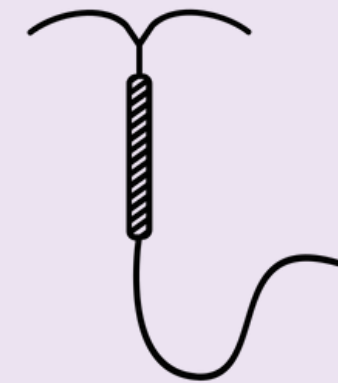
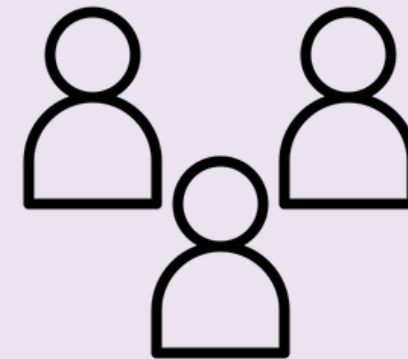
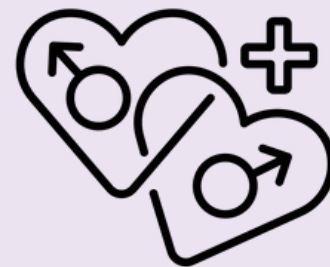


# SEXUALITY EDUCATION IN BRITISH COLUMBIA SCHOOL SYSTEMS

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



Raiyana Alibhai  
Jenna Ramji  
Gabriela Villamil



**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

(McCreary Centre Society, 2015)

38%

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)

52%

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)

# Timeline of Education & Sexual Health in Canada

**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*

**1867 - Constitution Act**

*assigned education to the provinces and ensured that denominational schools could still teach*

**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*

**1846- Common School Act**

*made education no longer privatized*

**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*

**Early 1900s - Sexuality Education based on 'purity education'**

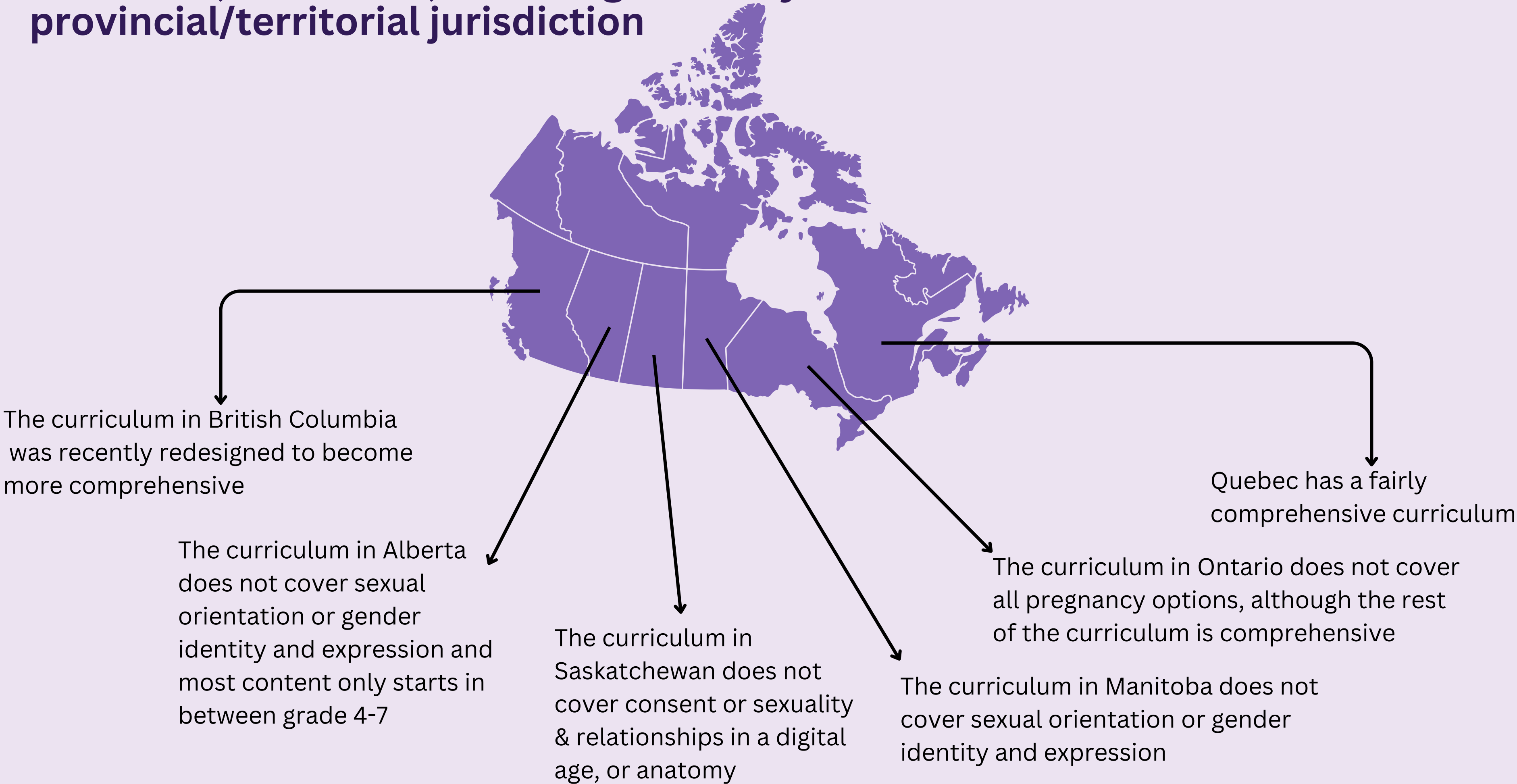
*which means that individuals were taught from an abstinence perspective about sexual health*

**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





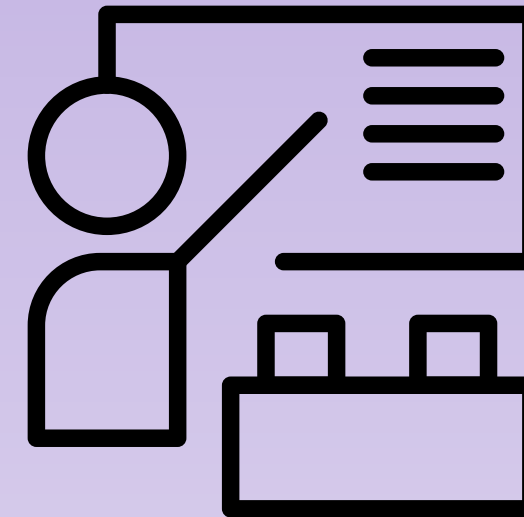
# Current Situation in British Columbia



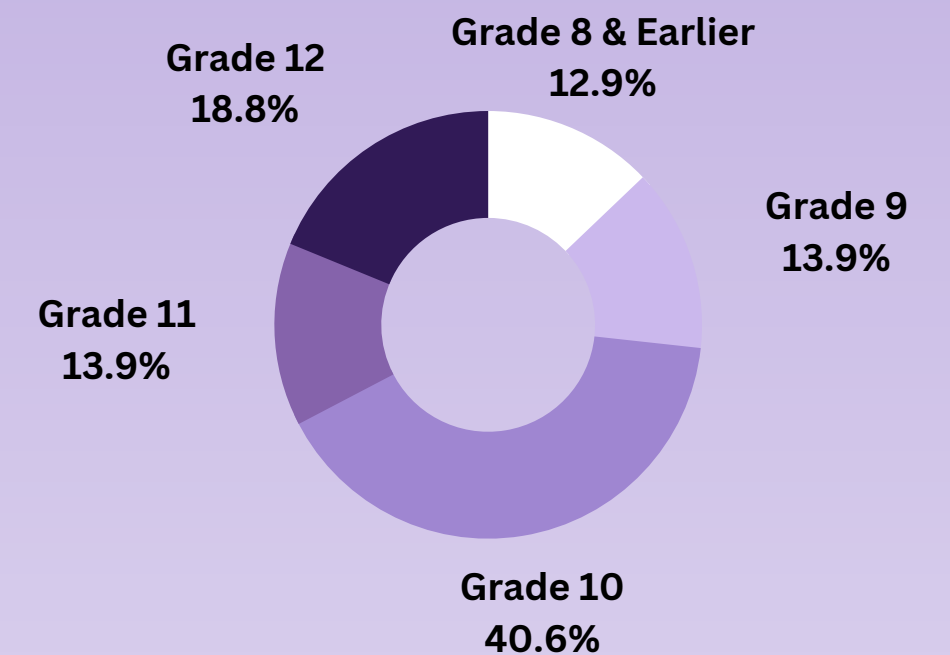
Education, including the CSE curriculum is under provincial jurisdiction



