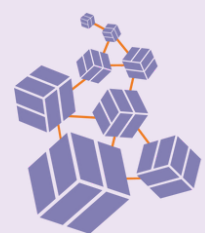
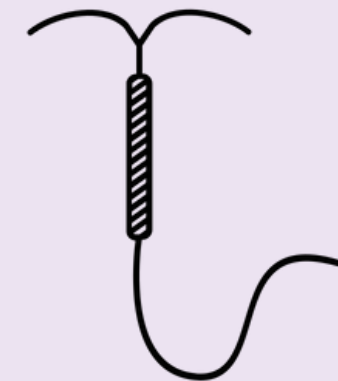
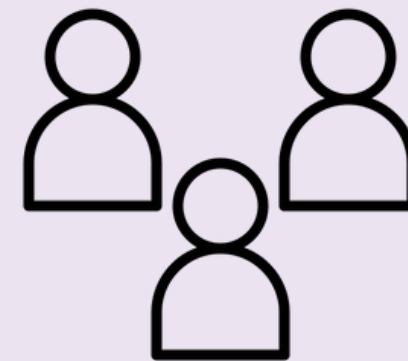
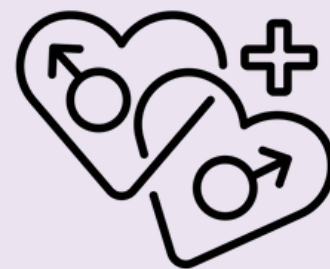


# SEXUAL HEALTH EDUCATION IN BRITISH COLUMBIA SCHOOL SYSTEMS

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



Map the  
System  
Canada

Gabi Villamil, Jenna Ramji, Raiyana Alibhai



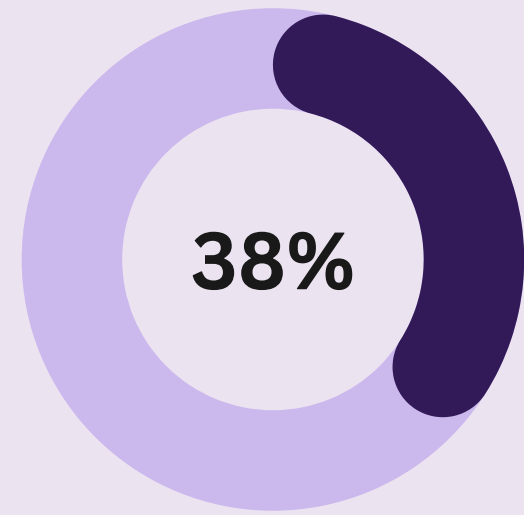
**Comprehensive sexuality education (CSE)** is “a curriculum-based process of **teaching and learning** about the **cognitive, emotional, physical** and **social** aspects of sexuality. It aims to equip children and young people with **knowledge, skills, attitudes** and **values** that will **empower** 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)



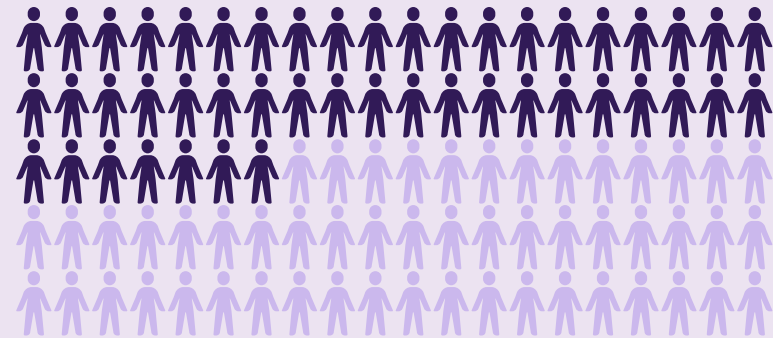
**57%** do not know where to test for STIs

(McCreary Centre Society, 2015)



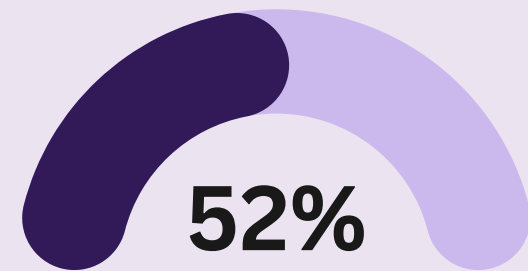
**do not know where to get free condoms/contraception**

(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)

