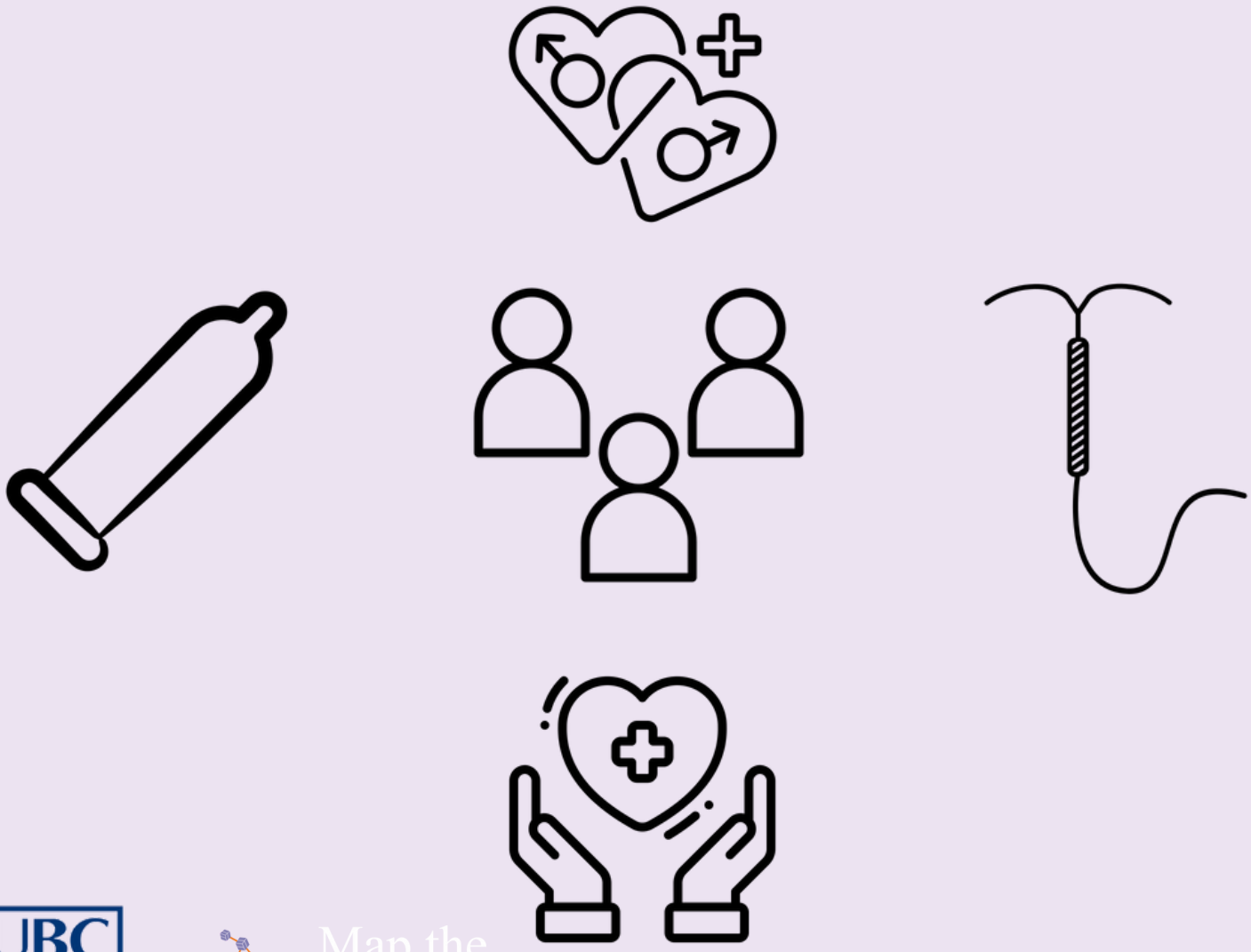
SEXUAL HEALTH EDUCATION IN BRITISH COLUMBIA SCHOOL SYSTEMS

AN ANALYSIS OF THE DELIVERY OF SEXUAL HEALTH EDUCATION IN BRITISH COLUMBIA SCHOOLS



Map the System Canada

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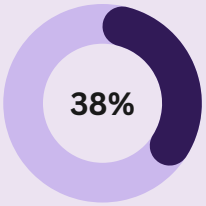
INTRODUCTION

Executive Summary

The United Nations (UN) human rights policies recognize comprehensive sexual health education (CSE) as a human right, but this right is not upheld. (UN, 2015). In the 2013 BC Adolescent Health Survey, out of nearly 30,000 students aged 12-19, 57% did not know where to get tested for an STI, 52% did not know where to obtain emergency contraception, 38% did not know where to get free condoms or contraception, and 47% did not know where to acquire birth control (McCreary Centre Society, 2015).

57% **do not know where to test for STIs**

(McCreary Centre Society, 2015)

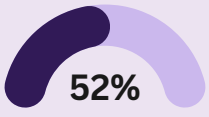


do not know where to get free condoms/contraception

(McCreary Centre Society, 2015)

47% do not know where to acquire birth control

(McCreary Centre Society, 2015)



do not know where to find emergency contraception

(McCreary Centre Society, 2015)

STI rates have been increasing steadily since the 1990s

(McCreary Centre Society, 2015)

Motivation & Positionality

We are a team of three UBC undergraduate students, all in the Faculty of Science. Given our similar experiences of being dissatisfied with the CSE delivered in our various elementary and high schools, we sought to explore the gaps involved in CSE delivery to BC students.

Terminology

> **Comprehensive sexuality education (CSE)** is "a curriculum-based process of **teaching and learning** about the **cognitive**, **emotional**, **physical** and **social** aspects of sexuality. It aims to equip children and young people with **knowledge**, **skills**, **attitudes** and **values** that will **empower** them to realize their health, well-being and dignity; **develop respectful social** and **sexual** relationships; consider how their choices affect their **own well-being** and that of others; and understand and ensure the **protection** of their **rights** throughout their lives."

(UNESCO, 2018, p. 16)

Research Methods

We conducted a thorough literature review of academic journals and media articles and examined provincial curriculum documents. Primary research was conducted through interviews with BC-based sexual health educators, and by distributing an online anonymous survey which asked students about their experiences receiving CSE in school. Ethical standards for conducting primary research were followed.

