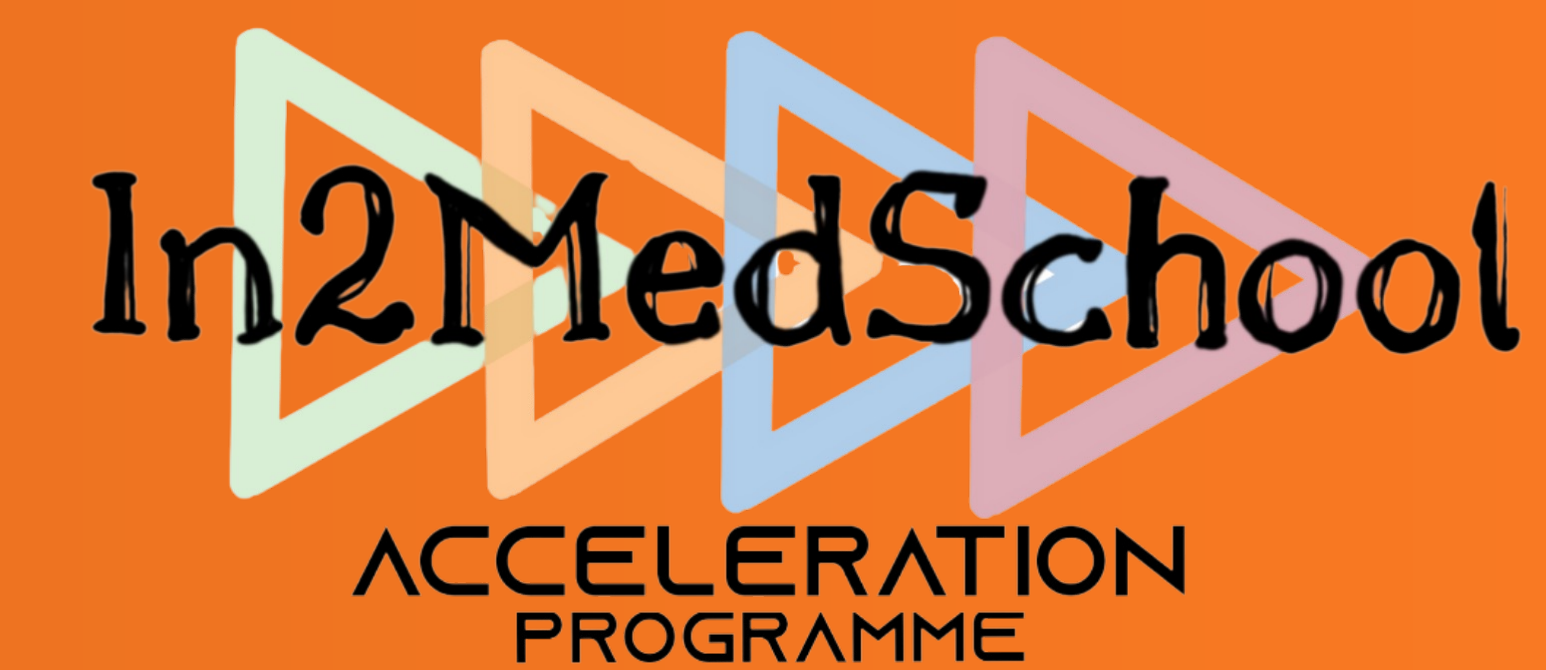


SUPPORTING SEXUAL EDUCATION IN YOUNG PEOPLE – A PRIMARY PREVENTION PROGRAMME FOR ADOLESCENTS

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INTRODUCTION

The Department for Education (DfE) concluded that for sexual health education “parents and carers are the prime educators for children” and the role of schools is merely to “complement and reinforce this”⁽¹⁾. With 51% of chlamydia diagnoses being made in 15 – 24-year-olds⁽²⁾ it is imperative to ensure that the current framework for sexual education is adequate. The In2MedSchool Acceleration Programme (IAP) conducted a one-hour extra-curricular webinar to deliver active case-based teaching on adolescent sexual health. This abstract seeks to evaluate this model of delivering sexual health education to supplement the national curriculum implemented in schools.