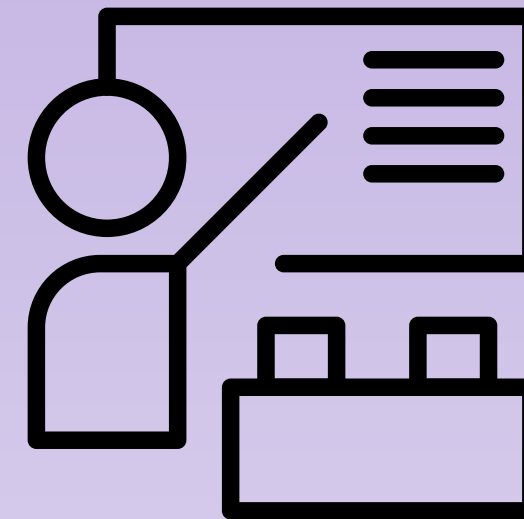
# Current Situation in BC



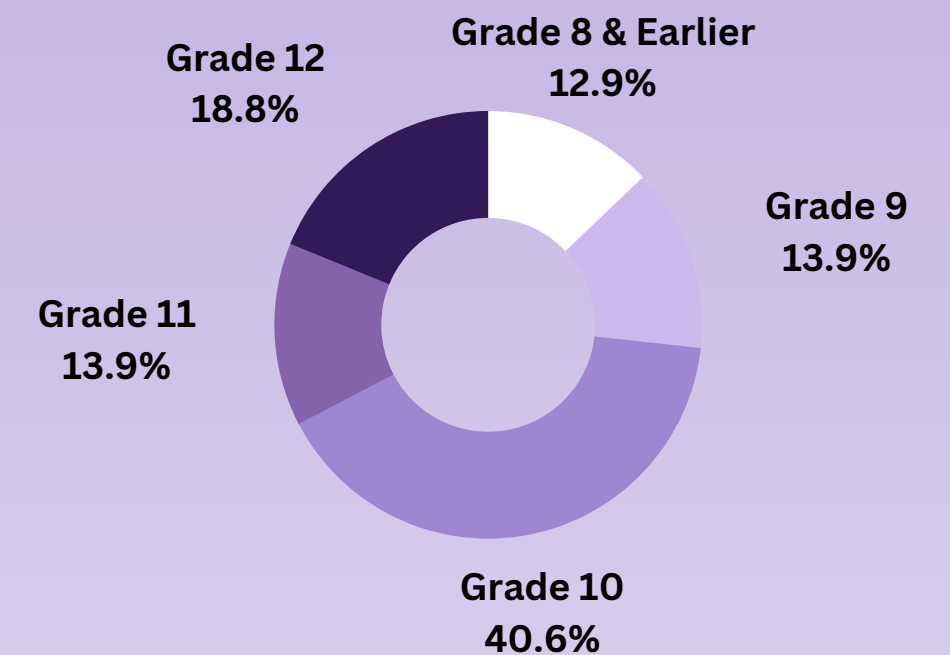
CSE curriculum is under provincial jurisdiction



CSE is mandatory in BC schools until grade 10



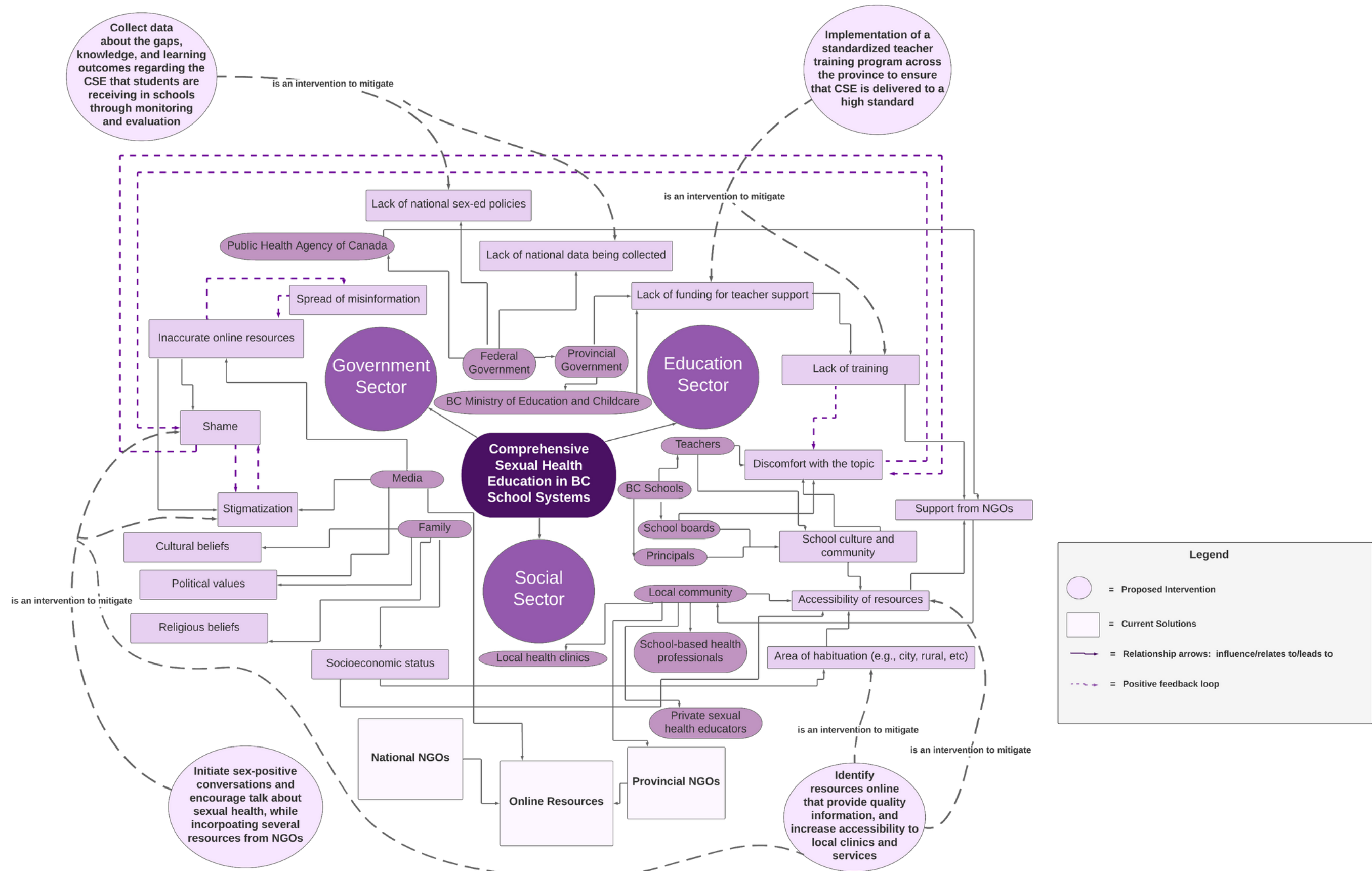
The quality of CSE delivered is largely dependent on teachers



