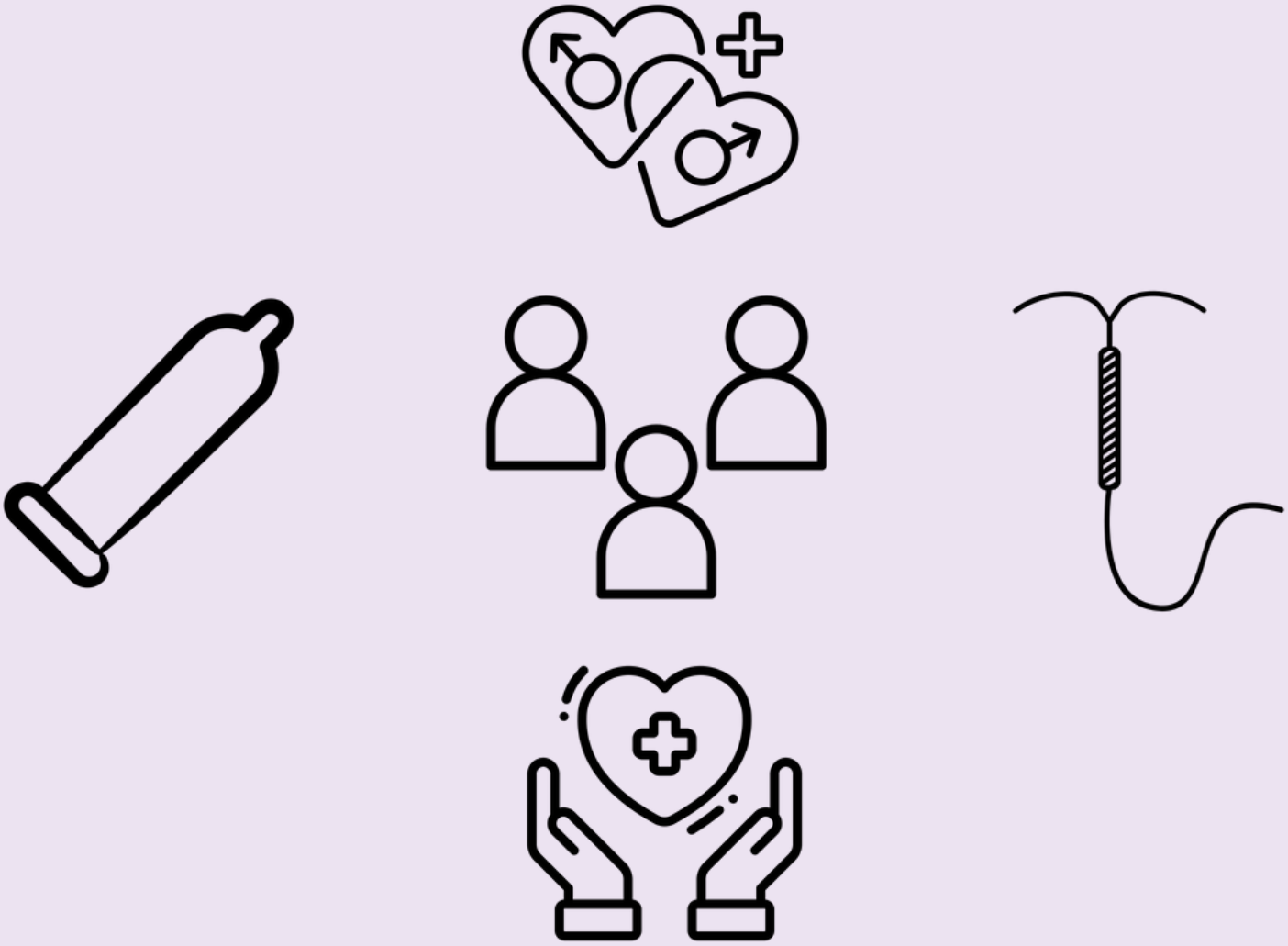
SEXUALITY EDUCATION IN BRITISH COLUMBIA SCHOOL SYSTEMS

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



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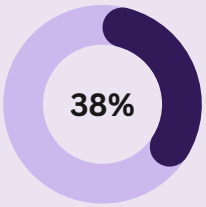
INTRODUCTION

Executive Summary

International human rights treaties and global organizations recognize comprehensive sexuality education (CSE) as a human right (Action Canada, 2019), but this right is not upheld in British Columbia (BC). The responses in the 2013 BC Adolescent Health Survey clearly demonstrates the collective lack of knowledge regarding sexual education in the province.

do not know where to test for STIs

(McCreary Centre Society, 2015)

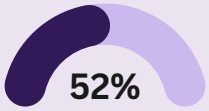


do not know where to get free condoms/contraception

(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)

Motivation & Positionality

We are a team of three UBC undergraduate students. Given our dissatisfaction with the sexuality education we received in our schools, we sought to explore the complex interactions between the various stakeholders, root causes, and gaps observed in sexuality education in BC school systems.

Terminology

> **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)

Sexuality education (SE) refers to the sexual health education one receives. Although this may encompass some aspects of CSE, it still may not be deemed as 'comprehensive'.

Research Methods

We conducted a thorough literature review of academic journals and media articles, and examined provincial curriculum documents. Primary research was conducted through interviews with BC-based sexual health educators based in and through disseminating an online anonymous survey to students. Ethical standards for conducting primary research were followed to ensure accurate data collection and anonymity.

