Best Practices and Obstacles Teaching Sexual Health Education at the High School Level

By

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A major research project submitted in conformity with the requirements for the Master of Teaching Program
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Abstract

Ontario’s implemented Sexual Health Education (SHE) curricula are the oldest sexual health curricula across Canada (Oliver et al., 2013; Ontario Ministry of Education, 1999; Ontario Ministry of Education, 2000). Implementing outdated SHE curricula is problematic since many topics related to sexual health are not addressed, such as the influence of social media on sexuality and discussing the spectrum of sexual orientations and gender identities (Murray, 2011). Also, Ontario’s SHE frames sexual health narrowly, emphasizing the biology and risks of sexual activity (Meaney et al., 2009) while failing to consider the healthy, positive, and “normative” aspects of sexual development (Salehi & Flicker, 2010). SHE has been a longstanding source of controversy among parents, students, and religious groups, yet teachers’ views remain virtually nonexistent (Ninomiya, 2010).

Four experienced Ontario high school teachers were interviewed for this study using semi-structured interviews. Interviews focused on exploring best practice strategies for and obstacles to teaching SHE in Grades 9 through 12, as well as recommended changes for Ontario’s SHE curricula in Grades 9 through 12. Using a Critical Pedagogy framework, various themes emerged under best practice strategies (e.g. take a student-centred teaching approach by letting students decide which topics they would like to explore in SHE), obstacles (e.g. backlash due to sensitivity, cultural and religious beliefs), and direction for change (e.g. introduce sexual health topics in earlier grades).
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Best Practices and Obstacles Teaching Sexual Health Education at the High School Level

Chapter 1: Introduction

Background of the Study

Teachers have many responsibilities, from fostering a safe learning environment to teaching multiple subject areas. In addition, educators are expected to support the “Whole Student”, which includes each student’s emotional, cognitive, behavioural, and psychological wellbeing. It is important for educators to be aware of the complexities of their students, and to be mindful of each aspect of their development. While educators focus on the “Whole Student”, too often they ignore the “Sexual Student”. Sexual development is a fundamental aspect of identity (Russell, 2005; Tolman & McClelland, 2011), yet is often responded to inadequately in school (Flicker et al., 2010; Taylor, Peter, Schachter, Paquin, Beldom, Gross, & McMinn, 2008).

Ontario students receive Sexual Health Education (SHE) as part of their education. After attending school in Toronto from Kindergarten to Grade 12, and gaining multiple experiences working in educational settings (e.g. volunteering in classrooms and practicum placements), I recognized that Ontario’s SHE is often approached inadequately – likely due to a combination of teaching from specific expectations that are over 15 years old and ineffective teacher pedagogy. The last time I received SHE was in Grade 9, which was nine years ago. I vividly remember being taught about many negative outcomes of sexual behaviour, such as unplanned teenage pregnancy, sexual abuse, and sexually transmitted infections (STIs). Studies conducted across Canada have shown that many students feel that SHE predominantly emphasizes negative consequences of sexual activity (Begoray, Wharf-Higgins, & MacDonald, 2009; Oliver, van der Meulen, Larkin, Flicker, & the Toronto Teen Survey Research Team, 2013; Phillips & Martinez, 2010). Although it is important to talk about such risks in SHE, it is not sufficient; there are
many aspects of sexual health beyond “dangers”. From both curricular and pedagogical
standpoints, students are not receiving the proper SHE that they need to develop into healthy and
educated beings (Allen, 2005; Byers, Sears, Voyer, Thurlow, Cohen, & Weaver, 2003a; Byers,
Sears, Voyer, Thurlow, Cohen, & Weaver, 2003b). Therefore, to unpack and discover what is
needed to improve Ontario’s SHE teaching, I researched and analyzed this topic from a novel
perspective: the point of view of experienced Ontario SHE teachers.

**Purpose of the Study**

There are extensive resources, from academic articles to newscasts, outlining students’,
parents’, religious groups’, and the Ontario Ministry of Education’s views about how SHE
should be designed and delivered (e.g. Brown, 2012; Byers, Sears, & Foster, 2013; Fentahun,
Assega, Alemseged, & Ambaw, 2012; McKay, Byers, Voyer, Humphreys, & Markham, 2014;
Meaney, Rye, Solovieva, & Wood, 2009). However, teachers’ voices remain unacknowledged
(Ninomiya, 2010). The purpose of this study was to examine what four experienced Ontario
secondary school teachers consider to be best practices strategies for teaching SHE for Grades 9
through 12, as well as identify the obstacles they face teaching SHE and directions for change in
SHE. This topic is imperative to investigate given that teachers implement curricula to students,
and therefore, are important stakeholders to consider while investigating what is required to meet
students’ needs. Additionally, the Ontario Ministry of Education recently released updated SHE
curricula – the first time in over a decade and a half (Ontario Ministry of Education, 2015b). As
of September 2015, Ontario teachers will be required to implement a much more holistic and
progressive curricula relative to the 1998 and 1999 versions. Moving forward, it is vital for
teachers to understand how they can improve their practice and overcome obstacles they may
face during SHE as it may ease their transition from implementing the old to the new curricula.
Phenomenon of the Study

In Ontario, SHE is part of the Health and Physical Education (HPE) curriculum (Ontario Ministry of Education, 1999; Ontario Ministry of Education, 2000). SHE is taught during the Healthy Growth and Sexuality strand of the HPE curriculum. The currently implemented HPE curricula were last updated in 1999 for Grades 9 and 10, and in 2000 for Grades 11 and 12 (and in 1998 for Grades 7 and 8, even though the remaining HPE curriculum was updated in 2010; Ontario Ministry of Education, 2010). For the purposes of this research project, only the Grade 9 to 12 SHE curricula were examined.

When this study was conducted, Ontario had the oldest SHE curricula across Canada (Oliver et al., 2013). Ontario’s 1999 and 2000 SHE curricula, expressed as specific expectations, covered a few topics, including prevention methods for pregnancy and STIs, identifying sexual health services, stages of sexual development, factors contributing to healthy sexual relationships, and understanding the pressures adolescents face with regards to being sexually active.

Rationale of the Study

As this study was being conducted, the Ontario SHE curricula were updated and released in February 2015 (Ontario Ministry of Education, 2015a; Ontario Ministry of Education, 2015b). Although the new curricula have been released, this study was designed and completed with reference to the curriculum documents from 1999 and 2000. As such, when referring to Ontario’s SHE throughout this study (e.g. curriculum documents, specific expectations), the 1999 and 2000 curricula were being discussed.

There are three fundamental issues with Ontario’s SHE: the curricula are 16 and 15 years out of date, respectively; the curricula structure sexuality in a narrow framework; and HPE is only mandatory until Grade 9 (Meaney et al., 2009; Ontario Ministry of Education, 2013b). With
regards to the first issue, the way sexuality is expressed, understood and conceptualized has
changed significantly over the last decade, yet is not represented in the specific expectations and
therefore does not have to be taught by SHE teachers. For example, technology has become a
significant part of adolescents’ lives and has drastically changed the way sexuality is expressed.
Two common technologically-supported sexual activities include sexting, which is the act of
sending text messages containing sexually explicit messages or images (Hasinoff, 2012), and
cybersex, which involves using the Internet to engage in virtual sexual activity (e.g. sending
sexually provocative pictures, videos or messages via e-mail, online chat rooms or webcam;
Albright, 2008; Shaughnessy, Byers, & Thornton, 2011). Other forms of technology that have
evolved considerably over the past decade are social networking platforms and mobile
applications, such as Snapchat, Twitter, and Facebook (Fitton & Harold, 2013). These websites
and mobile applications enable individuals to easily send and receive images, videos and
messages, some of which include sexually explicit content. Given the ubiquitous use of
technology among adolescents (Fitton, Ahmedani, Harold, & Shifflet, 2013; Subrahmanyam, &
Greenfield, 2008; Yang & Brown, 2013), it is a disservice to students to ignore these topics
during sexual health instruction.

Additionally, there have been significant advances in social justice, including the
legalization of marriage equality in Canada in 2005 (Gereluk, 2013) and the passing of Ontario's
Bill 13 (the Accepting Schools Act) in 2012, which mandates that principals and school boards
cannot refuse students the right to create and name a Gay-Straight Alliance at their school
(Broten, 2012). Despite widespread awareness about the spectrum of sexual orientations and
gender identities over the last decade, such as gay, lesbian, bisexual, transgender, two-spirited,
and intersex (Rands, 2009), none are mentioned in the 1999 and 2000 SHE specific expectations,
and as such, may not appear in SHE lessons. Since SHE fails to acknowledge these aforementioned topics, it is not capturing modern sexuality of Canadian youths nor of the general Canadian population.

With respect to the second issue, Ontario’s SHE adopts a risk- and biology-centred framework (Oliver et al., 2013). Risk-centred SHE includes emphasizing the risks and consequences of sexual behaviour, such as STIs, pregnancy and sexual harassment (Meaney et al., 2009). Biology-centred SHE focuses on the functions of sex organs, sexual development, puberty and reproduction. Since the SHE curricula approach sexual health in such a limited manner – by not going beyond the “risk” and “biology” of sexuality and sexual behaviour – it makes it difficult for teachers to encourage students to critically analyze the different lenses through which sexuality can be studied.

With regards to the third issue, HPE is only mandatory until Grade 9; as such, students who discontinue taking HPE in Grade 10 and onwards do not receive SHE (Meaney et al., 2009; Ontario Ministry of Education, 1999). There are no other courses offered to Ontario high school students that mandate SHE in its curriculum. It is problematic that some students are not receiving information about sexual health past Grade 9 given that sexuality is a significant component of one’s identity and is actively being defined at this age and stage of development (Salehi, Flicker, & the Toronto Teen Survey Team, 2010).

**Significance of the Study**

Until the implementation of the new curricula in September 2015, teachers are caught in a predicament: do they tend to their students’ academic needs by modernizing the SHE material they present, or do they continue to follow the outdated curricula? In the former case, teachers are diverting from the curricula, and in the latter, students are deprived of updated and relevant
information about sexual health. I thought it would be important for experienced teachers to provide insight into how they can best teach SHE in Ontario to ensure students are receiving a rich education while identifying potential obstacles to provide effective SHE. Even though the curricula have recently been updated, situations like these could potentially occur in the future and therefore this research will continue to remain relevant for years to come.

**Research Questions**

The main question that drove my Master of Teaching Research Project (MTRP) was *In what ways do four secondary school teachers exhibit best practice strategies for teaching Sexual Health Education in Grades 9 through 12?* The goal of my research project was to also answer the following subquestions:

1) What obstacles do secondary school teachers face while teaching Sexual Health Education in Grades 9 through 12?

2) What changes need to be made to Sexual Health Education for Grades 9 through 12 to benefit current and future secondary school students?

Through this research, my intentions were to provide insight into how teachers can improve their sexual health pedagogy, understand the obstacles they may face teaching SHE, and discuss potential directions for change with regards to SHE delivery and design to provide secondary school students with the most effective and positive educational experience possible.

**Background of the Researcher**

I completed a Bachelor of Arts in Psychology at Ryerson University. I received quantitative research experience throughout my degree in the area of clinical psychology. Throughout my degree, I also took a variety of courses about sexuality from different disciplines, including political science, sociology and psychology. Despite the fact that the disciplines vary,
they each had a common message: sexuality is misunderstood, portrayed as dangerous and threatening, and is highly uncomfortable to talk about.

In the context of sexuality and political science, there are grave repercussions as a result of misunderstanding what sexuality means. For example, consider the United States; nearly half of all states “require that abstinence be stressed” (emphasis added) in school (Guttmacher Institute, 2013, p. 2). However, studies have shown that abstinence-based SHE is positively correlated with teenage pregnancy and abortion rates (Stanger-Hall & Hall, 2011). There appears to be many misconceptions about sexuality that are frequently perpetuated by SHE.

With respect to sociology, my professor gave a lecture on sexuality and education. My professor argued that schools are not providing students with adequate or accurate information about sexuality; she claimed that SHE tends to make students believe that engaging in sexual behaviour is deviant, and if they are engaging in sexual behaviours, SHE predominantly perpetuates heteronormative ideas of sex(uality) since “sex” is usually defined as penile-vaginal intercourse. Similar to my sociology professor’s argument about the “deviant nature” of sexual behaviour, my psychology professor argued that one significant piece missing from SHE is the fact that sexual behaviour is “normal”. My aforementioned professors made me realize that, even though education is supposed to benefit students by preparing them for the future, Ontario’s SHE curricula are doing the opposite. SHE makes students believe that sexuality should be viewed objectively, heteronormatively, and only from a scientific perspective, rather than exploring and analyzing sexuality holistically – as a normative and healthy component of development. The courses I completed throughout my undergraduate studies inspired me to explore this topic further. I amalgamated my previous research experience, interest in the courses I have taken throughout my university education and passion for education to complete my MTRP.
Overview

Chapter 1 includes the background of the study; the purpose of the study; the phenomenon of the study; the rationale of the study; the significance of the study; and the research questions answered through this project. It also provides a brief overview of myself as the primary researcher and my experiences that led me to choose this MTRP topic.

Chapter 2 contains a review of the literature. The literature review is broken up into seven sub-topics: an overview of Ontario’s HPE; issues with Ontario’s SHE; the history of teaching SHE; national and international issues with SHE; sexuality of the 21st century; the relationship between teachers and SHE; and an overview of the theoretical framework that framed this project, Critical Pedagogy.

Chapter 3 provides the methodology that was used in this study. The methodology chapter is divided into seven subsections: study design, participants, instruments of data collection, procedure, data collection and analysis, ethical review procedures, and limitations.

Chapter 4 presents the data collected from the interviews. The data are organized by research question (best practices, obstacles, and directions for change), which is further organized by theme.

