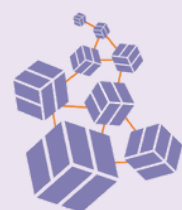
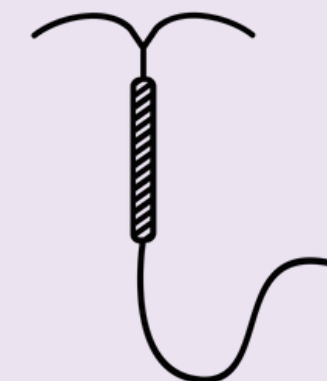
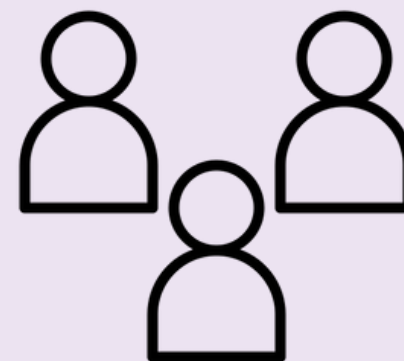


SEXUAL HEALTH EDUCATION IN BRITISH COLUMBIA SCHOOL SYSTEMS

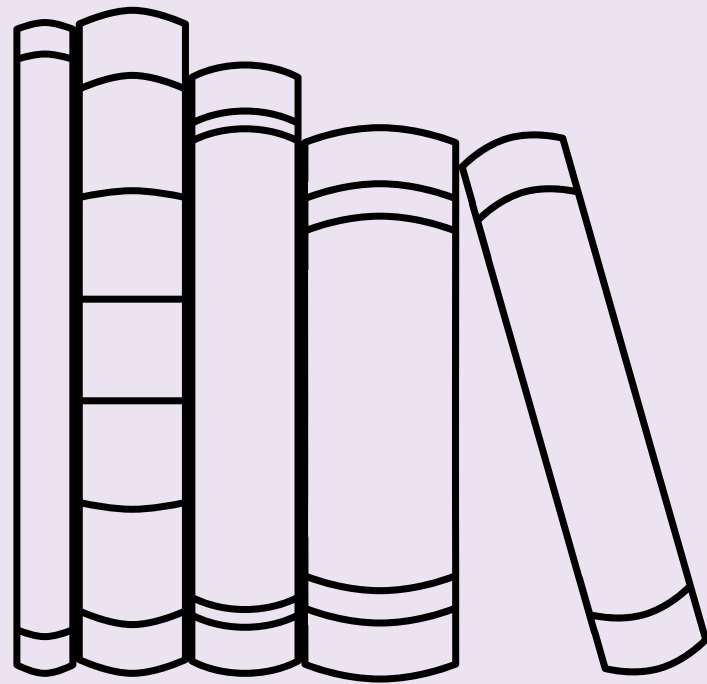
A SYSTEMATIC ANALYSIS OF THE DELIVERY OF SEXUAL HEALTH
EDUCATION IN BRITISH COLUMBIA SCHOOLS



Map the
System
Canada

Gabi Villamil, Jenna Ramji, Raiyana Alibhai

Research Methods



Literature Review

- Scholarly journals
- Media articles
- BC curriculum documents



Online Survey

101 participants



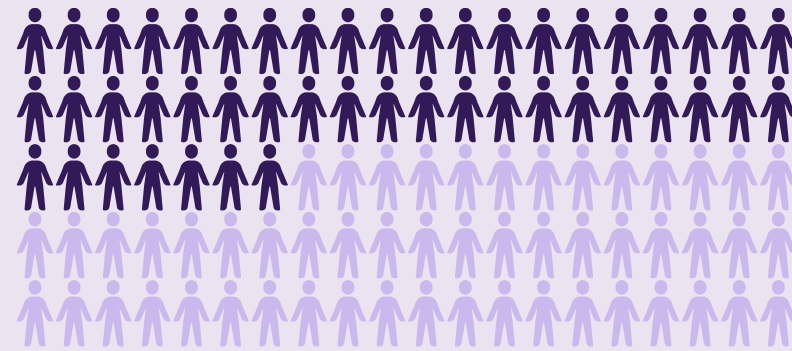
Interviews

2 BC sexual health educators

57%

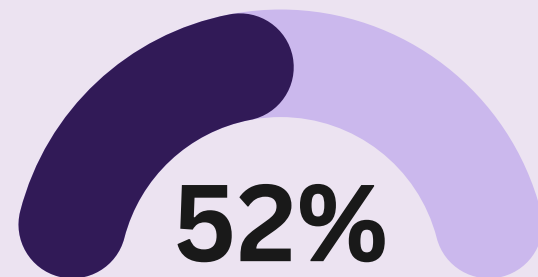
do not know where to test for STIs

(McCreary Centre Society, 2015)



47% do not know where to acquire birth control

(McCreary Centre Society, 2015)

