Teacher Self-Directed Learning for Sexual Health Education

By

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A research paper submitted in conformity with the requirements
For the degree of Master of Teaching
Department of Curriculum, Teaching and Learning
Ontario Institute for Studies in Education of the University of Toronto

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Abstract

The purpose of this research study was to discover how elementary school teachers that have had little to no training to teach sexual health education (S.H.E.) prepare themselves to teach this content. To conduct this study, two Ontario elementary school teachers participated in semi-structured interviews. The results suggested that teachers evaluated many attributes of potential resources such as validity, the connection between the resource and the curriculum as well as the applicability of the resource to the learning needs of the students. Additionally as suggested by the findings, teachers would like to see professional development courses conducted by teachers that offer implementable strategies and resources. Self-directed learning is part of teaching practice that becomes a habit and ultimately represents a love of learning as suggested by the findings. Lastly, the findings suggested that teachers would like to receive more administration support with parents that are unsupportive of the HPE (Health and Physical Education) curriculum. The implications from this research study are that there should be more teacher training opportunities for S.H.E., that principals should be taught how to support teachers with the curriculum and that self-directed learning can improve the comfort, content knowledge and pedagogical strategies of teachers.

Key Words: self-directed learning, sexual health education, professional development
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Chapter 1: Introduction

1.0 Research Context

Sexual Health Education (S.H.E.) has always been a controversial topic, especially in regards to the content that is mandated to be taught to students. Until recently, Ontario teachers were previously teaching sexual health content from based on a 16 year old Health and Physical Education curriculum (HPE curriculum). While a revised curriculum was scheduled to be released in 2010, political pressures from a range of stakeholders in the context of a looming election resulted in the decision being made by the governing Liberal party to withdraw the release of the updated HPE curriculum. A time period of five years passed until the curriculum was finally approved by the Ministry of Education and incorporated into HPE classes across Ontario. While in many ways the 2015 curriculum is very similar to the 2010 version (Carter, 2015), some important changes made to the HPE curriculum include contemporary issues such as mental health awareness, sexual texting (i.e. ‘sexting’), online bullying, online safety, consent and LGBTQ awareness (OPHEA, 2015).

In May of 2015, Public Elementary school Teachers were in a labour dispute with the Ministry of Education because the provincial government wanted to modify aspects of the work contracts of teachers. The teachers were not in agreement with the proposed changes from the government which resulted in a work to rule strike. In this work to rule strike, the union that represents Public School Elementary and Occasional Teachers in Ontario, ETFO (the Elementary Teachers’ Federation of Ontario), stipulated that in the first phase of a work to rule strike, elementary and occasional teachers are not participating in “professional development workshops/activities/discussion forums/webinar sessions on Ministry Initiatives” starting on May 11th/2015 (ETFO Bargaining Bulletin #26, 2015, p.3). The ETFO clarified this statement by
mentioning that any training for the updated HPE curriculum was considered professional development thus the Public Elementary Teachers in Ontario were exempted from their previous requirement of teacher training for the new HPE curriculum (ETFO, 2015; Jones, 2015).

During this time, the Ministry of Education commented to the media that it was at the “board team stage” of the implementation of the new Health and Physical Education curriculum (Jones, 2015). The Ministry explained that experts were being located and would be placed on a training team. This training team would then train Public Elementary Teachers in the content of the new HPE curriculum (Jones, 2015). The Halton District School Board sent out a letter to the parents of their students and said that teachers would be trained in the fall of 2015 and later on in the 2015-2016 school year as their website states as well (Halton District School Board, 2016).

The Canadian federal government and Ontario provincial government have made it quite clear in various documents that teachers should be well-trained in the content and implementation of the HPE curriculum so that teachers can be confident in the delivery of this curriculum (Public Health Agency of Canada, 2008; Ontario Ministry of Education, 2015). When referring to characteristics that should be learned through training opportunities, the Public Health Agency of Canada (2008) mentions that, “teaching strategies that help people to effectively address sensitive and controversial issues” (n.p.) will be learned from sexual health training but then afterwards state “for example, educators who find themselves uncomfortable teaching about sexual health, sexuality and other related areas should, at minimum, be able to make suitable professional referrals” (n.p). When reading the suggestion that if teachers feel uncomfortable, they should at least reach out to professionals for help, this makes logical sense. Expert knowledge is a resource that would definitely add validity to the sexual health lessons presented in any public school setting. However, it is also concerning that the government
suggests that teachers should reach out to experts, when teachers have the ability to learn the content for themselves. Elementary school teachers could learn the sexual health material through professional development courses or by self-education practices. Teachers should not be relying on experts to teach sexual health content especially when this content is a part of the curriculum but this is dependent on how the experts are used. If experts are used as they are in Queensland, Australia, as a one-time sexual health class leader to try to increase the low quantity and quality of sexual health education classes taught in schools, then that is a waste of expert resources (Goldman, 2011). Alternatively, if experts are used as suggested by McKay, Fisher, Maticka-Tyndale and Barrett (2001) to support teachers with content knowledge and resources to help not only the teachers, but the students, then this is a usage of experts that seems more beneficial to sexual health education.

When discussing the benefits of training, participation in training opportunities is encouraged, but the choice of the words in government documents are confusing. The usage of the words ‘should’ and ‘as necessary’ when teacher involvement in training is discussed, are found specifically in the HPE curriculum, for example: “Teachers should reflect on their own attitudes, biases, and values with respect to the topics they are teaching and seek out current resources, mentors, and professional development and training opportunities, as necessary” (Ontario MOE, p.15). The provincial and federal governments recommendations for teacher participation in voluntary in-service training undermines the high level of importance placed on S.H.E. training expressed by the two levels of government in the first place (Public Health Agency of Canada, 2008; Ministry of Education, 2015). Arguably, this informal stance, illustrated by the usage of the word should, in various Canadian government documents regarding the importance of training for teachers has resulted in some teachers that may have
benefitted from training to not participate in training. This relaxed attitude towards training and or the assumption that teachers would participate in training if need be, is in my opinion, dangerous and could result in teachers not being fully equipped to teach the curriculum to students and thus the full potential of the Ontario HPE curriculum is not reached; since the curriculum is quite new though, there is no research evidence for this claim that the implementation of the HPE curriculum in Ontario is not reaching its full potential. When elaborating upon the necessary attributes of the implementation of a sexual health program, the Public Health Agency of Canada states under Principle 4, Training and Administrative Support that:

Preparation and support of individuals who provide sexual health education in formal and informal settings are necessary. The requirements for individuals delivering sexual health education in formal settings, such as schools, public health units, clinics or group homes, should be mandated by the educational and administrative authorities that govern their professions (Public Health Agency of Canada, n.p., 2008).

As stated by Carolyn Temertzoglou, an OISE professor of Physical Education and Sexual Health, at a minimum, specifically for the province of Ontario, teacher candidates receive 12 hours of pre-service training for the HPE curriculum, with the maximum being 36 hours of training, additionally noting that the number of hours stated is training shared between physical education and sexual health (Do, 2015). The Public Health Agency of Canada (2008) recommends that the teacher training for sexual health should be mandatory, and be made mandatory by governing bodies that decide upon the requirements of teachers, but as discussed in Chapter Two, sexual health training for teachers is not mandatory in Canada and in many countries around the world.
At the centre of the sexual health education curriculum controversy is the neighbourhood of Thorncliffe Park, specifically at Thorncliffe Park Public School in Toronto where around half of the students did not attend school as a means of protest and rejection of the updated HPE curriculum being implemented in schools across Ontario (Rushowy & Ferguson, 2015). Some parents plan to take their children out of school for an extended period of time only for them to eventually return as a form of protest but others were stating that they would transfer their children to private schools to avoid the newly updated HPE curriculum (Rushowy & Ferguson, 2015). The parents are protesting because they feel as if they were consulted while the Ministry of Education was writing the updated curriculum. They feel as if the curriculum content is not appropriate for their children as well as the curriculum is not in accordance with their religious beliefs (Rushowy & Ferguson, 2015). Due to all of the controversy associated with this curriculum, one would think that teachers would receive extra training to support the implementation of this curriculum in Ontario schools, but as illustrated above, there is a discrepancy between the importance of training versus the actual amount of training participation that occurs.

1.1 Research Problem

Even though the provincial and federal governments emphasize the importance of training for teachers for S.H.E. specifically to be able to teach the HPE curriculum, research suggests that a vast majority of pre-service teachers and professional teachers do not receive adequate pre-service training or professional development opportunities for Sexual Health Education (Cohen, Byers & Sears, 2012; McKay & Barrett 1999; Ministry of Education, 2015; Ninomiya, 2010; Rodriguez, Young, Renfro, Asencio & Haffner, 1995). When asking
Newfoundland and Labrador middle schools teachers (i.e. Grades 7 to 9) to complete questionnaires about the training implemented for sexual health, the comfort levels associated with teaching specific sexual health topics as well as the willingness of the teachers to teach the aforementioned topics, Ninomiya (2010) found that none of the thirty-one participants in the study reported receiving any pre-service training in Sexual Health Education. The participants reported that rather than participating in specific training for this subject matter, personal experience was the most common participant response for training, whereas, the second most common response for training were courses (e.g. biology), followed by teaching Sexual Education to students and the least common response was teacher participant engagement with research (Ninomiya, 2010).

This lack of training is found not only in Canada but in various countries around the world (Gerouki, 2007; Goldman, 2011; Hilton, 2003; Myers-Clack & Christopher, 2001). Without adequate training, many teachers do not feel comfortable or knowledgeable when teaching S.H.E. which can negatively affect the teaching abilities of the teachers (Cohen, Byers & Sears, 2012; Ninomiya, 2010; Schultz & Boyd, 1984). Specifically, when investigating the factors that influence the willingness of teachers to teach sexual health classes, Cohen, Byers and Sears (2012) found that teachers that have received training for the sexual health curriculum, along with other variables such as teaching experience with this content, were found to be more willing to teach this subject matter than teachers that did not participate in training opportunities. Levenson-Gingiss and Hamilton (1989) implemented a sexual health training program for teachers in a former study, then the teachers taught a twelve week long sexual health course for students. The teachers were divided into two groups based on whether the teachers wanted to teach this twelve week long course again but only thirteen out of a total forty seven teacher
participants were not willing to teach the course again (Levenson-Gingiss & Hamilton, 1989). The teachers not willing to teach sexual health again reported that they did not want to have as much responsibility over the futures of students, they did not feel comfortable teaching the subject matter, they did not feel comfortable teaching factual content and felt as if they did not know how to teach the course using appropriate pedagogical strategies compared to the other groups of teachers (Levenson-Gingiss & Hamilton, 1989). This could be due to the fact that the teachers that demonstrated lower willingness to teach the health course again in the future felt less prepared to teach the content in comparison to their peers that felt committed to teaching the program again (Levenson-Gingiss & Hamilton, 1989). Their findings show that even teachers that engage in training still may need more support and this support will increase the willingness of teachers to teach the curriculum (Levenson-Gingiss & Hamilton, 1989).

1.2 Research Purpose

Due to this discrepancy between the governing bodies of professional teachers claiming that teachers should be receiving training or professional development in Sexual Health Education and the research that suggests that teachers are not being adequately trained in this area of education, the goal of my research is to learn how elementary teachers prepare themselves for teaching sexual education when they do not receive much institutional guidance or professional support. This research will hopefully influence the provincial government and teachers to reflect on the goals of the new curriculum, the lack of training for S.H.E. and how to make changes to improve the quality of the instruction of the curriculum. Specifically, to improve the implementation of the curriculum, this paper will highlight the importance of improving the comfort level of the teachers through training, of offering effective pedagogical
strategies to teachers, of offering implementable resources that correspond with the content of the curriculum and of recommending methods to interact positively with parents that may not support the curriculum being taught in Ontario public schools.

1.3 Main Research Question

The main research question guiding this study is: How do a sample of public elementary school teachers who have had little formal support or no professional development from the education system prepare themselves to teach Sexual Health Education?

1.3.1 Subsidiary questions

The following subsidiary questions are also investigated in this research study:

What are these teachers’ primary sources of subject-matter and pedagogical knowledge for teaching the revised sexual health education curriculum?

What criteria do these teachers apply when accessing support resources? How do they assess their accuracy, usefulness, and pedagogical value?

