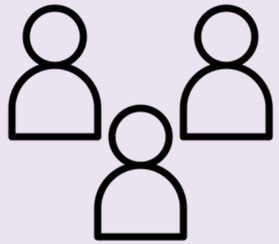
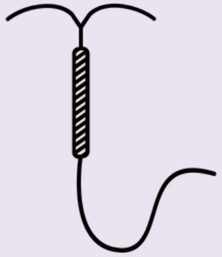
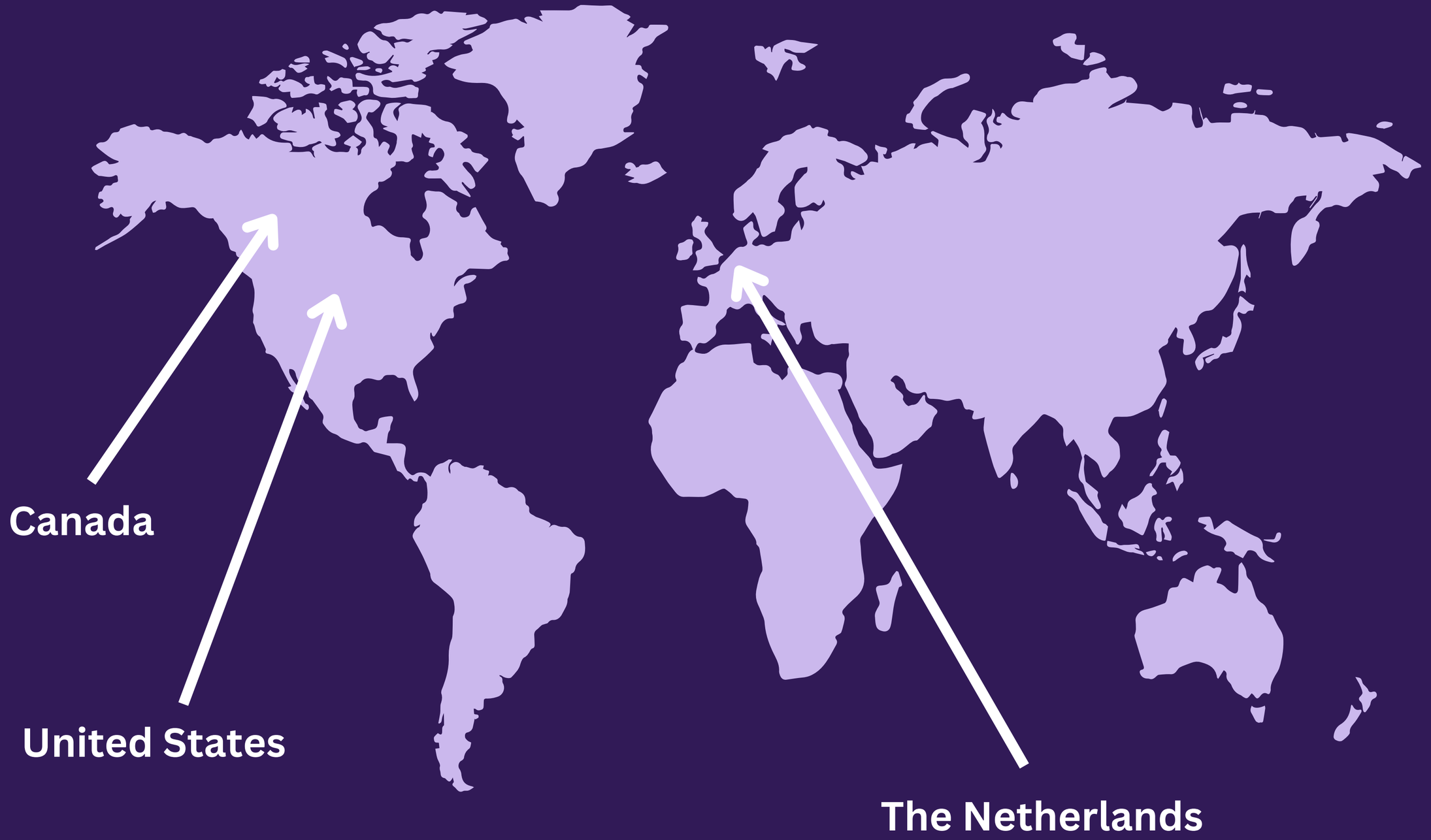
SEXUALITY EDUCATION IN BRITISH COLUMBIA SCHOOL SYSTEMS

A SYSTEMATIC ANALYSIS OF THE DELIVERY OF SEXUALITY EDUCATION IN BRITISH COLUMBIA SCHOOLS

Raiyana Alibhai, Jenna Ramji, Gabriela Villamil


Canada
United States
The Netherlands

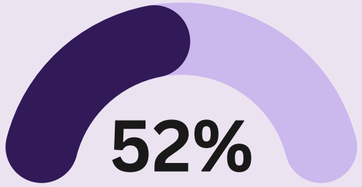
Adolescents in British Columbia (BC)...

