be underestimated, particularly in relation to issues of sexual health.According to the World Health Organisation[66], adolescence is the period between ages 10 and 19. It is important, however, to recognize that adolescence as an expression of chronological age fails to capture the diversity and individuality of the various maturation processes. As a concrete starting place, the Roundtable has focused its efforts towards youth aged 10 to 19. However, this focus in no way diminishes the importance of addressing the sexual health needs of younger and older youth; nor does it impede others from doing so. The *Framework for Action* will provide the necessary flexibility for partners to choose how broadly they wish to define 'youth.'

Adolescents are

"an important element of our society. They have an abundance of positive energy, spirit, and fresh ideas which often challenge the traditional norms of society. It is essential that their strengths, creativity, interests, capacities and abilities are recognized and nurtured. Adolescents seek out and respond to real opportunities to contribute to the quality of life in their schools, neighbourhoods and society. The unique vision and culture of youth has been, and will continue to be, a major contributor to positive social change."[67]

Glossary of Terms

Accessibility: "Consistent, ready access to services and resources. Access should be unhindered by geographic, financial and social barriers or other obstacles."[68]

AIDS: An acronym that stands for acquired immune deficiency syndrome. It is "a condition which causes the immune system to become depressed, rendering the affected individual unable to fight infections. AIDS is the most serious outcome of Human Immunodeficiency Virus (HIV) infection."[69]

Bisexual: "A person who is sexually and/or emotionally attracted to people of both sexes."[70]

Chlamydia: A sexually transmitted bacterial infection. It is one of the most common STIs. Symptoms are often vague or nonexistent.

Community development: "Community development is the planned evolution of all aspects of community well-being (economic, social, environmental and cultural). It is a process whereby community members come together to take collective action and generate solutions to common problems. The scope of community development can vary from small initiatives within a small group, to large initiatives that involve the whole community. Regardless of the scope of the activity, effective community development should be:

- a long-term endeavor,
- well planned,
- inclusive and equitable,
- holistic and integrated into the bigger picture,
- initiated and supported by community members,
- of benefit to the community, and
- grounded in experience that leads to best practice."[71]

Culture: "Composed of language, concepts, beliefs, values, symbols, structures, institutions and patterns of behavior etc. A person's culture may or may not be the same as his or her ethnic origin or identity. In society, a person may have encountered a variety of cultural influences."[72]

Cultural competence: "A set of congruent behaviours, attitudes and policies that come together in a system, agency or amongst professionals and enable that system, agency or those professionals to work effectively in cross-cultural situations."[73]

Determinants of health: "... health is determined by complex interactions between social and economic factors, the physical environment and individual behavior. These factors are referred to as 'determinants of health'. They do not exist in isolation from each other. It is the combined influence of the determinants of health that determines health status."[74] The determinants of health according to the Public Health Agency of Canada[75] are: income and social status, social support networks, education and literacy, employment/working conditions, social environments, physical environments, personal health practices and coping skills, healthy child development, biology and genetic endowment, health services, gender, and culture.

Diverse/diversity: "Differences among people, as individuals or groups. Diversity includes difference in age, abilities, culture, ethnicity, gender, physical characteristics, religion, sexual orientation, values."[76]

Equitable access: "Access to health care is equitable if there are no barriers (information, financial, etc.) that prevent access to health care services."[77]

Gay: A person who is sexually and/or emotionally attracted to people of the same sex. The term gay also "refers to a man who is sexually and/or emotionally attracted to people of the same sex."[78]

Gender: Gender is different than biological sex. "It refers to the widely shared expectations and norms within a society about appropriate male and female behaviour, characteristics, and roles. It is a social and cultural construct that differentiates women from men and defines the ways in which women and men interact with each other."[79]

Gonorrhea: A sexually transmitted bacterial infection that is treated with antibiotics.

HIV: An acronym that "stands for human immunodeficiency virus, the virus that causes AIDS."[80]

Heterosexual: Individuals who are sexually and/or emotionally attracted towards persons of another sex. Heterosexuals are often referred to as 'straight.'

