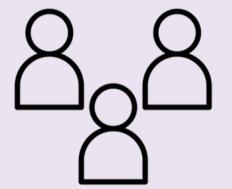
# SEXUALITY EDUCATION IN BRITISH COLUMBIA SCHOOL SYSTEMS

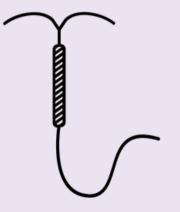
AN ANALYSIS OF THE DELIVERY OF SEXUALITY EDUCATION IN BRITISH COLUMBIA SCHOOLS

















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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."

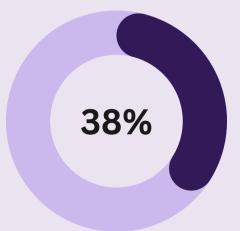


## In a survey of ~30,000 students from British Columbia (BC)...



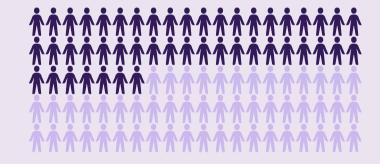
#### do not know where to test for STIs

(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)

### Timeline of Education & Sexual Health in Canada

### 1841 -The School Act for the United Province of Canada

allowed nondenominational 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 provincies 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

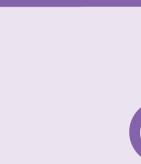
allowed the provinces
to be in control of
education, with the
exception of the
Protestant minority in

Quebec and Roman Catholic minority in

1867 - British North

**America Act** 

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

The curriculum in

age, or anatomy

Saskatchewan does not

cover consent or sexuality

& relationships in a digital

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

Quebec has a fairly comprehensive curriculum

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

# Current Situation in British Columbia



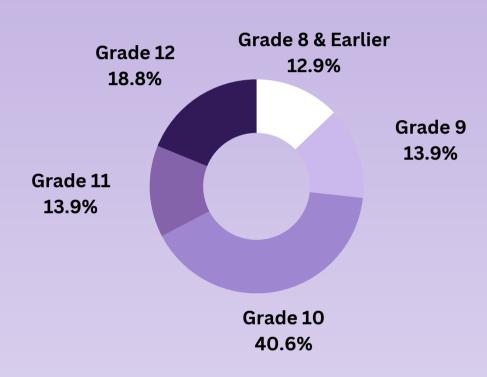
Education, including the CSE curriculum is under provincial jurisdiction



CSE is mandatory in BC schools until grade 10



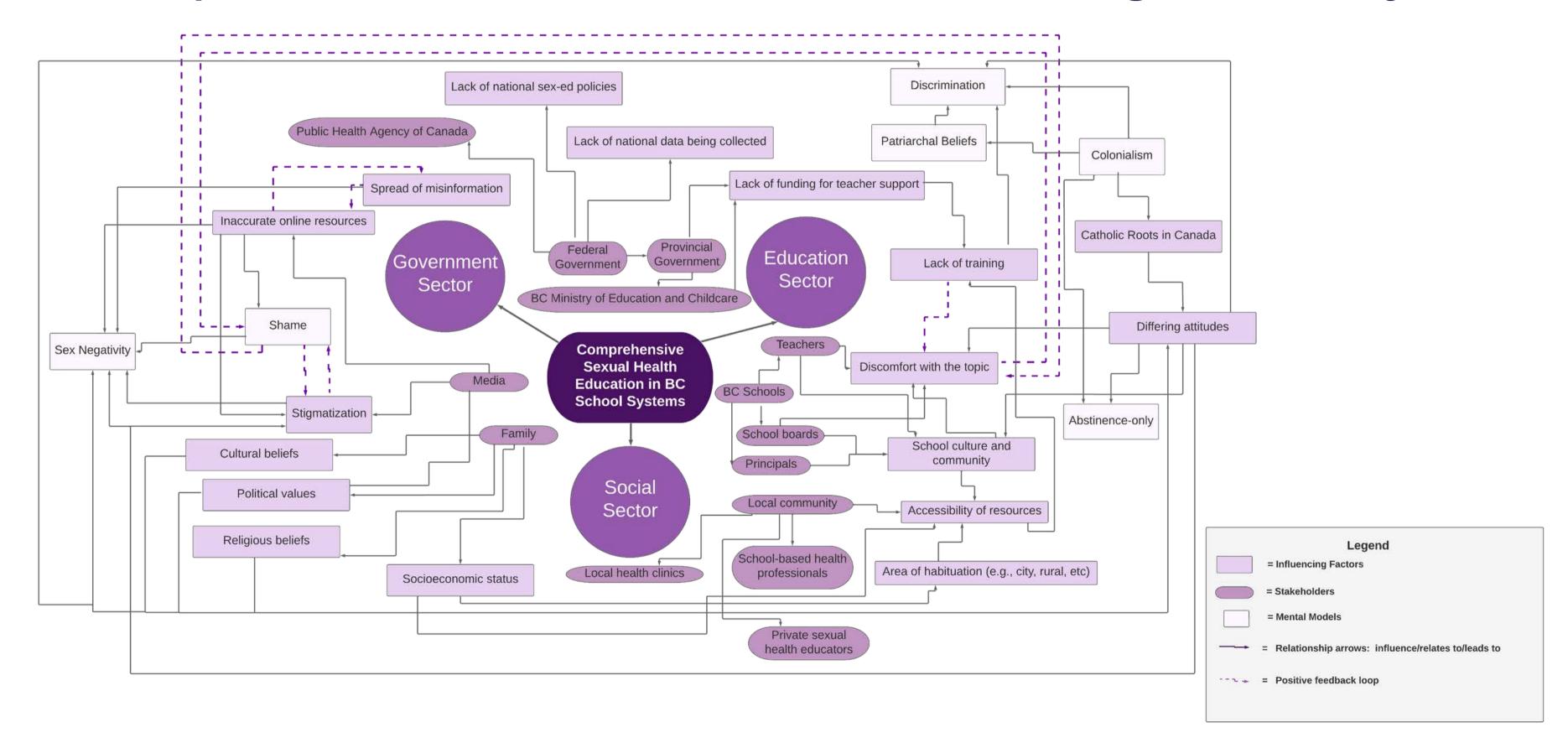
The quality of CSE delivered is largely dependent on teachers