57% do not know where to test for STIs

(McCreary Centre Society, 2015)

47% do not know where to find birth control

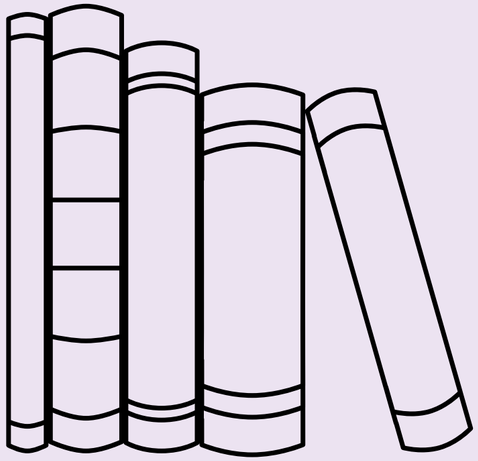
(McCreary Centre Society, 2015)



do not know where to get emergency contraception

(McCreary Centre Society, 2015)

Research Methods



Literature Review

- Scholarly journals
- Media articles
- BC curriculum documents

Online Survey

101 participants

Interviews

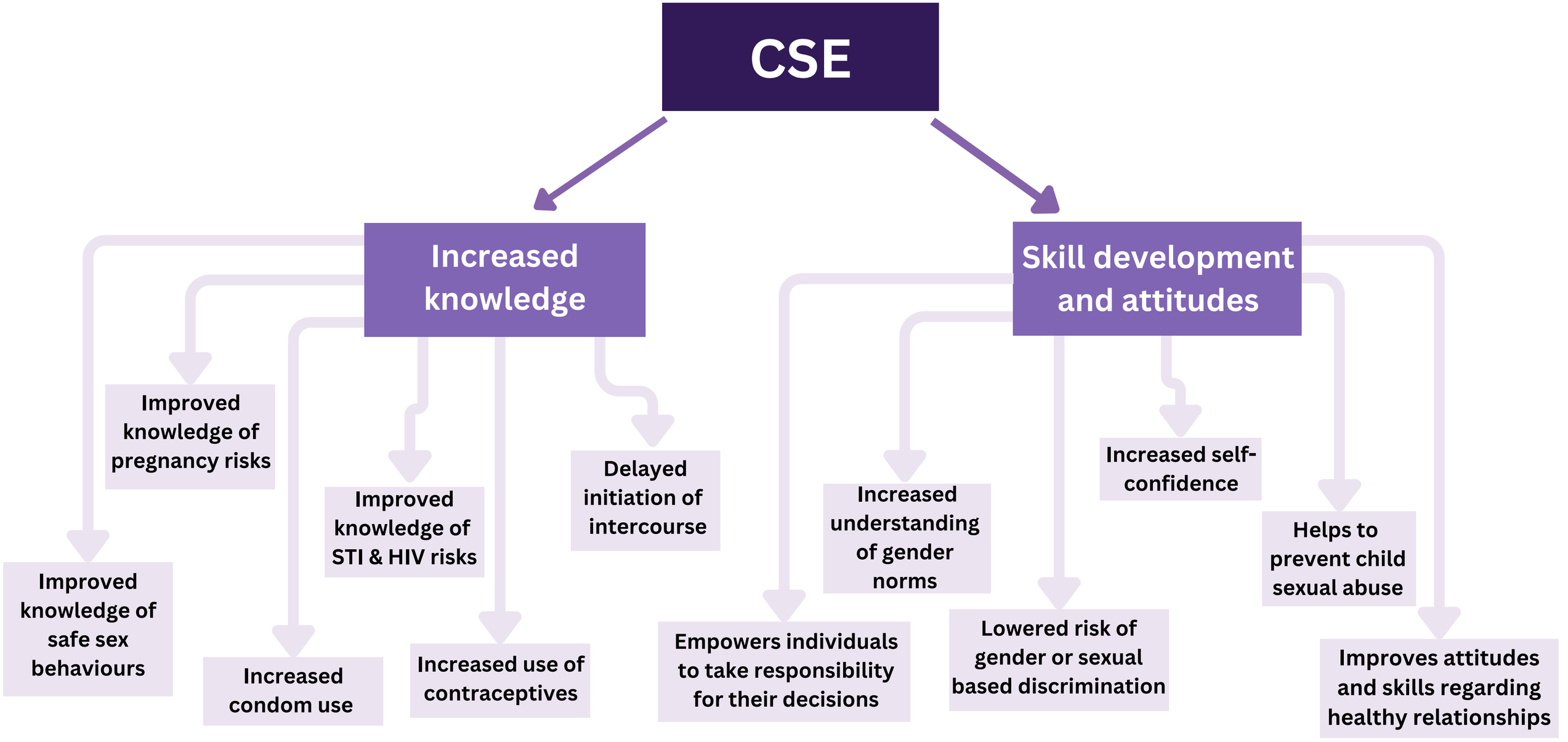
2 BC sexual health educators

Comprehensive Sexuality Education (CSE)

Teaching & learning about aspects of sexual health	Cognitive, Emotional, Physical, Social
Equips young people	Knowledge, Skills, Attitudes, Values
Empowers	Health, Well-being, Dignity
Develop relationships	Social, Sexual
Protect	Well-being, Rights

(UNESCO, 2018)