METHODS

IAP works with 17 UK comprehensive secondary schools, targeting 16–18-year-olds facing challenges with advancing to higher education, with a specific emphasis on medicine. Of the eligible students, 164 were invited by email and 29 participated in the sexual health webinar. Students were subsequently asked to complete a survey containing both reflective and exploratory questions.

RESULTS

Sources Of Sexual Health Knowledge (n=29)*

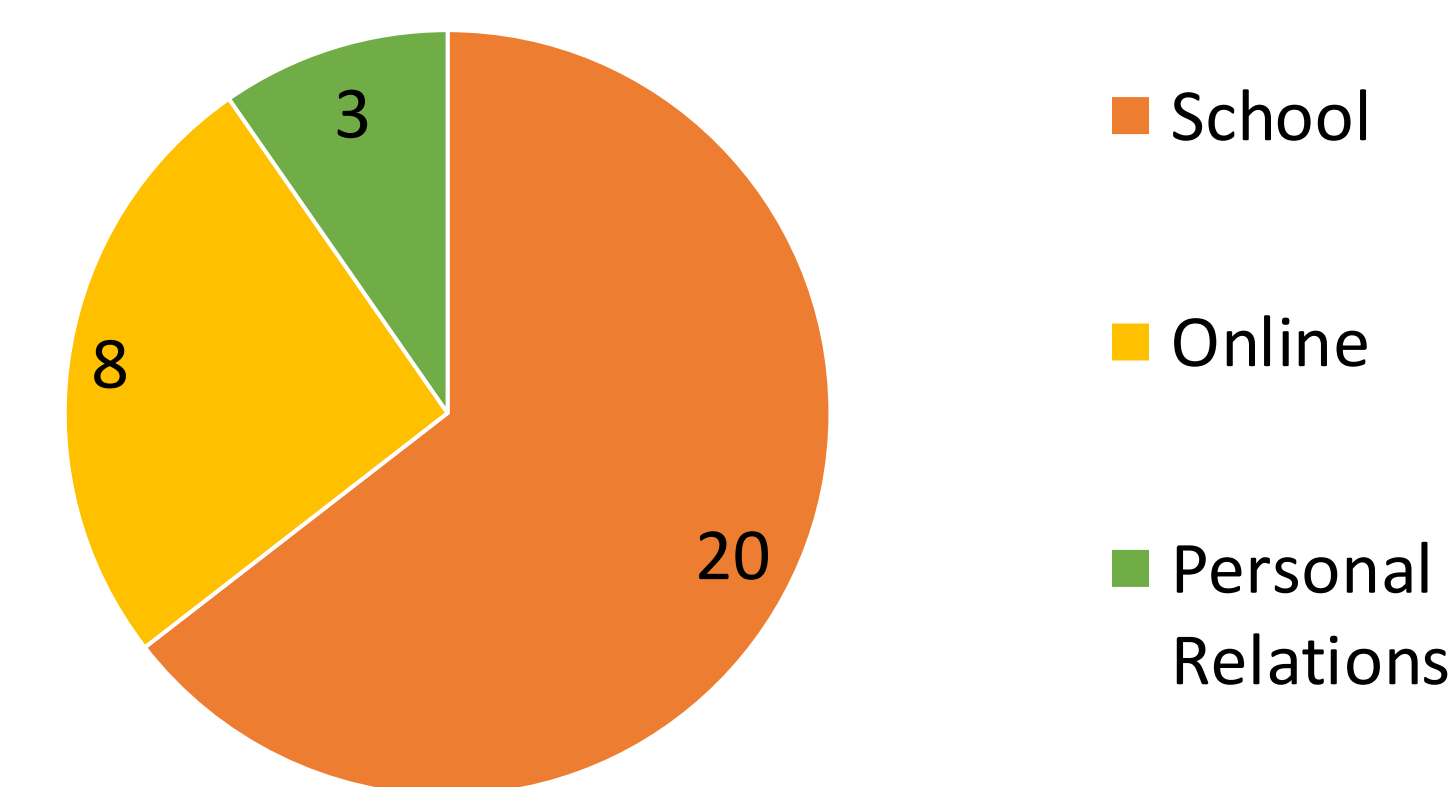


Figure 1: Pie chart showing sources of sexual health knowledge in adolescents with stated response frequencies
*Responses had multiple themes hence frequency of themes is greater than number of responses