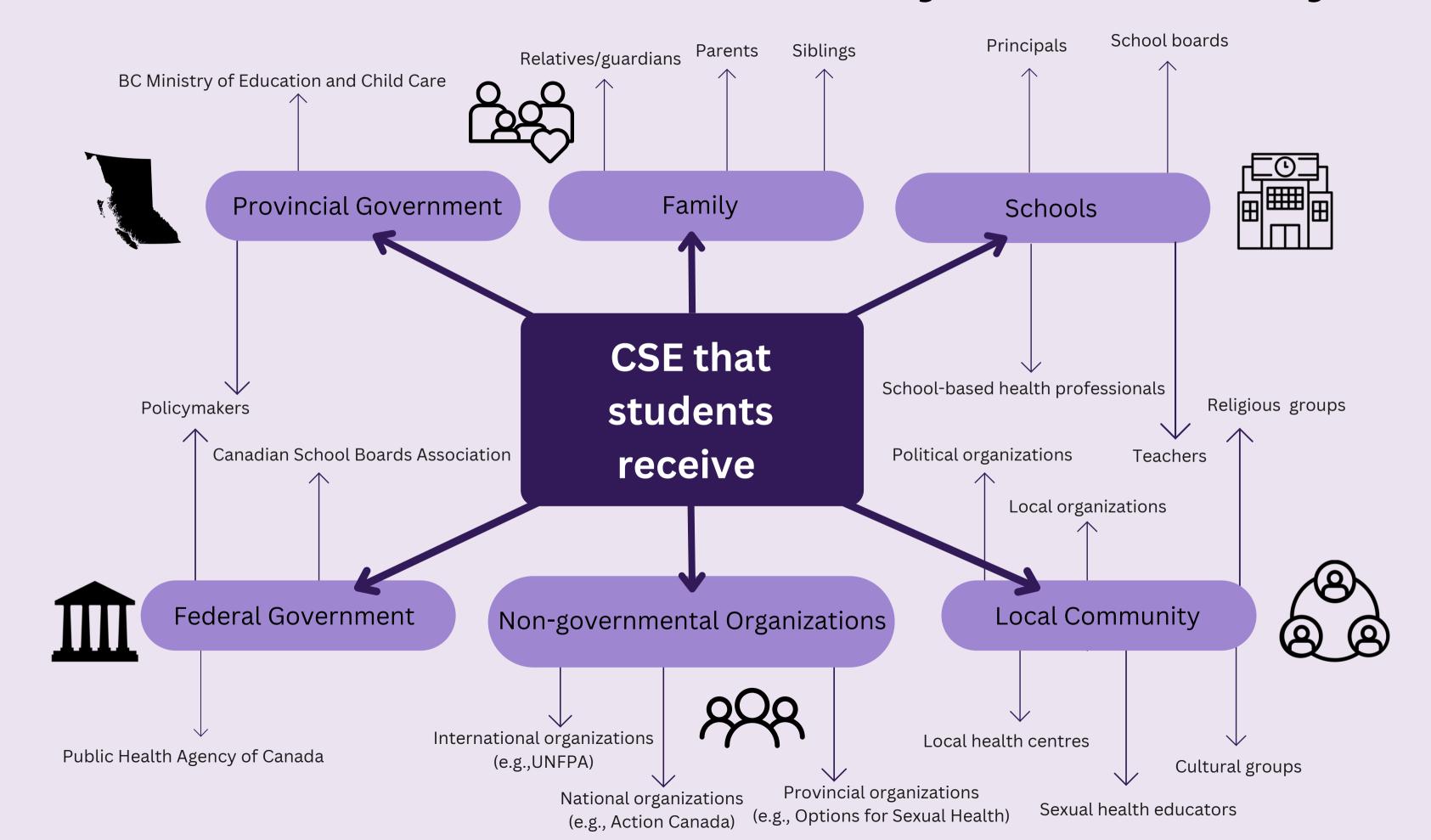
Latest grade that CSE was delivered based on our online survey

# Mapping the Challenge

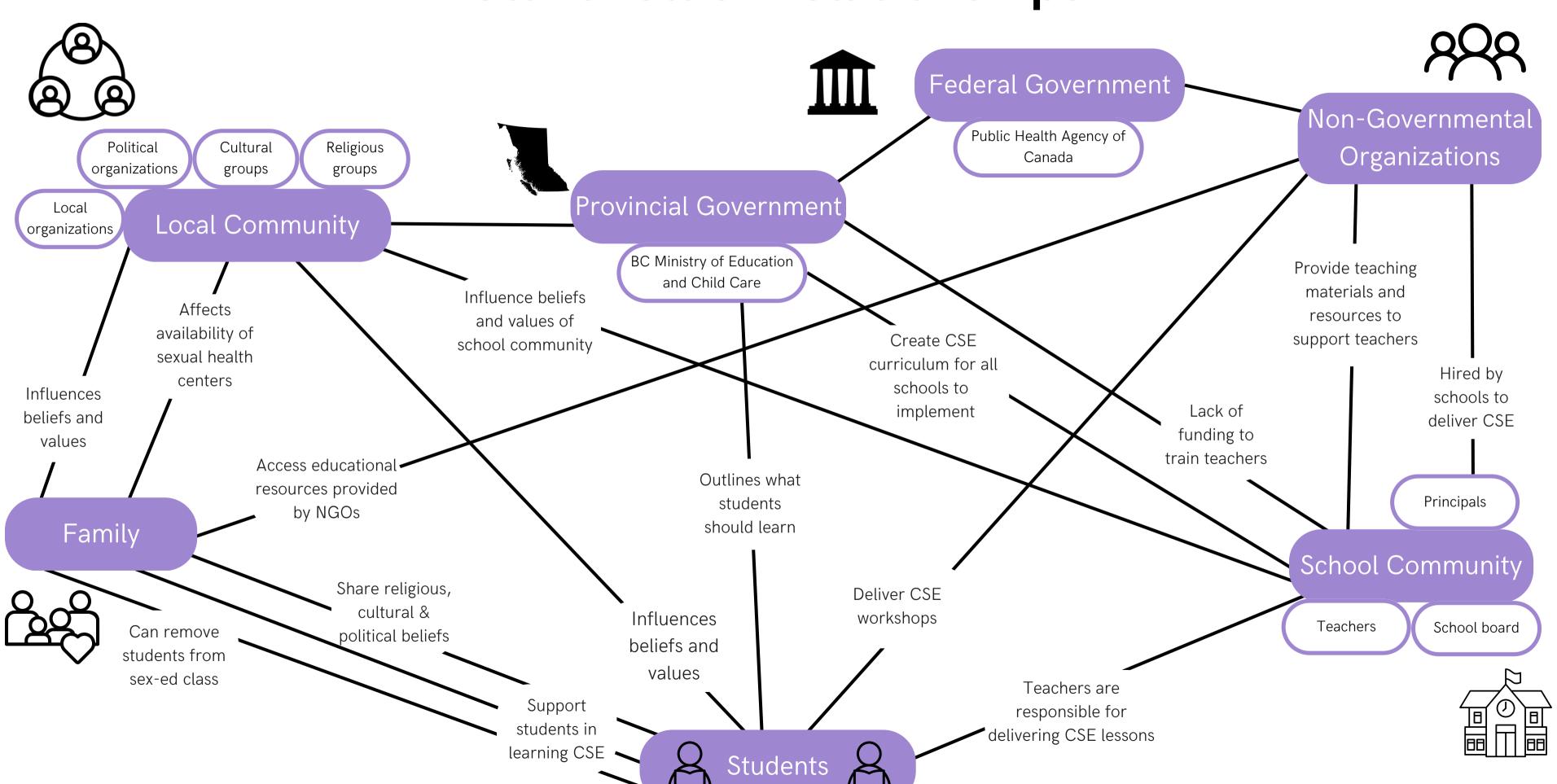
The Complexities and Interconnected Factors Influencing CSE Delivery in BC