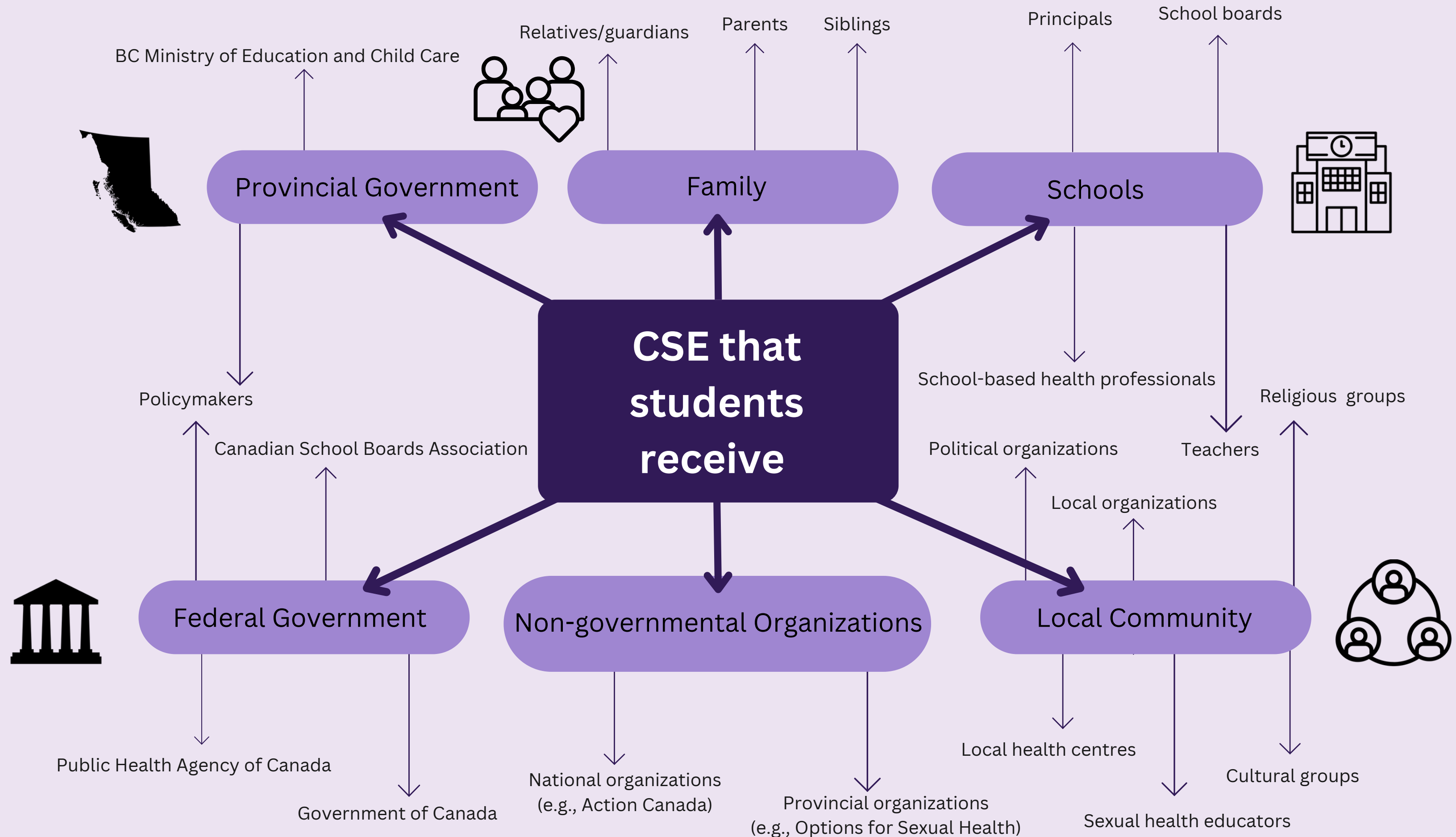
Latest grade that CSE was delivered based on survey results

# Mapping the Challenge

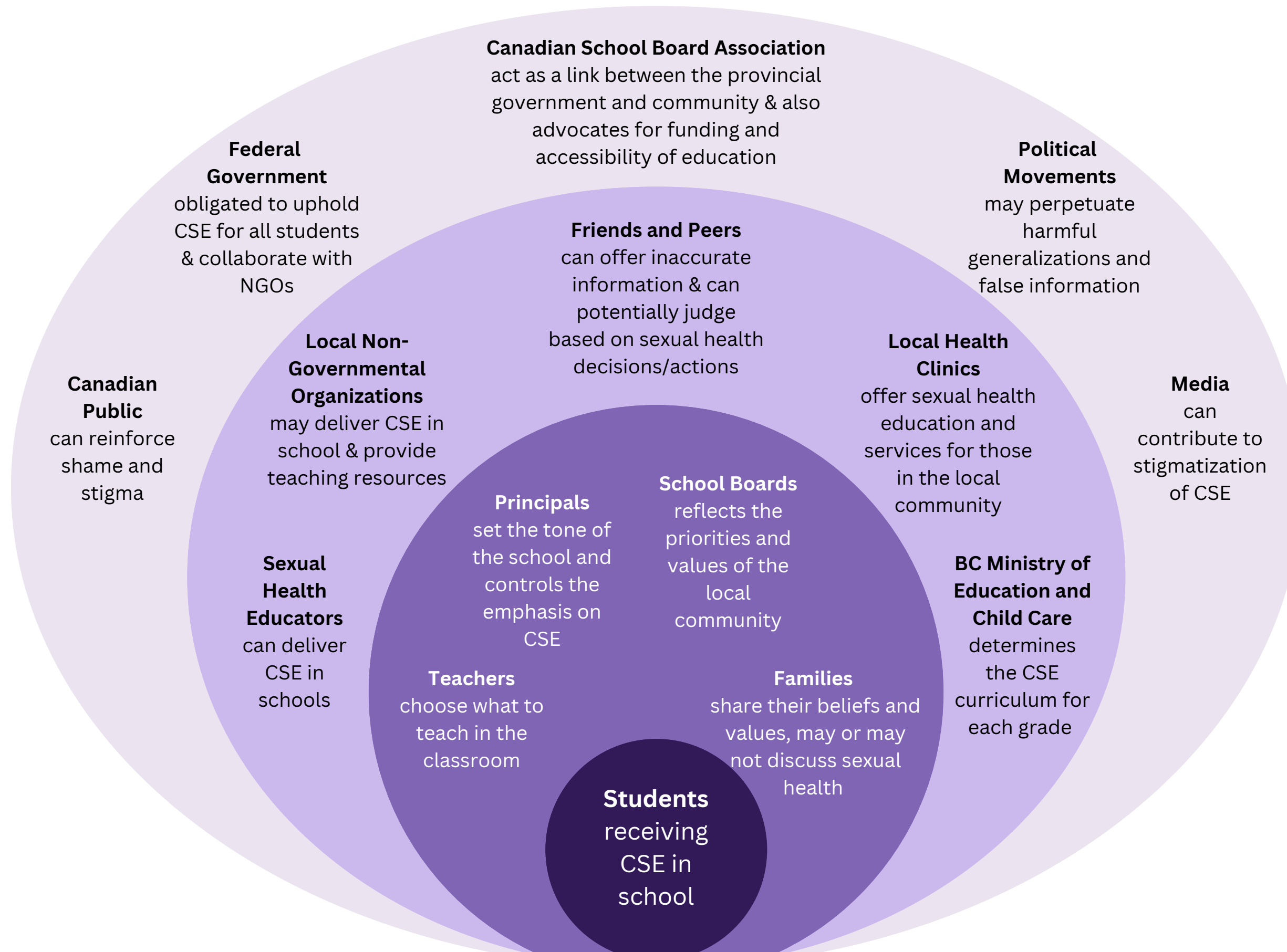
## The Complexities and Intersections of CSE in BC