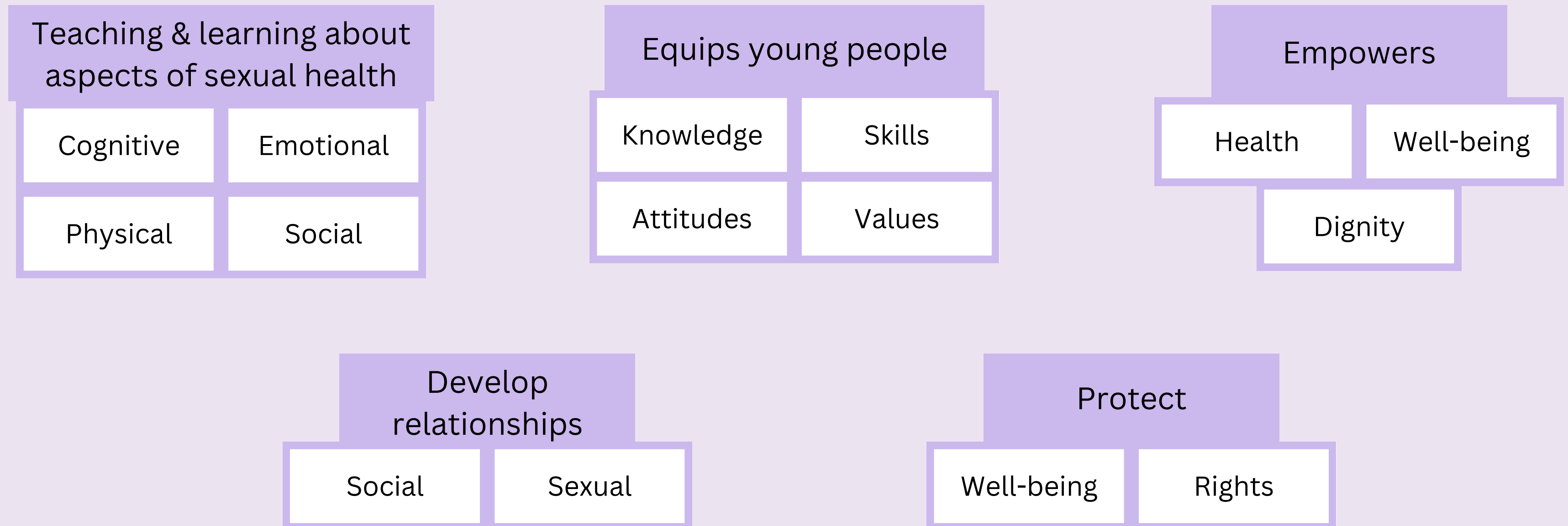


52%

do not know where to find emergency contraception

(McCreary Centre Society, 2015)

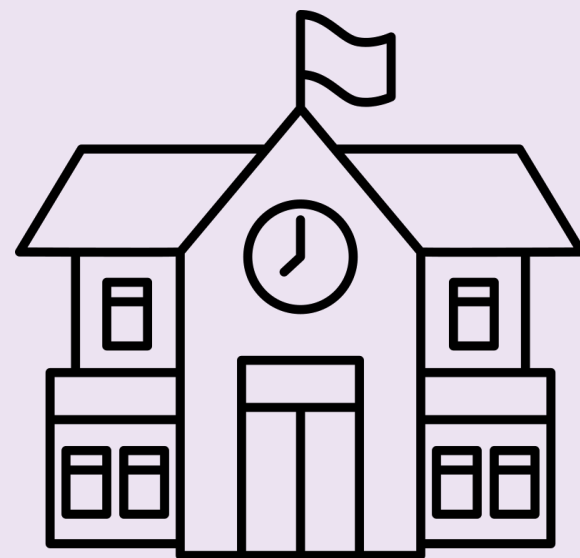
Comprehensive Sexual Health Education



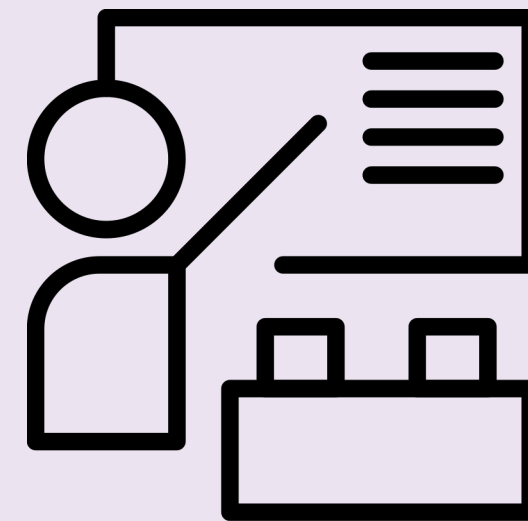
Current Situation



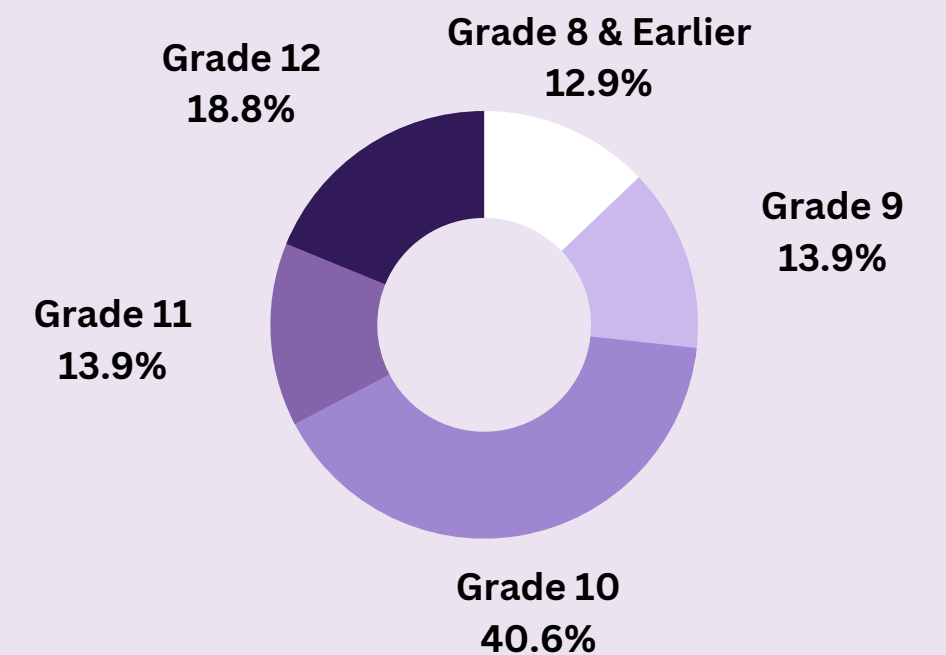
CSE curriculum is under provincial jurisdiction