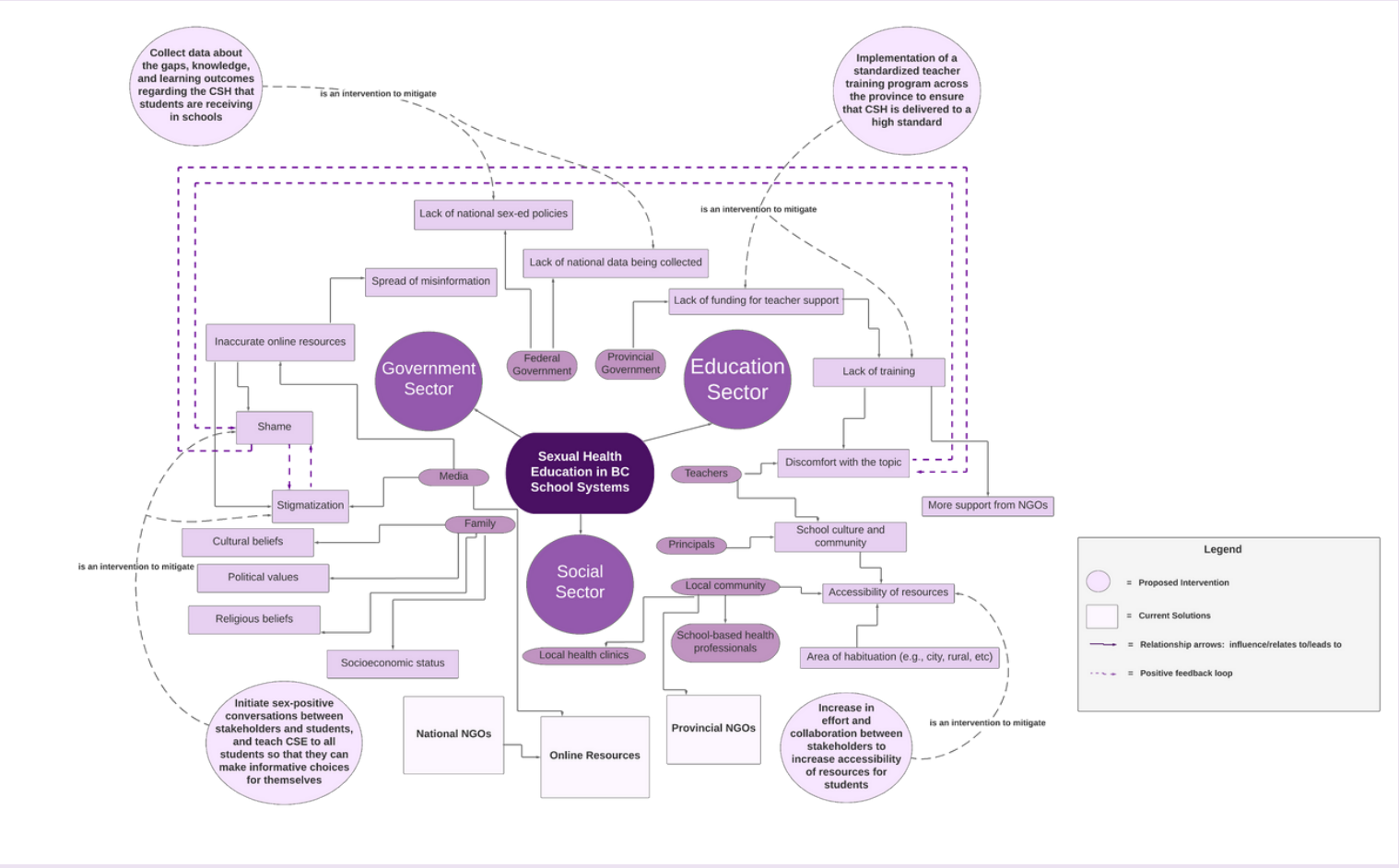
Our primary sources include:

- 2 interviews with certified sexual health educators
  - Interview with Kristen Gilbert, Adjunct Professor at UBC School of Nursing, and Director of Education at Options for Sexual Health
  - Interview with an unnamed BC-based sexual health educator
- A survey with 101 responses from British Columbians over 18 years of age that had graduated from a BC high school within the last 5 years

CHALLENGE LANDSCAPE

Overview

Schools play a key role in being an institution that provides CSE (UNESCO, 2019). CSE is based on a human rights approach, is culturally relevant, is **context** and **age-appropriate,** and **empowers young people** with the knowledge and skills to make informed decisions about their health, in line with their own beliefs and values (UNESCO, 2018).



The right to CSE is recognized as a human right by numerous international treaties, including the Convention on the Rights of the Child (Action Canada, 2019). In the 1990s, sexuality education was recommended to be taught in schools in every province and territory across Canada (Rathus et al., 2020). Education falls under provincial/territorial jurisdiction, therefore, the **extent** and **quality** of **CSE varies between provinces** (Rathus et al., 2020).

In BC, sexual health education is mandatory until grade 10 and falls under the physical and health education curriculum.The curriculum was recently redesigned, which gave **teachers more autonomy** when delivering lessons (Menon, 2022). However teachers are **not provided training on how to deliver CSE** (Hyslop, 2022). A BC sexual health educator, Saleema Noon, claims that teachers are “not given adequate training” and “don’t have the support they need from the government to do a good job” (Woo, 2015). While the newly updated curriculum has been praised for being comprehensive, teachers often gloss over topics they feel uncomfortable teaching (Hyslop, 2022). Consequently, **what students learn** can **differ depending** on their **school district**, **school**, **class** and **teachers** (Rathus et al., 2020).

“The reality is our teachers are not sufficiently prepared to teach sexual health. They're not given adequate training, they're not given good resources, they're not given guidance and they don't have the support they need from government to do a good job. The revamped curriculum that [is currently being drafted in B.C.] is less prescriptive and more open to interpretation by the teacher. Unfortunately, what that is going to lead to is the minority of teachers who feel comfortable, and look at it as an opportunity, will provide their kids with more comprehensive education on the topics. But, my guess is the majority of teachers will not. And there is no monitoring of what happens in the classrooms.”

Saleema Noon
(Woo, 2015)

The survey we conducted found that there were significant **inconsistencies** in **CSE delivery**, with 45% of respondents indicating that CSE was delivered every few years. Additionally, some respondents noted that they wished they received more CSE, and some expressed preference towards sexual health educators as opposed to teachers.

Overall, CSE in BC **fails** to **meet international** and **Canadian standards**, it is **not monitored** or evaluated, and it is **taught** by **educators** who receive **no training** and are **often uncomfortable teaching** this **material** (Action Canada, 2020).

Root Causes

Lack of Teacher Training & Support

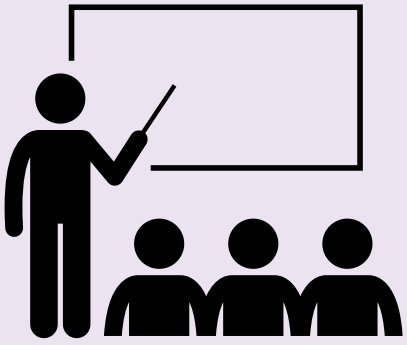
Although the curriculum is considered “excellent” by experts, the content and delivery of the broad CSE curriculum is largely up to teachers, leading to discrepancies in student learning (Tyee, 2022). A significant **barrier** that **impedes** the **delivery of CSE** is the **level** of **comfort** of the individual teaching it (K. Gilbert, personal communication, March 22, 2023; Action Canada 2020). This can vary depending on their previous knowledge, training, personal opinions on the material, and overall interest in the topic (K.Gilbert, personal communication, March 22, 2023; Action Canada, 2020). Essentially, the **quality of CSE** received by youth is dependent on the **capacity**, **comfort** and **values** of the **teacher** and **school community** (Action Canada, 2019).