# The Stakeholders Involved in CSE Delivery in BC School Systems



# Stakeholder Relationships



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

#### Federal Government

CSE for all students, collaborate with **NGOs** 

#### Canadian **Public**

may reinforce shame and stigma of sexuality education

#### Media can

contribute to stigmatization of CSE

obligated to uphold

#### Local Non-Governmental **Organizations**

may deliver CSE in school & provide teaching resources

#### Sexual Health **Educators**

can deliver CSE in schools

#### **Canadian School Board Association**

act as a link between the provincial government and community, also advocates for funding and accessibility of education

#### **Friends and Peers**

may offer inaccurate information, can potentially judge based on sexual health decisions/actions, can contribute to shame surrounding sexuality

**Students** 

receiving

CSE in

school

#### **Principals**

set the tone of the school and controls the emphasis on CSE

#### **Teachers**

choose what to teach based on their comfort and knowledge of CSE topics

#### **School Boards** reflects the

priorities and values of the local community

#### **Families**

share their cultural, religious and political beliefs and values; may or may not discuss sexual health at home

#### **Political** Movements

may perpetuate harmful generalizations and false information

#### **Local Health** Clinics

offer sexual health education and services for those in the local community

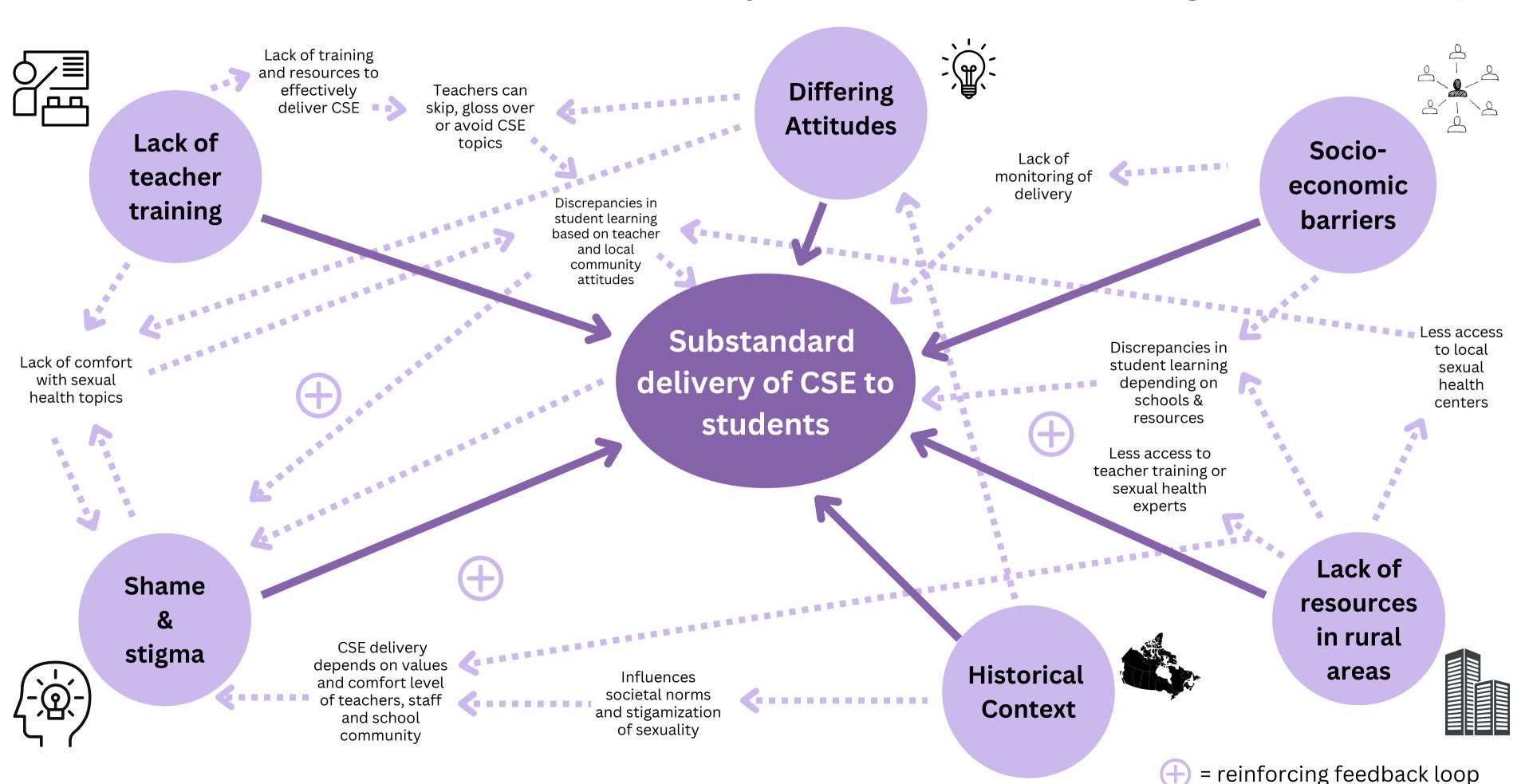
#### **BC Ministry of Education and Child Care**

determines the CSE curriculum for each grade

#### Religious and **Cultural Groups**

may have differing attitudes regarding sexual health; may perpetuate stigmatization of sexuality education