What concerns do these teachers have about their self-directed learning in this area?

What kinds of support and professional development would these teachers have like to receive, and what would they like to see implemented moving forward?

1.4 Reflexive Positioning Statement

As someone whose Sexual Health Education was informed mainly through a Biology lens, I had thought to myself while I was attending elementary and secondary school, what specific content was outlined in the HPE curriculum for each grade level, since it was never
explicitly told to us as students what we would learn that year in health class. I remember learning about the biological names of the reproductive systems, the menstrual cycle, the message that sex can lead to pregnancy, STIs (in high school) and some of the contraceptive methods. I always felt like some content was missing.

As I entered university, my previous high school foci of academics and platonic relationships relaxed while sexuality garnered my attention. Two conversations of note in regards to S.H.E. are still very clear in my memory; one from the past and one from the present. The first sexuality conversation was that I recently was explaining to one of my friends from high school, what an IUD was and how it prevents pregnancy. She had no idea what I was telling her about and had never heard of it before. She is a sexually active 25 year old woman and I was flabbergasted that there are still contraceptive methods that grown women do not know about. I thought if she does not know about the birth control methods that she could use, then what about the rest of the Canadian female population? Will they learn about all of the birth control methods other than birth control pills, condoms and abstinence? Will they only get told of a select few contraceptive methods and have it assumed by their educators that only those methods will work for them? Obviously an extension of this current research study would be how people that have received lackluster S.H.E. are affected in their content knowledge of sexual health topics, and potentially how this problem could be corrected to fill in the education gaps in order to develop teachers that are well-trained in sexual health.

The second conversation happened when I was in Grade 7. I wrote a question in the secret question box that was how do lesbians have sex? I knew how heterosexual couples had sex, I figured out how gay men had sex, but I was perplexed about how lesbians had sex. I saw my teacher read my question since she was mouthing the words as she read it. Once she read the
question, she went wide eyed and put the question to the side. My question never got answered and it annoyed me because the teachers told us we could ask any question we wanted. I took the opportunity to expand my knowledge and they shut it down probably because she deemed the question as inappropriate for our age group. Also, gay couples were never mentioned in any of my health classes, even though a student that was in my grade had a family that consisted of two lesbian parents with two children. I never thought about this lack of LGTBQ inclusion in the Health and Physical Education curriculum again until I became an adult and I asked my friends that are part of the LGBTQ community if they ever learned about specific sexual education content that was relevant to them in elementary or high school. All of my friends have said that this was never talked about in school. I get frustrated because by leaving out LGTBQ sexuality in the sexual education curriculum makes LGTBQ students feel even more left out and it implies that their relationships are not valid in our society. I am happy that LGTBQ students and families are represented in the updated HPE curriculum but since the inclusion of this content is new to the curriculum, I am worried that the lack of training for teachers will negatively affect how this material is taught in schools.

After having conversations with my peers and as a result learning about specific content that is relevant to students but was not focused on in S.H.E., I realized that I would like to learn about how teachers are being taught about pedagogy for Sexual Health and if specific teacher traits, such as their own personal views about sexual activity as well as their views about the LGBT community, affect how Sexual Health Education is taught. I have a feeling that I am not the only student that was taught from the outdated Sexual Health Education curriculum that feels as if important information was left out. Due to this limited exposure of Sexual Health Education, I want to investigate what can be done by teachers to have the most effective
TEACHER SELF-DIRECTED LEARNING FOR SEXUAL HEALTH EDUCATION

implementation of the curriculum possible. If teachers choose to voluntarily educate themselves, depending on the sources used for these self-directed education practices, these teachers will have more exposure to pedagogy, research, content and ideas. This exposure will guide and aid the teachers in their content knowledge of sexual health topics, provide ideas for in-class activities that could engage students more than traditional teaching methods for sexual health (e.g. projection of the sexual organs on a screen) and possibly research literature to solidify best teaching practices. The only way to properly educate future students is to educate teachers with training for sexual health, but to do so, there should be accessible training offered that would encourage teachers to seek it out. In this particular case, the reason for conducting this research about teacher self-directed learning is to inspire teachers, with examples of how other teachers took training matters into their own hands as a training alternative to counter the lack of training opportunities for sexual health education in Ontario.

1.5 Preview Of The Whole

To respond to the aforementioned research questions I conducted a qualitative research study using purposeful sampling to interview two teachers about how they prepared themselves to teach Sexual Health Education when research suggested that teacher training for this subject is not very prevalent in Canada (McKay & Barrett, 1999; McKay, Fisher, Maticka-Tyndale, Barrett, 2001; Cohen, Byers, Sears, Weaver, 2004; Ninomiya, 2010). In Chapter 2, I review the literature in the areas of the prevalence of teacher pre-service training in countries around the world, the effects of professional development (in-service training) on sexual health educators and self-directed learning. Specifically, the definition self-directed learning, when it is employed, how the internet is used by teachers for this task as well as how content knowledge is a part of
self-directed learning and how pedagogical strategies are a part of self-directed learning are probed. Lastly I explore the influence of the government on sexual health training, other societal factors that influence sexual health implementation in schools, the relationship between comfort and teaching S.H.E., teacher attitudes and student attitudes. Next, in Chapter 3, I elaborate on the research design. In Chapter 4 I report my research findings and discuss their significance in light of the existing research literature, and in Chapter 5 I identify the implications of the research findings for my own teacher identity and practice, and for the educational research community more broadly. I also articulate a series of questions raised by the research findings, and point to areas for future research.
Chapter 2: Literature Review

2.1 Introduction

In this chapter, I review the literature for the two types of teacher training opportunities, pre-service training and professional development training around the world by conducting a comparison analysis between several countries and the sexual health training of teachers. As a counterpoint to traditional training methods, I discuss what self-directed learning is, why it is used by teachers, how it is conducted and the two types of knowledge that teachers can learn about when employing self-directed learning practices. Next, I review the literature in the areas pertaining to the Canadian and Ontario government standards for teacher training for the Health and Physical Education curriculum. More specifically, I review the government documents that stipulate how teacher training for sexual health education is recommended for the betterment of the execution of the curriculum, and consider how non-mandatory training sessions are executed in a school setting. Additionally I will examine the societal influences that affect the implementation of sexual health curricula from various stakeholders (e.g. the government, teachers and students). Specifically, I examine the teacher attitudes about the implementation of this subject matter in schools, for example if teachers think that sexual health should be taught in schools, and how factors such as geographical location can influence how the teaching of this content is perceived by teachers. Similarly teacher attitudes regarding sexuality will be explored and how that affects the comfort of the teacher in their teaching of the curriculum. Afterwards, the interaction between the variables of teacher training, the comfort to teach the material and or the willingness to teach the content will be discussed alongside an explanation of how comfort and willingness are interconnected while also understood as separate entities. Continuing with teacher comfort, it will be explored how the teacher attitudes about sexuality can influence the
comfort with the teaching of the material, as well as how teacher comfort varies depending on the sexual health topic being taught. Lastly, student attitudes about the implementation of sexual health education will be discussed.

2.2 Training Opportunities And Content Knowledge

Teacher training provides teachers with the opportunity to learn the content of the curriculum and pedagogical strategies to effectively teach the curriculum to their students. In Canada and in other countries around the world, teacher training for sexual health education is not ideal. There are many ways in which a teacher can participate in sexual health training: pre-service training which takes place during the teacher certification process, consultations with sexual health experts and professional development courses wherein training occurs once an individual has received teacher certification. There are many types of training available but depending on external variables such as the school administration or the perspective on sexual health by the school community, sexual health programs have obstacles that influence the implementation of the curriculum in schools.

2.2.1 Pre-service training, experts and other supports

Canada has few post-secondary institutions that require or offer S.H.E. pre-service courses for the enrolled elementary education, secondary education and physical education students (McKay & Barrett, 1999). Due to this lack of Canadian pre-service teacher training for sexual health, McKay, Fisher, Maticka-Tyndale and Barrett (2001) noted that Canadian teachers learn how to teach sexual health once they are employed by participating in professional development courses (in-service training) or self-education. To remedy this lack of training,
some school boards in Canada employ sexual health experts from public health offices to create and execute sexual health programs in schools (McKay, Fisher, Maticka-Tyndale & Barrett, 2001). Other experts such as experts from Planned Parenthood are also mentioned to help teachers with sexual health education skills, content knowledge and resources (McKay, Fisher, Maticka-Tyndale & Barrett, 2001). Sexual health experts are valuable and will always be an option to enrich the sexual health training of teachers, but McKay, Fisher, Maticka-Tyndale and Barrett (2001) argue that the importance of pre-service sexual health education training in teacher certification programs as “a necessary and key ingredient” to improve the quality of sexual health education programs across Canada (McKay, Fisher, Maticka-Tyndale & Barrett, 2001, 133). This trend of a lack of pre-service training for Sexual Health Education for future teachers in Canada is sadly found in countries around the world.

Australia, Greece, England, Portugal and the US all do not require S.H.E. pre-service training for teachers. In the U.S., for example, most university teaching certification programs do not have Sexual Health Education or health as part of the program as well as only 36% of the states requiring health as part of the qualifications of teachers and (Myers-Clack & Christopher, 2001). Similarly in Australia, few university Bachelor of Education programs have sexual health training courses for prospective teachers (Goldman, 2011). In England, training for the HPE curriculum is not required and it is not a part of teacher education (Hilton, 2003). In Spain, teachers report that accessing training for the sexual health curriculum is not easy (Martinez, Vicario-Molina, Gonzalez & Ilabaca, 2014). In this study, when taking the average percentage of training for male and female teacher participants, 43.9% of the Spanish teachers reported that they did not receive health training, 44.5% reported receiving training from “a talk, course or workshop” and 11.5% of the participants reported receiving training in university (Martinez,
Vicario-Molina, Gonzalez & Ilabaca, 2014, 125). The countries mentioned above share the same problem with pre-service training as Canada does wherein few opportunities exist at post-secondary institutions for pre-service training in Sexual Health Education for teacher candidates but Canada does require the completion of a preservice training course for the HPE curriculum whereas the aforementioned countries above do not (Myers-Clack & Christopher, 2001; Hilton, 2003; Veiga, Teixeira, Martins & Melico-Silvestre, 2006; Gerouki, 2007; Goldman, 2011; Martinez, Vicario-Molina, Gonzalez & Ilabaca, 2014).

In Portugal, Veiga, Teixeira, Martins and Melico-Silvestre (2006) had final year education students at two post-secondary institutions complete surveys about some topics of S.H.E., including the scientific names of parts of the female reproductive system and the menstruation cycle. All but 6 of the nearly 150 participants were female (Veiga et al., 2006). Some of the mistakes from the participants are alarming because these participants are teachers in their certification program, thus in the future they will be teaching S.H.E. to children (Veiga et al., 2006). For example, they found that 44.5% of participants thought that a female’s period occurred in the middle of the menstrual cycle, which is not true (Veiga et al., 2006). The participants are grown women, but 44% of them are misinformed about when a period occurs (Veiga et al., 2006). The researchers mentioned that the participants learned about sexuality and human reproduction but they never elaborated on whether the research sample of education students had taken courses in teaching S.H.E. or anything regarding education and sexuality (Veiga et al., 2006). Due to this, it is difficult to discern the level of exposure or knowledge that this research sample had with pedagogy, implementation or comfort with S.H.E. or any kind of sexual health curriculum. The researchers drew a connection between the sexual health knowledge of the participants and the content of the sexual health resources, that the errors the
participants made were found to exist in S.H.E. textbooks; this validates and illustrates the potential problems of using old resources to try to support curriculum content (Veiga et al., 2006). Next, the research literature regarding training that occurs after teacher certification will be examined.

2.2.2 Professional development

Little research exists about professional development courses (in-service training) for sexual health training for teachers in Canada and around the world. Specifically, a lack of research has been found for teachers that choose to participate in self-education to increase their content knowledge of sexual health or pedagogies to help them teach sexual health in the classroom. Self-education for sexual health has helped some teachers that feel as if the amount of pre-service training in S.H.E. during their teacher certification program was not enough to be able to teach sexual health content in a school setting (Eisenberg, Madsen, Oliphant, Sieving, & Resnick, 2010). Professional development courses may not be as helpful as pre-service training though.