CSE is mandatory in BC schools until grade 10



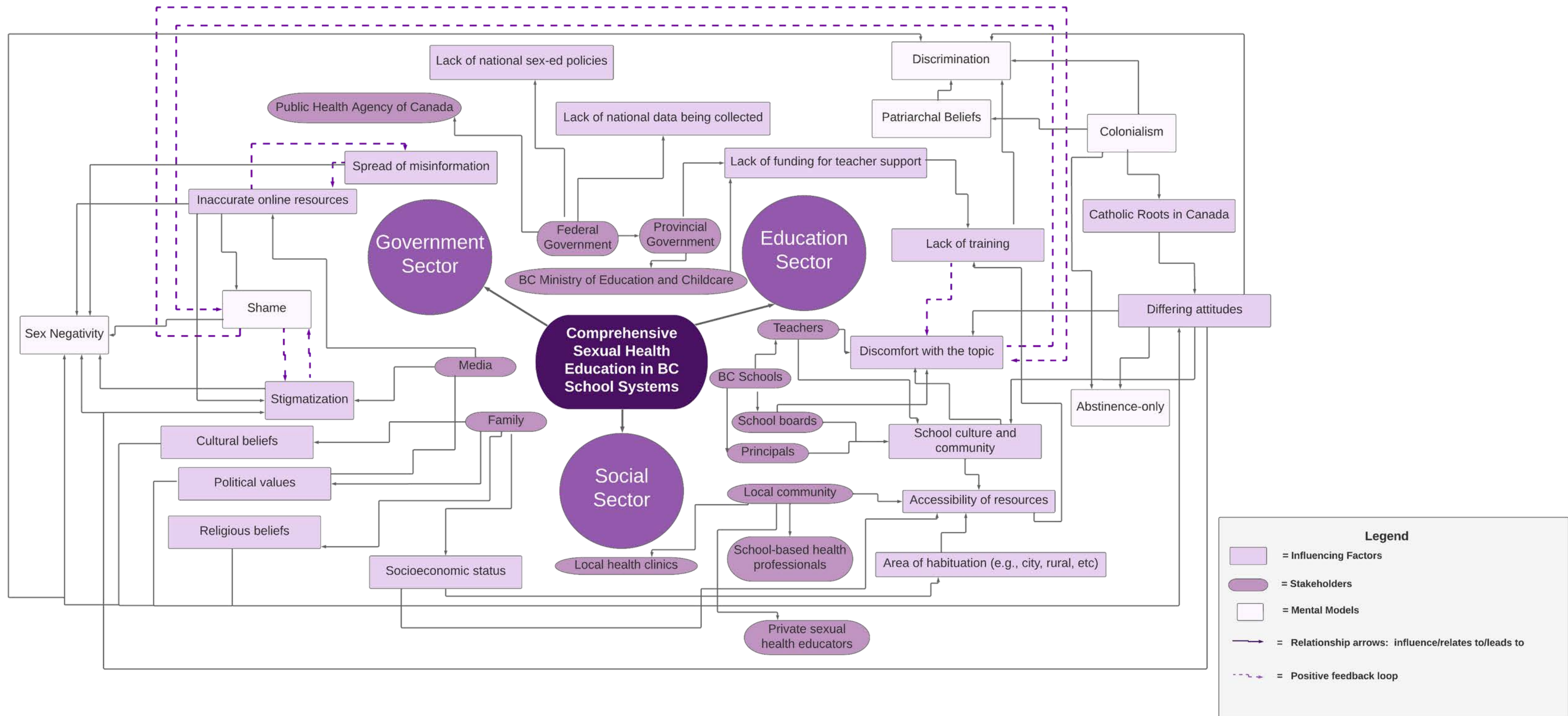
The quality of CSE delivered is largely dependent on teachers



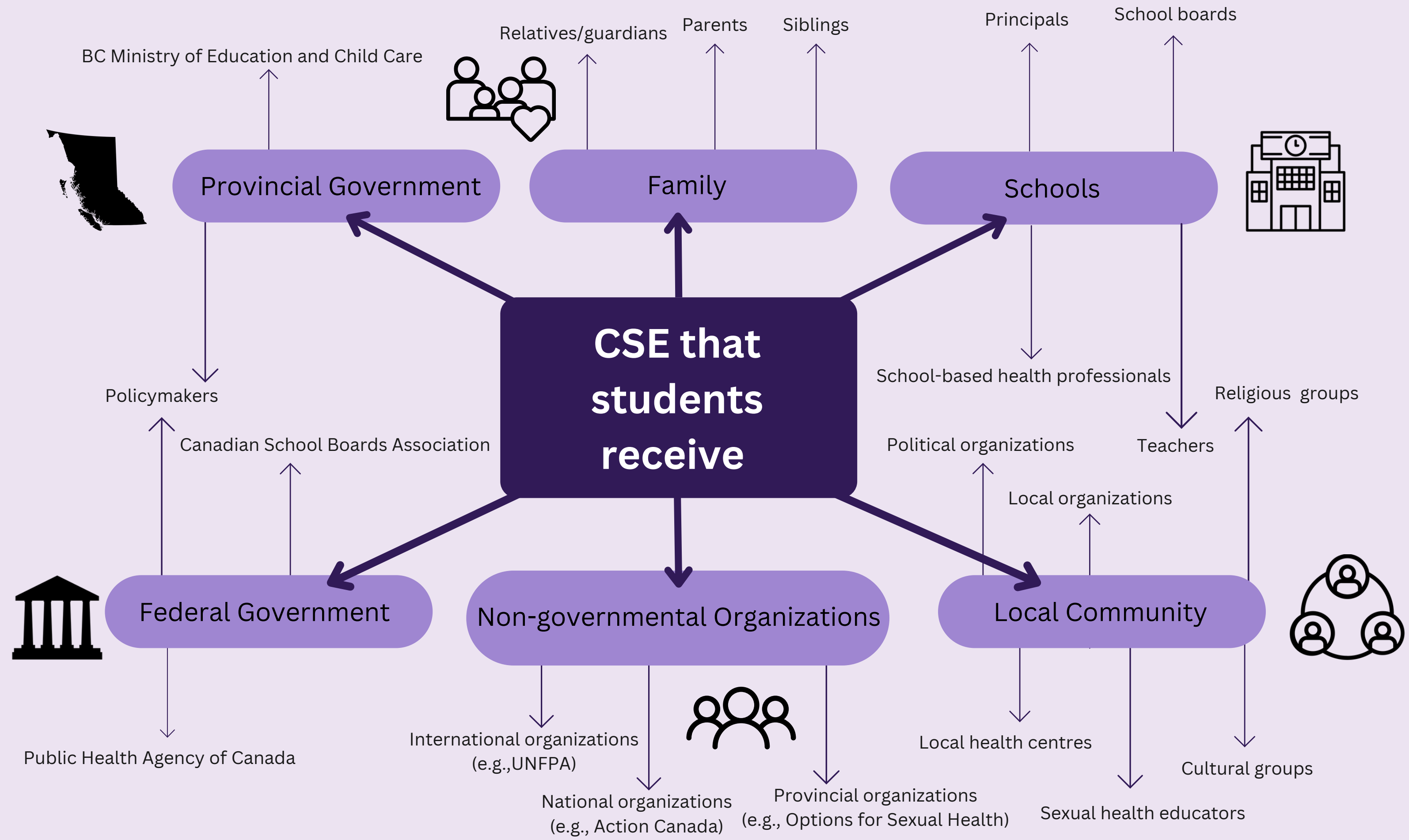
Latest grade that CSE was delivered based on our online survey