“I wish a professional would have come in to talk about it instead of our P.E. teachers.”

Survey respondent

“I only wish that they brought it up more and provided more information about it.”

Survey respondent

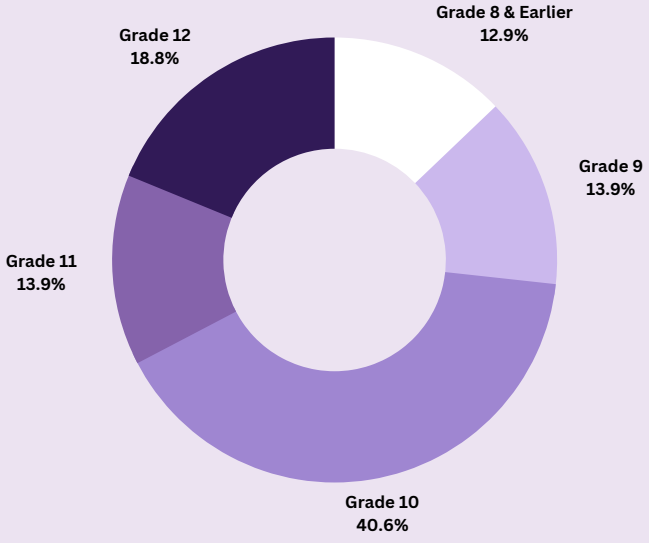


Socioeconomic Barriers

Teachers or counselors typically deliver CSE in schools; however, many schools in BC choose to hire **independent sexual health educators**, who are professionally **certified** to deliver CSE (Menon, 2022). For example, the Nanaimo school district has hired a sexual health educator to work with teachers, provide expertise and ensure consistent delivery of CSE across every school and classroom (Cunningham, 2017). This **outsourcing of CSE** is **specific** to **schools** located in more **affluent neighborhoods**, resulting in only a **fraction** of **students** receiving **high-quality CSE** from a qualified educator (K. Gilbert, personal communication, March 22, 2023).

Our online survey found that only 33% of BC students received CSE after Grade 10; since CSE is only mandatory until Grade 10, students attending independent institutions or schools in well-off neighborhoods tend to be the ones receiving CSE in Grades 11 and 12, which is when many high school students need it most (BC Government 2023; K. Gilbert, personal communication, March 22, 2023).

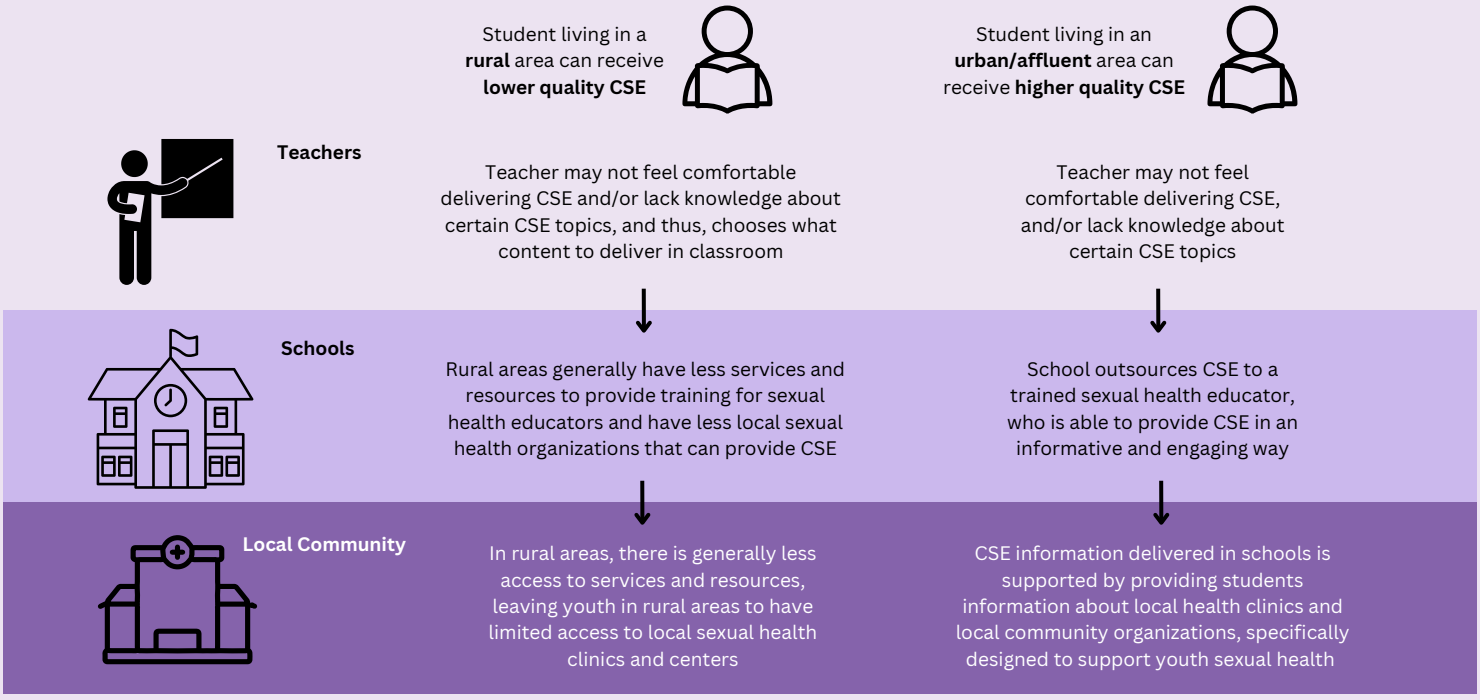
Latest grade that SHE was delivered:



Rural/Suburban Communities

Youth in rural and suburban communities reported **limited availability** of **clinics** and **services** as well as difficulties reaching these services due to suboptimal public transportation and concerns about **privacy** and **confidentiality** with parents, friends, and community members (Shoveller et. al, 2009). Centers in urban areas generally have more specialized teacher training, sexual health educators, and sexual health services, meaning that **youth** in **rural** or **remote areas** often have the **most limited access** to **youth-friendly sexual health service**s (Action Canada, 2019).