Our primary sources include:

- 2 interviews with certified BC-based sexual health educators
  - Kristen Gilbert, Adjunct Professor at UBC School of Nursing, and Director of Education at Options for Sexual Health
  - Unnamed educator
- A survey with 101 BC respondents over 18 years of age that had graduated from a BC high school within the last 5 years

CHALLENGE LANDSCAPE

History & Current Situation

SE varies widely around the world; in most countries it is part of the school curriculum, however what the curriculum covers can vary (Rutgers, 2023b). According to data from 195 countries, 85% have policies or legal frameworks for SE (UNESCO, 2021).

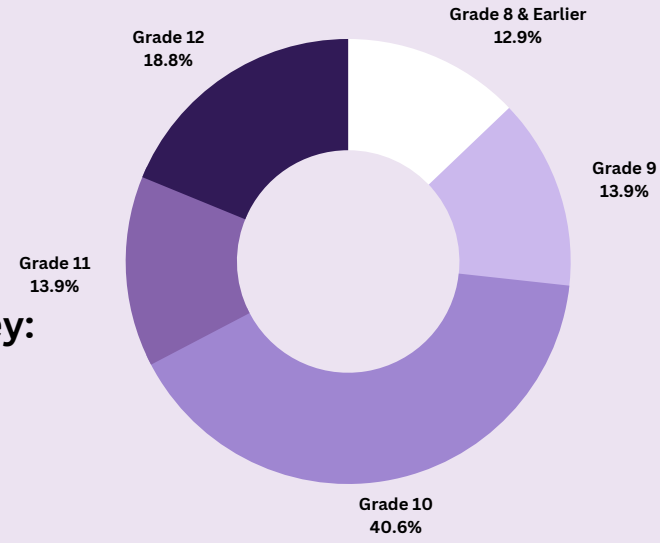
Canada is comprised of 13 provinces and territories. Education falls under provincial/territorial jurisdiction where every province/territory has its own Ministry of Education. In Canada, there are publicly-funded schools (public) and private schools, which charge for attendance. In BC specifically, private schools, including faith-based schools do receive some public funding from the government (Hemingway, 2022). Due to the fact that education is under provincial/territorial jurisdiction, the extent and quality of CSE varies widely between provinces (Rathus et al., 2020).

In the early 1900s, SE was based on ‘purity education’ and emerged out of concern regarding the spread of venereal disease (STIs) increasing after World War I & II (Rathus et al., 2020). SE became more widespread in Canada in the 1970s, with the sexual revolution and increasing teen pregnancy rates. In the mid 1990s, SE was mandated or strongly recommended in all provinces/territories due to the AIDS epidemic, increasing STI rates, and an increase in sexual activity (Rathus et al., 2020).

In BC, SE falls under the physical and health education curriculum and is mandatory until 10th grade. The curriculum was recently redesigned to be concept-based and much more flexible and personalized (New Westminster Schools, 2023). Teachers are responsible for delivering SE lessons in schools. When the curriculum changed, this led to teachers having more autonomy when delivering lessons. The new curriculum is comprehensive and includes topics such as contraception and healthy relationships (Government of British Columbia, 2023), however, teachers are not provided training on how to deliver CSE (Hyslop, 2022; Menon, 2022).

While the newly updated curriculum has been praised for being comprehensive, teachers often gloss over topics they feel uncomfortable teaching (Hyslop, 2022). Consequently, what students learn can differ depending on their school district, school, class and teachers (Rathus et al., 2020). This mirrors our survey results which found that there were significant inconsistencies in CSE delivery, with 45% of respondents indicating that CSE was delivered every few years. Additionally, respondents noted that they wished they received more CSE, and also expressed preference towards sexual health educators as opposed to teachers.

Latest grade that SHE was delivered based on our survey:



Root Causes

Historical Causes

Over 400 years ago, Catholicism was brought to Canada with European arrival (CCBC, 2023). Initially, education was primarily offered to boys through a Catholic lens, but later on, a common education system was established in Canada (Robson, 2013). As a result of colonialism, the education curriculum that was implemented was solely influenced by European values. Thus, the Canadian curriculum was deemed as narrow and one-sided as it focuses on eurocentric knowledge, and the European perspective (LeMarquand, 2021). Overall, colonialism and Canada's Catholic roots have contributed to the ways in which individuals have viewed and continued to view the topic of SE.

Differing Attitudes

Sexuality education has been and continues to be controversial for various reasons. Despite evidence that CSE actually delays initiation of intercourse, some believe that teaching CSE in school encourages intercourse (UNESCO, 2018; Zimmerman, 2022). Additionally, some parents and school boards oppose sexual education or the inclusion of certain topics such as gender or sexual identity because it goes against their individual cultural and/or religious beliefs (Zimmerman, 2022).

Lack of Teacher Training & Support

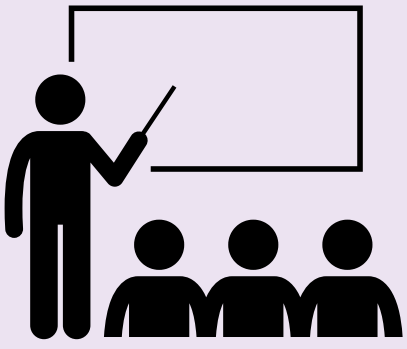
Although the curriculum is considered “excellent” by experts, the content and delivery of the broad CSE curriculum is largely up to teachers, leading to discrepancies in student learning (Tyee, 2022). A significant barrier that impedes the delivery of CSE is the level of comfort of the individual teaching it (Anonymous, personal communication, March 13, 2023; K. Gilbert, personal communication, March 22, 2023; Action Canada 2020). This can vary depending on their previous knowledge, training, personal opinions on the material, and overall interest in the topic (K. Gilbert, personal communication, March 22, 2023; Action Canada, 2020). Essentially, the quality of CSE received by youth is dependent on the capacity, comfort and values of the teacher and school community (Action Canada, 2019).

