Elementary Teachers’ Implementation of the Sexual Health Education Content in the

New Ontario HPE Curriculum

By

Jeffrey Dalgleish

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Abstract

In September of 2015, the government of Ontario implemented an updated Health and Physical Education curriculum that contained significant and controversial updates to the Sexual Health Education (SHE) strands. The implementation was faced with disagreement from many parents, and in an act of protest against what they felt fundamentally conflicted with their conceptions of sexual ethics, some parents removed their children from the classroom, most notably in Toronto. Implementing any form of SHE curricula can be problematic, as obstacles and difficulties delivering curriculum content in health classes have been recorded since the late 1970s. With research that examines these historical obstacles, as well as the climate of controversy surrounding sexual health education curriculum, this MTRP used that research to gain insight into the experiences and perceptions of three practiced elementary school health teachers using a semi-structured interview process. Interviews focused on the barriers these teachers faced, and the best practices they implemented along side the updated SHE content of the 2015 Ontario HPE curriculum. Various themes emerged, including the importance of collaboration with veteran teachers and colleagues, as well as potential refusal to deliver content based on teachers’ attitudes towards the SHE updates.

Key words: Sex education, implementation, successes, barriers
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Chapter 1: Introduction

1.0 Introduction: Research Context

Perhaps no other part of school curricula generates as much controversy and on such a consistent basis as sexual health education (SHE). It is one of the most important aspects of curricula that affects students’ wellbeing and emergence into adolescence, especially in the intermediate grades of elementary and middle school, where many students’ sexual identities begin to develop alongside their physical and emotional selves (Kurtuncu, 2015). Parents, adults, and educators are often so focused on their own understanding of the sexual landscape that they can easily ignore children and students as emerging sexual beings. However, sexual development is a fundamental aspect of identity (Tolman & McClelland, 2011) despite often being a difficult subject to tackle when developing pedagogy, curriculum and comfortable scenarios for both teachers and students to take part in (Carter, 2012; Flicker et al., 2010; Stanger-Hall & Hall, 2011; Strasburger & Brown, 2014).

Current research gathered from Canada, the United States, and Britain shows that there is a consensus among citizens of those countries that education should extend sexual health education in some form (Corngold, 2013; Mckay et. al, 2014, Westwood & Mullan, 2007). What should be taught, when, and how are, however, still matters of intense and ongoing debate. Politicians, educators, parents, religious groups, and other concerned citizens maintain different ideas about, and exhibit different levels of understanding of human sexuality. In addition, they hold differing views on how participation in a variety of classroom activities and exposure to a more or less expansive range of information are likely to impact children’s emerging sexual attitudes and behaviours (Corngold, 2013). There has been extensive discussion by religious
groups (Brown, 2012), students (Byers, Sears, & Foster, 2013), parents (Fentahun, Assega, Alemseged, & Ambaw, 2012), and governments on how SHE should be designed and taught, ranging from academic journals to newscasts (McKay, Byers, Voyer, Humphreys, & Markham, 2014; Zimmerman, 2015). The common thread in all of these discussions is a collective adherence to fundamentally conflicting conceptions of sexual ethics (Corngold, 2013). There are clear divides and disagreements that emerge amongst all of the stakeholders of SHE that place barriers on the path where effective sexual health education can and should be delivered to children. Despite these complications and controversies, many teachers and researchers agree that sexual education needs to progress with the realities of how sex, gender and sexual orientation manifest in our changing society (Biddulph, 2007; Carter, 2012; Mckay et. al, 2014).

Until September of 2015, Ontario’s Health and Physical Education curricula were the oldest in the country (Oliver, van der Meulen, Larkin, & Flicker, 2013; Ontario Ministry of Education, 2000). By implementing revised and progressive sexual health curricula as a part of the Heath and Physical Education (HPE), many observers (Ensslen & Ursel, 2015; McKay et. al., 2014; McKenzie, 2015; Shipley, 2014) feel as though the province has taken a huge step towards a more comprehensive response to sexual development by curbing outdated and underdeveloped topics addressed in the old SHE. Many others feel that the curriculum is radical, misguided and was implemented without consultation of the public, and even teachers themselves (D’Amato, 2015; Jones, 2015; Rushowy & Ferguson, 2015; Zimmerman, 2015).

Several new and relevant subject areas have been introduced such as the influence of social media on sexuality, and the full spectrum of sexual orientations and gender identities (Ontario Ministry of Education, 2016). In addition to these new subject areas, the timing of when certain concepts and ideas about sexual health are introduced to children has been updated as
well (Ontario Ministry of Education, 2015). Also, Ontario’s SHE now frames sexual health more broadly, making strides to improve content on the healthy, positive and pleasurable aspects of sexuality – which was wholly missing in the old curricula – and moving away from a virtually exclusive emphasis on the biology and risks of sexual activity (Salehi & Flicker, 2010; Strasburger & Brown, 2014).

In alignment with what I have discussed above, the implementation of the new curriculum in September of 2015 in Ontario was faced with disagreement from many parents. In an act of protest against what they felt fundamentally conflicted with their conceptions of sexual ethics, some parents removed their children from the classroom (D’Amato, 2015; Jones, 2015; Rushowy & Ferguson, 2015). Ontario classrooms contain a complex mixture of students from many backgrounds, many religious faiths, and many have immigrated from countries where SHE aligned with conservative belief systems and moral cultures, or was absent altogether (Zimmerman, 2015). Because Ontario classrooms are so diverse, the content of the new updates clashed with the beliefs and opinions of thousands of parents, religious groups and some students across the province, particularly in places like the Greater Toronto Area and places where parents inherently disagree with the new curriculum (Belgrave, 2015; Zimmerman, 2015). Many parents cited that the new update would promote sexual activity outside the institution of marriage and would promote a culture of sexuality that compromised the rights of certain families to raise their children following their cultural and religious values (Zimmerman, 2015). In addition, some parents felt as though they were not properly consulted in the formation and implementation of the new SHE updates, causing added conflict, further motivating parents to remove their children from Ontario classrooms (Belgrave, 2015). What Ontario teachers faced in September 2015 was overcoming the controversial nature of the new curriculum and working in
health classrooms that had been significantly changed due to student removal, as well as having to implement new concepts and ideas to age groups where new information had previously never been introduced before.

1.1 Research Problem

Although, as mentioned above, some stakeholders feel that the moral and ethical underpinnings of the curricula involved are questionable, Canadian society evolves at a speed that does not allow for delay in updating curricula to what many feel should be a common standard (Brown, 2013; Markham, 2015; Zosia, 2015). What is important to acknowledge is that the new SHE curricula work towards informing and empowering students with knowledge that is relevant to their developing sexual identities as well as their lives outside of school. Pleasure, relationship planning, consent, and the proper practices of certain forms of sexual intercourse are items of curricula that are important to include in sexual health education (Meaney, Rye, Wood & Solovieva, 2009; Michele, & Rienzo, 2000). From both curricular and pedagogical standpoints, students have not been receiving the proper information that they need to develop into healthy, well-educated beings (Byers, Sears, Voyer, Thurlow, Cohen, & Weaver, 2003; Carter, 2012).

Because the new curricula have been implemented in 2015, there have been some significant changes that are meaningful to note, partly because of their controversy, but also because of their introduction to certain age groups. In grade 3 (age 8), students are introduced to gender identity and homosexuality. In grade 4 (age 9), students are introduced to the ideas and concepts of romantic dating, and “liking” other people. In grade 6 (age 11), students are introduced to the idea of masturbation as a way of exploring their bodies and as a form of
pleasure. In grade 7 (age 12), students begin to learn about anal intercourse and oral sex, alongside vaginal intercourse and the physiology of vaginal lubrication (Ontario Ministry of Education, 2015). Because of these implementations and changes to the curriculum, many stakeholders have differing ideas on the appropriateness and scope of the new SHE, which may have an affect on the way in which it is delivered by teachers, and by how it is received by students.

These ideas and concepts are highly contested, but important updates that have been made to the curriculum because of their intended purpose to align with what studies (e.g., Stanger-Hall & Hall, 2011) have shown to impart empowering knowledge to children. The topics highlighted above are only a few of many that teachers and students in Ontario may have never had to formally discuss before at these grade levels. Because these concepts are so new, it has been vital to look at the ways in which the introduction of this new HPE curriculum will affect the way in which it is delivered. The changes point to the fact that society in the last two decades has developed and evolved to exhibit phenomena as they have emerged within the mainstream sexual landscape which students are likely to encounter. Aside from the biological and physical aspects of the new material being delivered, new concepts surrounding technology (sexting, for example) and sexuality within mainstream media, and ideas around consent and rape culture, transphobia, homophobia and gender identity have all been updated and included in the new curricula (Ontario Ministry of Education, 2015). Even though these ideas, practices and their delivery are highly contested by concerned parents and religious groups, they are also delivered to students by teachers who may also have reservations about how the curriculum has been augmented. As I examined the effectiveness in which these updated concepts have been received and delivered by teachers, I discovered teacher’s opinions, experiences, as well as how well they
have been able to formulate their pedagogy to transmit new ideas designed help develop young students into empowered and informed adolescents.

1.2 Purpose of the Study

The purpose of this study was to examine the experiences and perceptions of three Ontario elementary school teachers who had taught the controversial SHE sections of the new HPE curriculum in its first school year of implementation. I interviewed these teachers about their opinions on the new SHE curriculum and how it had affected their delivery. I also discussed the best strategies for delivering the new curriculum, the types of barriers and supports they encountered in their delivery, and the possible changes that in their view could be made to improve its delivery, or how to avoid barriers without taking away from the new curriculum. By closely examining the experiences, opinions and practices of teachers who delivered this new curriculum, these educators have shed light on the ways in which the new HPE’s sexual health content has affected its implementation, as well as what has been improved. It has been important to look ahead and work on ways to improve the methods teachers need to convey these concepts to children, and to work on removing the barriers that can hinder the delivery of the new curricula as well.

1.3 Research Questions

The central research question that drove my Master of Teaching Research Project (MTRP) was: what are the experiences and perceptions of three Ontario elementary school teachers who have taught the controversial Sexual Health Education sections of the new HPE curriculum in its first school year of implementation? My research project was also guided by the following subquestions:
• How does the updated content of the new curriculum, and teachers’ opinions on those updates affect their delivery?