CSE is mandatory in BC schools until grade 10

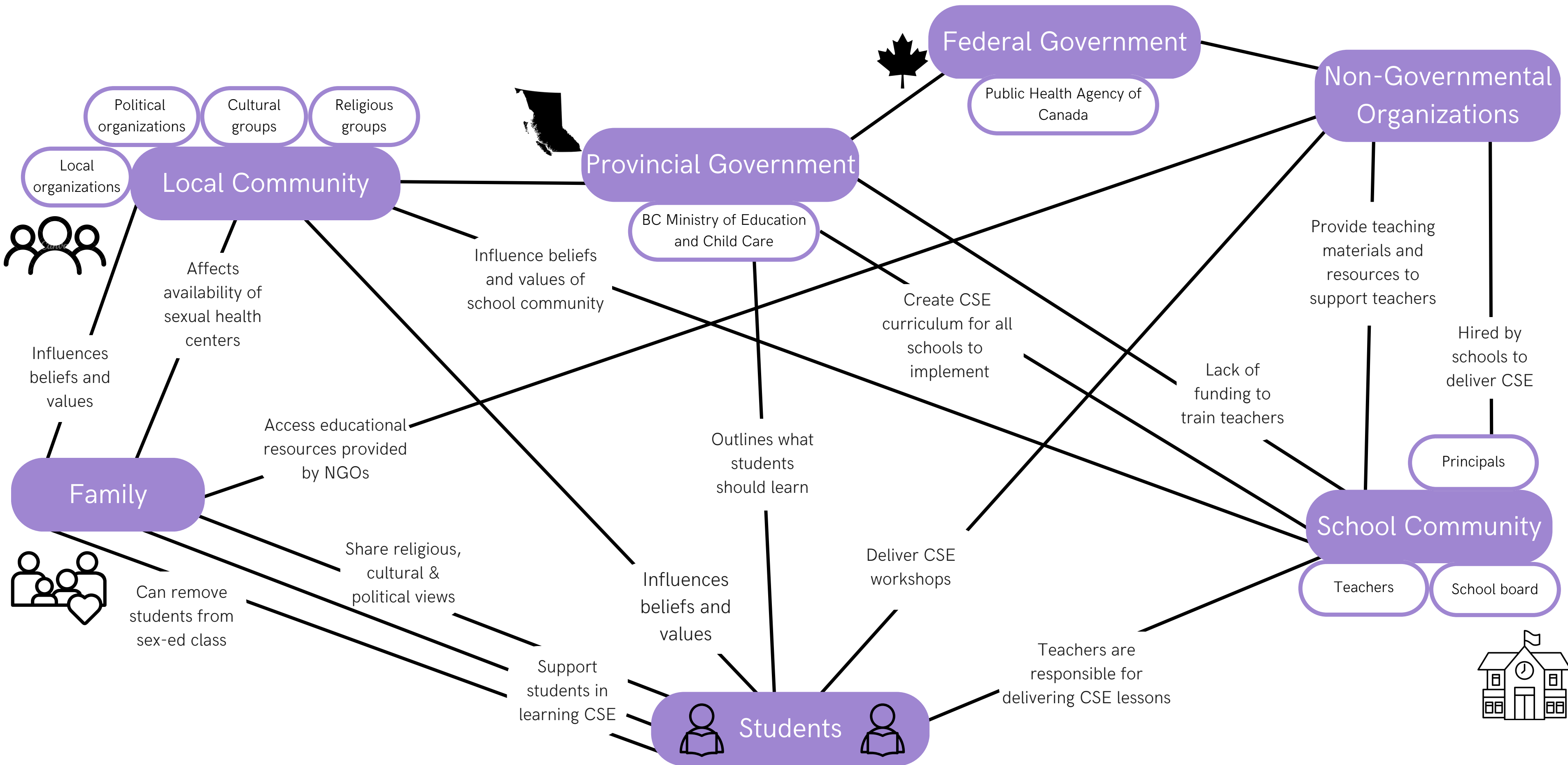


The quality of CSE delivered is largely dependent on teachers