One study conducted in Canada did not find a statistically significant difference between the amounts of time devoted to teaching sexual education in the classroom when comparing groups of teachers that received no sexual health in-service training with a group of teachers that participated “in three workshops and five meeting throughout the school year” (Cameron, 1991, p.134). LaChausse, Clark and Chapple (2013) found in their study about the commitment of teachers teaching a program about teen pregnancy avoidance that the two day training program was helpful in learning the program content and pedagogical strategies. For teachers to develop comfort and self-efficacy with the program though, they found that a two day professional
development in person training program should occur (LaChausse, Clark & Chapple, 2013). The benefits of part of the training session being in person rather than solely online are that the teachers could practice their teaching of the program along with receiving feedback for their teaching as well. This schedule for training is thought to increase the chances that teachers will stick to the content of the program in the classroom rather than picking and choosing what components of the programs are worth teaching or not (LaChausse, Clark & Chapple, 2013). According to these research papers, all professional developmental training courses are built to fail, but other researchers do not agree.

Hausman and Ruzek (1995) investigated how in-service training can affect the feelings of teachers regarding their preparedness and the likelihood of the teachers teaching sensitive topics in sexual health. Teachers that want to receive training (self-selecting individuals), feel more prepared to teach the sexual health curriculum after receiving in-service training than the teachers that did not participate in the professional development courses (Hausman & Ruzek, 1995). However, this research team also explains that some teachers feel prepared enough to teach the content and could choose to not participate in professional development courses in S.H.E. training, but over time, their feelings of preparedness were surpassed by the other groups of teachers that received sexual health training (Hausman & Ruzek, 1995). Clearly, for teachers to feel prepared to teach sexual health, they need to regularly attend professional development courses.

The available research above uncovered some possible positive effects of professional development on S.H.E. teachers (Hausman & Ruzek, 1995; Eisenberg et al., 2010). Wight and Buston (2003) discovered some additional benefits of teachers participating in professional development: their comfort with talking about sexuality increases, they are more able to make
relaxing but informative Sexual Health learning environments, they are more able to initiate discussions about S.H.E. in the classroom and they gain confidence for teaching specific sexual health topics that they reported low confidence with teaching prior to receiving training. Unfortunately, even with the many benefits of professional development training found in the research literature teachers may not be able to participate in this form of training. Some teachers train themselves as an antidote to this situation.

2.3 Self-Directed Learning (SDL)

As a solution to the lack of teacher training available for sexual health content, some teachers choose to engage in self-directed learning to take their learning and implementation of the curriculum into their own hands. This section illustrates some of the factors that influence the success of individuals’ self-directed learning practices and when combined properly can create an ideal self-education experience. In this section, self-directed learning is defined as well as the role that it fulfills in the professional lives of teachers. Additionally, the use of technology for self-directed learning is explored and the two main types of knowledge that are learned from self-directed learning are discussed.

2.3.1 Self-directed learning definition and purpose

Self-directed learning is considered to be learning that occurs when people take it upon themselves to learn information that they feel they should learn about (Knowles, 1975 as referenced in Towle & Cottrell, 1996). Some people may be directed by experts such as therapists as to what information they should study to be able to improve their lives or they seek out experts on their own, such as Planned Parenthood, that will inform them of the important
information to learn (Gibbons, Bailey, Comeau, Schmuck, Seymour & Wallace, 1980; Eisenberg, Madsen, Oliphant, Sieving & Resnick, 2010). Additionally, people that engage in self-directed learning practices set learning goals to reach as well as finding resources that may be human or material in nature to learn from (Knowles, 1975 as referenced in Towle & Cottrell, 1996). Lastly, self-directed learners have to figure out what learning strategies will support them in their learning and they also have to evaluate the progression of their learning (Knowles, 1975 as referenced in Towle & Cottrell, 1996). Self-directed learning requires reflection from the learner because they have to be able to reflect upon how they learn best and to be able to evaluate their learning progress (Waterloo University, 2017).

There are different reasons for people to employ self-directed learning techniques but the focus of self-directed learning is that it is used for individuals to understand ideas on a deep level so that they are able to apply the ideas in real life situations and or be able to explain the learned concepts in many ways (Waterloo University, 2017). While there is research literature that discusses what self-directed learning is, the research does not explain how an individual is supposed to engage in these learning behaviours. For example, the research literature for self-directed learning states that to engage in this process, one needs to find relevant research materials, but does not explain how to find it or how to evaluate the validity or reliability of the source itself. Since self-directed learning is so personal and dependent on the individual, it makes sense why the research literature would give general guidelines rather than strict instructions for this endeavour.

Eisenberg et al. (2010) looked into self-directed learning for sexual health when the experiences of teachers with sexual health pre-service training were not adequate. They interviewed sexuality education teachers for grades ranging from Grade 4-12 and sexuality
educators from the community, specifically inquiring about their sexual health training experiences (Eisenberg et al., 2010). The interviews with the participants revealed that the sexuality education teachers that did not have much pre-service S.H.E. training chose to participate in professional development courses or went to third party sexual health experts (e.g. Planned Parenthood) for training (Eisenberg et al., 2010). They also found that sexuality educators from the community that did not have a background in Education were more likely to seek out training from participating in professional development courses (Eisenberg et al., 2010).

2.3.2 The usage of technology for teachers

Bebell, Russell and Dwyer (2004) found that the most common usage of technology for teachers was to prepare lessons. Lesson preparation was divided into three separate subcategories, to make handouts, to make assessments and to conduct research as well as to create lesson plans (Bebell, Russell & Dwyer, 2004). The way in which the subcategories were listed above denotes the highest usage of each subcategory and continues in a descending order of usage by teachers (Bebell, Russell & Dwyer, 2004). In this study it was never explained what research for lesson preparation entailed, whether it was used to just find resources or for teachers to learn more about the content of the future lesson. While the study did not list specific tasks that were associated with teachers and their usage of the internet for conducting research, research is the foundation of self-directed learning. Whether the teachers were refreshing their knowledge of the topic being taught in a future lesson or were finding resources to use in the classroom, any investigation using the internet to improve upon their teaching practice would be considered self-directed learning.

Even though teachers are using computers to support their work in the classroom,
Franklin (2005) found, “there were no significant predictor factors of teachers using computers for writing and designing lesson plans” (p.21). Lastly, McCutcheon (1980) studied the way in which teachers planned lessons, and she found that teachers used materials that were not difficult to find and resources that were physically closer for them to obtain. The internet is a very common tool for lesson planning and research for teachers arguably because it is easy to obtain but as stated by Franklin (2005) there are not any confirmed reasons why teachers choose to use the internet over other instruments.

2.3.3 The two types of content learned in SDL experiences

In the research literature as well as the Ontario HPE curriculum there is a distinction between content knowledge and pedagogical strategies. As stated in the Ontario HPE curriculum (2015), “teachers are responsible for using appropriate and effective instructional strategies” which is speaking to the importance of pedagogical strategies (p.14). Additionally, it is stated that for teachers, “to increase their comfort level and their skill in teaching health and physical education…teachers should…seek out current resources, mentors, and professional development and training opportunities, as necessary” which speaks to content knowledge (Ontario MOE, 2015, p.15). Even though the curriculum highlights the importance of both teaching skills for sexual health, teachers have felt that their past sexual health training either focused on content knowledge or pedagogical strategies rather than a combination of both skills (Eisenberg, et al., 2010). Another factor complicating this professional development training debate is that research has found that teachers prefer to learn about pedagogical strategies rather than content knowledge since they perceive that their content knowledge is sufficient, but pedagogical strategies are seen as something to improve upon (Wilson & Berne, 1999). Pre-service training,
professional development and self-directed learning are the main training methods for sexual health education but the standards of the government complicate as well as influence how training is conducted in the education community.

2.4 Ministry Of Education Standards And Board Interventions

The Public Health Agency of Canada (2008) states that one of the main guiding principles of the Canadian Guidelines for Sexual Health Education is “Training and Administrative Support - Sexual health education should be presented by confident, well-trained, knowledgeable and nonjudgmental individuals who receive strong administrative support from their agency or organization” (n.p.). The Ontario Ministry of Education, stipulates in the HPE curriculum, that for S.H.E. to be effective, teachers should attend in-service training (Ontario Ministry of Education, 2015). The Ministry of Education also stipulates that principals should ensure that teachers have “support, resources, and equipment” (Page 17) to teach S.H.E., and “additional teacher support to ensure student safety and to increase teachers’ knowledge, awareness, and comfort level may be required” (Ontario, Ministry of Education, 2015, p.17). In this way, the Ministry of Education leaves it to the discretion of the principals in Ontario to ensure that their teachers are able to adequately teach the HPE curriculum. This dependence on the principal to determine whether a teacher possesses an adequate S.H.E. knowledge could have a negative influence on the implementation of the HPE curriculum in a school. The curriculum document above discusses the role of the principal but not necessarily the criteria employed to assess whether enough sexual health support, resources, content knowledge or comfort to teach the content exists for the teachers in the school (Ontario Ministry of Education, 2015).

Additionally, the curriculum notes that a principal can help support the teachers with
sexual health content by mentoring various teachers in the school for the curriculum content (Ontario MOE, 2015). They can also collaborate with the school board, contact community health-based groups (e.g. Toronto public health) and or advocate for groups that provide professional development opportunities (Ontario Ministry of Education, 2015). Administration support of the curriculum is a common thread in the research literature that greatly aids in the implementation of a school sexual health program as illustrated above and continued below.

Schultz and Boyd (1984) found that teachers may not feel completely supported for the implementation of S.H.E. by the administration and or superiors at the school, colleagues and the community. They also discovered a significant correlation between the coverage of curriculum topics, teacher competency and the perceived support of others (e.g. administration, colleagues, the community, etc.) for the curriculum (Schultz & Boyd, 1984). To cultivate support in the school and community, Epstein (1987) states ultimately that the administrator is responsible for making and supporting policies as well as communicating these policies to the staff, students and community. In other words, teachers that feel competent teaching Sexual Health Education and also feel support from administration, colleagues and the community are more likely to teach most of the topics included in the Sexual Health curriculum, thus it is important for teachers to have support inside and outside of the classroom that is cultivated by the administrator.

There is another variable that can increase the coverage of topics taught in the classroom, the education policy of a school (Schultz & Boyd, 1984; Paulussen, Kok & Schaalma, 1994). Paulussen, Kok and Schaalma (1994) dissected the personal and external variables that affect how AIDS education programs are implemented in Dutch secondary schools. Interestingly, one result of this study is that there is a significant correlation between the educational policy of the school regarding an AIDS education program and the personal intention of the teacher to teach
the content to the students (Paulussen, Kok & Schaalma, 1994). If an AIDS education program is part of the school educational policy (required content of the curriculum) then teachers are more likely to teach their students about AIDS (Paulussen, Kok & Schaalma, 1994). It is very important that teachers feel supported when teaching the HPE curriculum and to ensure that all of the teaching staff at a school are aware of the school policies to encourage the teaching the curriculum content (Schultz & Boyd, 1984; Paulussen, Kok & Schaalma, 1994). The government sets the standards for the curriculum, as well as the school policies found in individual schools but there are even more societal influences to consider that can drastically affect the perception of sexual health in the community.

2.5 Influences On Sexual Health Education

The quality of S.H.E. in schools around the world can be influenced by many variables such as the outside school community, the law, parents that are unsupportive of the curriculum and a lack of knowledge about the subject matter. The individual attitudes of the teachers regarding sexuality may affect how the curriculum is taught with teachers that are open and positive about teaching the content being preferred to teachers that oppose the curriculum (Martinez, Vicario-Molina, Gonzalez & Ilabaca, 2014). In 1988, some governmental documents in England were changed wherein Local Authorities were not allowed to talk about homosexuality (Hilton, 2003). Even though that law did not influence the curriculum coverage of homosexuality, teachers were scared to talk about this topic when it was being openly restricted in other community centres and resulted in homosexual bullying in schools (Hilton, 2003). In 2000, in an attempt to address the homosexual bullying incited by this law, since this type of bullying was not being focused upon in schools, the guidelines for teachers regarding the
implementation of sexual health in schools were updated (Hilton, 2003). This update stated that
the law did not apply to schools and that for homosexuality bullying to decrease, it must be taken
seriously by the school community (Hilton, 2003). Unfortunately, these sexual health guidelines
were not required for teachers to implement and parents were still able to opt their children out
of sexual health classes (Hilton, 2003).