• What barriers and supports have teachers encountered while teaching the new Sexual Health Education in their classrooms?

• What supports do teachers encounter while teaching the new Sexual Health Education in their classrooms and how are they accessed/made available?

• What, if any, changes do teachers perceive may be needed to improve the new HPE curriculum going forward?

This research was intended to gather a firm understanding of what it is like to effectively introduce the new 2015 curriculum for elementary classrooms. By learning how to best implement the new curricula, as well as identifying possible barriers that are present within those practices, I hope to help empower Ontario elementary teachers with insights on this new and as-yet under-studied curricular change. I believe that this work has also opened doors to help further improve the curricula and the experiences of teachers to ensure that sexual health education works to empower and inform children about themselves and their sexuality, allowing them to make intelligent decisions about their relationships and their personal experiences as they grow into adolescents.

1.4 Background of the Researcher

I completed all of my schooling in Dundas, Ontario from Kindergarten to OAC. I gained a lot of experience working with young people as a football coach, a Boy Scout leader and within educational settings as a volunteer and as a teacher candidate. Within all of these experiences, and related specifically to sex education, I have come to realize that there are disconnects
between what I and my peers (both young and old) think, and what is really going on in the sexual health landscape. In my own experience, sex education was taught below a standard that fosters sufficient understanding of a whole swath of concepts ranging from gender identity and sexual orientation, to the strange myths and rumors about intercourse and reproductive health that manifest themselves within the countless discussions I have had with young people. This lack of understanding is most likely due to the fact that Ontario’s Health and Physical Education, up until 2015, was being taught by teachers using sexual health curriculum expectations that were severely outdated. As well, there seems to be a lean towards a restrictive sexual culture that impacts the sexual interest, expression and behavior of children and young adults based on what is arguably “normal” (Flicker et al., 2010).

I was in Grade 11 the last time I received sexual health education. I remember being taught in very ineffective and seemingly anecdotal ways by my gym teacher. I also remember learning mainly about the many negative outcomes of sexual behaviour, such as unplanned teenage pregnancy, sexual abuse, and sexually transmitted infections. Although it is important to talk about such risks in SHE, it is not sufficient to teach only those pieces of SHE; there are many aspects of sexual health beyond “dangers”. I was left with a lot of gaps in what I could have been taught about sexual orientations and tolerance, healthy relationships, sexual intercourse, or consent and rape culture.

Now, as a cisgender, adult white male, and an ally to the queer and transgender community, my position on this topic is related to the ways in which I see how these gaps continue to manifest themselves within society and the Canadian culture I have lived in for the past 33 years. Since high school I have educated myself to become aware of equity and tolerance, feminism and rape culture, healthy relationship choices and dating, and safe sex. I feel
as though I am a lucky minority, and that the updated curriculum is a starting block to being able to inform children – who may not have the luxury I have had – of all of these aspects of sexual health. I am concerned with how today’s uninformed youth contribute to the perpetuation of ignorance, hatred, intolerance, and in the case of rape culture, violence and abuse. My perception of the new curriculum is that it can be utilized effectively by teachers to help empower children to have agency over themselves, and in the ways they treat and interact with their peers and their communities. Because these updates are so new, and introduced to much younger age groups, I sought, through this MTRP, to gain more insight into the effectiveness of these changes and implementations and how teachers are handling them.

1.5 Overview

This research project is organized into five chapters. In Chapter 2, I review literature with regards to historical barriers within sexual health education seen by teachers, as well as the controversy surrounding SHE in other contexts. In Chapter 3, I describe the research methodology and include information about the participants, data collection, analysis, and the strengths and limitations of the study. In Chapter 4, I report and discuss the research findings. In Chapter 5, I review the implications of the findings and make recommendations for future directions. References and a list of appendixes are found at the end.
Chapter Two: Literature Review

2.0 Introduction

In this chapter, I review research literature on the issues and difficulties teachers encounter when teaching and delivering SHE in their classrooms. I begin by reviewing the historical barriers faced by teachers focusing on how they manifest within classrooms. They comprise a set that range from the preparation for and understanding of the SHE content in question, to the maturity levels of the students being taught, or to the personal values and genders of the teachers involved. It is interesting to note how these barriers pop up in locations that have similar educational systems and structures, like the United States and the United Kingdom. Although somewhat distanced, these locations reflect each other’s difficulties. Next, I review research on how influences outside of schools affect the implementation and delivery of SHE by looking at studies done on how the process of setting in place new SHE curricula can cause conflicts between the stakeholders involved, particularly the teachers, parents, students and government organizations. My selection of literature was designed to touch upon the questions that I have for this MTRP, and to enhance my inquiry into effective practices and delivery methods for SHE in Ontario schools.

2.1 Historical Barriers in Teaching Sex Education

Since the end of the 1970s there has not been much research on factors that come into play for teachers in delivering SHE, but the studies that have been conducted – whether in Canada by the United States or England – have tended to yield similar results. There seems to be a common thread throughout the SHE landscape that points to the gender, personal values, maturity, discomfort, preparation, and support of the stakeholders involved in the teaching of
SHE. On top of the interpersonal barriers involved, the content of the SHE curriculum across all the countries included in the research can be seen as a barrier as well. By looking at how all of these hindrances occur it will help to shed a light on what has popped up in the qualitative research conducted for this MTRP.

In 1979, Herold and Benson (1979) surveyed Ontario teachers to assess the issues they faced during the decade prior when teaching SHE to secondary school students. According to the study, which had a sample of over 750 teacher participants, teachers encountered a great deal of barriers while teaching sex education. In addition to Herold and Benson, in 1981, Peter Scales and a group of researchers who published in the Journal of School Health wrote extensive reviews of the challenges and barriers American sexual health teachers were facing in the decade prior to the 1980s. As well, out of that same journal, and focusing on the 1990s, studies done by Haignere et al. broadened the work done by Scales in the United States. More recently, studies done by Cohen (2004) out of New Brunswick, Ninomiya (2010) coming out of Newfoundland and Labrador, and Westwood and Mullan (2007) conducted within schools in England that surveying hundreds of teachers who have implemented and worked with SHE, also reveal a set of barriers that are interrelated and very similar to those in decades past. The following subsections work to assemble these similarities as they arose in the studies mentioned above.

2.1.1 Student maturity and embarrassment, gender, and prior knowledge

The most frequently mentioned difficulty that surveyed teachers faced were the levels of maturity of their students, as well as students’ prior understandings about sexual health. The content teachers were working with seemed repetitive to students who had studied SHE before, while immature students struggled to take SHE lessons seriously and interact in class in a
productive manner (Cohen, 2004; Herold & Benson, 1979; Scales, 1981; Westwood & Mullan, 2007). Teachers in Ontario and in parts of the United States reported that disruptions in class would occur more often at the elementary school age level, and this is true in many of the studies observed, the nature of these stemming from a fundamental lack of initial acceptance to the subject matter involved through common disruptive acts like giggling, inappropriate comments and joking (Herold & Benson, 1979; Scales, 1981). Another reported barrier relating to immaturity of students was shyness and/or embarrassment, making it difficult for teachers to discuss issues openly within their classes. Students reported feeling uncomfortable with the subject matter, and thus teachers found it difficult to assess students on their understanding because of a lack of engagement (Herold & Benson, 1979; Scales, 1981; Westwood & Mullan, 2007).

As well as encountering issues with immaturity and embarrassment, the genders within classrooms can affect how well SHE material is being delivered, as co-ed classes became disruptive, hindering delivery (Herold & Benson, 1979; Scales, 1981; Westwood & Mullan, 2007). Additionally, the gender of the educator seemed to affect the lesson as demonstrated by the difficulties female home economics teachers reportedly encountered in sexual health classes in the United States. This relates directly to the maturity levels of students, as studies reported that topics pertaining to both female and male aspects of the curriculum could cause disruptions in class (Cohen, 2004; Ninomiya, 2010).

2.1.2 Teacher preparation, training, resources and curriculum issues

Educators within these studies also indicated a lack of initial preparation and training to teach, and even understand, their sex education curriculum. Only eighteen percent of the
participants in Herold and Benson’s study had actively studied human sexuality (1979). Since beginning their teaching careers, less than half of the subjects in the Canadian study had taken an in-service course or workshop about teaching SHE, but most sessions lasted only a day or less (1979). However, the majority of the participants in the study stated that they would be interested in taking a workshop if given the opportunity (Herold & Benson, 1979).

Within Ninomiya’s (2010) survey in Newfoundland and Labrador, similar issues arose. These included a general absence of pre-service and in-service training, out-dated curricular resources, under-coverage of topics associated with pleasure, satisfaction, and behaviour, and the lack of access to outside help such as a public health nurse or other uniquely qualified facilitator (Ninomiya, 2010). Another interesting point to note from the study was a seeming lack of awareness of sexual diversity in teachers’ classrooms. This can affect both how material is delivered and what is specifically touched upon. According to Ninomiya, there was a disconnect between what teachers knew about their students sexual orientation and gender identity and how they were teaching their SHE (2010).

The results of the Westwood and Mullan study (2007) showed another similar set of barriers that teachers were forced to deal within their SHE delivery. This study found that the majority of teachers who participated in the study’s questionnaire did not feel they had adequate resources to teach SHE, mirroring earlier studies as well. According to Westwood and Mullan, this was most likely attributed to the low level priority that SHE received in many secondary schools. Scarcity of funding from the British government often meant that resources were not updated or replaced to assist teachers, like videos, models or other tangible materials that could be used in class. Furthermore, teachers reported feeling insufficiently prepared to teach many
aspects of SHE, stating that pre-service and in-service training was needed for teachers to meet the level of understanding that their students needed.