“I wish a professional would have come in to talk about it instead of our P.E. teachers.”

Survey respondent

“I only wish that they brought it up more and provided more information about it.”

Survey respondent



Socioeconomic Barriers

Teachers or counselors typically deliver CSE in schools; however, many schools in BC choose to hire independent sexual health educators, who are trained professionals from local sexual health organizations (Menon, 2022). For example, the Nanaimo school district has hired a sexual health educator to work with teachers, provide expertise, and ensure consistent delivery of CSE across every school and classroom (Cunningham, 2017). This outsourcing of CSE is specific to schools located in more affluent neighborhoods, resulting in only a fraction of students receiving CSE from a qualified educator (K. Gilbert, personal communication, March 22, 2023).

Saleema Noon, a local sexual health educator states:

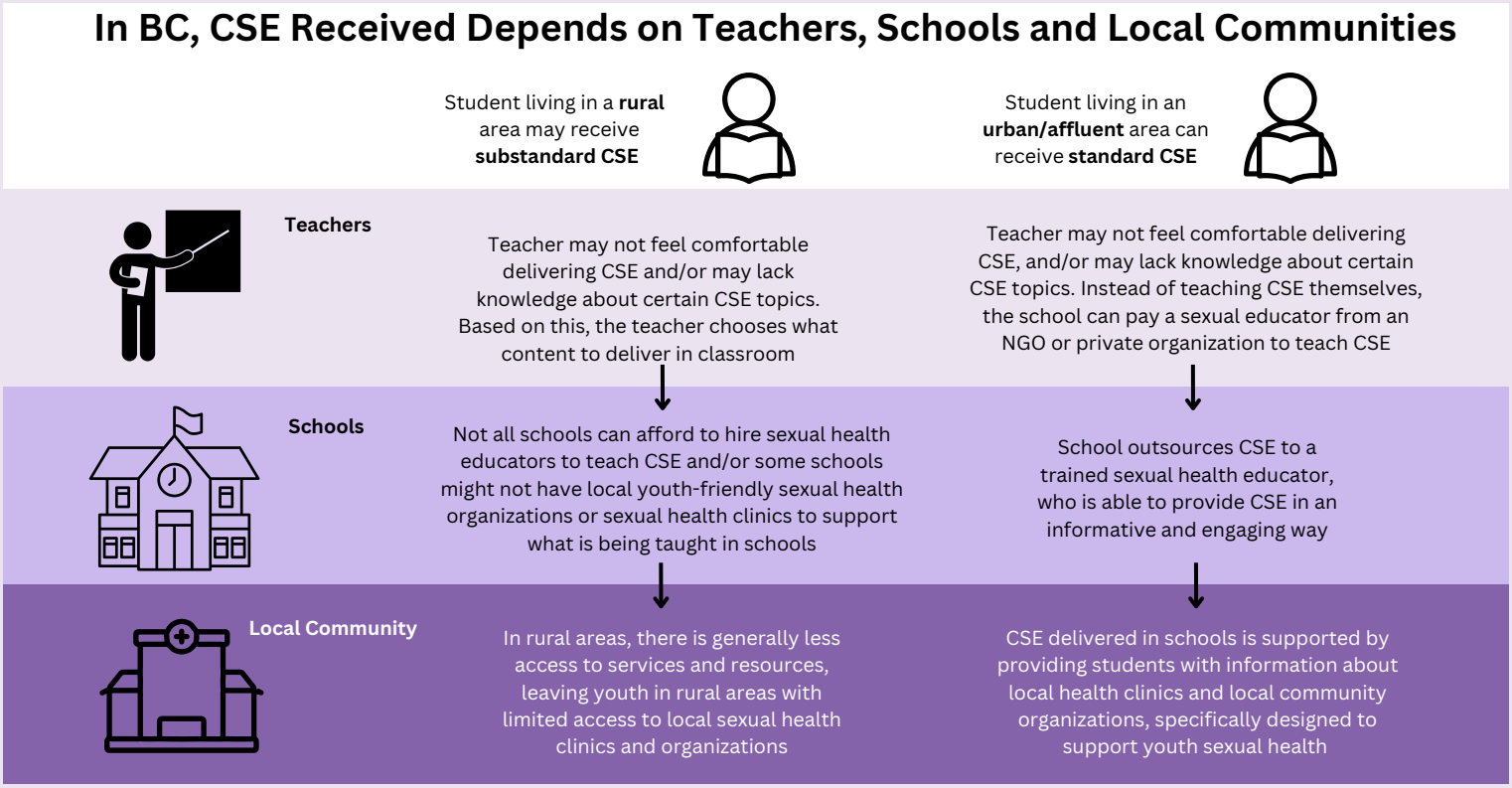
> "The reality is our teachers are not sufficiently prepared to teach sexual health. They're not given adequate training, they're not given good resources, they're not given guidance and they don't have the support they need from government to do a good job."

Saleema Noon
(Woo, 2015)

Our online survey found that only 33% of BC students received CSE after Grade 10; since CSE is only mandatory until Grade 10, students attending independent institutions or schools in well-off neighborhoods tend to be the ones receiving CSE in Grades 11 and 12, which is when many high school students need it most (BC Government 2023; K. Gilbert, personal communication, March 22, 2023).

Rural/Suburban Communities

Youth in rural and suburban communities have reported limited availability of clinics and services (e.g. only open during school hours) as well as difficulties reaching these services due to suboptimal public transportation, concerns about privacy and confidentiality with parents, friends, and community members (Shoveller et. al, 2009). Additionally, rural populations tend to have limited access to the internet which limits them from accessing online resources, thus preventing any sort of confidential seeking of help and information (BC Government, 2023). Youth in rural or remote areas often have the most limited access to youth-friendly sexual health services as centers in urban areas generally have more specialized teacher training, sexual health educators, and sexual health services (Action Canada, 2019).

