SEXUALITY EDUCATION IN BRITISH COLUMBIA SCHOOL SYSTEMS

AN ANALYSIS OF THE DELIVERY OF SEXUALITY EDUCATION IN BRITISH COLUMBIA SCHOOLS

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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)
In a survey of ~30,000 students from British Columbia (BC),

- 57% do not know where to test for STIs
- 38% do not know where to get free condoms/contraception
- 47% do not know where to acquire birth control
- 52% do not know where to find emergency contraception

STI rates have been increasing steadily since the 1990s.
1841 - The School Act for the United Province of Canada allowed non-denominational schools for Upper Canada and publicly funded Catholic & Protestant schools for Lower Canada

1846 - Common School Act made education no longer privatized

1867 - Constitution Act assigned education to the provinces and ensured that denominational schools could still teach

1867 - British North America Act allowed the provinces to be in control of education, with the exception of the Protestant minority in Quebec and Roman Catholic minority in Ontario

1986 - First Official Sexuality Education Program was implemented in Quebec within the Personal Social Development (PSD) program

Mid 1990s - Sexuality Education Mandated in all provinces and territories in Canada

1600s - 'Petit Écoles' established which was education primarily offered to boys, and was taught within a Catholic scope

Early 1900s - Sexuality Education based on 'purity education' which means that individuals were taught from an abstinence perspective about sexual health

2016-2019 - New BC Education Curriculum where the new curriculum was implemented in 2016 for K- Grade 9 students, in 2018 for Grade 10 students, and in 2019 for Grade 11 and 12 students
In Canada, education, including sexuality education falls under provincial/territorial jurisdiction

- The curriculum in British Columbia was recently redesigned to become more comprehensive.
- The curriculum in Alberta does not cover sexual orientation or gender identity and expression and most content only starts in between grade 4-7.
- The curriculum in Saskatchewan does not cover consent or sexuality & relationships in a digital age, or anatomy.
- The curriculum in Ontario does not cover all pregnancy options, although the rest of the curriculum is comprehensive.
- The curriculum in Manitoba does not cover sexual orientation or gender identity and expression.
- Quebec has a fairly comprehensive curriculum.

Quebec has a fairly comprehensive curriculum.
Education, including the 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 our online survey.

Current Situation in British Columbia

Grade 10: 40.6%
Grade 12: 18.8%
Grade 9: 13.9%
Grade 11: 13.9%
Grade 8 & Earlier: 12.9%
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Grade 12: 18.8%
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Mapping the Challenge
The Complexities and Interconnected Factors Influencing CSE Delivery in BC

Legend
- Influencing Factors
- Stakeholders
- Mental Models
- Relationship arrows: influences/relates to
- Positive feedback loop
The Stakeholders Involved in CSE Delivery in BC School Systems

CSE that students receive

Provincial Government
- BC Ministry of Education and Child Care
- Policymakers
- Canadian School Boards Association
- Federal Government
- Public Health Agency of Canada
- International organizations (e.g., UNFPA)

Family
- Relatives/guardians
- Parents
- Siblings

Schools
- Principals
- School boards
- School-based health professionals
- Political organizations
- Teachers

Non-governmental Organizations
- National organizations (e.g., Action Canada)
- Provincial organizations (e.g., Options for Sexual Health)
- Local organizations

Local Community
- Sexual health educators
- Local health centres
- Cultural groups
- Religious groups

International organizations
- UNFPA

Local organizations
- National organizations (e.g., Options for Sexual Health)

Cultural groups
- Religious groups
The Student Experience of CSE is Determined by Various Impactful Stakeholders

- **Students receiving CSE in school**: Their experience is shaped by various stakeholders.
- **Teachers**: Choose what to teach based on their comfort and knowledge of CSE topics.
- **Principals**: Set the tone of the school and control the emphasis on CSE.
- **School Boards**: Reflect the priorities and values of the local community.
- **Canadian School Board Association**: Act as a link between the provincial government and community, advocating for funding and accessibility of education.
- **Friends and Peers**: May offer inaccurate information, potentially judge based on sexual health decisions/actions, and contribute to shame surrounding sexuality.
- **Local Non-Governmental Organizations**: May deliver CSE in school and provide teaching resources.
- **Sexual Health Educators**: Can deliver CSE in schools.
- **Local Health Clinics**: Offer sexual health education and services for those in the local community.
- **BC Ministry of Education and Child Care**: Determines the CSE curriculum for each grade.
- **Federal Government**: Obligated to uphold CSE for all students, collaborate with NGOs.
- **Canadian Public**: May reinforce shame and stigma of sexuality education.
- **Media**: Can contribute to stigmatization of CSE.
- **Friends and Peers**: May offer inaccurate information, potentially judge based on sexual health decisions/actions, and contribute to shame surrounding sexuality.
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The Root Causes of Substandard Delivery of CSE Form Reinforcing Feedback Loops