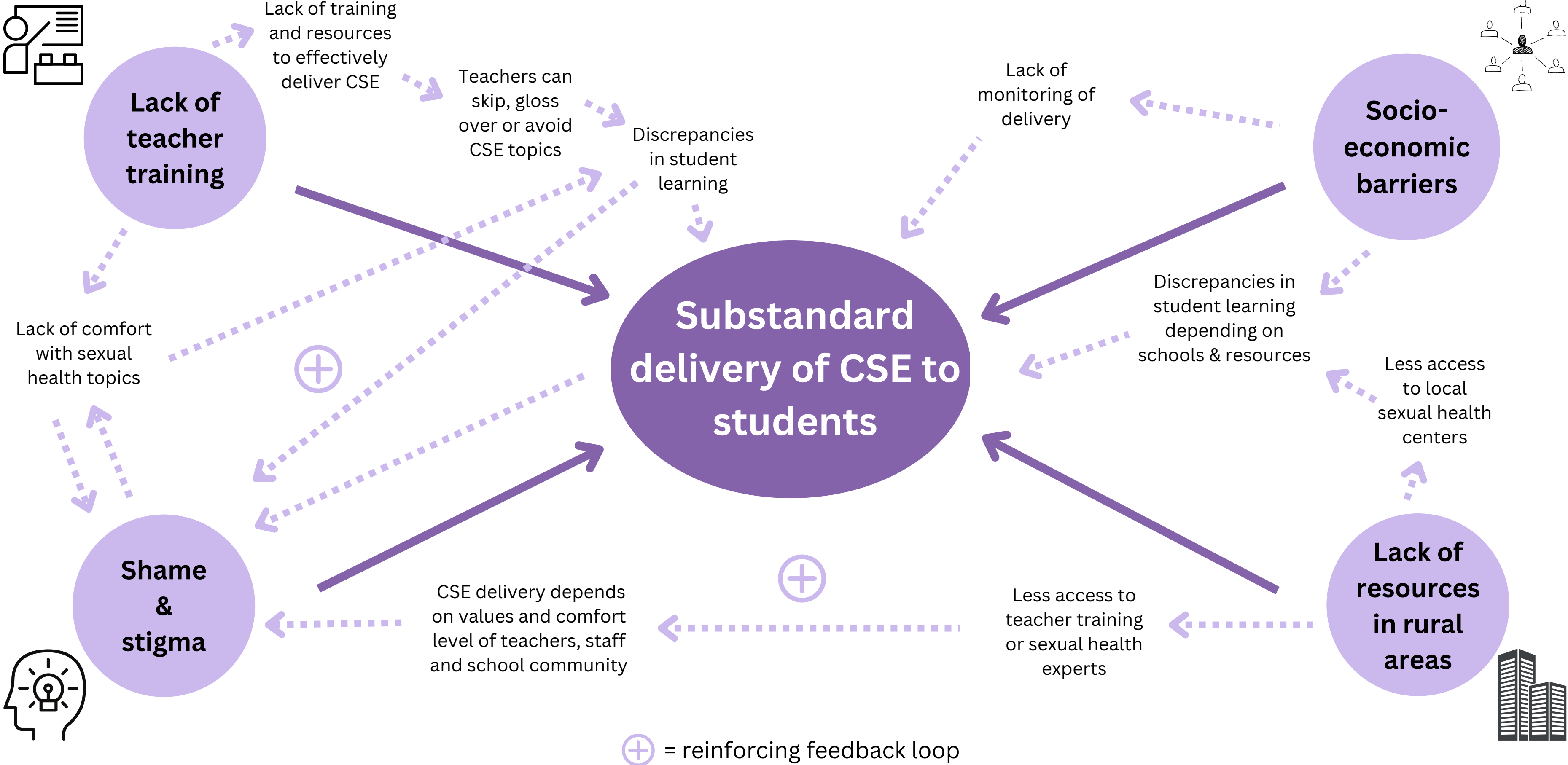
# The Stakeholders Involved in CSE Delivery in BC School Systems



# The Student Experience of CSE is Determined by Various Impactful Stakeholders



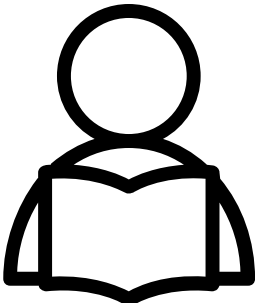
# The Root Causes of Substandard Delivery of CSE



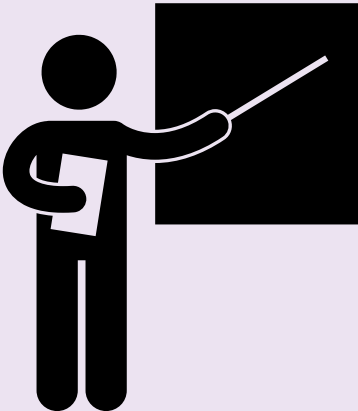
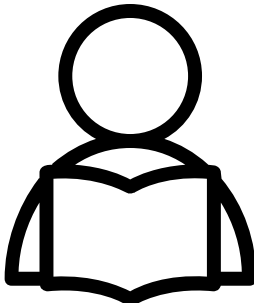


# In BC, the CSE received is dependent on their teacher, school and local community

Student living in a **rural** area can receive **lower quality CSE**



Student living in an **urban/affluent** area can receive **higher quality CSE**



## Teachers

Teacher may not feel comfortable delivering CSE and/or lack knowledge about certain CSE topics. Based on this, the teacher chooses what content to deliver in classroom