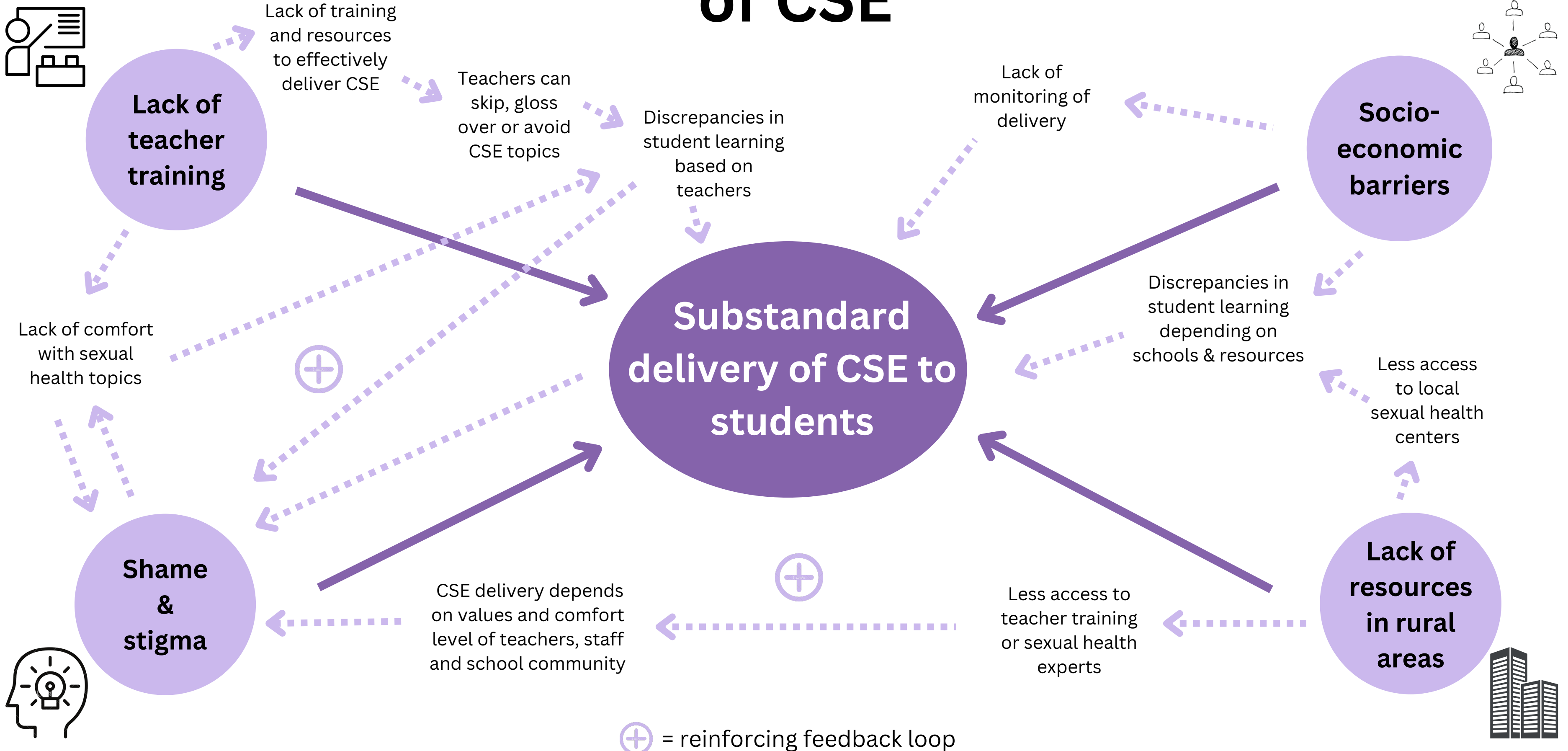


Latest grade that CSE was delivered based on survey results

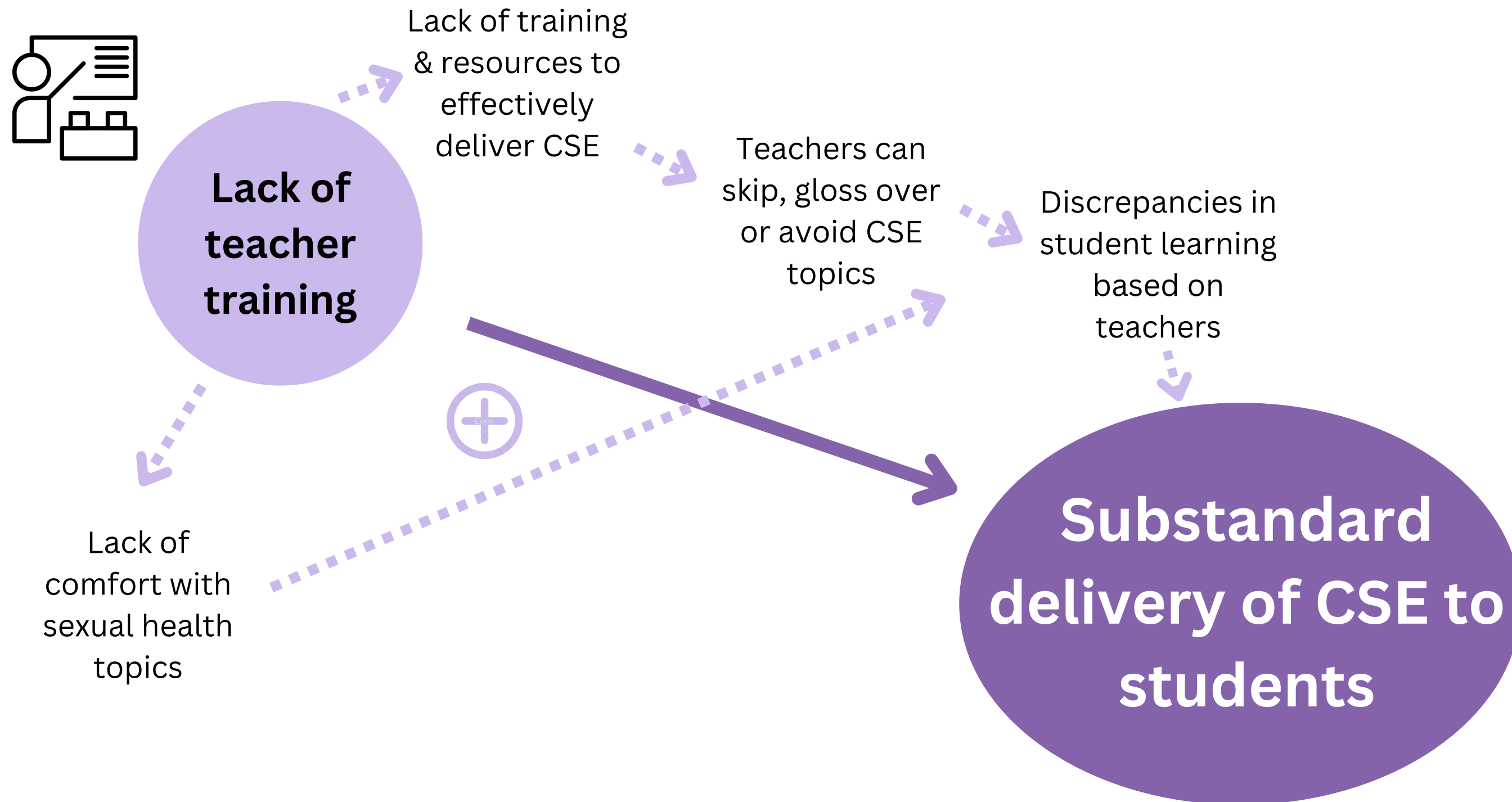