In BC, the CSE received is dependent on their teacher, school and local community

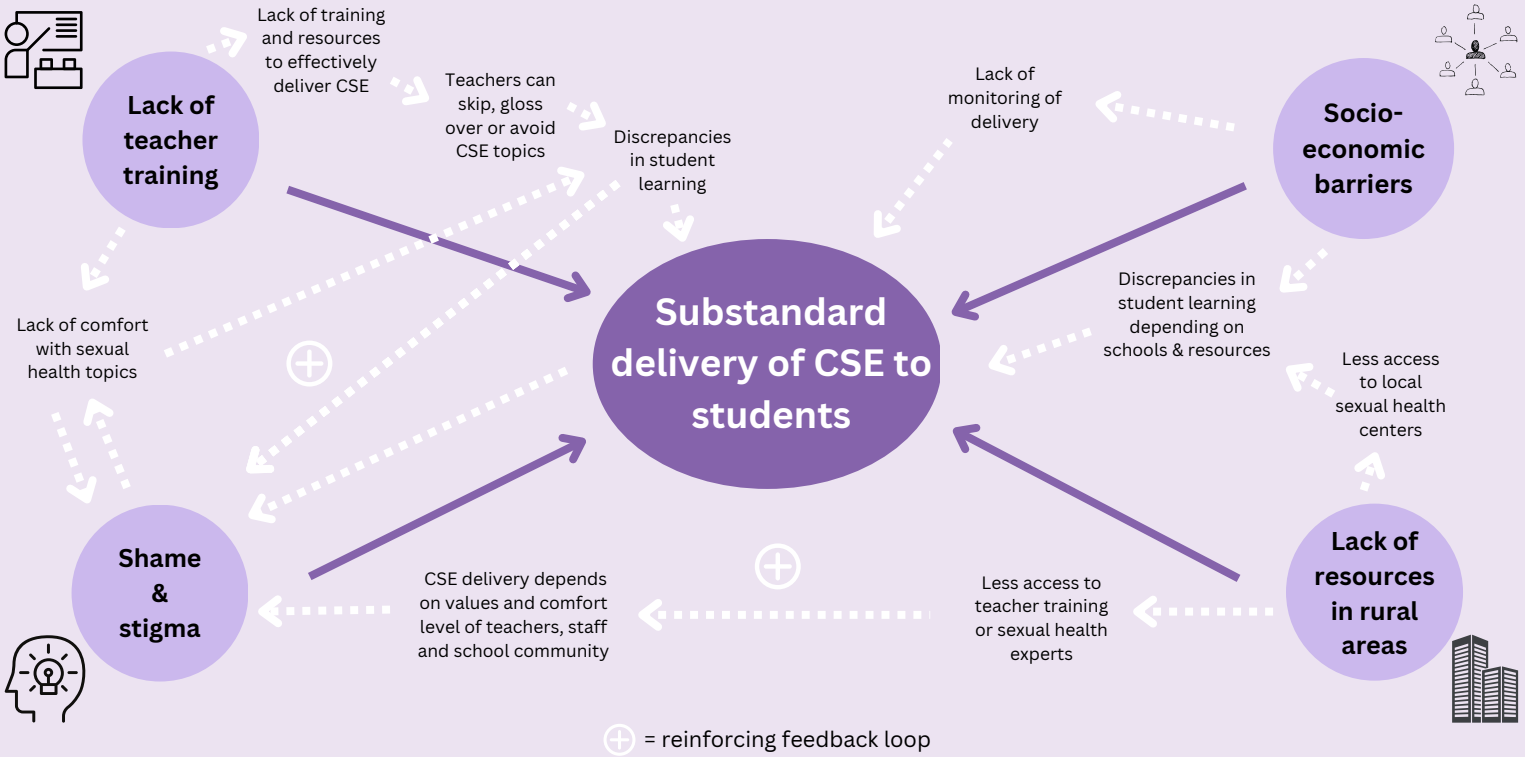


Shame and Stigma

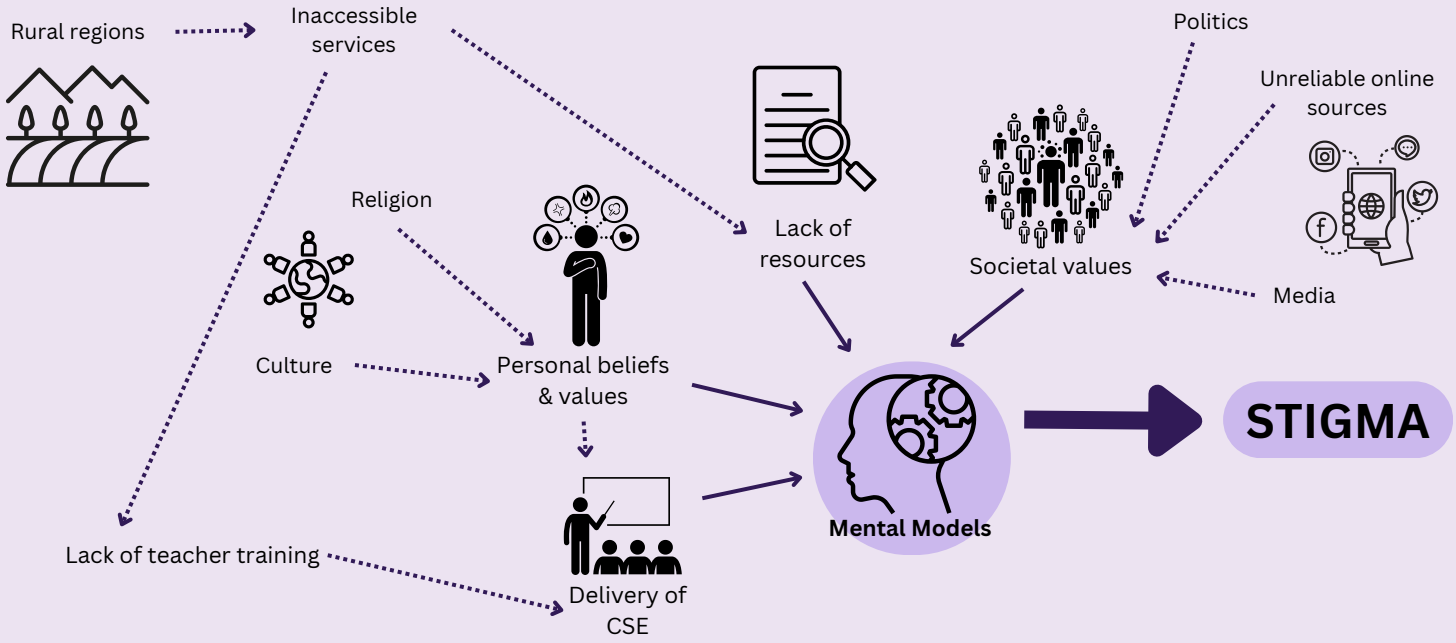
Sexual health education is often stigmatized, which serves as a barrier to the delivery of CSE. The shame associated with sex is known to **prevent youth** from **engaging** in **conversations** regarding their **sexual concerns**, as well as getting tested for STIs (Wong et. al, 2012). There is also a social component to stigmatization of sex, where **youth fear for how they are perceived** by friends, classmates, family members, and romantic/sexual partners (Shoveller et. al, 2009; Wong et. al, 2012). Conflicts have been reported within friendships and relationships when sexual history is shared, thus furthering the hesitance and unease experienced when talking about sexual health (Wong et. al, 2012). Additionally, **sexual health education** is the only class where parents can pull their child from the lesson. Some school communities and parents believe that CSE is "dangerous" and "promiscuous" (K.Gilbert, personal communication, March 22, 2023). This can lead **teachers** to be **more reluctant** to **teach CSE** (K.Gilbert, personal communication, March 22 2023).