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



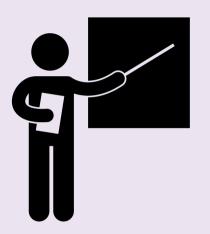
### In BC, CSE Received Depends on Teachers, Schools and Local Communities

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

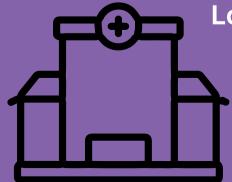
Teacher may not feel comfortable delivering CSE, and/or may lack knowledge about certain CSE topics. Instead of teaching CSE themselves, the school can pay a sexual educator from an NGO or private organization to teach CSE



#### **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

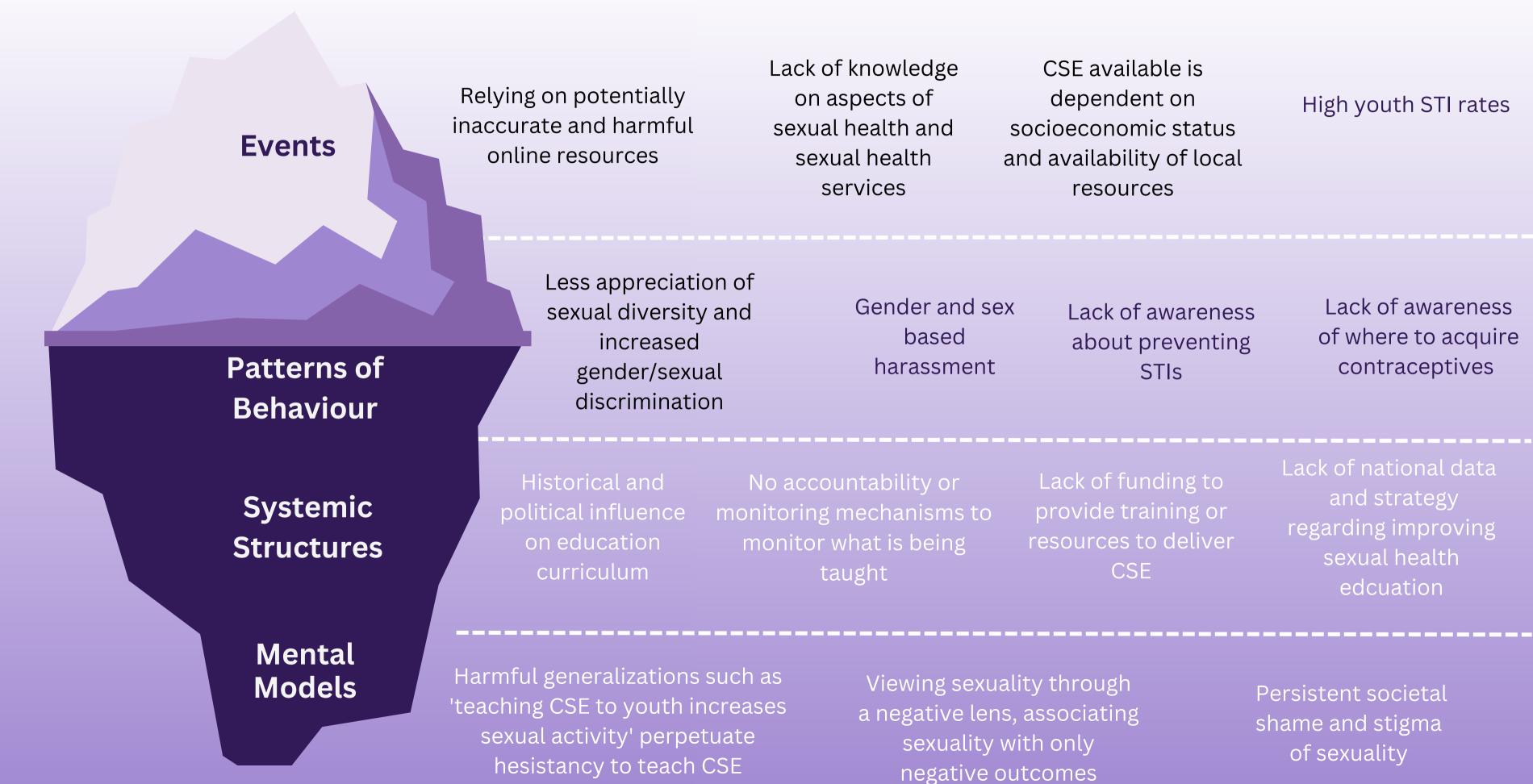


**Local Community** 

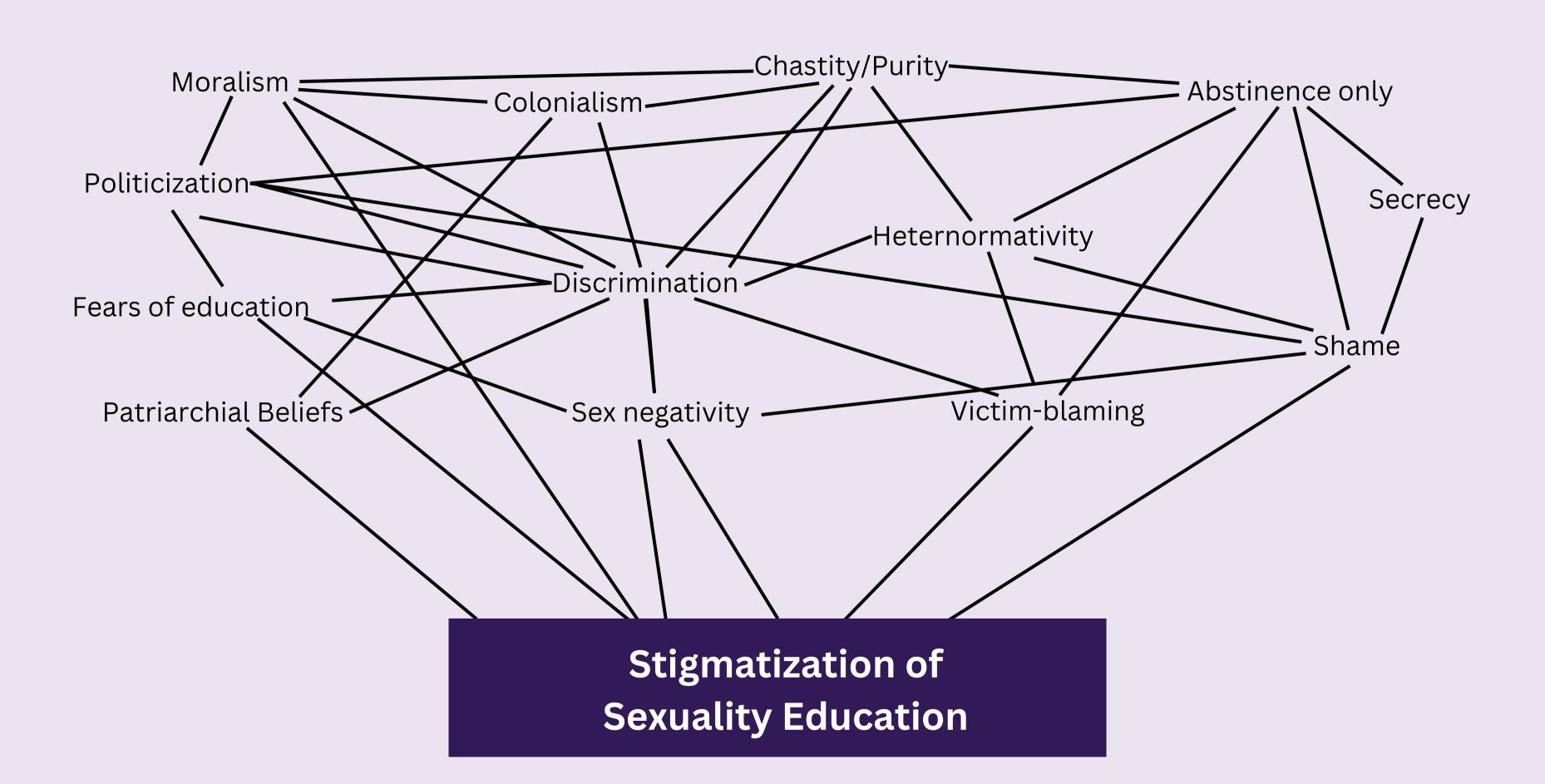