In Chapter 5, I present an analysis of the interview data, connecting the findings to the literature review and the overarching research question and sub-questions. The analysis was framed using Critical Pedagogy. I also discuss the implications of this study, future directions for research based on the findings, and some final conclusions.
Chapter 2: Literature Review

Ontario’s Health and Physical Education (HPE)

Before the release of the 2015 curricula, Health and Physical Education (HPE) was divided into three separate curriculum documents: Grade 1 to Grade 8 (Ontario Ministry of Education, 2010), Grade 9 and Grade 10 (Ontario Ministry of Education, 1999) and Grade 11 and Grade 12 (Ontario Ministry of Education, 2000). I chose to focus on the HPE curricula for Grades 9 and 10 and Grades 11 and 12 since the entire HPE curriculum documents have not been updated in 16 and 15 years, respectively, and are the oldest implemented SHE curricula across Canada. The HPE curriculum documents for the secondary school grades have four strands: 1. Physical activity; 2. Active living; 3. Healthy living; and 4. Living skills (Ontario Ministry of Education, 1999; Ontario Ministry of Education, 2000). SHE (used synonymously with Healthy Growth and Sexuality) falls under the Healthy Living strand, which addresses the knowledge and skills that students need to make informed decisions related to healthy growth and sexuality, mental health, and personal safety and injury prevention. The topics included in this strand are “Healthy Growth and Sexuality”, “Substance Use and Abuse”, “Personal Safety and Injury Prevention”, and “Healthy Eating”. (Ontario Ministry of Education, 1999, p.6)

As previously mentioned, the Healthy Growth and Sexuality strand (i.e. SHE) covers a variety of topics (which are expressed as specific expectations), such as factors that contribute to healthy sexual relationships, the developmental stages of sexuality, and identifying services that relate to sexual health concerns (see Ontario Ministry of Education, 1999 and Ontario Ministry of Education, 2000 for all specific expectations for Healthy Growth and Sexuality).

Issues with Ontario’s SHE Curricula

The Curriculum Council, along with the Minister of Education, are responsible for the development for all Ontario curricula (Ontario Ministry of Education, 2013a). The Council
members are comprised of education experts and community leaders. Despite hiring individuals with expertise to develop curricula, the SHE curricula reveal that the scope of what constitutes sexuality is very limited. The SHE specific expectations can be reduced to four fundamental constructs: 1. the biology of sex (e.g. reproduction and sexual development); 2. consequences of sexual intimacy (e.g. STIs and pregnancy); 3. relationships; and 4. impact of societal factors on sexuality (e.g. gender roles and the media). There are significant components of sexuality that are not being addressed, such as sexual orientation, gender identity, the impact of technology on sexual expression and behaviour, positive and pleasurable aspects of sexual behaviour, and “normative” emotions that accompany sexual development.

Also, the specific expectations are overwhelmingly vague, leaving educators to interpret them in whichever way they choose. This subjectivity is problematic, as students receive highly variant information that is largely dependent on teachers’ comfort levels teaching and discussing topics related to sexual health, as well as their personal knowledge about the topic (Cohen, Byers, & Sears, 2012). To better understand the magnitude of these issues, it is vital to compare Ontario’s SHE with others across Canada, the U.S., and other comparable countries; understand how sexuality is represented, interpreted, and expressed in the 21st century; and investigate the role of teachers in relation to SHE.

**Teaching SHE: A Historical Overview**

SHE has been a source of controversy and disagreement for decades. For example, Herold and Benson (1979) conducted a survey to assess the issues Ontario teachers faced during the 1970s when teaching SHE. The study, which had a sample of 755 teacher participants, revealed that they encountered many issues while teaching SHE. The most frequently mentioned issue teachers faced (24% of respondents) was students’ maturity levels and prior knowledge
about sexual health; SHE content seemed repetitious to students who had studied SHE before, while immature students struggled to take SHE lessons seriously. The second most reported issue was student shyness and/or embarrassment (19%), making it difficult for teachers to have an open discourse with their class. These issues were exacerbated when SHE classes were co-gendered.

Furthermore, educators were conflicted about how they should implement the curriculum; they questioned whether they should only state objective facts, or consider and discuss the diverse opinions students may have. Twelve percent of teacher participants reported that their values made teaching SHE difficult, as they struggled to conceal their own values and opinions about sexuality. Additionally, 70% of teachers felt that the materials available to teach SHE were inadequate, outdated, unrealistic and were geared toward a general audience rather than a specific age group. Many teachers complained that educational resources were gender stereotyped, such as information claiming that females are less interested in sex than males (Herold & Benson, 1979).

A final significant issue that educators indicated was the lack of initial teacher preparation to teach this subject. Only 18% of the participants in the study had taken a course in human sexuality (Herold & Benson, 1979). Since teaching, under half of the subjects had taken an in-service course or workshop about teaching SHE, but most sessions lasted a day or less. However, 70% of the participants reported that they would be interested in taking a workshop if given the opportunity. Participants reported other significant issues, such as the lack of a structured SHE program at their school, lack of clear and detailed specific expectations, teachers’ low knowledge level about sexual health, low level of comfort in co-gendered classes compared to single sex, and insufficient time to teach the unit. The findings from Herold and Benson’s
(1979) study revealed the importance of teachers’ awareness about their students, specifically maturity level and knowledge about SHE. Additionally, there is much value in educators engaging in self-reflection to be cognizant of their own values and comfort levels about sexual health and recognizing its impact on their teaching abilities.

Scales (1981) wrote a comprehensive review of the barriers teachers faced when teaching SHE in the 1970s and 1980s in the United States. Teachers feared they would be labeled as anti-family depending on the way they presented information about sexual health. Scales (1981) discovered that the most frequently covered topics in SHE courses were the menstrual cycle, STIs and reproduction – which are some of the most prominent topics covered in Ontario’s 1999 and 2000 SHE curricula. Topics that were seldom discussed included homosexuality, contraception, abortion, communication skills, self-esteem, personal values and emotion; homosexuality was the least frequently covered topic of all (Scales, 1981).

Although Benson and Herold’s (1979) and Scales’ (1981) articles were published over thirty years ago, many of these issues still persist today (Corngold, 2013). For instance, Ontario’s SHE is not comprehensive, SHE resources are not perceived as relevant or useful by teachers and students, and teachers feel conflicted about how they should implement SHE. Unfortunately, there has not been much research conducted on teachers’ experiences teaching SHE; amongst this research, a significant portion was completed decades ago and mainly outside of Canada.

The Controversies Surrounding SHE: National and International Issues

According to Corngold (2013), recent polling data from the U.S., Canada, and Britain revealed that, although many citizens believe SHE should be implemented in schools, what, when and how curriculum content should be covered are greatly debated by parents, students, Ministries of Education, religious groups and other community members (Clarke, 2011; Iacobelli,
2010; Pinker, 2010). It is useful to examine these obstacles, and potential solutions, from the perspective of Ontario teachers since they are familiar with current curricula and what their students are expecting of their SHE. To better inform what sort of information would be useful to gather from teachers, it is important to examine the research about issues surrounding SHE across Canada and our neighbouring country, the U.S.

Over the last few years, provinces across Canada have struggled implementing new SHE curricula. In 2004, New Brunswick completely transformed their SHE curricula (Betteridge, 2005). New Brunswick created curricula that covered “sexuality, relationships, and reproductive health, and refer[red] to topics such as homosexuality, birth control, masturbation, sexual pleasure, orgasm, and oral sex” (Betteridge, 2005, p. 38). Parents’ initial reactions were not positive. They fought against the implementation of this revolutionary curriculum and requested to have a curriculum that emphasized abstinence instead.

In 2010, the Ontario Ministry of Education attempted to release an updated HPE curriculum for Grades 1 to 8. According to various articles published by Ontario newspapers, many new topics were set to be introduced: Grade 3 students were expected to be introduced to the concept of homosexuality; Grade 6 students were intended discuss masturbation; and Grade 7 students were expected to be introduced to the concepts of oral and anal sex (Benzie, 2010; Carlson, 2011; Hammer & Howlett, 2010). Parents and religious groups were infuriated by the changes. As a result, Dalton McGuinty – Ontario’s former Premier – decided to withdraw the release of the 2010 SHE curriculum (Iacobelli, 2010; Pinker, 2010; Sex ed debate, 2010). After this controversy, the Ontario Ministry of Education released a “watered-down” interim edition of the HPE curriculum, which included revised 2010 Health strands except for SHE – which was the original 1998 version (Carlson, 2011; Ontario Ministry of Education, 2010). Five years later,
a finalized, revised curriculum was released for Grades 1 to 8 (Ontario Ministry of Education, 2015a) and Grades 9 to 12 (Ontario Ministry of Education, 2015b). The same topics that caused the curriculum to be clawed back five years ago re-appeared in the 2015 documents.

In the U.S. alone, there is much variability among SHE curricula. American SHE is categorized as either abstinence-based or comprehensive (e.g. covers topics such as safer sex practices, multiple methods to prevent STIs, and discussion about sexual orientation and gender identity; Corngold, 2013; Kohler, Manhart, & Lafferty, 2008). The Guttmacher Institute (2013) released a report that outlined the specific requirements of SHE across the U.S. For example, the report revealed that only 22 states and the District of Columbia mandated SHE. Seventeen states and the District of Columbia mandated that information about contraception must be provided in school. Twelve states required schools to discuss information about sexual orientation (Guttmacher Institute, 2013).

It is concerning that less than half of all states mandated SHE in schools, especially as rates of teenage pregnancy, abortion and STIs remain higher in the U.S. compared to many industrialized countries, including Canada, England, France and Sweden (Kohler et al., 2008; Stanger-Hall & Hall, 2011). Although less than half of the states mandate SHE, 37 states mandate that information about abstinence must be provided to students at school (25 states are encouraged to “stress” abstinence while 12 states are required to “cover” abstinence; Guttmacher Institute, 2013, p. 2). According to Marques and Ressa (2013), the U.S. spent over one billion dollars between 1996 and 2010 to support abstinence-only until marriage programmes. Stanger-Hall and Hall (2011) revealed that there is a positive correlation between abstinence-only education and teenage pregnancy and birth rates. The correlation was still statistically significant after accounting for educational level, socioeconomic status, ethnicity, and availability of family
planning services in the geographical regions in which participants were located. It is no surprise that teenage pregnancy and abortion rates still remain high in the U.S. given the widespread promotion of abstinence in SHE instruction along with the low rates of mandated SHE.

**Toronto Teen Survey (TTS).** The Toronto Teen Survey (TTS) was developed by Planned Parenthood Toronto, in collaboration with York University, the University of Toronto, Wilfrid Laurier University, and Toronto Public Health (Planned Parenthood Toronto, 2009). The TTS was developed as a result of Planned Parenthood Toronto’s strategic plan to increase positive sexual health outcomes across youth in Toronto, while simultaneously decreasing the barriers adolescents face when trying to seek assistance from health programs and services. Between December 2006 and August 2007, the TTS was administered to 1,216 adolescents aged 13 to 18 years across 90 different community based-settings in Toronto (Flicker et al., 2010; Oliver et al., 2013; Planned Parenthood Toronto, 2009). Participants were able to take the survey at a variety of locations, such as shelters, community centres, summer camps and school drop-in programs.

The TTS generated copious findings related to sexual health, but for the purposes of this study, results that help inform SHE best practices and obstacles were highlighted (see Planned Parenthood Toronto, 2009, for the full report). Thirty-seven percent of respondents indicated that they have had sex – 72% engaged in vaginal intercourse, 60% engaged in oral sex, and 17% engaged in anal sex (Planned Parenthood Toronto, 2009). The remaining participants reported that they never had sex (59%) or were unsure (4%). The differences in sexual behaviour between male and female participants were not statistically significant. Five percent of 13 year olds reported engaging in sexual activities that were considered high risk (i.e. vaginal or anal intercourse); results jumped to 65% for participants that were 18 years old.
Forty-two percent of sexually active youth never accessed sexual health services (Planned Parenthood Toronto, 2009). Young women were twice more likely to access sexual health services than their male counterparts. The top five reasons listed that prevented participants from seeking sexual health services were: fear of embarrassment; questioned confidentiality; the service employees were not friendly; reactions from their parents; and fear of being judged by sexual health service staff.

Youth had their sex-related questions answered by: friends (53%); professionals (43%; such as a doctor, nurse, or pharmacist); media (33%); parents (28%); siblings (55%); information lines (55%); or semi-professionals (55%; Planned Parenthood Toronto, 2009). Participants received SHE in elementary and high school (62%); youth groups (38%); no where (8%) and religious groups (7%). Interestingly, the desire to have access to sexual health information did not increase substantially among 13 year olds (52%) to 18 year olds (60%). It appeared that as children age, they become less likely to ask their parents for information about sexual health – from 40% of 13 year olds to 24% of 18 year olds.

The results from the TTS can greatly inform best practices for teaching SHE, and also bring significant issues with SHE to light for teachers to be aware of while teaching. For example, according to the survey results, youth complained that their SHE focused too much on biology, stressed a “too little too late” mentality to sexual health complications and was “seldom sex-positive in nature” (Planned Parenthood Toronto, 2009, p. 26). The respondents also reported that the definition of “sex” usually depicted heterosexual sexual activity (i.e. penile-vaginal intercourse). Youths reported that the following topics were most often covered in their SHE: Human Immunodeficiency Virus Infection (HIV; 87%); STIs (71%); pregnancy and birth control (66%); healthy relationships (61%); sexual violence/abuse (58%); sexual orientation (51%); and
sexual pleasure (42%). According to the results of the TTS, the three topics youth wanted to know more about were sexual pleasure, healthy relationships, and HIV/Acquired Immunodeficiency Syndrome (AIDS). There was a clear discrepancy between what students were actually learning in their SHE compared to topics about which they would like to learn more – students wanted to learn more about positive aspects of sexual health.

The TTS outlined principles that should be implemented for a more effective SHE, such as making SHE comprehensive, ensure SHE curricula are in alignment with students’ stage of social development, and offer more teacher training and administrative support (Planned Parenthood Toronto, 2009). The report continued by offering suggestions for the Ministry of Education (e.g. place more of an emphasis on positive aspects of sexuality, such as health relationships, sexual pleasure and sexual orientation), school boards (e.g. offer training programs for teachers, offer SHE to English Language Learner classes), and schools (e.g. network with sexual health agencies to collaborate on SHE and provide free condoms to students).

The TTS provided invaluable information about students across Ontario. Although the study was conducted in Toronto, given the diversity of the sample (with respect to age, gender, class, ethnicity, and religion), I suspect these findings could be generalized across Ontario. One significant limitation of the survey method, however, was that it was not a random sample. Nevertheless, the findings can be used to inform teachers’ SHE units and lessons.