In Australia, schools feel the pressure to censor what is taught or even stop teaching
sexual health when small groups of parents do not support the implementation of the curriculum
(Goldman, 2011). Similarly, in Greece, teachers report that their society is conservative so
sexual health education implementation is not necessarily supported by the school community
(Gerouki, 2007). Alternatively, Gerouki (2007) also found research that most Greek parents did
mention that they want teachers to receive training for teaching sexual health. The researchers
did not specifically mention why teacher training is low for the HPE curriculum in Greece but
the factors above seem to point to the teachers perceiving a lack of community support for the
curriculum and too little of a focus on S.H.E. training in university teacher certification programs
(Gerouki, 2007). In Portugal, Veiga et al. (2006) found that 81% of their sample of final year
education students indicated that they did not feel ready to teach S.H.E. for reasons ranging from
not feeling knowledgeable enough about the science behind sexual health (e.g. anatomy of the
sexual organs), a lack of materials that are supportive of the S.H.E. curriculum and a fear of the
reaction of the family regarding a child being taught S.H.E. None of the participants mentioned a
lack of training or a lack of opportunity for specialized courses for S.H.E. at the post-secondary
level as the reasons for not feeling ready to teach S.H.E.

In Australia, similarly to Canada, education is controlled at a provincial level of
government (Goldman, 2011). She reports that the provincial governments understand the
importance and value of Sexual Health Education in schools but the problem with the implementation of S.H.E. in Australia is usually not because of the government but rather the barriers of S.H.E. that can lead to teachers and principals not teaching the content in schools, specifically in the Australian province of Queensland (Goldman, 2011). Some of the barriers for SHE implementation are that the content is seen as not being relevant, there is a lack of SHE pedagogical guidance for teachers and other topics in the HPE curriculum are usually seen as more important than S.H.E, for examples lessons about drugs (Goldman 2011). The topics deemed as more important topics get focused upon while S.H.E. does not get the attention in the classroom that it should (Goldman, 2011). There are other barriers facing the implementation of S.H.E. in Queensland, Australia that she also mentions: the lack of school funding devoted to the implementation of Sexual Health Education, the decisions made by the administration regarding how to use this funding and the principal also has to personally initiate the curriculum with help from a community committee (Goldman, 2011). Additionally she further explains that because of all of these barriers, many educators choose to not teach S.H.E (Goldman, 2011). To try to combat this problem, schools in Queensland are able to hire third party sexual health experts to teach students the HPE curriculum (Goldman, 2011). The sexual health experts that teach S.H.E. to students in Queensland either have a healthcare or education background due to their previous education or work experience in either area. This is a great solution for schools that may have the institutional or political factors mentioned above negatively affecting the implementation of sexual health courses and at least with this solution, highly competent experts will deliver the curriculum (Goldman, 2011). Community stakeholders (e.g. parents, government officials, etc.) are important perspectives to consider when discussing how various groups influence the implementation of sexual health in schools, but arguably, the teachers in charge of teaching the
content are the most influential figures on the curriculum.

In addition to external forces such as the law and the community, the attitudes of teachers can greatly influence the implementation of a sexual health curriculum. Not only does the general attitude towards sexual health education affect its implementation, but also the comfort that teachers feel when teaching the subject matter and their perspectives of sexuality also impact how this content is taught. For example, if a teacher feels uncomfortable with teaching specific topics in the curriculum, then they will be less likely to teach these topics in a classroom setting. Training is a viable solution to not only increase comfort but also to positively change the attitudes that teachers may have regarding the curriculum. Since students receive sexual health lessons from their teachers, the attitudes of students for sexual health education are influenced by the pedagogical strategies used by their teachers. The attitudes of the teachers influence their teaching approaches which as a result affects how students view not only their teacher but the subject as a whole.

2.5.1 Teacher attitudes regarding sexual health education

The attitudes of teachers regarding whether Sexual Health Education should be taught in schools varies for reasons such as the values of the country of instruction and the time period when the Sexual Health Education research was conducted. For example, Levenson-Gingiss and Hamilton (1989) found that a portion of the teachers that had taught a new sexuality course for a year, as part of Physical Education, valued the importance of teaching sexuality in school but this portion of the teachers thought that physical activity time should not be compromised for sexuality classes since the loss of physical activity time negatively influenced the students.

Martinez, Molina, Gonzalez and Ilabaca (2014) noted in their research that in general,
teachers in Spain were increasingly accepting and supportive of the teaching of S.H.E. in schools. This increasing strength in the belief of S.H.E. being taught in Spanish schools was explained by the researchers as a possibility that the population of a geographical area has become more open and accepting about sexuality (Martinez et al, 2014). An alternative explanation could be that the teachers that are receiving training for teaching S.H.E. are being influenced by this training to view sexuality education in a positive manner.

In Greece, Gerouki (2007) found that 89% of the sample of elementary school teachers supported the idea that elementary school was a good place to start teaching children about sexuality and relationships. The rest of the participants in the sample, 11% (14 out of 128) did not agree and thought that elementary school was not an appropriate place or time in the life of a student to learn about sexuality and relationships. The teacher attitudes about sexual health above are similar to the findings from other countries, specifically Canada.

Some research about Canadian teachers and their attitudes towards teaching sexual health education does exist. Cohen, Byers and Sears (2012) found when asking the teachers about their attitudes towards sexual health education in schools that most of the teacher participants from their study think that S.H.E. is very important and that the HPE curriculum should begin being taught to Canadian students in elementary school.

Similarly when asking Canadian teachers about their attitudes towards sexual health education, Cohen, Byers, Sears and Weaver (2004) also found that 93% of the teachers in their study thought that sexual health education should be a subject that is taught in schools. Interesting, Cohen, Byers, Sears and Weaver (2004) noted that there is a statistically significant difference between the attitudes of male and female teachers regarding sexual health education; male teachers have more positive attitudes about sexual health education than female teachers.
There is also a statistically significant difference between teacher attitudes that teach different student age groups (Cohen, Byers, Sears & Weaver, 2004). Middle school teachers have more positive views about sexual health education than elementary school teachers (Cohen, Byers, Sears & Weaver, 2004).

Lastly, Cohen, Byers, Sears and Weaver (2004) asked the teacher participants to rate the quality of sexual health education at their school. Of these, 41% of the teachers indicated that the quality of the S.H.E. program is either good, very good or excellent, whereas 22% of the participants indicated that the program is fair or poor (Cohen et al., 2004). Of the remaining teacher participants, 28% indicated that they did not know the quality of the sexual health education program at their school (Cohen et al., 2004). Another factor that can affect the quality of a sexual health program is the teacher attitudes surrounding sexual health education. Some specific factors that influence teacher attitudes for S.H.E. that will be explored throughout this section are comfort, willingness, the attitudes of sexuality itself and the teaching of sensitive topics.

2.5.2 The relationship between teacher comfort and training

The amount of Sexual Health Education training previously received by a teacher is an external factor that has been found to usually positively influence the comfort of the S.H.E teacher (Cohen, Byers & Sears, 2012). To be able to teach a subject, teachers should be well trained to lessen the chance of discomfort occurring or a lack of willingness affecting the quality of the material taught in the classroom. Research has been conducted to find out the relationship between comfort, willingness and the implementation of sexual health content in the classroom.

Cohen, Byers and Sears (2012) interestingly studied and found the variables that are able
to predict the teachers that are more willing to teach sexual health compared to the other teacher participants in the study. These variables are that the teachers are: male, middle school teachers with less teaching experience but have more teaching experience with teaching sexual health (Cohen, Byers and Sears, 2012). Also, teachers that received training for sexual health education have perceived higher levels of content knowledge and think that S.H.E. is more important to teach compared to the other teacher participants (Cohen, Byers and Sears, 2012). Comfort is never mentioned as a predictor variable of willingness to teach sexual health because Cohen, Byers and Sears (2012) removed comfort once they found a correlation between comfort and willingness of $r = 0.75$. Cohen, Byers and Sears (2012) only wanted to find the variables that influence willingness so by cutting comfort out of further statistical analyses, they made sure that comfort was not influencing the relationship between willingness and other variables. Due to this mention of the interconnected relationship between comfort and willingness, one could confuse comfort and willingness. The terms are very similar terms that are hard to disassociate from each other since these two terms directly influence each other. The definitions of comfort and willingness will be discussed below as well as the relationship that exists between the two variables.

Many studies have found that some of the teacher characteristic variables that predict willingness to teach S.H.E. are: teachers that have had teacher training in S.H.E., teachers that feel knowledgeable about the content of the HPE curriculum, teachers that feel more prepared to teach the HPE curriculum and teachers that feel more comfort teaching the content of the course (Cohen, Byers & Sears, 2012; Levenson-Gingiss & Hamilton, 1989; Martinez, Molina, Gonzalez & Ilabaca, 2014; Paulussen, Kok & Schaalma, 1994).

Levenson-Gingiss and Hamilton (1989) conducted a study that focused on the
willingness of teachers to teach S.H.E. again in the future and found that the group of teachers that did want to teach the content again and the teachers that did not, did not differ significantly regarding teaching experience or past training in sexual health. They also did not further expand on or delve into whether the quality of the sexual health training that the teachers received varied or if the length of time of the S.H.E. training differed between the willing and non-willing teachers. Willingness and comfort affect the delivery of the curriculum content, but comfort specifically affects teacher interactions with other staff members.

Teachers that feel comfort in teaching specific topics in the sexual health curriculum also feel comfortable discussing these S.H.E. topics in meetings or in casual interactions with other school faculty members (Paulussen, Kok & Schaalma, 1994). The study conducted by Paulussen, Kok and Schaalma (1994) found that teachers that have been teaching students about AIDS for a longer period of time usually discuss AIDS education more often with co-workers than teachers with less experience in this sexual health topic. To increase the implementation of an AIDS education program in schools, Paulussen, Kok & Schaalma (1994) suggested that teachers could receive training to teach them how to teach this specific content so that any teaching qualms would be eliminated. Interestingly, research conducted in Greece did not corroborate past findings that teacher training for sexual health increases teacher comfort with the teaching of the subject matter so even if teachers attended training focused upon how to teach an AIDS education program, there is a chance they still may not feel comfortable teaching this content (Buston, Wight, Hart & Scott, 2002; LaChausse, Clark & Chapple, 2014)

Gerouki (2007) did not find a positive correlation between S.H.E. training and comfort. When reporting on obstacles for teaching sexual health in Greek schools, 43% of the sample of Greek elementary school teachers reported that an obstacle in teaching S.H.E. in elementary
schools was a lack of training for the teachers but this has not stopped Greek teachers from teaching S.H.E (Gerouki, 2007). When something happens in class such as students asking questions about relationships, 63% of Greek elementary teachers reported feeling generally comfortable with teaching the relevant content of S.H.E. related to the inquiries of the students, even though a noted barrier of a lack of teacher training for S.H.E exists in Greece (Gerouki, 2007).

There could be an alternative interpretation of these findings from Gerouki (2007). The reported 43% of participants that felt a lack of teaching training existed for S.H.E could constitute the section of the sample of 37% of participants from this study that reported feeling generally uncomfortable (or did not reply to the question) when teaching S.H.E.

2.5.3 The relationship between teacher comfort and sexuality attitudes

Individual differences of teacher attitudes towards sexuality can affect how S.H.E. is taught in schools. Some attitudes about sexuality can influence the execution of the curriculum in schools. Schultz and Boyd (1984), for example, found a relationship between how a teacher views their own personal sexuality and how the teacher teaches sexuality. If a teacher has a higher or more positive view of their own sexuality then the teacher will feel more prepared to teach S.H.E. This relationship is not affected by teaching experience but teachers with more experience teaching S.H.E. were found to be more easygoing about sexuality, in the sense that teachers did not see sexuality as a black and white issue of morality but rather were more open-minded about sexual morality (Paulussen, Kok & Schaalma, 1994).
2.5.4 The relationship between teacher comfort and topic coverage

Many researchers have found that teachers are less comfortable with and as a result less willing to teach topics that are considered sensitive (Cohen, Byers & Sears, 2012; Levenson-Gingiss & Hamilton, 1989; Ninomiya, 2010; Schultz & Boyd, 1984). Specifically, teachers may not feel comfortable with using sexual language with children or having conversations about topics considered sensitive (Levenson-Gingiss & Hamilton, 1989). The teacher may not also teach a sensitive topic if the teacher has does not feel that they understand the topic enough to teach it or if the teacher does not feel comfortable talking about that topic (Schultz & Boyd, 1984). Also, if the teacher does not know of a way to present the information in a professional manner, for example a female teacher teaching students about how to perform a self-examination for testicular cancer, then the willingness of the female teacher teaching that content decreases (Schultz & Boyd, 1984).