In rural areas, there is generally less access to services and resources, leaving youth in rural areas with limited access to local sexual health clinics and organizations

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**



### Comprehensive Sexuality Education

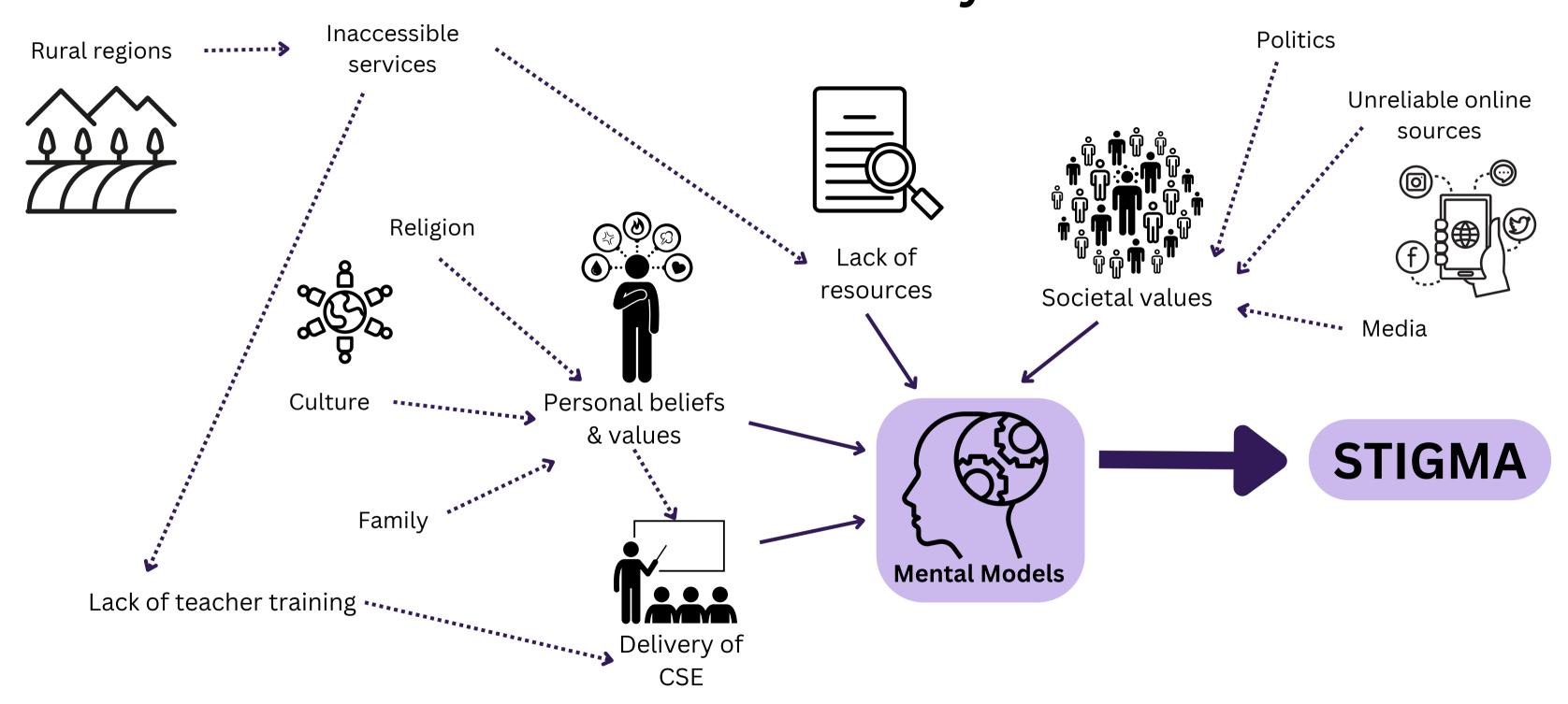


- Focuses on abstaining from sex outside of marriage as the way to avoid STIs and unplanned pregnancy
- Provides no information on other methods of contraception
- Morals-based; premarital sex is morally wrong
- Monogamous marriage is the standard and only accepted relationship
- Has been shown to be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