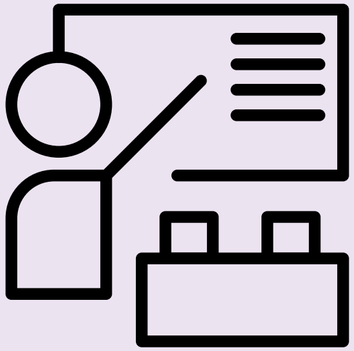
Impacts of CSE delivery



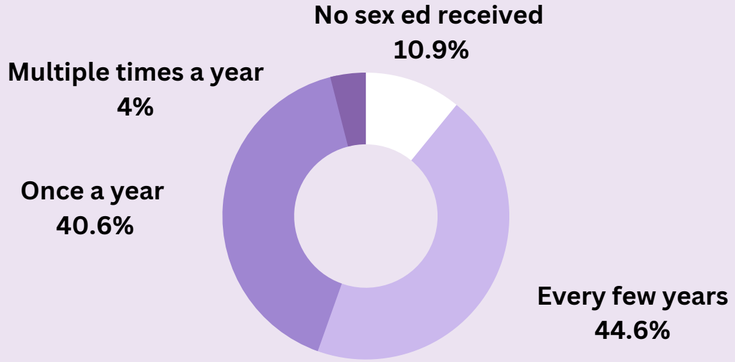
Current Situation

CSE curriculum is under provincial jurisdiction

CSE is mandatory in BC schools until grade 10

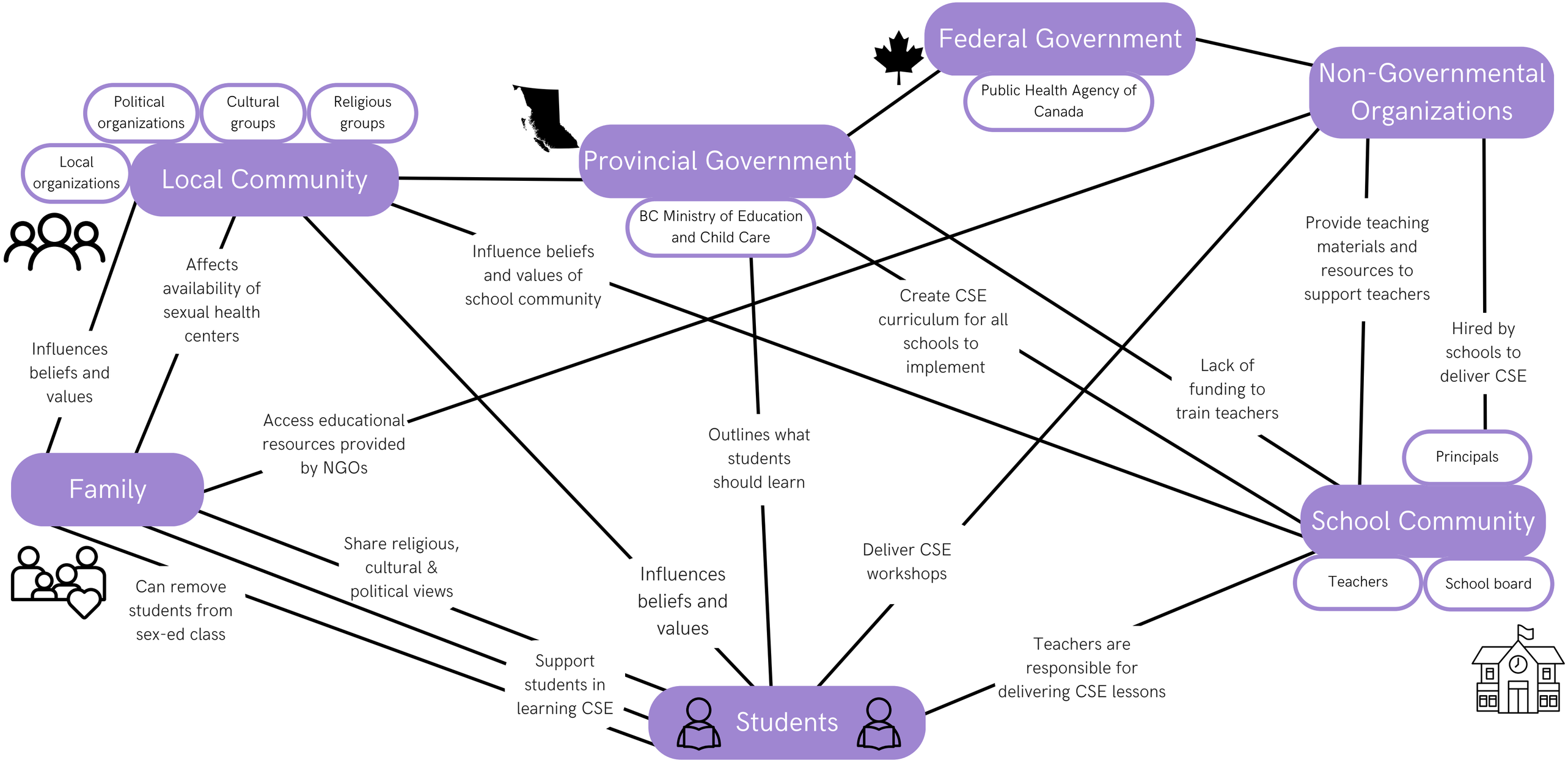


The quality of CSE delivered is largely dependent on teachers



Frequency that sex-ed delivered based on survey results

Stakeholder Relationships



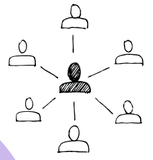
The Root Causes of Substandard Delivery of CSE Form Reinforcing Feedback Loops