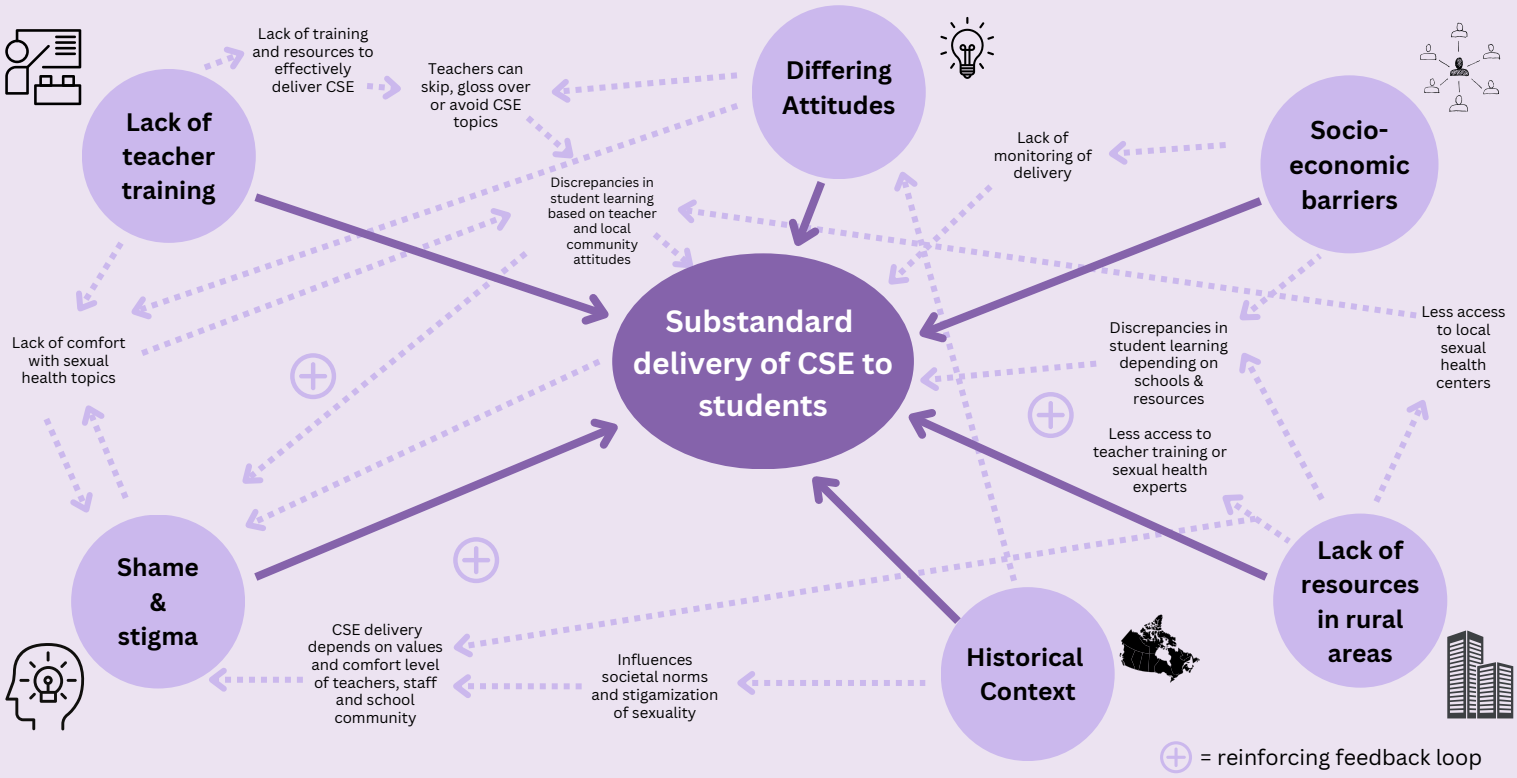


Shame and Stigma

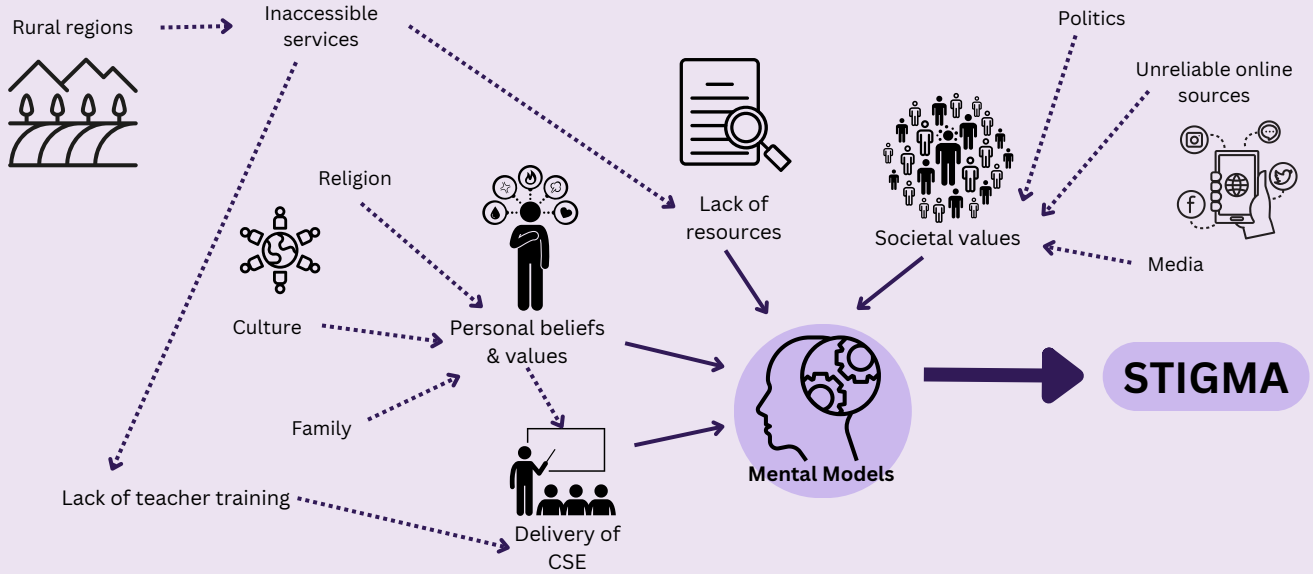
SE is often stigmatized, which serves as a barrier to the delivery of CSE. The shame associated with sex is known to prevent youth from engaging in conversations regarding their sexual concerns, as well as getting tested for STIs (Wong et. al, 2012). There is also a social component to stigmatization of sex, where youth fear for how they are perceived by friends, classmates, family members, and romantic/sexual partners (Shoveller et. al, 2009; Wong et. al, 2012). There is a reinforcing feedback loop in which shame discourages open conversations about sexuality, leads to a lack of knowledge about the topic, which then amplifies the feelings of shame and stigma surrounding the subject of sexual health. For example, SE is the only class where parents can pull their child from the lesson. This demonstrates that this reinforcing feedback loop can be perpetuated by a student's family and local community. Some school communities and parents believe that CSE is "dangerous" and "promiscuous" (K. Gilbert, personal communication, March 22, 2023). This can lead teachers to be more reluctant to teach CSE (K. Gilbert, personal communication, March 22 2023).