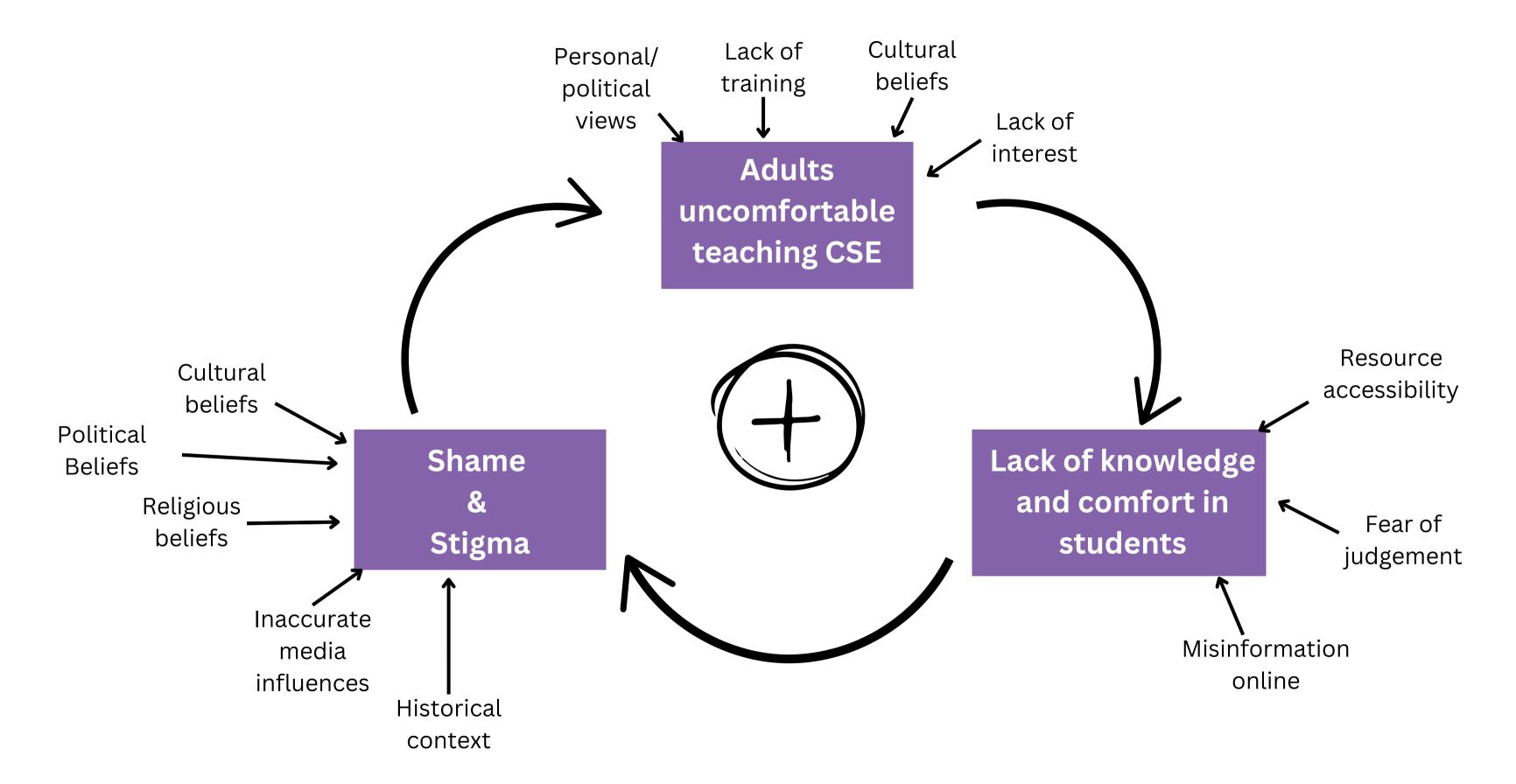
- Teaches about all contraception methods
- Based in science
- Focuses on building skills for healthy relationships
- Includes a wide range of topics such as sexual expression, power dynamics, etc.
- Is culturally-appropriate and ageappropriate
- Encourages exploration of one's own values toward sexuality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



