SEXUALITY EDUCATION IN
BRITISH COLUMBIA SCHOOL
SYSTEMS

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

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Adolescents in British Columbia (BC)...

57% do not know where to test for STIs

47% do not know where to get emergency contraception

47% do not know where to find birth control

(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
Teaching & learning about aspects of sexual health

Equips young people

Empowers

Develop relationships

Protect

Comprehensive Sexuality Education (CSE) (UNESCO, 2018)
Impacts of CSE delivery

**CSE**

**Increased knowledge**
- Increased knowledge of pregnancy risks
- Improved knowledge of safe sex behaviours
- Improved knowledge of STI & HIV risks
- Increased use of contraceptives
- Delayed initiation of intercourse

**Skill development and attitudes**
- Increased understanding of gender norms
- Empowers individuals to take responsibility for their decisions
- Lowered risk of gender or sexual based discrimination
- Increased self-confidence
- Helps to prevent child sexual abuse
- Improves attitudes and skills regarding healthy relationships
- Increased use of contraceptives
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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

- Every few years: 44.6%
- Once a year: 40.6%
- Multiple times a year: 4%
- No sex ed received: 10.9%
Stakeholder Relationships

**Local Community**
- Family
  - Influences beliefs and values
  - Can remove students from sex-ed class
- Cultural groups
- Religious groups
  - Share religious, cultural & political views
- Political organizations
  - Affects availability of sexual health centers

**Family**
- Support students in learning CSE
- Can remove students from sex-ed class

**Students**
- Influence beliefs and values

**Provincial Government**
- BC Ministry of Education and Child Care
  - Outlines what students should learn
  - Share religious, cultural & political views
- School board
- Teachers

**Teachers**
- Responsible for delivering CSE lessons

**School Community**
- Teachers
- School board

**Federal Government**
- Public Health Agency of Canada
  - Affects availability of sexual health centers

**Non-Governmental Organizations**
- Provide teaching materials and resources to support teachers
- Hired by schools to deliver CSE

**Local Organizations**
- Deliver CSE workshops
  - Lack of funding to train teachers
- Principals
- Students

**Political, Cultural, Religious groups**
- Influences beliefs and values

**Non-Governmental Organizations**
- Influence beliefs and values

**Local Community**
- Access educational resources provided by NGOs
- BC Ministry of Education and Child Care
  - Create CSE curriculum for all schools to implement
  - Provide teaching materials and resources to support teachers
- Students
  - Deliver CSE workshops
- Teachers
  - Responsible for delivering CSE lessons
The Root Causes of Substandard Delivery of CSE Form Reinforcing Feedback Loops

- **Lack of teacher training**
  - Discrepancies in student learning depending on schools & resources
  - Substandard delivery of CSE to students
  - Teachers can skip, gloss over or avoid CSE topics

- **Lack of comfort with sexual health topics**
  - CSE delivery depends on values and comfort level of teachers, staff and school community

- **Shame & stigma**
  - Influences societal norms and stigmatization of sexuality

- **Socio-economic barriers**
  - Less access to local sexual health centers
  - Lack of resources in rural areas

- **Historical Context**
  - Differing Attitudes
  - Discrepancies in student learning depending on teacher and local community attitudes
  - Lack of monitoring of delivery

- **Lack of monitoring of delivery**
  - Reinforcing feedback loop

- **Less access to teacher training or sexual health experts**

- **Discrepancies in student learning depending on schools & resources**

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

= reinforcing feedback loop
Root Cause: Historical Context

Substandard delivery of CSE to students

Historical Context

Influences societal norms and stigmatization of sexuality

CSE delivery depends on values and comfort level of teachers, staff and school community
Discrepancies in student learning depending on schools & resources

Substandard delivery of CSE to students

Differing Attitudes

Teachers can skip, gloss over or avoid CSE topics

Discrepancies in student learning based on teacher and local community attitudes

Lack of monitoring of delivery

Differing Attitudes

Root Cause: Differing Attitudes

Lack of monitoring of delivery

Discrepancies in student learning depending on schools & resources

Substandard delivery of CSE to students

Differing Attitudes

Teachers can skip, gloss over or avoid CSE topics

Discrepancies in student learning based on teacher and local community attitudes

Lack of monitoring of delivery

Differing Attitudes

Root Cause: Differing Attitudes
Root Cause: Lack of Teacher Training

- Substandard delivery of CSE to students
- Discrepancies in student learning depending on schools & resources
- Less access to teacher training or sexual health experts
- Less access to local sexual health centers

Discrepancies in student learning based on teacher and local community attitudes

Lack of resources in rural areas
Root Cause: Socio-economic barriers

- Discrepancies in student learning depending on schools & resources
- Substandard delivery of CSE to students
- Lack of monitoring of delivery
Root Causes: Lack of Resources in Rural Areas

- Substandard delivery of CSE to students
  - Discrepancies in student learning based on teacher and local community attitudes
  - Lack of resources in rural areas
- Discrepancies in student learning depending on schools & resources
- Less access to teacher training or sexual health experts
- Less access to local sexual health centers

CSE delivery depends on values and comfort level of teachers, staff and school community
Root Cause: Shame & Stigma

- Lack of comfort with sexual health topics
- CSE delivery depends on values and comfort level of teachers, staff, and school community
- Discrepancies in student learning based on teacher and local community attitudes
- Influences societal norms and stigmazation of sexuality

Substandard delivery of CSE to students
Current Solutions

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
- Improves equality & rights for girls; enhances resource accessibility

UNFPA/UNESCO
- Advocates for and supports reproductive rights & services

Websites
- Scarleteen, Healthy Teen Network

Resources
- Local Online
- Provincial
- National
- International
Who has the power to make change?

- Provincial Government
- School Boards
- Principals
- Teachers
- Family Members

Increasing direct impact on the student

Increasing power to change the system
Gap & Lever of Change 1: Teacher Training

Gap: Teacher Training

Lever: Acknowledge levels of comfort and need for training

Intervention: Fund a standardized training program
Gap & Lever of Change 2: Monitoring & Evaluation

**Gap**: No monitoring or evaluation

**Lever**: Need to monitor and track delivery

**Intervention**: Implement monitoring & evaluation standards
Gap & Lever of Change 3: Lack of Local Resources

- **Gap**: Lack of local resources
- **Lever**: Disparity in sexual health services
- **Intervention**: Increase accessibility
Gap & Lever of Change 4: Shame & Stigma

**Gap**
Shame & Stigma

**Lever**
Respect individual beliefs

**Intervention**
Provide valuable resources
Delivery of sex-ed is inadequate, not the curriculum

System intersects with social, governmental and education sectors

Feedback loops between shame and lack of knowledge must be broken