Stakeholder Relationships



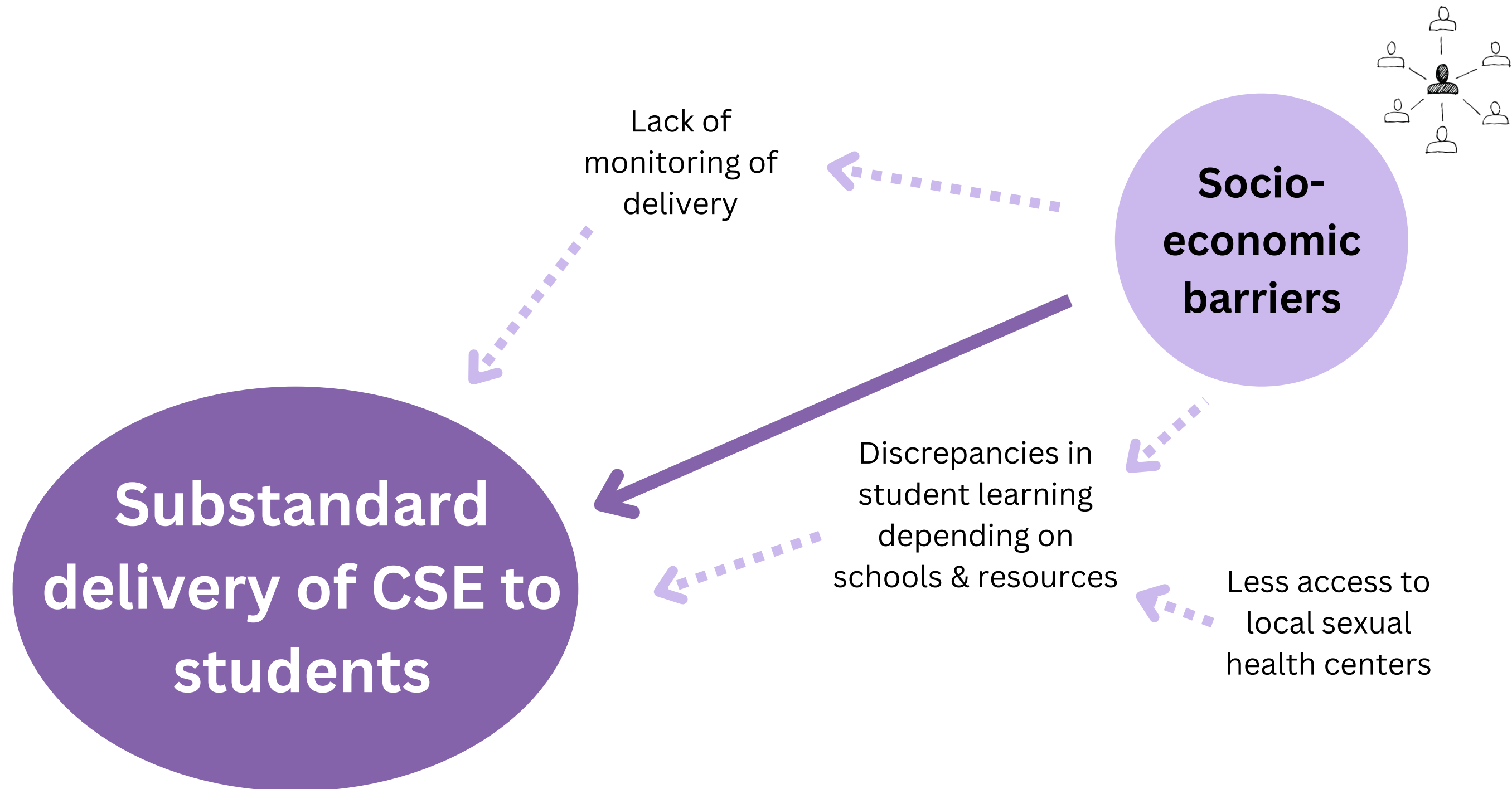
The Root Causes of Substandard Delivery of CSE