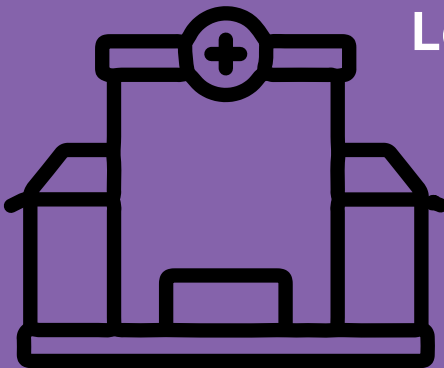
Teacher may not feel comfortable delivering CSE, and/or lack knowledge about certain CSE topics



## Schools

Rural areas generally have less services and resources to provide training for sexual health educators and have less local sexual health organizations that can provide CSE

Schools outsources CSE to a trained sexual health educator, who is able to provide CSE in an informative and engaging way

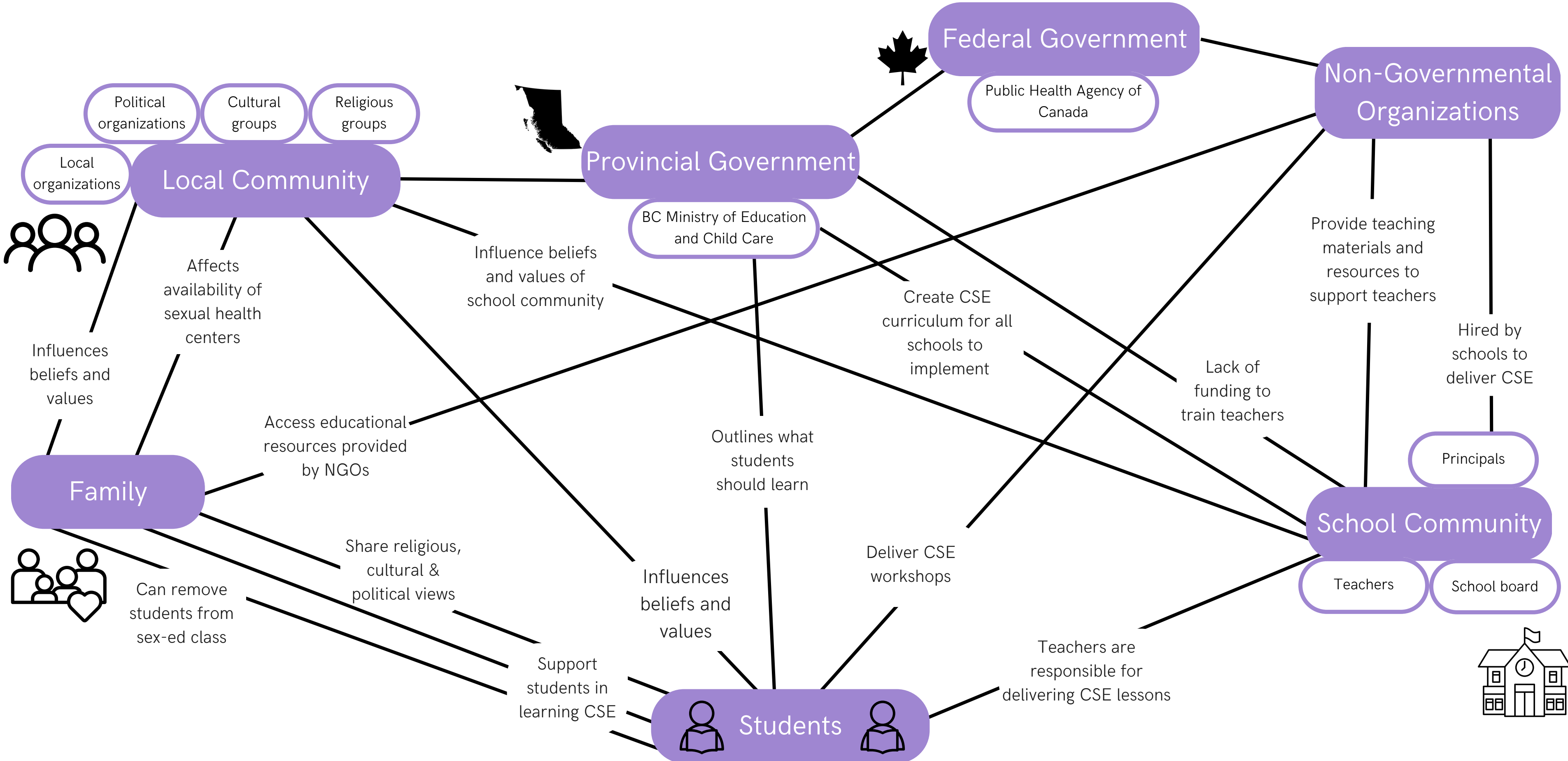


## Local Community

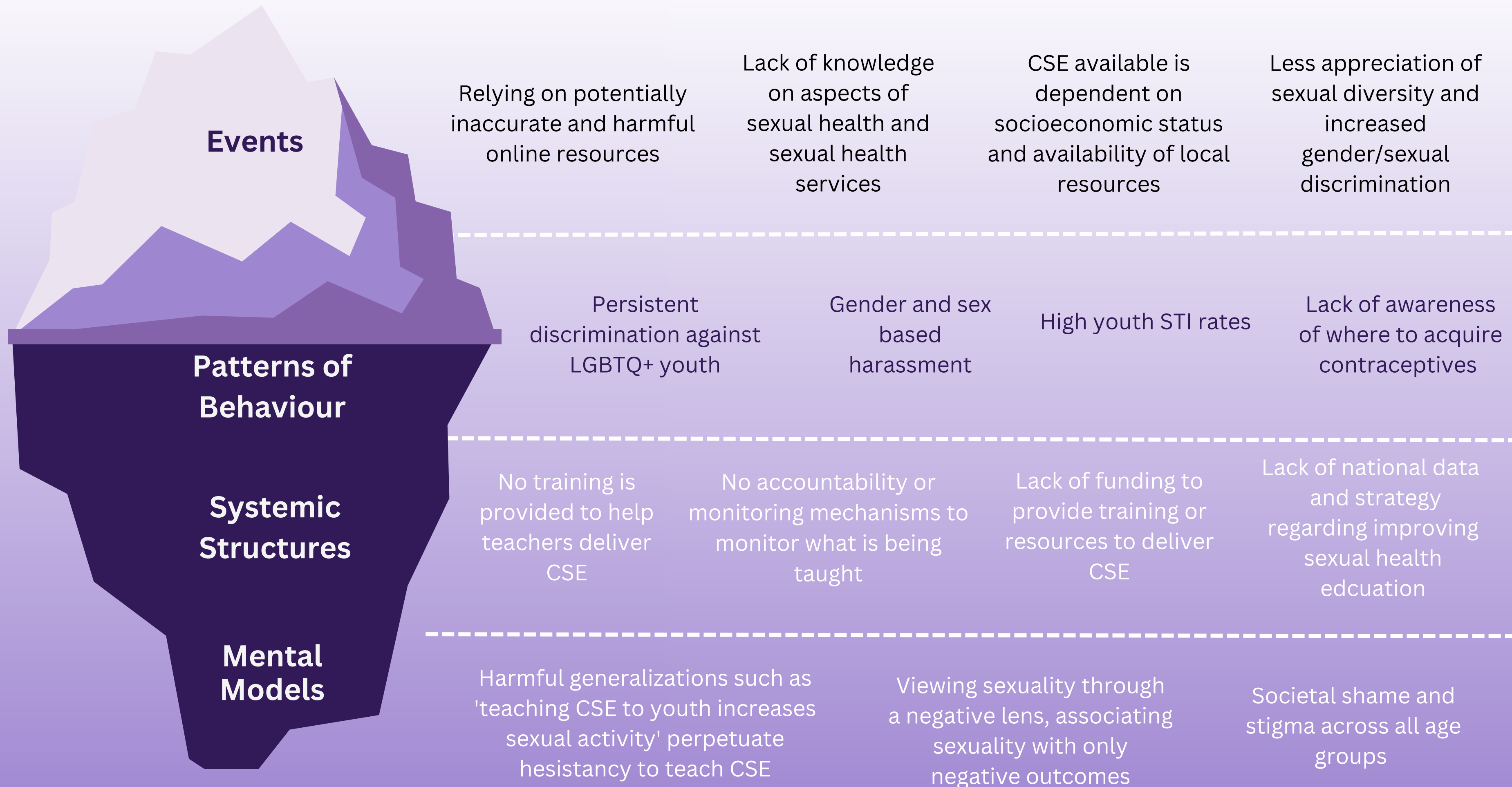
In rural areas, there is generally less access to services and resources, leaving youth in rural areas to have limited access to local sexual health clinics and organizations

CSE information delivered in schools is supported by providing students information about local health clinics and local community organizations, specifically designed to support youth sexual health