A study by Haignere, Culhane, Balsley, and Legos (1996) identified much of the same difficulties mentioned above. When teachers were asked to discuss the issues they encountered, lack of materials was the greatest barrier out of a list of eight different hindrances (Haignere et al., 1996). Lack of training was also listed amongst barriers. Difficulty facilitating interactive classroom strategies were further substantiated within the study, which collected data through a survey of over 95 eighth grade teachers and through first hand discussions within focus groups. A majority of the teachers involved in the survey expressed comfort and enthusiasm with their curriculum and teaching strategies; however, they expressed frustration with implementing their strategies in the traditional 45-minute classroom and repeatedly raised the issue of time (Haignere et al., 1996).

Within all of the studies that were examined there also seemed to be a relationship between the types of curriculum being delivered in the classroom and which types of barriers teachers were then facing. If the material was based in abstinence education, a lack of knowledge on the subject was listed as a key barrier in effective delivery. If the material was based in comprehensive pregnancy prevention and safe sex to avoid STIs, then the perceived religious beliefs of students were another hindrance (Cohen, 2004; Haignere, et al., 1996; Herold & Benson, 1979; Scales, 1981; Westwood & Mullan, 2007). Furthermore, teachers were not consistently firm in their understandings of how to implement the curriculum they were given, questioning whether or not to state objectively the facts involved or to take steps further and involve their opinions to generate discussions with students (Cohen, 2004; Haignere, et al., 1996; Herold & Benson, 1979). This is mirrored in Peter Scale’s study from 1981, as it conveyed that
much of the curriculum teachers were working with in the United States, even then, was difficult to deliver objectively, and understanding of how to implement the curriculum stemmed from inadequate content for the target audience. Much of the tools and concepts in the curriculum were geared towards only specific age groups and were not differentiated enough, as well as gendered in a problematic way, making claims that females are less interested in sex than males (Scales, 1981). The study revealed a great deal of instability within the curriculum, such as the lack of a structured SHE program in many schools, lack of clear and detailed specific expectations, teachers’ low knowledge level about sexual health, low level of comfort in mixed-gender classes compared to single-sex ones, and insufficient time to teach the unit (Scales, 1981). Because of the poor structure and lack of clear expectations, there was a disconnect across boards regarding what exactly should be taught and when. Also, the study pointed to the importance of educators incorporating self-reflection into their routines and to be aware of their own personal ideals and opinions affecting their delivery (Scales, 1981).

**2.1.3 Teacher comfort levels and willingness to teach SHE**

A consistent barrier that arose in the studies I examined showed that the comfort levels of the teachers involved were also a contributing factor in their delivery of SHE. Twelve percent of teacher participants in Herold and Benson’s (1979) study reported that their personal values made teaching SHE difficult, as they struggled to conceal their own values and opinions about sexuality, sometimes in conflict with what they were delivering to their students. As some teachers were in disagreement with the content of the curriculum they were delivering, it greatly affected what they chose to teach and the quality of their instruction (Herold & Benson, 1979). Similarly, in the study by Peter Scales (1981), one of the most important barriers was teachers’ reluctance to administer the curriculum based out of fear surrounding the moral implications of
teaching content to students with respect to those students’ parents and families. Depending on what these teachers taught, they might have been labeled as anti-family, promoting sex through discussions around birth control, presenting information about sexual health in undesirable ways, and discussing sexual intercourse with their students. Scales discovered that topics such as contraception, homosexuality, abortion, masturbation, decision making and communication skills, self-esteem, and discussion of personal values and emotions received less classroom time in comparison to information on the menstrual cycle, venereal disease, and reproductive anatomy. It was thought by study participants that educating youth on the consequences of sexually transmitted disease would contribute to a decrease in what was considered highly dangerous sexual behaviour. Much of the reasoning behind this discrepancy in the teachings of specific concepts was due to the forecast of diseases such as AIDS that were becoming heavily prominent at that time (Gismondi, Dimaras & Yu, 2008; Scales, 1981).

Another study conducted in New Brunswick by Cohen (2004) pointed to some similar and significant factors surrounding teacher comfort levels that affected the delivery of SHE in classrooms. In general, the teachers who were interviewed reported being most comfortable teaching topics related to anatomy and physical development. Moreover, personal safety, body image, and abstinence were listed among what teachers found to be most comfortable dealing with, alongside being aligned with teaching to students who shared their own gender. Teachers felt less comfortable teaching about topics such as wet dreams, masturbation, sexual pleasure and orgasms, homosexuality, pornography, and sexual problems and concerns. Certainly, these results suggest that the topics that are least likely to be covered are those that are considered more sensitive or controversial. Furthermore, most recently, Cohen, Byers, and Sears (2012) examined how willing teachers were to teach SHE in Canadian schools and found that, overall,
teachers were only “somewhat willing” to teach SHE (p. 299). 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.

2.1.4 Legal challenges and parental protest

Not only has lack of training and teacher comfort levels proved to be a problem within the research, but also legal challenges schools faced between government legislation and schools' sexual health education provisions were present. Westwood and Mullan (2007) reported that legislation and school board initiatives were not laid out efficiently for educators. Consequently, teachers were reportedly sometimes unsure of what they could and could not teach for fear of complaint, or, worse still, litigation. Although the guidelines on SHE in England provided schools with a structure within which teachers and school boards could plan and deliver an SHE program, the subject matter remained optional and parents retained their right to withdraw their children from any elements of sex education, which, like today in Ontario, proved to be a massive hindrance in delivery. This tended to leave teachers in an uncertain position regarding the content of their SHE, leading to an impact on the quality of the education being delivered (Westwood & Mullan, 2007).

A final and significant finding in the research was that fear of parental protest was a large barrier when teaching SHE. This finding is important to note in that it links to studies done by Cohen et al. (2004) in Canada and by Westwood and Mullan (2007) in England that are related to the controversial nature of what should be introduced to children, and when. Although the literature reviewed in this section is relatively outdated, many of these issues still persist today. Student immaturity and embarrassment, teacher comfort levels, curricular relevancy, and the levels of training educators receive are all continually applicable to the struggles teachers face
when implementing SHE (Cohen, Byers, Sears, & Weaver, 2004; Corngold, 2013). However, perhaps the most important factor to note is the controversy that inevitably seems to surround sex education outside of the classroom in many countries. A good example of this challenge was the voluntary removal of children from the classroom that took place in September of 2015 in schools all across Ontario (Brown, 2015; Connor, 2015; Sagan, 2015).

The political and social controversies that work outside of the classroom are probably one of the most common barriers that affect delivery, not just for teachers, but for curriculum writers, school boards and governments seeking to implement progressive SHE curricula to teachers in the first place. The next section of the literature review will examine how this controversy operates and how it can affect the stakeholders involved.

### 2.2 Controversies and Public Outcry

The implementation of SHE in many countries around the world is continuously debated and contested (Corngold, 2013). As stated in the introductory chapter, conversations amongst parents, students, religious groups, community members and Education Ministries are constantly chiseling away at the content and implementation of SHE curricula in Canada (Clarke, 2011; Iacobelli, 2010; Pinker, 2010). As the general public, local communities and governments seek to develop and change curriculum to fit localized social worldviews or to even prevent updates to existing curriculum, it is important to examine the controversy over SHE content, as well as how backlash can hinder the development and implementation of progressive curricula across Canada and our neighbouring country, the U.S., and to continue to work towards the effective implementation of progressive and appropriate curriculum.

In the last decade, Canadian school boards have been implementing SHE curricula in accordance with what their provincial governments have worked towards updating. Many
provinces have had grossly out of date sex education curriculum where experts and educators saw the need for change, as today’s society becomes more and more evolved sexually (Carter, 2012; Flicker et al., 2010; Tolman & McClelland, 2011). New Brunswick is a prime example of how the implementation of updated SHE curricula can have a backlash from the public over its content. In 2004, the province transformed its SHE to include much more comprehensive content, covering relationships, birth control, masturbation and sexual pleasure, homosexuality, orgasm and oral sex (Betteridge, 2005). Initial reactions to these new changes by parents and religious groups were not generally positive. Some fought against the implementation of this progressive curriculum and requested to have a curriculum that emphasized abstinence instead, based on a model out of Texas, and foregoing the comprehensive nature that was proposed (Betteridge, 2005; Richer, 2005). Parents’ main reasons for opposition were charges that the curriculum would promote a sexually permissive, “anything-goes society” (Betteridge, p.298, 2005).

In light of the apparent parental concerns, the Minister of Education of New Brunswick, Madeleine Dubé, dropped the list of resources for teachers that was available and held it up for review. She also established an advisory committee to go over the curriculum points that had previously been established and make possible changes as the committee saw fit (Betteridge, 2005; Richer, 2005). This caused the curriculum to be held up in implementation even after it was tested on certain school populations for the two years prior to its delivery (Betteridge, 2005). This is important to note because the delay in this type of curriculum can become problematic as it leads to hesitancy in teachers, and also for students whose behaviour outside of school sexually is heavily affected by the messages and information delivered in up-to-date SHE (Erkut, 2013; Plastino, 2009).
In 2010, the Ontario Ministry of Education had spent three years prior developing and making ready an updated HPE and SHE curriculum for elementary grades 1 to 8 (Ontario Ministry of Education, 2010). Many local publications outlined what was to be introduced within the new curriculum, which mirrored a great deal of what has since been implemented in September of 2015. Grade 3 students were expected to be introduced to the concept of homosexuality, Grade 6 students were intended to 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). Much like the results of the SHE delivery in New Brunswick, parents and religious groups fought the implementation of the new curriculum through demonstration and protest in the media. Because of the backlash, the Premier of Ontario at that time, Dalton McGuinty, withheld the release of the updated 2010 SHE curriculum, only allowing its implementation within certain schools to test its effectiveness (Iacobelli, 2010; Pinker, 2010; Sex ed. debate, 2010). Following the outcry and consequent action made by McGuinty, the Ontario Ministry of Education moved to release an interim edition of the HPE curriculum, which included revised 2010 Health strands except for SHE, which was still left as the 1998 version of the curriculum (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, 2015). The same topics that caused the curriculum to be shelved five years ago re-appeared in the 2015 documents.