The results of this study were in alignment with much of the literature with respect to rates of sexual activity among this population (The Sex Information and Education Council of Canada, 2004; The Sex Information and Education Council of Canada, 2009), what is most frequently covered in SHE across Ontario, and what students would like to see included in future SHE curricula (Byers et al., 2003a; Byers et al., 2003b). It is evident that the SHE being
offered to Ontario students is not meeting their expectations; teenagers from the survey reported being curious about the positive aspects of sexuality and sexual health. Furthermore, it appears that the content currently being delivered to students is ineffective. For example, the SHE specific expectations outline that students should learn about sexual health services, yet a large portion of TTS respondents did not access sexual health services despite being sexually active.

According to the TTS, many adolescents were not asking their parents or a qualified professional to answer their sexual health related questions; they were more inclined to ask their friends or rely on the media for these answers, which may not be the most credible sources. One common factor between all adolescents (up until they are 18 years old) is that most attend school. Additionally, the survey revealed that students receive the most SHE at school, compared to youth and religious groups. Therefore, it is logical and practical for educators to provide students with accurate and relevant information they are looking for with respect to their sexual health, which should be guided by what students want to learn about during their SHE lessons.

As noted above, respondents of the TTS revealed a short list of topics covered in SHE. Since the current implemented SHE curricula have not been updated in nearly a decade and a half, there are many new and emerging topics that would be beneficial to include in SHE that are relevant to sexuality of the 21st century.

Sexuality of the 21st Century

According to Kumashiro (2000), some teachers assume that “students can, should, or do leave their sexuality outside of school, [but] educators need to acknowledge and address the fact that students do bring sexuality into schools for a variety of reasons” (p. 29). Once teachers and other stakeholders associated with education come to terms with the reality that adolescent students are at the beginning stages of exploring and developing their sexual identities, schools
can better support them to ensure that they are developing in a healthy manner. This idea ties back to the notion that teachers have a duty to tend to the “Whole Student” and cannot selectively ignore certain parts of their identity. Sexual identity, development, and exploration are as transparent as ever, and there are many contributing factors to the explicit nature of sexuality among adolescents.

**Sexuality and technology.** Internet communication has become progressively popular among adolescents. (Subrahmanyam & Lin, 2007; Valkenburg & Peter, 2009; Yang & Brown, 2013). Over the last two decades, the use of chatrooms (e.g. MSN Messenger, AOL Instant Messenger), e-mail, social networking websites (e.g. Facebook, MySpace, Twitter), and mobile applications (e.g. Instagram, Snapchat) have increased exponentially (Subrahmanyam & Lin, 2007; Valkenburg & Peter, 2009; Yang & Brown, 2013). Over 70% of adolescents have a social media account (Shapiro & Margolin, 2014). Seventy percent of adolescent social media users check their accounts daily for an average of one hour per day (Vitak, Ellison, & Steinfield, 2011).

Arguably, a benefit of the widespread access to computers, Internet and mobile applications is the ability to network with similar individuals. In the case with sexual and gender minority youths, there are endless Facebook groups, blogs, and websites where adolescents can chat with others who share similar experiences (Hiller & Harrison, 2007; Jamil, Harper, & Fernandez, 2009; Valkenburg & Peter, 2011). The Internet can serve as a safer space for teenagers, as they can choose to remain anonymous and access a plethora of information as they experience their evolving sexual identity.

On the other hand, accessibility, lack of privacy and accurate information are common dangers of such technology. Additionally, adolescents are at an increased risk for interacting with online predators (Whittle, Hamilton-Giachritsis, Beech, & Collings, 2013; Wolak &
Widespread use and access of these technological mediums also creates a problem for sexual harassment and bullying. For example, in October 2012, Amanda Todd—a teenage girl from British Columbia—tragically took her life after being tormented and bullied for having a topless image of her circulate around the Internet (CBC News, 2013; The Fifth Estate, 2013). It is imperative for students to understand the benefits and drawbacks of Internet and digital technology in relation to sexuality.

Similarly, different forms of media (i.e. music, television, and movies) are disseminated through various forms of technology, such as online (e.g. YouTube), radio and television. Consider the representation of various sexual orientations and gender identities in music (e.g. “Same Love” by Macklemore and Ryan Lewis, “I Kissed a Girl” by Katy Perry); television shows (e.g. Modern Family, Grey’s Anatomy, Looking), and movies (e.g. Dallas Buyers Club, The Kids Are All Right). Also, one cannot deny the pervasiveness of sexuality in media. Many artists produce songs and music videos with very explicit sexual content and imagery (e.g. “Love Game” by Lady Gaga, “Touch My Body” by Mariah Carey), and movies and television shows have become much more lenient about the content they sensor (e.g. television: Girls, Shameless; movies: Don Jon, Skyfall). Students are constantly inundated by such forms of media. While the 1999 and 2000 SHE curricula do have specific expectations about the impact of media on sexuality (one in each document), it would be useful for teachers to bring this topic to the forefront of their SHE lessons and get students to analyze how it impacts sexual expression, awareness, and acceptance.

Technology has reshaped and redefined the way individuals, including teenagers, express their sexuality. Cybersex, netsex and sexting are just few of many common terms used to describe different kinds of sexual activity engaged through the means of technology (Albright,
Cybersex and netsex are defined in many ways, but overall refers to engaging in sexual activities with a partner through the means of sending sexually explicit videos, pictures, messages, or e-mails (Shaughnessy et al., 2011). Sexting is often defined as “the practice of sending sexually explicit images or text through mobile phones” (Hasinoff, 2012). Cybersex, netsex, and sexting have become normative parts of relationships, but what is concerning is the lack of privacy and the ability to easily send these private messages to others. According to a report released by the National Campaign to Prevent Teen and Unplanned Pregnancy (2008) over 20% of adolescents have sexted. Furthermore, due to the widespread access and availability of the Internet, it is much easier for adolescents to access pornographic websites and content online (Bryant, 2009). Despite the increasing accessibility and use of technology among adolescents (Lenhart et al., 2009; Lenhart et al., 2011; Vitak et al., 2011), the Ontario SHE curricula do not discuss the impact – both positive and negative – of technology on sexuality and sexual development. Therefore, it is highly likely that teachers do not discuss this topic during their SHE units, which is a disservice to students.

Sexual and gender minorities, social justice, and the law in Canada. Within the last five decades, there have been three significant social movements that redefined sexuality: The Sexual Liberation Movement, the Gay and Lesbian Movement, and the Women’s Movement (Russell, 2005). The rippling effects of these historical events can still be felt today, and are still making a positive impact in Ontario, across Canada, and around the world. Consider, for example, the legalization of marriage equality in Canada in 2005 (Gereluk, 2013) and the legalization of marriage equality in what is approaching to be the majority of the U.S. (Badgett, 2010; BBC, 2015; Skinta, 2013). Furthermore, Ontario’s Bill 13 (the Accepting Schools Act; Broten, 2012) was amended to the Education Act, and mandates that school boards and
principals cannot refuse permission for students to create and name Gay-Straight Alliances in Ontario schools. Ontario’s Premier, Kathleen Wynne, is the first openly lesbian Premier in Canada. These changes are incredibly significant, yet, are not reflected in Ontario’s outdated SHE curricula and therefore are not necessarily being discussed in Ontario classrooms.

Moreover, there is increased awareness about the diversity of sexual orientation and gender identity. For example, sexuality is no longer viewed as a bipolar scale with homosexuality on one end of the spectrum and heterosexuality at the other, similar to the model proposed by Alfred Kinsey’s Scale of Sexual Orientation (a scale that placed heterosexuality at one end of a spectrum, homosexuality at the other, and bisexuality at the centre; Kinsey, Pomeroy, & Martin, 1948). Today, different types of sexual orientations and gender identities are acknowledged, often referenced as “LGBTQQ2SA”; this acronym stands for Lesbian, Gay, Bisexual, Transgender, Transsexual, Intersex, Queer, Questioning, Two Spirit, and Asexual (but is often condensed to LGBTQ+; Murray, 2011). Despite the acceptance and celebration of sexual diversity that has blossomed in Canada over the last few years, if one reads the 1999 and 2000 SHE curricula, one would quickly realize that sexual orientation and gender identity are not acknowledged.

The absence of representation and acknowledgement of all forms of sexual orientation and gender identity sends an implicit message of hurt and exclusion. Failing to include significant topics among specific expectations is known as the null curriculum (Cho, 2010). Null curriculum, in any subject, is just as vital to acknowledge as any explicit curriculum, since “curriculum that ignores conflict thus masks the reality of the social world to students” (Thiessen, 2012, p. 562). In the case for Ontario SHE, by not including specific expectations about sexual orientation and gender identity, students are masked from the reality of such diversity among
their family, friends, peers, and community. Since there are no specific expectations about sexual orientation and gender identity, teachers are not obligated to engage in a discourse with their students about these topics.

**Teachers and SHE: The Unspoken Issue**

As previously mentioned, students, parents, religious groups, and the Ontario Ministry of Education have voiced what they think should be included in Ontario’s SHE curricula and how SHE should be implemented (Allen, 2005; Buston & Wight, 2002; Buston & Wight, 2006; Byers et al., 2013; Constantine, Jerman, & Huang, 2007; Fentahun et al., 2012; McKay et al., 2014; Meaney et al., 2009). As I imply here, teachers’ experiences and views teaching SHE remain essentially nonexistent amongst scholarly and non-scholarly sources – and even less about Canadian teachers specifically. Among the scarce literature about teachers and SHE, a significant portion of the research was completed over ten years ago. While this study focuses on SHE best practices, obstacles, and directions for change, there is some related research that is important to acknowledge. The only research that has been done “recently” that is somewhat connected to the topic of teachers and SHE is teachers’ comfort level and training to teach SHE (Balsley, Culhane, Haignere, & Legos, 1996; Cohen, Byers, Sears & Weaver, 2004; Cohen et al., 2012; Hamilton & Levenson-Gingiss, 1989; Ninomiya, 2010; Westwood & Mullan, 2007). For instance, Cohen et al. (2004) surveyed 336 New Brunswick elementary and middle school teachers to assess their attitudes toward SHE. They found that 93% of respondents thought it was important to have SHE in schools. Seventy-eight percent of teachers argued that SHE should begin in primary grades. Despite teachers' encouragement and support of SHE, teachers were only somewhat knowledgeable and comfortable teaching SHE. Only 35% of teachers in the study received training to teach SHE, even though 85% of the sample reported that they taught SHE at one point
or another in their teaching career.

Furthermore, Cohen et al. (2012) examined how willing teachers were to teach SHE in Canadian schools and found that, overall, teachers were only “somewhat willing” (p. 299) to teach SHE. The greatest willingness to teach SHE was among teachers in the junior/intermediate divisions, were new to the teaching field, received training in SHE, and felt knowledgeable about sexual health.

As outlined in this literature review, there are many sources that discuss SHE from many different perspectives, short of teachers. It is evident that, around the world, SHE is a highly controversial topic. According to various studies, such as the TTS, students are not receiving the SHE they want and need to develop into healthy and educated individuals. The Ontario SHE specific expectations do not reflect what is most relevant to current day sexuality, from topics pertaining to technology and sexuality to the spectrum of sexual orientations and gender identities. Since teachers’ voices and views are missing from the research on SHE curricula, a large piece of this complicated puzzle is missing. As such, the goal of this research project is to uncover the silenced voices of Grade 9 to 12 teachers by providing them with the opportunity to share their insights into how to best teach SHE, discuss the obstacles they face, and share their ideas for change for SHE. Given that SHE curricula revisions are long overdue, educators must bring a critical pedagogical lens to their “(re)vision” of SHE.

**Theoretical Framework: Critical Pedagogy**

Critical Pedagogy is a philosophical framework that combines Critical Theory with education. One of the fundamental purposes of Critical Pedagogy is to shift away from a “language of critique” to a “language of possibility” (Giroux, 1997, as cited in Cho, 2010, p. 310). The main goal of Critical Pedagogy is to transform knowledge (i.e. curriculum) and
pedagogy (i.e. teaching) by recognizing that knowledge is inherently tied with power. Class, race, and gender are some of the types of power that influence education. Unpacking such sources of power help “construct alternative or counter-hegemonic forms of knowledge [and pedagogy]” (Cho, 2010, p. 311) and brings to light that knowledge and pedagogy are not objective and neutral, but rather are heavily influenced by powerful institutions in society.

Critical Pedagogy strives to create “an emancipatory culture of schooling” (Cho, 2010, p. 312). Although curriculum documents are produced by the Ontario Ministry of Education to guide teachers through their instruction and provide support for teachers if their teaching material is questioned or challenged, teachers should critically examine the curricula they implement. Although specific expectations seem to be etched in stone, it does not mean that teachers should passively accept what they are expected to teach. In the case for Ontario’s 1999 and 2000 SHE curricula, it is quite clear that the specific expectations are lacking, as they do not reflect the realities of sexuality of the 21st century or of students’ educational needs (Planned Parenthood Toronto, 2009). For change to occur in SHE, teachers must question the authorities in education and reflect upon their own teaching values and their students’ learning needs.

Analyzing education through a Critical Pedagogy lens requires considering the historical and cultural contexts in which education is placed (Alhadeff-Jones, 2010). In 1999 and 2000, when the SHE curricula were last released for secondary school, Mike Harris was the Premier of Ontario. Mike Harris was a member of the Progressive Conservative party and during his term as Premier he made significant, long-lasting, and negative impacts on education, namely budget cuts (Kane, 2013; Knickerbocker, 1997). Given the combination of Harris’ blatant attack against the education system and traditional Progressive Conservative values – which Farney (2009) described as being ambivalent about sexuality, abortion, marriage equality, and homosexuality –
it is not surprising the SHE curricula are as “conservative” as they are. However, approximately 15 years later, there has been quite a radical political shift. Currently, the Liberal Party holds a majority government in Ontario. Furthermore, Ontario’s current Premier, Kathleen Wynne, was the Minister of Education when the Grade 1 to 8 HPE curriculum document was updated in 2010 (which ended up being shelved by Dalton McGuinty; Iacobelli, 2010; Pinker, 2010; Sex ed debate, 2010). As such, it is not surprising that the 2015 SHE curricula shifted to reflect more “liberal” values and perspectives, including having explicit specific expectations and prompts in the curriculum documents that encourage teachers to discuss topics such as consent, sexual orientation, gender identity, and strategies to maintain satisfactory sexual relationships (Ontario Ministry of Education, 2015a; Ontario Ministry of Education, 2015b).