There is a **reinforcing feedback loop** in which **shame discourages** open **conversations** about sexuality, leads to a **lack** of **knowledge** about the topic, which then **amplifies** the feelings of **shame** and stigma surrounding the subject of sexual health.

The Root Causes of Substandard Delivery of CSE



How Stigma is Perpetuated



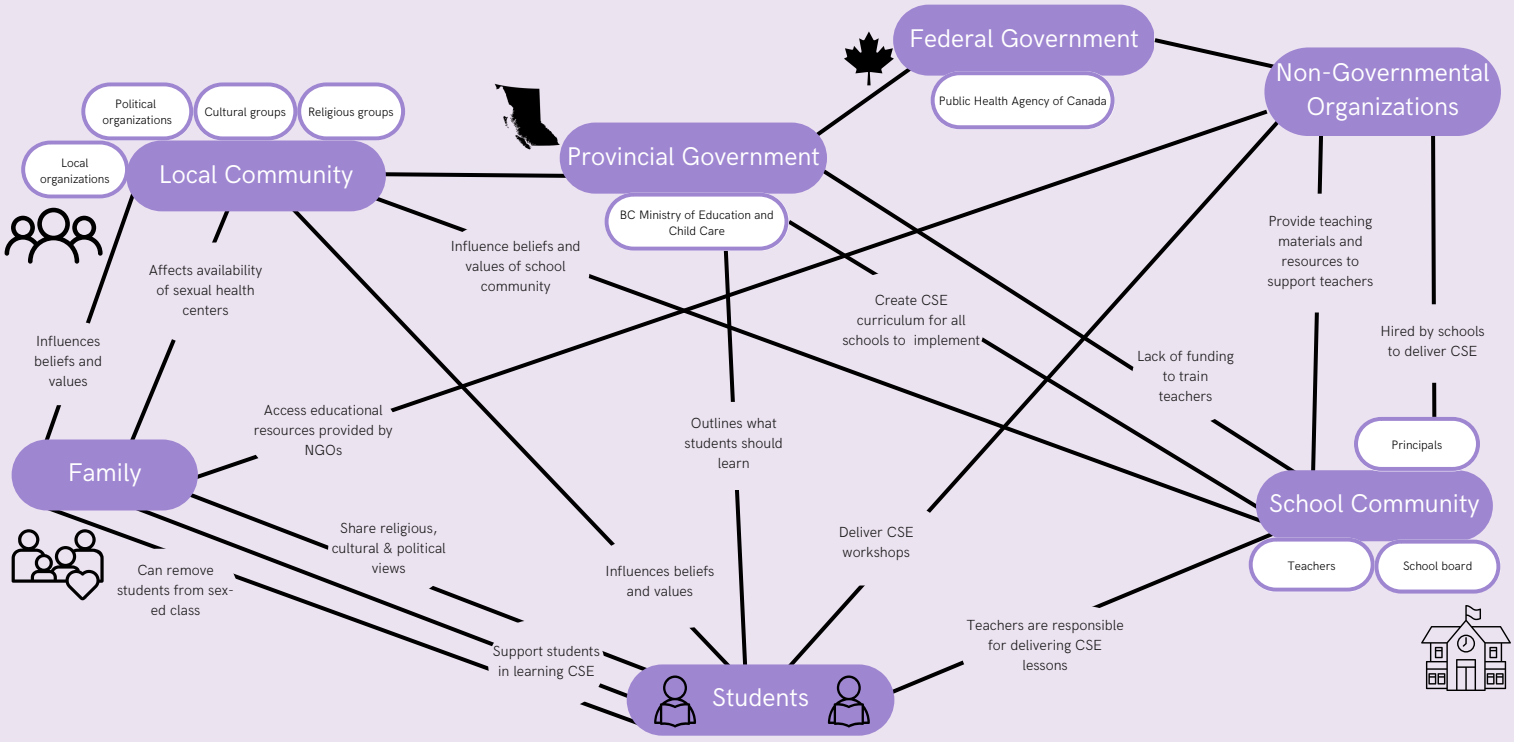
Shame and stigma is a primary root cause which all stakeholders have interactions with. A reinforcing feedback loop is created & amplified as CSE continues to be inadequately delivered.

Stakeholders

Primarily, the provincial government has the power to create change. Since the education curriculum falls under provincial jurisdiction, the responsibility of improving CSE for all students falls on the BC government. With this, the government has the ability to **implement training programs**, **monitoring**, and **evaluation** of **CSE** in schools to further understand the changes that need to be made to guarantee this right for every student.

Societal norms, media, cultural beliefs, and political values can have the ability to perpetuate stigma and shame around the topic of sexual health education.