To find out which topics were deemed sensitive by teachers, many studies have been conducted which involve researchers finding teacher participants from different geographical areas to complete questionnaires about teaching the HPE curriculum. For example, Cohen, Byers and Sears (2012) surveyed two groups of teachers from Nova Scotia that either taught elementary school or middle school. Ninomiya (2010) surveyed teachers from Labrador and Newfoundland that taught grades 7, 8 and 9. Schultz and Boyd (1984) surveyed high school home economics teachers in a U.S. state. Levenson-Gingiss and Hamilton (1989) surveyed Grade 6 teachers that just finished teaching a 12 week sexual health course in Texas. Specifically, these researchers want to determine the comfort associated with teaching varying topics of sexuality that may or may not be a part of the HPE curriculum while also investigating the attitudes and experiences of the teachers (Cohen, Byers & Sears, 2012; Levenson-Gingiss &
Hamilton, 1989; Ninomiya, 2010; Schultz & Boyd, 1984). In general, topics that are highly sexual and explicit in nature are deemed sensitive by teachers. Topics such as the types of sexual acts, biological responses to sexual stimulation and sexual abuse are considered sensitive and have lower teacher comfort levels associated with teaching them (Cohen, Byers & Sears, 2012; Levenson-Gingiss & Hamilton, 1989; Ninomiya, 2010; Schultz & Boyd, 1984). Lastly, as Hausman and Ruzek (1995) found, as comfort teaching S.H.E. increased for teachers, the teachers reported that they taught more classes on sensitive topics than before training occurred.

Some other external factors, such as curriculum guidelines and perceived support for Sexual Health Education can affect what sensitive topics are focused on or abandoned in schools (Paulussen, Kok & Schaalma, 1994; Schultz & Boyd, 1984). The aim of the study conducted by Ninomiya (2010) was to find any problems that were present in the Sexual Health Education of Newfoundland and Labrador. The participants filled out questionnaires that included one section with open-ended questions with unlimited writing space for the answers (Ninomiya, 2010). This study specifically looked into the topics that the teachers reported that they did teach in class and the topics that the teachers reported that they did not teach in class (Ninomiya, 2010). Ninomiya (2010) found many reasons why junior high teachers do not teach specific sexual health topics. For example, some topics (e.g. masturbation) are not covered because they are taught in older grades due to curriculum guidelines and or perceived age appropriateness (Ninomiya, 2010).

Some other reasons that topics are not likely be covered in class are it could be due to a lack of comfort of the teacher with the topic or the topic is not specifically stipulated in the curriculum as a requirement (e.g. mutual masturbation) (Ninomiya, 2010). External variables, so variables other than the teacher themselves can also affect the implementation of a sexual health program.

Schultz and Boyd (1984) had high school home economics teachers answer
questionnaires to try to determine their attitudes towards teaching sexual health. This study found that the sample group of teacher participants did not feel much support when teaching Sexual Health Education from the school administration, colleagues and members of the community (Schultz & Boyd, 1984). The researchers speculate that because of the perceptions of the teacher about how others view the HPE curriculum, the comfort to teach these topics goes down for these possibly deemed inappropriate topics (Schultz & Boyd, 1984). Due to this discomfort, the teacher chooses to not teach the topic at all (Schultz & Boyd, 1984). Teachers may feel uncomfortable teaching certain topics but students may be aware of this discomfort which inherently affects their sexual health learning experience. The attitudes of teachers affects the learning of students and as a result their own attitudes of sexual health education.

2.5.5 Attitudes of students regarding sexual health education

Secondary students have some strong thoughts about S.H.E. teachers and the curriculum. As explained in Chapter 1, most of the ideas below are problems that are related to S.H.E. implementation. S.H.E. implementation in schools may only be able to be controlled by the teachers, principals, education boards and the government body responsible for education. In the study conducted by Lester and Allan (2006), the students reported that to lessen discomfort with discussing the content of S.H.E., the implementation of the HPE curriculum should start in the earlier grades of education system and that the content should be taught every year of school enrollment.

Many researchers have investigated what students in the U.K. want from their sexual health education programs by the students completing questionnaires or by interviewing the students (Hilton, 2003; Hilton, 2007; Lester & Allan 2006). These researchers have found that
English teenagers ranging in age from 14 to 17 want Sexual Health teachers that create a safe environment wherein the students could talk about sexuality with teachers that have previous preparation for teaching the course or has a specialization in teaching Sexual Health Education (Hilton, 2003; Hilton, 2007; Lester & Allan 2006). Students also want teachers that conduct sexual health classes by answering any frank sexuality question that the students have, that the teacher will not be embarrassed by the sexuality curriculum or any sexuality question and that the students can trust their teacher in regards to confidentiality (Hilton, 2003). Also, these students want a teacher that would be calm when answering questions rather than being sarcastic which is perceived by the students as making them feel stupid (Hilton, 2003).

**2.6 Conclusion**

In this literature review, I examined teacher training for S.H.E., the effects and prevalence of teacher training, self-directed learning, research related to HPE curriculum implementation in Ontario based on the government regulations for education. Additionally I investigated some barriers for the implementation of a Sexual Health curriculum, teacher attitudes about S.H.E. implementation in schools, the many relationships of comfort in relation to teaching sexual health, individual character differences in S.H.E. and student attitudes regarding sexual health education. This review emphasizes how teacher training for sexual health is generally not seen as important as a result of governments not making this subject training mandatory for teacher certification. This review also raises questions about how to increase the effectiveness of teacher training and points out other areas of further research that would help the implementation of S.H.E. in schools. Lastly it changes the perspective from teachers to students, specifically that students want sexual health classes that are comfortable and comprehensive.
By focusing on how teachers can educate themselves about S.H.E., I hope to increase the practice of self-education by teachers, validate self-selection for training, and highlight the need for required sexual health pre-service training in teacher certification programs. I also hope to contribute to the research landscape about teacher training and point to areas of research that should continue to be investigated. I also hope to further the idea that the only way to improve S.H.E. in schools is to educate and empower educators.
Chapter 3: Research Methodology

3.0 Introduction (Chapter Overview)

In this chapter I describe the qualitative research methodology. Firstly, I explore the qualitative research approach, the procedures and the instruments of data collection. Then I focus on research participants, specifically the sampling criteria for the participants, the sampling procedures to find participants and the future participant biographies. Afterwards, I describe qualitative research data analysis and ethical procedures. Lastly, I discuss the strengths and the weaknesses of qualitative research.

3.1 Research Approach & Procedures

As Golafshani (2003) explains, qualitative research “uses a naturalistic approach that seeks to understand phenomena” (p. 600); whereas Campbell (1997) defines qualitative research as “an inquiry process” to construct a multifaceted “understanding of a social problem” and that the researcher is the key instrument for the research process (p. 123). Hoepfl (1997) also notes that qualitative researchers conduct the research to better understand the relationships that exist with or are caused by the phenomenon at hand and to shed light on where else this phenomenon could be occurring other than the investigated context. To investigate a phenomenon, Britten (1995) explains that the content of qualitative research interview questions commonly focus on: behaviour or experience, opinion or belief, feelings, knowledge, sensory, background or demographic information.

Qualitative research is also defined as research with findings that are not statistical in nature or that can be represented in any way other than words; contrary to quantitative research which represents results with the help of statistics and other quantifiable methods (e.g. binary
categories) (Golafshani, 2003). This research project will be conducted using a qualitative research approach involving a literature review of relevant existing Sexual Health Education research and semi-structured interviews with at least two currently employed teachers. The choice of a qualitative research design is appropriate for my research topic and questions because it allows me to investigate the self-directed learning of teachers. In this study, it was imperative to utilize a qualitative research design to maximize the potential depth and explanations of the teacher participants regarding their lived experiences. Qualitative research is the only way to give their experiences and perspectives on self-directed learning for Sexual Education the chance to really explain the parts that combine to form the whole.

3.2 Instruments Of Data Collection

A semi-structured interview protocol was the only instrument of data collection used in this study. Semi-structured interviews were outlined by an interview protocol that lists all of the categories of questions. Additionally within each category, the open ended questions that the researcher had planned to ask the participants were listed. Interviews can be conducted with individuals or with groups but for this study, the interviews were conducted with individual teachers, outside of school hours and not on school property. Semi-structured interviews are somewhat flexible because the researcher enacting discretion has the chance to ask questions not listed on the protocol but that are related to the research topic. The creation of unscripted questions by the researcher were dependent on the responses of the participants to the protocol questions (Britten, 1995; Cohen & Crabtree, 2006; DiCiccio-Bloom & Crabtree, 2006).

As DiCiccio-Bloom and Crabtree (2006) explain, semi-structured interviews with individuals present information not only from a personal perspective (personal experiences,
personal beliefs, etc.) but information can also be gleaned from a social perspective (e.g. ministry of education problems, administration problems, societal problems, etc.) regarding the topic of the research. This was important because the whole point of this research was to find out from teachers how self-education practices benefitted teachers and personally what the teachers were doing to train themselves for this subject matter because the literature noted a lack of training for teachers in sexual health. The researcher can gain more information from the participant resulting in an increase in the depth of understanding for the research topic when asking questions that are not listed on the interview protocol. For example, if the participant answered a question in an unexpected way, the researcher could have learned information that possibly the literature did not mention as a possibility (Britten, 1995). I wanted to learn as much as possible so any information I learned was important and this information could have potentially been missed if I did not think ahead about the answers of the participants or if I asked the right questions according to their given answers.

For this research I conducted pre-scheduled semi-structured interviews with two individual teachers that qualified to participate based on the sampling criteria in Section 3.3.1. I also followed the interview protocol found in Appendix B.

3.3 Participants

In this section, I review the sampling criteria that was used to find appropriate participants for this research study, possible recruitment strategies that I employed to find research participants, the sampling procedures used for qualitative studies generally, the sampling procedures that were used for this particular study and the biographies of the research participants.
3.3.1 Sampling criteria

The following criteria was applied to teacher participants:

1. Teachers had received no or little formal Sexual Health Education training.
2. Teachers had been teaching for at least three years.
3. Teachers had taught the previous and revised HPE curriculum in at least one public school in Ontario.
4. Teachers had demonstrated leadership and or expertise in Sexual Health Education.
5. Teachers had demonstrated initiative in self-directed learning for Sexual Health Education.

To address the main research question, teachers with no or little Sexual Health Education training were a part of the research sample. Teachers also had to have been teaching for at least three years and in at least one Ontario Public school because of my interest in the response of the education boards, the Ministry of Education and the teachers to the new HPE curriculum update that occurred in 2015. Specifically teachers that had taught S.H.E. in an Ontario public school were of importance to this study because the recent changes to the curriculum occurred only to the Ontario HPE curriculum and some timely labour challenges had affected the teacher training for this updated curriculum. Lastly, to focus on effective strategies for teaching S.H.E., the sample included teachers that relied on self-directed learning to enhance the content knowledge and pedagogical strategies implemented in the classroom. This addressed the subsidiary questions about the teachers’ self-directed learning in the area, their pedagogical choices and their subject matter knowledge that distinguished these teachers engaged with self-directed learning from teachers that were not engaged with this type of learning.
3.3.2 Sampling procedures

According to Coyne (1997), Marshall (1996), and Hoepfl (1997), purposeful sampling (can also be referred to as selective sampling) is the sampling of participants that will be rich sources of information for the main ideas of the research study. The researcher may have limited time to complete the study so participants with extensive knowledge or expertise are the most efficient participants to gather data from, while also being able to fulfill the outlined participant criteria, thus the participants will be contacted by the researcher to participate in the study (Coyne, 1997). To gain the most information from the chosen participants, the researcher will deeply study these knowledgeable participants (Hoepfl, 1997). Convenience sampling is conducted when a researcher chooses participants that are easily accessible to them. Researchers are likely to use this sampling method to save time and money looking for participants that may not be the best sources of information but that are deemed good enough (Marshall, 1996). Theoretical sampling is when a researcher creates a theory by data from a sample and then recruits another sample of participants to elaborate on the theory that has been previously created (Marshall 1996).