It is also important to analyze the null curriculum through a Critical Pedagogy lens (Cho, 2010). As I argued previously, significant topics are not presented in the 1999 and 2000 SHE curricula, such as sexual orientation, gender identity, the impact of technology on sexuality, and the “normative” and pleasurable aspect of sexual exploration and development. From a Critical Pedagogy standpoint, important topics are missing because individuals with power – namely the Ministry of Education, parents, and religious groups – have decided what is considered acceptable educational content for SHE, and have fought against adding “liberal” and progressive topics to the curricula (Iacobelli, 2010; Pinker, 2010; Sex ed debate, 2010).

Revealing and discussing the null curriculum can help inform what is beneficial for teachers to discuss during their SHE units, regardless if explicit specific expectations are present in the curricula or not. Encouragingly, the aforementioned topics that were missing from the 1999 and 2000 documents appear in the 2015 documents (Ontario Ministry of Education, 2015a, 2015b).

Although Critical Pedagogy supports and encourages students and teachers to make
changes within the school system, it does not occur without challenge. Since schools are a public institution, it is very difficult to implement wide-scale reform given the multiple players involved (e.g. parents, community members, government, and religious groups; Neumann, 2013). Despite that these abovementioned stakeholders are not officially embedded within the education system, they do have significant influence, which was made evident during the Grade 1 to 8 SHE scandal with McGuinty. Although it is impossible to hinder the influence of these powerful sources on education, by acknowledging that they exist, one can critically examine why curricula and pedagogy are framed the way they are today.

This study provided teachers with a safe and unobstructed platform to share their critiques, experiences, views, and thoughts about teaching SHE, which will hopefully serve as a step toward revealing and unpacking sources of power and how said sources of power impact the education system (or in this case, SHE specifically), in addition to helping teachers be more effective implementing SHE in the future.

There is a clear focus in the literature about challenges to teaching SHE with little discussion about best practices. Studies conducted over thirty years ago about the obstacles teachers faced teaching SHE still remain relevant to present day, as teachers still experience similar challenges. The TTS revealed that SHE in Ontario does not meet the needs and inquiries of students. Given the outdated curricula, the specific expectations do not reflect important concepts and ideas related to sexuality of the 21st century, including sexual orientation, gender identity, and the digitalization of sexuality (e.g. sexting and cybersex). As such, there must be significant curricular and pedagogical changes made to SHE in Ontario; using a Critical Pedagogy framework will help highlight and unpack which changes need to be made and how.
Chapter 3: Methodology

Study Design

This research study was qualitative in nature. Qualitative research involves interacting with individuals “in their natural settings, attempting to make sense of, or interpret, phenomena in terms of the meanings people bring to them” (Denzin & Lincoln, 2011, p.3). This study adopted a case study approach. Case studies involve examining a real-life “case”, or multiple “cases” (Creswell, 2013). In the context of this research project, the cases were four Ontario secondary school SHE teachers. Case studies enable researchers to gain a deep understanding of individuals and their experiences. I individually interviewed four participants using a semi-structured interview protocol. Data were analyzed using a Critical Pedagogy framework (Maddock, 1999; Rexhepi, & Torres, 2011).

Participants

Four participants were recruited for this study. The rationale for interviewing four participants was due to the limited amount of time to complete the MTRP; four interviews were feasible to complete. To be eligible to participate in the study, participants had to be members of the Ontario College of Teachers, and must have had at least five years of experience teaching SHE for their respective grade(s) at a public or secular private Ontario school within the last ten years. Five years was selected as the minimum amount of time teaching SHE because it ensured that participants had a sufficient amount experience teaching SHE to draw upon during their interview. The minimum five years experience must have had taken place in a public school or secular private school, given that there has been additional controversy surrounding SHE in religious schools (CBC News, 2010; Hepburn, 2013; Valk, 2011). Participants must have taught
SHE in Ontario within the past ten years to ensure that their experiences were relevant to the current controversies surrounding SHE.

Participants were recruited over the phone and over e-mail using a snowball sampling method. Snowball sampling refers to when a “researcher makes initial contact with a small group of people who are relevant to the research topic and then uses them to establish contact with others” (Bryman, Teevan, & Bell; 2009, p. 198). Although snowball sampling may lead to a biased sample, since it is not a randomized form of sampling, it was beneficial to use for the purpose of this study given the time constraints and specificity of the participant recruitment criteria.

Each participant was given a pseudonym. John is a Grade 9 to 12 HPE teacher. He has been teaching HPE for thirteen years and has worked in high schools in Toronto, Ontario and Georgina, Ontario. He completed his undergraduate degree in Kinesiology.

Mark is a Grade 7 to 9 guidance counsellor at a junior high school in Toronto, Ontario. Prior to his role in guidance, he was a Grade 9 HPE teacher for six years. He has been a guidance counsellor for the past nine years, which has overlapped with his HPE teaching experience.

Sean has been a Grade 7, 8 and 9 HPE teacher at a junior high school in Toronto, Ontario for the past six years. Sean is also the HPE department head at his school. Before teaching HPE, he taught English.

Finally, Karen has been an educator for 26 years, teaching in both the K-12 system and the post-secondary system. She taught Grade 9 and 10 HPE for 15 years, Grade 11 for 10 years, and Grade 12 for 12 years in Toronto, Ontario. She was also a HPE department head and taught Biology. Currently, she is a university HPE instructor for the Faculty of Education and graduate education programs at a Toronto university for the past 10 years. Her undergraduate degree was
in Kinesiology. Overall, participants had copious experience teaching SHE over the course of their teaching careers.

**Instruments of Data Collection**

**Demographics questionnaire.** Each participant completed a demographics questionnaire (Appendix C). The demographics questionnaire gathered information about the participants’ age, gender, city or town in which they teach, and their teaching history. Participants received the demographics questionnaire via e-mail to complete before the interview.

**Interview schedule.** Next, subjects participated in a semi-structured interview that lasted approximately 30 to 60 minutes (Appendix B). Each semi-structured interview followed an identical predetermined list of open-ended questions, but allowed for unplanned and emerging questions to arise throughout the interview (DiCicco-Bloom & Crabtree, 2006; Harvey-Jordan & Long, 2001). Semi-structured interviews are advantageous given their flexible nature and natural flow, compared to structured interviews (Qu & Dumay, 2011). Semi-structured interviews are the most frequently implemented forms of data collection in qualitative research.

The questions covered a variety of topics, with a core purpose to explore what teachers considered best practices teaching SHE, obstacles teaching SHE, and what needed to be changed to provide current and future secondary school students with the most effective and relevant SHE possible.

**Procedure**

Before the interview began, I introduced myself. I described my educational background at the undergraduate and graduate level, as well as my vocational experiences that related to education. I also briefly discussed the topic of my research by disclosing that I was interested in
examining teachers’ views of Ontario’s SHE. I did not describe the topic in too much detail to avoid any biases in the interviewees’ responses.

Next, I guided the participant through the consent form (Appendix A). The consent form was sent to the participant via e-mail prior to the interview in case he/she wanted to review it before hand. Once the consent form was reviewed in person, I asked the participant if he/she had any questions about the study and reminded the participant that he/she had the right to withdraw from the interview at any point without consequences, as well as skip any question he/she did not feel comfortable answering. The participant was then asked to sign two copies of the consent form – one for his/herself, and one for my records. I also signed both copies of the consent form.

Following, participants completed either a hard or soft copy version of the demographics questionnaire (if it was not completed prior to the interview). Once the questionnaire was completed, the interview began. Each participant was asked the same questions (see Appendix B for the full interview protocol), though not in the same order, and other questions were determined as the interview unfolded.

Each interview was recorded on my password-protected computer. To ensure that the interviewee felt comfortable, to eliminate distraction, and to ensure that all parties involved with the interview were completely engaged, I did not take notes during the interview. The interviews were conducted in person at each teacher’s school during their prep period or over lunch.

Data Collection and Analysis

Data collection involved recording the interviews on my computer, which was password protected. Once each interview was completed, the audio file was saved to my computer. Each audio file was only accessible to myself and my research supervisor, Dr. Patrick Finnessy. Audio
files accessible on my computer will not be deleted for five years, as outlined by the research ethics protocol.

Interviews were transcribed using a smooth verbatim style. Once the interviews were transcribed, they were analyzed to identify themes using a Critical Pedagogy framework. To begin the analysis, transcripts were read over individually to acquire an understanding of the entire interview. Next, the interviews were again read individually, and notes were taken to identify and highlight themes. Then, interviews were read again, with the intention to draw connections between interviews, as well as to identify any major discrepancies and contradictions between interviews. The latter process occurred twice. Since Critical Pedagogy was implemented as the theoretical framework through which the interview transcripts were analyzed, themes related to creating change, the language of possibility, and alternative visions from mainstream pedagogy were highlighted.

**Ethical Review Procedures**

This research project followed the approved ethics protocol for Master of Teaching students at the University of Toronto’s Ontario Institute for Studied in Education. The protocol outlined that recruitment could only occur via telephone, e-mail, or in person. Participants could not be compensated for their participation. Participants may have benefited from participating in this study in various ways, including contributing to the scarce body of literature regarding sexual education pedagogy from teachers’ perspectives and becoming more reflective of their own teaching practice. There was minimal risk for participants, except for potentially feeling hesitant about discussing their own teaching practices and feeling uncomfortable discussing issues related to sexual health pedagogy. To avoid such risks,
participants were able to skip any question they did not feel comfortable answering or could have withdrawn from the interview altogether at any point.

Confidentiality was maintained throughout the entire research process. There was no identifying information on the demographics questionnaires or the interview transcripts, aside from a participant ID number. For any publications related to this research, pseudonyms were assigned to protect participants’ identity.

Limitations

One of the greatest limitations was the amount of time to complete the MTRP. Given that participant recruitment, data collection, and data analysis occurred over the span of approximately five months, it limited the amount of time I had to recruit participants.

Another significant limitation related to scarce time to complete the project was the way in which participants were recruited. A snowball sampling method was implemented. Although snowball sampling allows for fast recruitment, it is highly biased and usually produces a sample from a similar population (Bryman et al., 2009). As such, a variety of perspectives and experiences may not be represented.

Another limitation was the sensitive nature of this topic. As previously mentioned, SHE is a topic of great debate, and sexuality is a sensitive topic for many individuals in general. Depending on participants’ comfort level discussing SHE, some of the questions may have evoked feelings of discomfort and anxiety among the participants, preventing them from disclosing certain pieces of information or deterred them from answering truthfully.

Additionally, the interviews varied in length, ranging from 29 to 52 minutes. As such, the amount of data extrapolated by each interview varied significantly and therefore it appeared that each participant was not equally represented in the findings section of this research paper. I felt
that this limitation was important to disclose because it may seem that there was an imbalance of representation between participants, but it was simply a result of the amount of data available to analyze.

Furthermore, two of the four participants interviewed were not currently teaching HPE or SHE. While they have taught SHE within the last decade and remained involved with HPE in some capacity (i.e. Mark deals with students who face sexual health issues in a guidance role and Karen trains teachers to teach SHE), they have not been in a Grade 9 to 12 classroom teacher role for a few years. While I suspect little has changed teaching SHE over the last decade, given that the curricula are the same, it is possible that some of their experiences and insights may not reflect the current realities teaching SHE.
Chapter 4: Findings

To reiterate, my overarching research question was *In what ways do four secondary school teachers exhibit best practice strategies for teaching sexual health education in Grades 9 through 12?* I was also interested in investigating the obstacles the teachers faced while teaching SHE to better understand how their teaching practices helped them overcome such challenges. Furthermore, I was interested in examining directions for change; specifically, topics that the four teachers thought needed to be emphasized and/or added to future SHE specific expectations.

I used a Critical Pedagogy framework to guide my data analysis process. As such, I focused on the following ideologies: a need for change; a language of possibility; and alternative visions from mainstream pedagogy (Cho, 2010). I discussed how Critical Pedagogy specifically connects to each theme in Chapter 5.

Keeping the overarching research question, sub-research questions, and theoretical framework in mind, various themes emerged after interviewing the participants. These included:

**Best Practice Strategies for Sexual Health Education**

- Student-centred learning and teaching
- Seek additional resources
- Be comfortable teaching SHE
- Teach to maturity level, not chronological age
- Teach beyond the curricula
- Keep up to Date

**Obstacles to SHE Instruction**

- Not relevant to students
- Backlash due to sensitivity
• Backlash due to culture (and religion)

• Misconceptions

**Directions for Change**

• Topics that should be added to the specific expectations

• Focus on healthy sexual relationships

• Modify “timeline” teaching SHE

**Best Practice Strategies for Sexual Health Education**

**Student-centred learning and teaching.** All four teachers of this study stressed the importance of teaching SHE in a way that is student-centred. However, their description of student-centred teaching varied. John talked about how he let his class lead certain dialogue in their SHE classes. Sometimes he would ask his students guiding questions to direct conversation when needed, but still followed his students’ lead by asking questions related to what they were already discussing.

Mark said he encouraged students to ask any questions they had about SHE in class. He would also tell his students at the start of each SHE unit that anyone could come speak to him individually or in small groups if students did not feel comfortable asking questions or starting a discussion in class.

Sean was the most explicit about making his SHE classes student-centred. For example, Sean said he started every SHE unit by asking his students what they wanted to learn. He also kept a question box in his class so students could submit anonymous questions at any point during their sexual health unit. He would check the question box periodically and answer the questions that were submitted. However, Sean said that by the end of the unit students rarely
used the question box because he felt that students feel comfortable enough with him and their peers to ask their questions out loud in class.

Karen also talked about the importance of making SHE student-centred. Karen explained that guiding lessons in a student-centred fashion makes learning more relevant for students and allows dialogue to flow naturally between peers and between students and the teacher, instead of having a “one-way” conversation involving the teacher passing knowledge to the student.