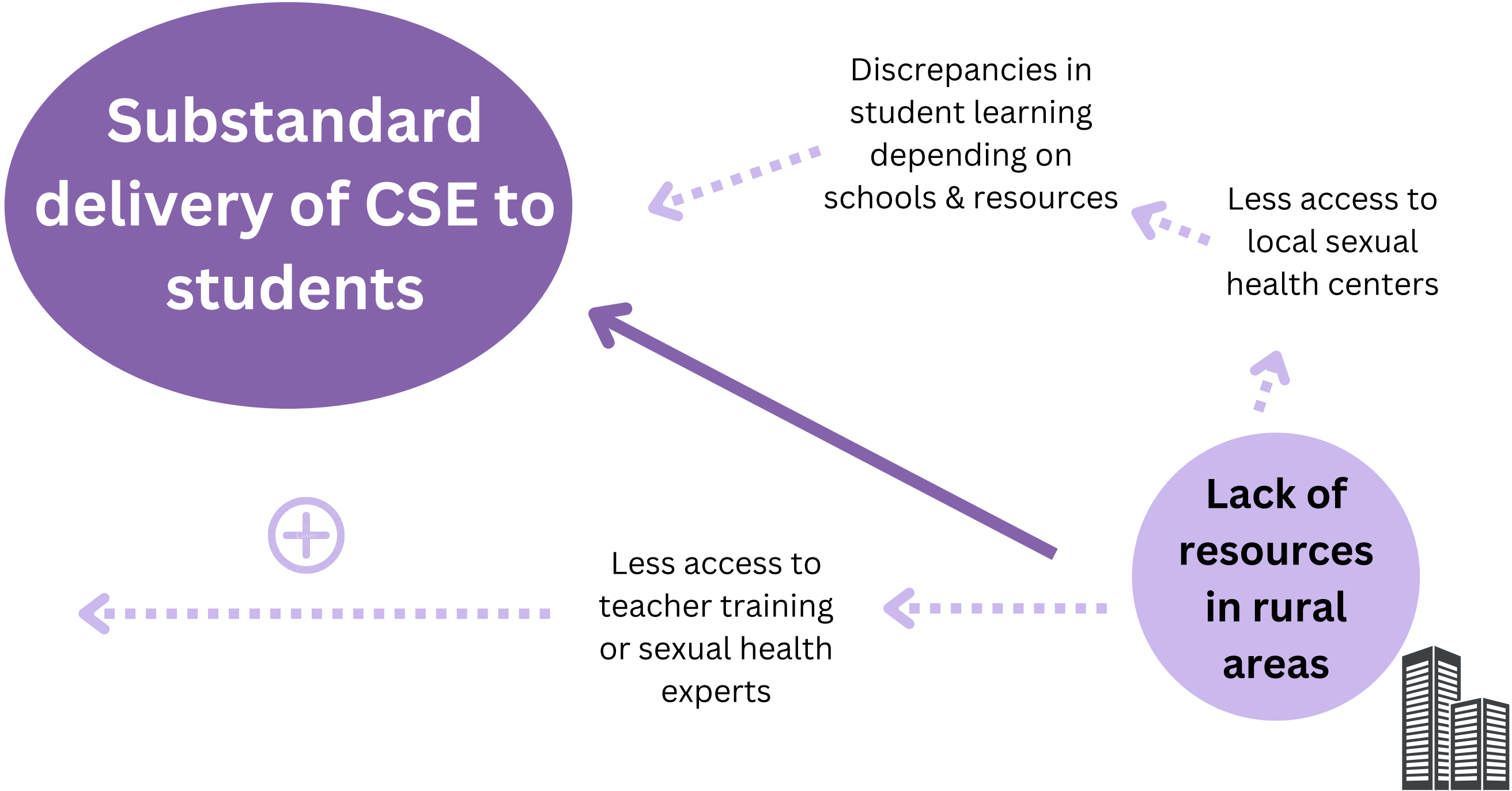
Root Cause: Lack of Teacher Training



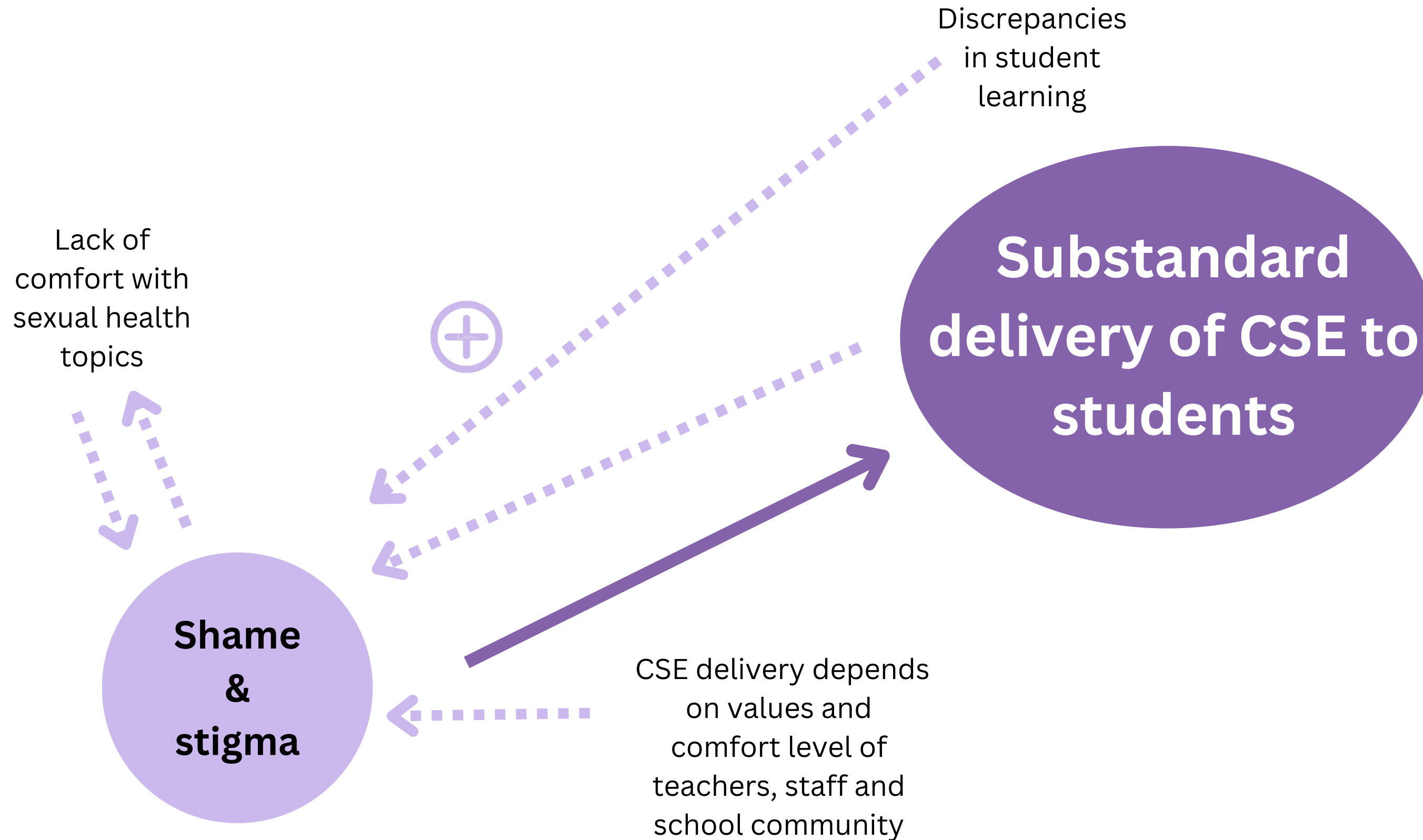