By creating sampling criteria, I was selectively (or purposefully) choosing the kind of participants that I wanted to participate in my study since the potential participants fit the goals of the study of the sexual health self-directed learning of teachers. An experienced and recognized Sexual Health teacher would fit all of the sampling criteria since the vast experience of the participant would reveal the most information about this topic in all categories of the study. Lastly, I employed some convenience sampling, because I was choosing the participants that I could find and contact; they may not have been the most qualified but if agreement with
the sampling criteria was founded, then the participant was approached as a potential participant.

To recruit participants, I contacted Education professors that have spoken out in the media about the lack of training for teachers and I found teachers online that were regarded as experts or leaders in Sexual Health Education in Ontario and personally contacted them via email. I also provided the potential participants with my contact information so that the participants do not feel obligated to provide any of their contact information (other than what is already available online) and the research consent letter so that the potential participants would understand the research design.

3.3.3 Participant bios

This study consisted of two participants that were each given a pseudonym for anonymity. Todd is currently a Grade 5/6 teacher in an Ontario public school. He has been a teacher in Ontario for 20 years and has taught only Junior and Intermediate students; students from Grade 4 to Grade 8. Other than one year in his career in which music was his focused subject area, he has taught the HPE curriculum for 19 years in total.

Deanna is currently on leave from teaching, but previously taught for nine years in the Ontario public school system. She previously taught grades ranging from Kindergarten to Grade 5, and acted as the dedicated Drama, Dance and Music teacher for some students as well as being a homeroom teacher for others. At her most recent school, the Physical Education teachers were responsible for teaching the biological aspects of the Sexual Health curriculum whereas the homeroom teachers were responsible for teaching the social aspects of the curriculum, for example various types of families and sexual orientations.
3.4 Data Analysis

Transcribed interviews act as the raw data for qualitative research because the responses from the participants elucidate the phenomenon being studied, the commonalities in experience between the participants and the various understandings of the phenomenon itself (Pope, Ziebland & Mays, 2000). For qualitative research, as Pope, Ziehlend and Mays (2000) mention, the researcher has to read through the data (transcripts), analyze the data and find the common themes throughout the transcripts that can explain the varying factors of the phenomenon. Bodgan and Biklen (2003) further explain this analysis process by stating that researchers should look for words, topics and experiences that are repeated in many transcripts. These repeated concepts will become the common themes or coding categories for the data. After the coding categories are established, the researcher should place the rest of the data that fits into each coding category accordingly. Once the coding categories are established, the researcher can assign a colour marker to each category and colour code the transcripts to find the examples of data that best articulate the coding category (Burnard, 1991). The most common way to analyze transcripts for qualitative research is inductive which requires the researcher to find the coding categories throughout the data over time (Pope, Ziehlend & Mays, 2000).

I followed the same procedure for the data analysis of my research transcripts as discussed above. First I transcribed the interviews, then I read through the transcripts to look for repetitive but important phrases, experiences, etc. Following that step, I conglomerated the repetitive information into separate coding categories. Any data from the transcripts that was not spoken about by the participants but possibly could have been mentioned in the literature (null data) was also identified. Lastly, I identified any further data from the transcripts that supported the coding categories and then interpreted the common themes that helped to explain how
teachers were employing self-directed learning practices to prepare themselves to teach the updated HPE curriculum.

3.5 Ethical Review Procedures

As Whiting (2008) explains, the confidentiality of all participants would be assured because humans participating in research have the right to anonymity, privacy and confidentiality. Also, upholding the ethical standards of anonymity, privacy and confidentiality may be the only way for the participants to feel comfortable or willing to participate in the study. This also may be the only time that participants were able to discuss this information, so the promise of protecting potential participants allows for a relaxed interview atmosphere (Whiting, 2008).

Anonymity, privacy, and confidentiality was assured to all participants in my study because all of the participants were given a pseudonym and told that they have the right to withdraw from the research study at any point. Also, the identities of the participants remained confidential and any identifying markers related to their schools or students were excluded. This was to ensure that during the data analysis and once the study has been published, the participants would remain anonymous (Dearnley, 2005). Since participants were discussing aspects of their personal lives, if any information from the research was released along with identifying information of the participant, as Corbin and Morse, (2003) state, there would be “social, financial, legal or political” consequences. Someone that had negative feelings towards the participant could release the information to damage their reputation (DiCicco-Bloom & Crabtree, 2006). Lastly, all data (audio recordings) was stored on my password protected laptop and will be destroyed after five years.

To confirm that the participants understood their involvement in the study, they were
asked to sign a consent form (see Appendix A) which was proof of their consent to be interviewed as well as audio-recorded. This consent letter also provided an overview of the study, it addressed ethical implications, and specified expectations of participation (one 45-60 minute semi-structured interview). The participants were also be given a copy of this consent letter so that was possible to refer to it at any point of the study. To offer as much control to the participant as possible, DiCicco-Bloom and Crabtree (2006) thought that the researcher should talk to the participant at many stages of the research to confirm if they still wanted to participate in the study or not. This practice reiterated to the participant that they do have control over their participation and the participants were reminded to rethink their choice (DiCicco-Bloom & Crabtree, 2006).

As DiCicco-Bloom and Crabtree (2006) mentioned, if negative psychological reactions come from the participant because of information revealed in the interview, then the researcher should offer psychological support. Since it was not feasible for me to offer psychological support, to minimize the possibility of an emotional response, I reassured the participants that they could refuse to answer any question in the interview and their anonymity would be maintained as stated in the consent letter or if they chose to do so, they could stop participation in the study at any point in time.

Participants had the right to review the transcript of their interview, to clarify or retract any statements before the process of data analysis began. This practice was conducted to increase the validity of the interview as well as to have the participant double-check with the information that was shared between the participant and the researcher during the interview (Dearnley, 2005). In conclusion, for the participants to feel respected and to be treated ethically, I did everything that I could to create a supportive, welcoming and transparent research environment for the
participants. There were no known risks involved with participation.

3.6 Methodological Limitations And Strengths

A drawback to qualitative data is that the quality of the study is based on the researcher and their interpretation of the results since the researcher is considered a data instrument. Creswell and Miller (2000) mention that during data analysis the researcher is looking for data that either fits or does not fit into a coding category. This dependence on the perspective (biases, expectations, etc.) and the data analysis being at the full discretion of the researcher for determining the “important” information versus the less important (e.g. null data) is worrying, especially when confirmation bias can occur (Creswell & Miller, 2000).

Another limitation noted by Burnard (1991) is that data from completely different individuals has been generalized to fit into a few categories. In other words, qualitative data generalizes personal experiences from a few people and finds “common” themes for this group of people, ultimately applying the themes to a social phenomenon, which could lead to questioning of the reliability or validity of the coding categories themselves. Carr (1994) adds that the data comes from the perceptions and observations of the participants so it is hard to decipher if a participant is telling the truth or if the biases of the participant are interfering with the truth of the situation. As the number of participants increase, the validity and the reliability of the findings may increase as well. Researchers have to increase the population of their participants to increase the generalizability of the research findings. On the other hand, as explained by DiCicco-Bloom and Crabtree, 2006, a strength of qualitative research is the small sample size for individual interviews, because of this small group of participants, the researcher can investigate the research topic deeply, creating a detailed multifaceted explanation of a
phenomenon, rather than having a large sample group and not having the time or resources to interview these participants as thoroughly (Carr, 1994). Due to the small amount of participants interviewed for this study, the findings were not be generalizable or applicable, in regards to teachers that engage in self-learning practices and to teachers in general.

Since my participants were from a particular profession, interviewing teachers about their experiences regarding a specific topic of their job, as Carr (1994) says, gives participants power and increased the chances of teachers to be able to voice their concerns about this specific topic. Lastly, because of the ethical limitations of this research study, only teachers could be interviewed, so only one stakeholder perspective of Sexual Health Education training or teachers could be investigated. If parents or students were able to be interviewed then we could validate the experiences of the teachers and see if these other population involved in the school community could notice the difference between the teachers that engaged in self-directed learning compared to those that did not.

3.7 Conclusion

For this research project, I have decided to conduct a qualitative research project with semi-structured interviews to allow for some structure to the interviews questions but also to have some flexibility and room to ask relevant questions based on the previous answers from the participants. For participant sampling, I relied on participant criteria that has five requirements. The teachers have received little to no formal Sexual Health Education training, the teachers have been teaching for at least three years, the teachers have taught the previous and revised HPE curriculum in at least one public school in Ontario, the teachers have demonstrated leadership and or expertise in Sexual Health Education, and teachers have demonstrated
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I used selective (purposeful) sampling and convenience sampling to find my participants because I needed teachers with knowledge of this topic to flesh out the phenomenon of self-directed learning practices; as long as the participants fulfilled the 5 requirements then that was satisfactory. I then read the transcripts of the interviews, found the repetitive themes and turned them into the coding categories for the research. I also followed the ethical guidelines outlined in Appendix A by ensuring that participants’ and their information remain confidential. Also, the participants were able to withdraw from the study at any point and they were permitted to not answer any interview question they did not want to. Lastly, there are many strengths (e.g. depth of knowledge, increased power of teachers) and drawbacks of qualitative research (e.g. generalizability, small sample size) but it is still a respected research method. Next in Chapter 4, I report the research findings.
Chapter 4: Findings

4.0 Introduction

Two elementary school teacher participants took part in this qualitative study about how teachers that have not received adequate training for Sexual Health Education (S.H.E.) became knowledgeable and confident teachers in this subject area. This study is in context to the updated Ontario HPE (Health and Physical Education) curriculum and how teachers did not receive training across the province of Ontario prior to the release of this curriculum in schools. Due to this lack of training for the current HPE curriculum, as well as my own lackluster elementary school S.H.E., it was important to me to discover how teachers were being prepared to teach this subject matter when training was not consistently offered. My main question was, how do elementary school teachers who have received little to no training to teach sexual health education prepare themselves to teach this component of the HPE curriculum?

The findings of this research project can be summarized in four themes. The first main theme of this research project was how the teacher participants selected resources, specifically when evaluating the factors of validity, reliability, accessibility and the alignment of the resources to the curriculum. Additionally, when resources were evaluated by teachers, they used their professional judgement to determine whether the resources would fit their classroom context or not. The second main theme was the sources that teachers used to improve their content knowledge of sexual health topics in the curriculum as well the sources that teachers used to learn pedagogical strategies to effectively teach the content. The two cited sources for professional development were from the teacher’s union, the Education Board specifically a Health and Physical Education Coordinator used only by the male participant in the study, as well as the media. The third main theme was that the teacher participants did not have any
concerns about their self-education practices because it increased their comfort when teaching their students about sexual health, it increased their content knowledge of the curriculum, and it exposed them to pedagogical strategies. Self-education also allowed the teachers to learn how to best fulfill their roles as teachers and allowed their love of learning to support their teaching development. Sadly, they found that their colleagues did not engage in self-education practices because of a lack of desire and time. Lastly, the fourth theme was how teachers could be better supported when teaching sexual health classes. Specifically, the teachers wanted more support from the Boards of Education to host higher quality training courses, training courses that were relevant, easy to implement in the classroom and more support for engaging with parents that were unsupportive of the HPE curriculum.

Firstly, the assessment of resources will be explored. When the assessment for resources was enacted by teachers, many aspects of the resources were evaluated through a lens of professional judgement. The teacher participants assessed the credibility of the author, the accessibility of the resources, the applicability of the resource in relation to the curriculum and the relevance of the resources to the lives of the students. This section is focused upon how teachers select resources.

4.1 When Finding New Resources On Sexual Health, Educators Select Their Resources According To A Combined Criteria Of The Reliability Of Those Resources And The Alignment With Their Professional Judgment

There were many variables found that were part of an evaluation process conducted by teachers when looking for resources to implement in the classroom for sexual health. Validity and reliability were evaluated as well as the accessibility of the resources. Additionally, one of
the participants discussed evaluating the connection between the resource and the curriculum, since the resource has to be relevant to the curriculum expectations. Lastly, the teachers evaluated how well the resource would fit the learning needs of the students by enacting their professional judgement. The perceived value of the resources for each factor influenced the likelihood of the teachers employing the resources in the implementation of the HPE curriculum.