Seek additional resources. Participants discussed the importance of seeking supplementary resources to help them teach SHE. Between all four participants, some of the additional resources they used included: bringing in guest speakers; involving other educators and school staff (e.g. school nurse, school psychologist, school social worker, and guidance counsellor); using lesson plans and activities from the Ontario Physical Health and Education Association; resources from York Region Public Health; Canadian Guidelines for Sexual Health Education and Sexual Health Education Questions and Answers; movies and television shows; and magazine articles. John was the only participant who used a health textbook.

I was surprised to learn that John used a health textbook; since the HPE curricula were not updated for many years, I would expect the textbook must also be outdated. I also had mixed feelings about the use of bringing in guest speakers; while guest speakers do offer an expert voice in their field (in this case, sexual health), there is a debate in the field of education about whether bringing in guests is a “cop-out” for teachers since they get to avoid uncomfortable topics they may not want to discuss or do not want exert the effort to gather the necessary information and resources they need to teach the subject effectively.

Given the evolving and ever-changing nature of human sexuality, using other external resources – as the participants did – is important as it helps teachers ensure that they are
providing their students with the most accurate and relevant information for their SHE classes. Karen spoke specifically about the importance and value of supplementary resources for SHE. She described a discussion that happened during one of her SHE classes early on in her career, and how she felt that there were not any resources to help her teach, which would have been useful for her at the time:

I remember one of my very first years teaching...it was a senior Phys Ed class, we called it choices and consequences, and they wanted to talk about an orgasm and what that is...I look at now – what are the supports out there for me to help me? The Canadian Public Health Agency of Canada, there’s some great resources and supports. The Canadian Guidelines for Sexual Health Education and Sexual Health Education Questions and Answers – I wish I had these, it would have been really helpful.

**Be comfortable teaching SHE.** Another theme that emerged from the interviews was that every participant discussed the importance of feeling comfortable talking about and teaching sexual health content, which has been discussed in the academic literature as well (Cohen et al., 2012; Herold & Benson, 1979). If teachers feel comfortable teaching SHE, students recognize their comfort and by extension help students feel more comfortable engaging in a discourse about sexual health. Mark and Sean both explicitly stated how they feel very comfortable with sexual health content, which makes teaching SHE easier for them relative to teachers who may not have such confidence in the subject area.

Mark had a unique teaching experience as he taught Grade 9 girls’ HPE, including SHE. I asked him if the gender difference between himself and his students caused any problems or discomfort. He talked about how being confident and comfortable with the subject attributed to his success teaching girls’ SHE:

I think I had a good relationship with the girls. And I also never felt self-conscious. I never felt embarrassed about talking about any of it. So I think that helped me, I think it was almost a predisposition to being comfortable… I talked to colleagues, I remember talking to my colleagues who have been teaching it for
a while. Talked to teachers about how to approach it, because I…wanted to [teach] it properly. And I wanted the girls to feel that they could talk about anything.

Mark continued by saying that it is quite common for students to feel uncomfortable talking about SHE, and if a SHE teacher feels uncomfortable in the classroom it only adds to the discomfort. As such, it is important for teachers to be comfortable teaching sexual health content and create an atmosphere that reduces the resistance students may express.

While John and Karen did not state outright that they are comfortable with teaching SHE and SHE subject content, they both acknowledged that good SHE teachers should be comfortable teaching and discussing topics related to sexual health.

Teach to maturity level, not chronological age. All four participants talked about how their teaching is greatly influenced by the maturity level of their students. While participants did not explicitly define “maturity”, some traits the four teachers attributed to mature students included the ability to ask questions, share their thoughts and insights, and engage in rich conversation without any perceived discomfort. Even though some specific expectations may be outlined for a particular grade, it does not necessarily mean that students will be receptive to the SHE content. As such, teachers must be mindful about how to approach SHE with their students.

John described one of his previous Grade 9 classes and how their maturity level impacted his teaching:

A couple of years ago I had a Grade 9 class that was awesome. They were really mature, so we could really dive into stuff. I’d throw questions out, they’d give me answers and they would talk about their thoughts and opinions about it and we had some great dialogue and we really got through the material in a neat way. But in other groups, you’d throw questions out there and it’s like crickets. “Anyone? Bueller?” You just get blank faces looking at you. So you kind of have to feel out your class and go from there.

Sean talked about how teachers have the responsibility to gauge the speed at which he can teach SHE depending on the class dynamics and maturity levels:
[With] one class we can spend two days on something and [with] the other one it may be two weeks. So it just depends on what their needs are. So I think that’s the biggest thing, just focusing on the students’ needs as opposed to just teaching to a set checklist.

Both Mark and Karen acknowledged that students’ maturity level greatly impacted their ability to teach SHE. Unfortunately, they expressed that more often than not, students’ lack of maturity tends to make teaching SHE difficult. As such, teachers must be cognizant of the level of maturity their students display, and must modify the way they present certain SHE-related topics to ensure that it is getting through to their students in a relevant, comprehensible way.

Teach beyond the curricula. When I began my research, I formulated my research questions under the assumption that the key issue with SHE in Ontario is that the curricula (i.e. specific expectations) are outdated. However, the themes that emerged throughout my data analysis clearly revealed that the best practices and obstacles with respect to SHE stem deeper than the specific expectations; they are embedded within teachers’ pedagogy. Each participant talked about how it is up to teachers to go beyond the curricula to effectively teach their students, regardless if the curricula they are using are up to date or over a decade old.

When I asked John if he felt that there were any issues with the SHE curricula (1999 and 2000 documents), he responded with “I don’t have any major issues with the curriculum…I think the topic areas covered here are pretty good”. I was a bit skeptical that John did not identify any issues he had with the curricula; he was the only participant that seemed satisfied with the specific expectations and felt that no other topics needed to be added. He did mention, however, that if teaching moments arise that are beyond what the curricula outline, teachers should seize the opportunity and explore the topic with students.

Initially, Mark responded similarly, saying that he did not think that much was missing from the curricula. However, toward the middle of our interview, once Mark began to explore
many of the issues related to sexual health and behaviour he deals with as a guidance counsellor, he recognized that there were major gaps in SHE that must be filled. He emphasized that some major issues he deals with in guidance that were not reflected in the 1999 and 2000 SHE curricula were rampant and inappropriate access to pornography, using cell phones and social media for sexualized behaviours and purposes, and overt display of sexual behaviour. He discussed how his school takes many measures to provide students with information and resources related to sexual health, such as hiring nurses and guest speakers to talk to students. He also helps run a school climate survey every two years, which is a 100-question survey administered to each student at his school that collects data about their age, sex, sexual orientation, mental health problems, bullying, and perceived safety at school, to name a few. This survey helps teachers guide their SHE unit for all grades at their school.

Sean made it very clear that he goes beyond the curricula because his primary concern is making sure that his students are receiving the information they need, since many of his students are sexually active and do not have the information or knowledge about healthy sexual behaviour. Specifically, Sean said, “there’s no curriculum police, so I’m going to teach what our kids need”.

Karen also recognized how teachers need to go beyond the curriculum to tend to their students’ educational needs. This realization connected to the time her students asked her what an orgasm was, as mentioned previously. Even though the curriculum did not have any specific expectations around pleasurable and/or physiological responses to sexual behaviour, Karen decided to have a discussion with her students. She explained that she provided her students with a “scientific explanation” of an orgasm, but did not go into more detail than that. Even though one of the noted drawbacks of Ontario’s SHE curricula is the emphasis on the biology of sex, it was encouraging to hear that Karen did not shy away from the topic; Karen could have decided
to not answer her students’ question since orgasms (or sexual pleasure or physiological responses to sexual activity) were not covered in the 1999 or 2000 SHE curricula.

**Keep up to date.** John, Mark and Sean all expressed how it would be ideal if the Ministry of Education updated the HPE more often than every 15 to 16 years. As Mark put it, “an update is needed – yesterday! It needs to come out now…It should already be here”. However, it is impossible for the Ministry to update the curricula fast enough to keep up with the evolution of human sexuality, especially among teenagers. The four teachers interviewed acknowledged that it is up to teachers to stay informed about modern expressions of human sexuality to ensure that their teaching is relevant and getting through to students. Mark summarized this notion when he said, “you’ve got to keep with the times…This part of the curriculum is very much alive and that has to go with the time and the situation and the surroundings where kids are”.

Karen shared a powerful teaching moment with a Grade 12 class. *Maclean’s* magazine published a story about a teenager who was transgender. She shared the article with the class and had a discussion about it:

Even though we are sitting still with a curriculum that is [nearly] two decades old, there’s a great opportunity to talk about what’s going in today’s culture and time. [The article headline] was on the front cover of the *Maclean’s* magazine and yet here we are with our new [Grade 1 to 8 SHE] curriculum, it was denied release [in 2010] because of the fact, you know, oh my goodness we’re talking about gender identity and sexuality. It’s a part of our society and so we have to be able to talk about it.

Even though sexual orientation and gender identity are not explicitly in the SHE specific expectations, Karen recognized the importance of introducing this topic into her SHE unit.

**Obstacles to SHE Instruction**

**Not relevant to students.** Each participant said one of the greatest challenges teaching
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SHE is that it is difficult to show students how SHE is relevant to them. John taught Grade 11 and 12 split classes. He admitted that it is difficult making SHE relevant given that the curricula are outdated. Specifically, John said, “sometimes trying to find something that is current…to make it work for the kids from their point of view. Looking for new examples…[is a] challenge”. John also said how he thinks the specific expectations for SHE are too similar. In future curriculum revisions, he said he would like to see more differentiation among the specific expectations between Grade 11 and 12, though he did not state which expectations specifically. John often taught students who felt that the SHE was repetitive and boring if they were in a split class the previous year. John felt that it was a challenge engaging students and making the material seem relevant when they already learned the information they were being taught the year prior. I believe this obstacle would likely be avoided if John went beyond the curricula, as mentioned under the best practices theme, and found new topics to teach.

Another relevancy issue John discussed was gender. He felt that male students often prefer the Physical Education component of HPE over Health Education. Specifically, he said:

[Students] want to be in the gym. Especially when you’re talking about Grade 9 and 10 boys. They want to run, they want to throw things at each other, they want to hit things, they want to go. They don’t want to go sit down. In the senior classes they’re bored of it.

While John’s perspective should be honoured and recognized, I do have an issue with some of his assumptions about gender. In addition to assuming that male students prefer the physical component of HPE without acknowledging female students, throughout his interview he alluded to the idea that birth control is a “female student” problem:

I think the message needs to get out sooner about reproduction and prevention and I think a lot of it has to do with these girls…and their self-image. Th[e] topic area needs to get hit harder earlier…so they have better knowledge and self-concept and stuff so they don’t make these mistakes.
It is dangerous for teachers to assume that female students are solely responsible for birth control. Teachers have the responsibility to help male students recognize that sexual health (including birth control) should matter to them as much as physical health. While it is understandable why students would prefer physical over sexual health given that it is an active and invigorating subject, teachers must find ways to get students engaged in health lessons.

Mark talked about the access to pornography among students, which has increased substantially over the last few years, but is not included in the 1999 and 2000 curricula and therefore is not necessarily mentioned in SHE classes. Mark discussed how students gain a lot of their knowledge and (mis)understanding of sexuality and sexual behaviour from pornography. Mark shared that some of his students believe that the sexual relationships, behaviours, and body images depicted in pornographic content reflects real life, which are grave misconceptions. Mark explained that cell phones make the access to pornography that much easier. He has dealt with students who were caught on school property over lunch watching pornography on their phone. Even though school Wi-Fi blocks certain inappropriate websites, students who have data plans on their phone can bypass such barriers. Since pornography is readily – though illegally – available and accessed by students, SHE would be more relevant to students if they learned about topics about which they are curious and explore.

Furthermore, Mark talked about sexualized bullying that happens over the Internet. Mark said students create websites such as “who is the biggest whore? Log in and vote”. Sexuality-based cyber bullying is another significant area not present in the 1999 and 2000 curricula but would be very relevant to students given the widespread access and use of the Internet among adolescents today (Shapiro & Margolin, 2014; Valkenburg & Peter, 2009; Yang & Brown, 2013).

Both Mark and Sean talked about how social media specifically has played an
increasingly more important yet negative role in students’ lives. They said that a noteworthy issue with social media is that it provides a platform for students to feel more pressure to be sexually active. The impact of social media on expression of sexuality is also not discussed in the curricula, even though it is a very significant part of students’ lives.

Karen offered a unique perspective on the difficulty of making the curricula relevant. The issue around relevancy to students is not exclusively a SHE issue, but is a curriculum development wide, systemic issue:

[HPE curricula] are reviewed every 12 years, this [upcoming curricula] has to take us to the year of 2021, which is not too far away now, it’s only seven years from now. However, when this [revision] was started in 2008 that seemed a long way away…We don’t know what some of [the topics] may be [relevant]…in 2021.

According to Karen, another way in which SHE does not seem relevant to students is a result of the dehumanization and desensitization of SHE. Karen explained that the specific expectations make it very easy for teachers to slip into methodological teaching, such as when they cover the “plumbing” of the reproductive system or STI symptoms. She thinks that teachers can make SHE more relevant to students if they encourage students to think about and discuss the emotions, feelings, challenges, and issues with the development and exploration of sexuality.

**Backlash due to sensitivity.** Each teacher discussed how the sensitive nature of sexual health is a difficulty they face while teaching SHE. John and Karen spoke to the sensitive nature of SHE in the greatest detail. John talked about how SHE is sensitive and uncomfortable for both his students and himself. Specifically, he said, “I explain to the kids that – ‘I know you don’t want to do [SHE], I know it’s not your favourite part of the course, and it’s not my favourite part of the course either’”. After John shared this quote, I recognized that he appeared to have a negative perspective and relationship with SHE, which is potentially problematic. This negativity explains his use of a sexual health textbook as his primary source of external information and his
gender-specific assumptions about how male students prefer physical education while female students require more health education. John tried to counteract the discomfort and disinterest in SHE by continuing on and said “all the stuff you are taught here is stuff you can carry with you for the rest of your life. And hopefully help you make good decisions, especially in the next 6 to 10 years”. My concern is that since he appeared to not enjoy teaching SHE, students may recognize his bias and therefore not appreciate, learn from, or engage in SHE classes.