# Mapping the Challenge

## The Complexities and Interconnected Factors Influencing CSE Delivery in BC

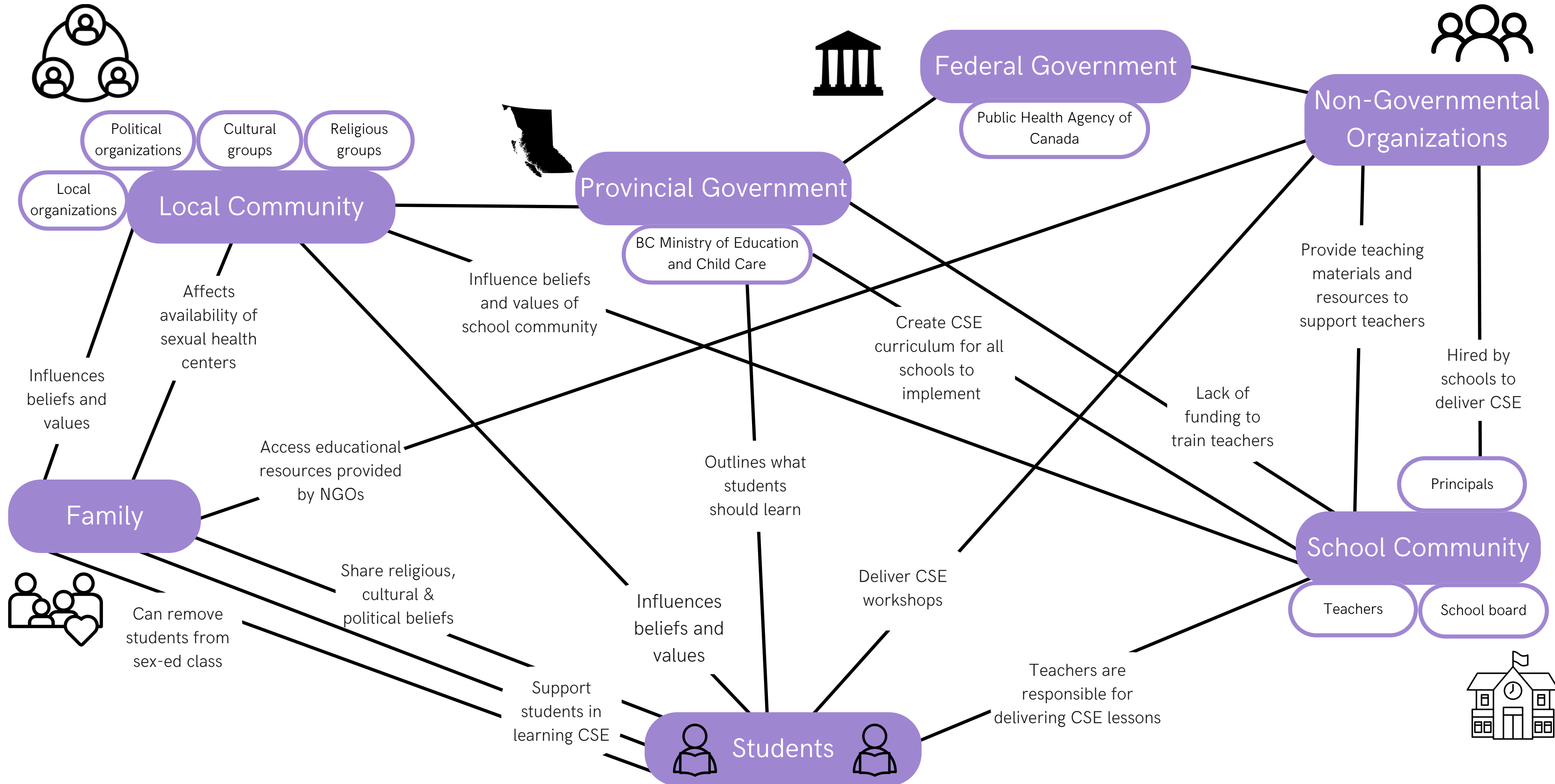


# The Stakeholders Involved in CSE Delivery in BC School Systems

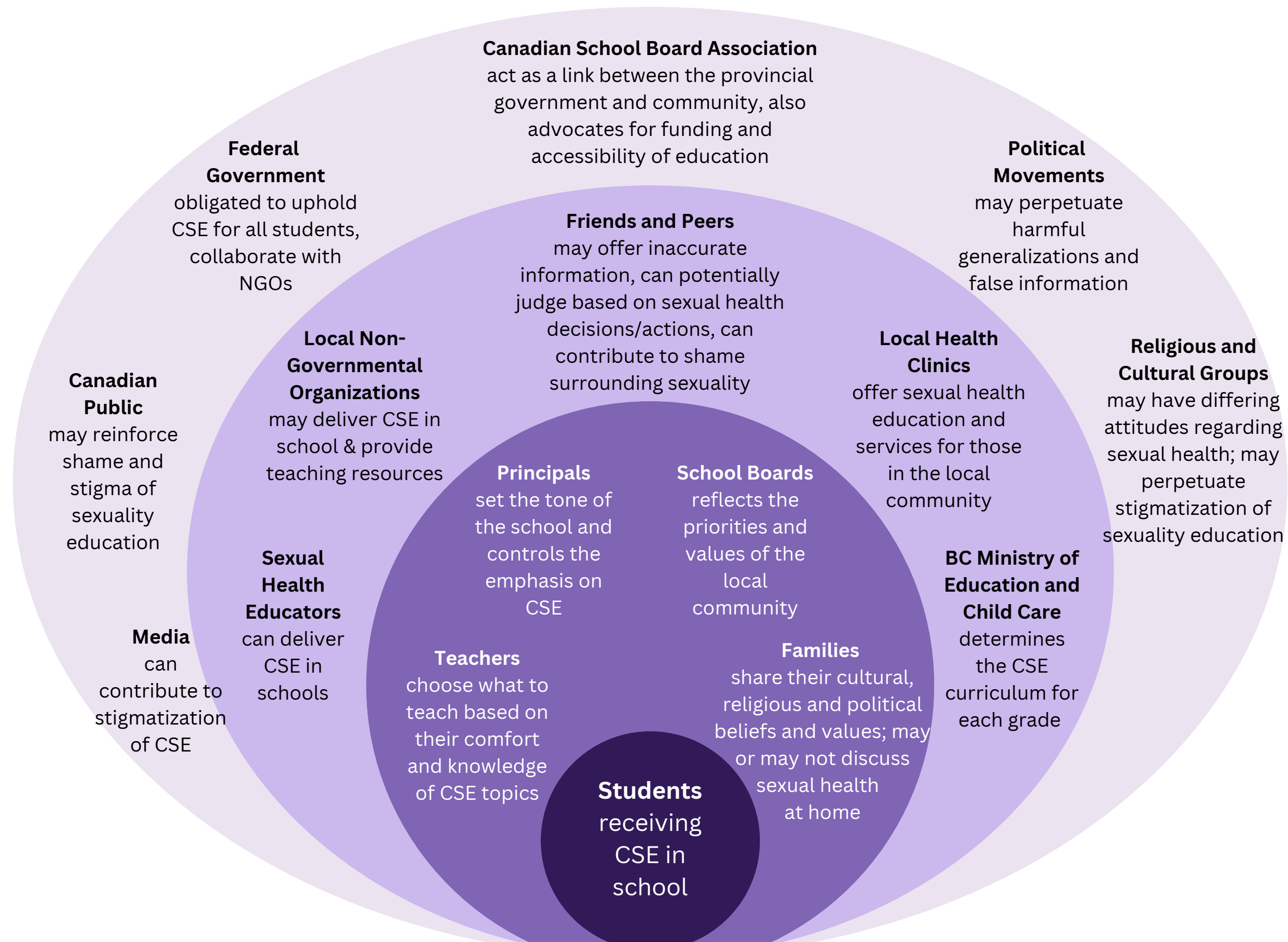




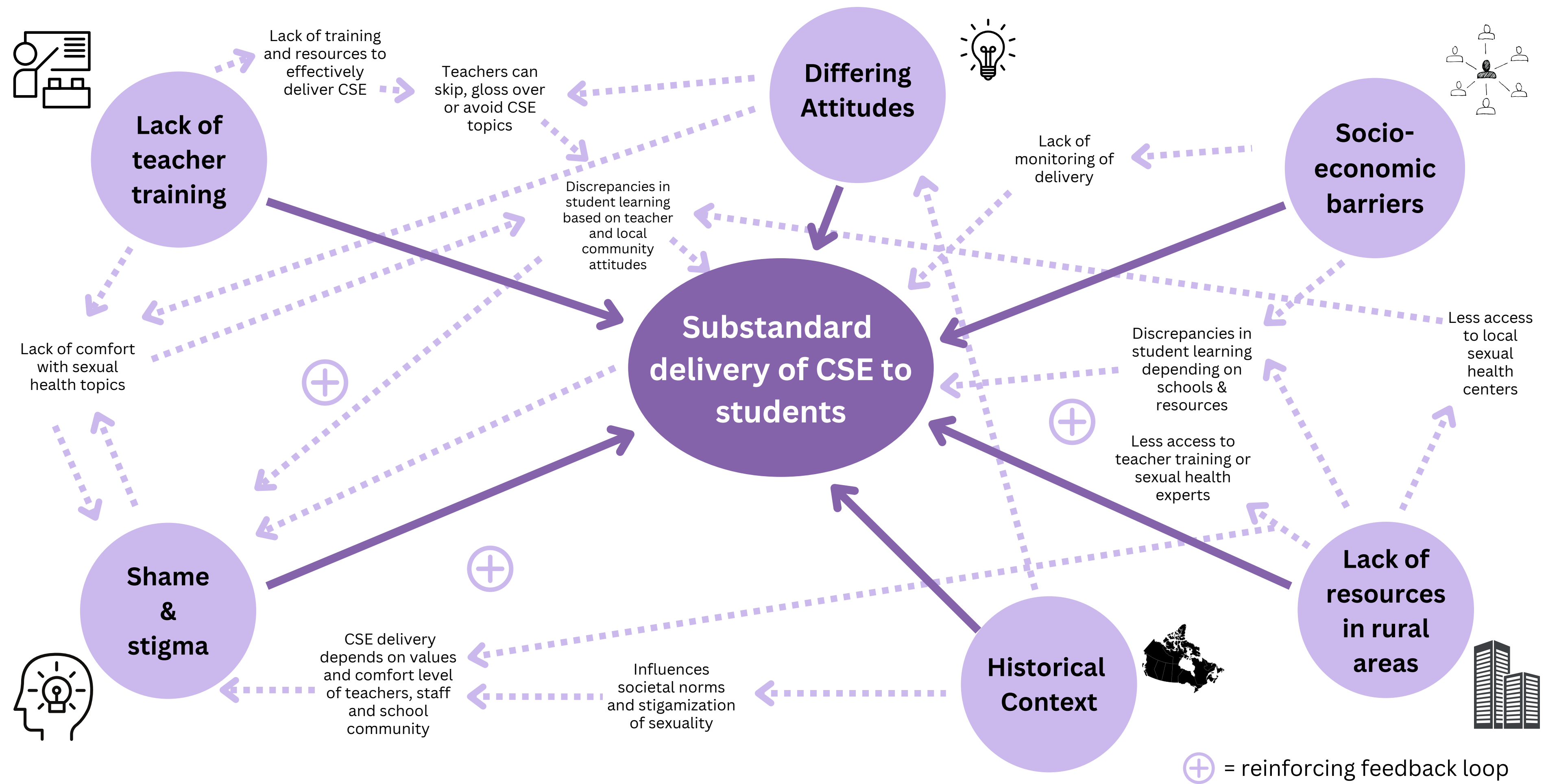
# Stakeholder Relationships



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

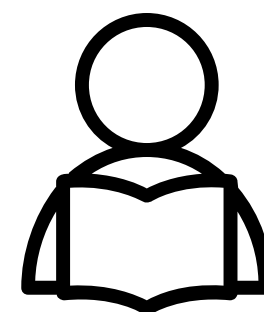


# The Root Causes of Substandard Delivery of CSE Form Reinforcing Feedback Loops

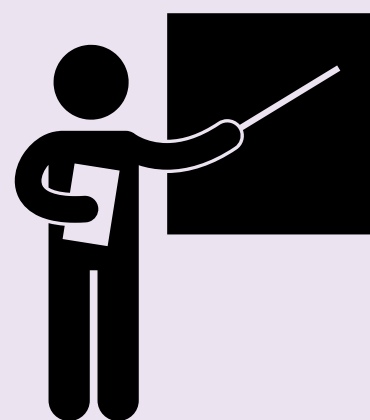
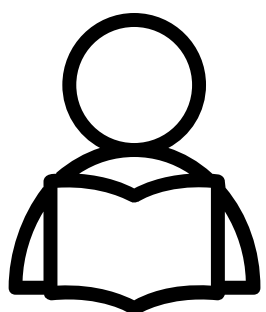