The historical context and the shame and stigma associated with sexuality, coupled with differing attitudes makes this complex system difficult to shift. The lack of teacher training, differences between urban and rural resources, and the ability for some schools to outsource has resulted in significant disparity between those with varying socioeconomic statuses. Overall, the strength of the root causes identified as well as the connections between them have created a rigid system where various stakeholders need to take action to weaken the feedback loops of the system.

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



Sexuality Education Continues to be Stigmatized due to Various Influencing Factors within the System

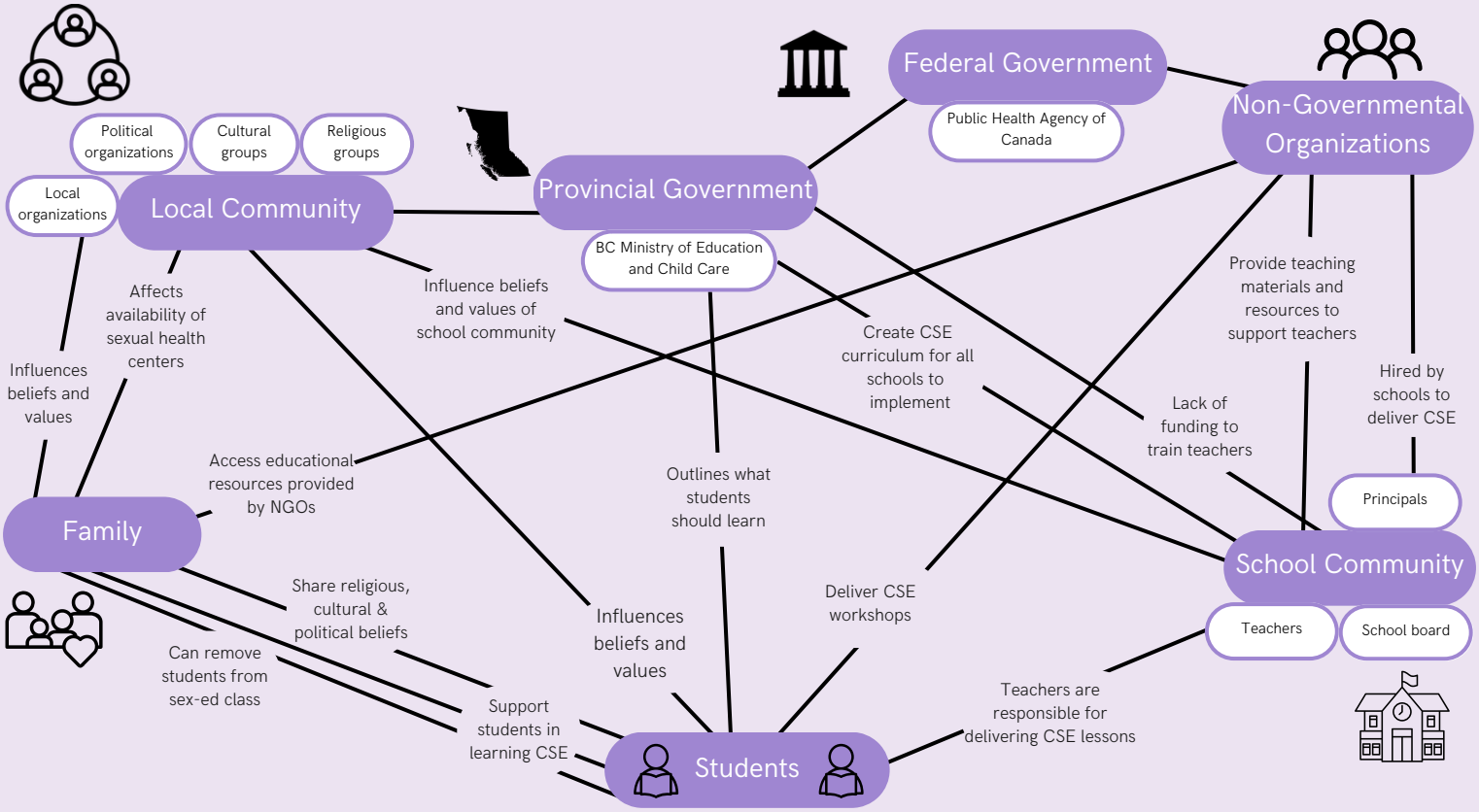


Shame and stigma is a primary root cause which all stakeholders have interactions with. A reinforcing feedback loop is created & amplified as CSE continues to be inadequately delivered.