Karen spoke about the Grade 1 to 8 curriculum document that was clawed back in 2010. She said adults across the province were upset by some of the topics that were introduced in the curriculum because they were interpreted as inappropriate and too sensitive for young students, such as providing information about oral and anal sex in Grade 7. Karen acknowledged that even though the SHE curricula are arguably the most sensitive in nature compared to the rest of Ontario curricula, teachers, parents, and other stakeholders in education need to push beyond the discomfort because the subject content can greatly benefit students by helping them make responsible, informed, and healthy choices.

**Backlash due to culture (and religion).** Mark, Sean, and Karen explained how diverse cultural and religious backgrounds represented by Ontario students can be problematic in different ways. Mark discussed how some students who are recent immigrants from relatively more conservative cultures compared to Ontario struggle with SHE:

The kids are extremely uncomfortable…[they are] a very shy, a very introverted group of students that we get. That’s just cultural background, that’s just the way they tend to be. Not everybody, but most of them. So when you get to a topic like [SHE], think about it. They will sit and listen, and they will do the work…[but] they will not be very comfortable opening up, so what do you do with that?

Sean also shared a similar viewpoint as Mark:

I would say culturally they have an issue because their parents are telling them one thing and they’re at the age of “I’m learning, and I want to make my own
choices and my own values and my own morals, but I either came from this country or my parents have told me this, but I don’t necessarily agree with it”. So they’re kind of in a political debate…We really try to get across to students that you’re your own person, you don’t have to be what mom and dad say, or your culture. You get to choose who you want to be.

Karen talked about how families with certain cultural and religious beliefs that do not support SHE often result in students opting out of SHE class: “you do see that a bit more at times now, there’s kids who are wanting to opt out, or the parents want the kids to opt out because of religious, cultural beliefs. Those are all challenges”.

As such, teachers are placed in a challenging predicament – they feel the obligation to respect their students’ cultural (and religious) beliefs and values, yet they also have an obligation to teach SHE to all students.

Misconceptions. Participants discussed how there tends to be a lot of misconceptions about teenage sexuality and sexual development, namely that by talking about sex it will lead students to engage in such behaviours. Mark perfectly summarized the misconception when he said, “by talking about [sex], they’re not going to run out and do it. If they want to go run out and do it they’ll do it”. John supported Mark’s claim when he shared how four students in his school deliberately chose to get pregnant last year; although Ontario’s SHE curricula discourage teenage pregnancy (e.g. “demonstrate an understanding of the factors (e.g., attitudes, values, and beliefs about gender roles and sexuality) that affect the prevention of behaviour related to STDs, AIDS, and pregnancy” [emphasis added]; Ontario Ministry of Education, 2000, p.22), these four students made a deliberate choice to get pregnant. The misconception of “if you teach students about sex they will go out and experiment” is debunked in the literature; there is a positive correlation between abstinence-based education and teenage pregnancy and abortion rates (Stanger-Hall & Hall, 2011). Schools need to provide holistic SHE to ensure that students are
making healthy choices and engaging in safer sexual behaviours because regardless if students are learning about safer sex in school or not, they will continue to explore their evolving sexuality.

When I asked Karen why she thinks it has taken nearly a decade and a half to release new SHE expectations, Karen believed that misconceptions about teaching sexual health in schools is the core issue. Karen spoke specifically about misconceptions that led to the Grade 1 to 8 SHE curriculum being clawed back in 2010:

We need to educate the public more…Because [SHE is] such a sensitive topic, there [a]re some misconceptions around…some of the expectations – and I alluded to one in Grade 3 [from the 2010 Grade 1 to 8 curriculum] that there were misconceptions around what was being taught. It was respect for visible and invisible differences but all of the sudden the [teacher prompts] were saying gender identity, sexual orientation, so there are misconceptions around, “oh my goodness we’re teaching gender identity and sexual orientation. Grade 1, oh, we’re talking about sex because it’s in the expectations”.

The “public’s” (i.e. parents, religious groups, and other educational stakeholders) erroneous beliefs about what students can and cannot handle being taught has led to the halt in updating SHE curricula, which may make some teachers feel limited with regards to what they can and cannot teach. Believing these misconceptions are a disservice to students because topics that need to be discussed are absent from the specific expectations and by extension SHE classes, even though such topics could help students make more responsible and healthier choices with regards to their sexual behaviour and better understand their sexual development and identity.

Directions for Change

Topics that should be added to the specific expectations. All four teachers thought that the specific expectations from the 1999 and 2000 SHE curricula should still appear in future curricula. However, participants talked about a variety of sexual health related topics that are not covered in the SHE specific expectations that would benefit students if they were added. Some of
the suggested topics included: the relationship between sexual behaviour and self-esteem; the relationship between mental health and sexuality (e.g. suicide rates among transgender youth; feeling anxiety when pressured to be sexually active); sexual orientation; gender identity; debunking assumptions held about sexual relationships based on beliefs derived from pornography; appropriate and safer use of social media in relation to sexual expression and behaviour; discussing cybersex and its potential consequences; and discussing the potential positive and negative emotional and mental components of sexual relationships.

As a specific example, Mark spoke about how students as early as Grade 7 access pornography. He recognized that pornography has become an active part of many adolescent students’ lives, yet is not discussed in the curricula: “They have it readily available. It is completely, completely jaded. They think this is what sex is like…They think this is what sex is. Oh my god, it’s scary! [Pornography] do[es] not bring in the relationship part”.

Both Sean and Karen talked about how the topic of sexual orientation and gender identity need to be added to the curricula. Sean said, “We don’t really get into [sexual orientation and gender identity] in the actual curriculum. We talk about it, but we’re missing a whole community of kids…they’re being left out. So I think that really needs to be added in”.

As a researcher in the field of education and an advocate for holistic SHE, I struggle with this aforementioned issue. While the 1999 and 2000 curricula do not explicitly state to talk about sexual orientation and gender identity, the specific expectations are vague enough that teachers could introduce this topic. A good fit lies within the specific expectations regarding healthy relationships – it does not state to solely talk about heterosexual relationships, though teachers most frequently default to discussing healthy (sexual) relationships in a heterosexual context. Sean and Karen’s responses regarding sexual orientation and gender identity highlight the
importance of explicitly outlining different types of relationships to discuss in future SHE curricula.

Additionally, Karen suggested that the specific expectations are missing key terminology that should be included:

We don’t tend to see gender identity, sexual orientation, transgender, cisgender, all the terminology that is a bit more relevant for 21st century, because the curricula are almost two decades old...it is not part of the expectations but we need to be aware of that in our classroom. Our family norms are different and so perhaps we may have some students in our class...[who] may have two moms, they may have two dads.

It is important to note, however, that terms such as gender identity, sexual orientation, transgender, and transsexual have been used for years, but are just emerging into popular discourse as of late (e.g. Currah, 1997; Frable, 1997; Savin-Williams & Diamond, 2000). Karen’s statement further supports the need to explicitly include specific expectations about sexual orientation and gender identity.

Karen also talked about the importance of teaching and using specific terminology related to SHE. Karen discussed how there is a stigma attached to certain terminology related to sexual health, but teachers can help remove the stigma by “normalizing” certain words: “Kids [should] be able to identify and label body parts using language – a penis, a vagina, you know, that’s common language when you think just about it. Also that there is no shame in identifying body parts and using that language”.

**Focus on healthy sexual relationships.** The four teachers were more focused on their pedagogy rather than the ascribed curricula, likely because the 1999 and 2000 curricula are so old that John, Mark, Sean, and Karen felt that they had an ethical obligation to modify and update the content they teach to meet their students’ needs.
However, it is important to recognize that the only curriculum content that was considered to be a vital part of the four teachers’ best practices for teaching SHE was relatively positive in nature (i.e. healthy sexual relationships). As discussed in the literature review, the Ontario SHE curricula from 1999 and 2000 tend to adopt a predominantly risk- and biology-centred framework (Meaney et al., 2009; Oliver et al., 2013). Given that participants discussed the importance of teaching their students about healthy sexual relationships, this finding has significant implications with regards to how future SHE implementation and curriculum design should be framed; SHE should move away from emphasizing the negative aspects of and biology behind sexual health to adding more emphasis to the healthy and positive aspects of sexuality and sexual health, identity, and behaviour.

Mark, Sean, and Karen all emphasized the importance of focusing on healthy sexual relationships during their SHE teaching. The teachers recognized that since some of their students begin to explore and experiment with their sexuality and sexual behaviours during their high school years, and sometimes even earlier, it is a teacher’s responsibility to make sure that his or her students are making healthy and responsible choices and decisions.

The first question I asked participants during their interviews was what they thought was the greatest strength of the current (i.e. 1999 and 2000) SHE curricula. Mark discussed the importance of teaching students about healthy sexual relationships. Specifically, he said:

It focuses a lot more on healthy relationships and healthy sexual relationships. When I look back – I’m so old – you would have a unit on physical growth and physical development. Then, it really didn’t address as much the healthy relationship and the sexual relationship...so I think this is probably the strength.

Sean’s answer paralleled Mark’s response:

The biggest strength is that it focuses on the healthy relationship aspect, I think that’s really important. It’s a bit of a shame because I think healthy relationships
should be done at a younger age. However, I still think it’s really important that [students] understand the true forms of what a healthy relationship is.

In response to the same question, Karen discussed the importance of teaching what a healthy sexual relationship is and how to develop and sustain healthy relationships: “[the] focus around the positive sex outcomes around healthy relationships and…describing factors to lead to healthy sexual relationships, I think that’s a big one”. Later on in the interview, Karen mentioned healthy sexual relationships yet again, saying that the topic is incredibly relevant to students: “the[re’s] relevance around that, around teens and healthy relationships and what is a healthy relationship and trust, [teaching students] if they are choosing to be sexually active what do they need to consider”.

**Modify “timeline” teaching SHE.** All four teachers commented on how they think SHE needs to get taught starting at earlier grades. Topics pertaining to sexual health are formally introduced in the Ontario’s HPE curriculum in Grade 7 (Ontario Ministry of Education, 2010). John discussed how topics related to SHE, specifically reproduction and prevention, need to be discussed starting at earlier grades because students are becoming progressively more sexually active at younger ages:

I really think that [the SHE curriculum] almost needs to backup and do more of the sexual health stuff earlier in elementary school because – I’ll talk about my school specifically. We had six or seven pregnancies last year with – we’re talking less than 300 girls in the school. So, I think the message needs to get out sooner about reproduction and prevention.

Similarly, Mark commented that students at his junior high school engage in a lot of sexual behaviour, such as taking pictures of their body parts on their phone and sending the image around via text message or posting the image on social media platforms. As such, Mark said he feels that it is important for information about making healthy choices with regards to students’ sexual behaviour to be discussed before they begin Grade 7:
Our Grade 9s are sexually active, they are. Not all of them, even if it’s 10 percent, 15 percent, well we have 200 [Grade 9 students], do the math… We have to have the conversation and the awareness to happen immediately when we get them [in Grade 7], not in Grade 9. It is actually too late, our Grade 9s are out of control.

Throughout his interview, Sean repeatedly mentioned how teachers have to provide students with information about sexuality and sexual health at earlier grades. In fact, he stated how he thinks that introducing sexual health in Grade 7 is the greatest issue with the SHE curricula, as it is too late and needs to start happening at earlier grades. Similar to Mark’s aforementioned statement, Sean said:

Kid are getting into sexual relationships, it’s not even a relationship, and they have no idea what the consequences are of their actions. They’re not in a true relationship, it’s just one night stands here and there, they’re just casually hooking up, and we’re asking [students to learn about healthy sexual relationships] in Grade 9, but this is happening in Grade 7 and 8. So it’s too late. We have to hit them much earlier with this information.

It is important to highlight that John’s, Mark’s, and Sean’s rationale for introducing SHE at earlier grades was solely as a preventative measure against “negative” outcomes related to sexual behaviour (i.e. pregnancy, inappropriate use of technology to express sexuality, and casual sexual encounters), without mentioning any positive elements of sexual development that could be added before Grade 7. It would also be useful to discuss positive elements of (sexual) relationships; as mentioned previously, participants from the Toronto Teen Survey reported wanting to know more about healthy relationships and sexual pleasure (Planned Parenthood Toronto, 2009).

**Summary**

John, Mark, Sean, and Karen identified best practice strategies to improve implementation of the SHE curricula, such as taking a student-centred approach to teaching and going beyond the curricula while planning SHE units. They also discussed the various obstacles
they have faced while teaching SHE, which mostly revolved around backlash for various reasons (e.g. sensitive nature of SHE) and misconceptions held by stakeholders in the education systems, (e.g. parents and religious groups). Finally, the four teachers recommended some possible directions for change with future sexual health pedagogy and curricula, most notably officially introducing SHE before Grade 7 and placing a stronger emphasis on positive aspects and outcomes of healthy sexual relationships. In the following chapter, I have explained how these findings align with the literature review and the theoretical framework, Critical Pedagogy.
Chapter 5: Discussion

Discussion

Best practice strategies for SHE. The four teachers interviewed in this study highlighted best practice strategies for teaching SHE at the high school level. Throughout my review of the literature, I did not come across any academic literature that specifically discussed best practices for teaching SHE. However, there were a few articles that related to some of the themes that emerged under best practices in this study. For example, participants discussed the importance of student-centred learning. The TTS found that there was a discrepancy between what students want to learn in SHE and what they actually learn; for example, students reported wanting to learn more about sexual pleasure and healthy relationships (Planned Parenthood Toronto, 2009). If teachers provide more opportunities for student-centred learning, SHE programming would be much more engaging for and relevant to students.

Participants also discussed the importance for teachers to be comfortable with and knowledgeable about sexual health content, as well as seek additional sexual health resources. There have been a few studies that examined the impact of teacher comfort on their SHE instruction; the studies found that few teachers feel comfortable teaching SHE, but those who did feel comfortable teaching SHE were more knowledgeable about the subject and were more willing to teach SHE relative to teachers who knew less about sexual health (Balsley et al., 1996; Cohen et al., 2004; Cohen et al., 2012; Ninomiya, 2010; Westwood & Mullan, 2007). It was not surprising that John, Mark, Sean, and Karen discussed the value of seeking additional resources, such as resources from various public health departments across Ontario and media (e.g. magazine articles), to help support their own understanding of sexual health and to provide more holistic SHE.
Herold and Benson (1979) identified that students’ maturity level impacts SHE instruction. Teaching to maturity level, rather than chronological age, was a consistent recommended best practice strategy in this study. John, Mark, Sean, and Karen discussed how being cognizant of students’ maturity level, and modifying SHE content accordingly, helped them navigate their SHE units and deliver content in a way that best suited their students’ learning needs. Teachers described maturity as the ability to ask questions in class, share insights and views, and engage in meaningful conversations about sexual health without feeling uncomfortable.