Intersex: "A general term used for a variety of conditions in which a person is born with a reproductive or sexual anatomy that doesn't fit the typical definition of female or male."[81]

Lesbian: "A woman who is sexually and/or emotionally attracted to people of the same sex."[82]

Marginalization: "According to a UNESCO definition, 'marginalization occurs when people are systematically excluded from meaningful participation in economic, social, political, cultural and other forms of human activity in their communities and thus are denied the opportunity to fulfill themselves as human beings'."[83]

Marginalized populations or individuals: Populations or individuals who may experience marginalization include those who live in poverty, work in the sex trade, use injection drugs, are street involved, live in rural or isolated areas, are part of the rainbow community, are differently abled, have mental health issues, are out-of-school youth, have addiction issues, are female, are First Nations, are African Nova Scotian, are visible minorities, are recent immigrants, and those whose first language is not English.

Population health: "Population health is an approach to health that aims to improve the health of the entire population and to reduce health inequities among population groups. In order to reach these objectives, it looks at and acts upon the broad range of factors and conditions that have a strong influence on our health."[84]

Primary prevention: "Refers to initiatives aimed at healthy people before any risk factors emerge and is designed to prevent any progression to disease."[85]

Rainbow community: "Term used to refer to include people who self-identify as **Lesbian, Gay, Bisexual, Transgender, Two-Spirited, Intersex,** Queer and Questioning."[86]

Safer sex: Practices that lower the risk of catching or giving a sexually transmitted infection.

Sexual assault: "Any kind of sexual activity that the other person doesn't consent to is sexual assault. The legal definition of sexual assault includes (among other things): oral sex, vaginal sex, anal sex, touching, kissing, grabbling, masturbating another person, forcing another person to masturbate you, and masturbating over another person."[87] Sexual assault "is ANY act that invades an individual's sexual privacy. Sexual assault may range from verbal obscenities to rape. It is an act of power and control over the victim. Sexual assault is a crime of violence because the victim is subjected to the aggression of the assailant. It is NOT a crime of sex. The feelings associated with sexual assault are disgust, shame, humiliation and powerlessness. It not only violates someone physically but may also affect a person's sense of safety and ability to control his/her own life."[88]

Sexual coercion: Physical and/or emotional persuasion of a person to become sexually involved with another person.[89] "In such cases [of coercion] people may be more likely to be acquiescing [giving in] to sex than they are consenting ... In its more extreme forms, coercive sexual behavior takes the form of sexual assault, in which the offender forces another person into some undesired sexual activity."[90] An example of sexual coercion is a person telling his/her partner, 'You would have sex with me if you really loved me.'

Sexual exploitation: "Sexual exploitation occurs when one person takes advantage of the sexuality and/or attractiveness of another person to make a personal gain (e.g., pornography, prostitution, media advertising)."[91]

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."[92]

Sexual orientation: A person's sexual and/or emotional feelings for individuals of a given sex. "It is distinct from other aspects of sexuality ... It is different from sexual behaviour in that it refers to feelings, drives, and self-concept rather than actions or practices."[93]

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, and to access to sexual and reproductive health care services
- to seek, receive and impart information related to sexuality
- to sexuality education
- to respect for bodily integrity
- to choose their partner
- to decide to be sexually active or not
- to consensual sexual relations
- to consensual marriage
- to decide whether or not, and when, to have children
- to pursue a satisfying, safe and pleasurable sexual life."[94]

Sexual violence: "Covers a broad spectrum of outcomes, including sexual abuse of children, intimate partner violence and marital rape, sexual harassment in the workplace, forced prostitution, date rape, sexual assault by strangers, sexual victimization of children and youth (especially street involved youth and the disabled), homophobic violence and sexual assaults on gays and lesbians."[95]

Sexuality: Sexuality is part of our personality. "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, behaviour, 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."[96]

Sexually transmitted infections (STIs): "Infections that are spread through sexual contact."[97]

Taboo: "Understood in its 'common sense' connotation, a taboo is an unmentionable or unacceptable subject. Sex and sexuality are taboo subjects for many Canadians, and are therefore not generally discussed freely and openly. Some topics around sex and sexuality are perceived to be more taboo than others (e.g., anal sex is more taboo than vaginal sex). As a result, discussing healthy sexuality ... with children and youth (at school or in the home) can be seriously impeded."[98]

Transgendered: "An inclusive, umbrella term used to describe the diversity of gender identity and gender expression. The term can be used to describe all people who do not conform to common ideas of gender roles, including transsexuals."[99] (See definition below.)