As discussed in chapter 1, just as the research for this paper was in its infancy in September of 2015, the Kathleen Wynne government of Ontario picked up where Dalton McGuinty left off and moved forward, rolling out an updated HPE curriculum that contained new and previously untaught SHE content that would be strategically implemented and delivered
to students. Within the content, as discussed in chapter 1, topics like sexual intercourse, sexting, sexual orientations, genital anatomy and healthy relationships would be delivered to students at a younger age (Ontario Ministry of Education, 2015). Because of this, parental protest caused significant numbers of students to be removed from Ontario classrooms, not to mention an influx of public outcry, declaring the new SHE updates to be arguably age inappropriate, radical and too soon for students to be engaged with (Belgrave, 2015; D’Amato, 2015; Jones, 2015; Rushowy & Ferguson, 2015; Zimmerman, 2015).

Just as there has been a history of controversy implementing SHE content in Canada, the dynamic nature of SHE implementation in the United States opens up a huge arena for variability amongst curricula. American SHE is categorized as either abstinence-based or comprehensive, where comprehensive pedagogy covers topics that promote safe sex practices, methods to prevent STIs, and in-depth discussions about sexual orientation and gender identity (Corngold, 2013; Kohler, Manhart, & Lafferty, 2008). As pointed out by the Society for Adolescent Medicine (2006), the abstinence-only approach has arguably been shown to be characterized by the withholding of facts and certain information, and has been argued to be ethically flawed (Santelli, 2006). This is because abstinence-only programs tend to promote abstinent behaviour through emotional tactics, such as romantic notions of marriage, moralizing sexuality, fear of STIs, and by spreading scientifically incorrect information about reproduction and abortion (Kaye, Suellentrop & Sloup, 2009; Kreinin & Waggoner, 2001; Santelli, 2006). For example, a Congressional committee report from 2008 found evidence of major errors and distortions of public health information in common abstinence-only curricula (Kaye, Suellentrop & Sloup, 2009; Stanger-Hall & Hall, 2011). As a result, these programs may actually have been promoting irresponsible, high-risk teenage behaviour by keeping teens under-educated with regard to
reproductive knowledge and wise decision-making, instead of giving them the tools to make educated decisions (Stanger-Hall & Hall, 2011). Despite the data showing that abstinence-only education is ineffective in many states, the prescribed form of sex education seems to represent the underlying social values of some families, religious groups and communities within each state, and changing to a more comprehensive sex education curriculum has been met with strong opposition (Stanger-Hall & Hall, 2011). Although this example is concerning, it points to the power that public outcry and controversy can have on the ways in which SHE is implemented and even created by policy makers.

2.3 Conclusion

Examining the studies conducted over the past 30 years, as well as taking a close look at the ways in which controversy arises around sexual health education, it is almost inevitable that there will be a hump for teachers to jump over when they begin delivering SHE to students, whether they are teaching an updated curriculum or not. By looking at the historical barriers present in the delivery of SHE throughout Canada, the United States and England, there are clear similarities that arise between all locations. Issues involved with how the curricula interact with teachers’, students’ and parents’ personal and religious beliefs, comfort levels, knowledge levels, available training, resources and supports, and the willingness to face these barriers and the controversy surrounding SHE are present. It is interesting to note how the current situation in Ontario reflects the historical barriers of the past. What significantly separates the new curriculum from the old, and how does that separation affect the ways in which barriers arise? Have these barriers occurred with similar frequency? What is being done to move past these types of barriers? If the curriculum is new and facing controversy, is there a correlation to how it is delivered? This research allows for a comprehensive comparison of what has been done to
improve the implementation SHE curriculum in the face of such controversy and how it affects teachers’ perceptions and willingness to deliver the new updates.
Chapter 3: Methodology

3.0 Introduction

This qualitative study investigated elementary and middle school teachers’ experiences with implementing the revised sexual health education (SHE) content in the Ontario 2015 Health and Physical Education (HPE) curriculum. In this chapter, I describe the research methodology. I begin by reviewing the general approach, procedures, and data collection instruments, before elaborating more specifically on participant sampling and recruitment. I explain data analysis procedures and review the ethical considerations pertinent to my study. Additionally, I identify a range of methodological limitations, but I also speak to the strengths of the methodology. Finally, I conclude the chapter with a brief summary of key methodological decisions and my rationale for these decisions given the research purpose and questions.

3.1 Research Approach & Procedures

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). Through this interpretation of qualitative research, this study involves a literature review of relevant and existing literature, and is also comprised of a case study approach developed through semi-structured interviews, allowing for participants’ experience to be brought to the forefront. Case studies involve examining a real-life case or multiple cases (Creswell, 2013). In the context of this research project, the case is comprised of three Ontario elementary school teachers who have taught the revised content on sexual health in the 2015 HPE curriculum. Case studies enable researchers to gain a deep understanding of individuals’ experiences of a particular issue (Creswell, 2013).
As these teachers’ experiences were documented and collected as data, I remained as reflexive as possible by recognizing my own social position. This helped me to effectively mold questions that could further the interview process, by going deeper into the experiences of the participants (Patton, 1980). Through examining case studies, context-dependent knowledge and experience tap into expertise: knowledge that is the golden nugget of what the researcher is after. “Such knowledge and expertise also lie at the center of the case study as a research and teaching method or to put it generally, as a method of learning” (Flyvbjerg, 2006, p. 222). Qualitative research emphasizes the process of reflection. Recall, through the research process, helps to construct a scene for the researcher that is situated within the contextual decisions and actions of the subject (Mason, 1996). There was a careful consideration of the relationship between the participants, the topic of research and the situations involved within the interview process, and within the reality of what the participant had previously experienced. This consideration helped to minimize bias, and allowed me to form better prompts and more effective ways of formulating questions for the participants (Flyvbjerg, 2006).

3.2 Instruments of Data Collection

The data collection for this qualitative study was completed by conducting 3 semi-structured interviews with participants who were chosen from throughout the Greater Toronto and Hamilton Area. Each participant participated in a semi-structured interview that lasted approximately 60 minutes. Each semi-structured interview followed an identical pre-determined list of open-ended questions (see guide at Appendix B), 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). The questions covered a variety
of topics, with a core purpose to explore what teachers consider best practices teaching SHE, barriers in teaching SHE, and what needs to be changed to provide current and future elementary and middle school students with the most effective and relevant SHE possible.

Examples of some include:

- How do you engage students, and make students feel comfortable, during your SHE lessons?
- Do you think it is useful to create cross-curricular connection between SHE and other subject areas in high school?
- Are there any internal barriers (e.g. maturity levels of students, lack of experience, lack of comfort working with the curriculum) that stop you from teaching any of the new curricula?

3.3 Participants

Here I review the sampling criteria I established for participant recruitment. I have also included a section with short of the participants involved in the interviews. Three participants were recruited for this study. The rationale for interviewing three participants was due to the limited amount of time to complete the MTRP; three interviews was feasible to complete, transcribe, code and interpret.

3.3.1 Sampling criteria

To have been eligible to participate in the study:

- participants must have had at least three years of (consecutive or non-consecutive) experience teaching SHE
- participants must have taught SHE during the 2015-2016 school year
• participants must have taught SHE at a secular Ontario public school or private school

Three years was chosen as the minimum amount of time teaching SHE because it ensured that participants have had a sufficient amount of experience teaching SHE before and after the implementation of the new HPE curriculum. The minimum three years experience must have had taken place in a public elementary school or private elementary school, given that there has been additional controversy surrounding SHE in religious schools. Catholic schools, particularly those in the TDSB, encourage teachers to implement the curriculum along side resources that, arguably affect the way the information within the ministry document is laid out, aligning the contents to fit with the religious values of the Catholic Church (Institute for Catholic Education, 2015). Because of this added resource, there would be an entirely new set of questioning, and new possible barriers involved with the delivery of the new SHE updates that this MTRP would be unable to explore in an effective manner.

3.3.2 Sampling procedures

In qualitative research, sampling is used to gather participants and gain access to the information they can provide for data collection (Zyrka, Garcia, & Murphy, 2015). Sampling within qualitative research can be separated into two approaches: purposeful sampling and random sampling. Random sampling is ideally suited for a scenario involving a large population to gather participants from, ensuring that a biased sample is not collected by targeting sections of that large population that could sway the outcome of the data being collected (Palinkas, et. al., 2015). For this study, purposeful sampling was chosen because only three teachers were to be recruited to be interviewed, and based on the sampling criteria listed in section 3.3.1, random sampling could not yield the participants needed for the study.
Purposeful sampling is widely used in qualitative research for the identification and selection of information-rich cases, or the participants related to the interest of the study (Brewis, 2014; Emmel, 2013). Purposeful sampling is a technique widely used in qualitative research for the selection of participants because it works best when there is a limited amount of time and resource available to recruit participants and collect their information (Patton 2002). This means that the researcher must identify and select individuals or groups of individuals that are especially knowledgeable about the subject of the study (Cresswell & Plano Clark 2011). In addition to knowledge and experience, Bernard (2002) and Spradley (1979) note the importance of availability and willingness to participate, and the ability to communicate experiences and opinions in an articulate, expressive, and reflective manner. Convenience sampling is related to purposeful sampling, and is applicable to qualitative studies, although it is most frequently used in quantitative studies (Suen, Huang, & Lee, 2014). In convenience samples, subjects more readily accessible to the researcher are more likely to be included.

The participants for my research were recruited via e-mail and over the phone using a snowball sampling method. Snowball sampling is a process that allows a researcher to make initial contact with participants that have relevance to the research topic, and through those individuals the researcher is able to branch out and find other participants by establishing contact through a network (Bryman, Teevan, & Bell, 2009). Although snowball sampling has the ethical risk of producing a biased sample due to a lack of randomization, it was beneficial to use for the purpose of this study given the time constraints and specificity of the participant recruitment criteria. For this study, I emailed many teachers that I had met, or worked with over the course of my MT program practicum placements. Through these emails I was able to gain information about possible interested participants. Through contacting those teachers through email or by
phone, I was able to collect the three participants who provided data for this study.

3.3.3 Participant biographies

Each participant was given a pseudonym for the study to protect for his, her or their anonymity. Jonathan is a Grade 6 to 8 HPE teacher and has been teaching HPE for several years in his respective board, working in middle and elementary schools in a Southern Ontario city. Jonathan has also worked as a professional football coach both for a private school and for his former university. He completed his undergraduate degree in Kinesiology, but also has a second undergraduate degree in English Literature.