It is impossible for the Ontario Ministry of Education to update curricula at the same rate at which sexual health awareness and knowledge evolve. The amount of change that has occurred in the field of sexual health since the curricula were last updated has been significant. John, Mark, Sean, and Karen spoke to this reality by discussing the importance of teaching beyond the curricula – specifically, covering topics that are not explicitly embedded within the specific expectations – and for teachers to keep up to date about information and trends in sexual health. While curriculum documents are created to help teachers plan and guide their lessons and units, the teachers in this study felt that using the curricula to guide their SHE instruction were not sufficient for providing their students with a useful SHE; they recognized significant gaps (e.g. sexuality and mental health; emphasize the value of healthy relationships) in the specific expectations and covered these subjects at their own discretion. The participants in this study expressed that they feel it is up to teachers to go beyond the curricula to find topics that are more relevant and current to bring into their SHE classes; this was demonstrated by Karen, for example, who led a lesson about being transgender by discussing an article about a transgender
teenager from Maclean’s magazine. These findings also relate to the TTS, since students reported wanting to learn about topics that were not explicitly stated in the specific expectations.

Ontario teachers are expected to cover the overall expectations outlined in each curriculum document. Specific expectations are used to guide teachers to cover the overall expectations embedded within their lessons and units; teachers can choose a selection of specific expectations to cover while teaching in addition to introducing additional concepts, materials, information, and constructs that are beneficial to student learning that are beyond what the specific expectations outline. As mentioned in Chapter 4, some participants were upset that topics about sexual orientation, gender identity, and pornography – to name a few – were not included in the curricula; however, teachers do have the flexibility to talk about these topics. For example, the Grade 11 overall expectation for Healthy Living is: “demonstrate an understanding of sexual and reproductive health” (Ontario Ministry of Education, 2000, p. 11). Students can demonstrate an understanding of sexual health in many ways, including understanding the spectrum of sexual orientations and gender identities, or (in)appropriate access sexual content online. As long as teachers provide information that relates to a curriculum’s overall expectation(s) and covers a few specific expectations at minimum, teachers have the ability to introduce topics beyond the specific expectations.

Obstacles to SHE instruction. There were a few studies conducted previously that examined obstacles teachers face during SHE instruction (e.g. Herold & Benson, 1979; Scales, 1981). The essence of qualitative research is to provide a platform for individuals to share their individual perspectives. However, it is important to note that nearly all four participants’ views paralleled and complimented much of what is already discussed in the literature on challenges teaching SHE. Below, I described some key findings that I wanted to re-address, highlight and
discuss in further detail in relation to other research.

Herold and Benson (1979) and Scales (1981) examined issues and obstacles teachers faced teaching SHE over 30 years ago. The participants from this current study mentioned many of the same challenges. Some overlapping obstacles between the older and current research included: struggling teaching material related to SHE due to students’ maturity level; supplementary materials to teach SHE are outdated and not relevant; lack of clear and detailed specific expectations; low level of teacher knowledge about sex, sexuality, and sexual health; focus on biology (e.g. reproduction) and risk-prevention (e.g. STIs); SHE content seemed repetitious from year to year; and little to no reference of sexual orientation, gender identity, communication skills, self-esteem, and emotion. It is incredibly concerning that these curricular and pedagogical issues still persist after decades.

One issue that came up in this study was that teachers had a difficult time finding ways to make the curricula relevant to students. I personally found this theme to be disappointing. The specific expectations are very vague, and therefore present opportunities for teachers to explore many aspects of sexual health that students may find relevant to their lives. However, oftentimes teachers do not explore topics that are in desperate need of discussion. The participants in this study mentioned a few topics that are not explicitly stated in the 1999 and 2000 SHE curricula, but would be beneficial to include in SHE lessons and future curricula. For example, (underage) access to pornography was mentioned as an issue that should be discussed in SHE, but frequently is not since it is not explicitly mentioned in the specific expectations. However, pornography could be discussed in Grade 10 or 11 since the following specific expectations are outlined in the curriculum documents: “describe environmental influences on sexuality (e.g., cultural, social, and media influences)” for Grade 10 (emphasis added; Ontario Ministry of Education, 1999, p.
Sexual Health Education

15) or “analyse the factors (e.g., culture, media) that affect gender roles and sexuality” for Grade 11 (emphasis added; Ontario Ministry of Education, 2000, p. 22). Pornography is a type of media that has a huge impact on sexuality and gender roles, and therefore teachers could discuss this topic – even though it is not explicitly mentioned in the specific expectations.

Another topic that is often ignored is sexual orientation, gender identity, and sexual and gender minorities. Identifying as part of the LGBTQ community can be discussed in the context of healthy relationships in Grade 11 – “describe the characteristics of healthy, respectful, and long-lasting relationships” (Ontario Ministry of Education, 2000, p. 11), or Grade 12 – “describe the characteristics of healthy, respectful, and long-lasting relationships” (p. 22). “Relationships” is an open-ended term; it does not state specifically to talk about heterosexual relationships, providing teachers the opportunity to talk about different kinds of relationships (e.g. same-sex and opposite-sex relationships; what a relationship may look like for someone who identifies as asexual; or how transitioning from female to male, or male to female, may impact a person’s relationship). Though it is difficult to find ways to integrate certain topics into SHE lessons, teachers should push themselves beyond their comfort zones in order to provide their students with holistic SHE – including beyond the biology and risk of sexual behaviour and beyond heteronormative ideas of sexual health and sexuality.

The four participants also discussed the backlash they have faced due to the sensitive nature of SHE, cultural and religious beliefs held by their students’ and their students’ families’, and misconceptions about SHE held by educational stakeholders (e.g. parents, the public, and religious groups). These three obstacles all connect and intersect. There has been copious news coverage over the last few years about SHE backlash, predominantly from parents and religious groups (e.g. CBC News, 2010; Hepburn, 2013; Iacobelli, 2010; Pinker, 2010; Sex ed debate,
2010), and the backlash has re-emerged in full force over the last few months since the release of the revised SHE curricula from Grade 1 to Grade 12 in early 2015 (e.g. Boesveld, 2015; Ferguson & Rushowy, 2015; Warmington, 2015). While SHE is a very sensitive topic, its sensitivity is exacerbated when groups of educational stakeholders have certain cultural and religious values and beliefs that may not support open discussion of sexual health. There are many widespread misconceptions around sexual health, which may stem from conservative cultural and religious ideologies, or a general lack of knowledge about this subject. For example, when Kathleen Wynne offered her support and encouragement for the Ministry of Education to consider adding consent to the 2015 SHE specific expectations, there were concerns that it would encourage teenagers to engage in sexual behaviour before the legal age of consent (Piunno, 2015). However, I argue that if the specific expectations encourage the discussion of safer sex practices, healthy relationships, and other topics related to sexual behaviour, it is logical to also talk about consent; these topics perfectly compliment each other. Teachers are forced to cope with backlash while also balancing their ethical and legal obligation to teach what the curricula outline, which can be very challenging. Recognizing and acknowledging these tensions, however, is an important step toward improving SHE pedagogy.

**Directions for change.** When I first began this research study, I originally intended to investigate which specific expectations teachers recommended to add, remove, or modify in future SHE curricula in Ontario. I was surprised to discover that the four teachers’ primary concern was not the content of the curricula (i.e. specific expectations), but rather how SHE is taught (i.e. pedagogy). Nonetheless, the primary direction for change that emerged from the interviews revolved around the ascribed curricula (i.e. specific expectations) since, legally, teachers are supposed to use the curricula as a flexible guide when designing units and lessons.
While the four teachers expressed that the specific expectations from the 1999 and 2000 curriculum documents should remain in the curricula, there were a few topics they felt need to be added and/or emphasized in the future SHE curricula: the relationship between sexual behaviour and self-image and self-esteem; the relationship between mental health and sexuality; sexual orientation and gender identity; debunking assumptions held about sexual relationships based on beliefs derived from pornography; appropriate use of social media in relation to sexual expression and behaviour; discussing cybersex and its potential consequences; and discussing the potential positive and negative emotional and mental components of sexual relationships.

With respect to the 1999 and 2000 curricula, a specific expectation that was at the forefront of the four participants’ SHE units was healthy relationships. This finding is very important to acknowledge and is a quintessential example of good SHE pedagogy since the TTS found that students were interested in learning more about healthy relationships. Additionally, other studies acknowledged how most SHE curricula focus on the biology and risks of sexual behaviour and exclude potential positive outcomes (Meaney et al., 2009; Oliver et al., 2013). Lastly, the four participants also discussed how they think SHE needs to be introduced before Grade 7 to take a more preventative approach to Health education.

The old curricula versus the new curricula. Since completing this study, the new HPE curricula have been released. While my study was conducted prior to the release of the new curriculum documents, I wanted to conduct a brief analysis to see whether the changes participants wanted to see in the revised documents were made. Fortunately, nearly all of the recommended changes discussed by the four teachers have been included for implementation starting September 2015.
Most notably, SHE officially begins in Grade 1 (Ontario Ministry of Education, 2015a), which is significantly earlier than the previous SHE curricula, which started in Grade 7 (Ontario Ministry of Education, 2010). All four teachers strongly felt that SHE needs to begin before Grade 7. The specific expectation related to SHE in Grade 1 states that students will learn to “identify body parts, including genitalia (e.g., penis, testicles, vagina, vulva), [and] using correct terminology” (Ontario Ministry of Education, 2015a, p. 93). Karen explicitly discussed how teachers need to de-stigmatize the use of terminology related to sexual health, and this specific expectation will guide teachers to help remove the stigma by having students learn the proper terminology when referring to body parts.

Another useful change with the 2015 curricula is that they provide teacher prompts, helping teachers guide their lessons by offering ways they can introduce topics related to sexual health, as well as potential student responses. This feature of the new documents will be especially beneficial for teachers who may not know how to approach this sensitive topic and will prepare them for potential answers students may give in response. The 1999 and 2000 documents simply listed the specific expectations without teacher prompts or student responses.

There were many specific expectations introduced in the 2015 curricula that cover topics the four teachers wanted to see included in the new curricula (Ontario Ministry of Education), and were also discussed in the literature review as topics missing from the curricula, including: mental health (e.g. Grade 5: “describe emotional and interpersonal stresses related to puberty…and identify strategies that they can apply to manage stress, build resilience, and enhance their mental health and emotional wellbeing”; 2015a, p. 158); sexual orientation and gender identity (e.g. Grade 6: “assess the effects of stereotypes, including homophobia and assumptions regarding gender roles and expectations, sexual orientation, gender expression…and
propose appropriate ways of responding to and changing assumptions and stereotypes”; 2015a, p. 177; Grade 9: “demonstrate an understanding of factors…that can influence a person’s understanding of their gender identity [e.g., male, female, two-spirited, transgender, transsexual, intersex] and sexual orientation [e.g., heterosexual, gay, lesbian, bisexual]; 2015b, p. 104); (in)appropriate use of technology with regards to sexual expression (Grade 7: “assess the impact of different types of bullying or harassment, including the harassment and coercion that can occur with behaviours such as sexting…and identify ways of preventing or resolving such incidents”; 2015a, p. 198); and positive aspects of engaging in sexual relationships (Grade 8: “analyse the attractions and benefits associated with being in a relationship [e.g., support, understanding, camaraderie, pleasure]…for themselves and others, of relationships involving different degrees of sexual intimacy”; 2015a, p. 220; Grade 10: “explain how being in an exclusive relationship with another person affects them and their relations with others [e.g., personal benefits such as learning about oneself, emotional comfort and security, sense of belonging…]; 2015b, p. 126).

Another radical shift I found among the new specific expectations is that there is much more emphasis on and discussion about positive aspects of sexual development, identity, and relationships. Throughout the 2015 HPE curricula, various specific expectations appear regarding healthy, positive relationships – both platonic and sexual – as early as Grade 2: “describe how to relate positively to others…and describe behaviours that can be harmful in relating to others” (Ontario Ministry of Education, 2015a, p. 110); and up to Grade 12: “demonstrate an understanding of how relationships develop through various stages, and describe the skills and strategies needed to maintain a satisfactory relationship as the relationship evolves” (Ontario Ministry of Education, 2015b, p. 156). Another example of a positive aspect of
sexual development in the SHE curricula is present in Grade 6, when teachers are encouraged to discuss the foundation for healthy relationships with their students. The teacher prompt included to guide this discussion includes mentioning that male students may have wet dreams and female students may experience vaginal lubrication, which are normal physiological responses as a result of puberty, in addition to “exploring one’s body by touching or masturbating is something that many people do and find pleasurable” (Ontario Ministry of Education, 2015a, p. 175).

Revisiting the findings from the Toronto Teen Survey (Planned Parenthood Toronto, 2009), some of the topics students wanted to learn more about included sexual pleasure, healthy relationships, and HIV/AIDS; these three topics are covered explicitly in the 2015 Grade 9 to 12 SHE curriculum. The 1999 and 2000 documents did not allude to the idea of sexual behaviour and intimacy as being pleasurable, or as a “normal” aspect of sexual development and growth, which has explicitly changed with the revised curriculum documents. As mentioned previously, while healthy relationships were present in the 1999 and 2000 curriculum documents, it is highlighted much more throughout the 2015 documents. Also, while HIV/AIDS (prevention) has always been in the curriculum (it was introduced in Grade 8 in the 2010 interim curriculum), it is now introduced in Grade 7 (Ontario Ministry of Education, 2015a).

The new curricula have made huge strides forward to provide Ontario students with holistic SHE. The term sexual orientation and gender identity did not even appear in the 1999 and 2000 documents; in the 2015 document for Grades 9 to 12 (the revised curricula combined Grades 9 through 12 into one document), sexual orientation appears 29 times, gender identity 27 times, gay 12 times, transgender 9 times, lesbian and intersex 5 times, transsexual 3 times, and two-spirited 2 times.
While the four primary constructs that captured the specific expectations of the 1999 and 2000 documents still appear (1. the biology of sex; 2. consequences of sexual intimacy; 3. relationships; and 4. impact of societal factors on sexuality), many more constructs related to sexual health appear in the 2015 documents, such as positive outcomes of sexual development and behaviour, sexuality and technology, and sexuality and mental health. These new topics are incorporated throughout the Health curricula, even beyond the context of the SHE strand.