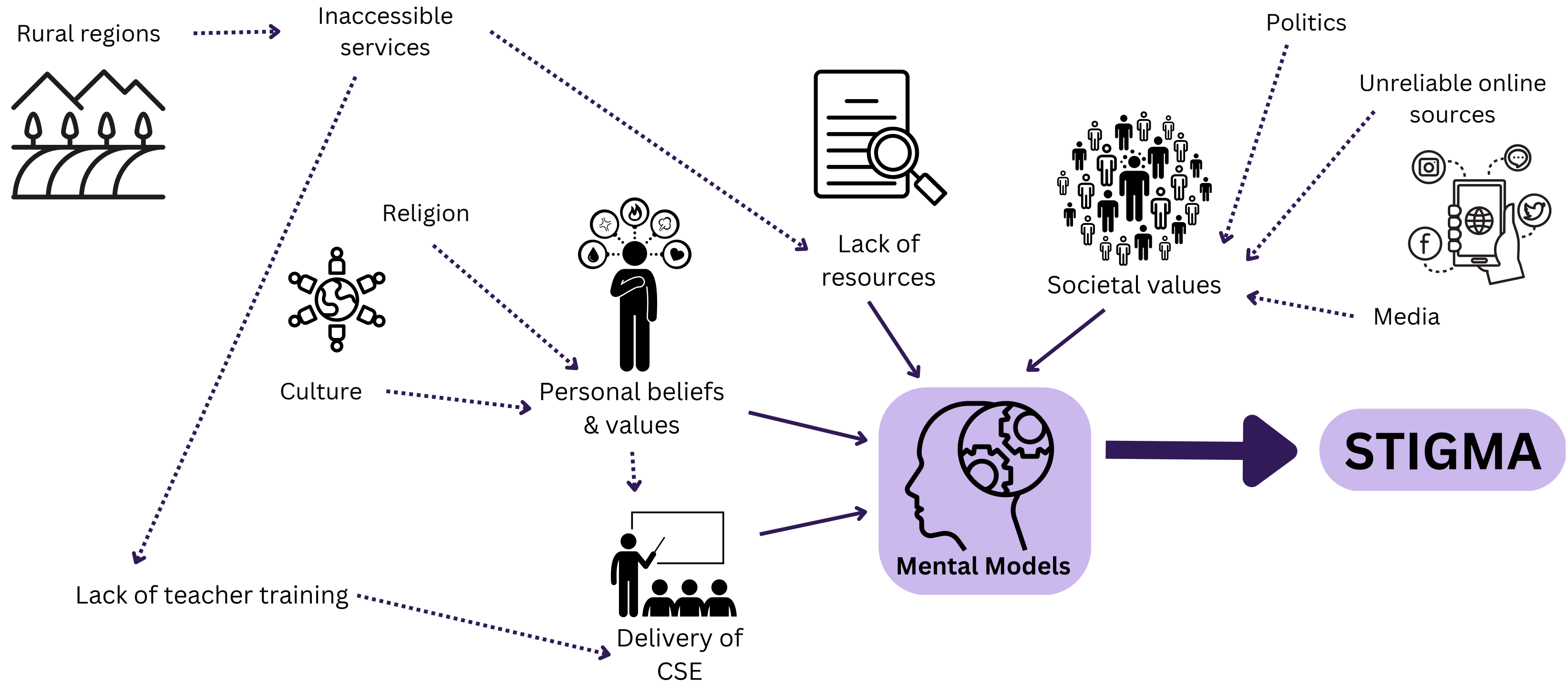
# Stakeholder Relationships



# Inadequate delivery of sexual health education is based on a myriad of factors

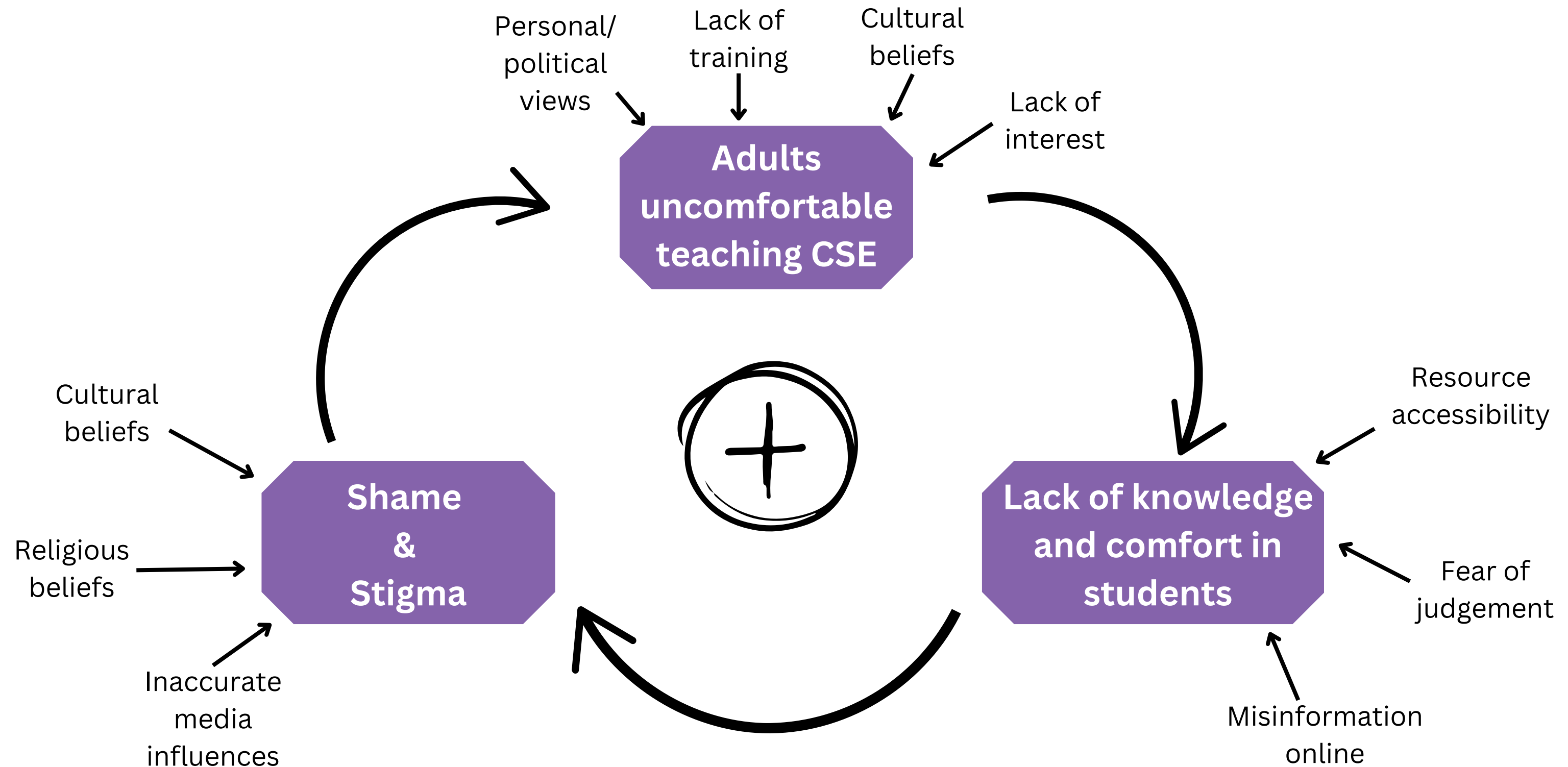


# How Stigma is Perpetuated

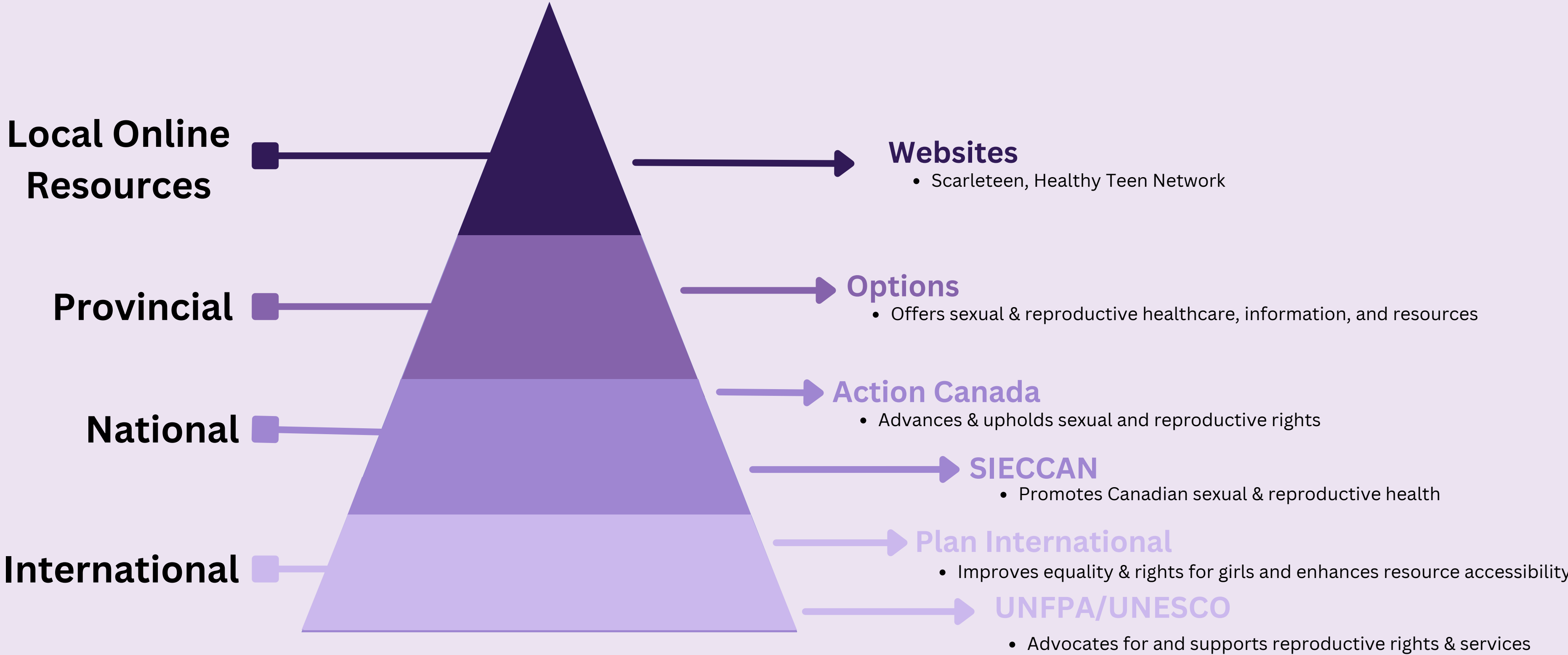


Shame and stigma is a primary root cause which all stakeholders have interactions with. A reinforcing feedback loop is created & amplified as CSE continues to be inadequately delivered.

# Breaking the Cycle of Shame and Lack of Knowledge



# Current Solutions



# Positive Impacts of CSE delivery

CSE

Increased knowledge

Skill development and attitudes

Improved knowledge of pregnancy risks

Improved knowledge of safe sex behaviours

Increased condom use

Improved knowledge of STI & HIV risks

Increased use of contraceptives

Delayed initiation of intercourse

Empowers individuals to take responsibility for their decisions

Increased understanding of gender norms

Lowered risk of gender or sexual based discrimination

Increases self-confidence

Help prevent child sexual abuse