Jennifer is a junior elementary teacher and has been teaching between Grades 1 to 6 for almost 20 years, working first in Ottawa, and then moving to Southern Ontario. She now teaches in Toronto. Before Jennifer became a teacher, she was hired as an educational assistant, working with special needs students until she was hired as a teacher. Jennifer completed her undergraduate degree in Women’s Studies.

Patricia has been teaching HPE now for several years, located primarily in Toronto, Ontario. She has also worked over seas in Korea and China. Like Jonathan, she completed her undergraduate degree in Kinesiology. She teaches between Grade 6 and 8 currently, but has also worked with junior grades, teaching Grade 4, 5 and 6. Before teaching HPE at the middle school level, Patricia was teaching math and art. Overall, participants had sufficient experience teaching SHE over the course of their teaching careers to match the sampling criteria.

3.4 Data Analysis

Data analysis for this study followed the idea that the data would be slowly broken down into specific elements to yield themes and connections based on the experience of the participants involved (Ely, 1991). To begin the data analysis, transcripts of the interviews were
read over individually to acquire an initial understanding. Next, the interviews were read again 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. This process of analyzing data involves the simple organization and comparison of patterns, intended to allow for interpretations of the data that has been gathered (Patton, 1980). Once these preliminary stages were complete, I entered the meaning-making process where the findings were interpreted and analyzed in terms of the existing literature that was discussed in Chapter 2.

3.5 Ethical Review Procedures

It is expected that ethical risks arise during research. For qualitative research especially, ethical concerns can surround confidentiality and consent, right to withdraw, risks of participation, and data storage (Emmel, 2013). In the case of this study, the ethical concerns involved the confidentiality of the participants’ identity, and the information they provided me in the interview process, as well as the ways in which I recruited the participants for the study.

To ensure that this MTRP was conducted in an ethical manner, I followed the approved ethics protocol for Master of Teaching students at the University of Toronto’s Ontario Institute for Studies in Education. The protocol outlines that recruitment can only occur via telephone, e-mail, or in person. Participants cannot be compensated for their participation. Participants may benefit 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 education. To avoid such risks,
participants were able to skip any question they did not feel comfortable answering or were free to withdraw from the interview altogether at any point. Confidentiality was maintained throughout the entire research process. There was no identifying information in the interview transcripts, aside from a participant ID number. As mentioned above, for any publications related to this research, pseudonyms were assigned to protect participants’ identity.

3.6 Methodological Limitations and Strengths

One of the greatest limitations was the overall amount of time to complete the MTRP. Given that participant recruitment, data collection, and data analysis occurred over the span of approximately 6-8 months, it limited the amount of time I had to recruit and interview participants. Although snowball sampling allows for fast recruitment, it is highly biased and usually produces a sample from a similar population (Bryman, Teevan, & Bell, 2009). As such, a variety of perspectives and experiences may not have been represented. Another limitation may be 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.

In terms of methodology strengths, the experiences of the subjects that were chosen for this study provided in-depth detail that spoke to their years of experience. Focusing on a very specific sample allowed me to gather more in-depth data than a survey would have allowed and allowed the teachers to speak to the topic at hand (Bryman, Teevan, & Bell, 2009; Patton, 1980). In this way, teachers were able to validate their voice through the interview process and make meaning from their experiences.
For this study, semi-structured interviews were conducted. In qualitative research, interviews are characterized particularly by a meeting of strangers where the topic is decided by the interviewer (Haahr, Norlyk, & Hall, 2014). The reason why I used a semi-structured format has to do with the nature of interviewer-led, structured interviews. During a structured interview, the researcher poses questions to gain knowledge of a certain phenomenon. The interviewee is assumed to provide that knowledge by replying to these questions. Therefore, the interview is governed by the interviewer who dominates a one-way dialogue and facilitates where the discussion might lead. This creates a power asymmetry, and in part, demands considerable attention from the interviewee (Haahr, Norlyk, & Hall, 2014). It can greatly affect the flow of the discussion and the information gained from the questions being asked. Thus, by using a semi-structured method, I was able to collect information that may not have come directly from the questions that I had lined up, strengthening the quality of the information gathered.

3.7 Conclusion

In this chapter, I reviewed the research methodology of my qualitative study. I began by reviewing and defining the general qualitative research approach in order to outline the significance of following such a model in my own research. From there, I described the instrument of this study i.e. the semi-structured face-to-face interviews. Next, I went through the sample criteria and procedures I will follow when selecting participants. Then, data analysis procedures are reviewed, along with some ethical considerations related to my study. Moreover, I described various methodological limitations and strengths that are both general to the qualitative research field and those that are specific to this study. Next, in chapter 4, I will report the research findings.
Chapter 4: Research Findings

4.0 Introduction

In Chapter 1 of this MTRP, I explained the rationale for this study and how it relates to the controversial nature of the 2015 implementation of the revised sexual health education (SHE) section of the new Health and Physical Education (HPE) curriculum in Ontario. In Chapter 2, I reviewed relevant literature that revealed the historical barriers that teachers face when they are delivering SHE content to their students. Many consistent barriers arose that spanned across several countries, and were shown to occur consistently with regards to both students and teachers. These included student maturity levels, willingness of teachers to teach SHE content, the importance of professional development and students’ prior knowledge of SHE content. In Chapter 3 I discussed the methodology of this MTRP, outlining the recruitment methods, data collection methods and the process for which I would collect data from the information gathered from my findings.

This chapter presents and discusses the findings emerging from the analysis of my semi-structured interviews with three Ontario elementary school teachers who have implemented the controversial Sexual Health Education sections of the new Health and Physical Education curriculum in its first year of implementation. Throughout the analysis, I was mindful of my research question: what are the experiences and perceptions of three Ontario elementary school teachers who have taught the controversial Sexual Health Education sections of the new HPE curriculum in its first school year of implementation? I was also keeping in mind my sub-questions pertaining to the content of the new curriculum, the controversial nature of the curriculum, and the barriers and supports experienced by teachers in its implementation. I was able to focus on key experiences and insights pertaining to the connections drawn between my
participants’ reported involvement, and other findings reviewed in Chapter Two. The findings are organized into four main themes:

1. Teachers’ attitudes towards the new curriculum
2. Willingness to deliver new curriculum based on experience and training
3. Student maturity levels and prior knowledge of sexual health, and
4. Teacher collaboration in teaching the new SHE update.

For each theme, I will first describe it, then report on the data, and finally discuss the significance of each theme within the context of existing literature. Finally, I summarize my findings and make recommendations for next steps.

4.1 Teachers’ Attitudes Towards the New Curriculum

Throughout the interviewing process I discovered that teachers’ personal attitudes toward the content of the SHE curriculum they were working with, specifically the updated material, directly affected their perceptions of the appropriateness of the new curriculum updates, as well as how they reportedly deliver the updates in their classrooms. Two of the participants, Patricia and Jonathan, teach HPE to different age groups, ranging from grade 1 through to grade 7 and 8. Both Jonathan and Patricia expressed that their social positioning and their attitudes towards the new curriculum updates aligned with the ways they believed the curriculum could be used to help better the empowerment of their students. This allowed them to reportedly exude enthusiasm and eagerness in their delivery. Early on in the interview Patricia expressed this directly: “I’m so happy to talk about this with you…. I’m so excited about this new curriculum. I’m glad I get to teach it.” This positive attitude allowed Patricia to thoroughly explore the curriculum and to work on ways of addressing the changes in the curriculum: “I feel like the content fits sort of with my philosophy … with a lot of what I agree with, so I can build upon
that and feel comfortable addressing everything the [curriculum] … has me covering.” By having a positive attitude, Patricia may be more likely to implement the curriculum in an effective way, and potentially even improve upon its contents. Jonathan explained that his positive attitude came from being in firm agreement with how the updates are being directed at the parts of students’ lives that he feels need to be discussed: “I’m glad, and I agree with … [how] the new curriculum has stepped back and really looked at what kids should be further taught or to look at and understand, [and] clarify … sexting, mixed gender relationships, homosexuality… stuff like that is fantastic.” Jonathan’s enthusiasm and agreement with the new curriculum shows, and points to the fact that he is excited and happy to deliver the new content to his students.

While both Patricia and Jonathan agree with the content of the new curriculum, Jennifer, a junior elementary teacher, responded with an opposing attitude:

I feel like a lot of what I have to deal with as an educator … [is] around what a distinct group of people [the government] believes our young children should be learning in school … with what they have given to me and what I have to pass on to … [students]… It’s striking how they simply think discussing boys’ penises and girls’ vaginas openly is something that will be as simple as changing the kinds of cereal I eat before I come to work in the morning, y’know? It’s not the most comfortable subject for me, maybe because I’m old school, but these things make me feel strange.

Jennifer’s reaction to the new curriculum shows that her attitude towards the content has affected her perception of whether or not it is appropriate for the age group she is discussing, in this case, grade 1. She also noted, in relation to the grade 1 and 4 curriculum updates pertaining to naming genital anatomy and discussing same sex relationships, that her personal background surrounding sexual education was something that was, “virtually void of specific details, and there was never
a focus on the anatomical details or the varieties of relationships, for me at least, found outside of my growing up in [Ontario town] when I was that young.” When asked about her viewpoint on the new updates directly, Jennifer showed that she was in a disagreement with its content, but only with certain aspects, “I really think that a lot of what is being taught in the new stuff is a good thing. But there are things that are being delivered too soon, and I don’t feel as though it should be for a teacher to have to teach … it’s a lot of really racy stuff at really young ages.” Jennifer explained that she was talking about how as young as 11, students can be “exposed to methods of sex that I don’t feel are necessary, nor are they necessary for a teacher to provide education for.” Jennifer’s viewpoints on the curriculum update directly affect the way in which she approaches her delivery. She went on to explain that she simply skips parts of the curriculum that she doesn’t feel comfortable with, or agree with. “I just won’t even bother … it has a lot to do with the maturity and silliness of the children I teach, but I just skip some things and move on to parts of the document that I find easier to deal with”. I will be discussing student maturity in the next sub-section of this theme, but it is clearly evident that the viewpoint a teacher brings to the table in regards to this curriculum can greatly affect the way it is implemented.