Perceived Understanding Of Sexual Health (n=29)

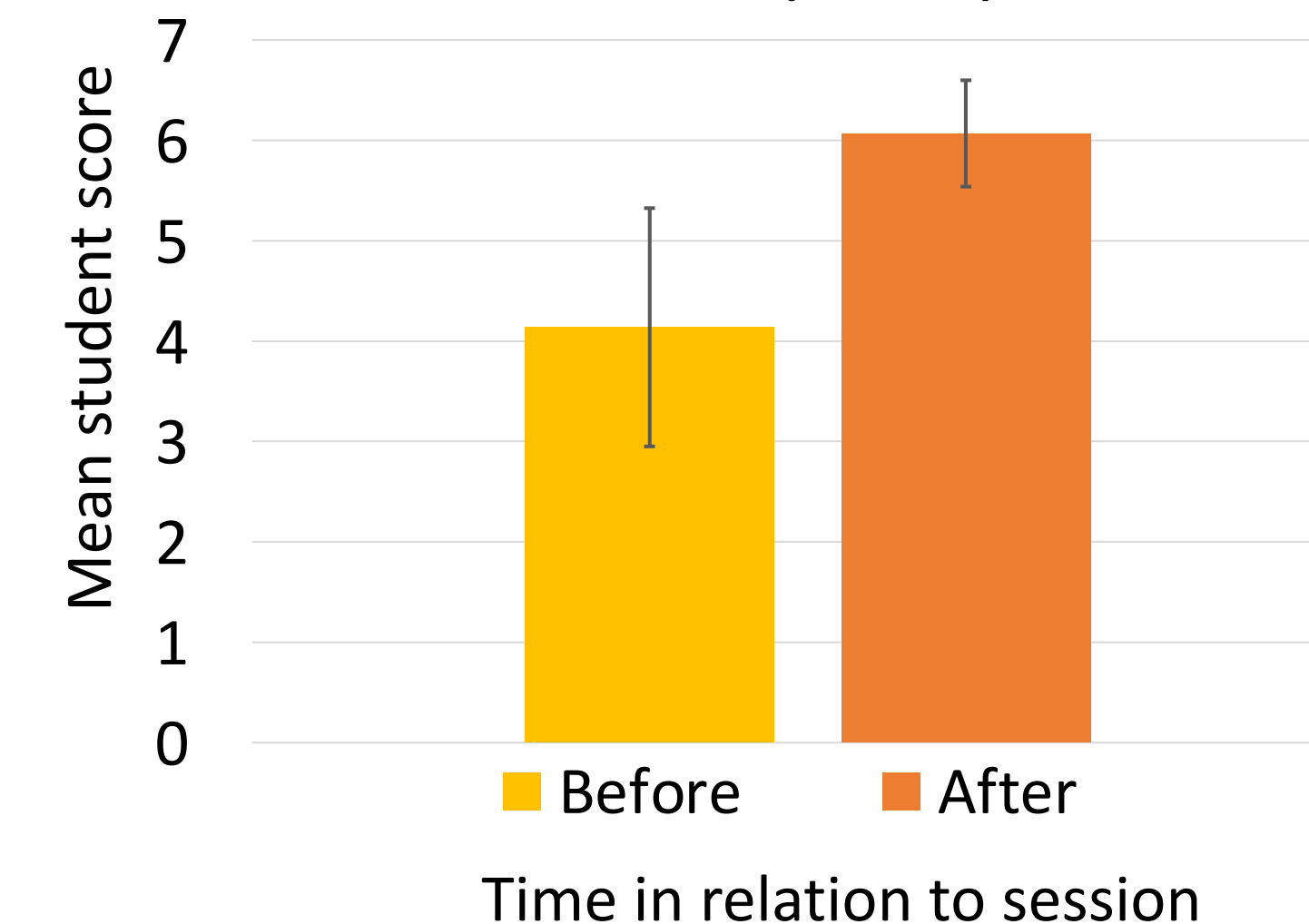


Figure 2: Bar chart showing students' perceived understanding of sexual health before and after the session with error bars showing standard error