Transsexuals: "Individuals who are born into the wrong physical sex-this includes pre-operative, postoperative and non-operative female-to-male (FTM) and male-to-female (MTF) transsexuals."[100]

Two-Spirited: "Part of many Aboriginal cultures, a tradition where the individual does not fall within conventional sexual orientation or gender identification norms. This tradition also denotes an individual with very close ties to the world of spirits."[101]

Youth: The terms adolescence, youth, and young people are often used interchangeably. As a concrete starting place, the Roundtable has focused its efforts towards youth aged 10 to 19. It is important, however, to recognize that adolescence as an expression of chronological age fails to capture the diversity and individuality of the various maturation processes.

Youth-centred approach: Having a youth-centred approach means actively engaging youth. This means that youth meaningfully participate in all aspects of the program, service, or process, including "governance, program planning and implementation, evaluation, building partnerships, and communication."[102] A youth-centred approach will facilitate youth having a sense of ownership. "A truly youth-centred environment enables young people to act as initiators and to share the decision making process with adults."[103] It will allow the decisions made to accurately reflect the needs of young people.

Appendices

Appendix A

Organizations that provided input into the *Framework for Action*

The Nova Scotia Roundtable on Youth Sexual Health gratefully acknowledges the following organizations for contributing in some way to the development of the *Framework for Action*:

Addiction Services
Advocate District School
African United Baptist Church Association
AIDS Coalition of Cape Breton
Amherst Association for Healthy Adolescent Sexuality
Amherst Regional High School
Amherst Regional High School Teen Health Centre
Annapolis Valley District Health Authority, Addiction Services
Annapolis Valley District Health Authority, Public Health Services
Annapolis Valley Regional School Board
Antigonish Women's Association, LGBT Community Safety Initiative
Antigonish Women's Resource Centre
Avalon Sexual Assault Nurse Examiner Program
Bridgetown Regional High School, Health Information Place (HIP) for Youth
Bridgewater High School
Cape Breton District Health Authority
Cape Breton Victoria Regional School Board
Capital District Health Authority
Capital District Health Authority, Addiction, Prevention, and Treatment Services
Capital District Health Authority, Youth Health Centre Coordinators
Capital Health, Public Health Services
CBS, Addiction Services
Chedabucto Education Centre
Child and Adolescent Services
Colchester East Hants Health Authority
Colchester East Hants Health Authority, Public Health Services
Colchester Sexual Assault Centre
Cumberland County Family Planning
Cumberland Health Authority
Cumberland YMCA
Dalhousie University
Dalhousie University, Health Sciences
Department of Health, Primary Health Care
Department of Justice
Eastern Kings Community Health Centre
Eastern Regional Child and Youth Action Committee
Faith in Action
Family & Children's Services of Cumberland County
Guysborough Antigonish Strait Health Authority
Independent Living Resource Centre
Lesbian, Gay and Bisexual Youth Project
Maggie's Place Family Resource Centre and Cumberland County Family Support
Mental Health Services
North Nova Education Centre
Northern AIDS Connection
Northern Region Child and Youth Action Committee
Northumberland Regional High School

Nova Scotia Advisory Commission on AIDS
Nova Scotia Advisory Council on the Status of Women
Nova Scotia Community College Cumberland
Nova Scotia Federation of Home and School Associations
NS Office of African Nova Scotian Affairs
Planned Parenthood Cape Breton
Planned Parenthood Lunenburg County
Planned Parenthood Metro Clinic
Planned Parenthood Pictou County
Planned Parenthood Yarmouth County
Provincial Child and Youth Action Committee
Public Health Agency of Canada
Public Health Services
RCMP Yarmouth Detachment
Réseau Santé, N.-É.
South Shore Health
South Shore Regional School Board
Stepping Stone Association
Tearmann Society for Abused Women and Children
The Chronicle Herald
The Gold Door Youth Health Centre
The Red Door
Tri-County Women's Centre
Wagmatcook Health Centre
West Pictou Community Health Board
Western Regional Child and Youth Action Committee
YM-YWCA of Pictou County
YMCA of Greater Halifax/Dartmouth
Youth Health Centres
Youth Services Centres

"I don't think that getting tested for HIV, especially in a small town...it just isn't that easy."

J. Gahagan and L. A. Rehman, *Mind the Sex Gap: Bridging Sexual and Reproductive Health and* HIV *Prevention for Youth Heterosexual Males—The Budy Study* (Halifax: School of Health and Human Performance, Dalhousie University, 2004).