The viewpoints of all three participants are direct examples of the moral climate surrounding sexual health education as a whole, and they showcase what was discussed in Chapter 2. Some teachers can have strong negative feelings towards teaching sexual health education (Herold & Benson, 1979). The attitude a teacher uses to approach an update like the one made to Ontario’s SHE section of the HPE curriculum can greatly affect the way in which it is delivered to students (Westwood & Mullan, 2007). When comprehensive SHE is introduced or updated, it can cause opposition, and this can create a grey area around what should be taught when, and by whom (Betteridge, 2005; Scales, 1981).
All three of the teachers I interviewed revealed that their personal attitudes toward the content of the SHE curriculum they were working with, directly affected their understandings of the appropriateness of the new curriculum updates, as well as how they reportedly delivered the updates in their classrooms. It appears as though these subjects can either be touched upon with enthusiasm by comfortable teachers who feel that the new updates work to empower their students, or, teachers who do not feel comfortable nor agree with the content altogether, can easily leave them out. This also has a lot to do with what teachers bring to the table in terms of experience and training, which is what I will examine in the next section.

4.2 Willingness to Deliver New Curriculum Based on Experience and Training

Another interesting finding was the participants’ feelings of their knowledge of sexual health education, their training, how long they have been within the teaching field, and how this affected their approach to the new curriculum. Jonathan has been teaching now for only three years in his respective board, and Patricia is relatively fresh as well, being a teacher within her board for only six years. Jennifer, however, has been teaching for upwards of twenty years. Another separation between Patricia and Jonathan, on the one hand, and Jennifer on the other is that Jennifer has never pursued professional development or external training on the subjects within the HPE curriculum, whereas both Patricia and Jonathan have done so, whether through board specific development programs or through personal research and reading. For example, Jonathan reported that

I’ve been active in making sure that my knowledge of the subject is up to date, that it aligns with what’s in the curriculum … going on with, with young people, right? It’s for them really, but I feel like I’m passionate about it, um … because I think that it does help to make kids safer, and through that, smarter … healthier and better at making decisions
that can be really important.

Jonathan’s commitment to keeping his knowledge of SHE up to date shows that his approach to the new revisions is supported by the idea that his students will be further empowered and well-informed about SHE through proper understanding of the revised content. Jonathan and Patricia made mention of keeping up to date by reading literature from Planned Parenthood and from initiatives like the Toronto Teen Survey, in conjunction with attending board-specific professional development programs. Jennifer’s position is different, and as previously discussed, her connection with the content of the new curriculum varies greatly:

I was not exposed to these types of subjects when I was a student, and over the years I haven’t felt the need to interest myself in the topic … I feel like I have a strong enough knowledge of the stuff that needs to come out of the update, but there’s a lot I just don’t see working for me.

Here, Jennifer showcase a clear understanding of what the new SHE updates contain, but she expresses dissatisfaction with the content, based on her disinterest and her lack of exposure to the subjects involved.

These factors are directly addressed in the research literature, in that teachers’ willingness to teach SHE can be limited by lack of training, and lack of knowledge (Cohen, Byers, & Sears, 2012; Haignere et al., 1996; Westwood & Mullan, 2007). If a teacher has come fresh from pre-service training, they may be more willing to approach the curriculum in a positive manner (Cohen, Byers, & Sears, 2012). Aligning with this, if teachers pursue or provide themselves with training and knowledge attainment in relation to sexual health education, their willingness to deliver this type of curriculum may be stronger (Haignere et al., 1996). Taking into account this literature and my own findings, then, it does appear that whether the curriculum has been
updated with controversial content or not, there are clear external factors that will affect the delivery of this type of curriculum that have to do with teachers’ experience and training. If a teacher is engaged with external literature and professional development, then their willingness to deliver content may be stronger, whereas if a teacher is less interested in updating their knowledge through external literature and professional development, their willingness can lessen. Moving forward, there are other factors outside of the curriculum and research or professional development that affect delivery pertaining to the students’ maturity levels and their own understandings of sexual health as well.

4.3 Student Maturity Levels and Prior Knowledge of Sexual Health

All three participants reported that the maturity level of their students is a barrier to the delivery of the new curriculum. Because new concepts are being delivered at younger ages, the content of the curriculum can reportedly cause students to react in a “silly” manner. Having to quell a class full of students who are not taking the content of the new curriculum can be seriously difficult. As well, because new concepts are being introduced, there can be a lot of “extra” content that teachers may have to work into their lessons that dispels myths or silly behavior. Jennifer’s discussion regarding her teaching about sexting for the first time showcased how it can be quite difficult to do deal with grade 5s who have never been introduced to the concept of sexting before:

Just to be able to calm the kids down after explaining what sexting actually is takes forever … giggle, giggle, giggle, giggle … they can’t even sit still for a read aloud for more than 2 minutes. It can be very hard to get children, who are seven or eight years old, to move past buzz words like sex … but this is about sending make pictures over your phone, that's crazy to them! … it makes teaching a lot of the curriculum unappealing, and
if I know it’s going to be gone over when they’re just a little bit older next year, I’ll probably skip it.

Jonathan mirrors Jennifer’s experiences. He discussed content delivery at the grade 7 level, where the curriculum begins to cover areas of sexuality that go over safe sex, contraception, and in the new update, that means discussing anal sex:

Beginning a section of health class like this can be hard to keep the kids on task. It’s a really intimate topic and a lot of the students tend to find it gross … at least they tend to … for the most part its received with a lot of disgust and a lot of tittering and laughing, you need to nip the immaturity around it in the bud, right?

Jonathan went on to explain that it can take a lot of time to move past the immaturity levels and because of that, there can be a real challenge in making the material that is being delivered meaningful: “[i]f the kids don't really take it seriously, or expect that it applies to them because it’s gross or silly, then it can be hard to move through a lesson.” Patricia’s discussion on maturity levels was quite similar:

I’ve had some issues with students who clearly don't accept homosexuality and are reinforcing the ‘gay’ thing when we’ve started discussing same-sex marriage that came out of the update. That’s real immaturity at play, like kids still think that being gay is uncool and stupid … it affects the rest of the class in that it can cause a disruption, but I think that’s the entire point! You become an effective teacher by dispelling that.”

Each teacher in this study has reported that student maturity becomes a difficult factor in their delivery that they must overcome. Whether it is young students showcasing their inability to properly address sexting, or a group of middle school students unable to calm down and keep disruptions from occurring because they are discussing safe sex practices, the act of delivering
SHE as an elementary teacher will inevitably incur student immaturity. However, Patricia made an interesting point that student immaturity can become a moment where a teacher seizes the opportunity to hammer home the ideas and concepts of the revised SHE by dispelling their negative attitudes.

What these teachers describe, again, is similar to what was found in my literature review. The maturity of students has been described as a major barrier in delivering sexual health education across many school boards and countries, and for many years (Cohen, 2004; Herold & Benson, 1979). What is interesting about student immaturity is that it can causes some teachers (as in Jennifer’s account) to completely avoid the delivery of certain content within the new update, whereas the challenges involved with student immaturity for Patricia and Jonathan, have them reportedly embracing the difficulty of acclimatizing their students to “gross” or seemingly silly content. This is something that Patricia felt strongly about: “I feel like this type of problem is exactly why we need teachers to be delivering sex ed., you can take attitudes that can be changed, and then change them, inform the students in a way that dispels their initial gross out or giggly gossip attitude.” A teacher may be able to face a hindrance that the new update provides but be able to work through it, perhaps reshaping the barrier into a teachable moment.

In addition to maturity levels, students’ prior understandings of sexual health have been found to be another barrier. In an early study of teachers delivering SHE in Ontario, Herold and Benson (1979) found that this is one of the oldest and most common issues that teachers face when teaching SHE. Byers et al. (2003) also describe the problem as being something that is almost unavoidable, stating that children’s own evaluation on sexual health information can lead them to misunderstanding, with as many as 80% of the high school students in their study reporting that they rarely asked questions about sexuality in their homes, leaving their knowledge
limited and flawed. Although Jennifer’s students represent a younger age group than that studied by Byers et al., this challenge manifests itself in her classroom, nonetheless:

You can tell that almost none of these students [grade 5’s] have any idea at all about what I am introducing, so there is a lot of minds-on work that has to be carried out, and it can be difficult to figure out how to do that. Dispelling myths that the kids seem to make up can be time consuming. It’s like they have made up scenarios in their heads that really don’t apply.

Jennifer went on to explain that, because of this challenge, it was discouraging for her and was something that added to her discomfort in teaching the subject. “One student completely misunderstood [sexting] and brought up pornography really inappropriately, and then like a flood of questions and hands popped up that made me have to kind of dismiss something that I wasn’t expecting to teach at all.” In this instance, a direct misinterpretation of the material arose out of the students’ prior understanding of what sexting actually was, creating a situation for Jennifer that was difficult to deal with and move on from.

For Patricia, experience with prior understandings came up during a lesson on discussing transgender as a part of the new update. Even addressing the subject with adults can prove to be challenging, and for her students, it’s even more difficult:

It can be difficult for even us [adults] to wrap our heads around, I don't think this is something that would ever be uncommon … I mean, transgender education is tough probably to teach to anyone, but a lot of students really misunderstand … they can come into the class with some notions that can be disruptive, referencing TV shows and movies like … that have cross-dressing, which isn't the same really … There’s always a hambone that they toss at you that makes things tricky, always.
Here, Patricia shows how students’ misconceptions and prior understandings can hinder what teachers are doing with their pedagogy.

Jonathan’s experience is reportedly similar, in that when he began a lesson on sexual assault and consent with a group of Grade 8 students, the majority of them flooded the discussion with information that took a great deal of time to work around:

There’s a lack of time to work on these issues, and when there’s a lot to discuss, kids will begin perpetuating what they think they know, get in arguments in front of you, and facilitating can be hard … time runs out and you’re trying to fit in really important stuff in a small amount of time.

In this case, students’ prior understandings played into the issue of time management, and by having to work through heated discussions, Jonathan was be unable to deliver sections of his lesson he had previously planned upon.