Stakeholder Relationships



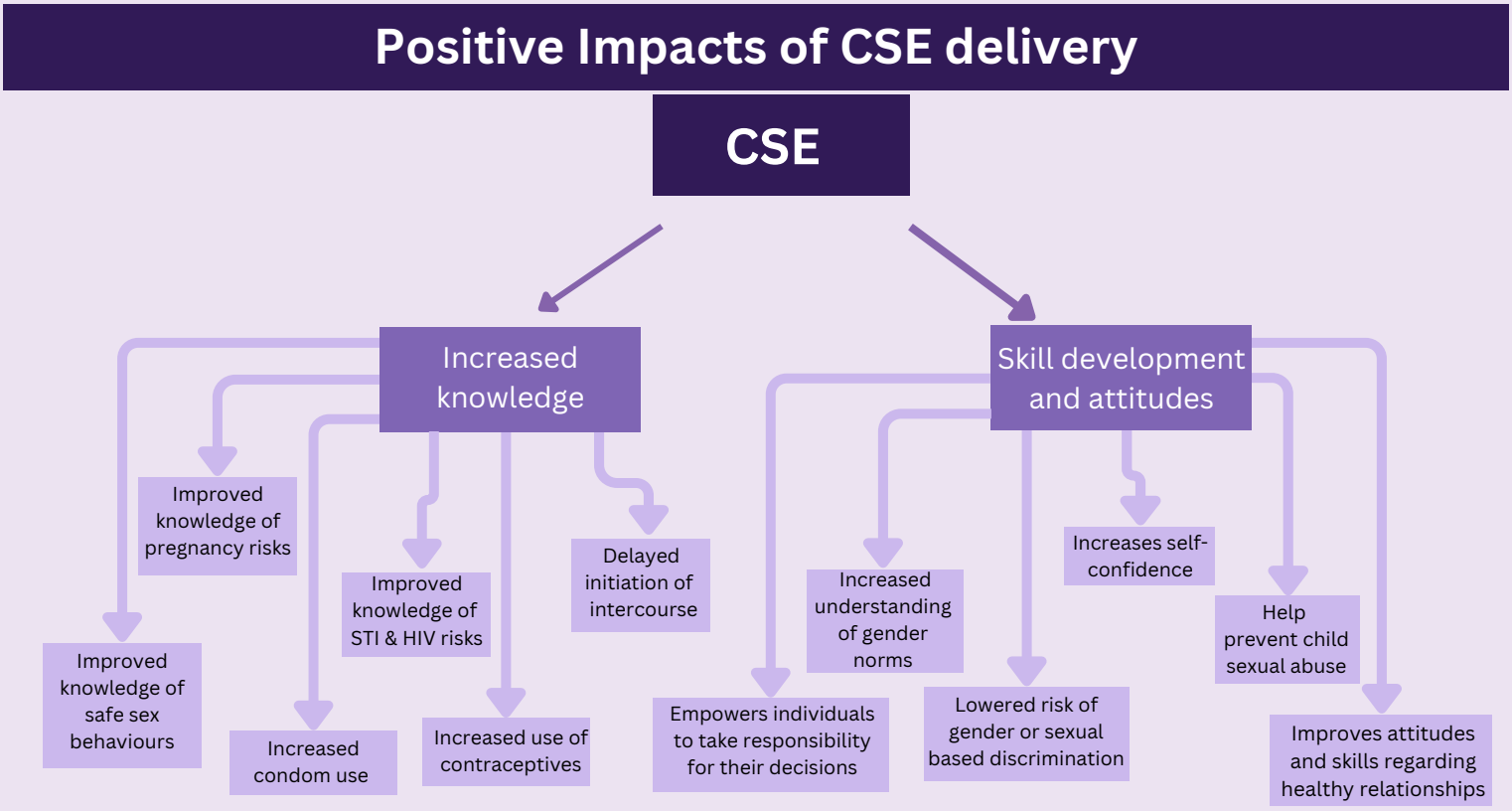
Impacts

Lack of Knowledge

Inadequate delivery of CSE to BC students has led to knowledge gaps, which were evident after the analysis of the aforementioned 2013 BC Adolescent Health Survey (McCreary Centre Society, 2015). **STIs** and blood-borne infections **disproportionately affect youth** in **Canada** (Public Health Agency of Canada, 2014), and Canadian **STI rates** have been **increasing steadily** since the 1990s, yet the majority of Canadian youth do not know how to prevent STIs or where to get tested (Action Canada, 2020). Many young people in Canada are hesitant to reach out regarding their sexual health due to **barriers** such as **limited access**, **social judgment**, **privacy**, **sexual orientation**, and **limited knowledge** (Shoveller et. al, 2009). CSE leads to a variety of positive outcomes including delayed initiation of intercourse, reduced risk taking, reduced number of partners, increased condom use and increased contraceptive use (UNESCO, 2018).

Lack of Opportunity to Develop Positive Skills and Attitudes

CSE is **affirming** and **inclusive**, and has been shown to **improve** people's **attitudes** towards sexuality (UNESCO, 2018). In addition, CSE has been shown to **support young people develop healthy communication skills** and can lead to an **appreciation** of **sexual diversity**, development of **healthy relationships**, and improved **social-emotional learning** (Goldfarb and Lieberman, 2020). Also, CSE can play a strong role in reducing gender-based violence by focusing on harmful gender norms, creating cultures of consent, and **giving young people** the **tools** to **build healthy relationships** (Action Canada, 2019; UNESCO, 2018).



SOLUTIONS LANDSCAPE

International Solutions

Plan International

Plan International is a humanitarian organization which helps to **advocate** for **sexual health** rights (Plan International, 2023). They work with partners **worldwide** to enhance sexual health education and **improve** the **accessibility** of sexual health resources. In particular, PLAN's initiatives tackle issues including LGBTQ+ inclusion, menstruation, teenage pregnancy and accessibility of resources.

United Nations Population Fund

The United Nations Population Fund (UNFPA) advocates for **reproductive rights** and **supports reproductive** health services such as health care, CSE, and family planning (UNFPA, 2022). They have initiated tangible efforts to fulfill 3 goals: providing family planning, ending preventable maternal death, and ending gender-based violence and harmful practices.

Case Study: The Netherlands 

Although sexual health education is not a part of the Netherlands education curriculum, it has been mandated since 1993 (Helmer et al., 2014) in both elementary and secondary schools (Rutgers, 2023). From an early age, students learn about sexual education from a **sex-positive** perspective, which assists them with their future sexual decision-making. Language that is inclusive, direct, and clear is used when delivering sexual health content in order for students of all backgrounds, ages and abilities to access the educational content. In turn, the nation is known to have very **low rates** of **STIs** and **teenage pregnancy**.

National Solutions

SIECCAN

The Sex Information and Education Council Canada (SIECCAN) is a non-profit charitable organization that works to **promote** the **sexual** and **reproductive health** of Canadians (SIECCAN, 2023). Specifically, SIECCAN helps to deliver CSE through the **development** and **distribution** of CSE **resources** for educators, health professionals and the public (SIECCAN, 2023). In 2019, SIECCAN published the Canadian Guidelines for Sexual Health Education, which outlines key components of sexual health education in Canada (SIECCAN, 2023). This document is endorsed by the Public Health Agency of Canada, and is designed to guide policymakers and educators to ensure they are **meeting** the **national standards** for sex-ed (Action Canada, 2019).

Action Canada

Action Canada for Sexual Health and Rights is an organization committed to **advancing** and **upholding sexual** and **reproductive health** and **rights** both in Canada and internationally (Action Canada, 2023). They also provide “Beyond the Basics”: a resource for educators to teach CSE with specific student handouts and activities (Action Canada, 2023).

Provincial Solutions

Options for Sexual Health

Options for Sexual Health (Options) is a social profit organization that offers sexual and reproductive healthcare, information, and resources based in BC. In addition to running 60 clinics offering a range of sexual health care services, Options offers CSE workshops to Grades K-12 and a **Sexual Health Educator Certification** (SHEC) Program, a **training program for individuals to deliver CSE** (Options for Sexual Health, 2023).

GAPS AND LEVERS OF CHANGE

Gap & Lever of Change 1

Gap	Lever	Intervention
Teachers are not trained or given resources to effectively deliver the CSE curriculum	Acknowledge the ranges of comfort with sexual health education, and that CSE delivery requires training	The provincial government should fund a standardized training program for teachers

A **standardized teacher training program** would ensure that all teachers have the knowledge and skills required to effectively deliver CSE, leading to more standardized delivery of the curriculum. Teachers do not feel comfortable nor trained at an adequate level to deliver CSE (Boriero, 2021). Teachers in Quebec have called on their provincial government to receive more funding for training (Boriero, 2021). Implementing a teacher training program would ensure teachers have the skills and knowledge required to deliver CSE (UNESCO, 2018). Our proposed intervention would involve teachers completing a program that would provide them opportunities to learn the content and skills needed to deliver CSE, distinguish between their own beliefs and the curriculum requirements, and address questions or concerns they have with CSE delivery (UNESCO, 2018). The government should consider incorporating the **guidance of sexual health organizations** to address teaching strategies in order to equip teachers with the tools to uphold the standard of CSE. Challenges may arise in the implementation process such as difficulties funding or hesitancy from teachers, nevertheless, it is important that the BC government allocates funds aside for this.