# In BC, CSE Received Depends on Teachers, Schools and Local Communities

Student living in a **rural** area may receive **substandard CSE**



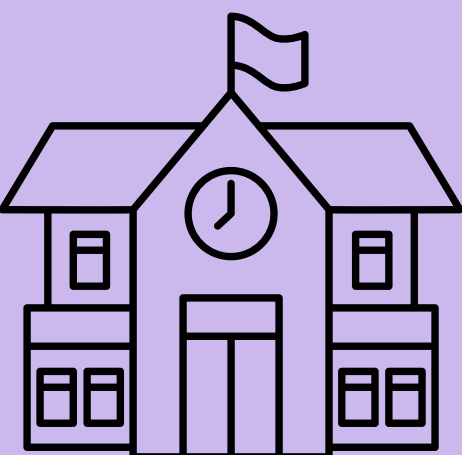
Student living in an **urban/affluent** area can receive **standard CSE**



## Teachers

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

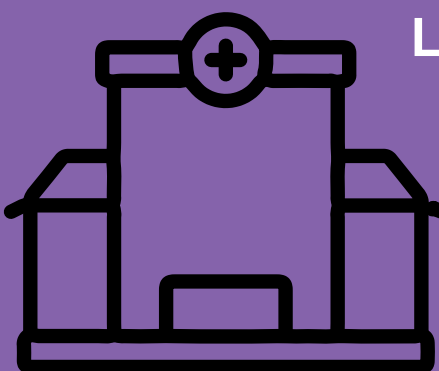
Teacher may not feel comfortable delivering CSE, and/or may lack knowledge about certain CSE topics. Instead of teaching CSE themselves, the school can pay a sexual educator from an NGO or private organization to teach CSE