Stakeholders

Societal norms, media, cultural beliefs, and political values continue to perpetuate stigma and shame around SE. When it comes to the delivery of SE in schools, teachers have the most direct opportunity to influence the delivery of the curriculum. Because education falls under provincial jurisdiction in Canada, and teachers are responsible for teaching CSE, the provincial government is the stakeholder that has the most power to influence CSE delivery by increasing funding and implementing training programs, monitoring, and evaluation.

Stakeholder Relationships



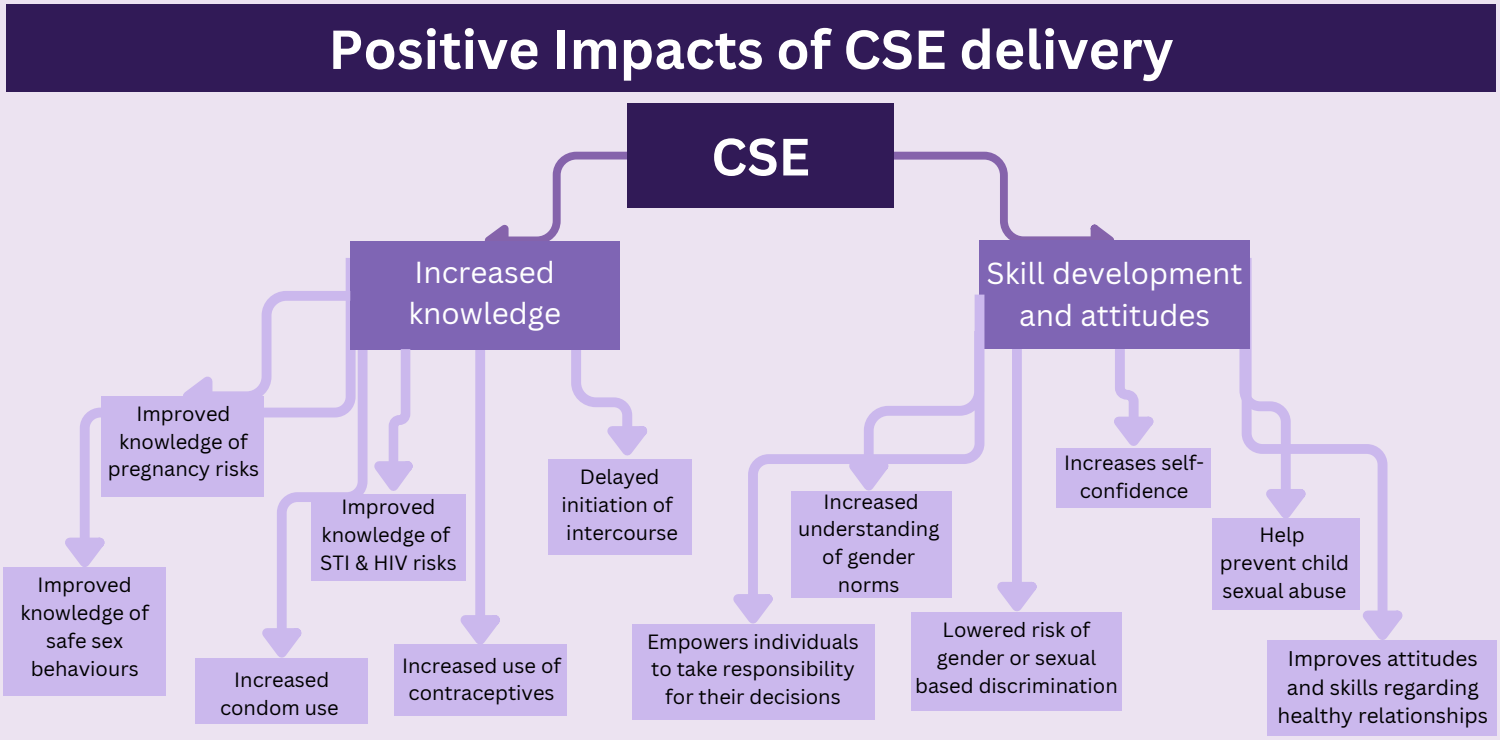
Impacts

Lack of Knowledge

Inadequate delivery of CSE to BC students has led to knowledge gaps, which were evident after the analysis of the aforementioned 2013 BC Adolescent Health Survey (McCreary Centre Society, 2015). STIs and blood-borne infections disproportionately affect youth in Canada (Public Health Agency of Canada, 2014), yet the majority of Canadian youth do not know how to prevent STIs or where to get tested (Action Canada, 2020). Many young people in Canada are hesitant to reach out regarding their sexual health due to barriers such as limited access, social judgment, privacy, sexual orientation, and limited knowledge (Shoveller et. al, 2009). CSE leads to a variety of positive outcomes including delayed initiation of intercourse, reduced risk taking, reduced number of partners, increased condom use and increased contraceptive use (UNESCO, 2018). These outcomes play an important role in the social component of the system by improving attitudes and encouraging healthy decision making, which would weaken the feedback loop that perpetuates shame and stigma.