Gap & Lever of Change 2

Gap	Lever	Intervention
CSE is not monitored or evaluated, so there is no way to ensure it is standardized	Recognize the need to monitor the delivery of CSE and to collect data regarding students' learning and understanding of CSE learning outcomes.	The provincial and federal governments should collaborate and implement monitoring and evaluation standards

As the provincial and federal government are obligated to **uphold and maintain the right** to obtaining CSE, they should collaborate and implement monitoring and evaluation standards of the CSE being delivered (Action Canada, 2019). The data obtained regarding the knowledge of BC students regarding sexual health outcomes comes from BC Adolescent Health Survey, which is hosted by a BC based NGO, the McCreary Society. However, the BC Adolescent Health Survey is only conducted once every five years - this is the duration of many students' time in high school. The provincial government should collaborate with non-governmental organizations to regularly collect data and feedback from both students and teachers about the delivery of CSE, and to monitor whether sexual health learning objectives are met.

Gap & Lever of Change 3

Gap	Lever	Intervention
Lack of local resources for youth living in rural and suburban communities	Acknowledge the importance of local-based services in supporting CSE delivery, and acknowledge the discrepancy of resources between rural and urban areas	Identify resources online that provide quality information, and increase accessibility to local clinics & services

As CSE has been shown to be more impactful when it is offered in conjunction with community based services, it is necessary for rural areas to have access to sexual health resources (UNESCO, 2018). Schools should provide students with guidance and connections to community based sexual health resources, including identifying **comprehensive, inclusive, and easily accessible online resources that can provide quality information** (Plan International, 2020). These include: existing trustworthy websites, social media accounts, online documents or even pre-recorded lessons that can be watched in private settings. The federal government should allocate funding to invest in training of sexual health educators (Action Canada, 2020). An **increase in collaboration between government, local sexual health services/clinics, and schools can help to increase accessibility for students** (i.e., through more flexible hours, or online and phone services) (Shoveller et. al, 2009).

Gap & Lever of Change 4

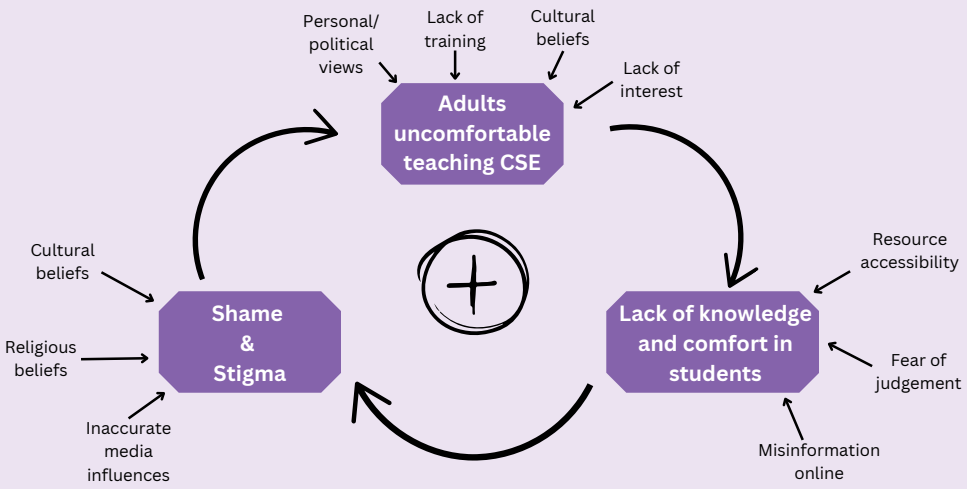
Gap	Lever	Intervention
There is persistent shame and stigma surrounding sexual health education within school systems	Acknowledge & respect that everyone has their own beliefs, values and levels of comfort regarding sexual education. CSE should be accessible regardless of gender, race, sexual expression, socioeconomic status, etc.	The provincial government should provide teachers and parents with the resources teach CSE, and to understand its importance and relevance. Conversations about sexual health should be encouraged, and resources from NGOs should be provided to students

Given that family and community values greatly influence a student's perspective regarding CSE, parent and caregiver support is essential (UNESCO, 2018). **Conversations** about **sex** should be **encouraged** in families; one way to do this is by having teachers assign homework that involves discussing CSE topics with parents or trusted adults (UNESCO, 2018). Continued efforts should be made to **promote inclusivity** and make sex a comfortable conversation in the classroom for all students regardless of sexual identity, gender identity, race, socioeconomic status or background. This can be done by ensuring that teachers and the broader school community enforce a policy of not tolerating any discrimination or bullying towards students such as transphobia, homophobia, or gender based discrimination (Plan International, 2020). Every school in BC should develop clear policies for delivering CSE in classrooms, which include ensuring that there is a confidential and safe classroom environment for students to receive CSE (UNESCO, 2018). Furthermore, by providing teacher training, this can help to ensure that teachers delivering CSE are providing the education from an inclusive standpoint and without judgment, bias or prejudice (Plan International, 2020). Increased collaboration between schools and non-governmental organizations providing CSE information can help to ensure students have the greatest access to information, which helps to reduce stigma surrounding CSE in the long term.