## 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



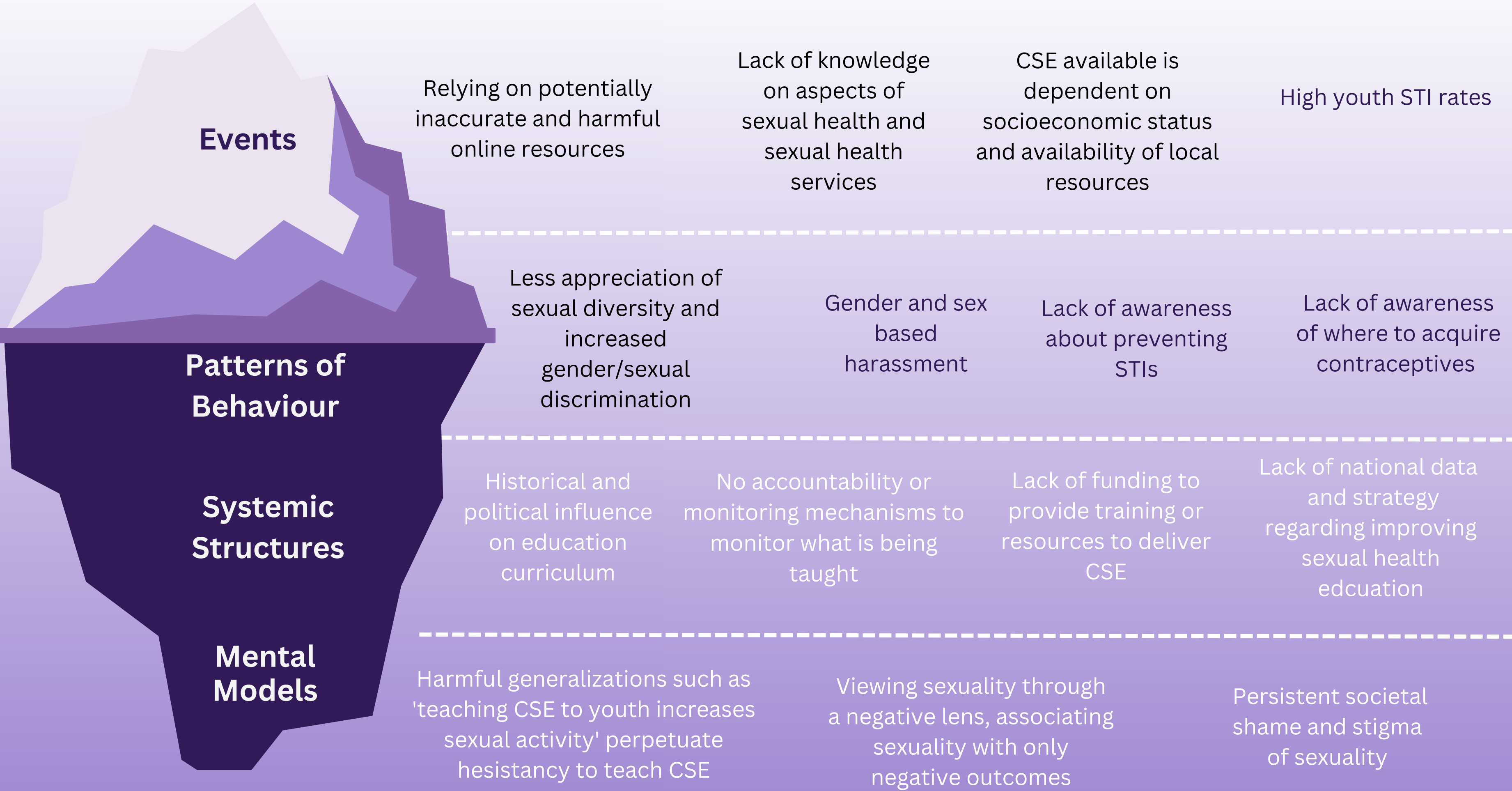
## Local Community

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

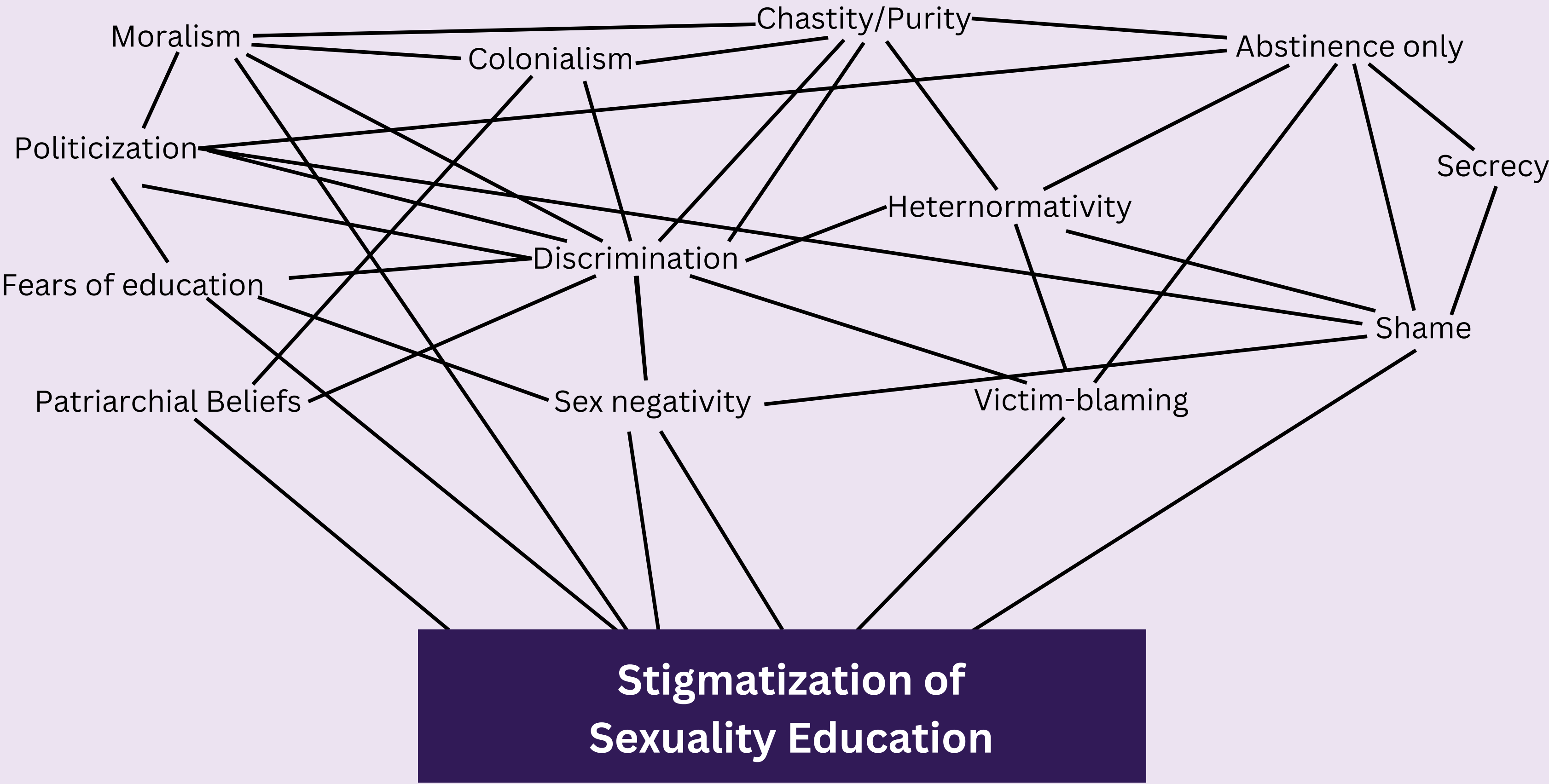


# Inadequate Delivery of Sexuality Education is Based on a Myriad of Factors





# Deeply Rooted Mental Models Underlie the Stigmatization of Sexuality Education



# Comparing Abstinence-Based and Comprehensive Sexuality Education



## Abstinence-Based Sexuality Education



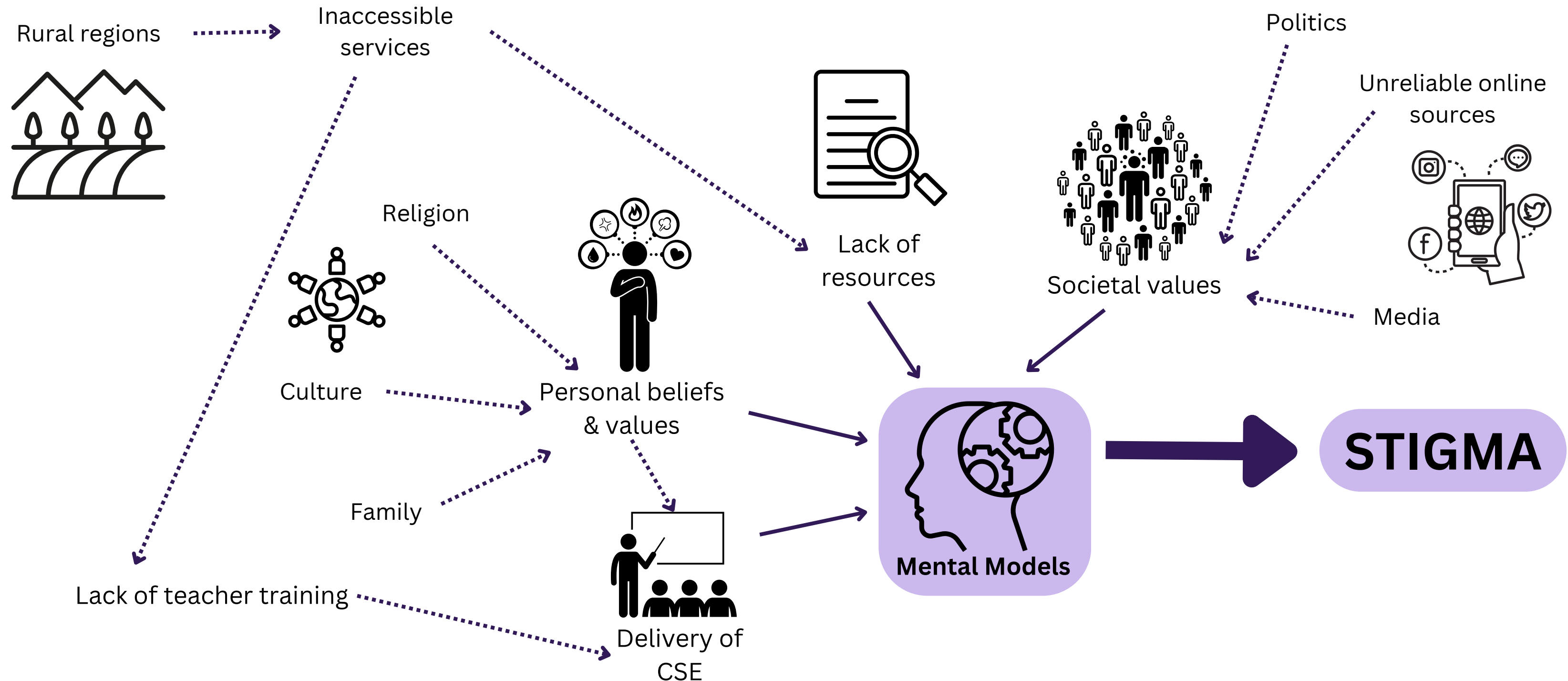
- Focuses on abstaining from sex outside of marriage as the way to avoid STIs and unplanned pregnancy
- Provides no information on other methods of contraception
- Morals-based; premarital sex is morally wrong
- Monogamous marriage is the standard and only accepted relationship