Lack of training and resources to effectively deliver CSE

Teachers can skip, gloss over or avoid CSE topics

Lack of teacher training

Differing Attitudes



Lack of monitoring of delivery

Socio-economic barriers

Discrepancies in student learning based on teacher and local community attitudes

Substandard delivery of CSE to students

Lack of comfort with sexual health topics

Discrepancies in student learning depending on schools & resources

Less access to local sexual health centers

Less access to teacher training or sexual health experts

Shame & stigma

Lack of resources in rural areas

CSE delivery depends on values and comfort level of teachers, staff and school community

Influences societal norms and stigamization of sexuality

Historical Context

= reinforcing feedback loop

Root Cause: Historical Context

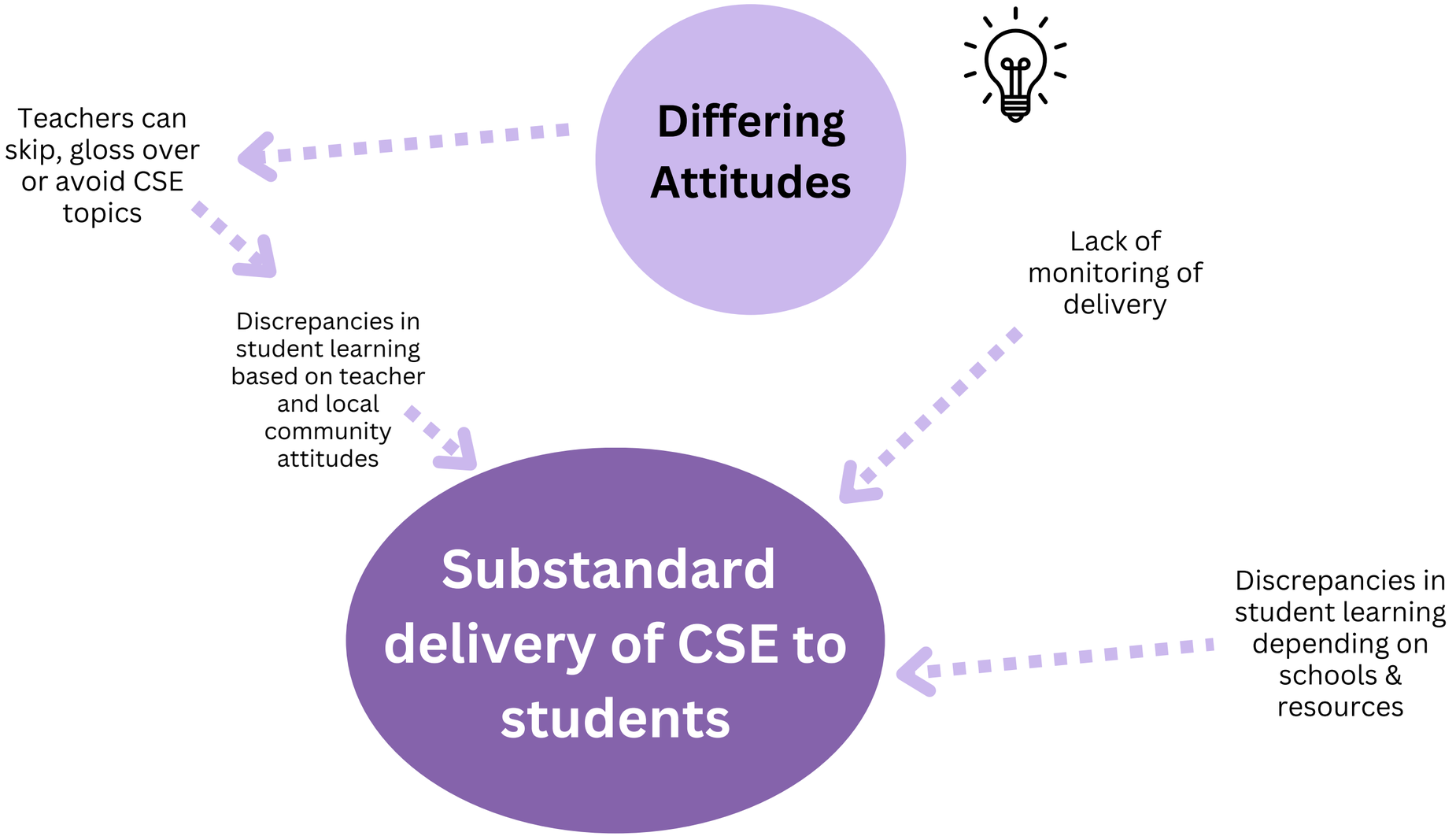
Substandard delivery of CSE to students

Historical Context

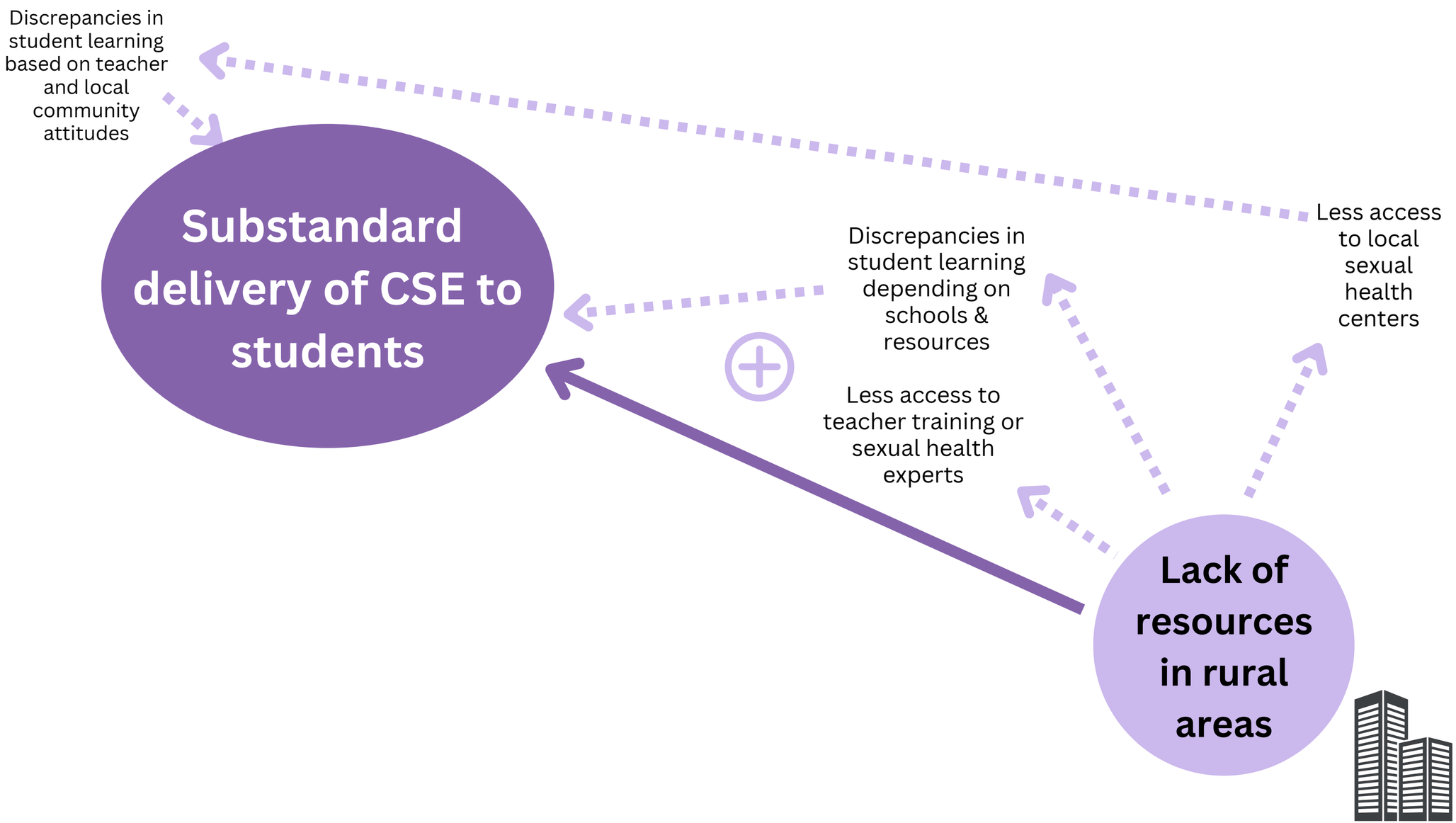
Influences societal norms and stigamization of sexuality

CSE delivery depends on values and comfort level of teachers, staff and school community