Lack of Opportunity to Develop Positive Skills and Attitudes

CSE is affirming and inclusive, and has been shown to improve people's attitudes towards sexuality (UNESCO, 2018). In addition, CSE has been shown to support young people develop healthy communication skills and can lead to an appreciation of sexual diversity, development of healthy relationships, and improved social-emotional learning (Goldfarb and Lieberman, 2020). Also, CSE can play a strong role in reducing gender-based violence by focusing on harmful gender norms, creating cultures of consent, and giving young people the tools to build healthy relationships (Action Canada, 2019; UNESCO, 2018). In fact, LGBT individuals are at a notably high risk of discrimination and contracting STIs (Campbell, 2013). Thus, CSE does not only drive progressive attitudes but also reduces risks of violence and may prevent unnecessary strains on healthcare systems, thereby tackling various societal aspects.



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

SOLUTIONS LANDSCAPE

International Solutions

There are many international non-governmental organizations (NGOs) which aim to improve the accessibility of SE and resources for youth. For example, Plan International focuses on initiatives such as LGBTQ+ inclusion, menstruation, and teenage pregnancy (Plan International, 2023), and the United Nations Population Fund advocates for reproductive rights and health services in order to end gender-based violence and other harmful practices (UNFPA, 2022).

Case Study: The Netherlands 

In the Netherlands, receiving CSE is mandated (Helmer et al., 2014) in both elementary and secondary schools (Rutgers, 2023a). From an early age, students learn about sexual education from a sex-positive perspective, which assists them with their future sexual decision-making. Language that is inclusive, direct, and clear is used when delivering sexual health content in order for students of all backgrounds, ages and abilities to understand. In turn, the nation is known to have very low rates of STIs and teenage pregnancy (Rutgers, 2022).

Case Study: The United States (US)

In the US, only 39 states and the District of Columbia mandate some form of SE (Planned Parenthood, 2023). In these states, what is taught to students is based on the school district, which has led to inconsistencies across the states. Additionally, the US federal government has funded an AOUM program (abstinence-only until marriage) and has spent over $2.1 billion since 1996 (Malamud, 2020). This has been shown to be ineffective, and does not protect the health of students (Malamud, 2020).

National Solutions

The Sex Information & Education Council of Canada (SIECCAN) and Action Canada for Sexual Health and Rights are both NGOs which develop and distribute resources to support educators in delivering CSE (Action Canada, 2023; SIECCAN, 2023). As well, in 2019, SIECCAN published the Canadian Guidelines for Sexual Health Education, which outlines key components of SE in Canada (SIECCAN, 2023); this document is endorsed by the Public Health Agency of Canada, and is designed to guide policymakers and educators to ensure they are meeting the standards of teaching CSE (Action Canada, 2019).

Provincial Solutions

Options for Sexual Health (Options) is a BC-based organization that offers sexual and reproductive healthcare, information, and resources based in BC. In addition to running 60 clinics offering a range of sexual health care services, Options offers CSE workshops to Grades K-12 and a Sexual Health Educator Certification Program, a training program for individuals to deliver CSE (Options for Sexual Health, 2023).

Online Solutions

There are many reliable online resources that thoroughly discuss CSE. Although there are some barriers to accessing information online, sources such as Scarleteen and Healthy Teen Network are useful alternatives to those who may not have access to CSE or want to learn more (K. Gilbert, personal communication, March 22, 2023).

GAPS AND LEVERS OF CHANGE

Gap & Lever of Change 1

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

A standardized teacher training program would 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 (Boriero, 2021). For example, teachers in Quebec have called on their provincial government to receive more funding for training (Boriero, 2021). 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 (UNESCO, 2018). 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

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

Currently there is no federal or provincial evaluation or standards to oversee the implementation of the CSE curriculum. Therefore, the federal and provincial governments should collaborate and implement monitoring and evaluation standards of the CSE being delivered (Action Canada, 2019). The BC Adolescent Health Survey collects some data regarding the knowledge that BC students have about sexual health outcomes, however, this 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 NGOs 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

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 (UNESCO, 2018). 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 quality information (Plan International, 2020). The federal government should allocate funding to invest in training of sexual health educators (Action Canada, 2020). It is important to note that some British Columbians living in rural communities do not have access to high-speed internet and cellular service (BC Government, 2023); this continues to be a barrier for individuals in these communities in accessing reliable online sources for sexual health information. Therefore, an increase in availability of both clinics, and clinic hours is necessary (Shoveller et. al, 2009). An increase in collaboration between government, local sexual health services/clinics, and schools can help to increase accessibility for students through measures including flexible hours, and online/phone services (Shoveller et. al, 2009).