- Has been shown to be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

## Comprehensive Sexuality Education



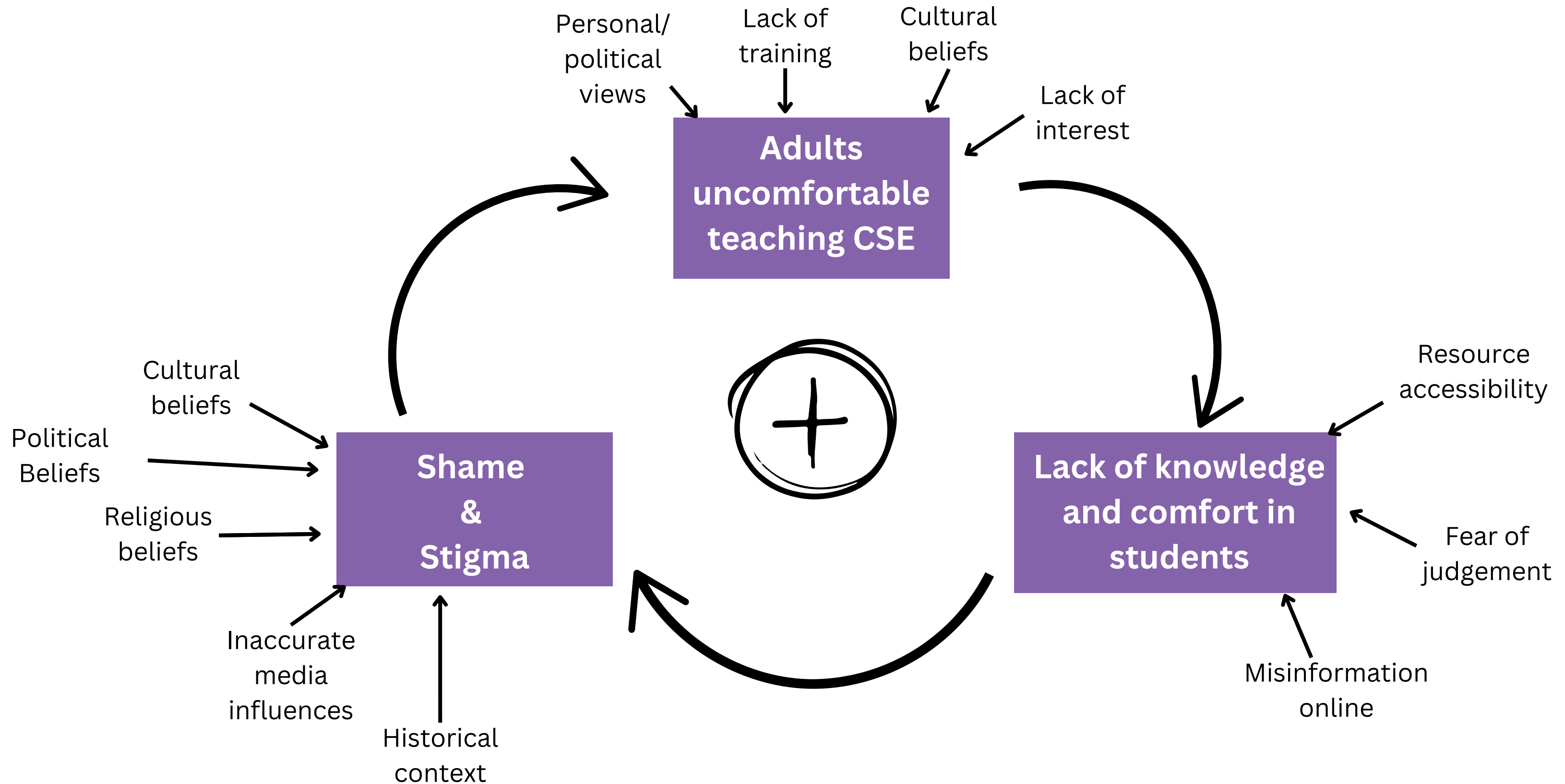
- Teaches about all contraception methods
- Based in science
- Focuses on building skills for healthy relationships
- Includes a wide range of topics such as sexual expression, power dynamics, etc.
- Is culturally-appropriate and age-appropriate
- Encourages exploration of one's own values toward sexuality
- 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



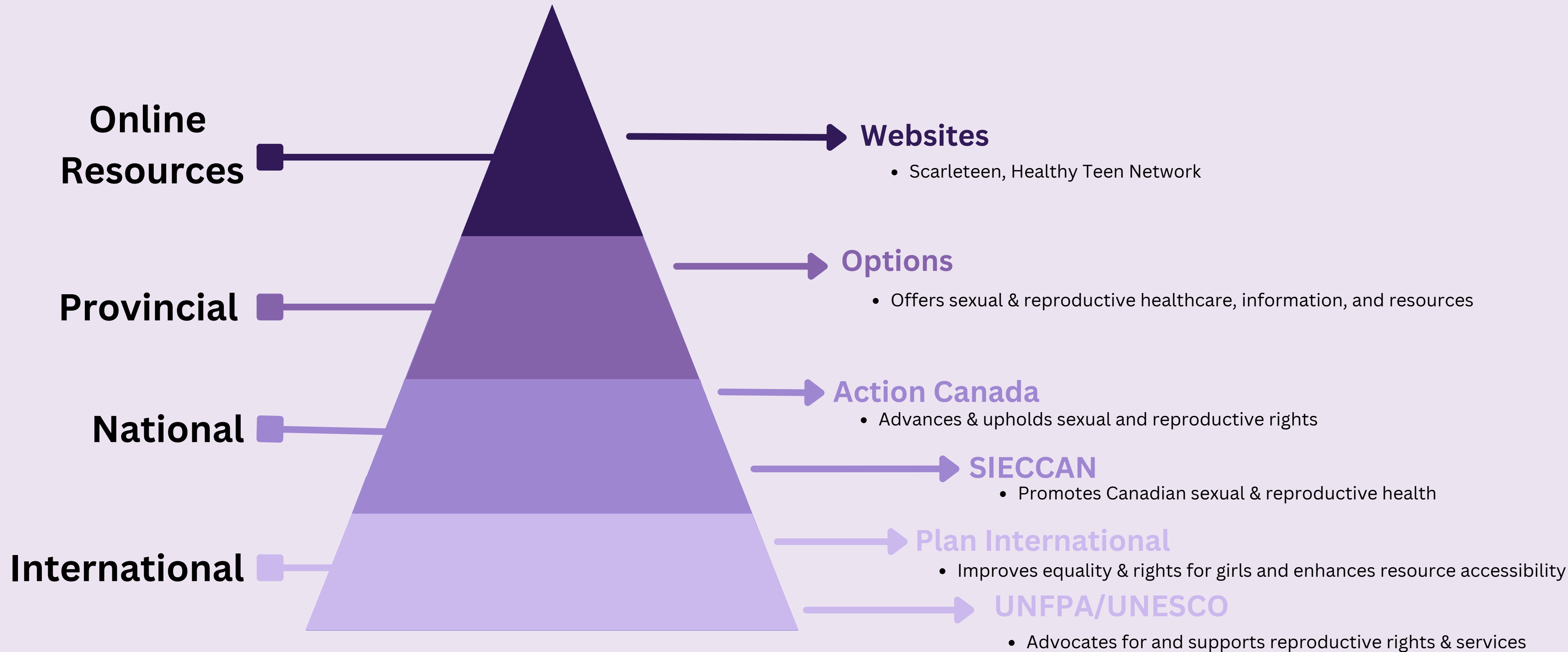
Shame and stigma is a primary root cause which all stakeholders have interactions with. A reinforcing feedback loop is created & amplified as CSE continues to be inadequately delivered.