4.1.1 Participants appraise the validity and reliability of the authors providing the resources

Both participants mentioned the various ways that validity was assessed with reliability not being explicitly discussed in either of the research interviews. Todd examined the source of the material, focusing especially on whether the source was a reputable source, or, in other words, valid. Todd stated when completing Google searches and reading through the suggested results, “I look at where it comes from too. Is it from the Alberta Board of Education… is it from somewhere that’s reputable[?]” Upon the discovery of resources, Todd was subconsciously triggered to reflect upon the validity of the resources. This internal evaluation process illustrated his expertise in selecting resources.

While validity was discussed explicitly, Todd and Deanna did not talk about how reliability was assessed, but it was assumed that if the information originated from a valid source, e.g. a Board of Education, then the information stated on the website had positively helped teachers from many different cohorts in their practice or had helped many students over the years understand sexual health better. This assumption illustrated that the information had positively helped people continually and thus was a reliable source. A way in which teachers could check for the reliability of a resource would be to look for information from that resource.
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that illustrated how the resource had impacted student achievement or if the content was universally understood by the students that had been presented with that information from their teachers.

When researching the education research literature and the sexual health research literature, there was no research found regarding how teachers assess the validity or reliability of resources. The internal dialogue or questions that teachers ask themselves when evaluating resources has never been published or mentioned in previous articles. My findings illustrated the thinking process used when teachers were choosing resources which adds to the existing research literature about self-directed learning. Specifically, the results explained how teachers judge validity and reliability based on the author of the resources as well as the reputation of the website. Also, these results showed that teachers engaged in reflection while in the process of choosing materials.

When discussing the knowledge that teachers learn on the job, defined by Hiebert, Gallimore, and Stigler (2002) as practitioner knowledge, the researchers noted that professional careers other than teaching had methods of disseminating practitioner knowledge within the professional community. For example, lawyers can read individual law cases and see how the lawyers involved in the case responded in the courtroom, which is highly accessible; but teachers do not have this luxury (Hiebert, Gallimore, & Stigler, 2002). The researchers also stated that research studies had explored the practitioner knowledge of teachers but they questioned the accessibility of these research studies for teachers even though the studies had been published (Hiebert, Gallimore, & Stigler, 2002). This connects to my research finding since there were studies about lesson planning but no studies that specifically focused upon how teachers chose resources. This topic is a distinct type of practitioner knowledge that was not present in the
research literature since practitioner knowledge is rarely found in research studies and or disseminated in the teaching community (Hiebert, Gallimore, & Stigler, 2002).

4.1.2 Participants evaluate resources based on how accessible they are

Todd and Deanna both spoke about the importance of accessible resources. Todd referenced an important resource in his toolkit that was easily accessible to him, a Health and Physical Education Coordinator that would frequently visit schools within Todd’s respective school board. Todd also spoke of accessibility in relation to the internet, specifically the ease with which teachers should be able to access resources or ideas online: “stuff that’s easily accessible just through quick clicks.” The relationship between the internet and accessibility spoken of by Todd was not surprising because Todd mostly referenced the internet as the main resource for his teaching practice. Additionally, the internet was mentioned as a resource to supplement a lesson, for support and for lesson inspiration. Alternatively, Deanna did not speak about the internet in a positive light, she specified that the internet harbours an abundance of misinformation about sexual health but did not explicitly state if that was the reason for her preferring to use other sources for information. Deanna did not reference the internet as a preferred place for her to find teaching resources so when discussing her preferred resources that she considered easily accessible, she mentioned documentaries and teacher workshops. Specifically, she spoke of how easy it was to find documentaries on TV and being notified of teacher workshops via e-mail. Deanna expressed, “we get e-mails sent to our accounts alerting us of any workshops and umm the documentaries, I just, you know, look at my TV guide (laughs) and see.”
To explore the various uses of technology by teachers, Bebell, Russell and Dwyer (2004) surveyed elementary and secondary teachers to uncover seven uses of technology. The technology use that was the most applicable to this research study was the category called preparation, which was the category most implemented by teachers, and refers to teachers that employ technology to prepare class materials along with researching and creating lessons plans (Bebell, Russell & Dwyer, 2004). Whereas research suggests that teachers use technology to plan lessons on only a monthly basis (Bebell, Russell, & Dwyer, 2004; Becker, 1999), my findings suggest sexual health educators may use technology more often, since Todd noted that he used the internet weekly for lesson preparation purposes.

While research discusses how teachers used the internet for resources, these studies and the research literature in general do not discuss why teachers chose to use the internet as a method for finding resources. Ottenbreit-Leftwich, Glazewski, Newby and Ertmer (2010) had participants that stated that Microsoft programs made their lesson plans more accessible and that websites made it easier to make customized worksheets, but there was no mention of the internet aiding in the accessibility of resources. It is possible that the sample populations used in the studies above were just not as likely as the general population of teachers to use the internet for lesson preparation but as Franklin (2005) found, “there were no significant predictor factors of teachers using computers for writing and designing lesson plans” (p. 21). Even with various sample populations, researchers cannot predict the variables that made teachers more or less likely to use the internet for lesson preparation. Due to this lack of coverage of this specific concept in the research literature, my research begins to fill a research gap, specifically why teachers chose to use the internet for lesson preparation or for research of a particular subject area because of how easily accessible resources were online.
4.1.3 One participant evaluated the strength of the connection between the resources and the curriculum

Only Todd spoke of the practical connection between teaching resources and the Health and Physical Education curriculum. When finding resources, he investigated the connection between the resource and the expectations of the curriculum, “Well I compare them [the resources] to what’s expected in the curriculum so I make sure that they fit the curriculum.” In other words, he acknowledged that the resources had to support and complement the curriculum expectations to be highlighted and assessed in the lesson.

The Ontario Health and Physical Education Curriculum (2015) highlighted this exact responsibility for teachers that the resources implemented in lessons must connect to the curriculum expectations. As the curriculum states, “Teachers are responsible for using appropriate and effective instructional strategies to help students achieve the curriculum expectations” (Ontario, 2015, p. 14). The usage of the words “instructional strategies” by the Ontario Ministry of Education denote that the pedagogical choices executed in the classroom should have allowed the students to reach the curriculum expectations outlined in the curriculum document. Pedagogical choices are made by teachers, so it is dependent on the discretion of teachers and how they think it is best to present the information as well as the activities enacted in the classroom to support the students in meeting the curriculum expectations. Todd had been not only connecting the sexual health matter to the curriculum but had also chosen effective instructional strategies for the students to be able to achieve the HPE curriculum expectations. He had been successful in these two endeavours mainly by researching pedagogical strategies for sexual health content during his spare time using the internet, talking to his Education Board
Physical Education and Health coordinator as well as integrating self-education practices into part of his teaching practice.

4.1.4 Participants use their professional judgement to determine if the resources will meet their students’ learning needs

Deanna explained that after attending professional development courses, she would reflect upon the information that was presented. After she thought about whether the information was useful or not, she used her professional judgment to decide whether the information would be applicable in the class context or not. Deanna elaborated by stating, “you just kind of have a feel right after you leave the workshop—do you think that would be useful?—use your professional judgement to whether you want to bring that into your class.” Similarly, when assessing the practical value of classroom resources, Todd used his professional judgment to evaluate the best resources for his class context. He indicated he was led by a “gut feeling about what…to teach,” as to which content would be relevant based upon the sexual behaviours of his students as well as the curriculum. Todd explained his former class context as, “Like I said, at my last school which is lower income…they're sexually active by Grade 7. So there, there was a real mandate for me to get the important information across.”

In Todd’s current school, the students were more innocent, to the extent that they were shocked when the word hell was used in a play production that the class attended for a field trip. Due to this experience, Todd had a glimpse of the classroom context and gathered that his future Sexual Health lessons would still be in line with the curriculum expectations but would be presented differently than his previous lessons at his previous school. He elaborated by explaining that the lessons for his current students would be less about sexual activity and safety,
since he thought his current students were not engaging in sexual behaviours. Conversely, he knew that his previous set of students at a different school were engaging in these behaviours and felt the need to teach his previous students relevant sexual content because of their sexual experiences.

The concept in existing research that is closest to explaining the relationship between professional judgement, the selection of resources, and the classroom context is called “personal practical knowledge” (Beattie, 1995, as cited by Fang, 1996). Here, the experiences that teachers have in classes deepen their knowledge of students’ needs and influence the appropriate pedagogical choices to fit those needs (Beattie, 1995 as cited by Fang, 1996). Similarly, teaching has been thought to be influenced by intuition, but for intuition to grow, a teacher needs teaching experience to support the development of this subconscious understanding (Beattie, 1995, as cited by Fang, 1996). Professional judgement has been studied but there is a limited amount of research that delves into how professional judgment develops, other than being labeled as teaching experience, and the thought process in which professional judgment is employed when teachers select resources for their students. My research starts to explore professional judgement as a feeling that is influenced by the teacher’s understanding of their class context which results in the chosen resources for sexual health; however, this calls for more research on how professional judgement influences the pedagogical choices of teachers with examples.

Todd’s assertion that he should teach sexual health information based on the sexual behaviours of students was not fully supported by the research literature, as there are conflicting reports on the effectiveness of targeted sexual health education. For example, Kirby (2002a) found that if free condoms were available to students, some studies reported increases of condom use in the community, while other studies reported condom usage did not change. Similarly,
Bearinger, Sieving, Ferguson and Sharma’s (2007) review of sexual health programs found them to have limited impact on the broad spectrum of sexual behaviours. Overall, sexual health programs, based on these mixed results, do not sound that impactful on communities, and while teachers can feel like they are making a difference in the lives of students, the sexual practices of students may not change even with sexual health programs being implemented in schools (Bearinger, Sieving, Ferguson, & Sharma, 2007).

However, effective sexual health classes that include many perspectives about sexuality, for example, biological information, abstinence as well as contraception were found to increase the age of the participants when they first decided to have sex (Kirby, 2002b). One third of the sexual health programs that were investigated that employed this pedagogical strategy influenced the initiation age of sexual activity in this manner (Kirby, 2002b). This illustrates that the way in which the content is taught will influence the effectiveness of the program (Kirby, 2002b). Since Todd was teaching information that he thought was important to teach, there may be no guarantee that the information would impact the sexual behaviours of students, even if his professional judgement and evaluation of the school context were correct, however his strategy does align with best practices. There is still, however, a gap in research about the best practices to influence the sexual behaviours of students and how professional judgement may be a valuable teaching skill when selecting resources for SHE in the classroom.

4.2 When Searching For New Resources For Sexual Health Education, Educators Chose From Two Types Of Sources For Subject Matter Knowledge And Pedagogical Strategies

Participants sought out resources from two places: those offered by their Board and/or Union, and free online media resources. The supports offered by their Board and Union were
human resources, for one participant in the form of an Education Board Physical Education and Health Coordinator, and for the other teacher-led workshops offered by the board. Since both of these sources were dependent upon an individual, there was a personal element to them that was appreciated and capitalized upon by the participants. Additionally, participants talked about media resources such as YouTube, documentaries, and Twitter. While media resources were discussed, a common theme that emerged from the participants was the importance of the accessibility of resources. The element of accessibility was implied as a reason as to why participants preferred using media as a source for information as opposed to other methods.

4.2.1 Participants sought out resources from their respective boards of education and union

Both participants stated that various resources offered through the Boards of Education were available for teachers who wanted help or to learn more about sexual health education. Todd spoke of a Board Coordinator for Physical Education and Health that rotated between schools in his specific Board.

We’ve got a great uhh coordinator for Phys Ed and Health, who’s there and available to answer questions. I work out with him a lot so a lot of times I bounce things off of him cause I see him and I’m socially a friend of his so that helped me that way, but he definitely ran lots of courses for teachers who are uncertain and said if anybody’s uncomfortable, I will gladly come out to the school…

Other than support from colleagues, which was only briefly mentioned by the participants, Todd created a collaborative relationship with this coordinator to support his professional development in sexual health education. Similarly, Deanna frequently used another board resource, workshops that were presented by various teachers of her respective Board of
Education, as well as workshops offered by the union, note that the workshops offered were never about sexual health content. Deanna elaborated on her attendance for school workshops by stating, “I know my school board has a site...and can sign up for various workshops provided by other teachers in the Board and...I go to tons of those workshops.” The difference in these board-offered human resources was that the Board Health and Physical Education representative was available throughout the school year whereas the Board workshops were one-time events that did not cover sexual health material. Additionally, Deanna mentioned that there was not a workshop offered for sexual health whereas Todd had a specific human resource for this subject matter. In this case, Todd was the only participant that had a consistent human resource for sexual health support whereas Deanna attended workshops that never presented content from the HPE curriculum.