Root Cause: Socio-economic barriers



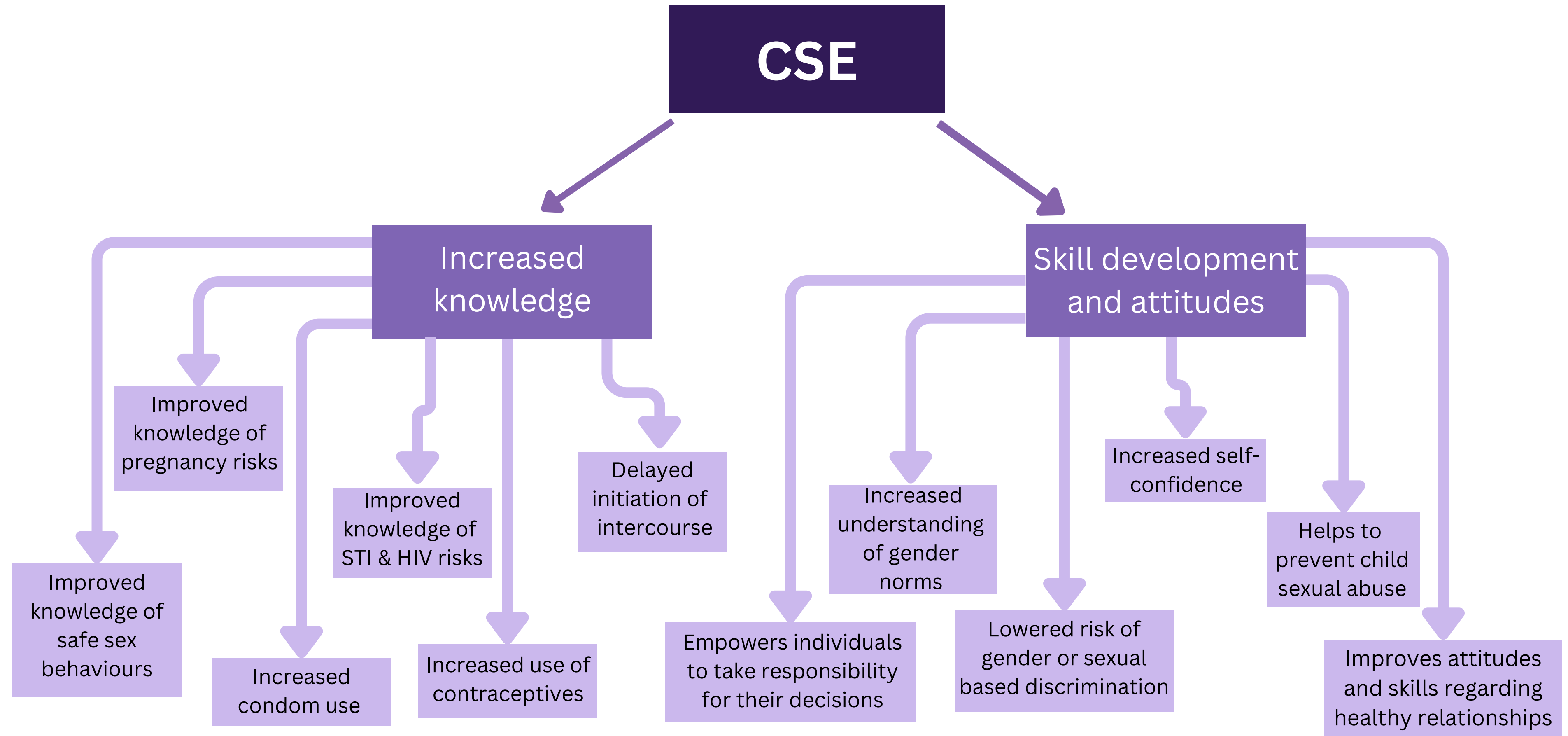
Root Causes: Lack of Resources in Rural Areas