# The Cycle of Shame and Lack of Knowledge



# Current Solutions

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





# Sexuality Education: Case Studies



## The United States of America

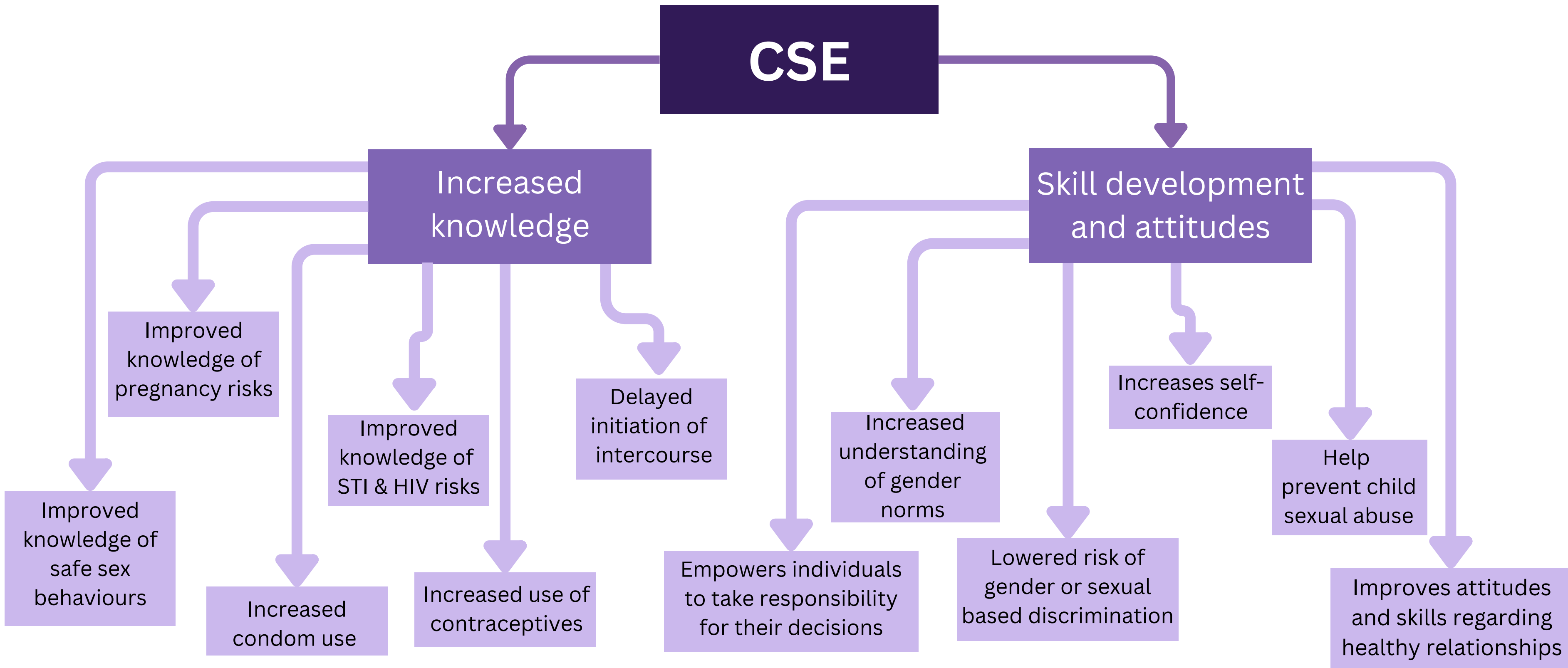
- Only 39 states mandate some form of sexuality education
- Curriculum differs in states that do teach sexuality education
- The US federal government has funded an abstinence-only until marriage program and has spent over \$2.1 billion since 1996

**V.S.**

## The Netherlands

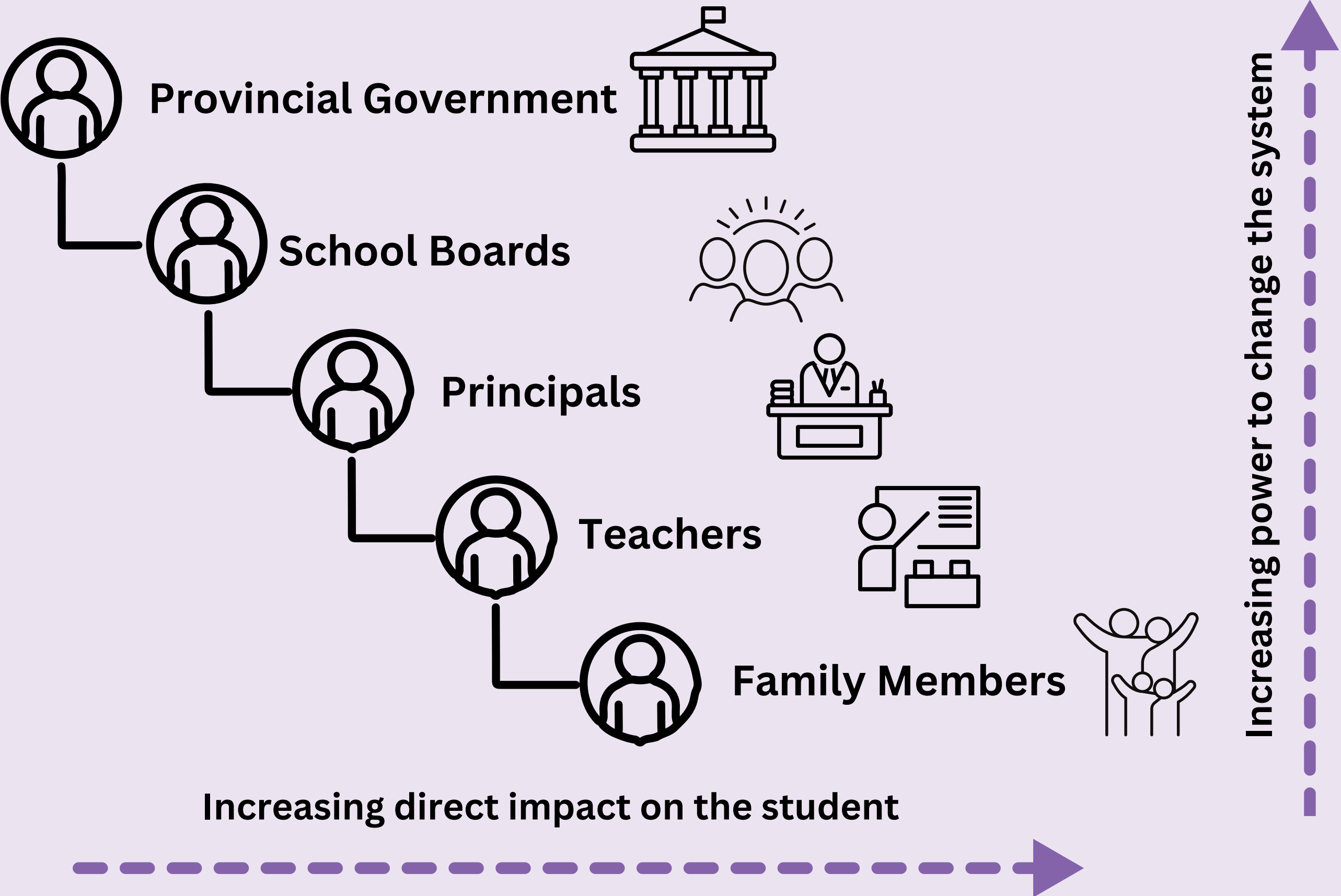
- CSE is mandated across the entire country
- CSE is taught from an early age
- Sex-positive narrative
- Inclusive, direct, and clear language is used by teachers
- STI rates & teenage pregnancy rates are low