Lack of teacher training
- Lack of training and resources to effectively deliver CSE
- Teachers can skip, gloss over or avoid CSE topics

Differing Attitudes
- Discrepancies in student learning based on teacher and local community attitudes

Socio-economic barriers
- Lack of monitoring of delivery
- Less access to teacher training or sexual health experts

Historical Context
- Discrepancies in student learning depending on schools & resources
- Less access to local sexual health centers

Lack of resources in rural areas
- Less access to local sexual health centers

Shame & stigma
- Lack of comfort with sexual health topics

Substandard delivery of CSE to students
- CSE delivery depends on values and comfort level of teachers, staff and school community
- Influences societal norms and stigmization of sexuality

+ = reinforcing feedback loop
In BC, CSE Received Depends on Teachers, Schools and Local Communities

**Teachers**
- Student living in a rural area may receive substandard CSE.
- Student living in an urban/affluent area can receive standard CSE.
- Teacher may not feel comfortable delivering CSE and/or may 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 may lack knowledge about certain CSE topics. Instead of teaching CSE themselves, the school can pay a sexual educator from an NGO or private organization to teach CSE.

**Schools**
- Not all schools can afford to hire sexual health educators to teach CSE and/or some schools might not have local youth-friendly sexual health organizations or sexual health clinics to support what is being taught in schools.
- School 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 with limited access to local sexual health clinics and organizations.
- CSE delivered in schools is supported by providing students with information about local health clinics and local community organizations, specifically designed to support youth sexual health.
Inadequate Delivery of Sexuality Education is Based on a Myriad of Factors

**Patterns of Behaviour**
- Relying on potentially inaccurate and harmful online resources
- Less appreciation of sexual diversity and increased gender/sexual discrimination
- Harmful generalizations such as 'teaching CSE to youth increases sexual activity' perpetuate hesitancy to teach CSE

**Systemic Structures**
- Historical and political influence on education curriculum
- No accountability or monitoring mechanisms to monitor what is being taught
- Lack of funding to provide training or resources to deliver CSE

**Mental Models**
- Lack of knowledge on aspects of sexual health and sexual health services
- Gender and sex based harassment
- Lack of awareness of where to acquire contraceptives
- Viewing sexuality through a negative lens, associating sexuality with only negative outcomes

**Events**
- CSE available is dependent on socioeconomic status and availability of local resources
- Lack of awareness about preventing STIs
- Persistent societal shame and stigma of sexuality
- High youth STI rates
- Lack of national data and strategy regarding improving sexual health education
- Relying on potentially inaccurate and harmful online resources

**High youth STI rates**
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- Persistent societal shame and stigma of sexuality
Deeply Rooted Mental Models Underlie the Stigmatization of Sexuality Education

- Moralism
- Abstinence only
- Colonialism
- Chastity/Purity
- Heternormativity
- Secrecy
- Shame
- Victim-blaming
- Stigmatization of Sexuality Education
- Politicization
- Fears of education
- Sex negativity
- Discrimination
- Patriarchial Beliefs
Abstinence-Based Sexuality Education

- Focuses on abstaining from sex outside of marriage as the way to avoid STIs and unplanned pregnancy
- Provides no information on other methods of contraception
- Morals-based; premarital sex is morally wrong
- Monogamous marriage is the standard and only accepted relationship
- Has been shown to be ineffective in preventing pregnancy and STIs, as well as reducing age of first sexual intercourse

Comprehensive Sexuality Education

- Teaches about all contraception methods
- Based in science
- Focuses on building skills for healthy relationships
- Includes a wide range of topics such as sexual expression, power dynamics, etc.
- Is culturally-appropriate and age-appropriate
- Encourages exploration of one's own values toward sexuality
- Has been shown to be effective in reducing unplanned pregnancy, STIs and age of first sexual intercourse
Sexuality Education Continues to be Stigmatized due to Various Influencing Factors within the System

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.
The Cycle of Shame and Lack of Knowledge

Adults uncomfortable teaching CSE

- Lack of knowledge and comfort in students
- Lack of interest
- Cultural beliefs
- Resource accessibility
- Misinformation online
- Fear of judgement
- Lack of training
- Personal/political views

Shame & Stigma

- Religious beliefs
- Cultural beliefs
- Political beliefs
- Inaccurate media influences
- Historical context

Resource accessibility

Fear of judgement

Misinformation online

Lack of interest

Lack of knowledge and comfort in students

The Cycle of Shame and Lack of Knowledge
Current Solutions

The current solutions stem from sexual health organizations and other non-profit organizations providing education or online resources.