**What is still missing from the 2015 curricula.** Although SHE has been radically transformed in the 2015 curriculum documents, there are a couple issues worth noting. Sexual orientation and gender identity is first mentioned in a specific expectation in Grade 6, and is framed in the context of stereotypes (“assess the effects of stereotypes, including homophobia and assumptions regarding gender roles and expectations, sexual orientation, gender expression…and propose appropriate ways of responding to and changing assumptions and stereotypes”; Ontario Ministry of Education, 2015a, p. 177). In Grade 7, sexual orientation and gender identity are discussed in the context of physical, emotional, social, and psychological factors that impact decisions related to sexual health. Research shows that students as young as five years old may identify as a gay, lesbian, transgender, or as an other sexual orientation or gender identity (Rosenberg, 2003; Tishelman, Kaufman, Edwards-Leeper, Mandel, Shumer, & Spack, 2015). Introducing sexual orientation and gender identity for the first time (explicitly) in Grade 6 – when students are 11 or 12 years old – is late. Students may go years feeling unsure about why their sex does not match their gender identity, or why they feel attracted to their peers of the same sex, which may be a source of bullying and mental health problems (e.g. anxiety and depression). This topic should be formally introduced at younger grades. Additionally, asexuality is a sexual orientation that is not even present in the curriculum documents, which is a very
important topic to discuss in SHE.

Furthermore, John mentioned how the specific expectations seem repetitive year to year. After examining the specific expectations for Grades 9 through 12, there does seem to be a lot of overlap between the specific expectations. For example, one specific expectation in the Grade 9 curriculum states “describe the relative effectiveness of various methods of preventing unintended pregnancy or sexually transmitted infections (STIs), including HIV/AIDS” (Ontario Ministry of Education, 2015b, p. 103), and a specific expectation from Grade 11 states that students should “describe how their understanding of factors that affect reproductive and sexual health (e.g., sexually transmitted infections) and their knowledge of proactive health measures and supports…can be applied to avoid or minimize illness” (Ontario Ministry of Education, 2015b, p. 142). These are essentially tackling the same topic, but the Grade 9 specific expectation is more detailed. While it seems repetitious, information about STIs is incredibly important to know; it is up to teachers to make sure they are presenting similar information in different ways to keep students engaged in their learning.

Moreover, while the 2015 SHE curricula are much more holistic compared to the previously released SHE curricula, many topics are not actually embedded within the specific expectations, but instead are mentioned in the teacher prompts. Teachers do not have to discuss the topics included in the teacher prompts since the prompts are a guide to help approach and implement the specific expectation in a lesson. For example, in Grade 3, teachers are encouraged to help students understand the difference between visible and invisible differences (Ontario Ministry of Education, 2015a). One of the teacher prompts outline that teachers can discuss how some students may have two mothers or two fathers. While it is encouraging to see that a
discussion about sexual orientation can evolve from this specific expectation, a teacher can just as easily focus on learning disabilities or another “invisible difference” instead.

**Critical Pedagogy.** Critical Pedagogy was the theoretical framework that guided my literature review, data collection and data analysis. As discussed in the literature review, the main goal of Critical Pedagogy is to transform knowledge (i.e. curriculum) and pedagogy (i.e. teaching) by identifying sources of power and how said sources impact education. Teachers are pressured and influenced by parents and principals. Even more broadly, the education system is influenced by the public, religion, the government, and other institutions. In this study, the four participants exemplified how despite the persistent backlash and conflict they face teaching this sensitive subject, they recognized the importance of not succumbing to the pressures they face.

The themes that emerged in this study (outlined in Chapter 4) revealed how the four teachers do not allow sources of power to dictate how they teach. Teachers disclosed that they do not use the ascribed curricula to determine the content and direction of their SHE lessons. The participants’ primary concern was their students’ well-being, which they demonstrated when they discussed that they focus on what their students want to learn and go beyond the specific expectations if need be. Furthermore, the teachers questioned (i.e. were critical of) certain aspects of the curricula, such as the “timeline” that SHE topics are introduced; missing topics such as pornography, sexual orientation, and gender identity; and bringing healthy relationships to the forefront of SHE, rather than focusing on the biology and risks often emphasized in SHE.

The unexpected but organic shift of my primary research question for this study also reflects Critical Pedagogy ideologies. I originally intended to examine what secondary school teachers wanted to see added, removed, and modified in the ascribed Ontario SHE curricula (i.e. Healthy Growth and Sexuality specific expectations). I developed my interview questions around
this primary area of inquiry, but realized after my data analysis that teachers were not concerned about the specific expectations and the overall HPE curricula. Since the curricula were developed over 15 years ago, teachers recognized that it would be a disservice to their students if they continued to implement the curricula as is. Instead, the teachers deliberately covered topics that were more current, relevant, and interesting to their students. Teachers refused to follow the SHE curricula (which are sources of power created and influenced by other powerful institutions, such as the Ministry of Education and parents) that they are “obliged” to follow as educators in the public school system. Instead, their perceived ethical obligation to provide more current and relevant (but not necessarily curricular ascribed) information trumped the pressure to conform to implement the official curricula.

**Implications/Recommendations**

This research study can provide insight into how teachers can improve their SHE pedagogy by learning from experienced HPE teachers and the obstacles and issues they have faced while teaching SHE. While the focus of this study was on high school grades, the findings that emerged are applicable to all grades within the K-12 system. With the new SHE curricula publicly available and its pending implementation in September 2015, teachers can consider the aforementioned best practices moving forward. While obstacles will always persist in SHE, now teachers have insight into how to potentially navigate these obstacles.

What was not discussed in great detail was how teachers can teach SHE beyond HPE, since students are not required to take HPE beyond Grade 10. Hopefully, by introducing SHE in earlier grades than before, students will have more knowledge about sexual health when entering high school. However, secondary school teachers should still be encouraged to talk about SHE beyond the realm of HPE and find ways to connect SHE content to other curricular areas.
Further Study

There was one topic outlined in the literature review that I was hoping to explore more with participants, and therefore would be interesting to investigate in greater detail in future research – sexuality of the 21st century. Specifically, I was interested in learning about if and how teachers talk about sexuality and technology, as well as sexual orientation and gender identity. As outlined in the literature review, sexuality has transformed significantly over the last decade as a result of the digitalization of our world, especially among adolescents (Albright, 2008; Hasinoff, 2012; Shaughnessy et al., 2011; Subrahmanyam & Lin, 2007; Valkenburg & Peter, 2009; Yang & Brown, 2013). Some participants briefly touched upon technology-related issues they have dealt with as teachers, such as students’ inappropriate use of social networking websites and platforms (e.g. sending pictures of private parts over Instagram and Snapchat during class) and cell phone use (e.g. sexting and accessing pornography on school property). Interestingly, participants did not mention that they discuss issues related to online sexual predators, positive resources and communities online for sexual and gender minority groups, nor the impact of media (e.g. music, film, and television) on sexual health and sexual expression. I also had to prompt each teacher to talk about whether they share information and resources about LGBTQ communities and relationships. Participants did not express that this was a significant topic in their SHE instruction, despite the fact that LGBTQ communities and their recognition within school boards across Ontario, and even more broadly around North America, has increased substantially over the last few years (Gereluk, 2013; Rands, 2009).

For further study, it would be interesting to see if best practices and obstacles will change after the official implementation of the new Ontario HPE curricula starting in September 2015. As previously mentioned, there are many new topics introduced in the 2015 curricula, which will
Sexual health education hopefully guide teachers to provide more holistic SHE. However, I suspect that many teachers will struggle teaching such progressive material and topics. As such, it would be important to see the similarities and differences among best practice strategies and obstacles teachers face implementing the 2015 curricula versus the 1999 and 2000 curricula.

Another area of further study would be to examine the differences and similarities between SHE in urban and rural schools. The four teachers in this study taught in Toronto and the Greater Toronto Area; as such, there was not equitable representation of teachers across Ontario.

Conclusion

SHE has, and will predictably continue to be, one of the most controversial school subjects due to its sensitive nature. However, teachers have a duty to provide their students with rich, informative, and practical information to support and foster their students’ development, growth and academic curiosity. SHE is a very challenging subject to teach, but as the participants in this study described, there are best practice strategies that make teaching SHE easier and more effective.

This research study was conducted at a very interesting historical period in the education system. The SHE curricula have been a work in progress and its release was anticipated – for both positive and negative reasons – for years. Ontario has never had such a holistic, progressive, and detailed SHE curricula, and it is an opportune time for teachers to reflect on how they can work with these curricula to revolutionize students’, and even their own, understanding of sexual health and sexual development.

This major research project was my first qualitative study, and my first within the realm of education. I originally approached this topic with the intention of discovering how teachers
want to see Ontario’s ascribed SHE curricula change. I did not expect to discover that ascribed curricula did not matter to the four teachers I interviewed, but instead focused on their best practice strategies – which beautifully aligned with my theoretical framework, Critical Pedagogy. This discovery made me feel very hopeful – that there are teachers who are willing to challenge the “system” to improve their students’ development and growth.

Sex, sexuality, sexual health, sexual development, and sexual behaviour – all topics discussed in SHE – are very challenging to discuss. It is stigmatized, shamed, and silenced by many as a result of cultural and religious values. In the eyes of many, sex is meant to be kept private. Teachers are forced to break the barriers of stigmatization, shame, and silence that surround SHE and challenge their students to join in on the conversation to help them unpack, understand, and learn this subject. It is a very challenging feat, one I have experienced firsthand at the post-secondary level, which was also met with challenges and controversy. As a future educator, the findings from this research project allowed me to learn ways to navigate obstacles talking about sexual health by bringing forward best practices that have been effectively used in experienced teachers’ classrooms; I hope this knowledge will also make a difference in other teachers’ classrooms.
References


Date: ______________________________

Dear ____________________________,

I am a graduate student at OISE, University of Toronto, and am currently enrolled as a Master of Teaching student. I am studying teachers’ recommendations for updating Ontario’ Sexual Health Education curricula. The purpose of this research requirement is to allow us to become familiar with a variety of ways to do research and to contribute to the scholarly field. My data collection consists of an interview that will be audio-recorded. The interview may last up to 60 minutes. I would be grateful if you would allow me to interview you at a place and time convenient to you, outside of school time.

The contents of this interview will be used for my research project, which will include a final paper, as well as an informal presentation to my classmates and/or potentially at a research conference or publication. I will not use your name or anything else that might identify you in my written work, oral presentations, or publications. Your identity will remain confidential and anonymous. The only people who will have access to my assignment work will be my research supervisor and my course instructor. You are free to change your mind at any time, and to withdraw from the study until March 2015 at which point my work will be finalized. You may decline to answer any specific questions. I will destroy the audio recording after five years. I will share with you a copy of my interview transcription to ensure accuracy. Potential benefits as a result of participating in the study include contributing to the scarce literature on sexual education pedagogy and becoming more reflective of your own teaching practice. There is only minimal risk for participating in the study given the sensitive nature of the topic of this research project. If you feel uncomfortable at any point during the interview, you may wish to skip any question(s) and/or withdraw from participating.

Please sign below if you agree to be interviewed. The second copy is for your records. Thank you very much for your help.

Yours sincerely,

Carly Basian
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416.873.3315

Dr. Patrick Finnessy
pk.finnessy@utoronto.ca
416.978.0078

I agree to participate in this study:

Name (please print): __________________________________________________________

Signature: _________________________________________________________________
Appendix B – Interview Protocol

1. Tell me a bit about yourself.
   - **Probe:**
     - What are some of your interests?
     - What is your background in education (i.e. what courses have you taught)?
     - What made you decide to teach Health and Physical Education?

2. What do you think are the strengths of the current Sexual Health Education (SHE) specific expectations for the grade(s) you teach, as outlined by the Ontario Health and Physical Education curriculum document?

3. What do you think are the issues with the current SHE specific expectations for the grade(s) you teach, as outlined by the Ontario Health and Physical Education curriculum document?
   - **Probe:**
     - Do you think the expectations are vague? And if so, do you find that helps or hinders teachers? (i.e. helps=flexibility to teach whatever you want; hinders=lack of direction)

4. Which topics do you think should be covered by future SHE specific expectations?

5. Which topics do you think should be removed from future SHE specific expectations?

6. Given that the Health and Physical Education curriculum has not been updated in 14/15 years, how do you ‘modernize’ the content covered in your SHE classes?
   - **Probe:**
     - Which topics do you talk about?
     - How do your students react to these topics?
7. Why do you think the Ontario SHE curriculum has not been updated in 14/15 years?

8. What are some of the challenges teaching a SHE curriculum that is outdated?

9. How do you engage students, and make students feel comfortable, during your SHE lessons?

10. When you teach SHE, which resources do you use?

11. Do you create cross-curricular connections between SHE and other subjects?
   • **Probe:**
     - If so, how?
     - If not, how do you think you could?
     - Do you know any other intermediate/senior teachers that make cross-curricular connections between SHE and other subjects? If so, how?

12. Do you think it is useful to create cross-curricular connection between SHE and other subject areas in high school?

13. Do you feel that teachers in Ontario are given a fair opportunity to provide input before the release of a new curriculum?
   • **Probe:**
     - If so, why?
       - Have you been given the chance to provide input for the upcoming Health and Physical Education curriculum?
     - If not, why?

14. Why is it important to teach SHE in high school?

15. Why is it important to release an update for the SHE specific expectations as soon as possible?
Appendix C – Demographics Questionnaire

Participant ID:_______

Demographics Questionnaire

Age: _________

Gender: __________________

City/town/municipality in which you teach: __________________________________

Total number of years teaching: ______________

OCT certified (select one): YES / NO

Please circle the grades you have taught, and write down how many years you taught each grade:

9 _________

10 _________

11 _________

12 _________

Other: ______________________________________________________________________

Please circle the grades for which you have taught Sexual Health Education, and write down how many years you taught Sexual Health Education for each grade:

9 _________

10 _________

11 _________

12 _________

Other: ______________________________________________________________________