Gap & Lever of Change 4

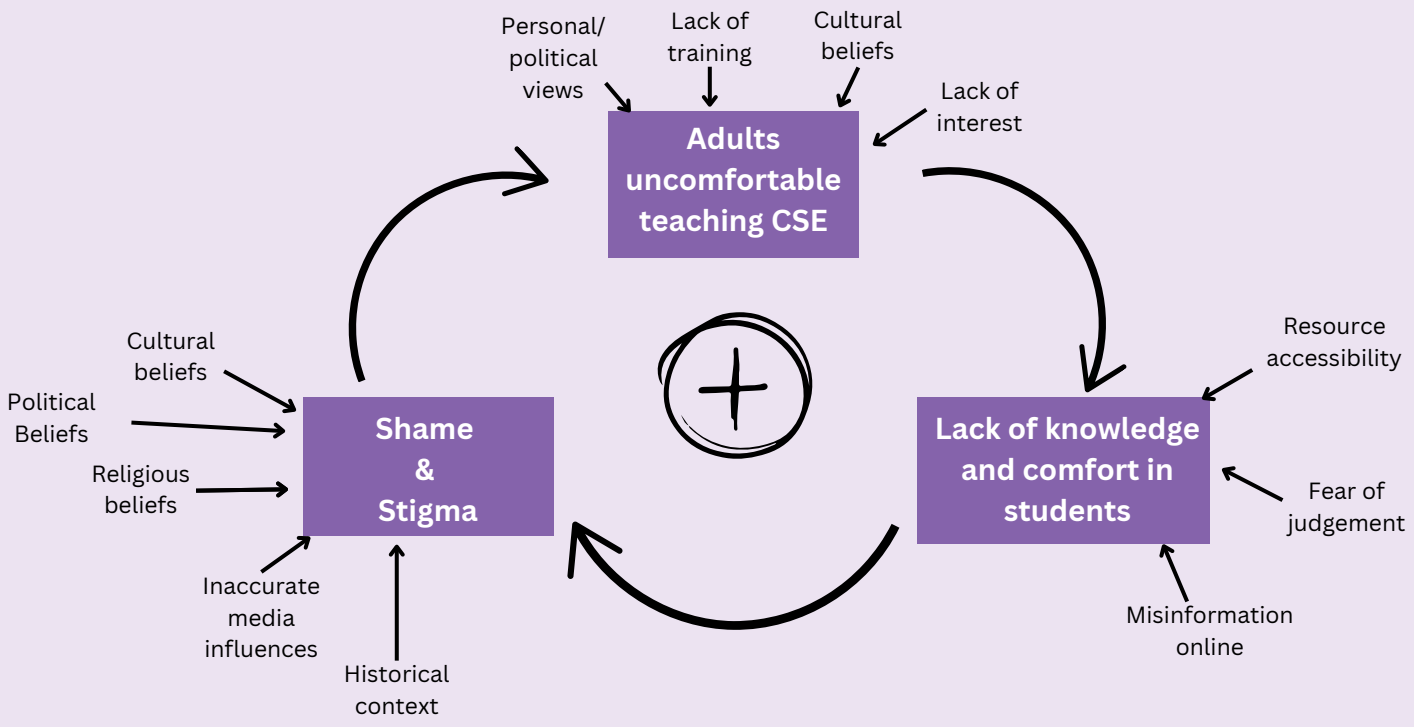
Gap	Lever	Intervention
There is persistent shame and stigma surrounding sexual health education within school systems	Respect and acknowledge that every individual has their own beliefs, values and comfort level regarding SE	Teachers and parents should be provided with the resources to teach CSE, and understand its importance and relevance

Given that family and community values influence a student's perspective regarding CSE, parent and caregiver support is essential (Anonymous, personal communication, March 13, 2023; UNESCO, 2018). 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. Teachers and the broader school community must not tolerate discrimination or bullying towards students such as transphobia, homophobia, or gender based discrimination (Plan International, 2020). 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 (UNESCO, 2018). Furthermore, by providing teacher training, teachers delivering CSE are providing the education from an inclusive standpoint and without judgment, bias or prejudice (Plan International, 2020). Increased collaboration between schools and non-governmental organizations providing CSE information can help to ensure students have the greatest access to information, which helps to reduce stigma surrounding CSE in the long term.

KEY INSIGHTS

Initially, we thought that the issues underlying the SE system in BC were due to the curriculum. However, throughout our research, we learned that it is the delivery, not the curriculum, that is the key issue in the system. The complex system of CSE delivery intersects with social, governmental and education sectors, and reflects how historical causes, continued stigmatization, differences in socioeconomic status, and local community resources affect the quality of CSE received. Overall, improved delivery of CSE is needed to break the link in the cycle between shame and lack of knowledge in order for the future generations of British Columbians to be educated about sexual health and receive the knowledge they have a right to know.

Key Lesson Learned: There is a positive feedback loop reinforcing the challenge



APPENDIX

Questions Responses 101 Settings

Sexual Health Education in BC High Schools

We are a group of students (Gabi Villamil, Jenna Ramji, and Raiyana Alibhai) who are conducting a research project regarding sexual health education (SHE) in BC high schools. We would really appreciate it if you could spend 5 minutes filling out this survey. Your answers will be confidential, and will be used for Map the System research competition. Please note that we are collecting results from those who attended BC High Schools only. Thank you for your participation!

Are you over 18 years old, attended a high school in BC, and graduated within the last 5 years? *

- Yes
- No

How often did you receive sexual health education throughout high school? *

- I did not receive sexual health education throughout high school
- Every few years
- Once a year
- Multiple times a year

What was the latest grade you received sexual health education? *

- Elementary School
- Grade 8
- Grade 9
- Grade 10
- Grade 11
- Grade 12

What topics did your sexual health education cover? Select all that apply. *

- STIs
- Consent
- Anatomy
- Contraception
- Pregnancy Options
- Puberty
- Sexual Identity
- Healthy Sexual Decision Making
- Healthy Relationships

Who provided the sexual health education you received? Select all that apply. *

- Sexual Health Educator
- Teacher
- Parent
- Peer
- Other...

From where have you received most of your sexual health education? *

- High school teachers
- Sexual health educator
- Parents / guardians
- Siblings
- Friends
- Family doctor
- Online resources

To what extent do you feel the sexual health education you received prepared you for you to make sexual health decisions in the future? *

- Very prepared
- Adequately prepared
- Neither unprepared or prepared
- Somewhat unprepared
- Very unprepared

To what extent were you satisfied with the sexual health education you received in high school? *

- Extremely satisfied
- Somewhat satisfied
- Neither satisfied nor unsatisfied
- Somewhat dissatisfied
- Very dissatisfied

Do you have any other thoughts regarding your sexual health education experience throughout high school?

Long answer text