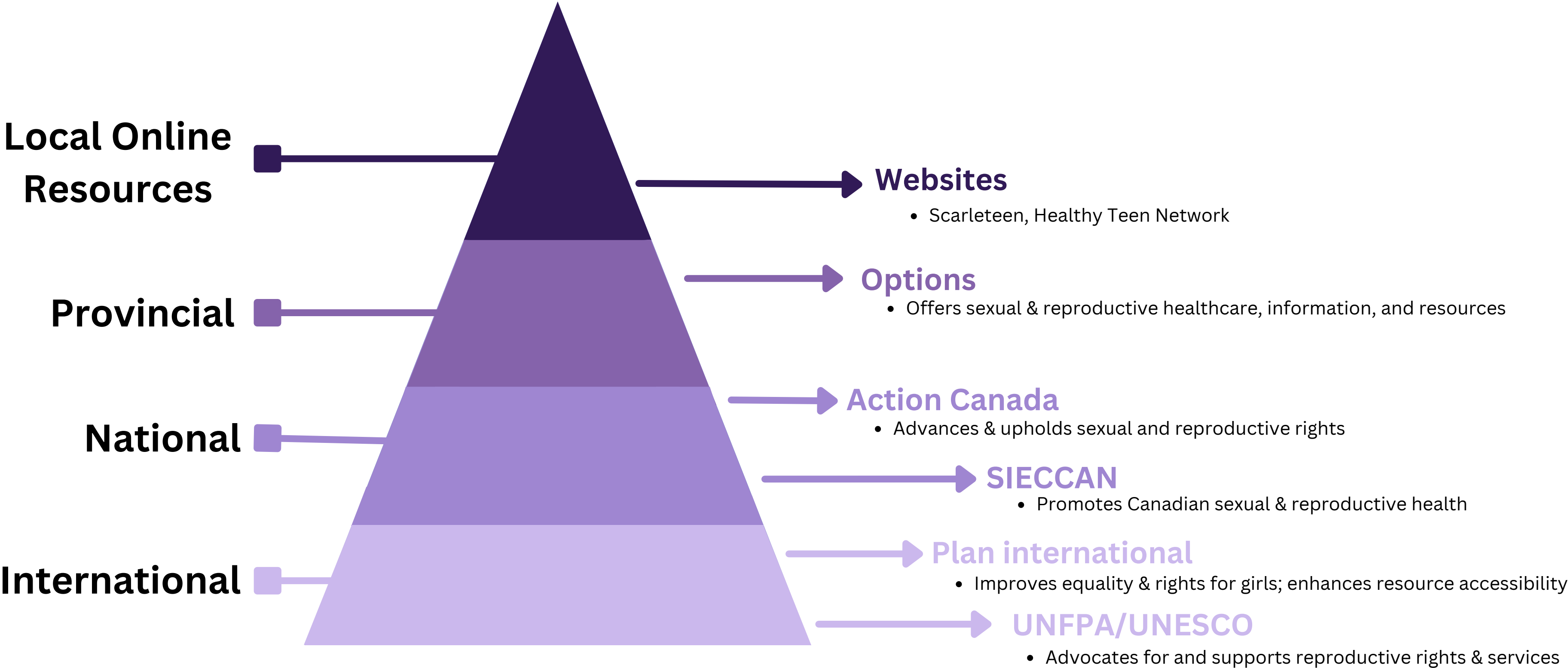
Root Cause: Shame & Stigma



Impacts of CSE delivery



Current Solutions



Who has the power to make change?

Provincial government

- Support teachers
- Provide funding
- Implement feedback

Teachers

- Consistent delivery of CSE
- Provide appropriate support

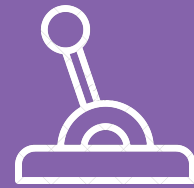
Students

Primarily, the **provincial government** has the power to create change. The **responsibility** of improving CSE for all students falls on the **BC government**.

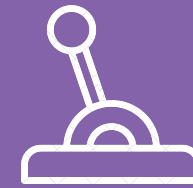
The government has the ability to **guarantee** this **right** for **every student**.

Gap 1: Lack of Teacher Training

Gap



Lever



Intervention

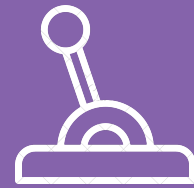
Teachers are not trained or given resources to effectively deliver CSE

Acknowledge the ranges of comfort with sexual health education, and that CSE requires teacher training

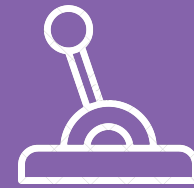
Provincial government should fund a standardized training program for teachers

Gap 2: Lack of Monitoring and Evaluation

Gap



Lever



Intervention

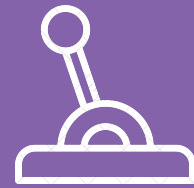
**CSE is not
monitored or
evaluated**

**Recognize the need to
monitor the delivery
of CSE & to collect
data regarding
students'
understanding of CSE
content**

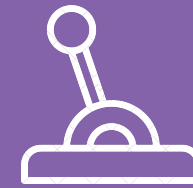
**The provincial and
federal governments
should collaborate
and implement
monitoring and
evaluation
standards**

Gap 3: Lack of Local Resources

Gap



Lever



Intervention

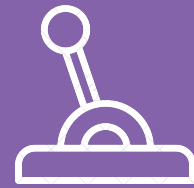
Lack of local resources for youth living in rural and suburban communities

Acknowledge the importance of local-based services in supporting CSE delivery

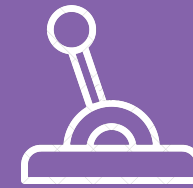
Identify resources online that provide quality information, and increase accessibility to local clinics & services

Gap 4: Persistent Shame and Stigma

Gap



Lever



Intervention

Persistent shame & stigma surrounding sexual health education within school systems

Respect that every individual has their own beliefs, values and levels of comfort regarding sexual education

Provide teachers and parents with the resources to teach CSE and foster inclusivity in classrooms

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, foster **inclusivity** in classrooms, **increased accessibility** of resources

Reinforcing feedback loop between shame and lack of knowledge needs to be **broken**

Thank you for listening!



Q&A