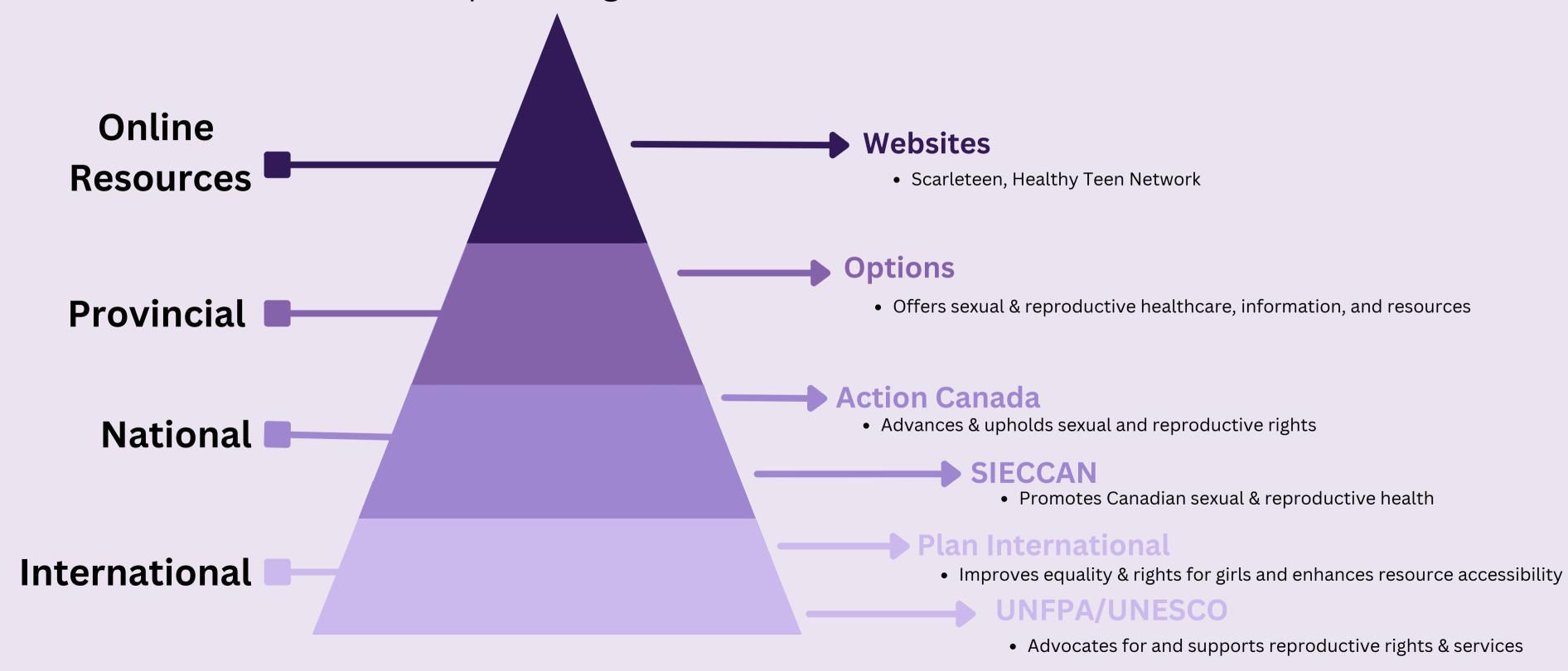
Shame and stigma is a primary root cause which all stakeholders have interactions with. A reinforcing feedback loop is created & amplified as CSE continues to be inadequately delivered.