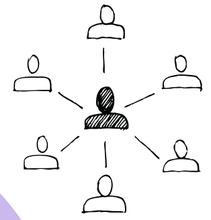
Root Cause: Differing Attitudes



Root Cause: Lack of Teacher Training



Root Cause: Socio-economic barriers



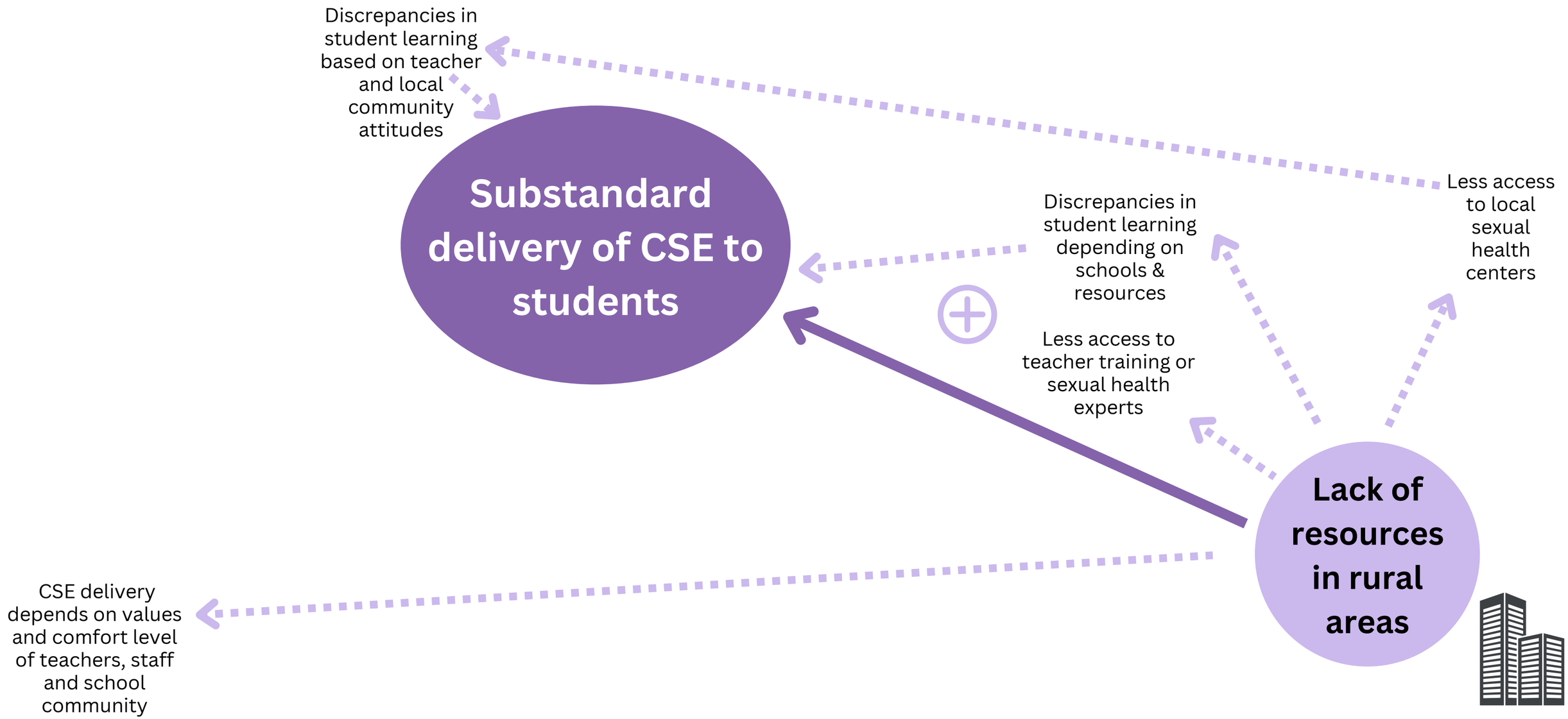
Socio-economic barriers

Lack of monitoring of delivery

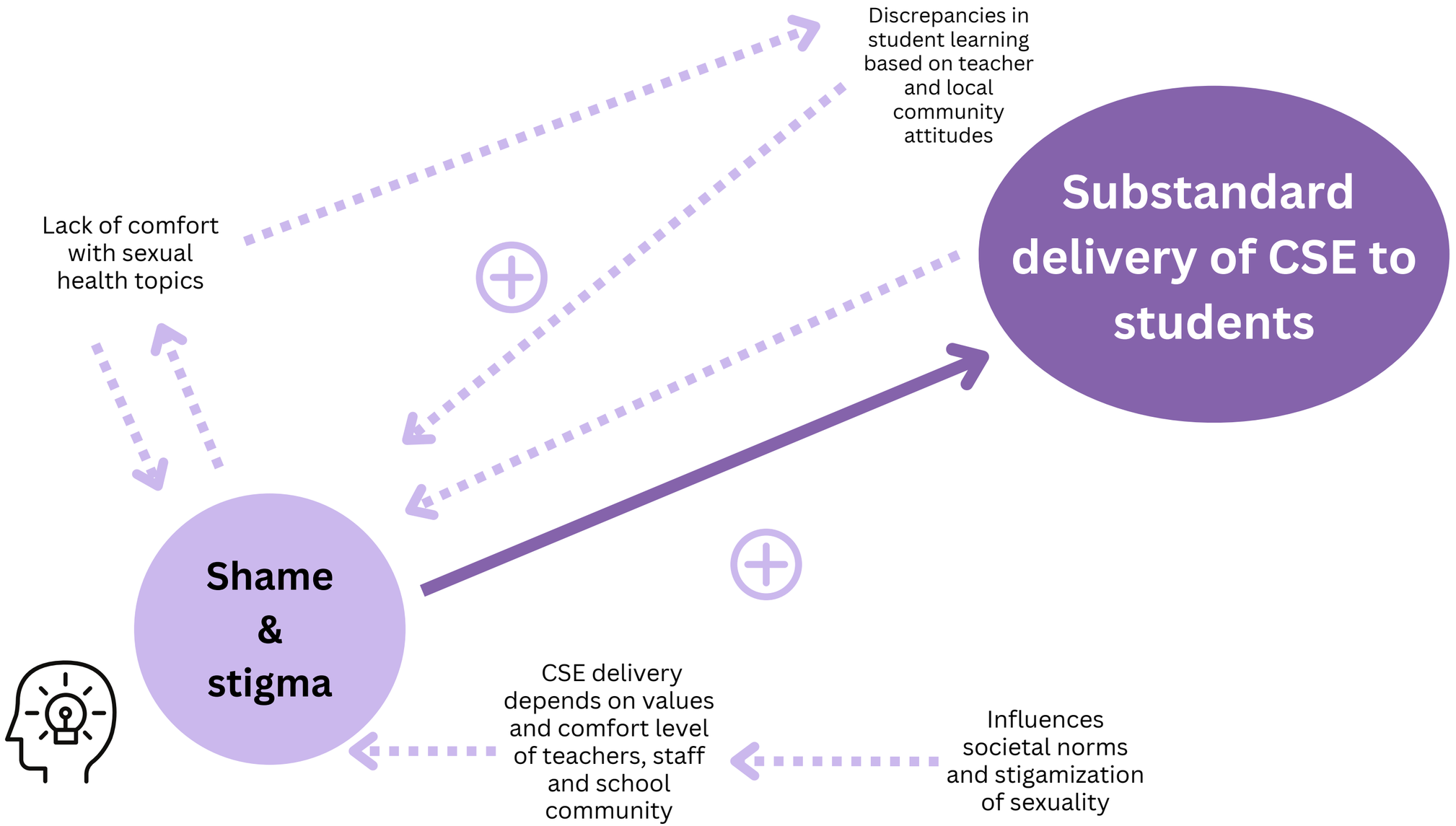
Discrepancies in student learning depending on schools & resources