It is clear that what students bring to the classroom, for each of the teachers involved, is something that needs to be taken into consideration by teachers who are going to be teaching SHE, or are currently working on incorporating the new update into their existing pedagogy. In the next section, I will explore how teachers can work together to help strengthen their lessons and gain confidence in their pedagogy when teaching SHE, ultimately strengthening their student’s understanding of sexual health in Ontario.

4.4 Teacher Collaboration In Teaching the New SHE Update

Teacher collaboration can be an effective tool for teachers in the process of developing lessons and in delivering SHE. All of the interviewees expressed the powerful nature of collaboration when it comes to teaching SHE. Jonathan explained that he works with another health teacher at his school, a more experienced teacher whose attitudes surrounding the new
update align with his own. This reportedly strengthens his teaching a great deal:

If you have a partner, it’s always easier … teaching different age groups, we can tailor what we teach to anticipate what the other will be teaching next year, or the opposite, where what I am teaching works on top of the scaffolding that [partner’s name] has done the year before … We haven’t seen the full affect of that yet, but it will show up this coming year for me, because I’m going to be teaching [partner’s name]’s students this year … It can help to decrease the problems of immaturity and lack of proper knowledge, which is great.

Jonathan’s use of collaboration showcases that another teacher’s pedagogy and assistance can strengthen the delivery of the new SHE to students, working to minimize the barriers I have previously discussed.

Jennifer explained to me that her collaborative efforts were with teachers from outside of her school altogether, and by asking them for assistance, she has become much more comfortable with what she is introducing: “It’s such a great help having a network of colleagues to call on for some advice, especially when I feel underprepared, or I just need a pep talk to begin a unit like this.” Similarly, once Jennifer was able to reach out to her colleagues, she felt better equipped when teaching about puberty this year:

You get tips and strategies for addressing questions that will arise, because my friends have already dealt with them all, it’s like any kind of collaborative effort, after you take a test, you immediately want to tell everyone how you answered and what the answer should be, except in this case, your telling girls about getting their periods and how to stop their armpits from being smelly.

Patricia also discussed how she used collaboration to help deliver her lesson on sexual
orientation and gender roles, except she was working in conjunction with her principal:

The content here is something that I ultimately get to sort of create on my own, and I needed to be sure that what was coming out to the children was what my principal would OK. I didn't want to overstep … create something what was already controversial enough, to be even worse. So my collaboration was with him, and he actually helped me to formulate some grounds for what to *not* teach. Which is just as good as what *too* teach.

Patricia explained that having the principal on her side also helped to make her feel at ease in delivering some controversial content. Because some students at her school were removed from her class based on the update’s content, it helped to have the peace of mind that what she was working with was “backed by someone with the authority and credentials of a higher up administrator.” It seems that by having the help of any one colleague, whether it be from a teacher within your school, or outside of school, even a principal you are working under, that the dividends of collaboration contribute to success in teaching the new SHE update.

This is something that has been shown to be incredibly effective by Flicker et al. when discussing the formation of the Toronto Teen Survey (2010). Teachers who work in conjunction with one another can create lessons and form their pedagogy in tandem which creates a consensus that can help to tackle issues that arise when teaching new concepts that the SHE update brings up, which is also touched upon in Chapter 2 by Howard-Barr et al. (2011). Within that study, teachers reported that by collaborating and working along side administrators, their pedagogical approaches were strengthened by the confidence and oversight that can develop between more than one capable individual in a school (Howard-Barr et al., 2011).

### 4.5 Conclusion

Based on the findings from the analysis of my interview data, there appear to be a few
key barriers that arise in the delivery of the new SHE update for Ontario elementary teachers. It appears that student maturity levels are a consistent and major factor when it comes to delivering sexual health education content. Because the new updates seek to begin informing students at younger ages, there seems to be more of an opportunity for their inexperience and age to create a barrier that teachers find challenging to overcome when beginning and then further developing lessons.

Taken together, my findings and the research literature show that, if a teacher does not feel as though the updated curriculum aligns with their personal attitudes, they will probably proceed with their pedagogy in a manner that does not compliment the incorporation of the updates in question. However, curriculum documents are created and made available to teachers for a reason; the curriculum is created to help teachers improve the knowledge and skill sets of their students. Some teachers like Jonathan and Patricia are reportedly rising to the challenge of the new update, embracing controversial content, consulting with colleagues and principals in ways that showcase professionalism, a willingness to deliver high quality, meaningful lessons that align directly to the curriculum update, and in some cases, beyond that content within their professional discretion. The new SHE update is a comprehensive curriculum that seeks to touch upon relevant issues that students should be taught, by simply not delivering the content within the curriculum update, hours of work to update a very outdated curriculum document are lost in the ether of complacency.

Collaboration, aside from teachers being in tune with their student demographic, was a key support in these teachers’ delivering of the SHE updates. There must be a strong emphasis conveyed to health teachers that has them working in conjunction with other teachers in their respective schools, as well as teachers throughout their respective boards. In addition, having
teachers working closely with their principals to help ensure that what is being delivered is tailored to multiple grades of students and is effectively examined and delivered, and backed by high level administrators that can have a strengthening affect on the delivery of the new content. Moving towards the next chapter of this paper, I will look at ways of properly addressing what has been discovered in my research findings. I will work to align recommendations for future developments on the delivery of the new SHE in conjunction with related and relevant literature.
Chapter 5: Conclusion

5.0 Introduction

In this chapter I outline the implications of my research findings and the recommendations I propose to deal with those implications. In Chapter 4, my findings have shown that there are common issues for teachers, both positive and negative, that arise when implementing the revised sexual health content in the Ontario 2015 Health and Physical Education (HPE). These issues correlate to the literature review I conducted in Chapter 2, and connect to the issues that teachers from across many countries and school boards face when delivering sexual health education (SHE). In this chapter I will first outline the specific outcomes of my research, discussing the reported barriers of teaching the updated SHE in Ontario. I will also discuss the successes teachers outlined. Then, I will outline the broad and narrow implications of those findings and offer recommendations for multiple stakeholders including teachers, students, administrators, communities and public health organizations.

5.1 Overview of Key Findings and Their Significance

In Chapter Four, my findings pointed to some common barriers when delivering the revised SHE content in the Ontario 2015 HPE curriculum including student maturity levels, students’ prior knowledge of SHE, as well as teacher attitudes and comfort levels towards the new curriculum updates and how those affected their willingness and comfort levels when delivering the curriculum. As stated in Chapter 2, the literature states that student immaturity is a hindrance that occurs for many health teachers (Cohen, 2004; Herold & Benson, 1979; Scales, 1981; Westwood & Mullan, 2007). Because the revised SHE content covers topics that may not have been previously taught before, getting past the awkwardness that students may have trouble dealing with as young adults may be a deterrent when teachers are moving forward with subject
matter addressing sexuality and human development. Another barrier when delivering the revised SHE content that arose in my findings was how students reportedly perceived sex education before entering the classroom. Based on the perceptions and experiences of the teachers within my study, and as stated in Chapter 2, there may be misinformation that students are gathering outside of the classroom, and this can be another hindrance when delivering new SHE updates (Byers et. al., 2003; Herold & Benson, 1979). In addition, because the new updates can be controversial in nature, and very new to students, teachers are reporting that there may be preconceived ideas students bring into the classroom, and it can be time consuming for teachers to effectively dispel the myths and misconceptions that may built up outside of the classroom.

Finally, my findings show that the attitudes and comfort levels that teachers have towards the new updates can reportedly negatively affect their delivery, and in some cases, reportedly deter teachers from teaching the curriculum altogether. If a teacher’s beliefs and comfort levels do not match the scope and the content of the new updates, some teachers report refusing to teach certain sections of the curriculum altogether.

In addition to barriers, a great deal of success was shared by participants. Teachers relayed that collaboration with other teachers and administrators was a huge benefit in improving the delivery of the new updates and the SHE curriculum as a whole. The strategy of working in conjunction with other colleagues and supervisors reportedly allows the delivery of the new updates to students to be backed with the support of alternative strategies, fresh ideas, and the experience and wisdom that can come from other enthusiastic and knowledgeable educators. Professional development, experience, and training were another set of reported successes that arose. Teachers who approached the new curriculum with training and professional development in the field of SHE reported that they more effectively delivered the new curriculum. By keeping
up to date either through professional development training, or through independent research and examination of the current sexual health landscape in Ontario, teachers are reportedly able to meet the needs of the curriculum with a wealth of knowledge and understanding of key concepts and ideas that can help to further empower the students they are teaching.

5.2 Implications

In this section I discuss the implications of the barriers, successes and other significant findings of my research. To begin, I will discuss the broad implications of how the barriers and successes involved with teaching the new update pertain to the stakeholders involved; teachers, parents, communities, administrators and public health organizations. Secondly, I will discuss the narrow implications of how the barriers and successes involved with teaching the new update pertain to my professional identity and teaching practice.

5.2.1 Broad implications: The educational community

Based on the data I have collected, teachers appear to report a consistent set of barriers that work to hinder the delivery of SHE curriculum. For students, perhaps no other part of curriculum than sexual health education can be more uncomfortable, awkward, and full of misconceptions. SHE is a subject that can be hard to approach in a mature manner. Teachers’ reports of student immaturity and their prior knowledge of sexual health implies that there may not be enough information and discussion happening outside of the classroom that works to remove stigma and promote the open dialogue of sexuality. Based on the fact that the new Ontario SHE updates have implemented content that appears to target children with content at younger ages, there may be a shift in this direction that is taking place, albeit slowly. For parents, there might not be enough discussion at home involving sexual health. This may increase the
likelihood that students are coming into the classroom with an attitude that does not foster a smooth transition into discussions of sexuality related topics.