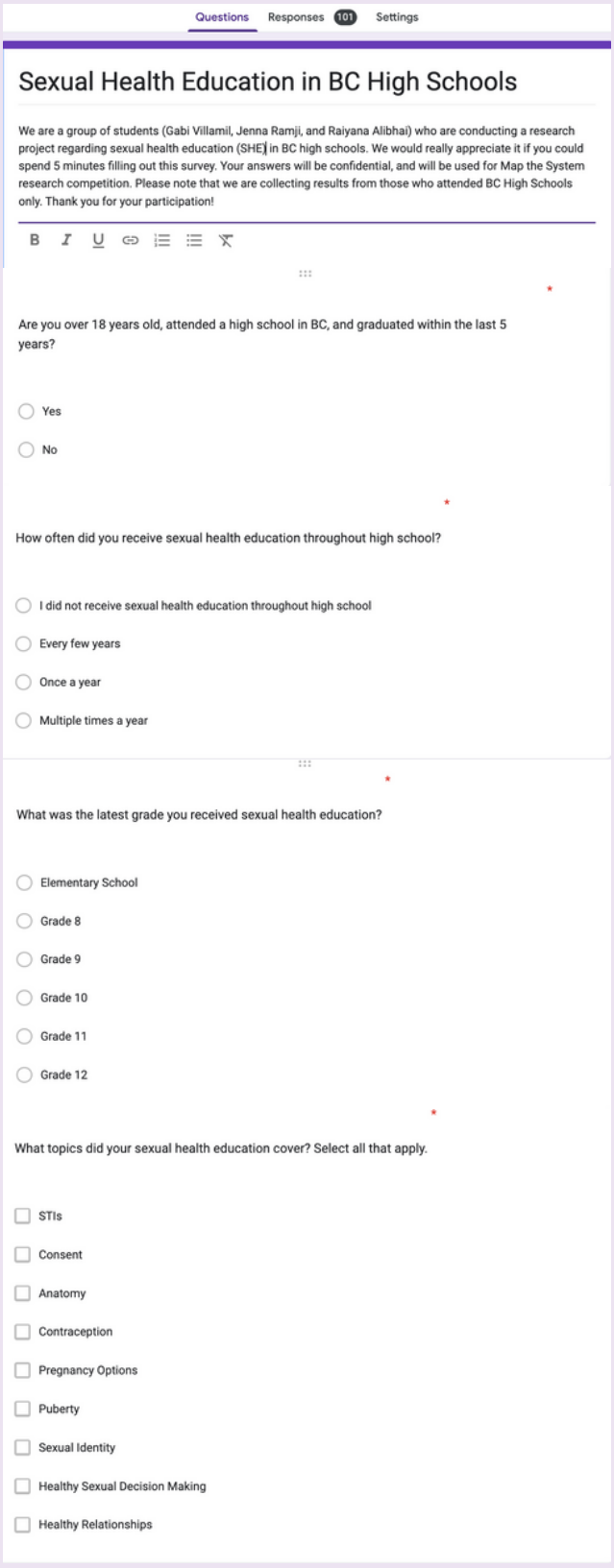
KEY INSIGHTS

Initially, we were under the impression that the issues underlying the gaps in knowledge regarding sexual health were due to the curriculum taught in schools. However, throughout our research, we learned that it is the delivery, not the curriculum, that is the key determinant of the way that CSE is delivered in schools. The challenges of CSE delivery intersect with social, governmental and education sectors, and reflect how differences in socioeconomic status, local community resources and stigmatization affect the quality of CSE received. Additionally, we also learned that CSE is not only part of the curriculum, but also that it is mandated and classified as a human right, so every student is entitled to receive it. In order to ensure all BC students have access to CSE, meaningful stakeholder collaboration is necessary to create the resources to train teachers, monitor what is being taught to students and reduce stigma and shame surrounding sexual health. Improved delivery of CSE is needed to break the link in the cycle between shame and lack of knowledge in order for the future generations of British Columbians to be educated about sexual health.

Key Lesson Learned: There is a positive feedback loop reinforcing the challenge



APPENDIX



Questions Responses 101 Settings

Sexual Health Education in BC High Schools

We are a group of students (Gabi Villamil, Jenna Ramji, and Raiyana Alibhai) who are conducting a research project regarding sexual health education (SHE) in BC high schools. We would really appreciate it if you could spend 5 minutes filling out this survey. Your answers will be confidential, and will be used for Map the System research competition. Please note that we are collecting results from those who attended BC High Schools only. Thank you for your participation!

Are you over 18 years old, attended a high school in BC, and graduated within the last 5 years? *

- Yes
- No

How often did you receive sexual health education throughout high school? *

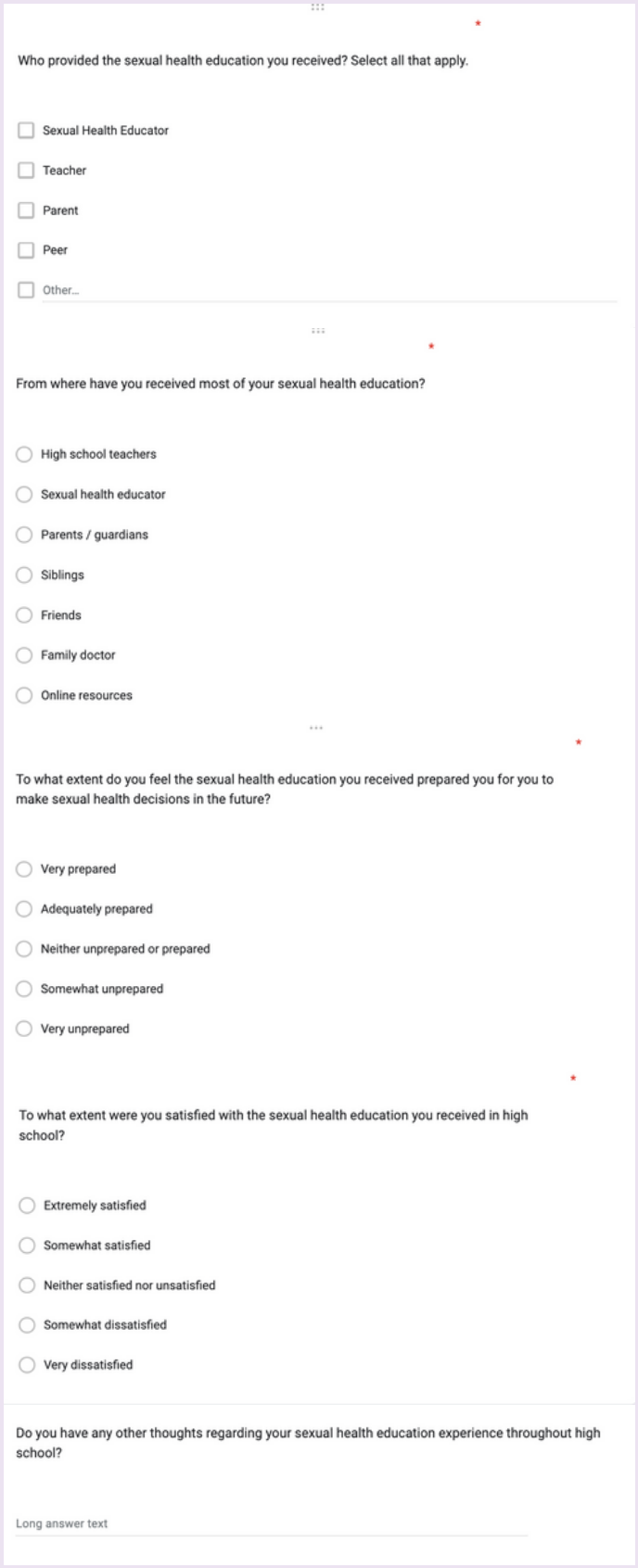
- I did not receive sexual health education throughout high school
- Every few years
- Once a year
- Multiple times a year

What was the latest grade you received sexual health education? *

- Elementary School
- Grade 8
- Grade 9
- Grade 10
- Grade 11
- Grade 12

What topics did your sexual health education cover? Select all that apply. *

- STIs
- Consent
- Anatomy
- Contraception
- Pregnancy Options
- Puberty
- Sexual Identity
- Healthy Sexual Decision Making
- Healthy Relationships



Who provided the sexual health education you received? Select all that apply. *

- Sexual Health Educator
- Teacher
- Parent
- Peer
- Other...

From where have you received most of your sexual health education? *

- High school teachers
- Sexual health educator
- Parents / guardians
- Siblings
- Friends
- Family doctor
- Online resources

To what extent do you feel the sexual health education you received prepared you for you to make sexual health decisions in the future? *

- Very prepared
- Adequately prepared
- Neither unprepared or prepared
- Somewhat unprepared
- Very unprepared

To what extent were you satisfied with the sexual health education you received in high school? *

- Extremely satisfied
- Somewhat satisfied
- Neither satisfied nor unsatisfied
- Somewhat dissatisfied
- Very dissatisfied

Do you have any other thoughts regarding your sexual health education experience throughout high school?

Long answer text