Appendix B

Organizations that have committed to contributing resources for implementing the *Framework for Action*

At the time of printing this report, several organizations had already committed to contributing resources for implementing the *Framework for Action: Youth Sexual Health in Nova Scotia*. Several other organizations were in the process of identifying and confirming their commitments. The contributions identified might take (but are not limited to) any of the following forms:

- current and/or new programming
- youth involvement
- networking with people in marginalized population groups
- diversity education
- advocating for French-language services
- contributing staff and/or volunteer time
- representation on the Roundtable
- providing input into the development of resources and action plans
- drawing on networks and community partners for information gathering and sharing
- providing supports and resources to particular groups of stakeholders
- contributing to evaluation activities
- involving students
- community outreach
- providing safe spaces for youth
- building community support for youth sexual health
- addressing barriers to youth accessing sexual health services

The Nova Scotia Roundtable on Youth Sexual Health gratefully acknowledges the following organizations for their commitment to playing a role in the implementation of the *Framework for Action: Youth Sexual Health in Nova Scotia*:

Acadia University, School of Education
Addiction Services
Annapolis Valley Regional School Board
Antigonish Women's Resource Centre
Avalon Sexual Assault Nurse Examiner Program
Bridgewater High School
Capital District Health Authority
Capital District Health Authority, Addiction, Prevention, and Treatment Services
CBS, Addiction Services
Colchester East Hants Health Authority
Cumberland County Family Planning
Cumberland YMCA
Dalhousie University
Dalhousie University, Health Sciences
Department of Justice
Health Information Place (HIP) for Youth
Independent Living Resource Centre
Lesbian, Gay and Bisexual Youth Project
Northern AIDS Connection
Northumberland Regional High School
Nova Scotia Advisory Commission on AIDS
NS Office of African Nova Scotian Affairs
Planned Parenthood Cape Breton
Planned Parenthood Metro Clinic
Planned Parenthood Pictou County
Public Health Agency of Canada
Public Health Services
Réseau Santé, N.-É
The Red Door
Tri-County Women's Centre (and Planned Parenthood Yarmouth County)
Wagmatcook Health Centre
YM-YWCA of Pictou County
YMCA of Greater Halifax/Dartmouth

Appendix C

Nova Scotia Roundtable on Youth Sexual Health—Member Organizations

Acadia University, School of Education
Avalon Sexual Assault Nurse Examiner Program
Capital Health Addiction Prevention & Treatment Services
Dalhousie University, Health Services
Dalhousie University, School of Health & Human Performance
Halifax Sexual Health Centre
Healing Our Nations
IWK Health Centre, Perinatal Centre
Lesbian, Gay and Bisexual Youth Project
NS Advisory Commission on AIDS
NS Association for Sexual Health
NS Department of Education
NS Department of Health, Primary Health Care
NS Health Promotion and Protection
NS Office of Aboriginal Affairs
NS Office of Acadian Affairs
NS Office of African Nova Scotian Affairs
Public Health Agency of Canada
Public Health Services, Capital Health
Public Health Services, Colchester East Hants, Cumberland and Pictou County Health authorities
Public Health Services, Guysborough Antigonish Strait Health Authority and Cape Breton District Health Authority
Public Health Services, South Shore Health, South West Health, and Annapolis Valley Health authorities
Stepping Stone Association

There are also several interested community members who participate on the Roundtable but do not represent a particular organization.

"In my country condoms are free."

(personal communication, newcomer youth, November 2005)

"People that come from other countries sex is not discussed as freely."

(personal communication, newcomer youth, November 2005)

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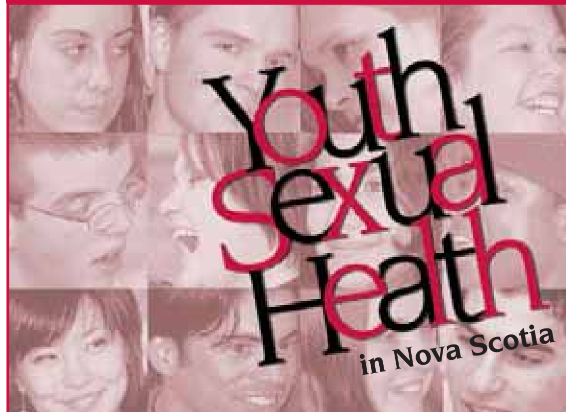
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in Nova Scotia