Substandard delivery of CSE to students

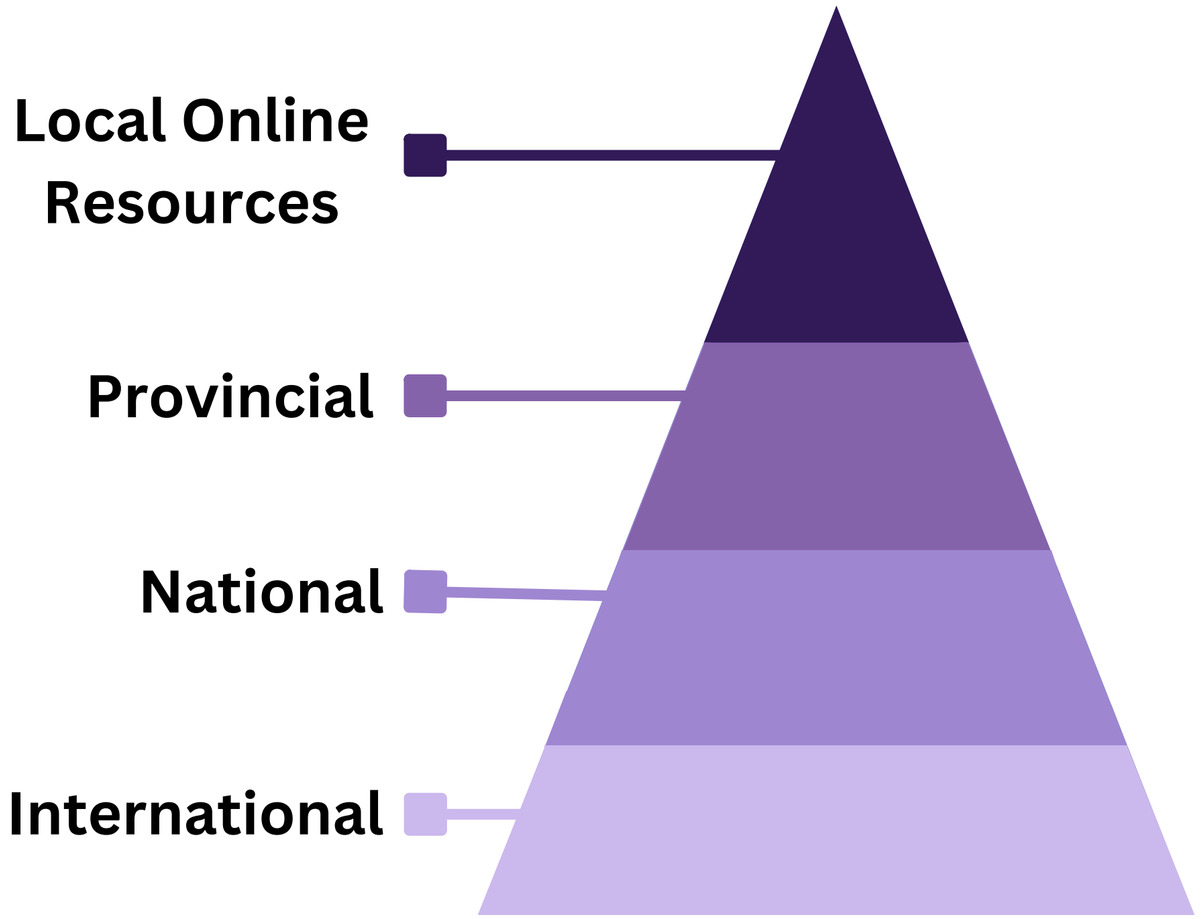
Root Causes: Lack of Resources in Rural Areas