- **Online Resources**
  - **Websites**
    - Scarleteen, Healthy Teen Network

- **Provincial**
  - **Options**
    - Offers sexual & reproductive healthcare, information, and resources

- **National**
  - **Action Canada**
    - Advances & upholds sexual and reproductive rights
  - **SIECCAN**
    - Promotes Canadian sexual & reproductive health

- **International**
  - **Plan International**
    - Improves equality & rights for girls and enhances resource accessibility
  - **UNFPA/UNESCO**
    - Advocates for and supports reproductive rights & services
Sexuality Education: Case Studies

The United States of America

- Only 39 states mandate some form of sexuality education
- Curriculum differs in states that do teach sexuality education
- The US federal government has funded an abstinence-only until marriage program and has spent over $2.1 billion since 1996

V.S.

The Netherlands

- CSE is mandated across the entire country
- CSE is taught from an early age
- Sex-positive narrative
- Inclusive, direct, and clear language is used by teachers
- STI rates & teenage pregnancy rates are low
Positive Impacts of CSE delivery

**CSE**

**Increased knowledge**
- 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

**Skill development and attitudes**
- Increased understanding of gender norms
- Lowered risk of gender or sexual based discrimination
- Increases self-confidence
- Helps prevent child sexual abuse
- Improves attitudes and skills regarding healthy relationships

CSE is a key driver of the system to break the cycle between shame and lack of knowledge.
Who has the power to make change?

The stakeholders with greater power have the least direct influence on the student. It is necessary that the interventions address both who has a direct impact on the student, and who has the ability to provide the resources to tackle the challenges within this system.
Ensure that all teachers have the knowledge and skills required to effectively deliver CSE since teachers do not feel comfortable nor are trained at an adequate level.

Teacher training would provide teachers with the opportunity 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.

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.
There is no monitoring or evaluation to ensure CSE is standardized across the province.

Recognize the need to monitor the delivery of CSE and to collect data regarding 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.

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: Lack of Local Resources

**Gap**

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

**Lever**

- Acknowledge the importance of local services in supporting CSE, and the disparity of resources between rural and urban areas

**Intervention**

- Increase accessibility to local clinics, implement privacy measures in clinics, and provide online resources

- 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.
- 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 accurate information.
- An increase in availability of clinics, and clinic hours is necessary.
- 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).
There is persistent shame and stigma surrounding sexual health education within school systems. Teachers and parents should be provided with the resources to teach CSE, and understand its importance and relevance. Respect and acknowledge that every individual has their own beliefs, values and comfort level regarding SE.

- Conversations about sex should be encouraged in families.
- Continued efforts should be made to promote inclusivity and make sex a comfortable conversation for all students regardless of sexual identity, gender identity, race, socioeconomic status or background.
- Schools 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.
- Increased collaboration between schools and non-governmental organizations can help to ensure students have the greatest access to information, which helps to reduce stigma surrounding CSE in the long term.
### Key Insights & Takeaways

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<th>It is the <strong>delivery</strong> of sexual health education that is inadequate, <strong>not</strong> the curriculum</th>
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<tr>
<td>The <strong>complex system</strong> of CSE delivery <strong>intersects</strong> with <strong>social</strong>, <strong>governmental</strong>, and <strong>education</strong> sectors; meaningful collaboration between all stakeholders needs to occur in order for delivery of CSE to improve</td>
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<td>The <strong>system</strong> reflects the <strong>effects</strong> of <strong>historical causes</strong>, continued <strong>stigmatization</strong>, differences in <strong>socioeconomic status</strong>, and <strong>local community</strong> resources</td>
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<td>Proposed interventions: <strong>funding</strong> to <strong>train</strong> teachers, foster <strong>inclusivity</strong> in classrooms, <strong>increased accessibility</strong> of resources,</td>
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<td><strong>Reinforcing feedback loop</strong> between shame and lack of knowledge must be broken</td>
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