# Positive Impacts of CSE delivery



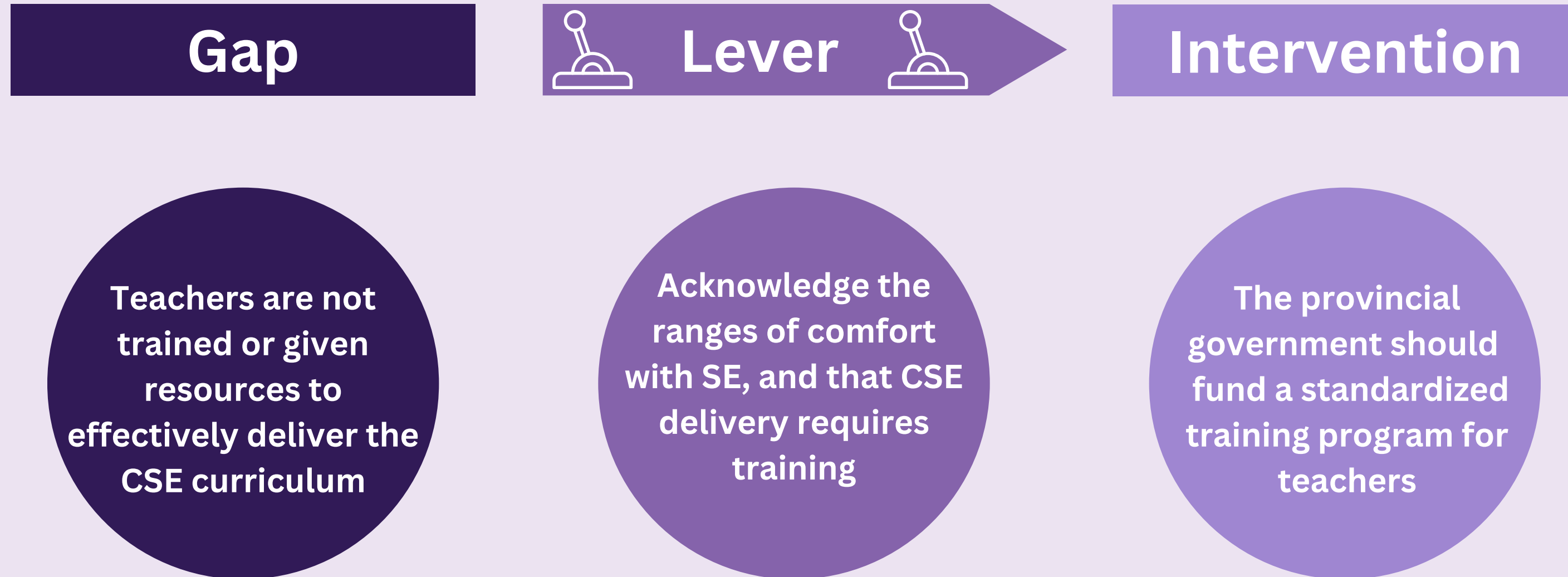
CSE is a key driver of the system to break the cycle between shame and lack of knowledge

# Who has the power to make change?



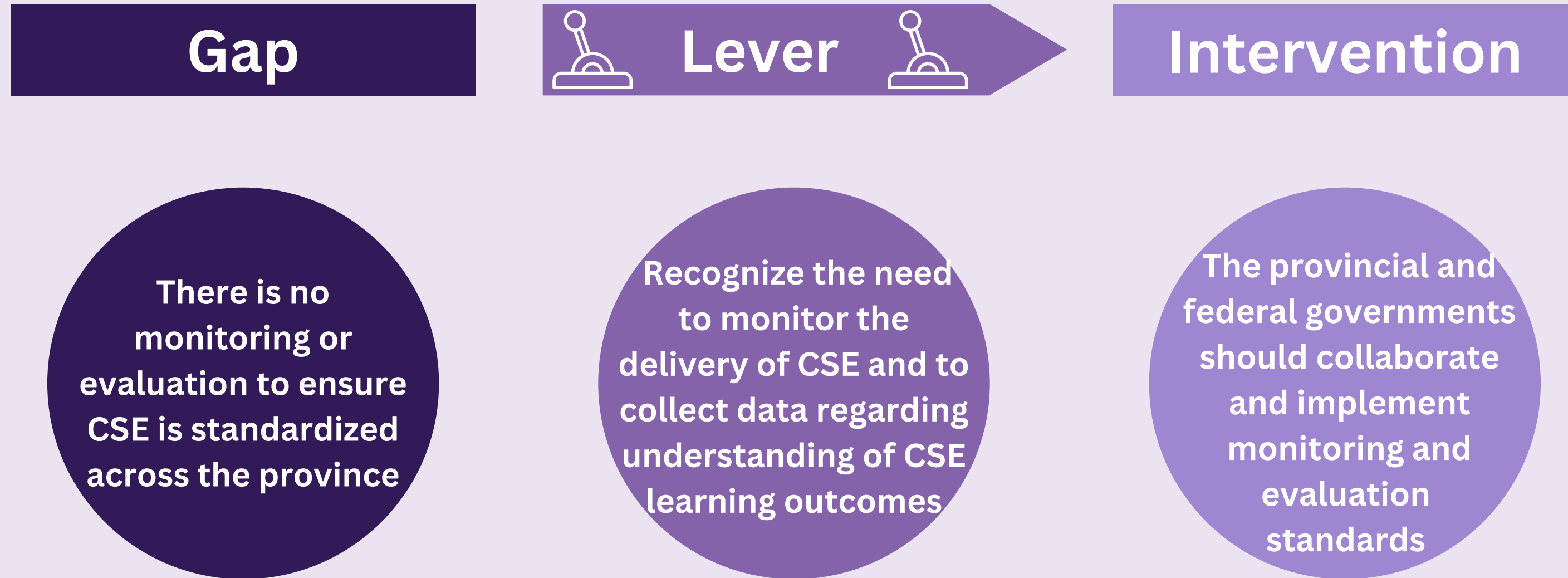
The stakeholders with greater power have the least direct influence on the student. It is necessary that the interventions address both who has a direct impact on the student, and who has the ability to provide the resources to tackle the challenges within this system.

# Gap & Lever of Change 1: Teacher Training



- Ensures 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

# Gap & Lever of Change 2: Monitoring and Evaluation



- 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



- 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)

# Gap & Lever of Change 4: Shame and Stigma



- 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



It is the **delivery** of sexual health education that is inadequate, **not** the **curriculum**

The **complex system** of CSE delivery **intersects** with **social, governmental** and **education** sectors; meaningful collaboration between all stakeholders needs to occur in order for delivery of CSE to improve

The **system** reflects the **effects** of **historical causes**, continued **stigmatization**, differences in **socioeconomic status**, and **local community** resources

Proposed interventions: **funding** to **train** teachers, foster **inclusivity** in classrooms, **increased accessibility** of resources,

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