There could also have been more direct involvement with teachers regarding the content of the new updates. Because the curriculum in Ontario is comprehensive in nature, there has been room for more controversial content to be added, and in Ontario’s case, the curriculum includes some focus on safe anal intercourse in grade 7, a move towards naming the genital anatomy in grade 1, and looking at a wide range of relationship types, including same-sex marriages, in grades 3 and 4. It appears as though these subjects can either be touched upon with enthusiasm by comfortable teachers, or, teachers who do not feel comfortable nor agree with the content altogether can easily leave them out. If teachers are reportedly refusing to deliver content, there might need to be more accountability measures put in place by the Ontario Ministry of Education or by administrators to ensure that the suggested information laid out in the curriculum documents is being properly relayed to students in an effective manner. This is something that has not been mentioned within research literature, and due to the small-scale qualitative nature of my research, it can be considered to be very localized. However, based on what some teachers report, there may a significant number of teachers in Ontario who are simply choosing not to deliver the content that curriculum documents prescribe and there may be a moral, ethical and pedagogical basis for a very thorough review of how teachers are working in conjunction with updated curriculum, whether it be SHE or otherwise.

Moving beyond the barrier of refusal to deliver, there seems to be a trend in the data that suggests being a well trained and engaged teacher helps when delivering the new SHE curriculum. Based on what has been discovered in my findings, teachers like Jonathan and Patricia, who are actively engaged in the new curriculum and are seeking out personal and
professional development in the subject matter, report that because of their accumulation of skills on SHE outside of the classroom they are better able to teach what is prescribed by the Ontario Ministry of Education. In addition to professional development and training, teachers reported that collaboration had strong benefits. Because of this, teachers who are not working in conjunction with other colleagues, or with the collective effort of administrators or other knowledgeable outside parties, may not be delivering the SHE curriculum in a way that is as effectively as those who are.

5.2.2 Narrow implications: My professional identity and practice

Based on my findings, I feel as though I have gained a lot of insight as to how I might incorporate the information and attitudes I discovered while interviewing my participants into my professional identity and practice. I feel as though my attitude towards delivering the content of the new SHE curriculum in Ontario align closely to what I was gathering from my participants. In terms of my future practice, the implications of my findings suggest that I might be an effective health teacher by seeking out professional development, working with other teachers and collaborating with my administrators. In addition, it would be beneficial for me to keep up to date with the sexual health landscape and be in tune with not only the curriculum documents, but with the students that I am delivering the content to. Moreover, I know that I will be diligent in my delivery, and to include as much of the curriculum guidelines into my practice as the time I am allotted provides me, working hard to implement what has taken many years and careful research to develop.

5.3 Recommendations

From Section 5.2, the implications of my findings suggest a few recommendations for the stakeholders involved in the new SHE update in Ontario. Firstly, school boards and
administrators should be working hard to improve the climate of sexual health education within their schools. This includes more professional development and training opportunities for staff and teachers, more opportunity for open dialogue and discussion (e.g., Gay Straight Alliances), and more opportunity for students to have easier access to third party public health organizations that promote safe sex and healthy dialogue for youth (e.g., Planned Parenthood Toronto or The Talk Shop). While this is not a cure all for patching up the gaps that would allow for a sexually normalized and accepting community culture to arise, it will work to ensure that students, and their well-being, are looked after more effectively. There should be an opportunity for professional development to be offered for teachers at least twice a year. Once at the beginning of the school year, and once in the new year, this would be beneficial for teachers who need the flexibility of having two options for pursuit. It would help if these opportunities for development were available and implemented in the next school year, and continuing each consecutive year, allowing for health teachers to stay up to date not only on the curriculum documents, but to be in tune with what the sexual health landscape is like outside of the classroom. Health professionals from outside of the board, who work for organizations like Planned Parenthood Toronto and The Talk Shop, or are involved in the public health sector should be consulted and brought in to help with these types of professional development scenarios.

Secondly, parents should be educating themselves on the commonalities of the sexual landscape of the communities they live in. Parents should be mindful of the media they expose their children to, and the different types of relationships, lifestyles, sexual orientations and sexual practices that their children may become involved with. By being cognizant and understanding the possibilities for their children, parents will be able to effectively inform their children, as
they see fit, so as to scaffold the SHE curriculum for students outside of the classroom. This can help streamline the delivery of SHE curriculum greatly, although it is something that is incredibly difficult to keep consistent, and to enforce or monitor.

Thirdly, in a clear and direct contrast to what Jonathan and Patricia touched upon, a teacher like Jennifer expresses a very interesting and valid counterpoint to the curriculum update. Whereas Jonathan and Patricia agree with the content of the new updates and work hard to implement the sections pertaining to the age groups and grades they are dealing with, Jennifer actively chooses to not deliver certain sections of the curriculum update based on her own feelings and attitudes towards the content. While this is very interesting, it is also very alarming. There should be accountability on behalf of the ministry that ensures the curriculum is being taught and not simply skipped over if a teacher doesn't feel up to the job. There should be a yearly checkpoint for teachers that are implementing the revised SHE content, it should be implemented as soon as possible, and it should remain an ongoing occurrence. The checkpoint should consist of a summary that teachers produce discussing what they have taught, as well as what they have not, providing justification for what was included in their delivery and what wasn’t. This summary should be reviewed with the principal, or an administrator that will ensure the content of the review meets the goals of both the curriculum documents and the administration of the school.

5.4 Areas for Further Research

The real underlying issue that is at the crux of implementing an updated SHE curriculum is the controversial nature of its content. As discussed in the research context in Chapter One, the path to normalizing a sex education program for all communities takes time and cooperation. Because many communities react negatively to the content of the new curriculum, there should
perhaps be more work that focuses the content to meet the needs and expectations of the communities and student bodies that schools are supporting. This would mean a differentiation of content that would be monumentally difficult to tailor to meet the needs of those who do not agree with the content.

Another area that can be looked at further is the ways in which teachers work to embrace the challenges that they face in the classroom when dealing with all of the barriers involved. There are a great deal of nuanced and qualitative ways that teachers meet and embrace difficulties to mold their teaching and pedagogies into more effective styles that can take on problems as a kind of fuel for bettering their practice as they move forward. This is not something that is localized to sexual health education delivery. However, it can be observed when teachers are faced with difficult subject matter, or content that may be seen as controversial in nature.

5.5 Concluding Comments

The topic of Ontario’s SHE updates was chosen because I believe that the controversial nature of its delivery is a product of fear and misunderstanding. I also believe that whether we like it or not, children and students will be exposed to the content of the curriculum in the outside world in one way or another. Teachers and administrators are charged with the incredibly important job of making sure that children are empowered and informed young adults who are prepared for all of the possibilities that the world inside and outside of schools has to offer. That includes sexual health, sexual orientations, gender identity, healthy relationships, consent, and a swath of other exceptionally significant topics our youth should understand. I believe that research into this subject matter helps to build up a better understanding of how SHE can be delivered effectively, as well as pointing to some flaws in the way it is implemented by teachers.
and administrators. I hope that further work and research into this topic will help to improve the
delivery of SHE and continue to aid the dedicated and qualified individuals working together to
inform and empower students.
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Appendices

Appendix A: Consent Form

Date:

Dear __________________________,  

My name is Jeffrey Dalgleish and I am a student in the Master of Teaching (MT) program at the Ontario Institute for Studies in Education at the University of Toronto (OISE/UT). A component of this degree program involves conducting a small-scale qualitative research study. My research will focus on the implementation of sexual health education to elementary and middle school students. I am interested in interviewing teachers who have experience teaching sexual health education effectively in the classroom by understanding barriers involved and utilizing their best practices. I think that your knowledge and experience will provide insights into this topic.

Your participation in this research will involve one roughly 60-75 minute interview, which will be transcribed and audio-recorded. I would be grateful if you would allow me to interview you at a place and time convenient for you, outside of school time. The contents of this interview will be used for my research project, which will include a final paper and informal presentations to my classmates. I may also present my research findings via conference presentations and/or through publication. You will be assigned a pseudonym to maintain your anonymity and I will not use your name or any other content that might identify you in my written work, oral presentations, or publications. This information will remain confidential. Any information that identifies your school or students will also be excluded.

The interview data will be stored on my password-protected computer and the only person who will have access to the research data will be my course instructor. You are free to change your mind about your participation at any time, and to withdraw even after you have consented to participate. You may also choose to decline to answer any specific question during the interview. I will destroy the audio recording after the paper has been presented and/or published, which may take up to a maximum of five years after the data has been collected. There are no known risks to participation.

Please sign this consent form, if you agree to be interviewed. The second copy is for your records. I am very grateful for your participation.

Sincerely,

Jeffrey Dalgleish
Consent Form

I acknowledge that the topic of this interview has been explained to me and that any questions that I have asked have been answered to my satisfaction. I understand that I can withdraw from this research study at any time without penalty.

I have read the letter provided to me by Jeffrey Dalgleish and agree to participate in an interview for the purposes described. I agree to have the interview audio-recorded.

Signature: ______________________________________

Name: (printed) ______________________________________

Date: ______________________________________
Appendix B: Interview Protocol

Thank you for participating in my research study. The goal of this research study is to learn more about how teacher’s best implement sexual health education to their students, and specifically the new curriculum that was updated in September of 2015. This interview should take approximately 60 minutes, and consists of around 15 - 25 questions (including prompts). You may choose to not answer any question you wish and can remove yourself as a participant from the study at any time. Do you have any questions or concerns?

To start, can you state your name for the recording?

1. Tell me a bit about yourself.
   
   • Probes:
     
     ➢ What are some of your interests?
     ➢ What is your background in education (i.e. what courses have you taught)?
     ➢ Why did you become a teacher?
     ➢ What grades have you taught?
     ➢ What made you decide to teach Health and Physical Education?

2. What are your feelings about the new sex education curriculum that was updated on 2015?
   
   • Probes:
     
     ➢ What do you think of the controversy surrounding the update?

3. 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?

4. 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?
1. 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)

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

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

7. Given that the Health and Physical Education curriculum was updated in 2015, how do you work with the new content covered in your SHE classes?

8. Why do you think the Ontario SHE curriculum took so long to be updated?

9. What are some of the challenges teaching a SHE curriculum that is this fresh?

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

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

12. 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 junior/intermediate that make cross-curricular connections between SHE and other subjects?
     - If so, how?
13. Do you think it is useful to create cross-curricular connection between SHE and other subject areas in high school?

14. 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?

15. Why is it important to teach SHE in elementary or middle school?