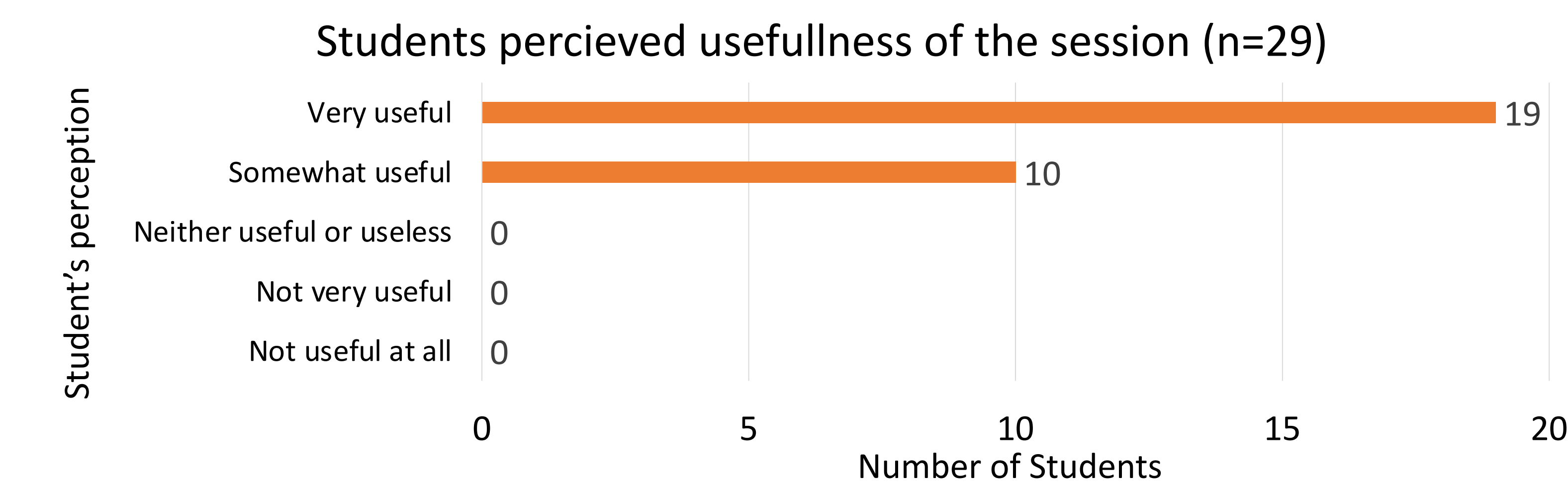


Figure 3: Bar chart showing perceived usefulness of the session and frequency of student responses

29 students responded to the survey. Over two-thirds of participants (n=29) reported school was where they got the majority of their sexual-health information from. Using a 7-point Likert scale, a Wilcoxon-signed rank test showed a significant average increase of knowledge in sexual health of 1.93 points following the session ($Z = -4.54$, $p < 0.001$).

CONCLUSIONS

The Office for Health Improvements & Disparities recognizes that “high-quality information and “education” play significant roles in the ability to maintain good sexual health⁽³⁾. The results from this interventional analysis observed that two thirds of students get their sexual health information primarily from school and that the webinar resulted in a significant average increase in students’ confidence of managing their sexual health. Interventions such as this can help bridge the gap and future trials should seek to evaluate the role of a standardised national curriculum in sexual education and if there is a need for additional support in adolescents.

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