# The Cycle of Shame and Lack of Knowledge

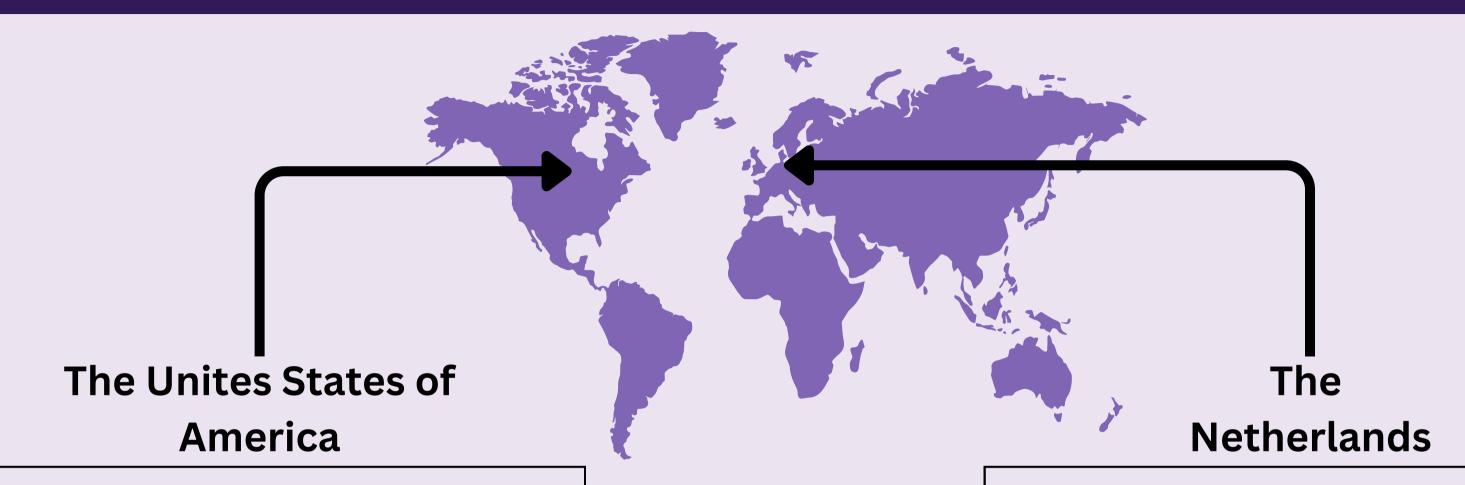


### **Current Solutions**

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



### Sexuality Education: Case Studies

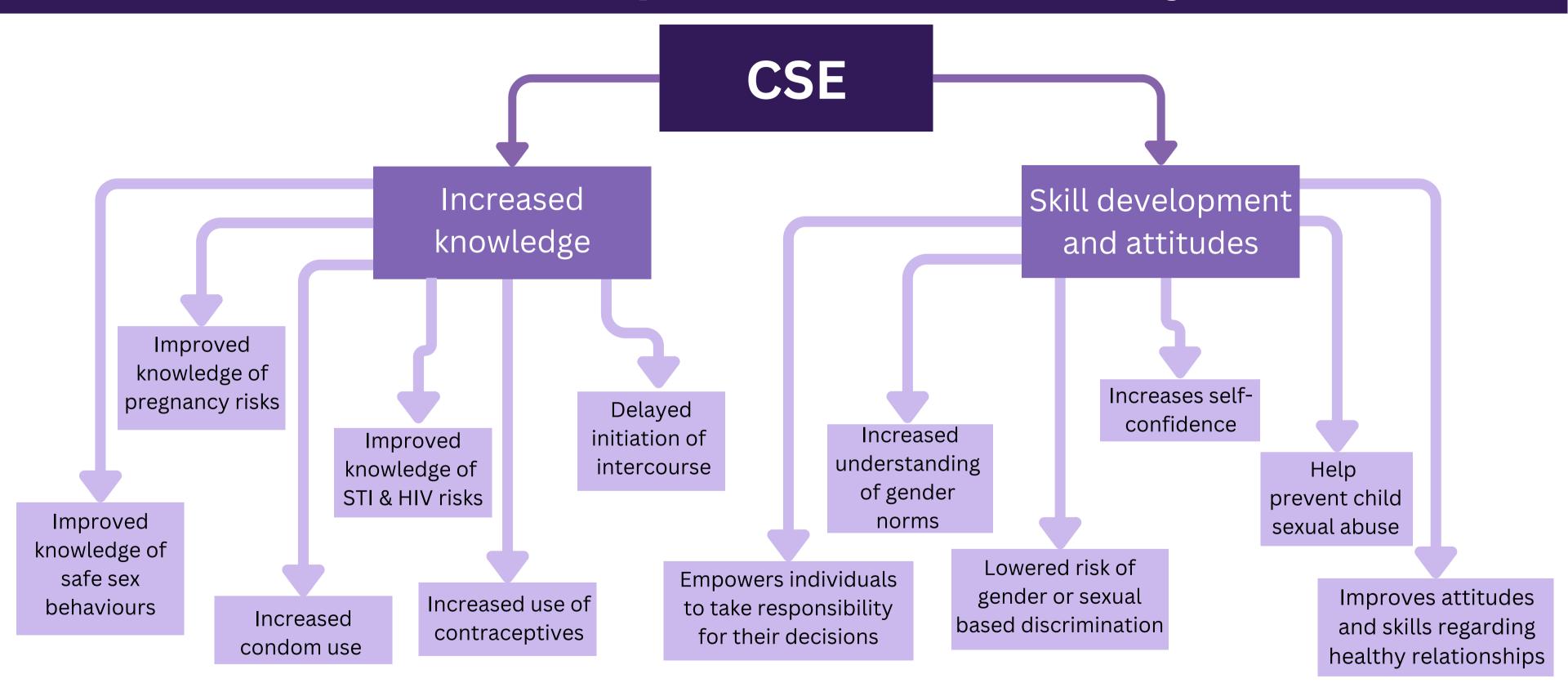


- Only 39 states mandate some form of sexuality education
- Curriculum differs in states that do teach sexuality education
- The US federal government has funded an abstinence-only until marriage program and has spent over \$2.1 billion since 1996

V.S.

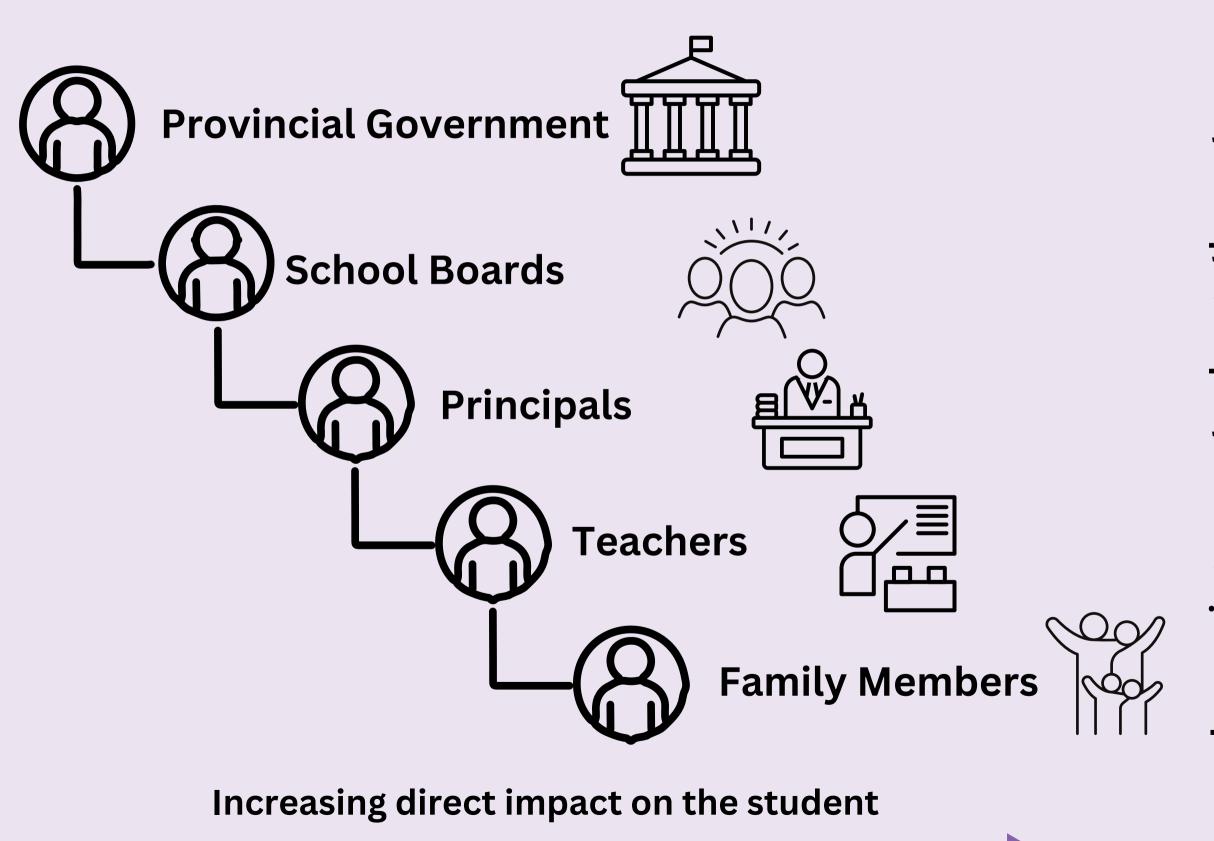
- CSE is mandated across the entire country
- CSE is taught from an early age
- Sex-positive narrative
- Inclusive, direct, and clear language is used by teachers
- STI rates & teenage pregnancy rates are low

# 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?



power to change the system ncreasing

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

Gap



Lever



Intervention

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

Acknowledge the ranges of comfort with SE, 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 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

Gap



Lever



Intervention

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



Lever



Intervention

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

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

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)

# Gap & Lever of Change 4: Shame and Stigma

Gap



Lever



Intervention

There is persistent shame and stigma surrounding sexual health education within school systems

Respect and acknowledge that every individual has their own beliefs, values and comfort level regarding SE

Teachers and parents should be provided with the resources to teach CSE, and understand its importance and relevance

- 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