Improves attitudes and skills regarding healthy relationships

# Who has the power to make change?

## Provincial government

- Support teachers
- Provide funding
- Implement feedback

## Teachers

- Consistent delivery of CSE
- Provide appropriate support

## Students

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**.

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**.



# Gap & Lever of Change 1



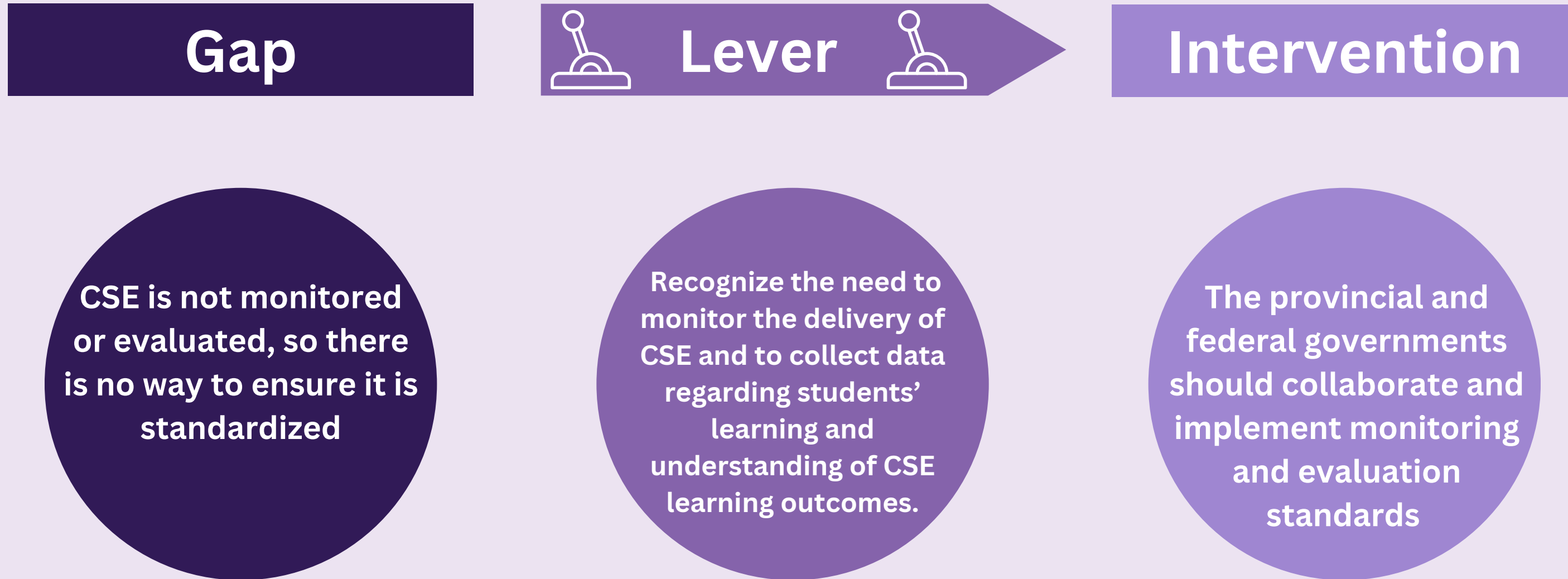
Teachers are not trained or given resources to effectively deliver the CSE curriculum

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

- Ensures that all teachers have the knowledge and skills required to effectively deliver CSE, leading to more standardized delivery of the curriculum
- 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



- 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



- 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.
- 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 and respect that every individual has their own beliefs, values and level of comfort regarding sexual education. CSE should be made accessible regardless of gender, race, sexual expression, socioeconomic status, etc.

The provincial government should provide teachers and parents with the resources not only to teach CSE, but also to understand its importance and relevance. As well, conversations that revolve around sexual health should be encouraged by teachers/guardians, and resources from NGOs should be provided to students.

- Conversations about sex should be encouraged in families; one way to do this is by having teachers assign homework assignments that involve 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.
- 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).

# Key Insights & Takeaways



- The delivery of sexual health education is inadequate, **not** the curriculum
- Meaningful collaboration between all stakeholders needs to occur in order for delivery of CSE to improve
- Proposed interventions: funding to train teachers, increased accessibility of resources, monitoring and evaluation of CSE
- Reinforcing feedback loop between shame and lack of knowledge needs to be broken