Root Cause: Shame & Stigma



Current Solutions



Websites

- Scarleteen, Healthy Teen Network

Options for Sexual Health

- Offers sexual & reproductive healthcare, information, and resources

Action Canada

- Advances & upholds sexual and reproductive rights

SIECCAN

- Promotes Canadian sexual & reproductive health

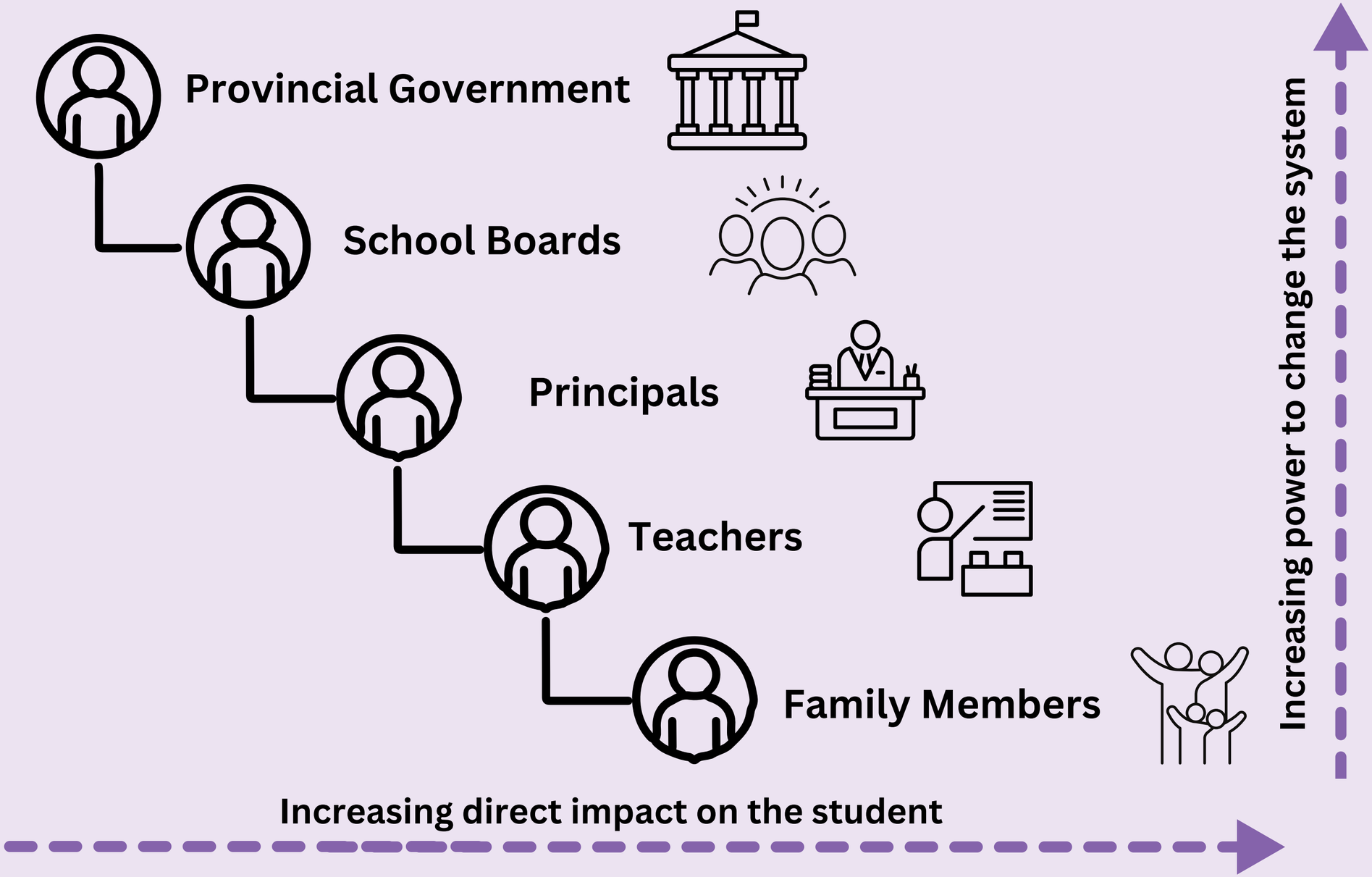
Plan international

- Improves equality & rights for girls; enhances resource accessibility

UNFPA/UNESCO

- Advocates for and supports reproductive rights & services

Who has the power to make change?



Gaps & Levers of Change

Gap 1	Gap 2	Gap 3	Gap 4
Teacher Training	Monitoring & Evaluation	Local Resources	Shame & Stigma

Gap & Lever of Change 1: Teacher Training

Gap	Lever	Intervention
Teacher Training	Acknowledge levels of comfort and need for training	Fund a standardized training program

Gap & Lever of Change 2: Monitoring & Evaluation

Gap	Lever	Intervention
No monitoring or evaluation	Need to monitor and track delivery	Implement monitoring & evaluation standards

Gap & Lever of Change 3: Lack of Local Resources

Gap → **Lever** → **Intervention**

Lack of local resources

Disparity in sexual health services

Increase accessibility

Gap & Lever of Change 4: Shame & Stigma

Gap	Lever	Intervention
Shame & Stigma	Respect individual beliefs	Provide valuable resources

Key Insights & Takeaways

- **Delivery** of sex-ed is inadequate, **not** the **curriculum**
- System **intersects** with **social**, **governmental** and **education** sectors
- Interventions: **train** teachers, foster **inclusivity**, increase **access** to **resources**
- **Feedback loops** between shame and lack of knowledge must be **broken**

Q&A