The reality of teachers relying on professional development opportunities has been found in the research literature. When examining the effectiveness of Sexual Health programs, McKay, Fisher, Maticka-Tyndale & Barrett (2001) focused on the strategies that could increase the quality of the implementation of the curriculum. One of the recommendations was for more teacher certification programs (i.e. pre-service training programs, B.Ed. programs) to include training for sexual health because very few Canadian programs included this content (McKay, Fisher, Maticka-Tyndale & Barrett, 2001). As a result of none or very little training, McKay, Fisher, Maticka-Tyndale & Barrett (2001) found that Canadian teachers learned how to teach sexual health once they were employed in schools, by participating in professional development courses (in-service training) and or by self-education. This finding was corroborated because both of the participants in this study stated that they had received little to no training for sexual health in their teacher certification programs. Deanna said that sexual health education was not
mentioned at all during her teacher certification program whereas Todd said that he was only taught the pitfalls of this curriculum in his pre-service training. Due to the lack of sexual health training received during pre-service training, Deanna and Todd engaged in both professional development and self-education practices to supplement and support the teaching of this content.

**4.2.2 Participants sought out media resources for activity ideas and to improve content knowledge**

Todd discussed how he used the internet to find teaching resources by first searching for things on Google to gather a general sense of the information offered on the topic, he then proceeded to follow the same procedure on YouTube. The process of elimination was brought up as method for choosing resources specifically when YouTube was used as a resource. Todd would look through similar videos about a topic on YouTube, and after watching them all, he would decide upon which one he thought was best: “I’ll go on YouTube, I’ll watch a video, I’ll see right away that it offers me four other videos, I’ll look at the other four videos, I’ll pick the best one of the bunch.” This selection process was only one way in which resources were chosen. Todd was the only participant that explained this usage of the process of elimination when discussing the selection of resources.

Interestingly, both participants spoke about the accessibility and inspiration that media resources had provided for sexual health education. Deanna divulged how she engaged in self-education practices by reading and watching documentaries about various topics that were topics included in the curriculum. Specifically, she watched documentaries about various family configurations and transgender people. Deanna said, “independent learning like reading things […] I watch a lot of documentaries and a lot of TV and uhh I feel like I’ve learned quite a bit
from watching people in documentaries.” Todd spoke more generally about how the internet was used to support his learning and teaching. Twitter was used to see what other teachers were doing in classrooms and YouTube was used to find videos that illustrated concepts in a concise but memorable manner. In his opinion, Todd advised that teachers should “keep following great teachers on Twitter […] do that occasional investigative afternoon and just disappear into the wormhole that is YouTube and watch all the stuff that’s out there […] just surf the Internet around those topics…see what comes out.”

Todd’s experience illustrated the lack of sexual health training and resources for teachers but it highlighted the usefulness of the internet for teachers in similar circumstances. McCutcheon (1980) studied the way in which teachers planned lessons, and discovered that teachers used materials that were not difficult to find and resources that were physically closer for them to obtain. This finding from McCutcheon (1980) echoed the finding of this research study wherein accessibility was important for lesson preparation. Only Todd explicitly discussed the internet as his main source of lesson planning information. Deanna did not state that she used the internet for lesson planning, she also did not state why she preferred to use other resources for lesson planning. She did not prefer to use the internet, and while her lesson planning resources were easily accessible, it was interesting to find that arguably the most accessible resource, the internet was not mentioned in her interview as a planning resource.

Even though the internet may not be favoured universally as a sexual health resource, media resources have been used to implement sexual health education successfully. To reach youth in San Francisco that were at risk for contracting STDs, particularly gonorrhea, which had been growing in the area, there was an implementation of a text messaging service created by the San Francisco Department of Public Health and a sexuality internet information provider
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(Levine, McCright, Dobkin, Woodruff & Klausner, 2008). Youth would text SEXINFO to receive information for specific sexuality topics (Levine, et al., 2008). Only general information was sent with this sexuality education text messaging service but if the inquirer wanted to meet in person with someone, clinic referrals were also a built in part of this resource (Levine et al., 2008). As this example illustrated, the accessibility of this sexual health texting program supported its success in which youth learned about sexual health. This result echoed the effect of how accessibility supported the self-directed learning of the teacher participants. Without accessibility all parties have to work harder to find the required information, but accessible resources supports education in sexual health.

4.3 Educators Who Rely On Self-Education Methods Do Not Have Concerns About Their Commitment To Self-Education But Have Concerns For The Teachers That Do Not Engage In These Practices

Both participants viewed self-education as a habit that has only benefitted their teaching practices. One participant spoke of how her involvement in self-education for S.H.E. had increased her knowledge of the content and teaching comfort. The other participant viewed self-education as part of his job and even incorporated self-education practices into his weekly routine. Both participants shared a love of learning that pushed both of them to start the process of self-education and the continuation of professional development over time. Even though the participants saw self-education as a vital part of their teaching identity, some of their colleagues did not share this sentiment. The participants voiced their concern regarding teachers that did not engage in self-education practices because of a lack of time and a lack of desire to do so.
4.3.1 Participants have no concerns about their involvement and commitment with self-education

Only one of the participants made a connection with her own self-education practices, specifically the acquisition of resources, and the effects of these resources for alleviating her discomfort with teaching sexual health. Deanna referenced how resources have shaped her content knowledge, her comfort with teaching the subject matter and her confidence with directing the class down other avenues if her knowledge of a topic was not sufficient enough to answer a question. Deanna continued to express how self-education had shaped her teaching by stating:

Well I feel if those resources [found with self-education practices] were not available, I would…know 80% less of what I feel like I know, like they’ve really, really increased my knowledge base and I feel much more umm comfortable you know teaching it to my class and when questions come up, not that I have an answer obviously to all of them but you know I feel like I can at least have some idea of where to guide them to [...].

Alternatively, Todd referenced his teaching experience as the reason for his comfort with the content rather than self-education.

Self-education was found to not be the only way for teachers to enhance their sexual health teaching practice. A study conducted by Wight and Buston (2003) found that teachers’ comfort level when talking about sexuality and initiating discussions about S.H.E. in the classroom increased when they had participated in professional development courses. This study also found that teachers gained confidence in teaching specific sexual health topics that they previously (before receiving training) reported low confidence with teaching (Wight & Buston, 2003). This suggests clear benefits of professional development training for sexual health, but
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depending on the geographical location of the school or the Education Board, there may not be training opportunities available. Deanna talked about how there was not a board offered workshop for sexual education at least in her Board but, as illustrated above, self-directed learning has dramatically improved her content knowledge for sexual health so it was an effective solution.

Another benefit of self-directed learning, discovered by Eisenberg, Madsen, Oliphant, Sieving, & Resnick (2010) was that self-directed learning can help teachers that felt as if their preservice training for sexual health was not enough to be able to teach S.H.E. in a school setting. Deanna had mentioned in her interview that she did not receive any pre-service training for sexual health education, so self-education in her case was as helpful as Eisenberg et al. (2010) suggested it would be. There has been no research study conducted to find out if self-education was as beneficial as professional development courses, but it would be interesting for a study to compare the effectiveness of professional development, pre-service training, and self-directed learning in comparison to a control group of teacher participants. Since this study has not been conducted yet, my research addresses the gap pertaining to how self-education benefitted teachers that had received little to no sexual health training during their teaching certification programs.

Self-education practices were found not just to be a choice, but a lifestyle that became part of a participant’s teaching identity. Todd was completely comfortable about his involvement and commitment to self-education. Even though Todd discussed how other teachers at his school did not believe that self-education was a part of their job, Todd saw self-education as a priority. He felt as if self-education was non-negotiable and even integrated it into his weekly routine. Todd said:
They’re not uhh giving us PD release time for it so they’ve left it up to us. I’m of the school that I’m a professional and it’s my job to find out that stuff and follow through and make sure I’m doing it right. Other people think you know that’s beyond their day and arguably they’re right and arguably I’m right.

The Ontario Health and Physical Education Curriculum (2015) agrees with Todd that it is the responsibility of teachers themselves to improve their teaching practice by finding resources and to engage with various training opportunities. The curriculum document ultimately leaves it at the discretion of the teacher to engage in self-education practices or not.

To increase their comfort level and their skill in teaching health and physical education and to ensure effective delivery of the curriculum, teachers should reflect on their own attitudes, biases, and values with respect to the topics they are teaching and seek out current resources, mentors, and professional development and training opportunities, as necessary. (p. 15)

Todd’s stance and the perspective of the curriculum regarding self-education were similar because the HPE curriculum document stated that it was at the discretion of the teacher to find resources that are up to date. Todd echoed this sentiment by expressing that each individual teacher decides their amount of participation in self-directed learning. In the eyes of the curriculum, researching current resources was part of the job, relying on the perspective of the teacher and/or their motivation to implement it effectively.

In addition to engaging in self-education practices due to a sense of personal responsibility, participants were also motivated to seek out resources because of a love of learning. While Todd mentioned that his love of learning stemmed from the hunt of finding resources as well as teaching strategies, Deanna expressed an initial tentativeness with self-
education, specifically with attending a professional development workshop, but once she attended the workshop offered by her union with one of her colleagues, she quickly realized how much she liked them. Deanna, when describing how her participation in after school professional development courses started, uttered, “and I think she [colleague] was going to one, I was like okay I’ll go to one and I thought wow, these are really cool and then I started to go to more of them [union resources] […]”

The existing sexual health research largely indicates that teachers who engage in self-education practices do so because they feel that their training in sexual health education is not comprehensive enough to teach the subject matter adequately (McKay, Fisher, Maticka-Tyndale & Barrett, 2001; Eisenberg et al., 2010). As a result, teachers seek out training opportunities to increase their content knowledge as well as pedagogical strategies to be able to teach the subject matter effectively (McKay et al., 2001; Eisenberg et al., 2010). Despite this past research on self-education practices, there have been no research studies that have attempted to investigate other possible motivating factors for teachers to make an effort outside of the classroom to educate themselves, other than wanting to improve their teaching of sexual health. My research study, while confirming the aforementioned research results that teachers engage self-education practices to enhance their content knowledge and pedagogical skills, goes further by pinpointing an additional motivating factor of loving to learn that propels teachers to educate themselves.

4.3.2 Participants have concerns for teachers that choose not to engage in self-education practices

One main concern articulated by both participants was how life responsibilities lessened the amount of time that their colleagues devoted to self-education. Deanna highlighted that the
practice of self-education was not consistent within the teaching community because some teachers did not want to go to after-school workshops. Both of the participants stated that teachers did not have time to search for teaching resources or to participate in professional development opportunities due to their colleagues having children of their own. Deanna declared, “after school workshops those are great for people that want to take them but the truth is the vast majority of people aren’t going to take them either…cause they have to go home to their kids or whatever.”

Interestingly, when the idea of mandatory training was proposed, the perspectives of the participants differed. Todd explained that the training offered to him covered everything in the Health and Physical Education curriculum, including how to organize children into teams. Due to his extensive amount of teaching experience in this subject, he felt that it was unnecessary for him to attend. Deanna thought that mandatory training was beneficial to make sure that every teacher was learning about sexual health thus everyone would receive the same information. Additionally, training would result in increased confidence in the teaching of the content by the entire teaching faculty.

Teachers that choose to not attend training courses may feel as if they are prepared enough to teach the content, but training can still be useful. Hausman and Ruzek (1995) found that teachers who felt prepared enough to teach sexual health education content and chose to not participate in S.H.E. training had their feelings of preparedness surpassed by the other groups of teachers that did receive training. In other words, the teachers that attended professional development courses felt more prepared to teach sexual health education than teachers who felt self-sufficient. It was never specified by Hausman and Ruzek (1995) how the teachers that did not choose to attend training were using their time when the other participants were attending
training courses. The participants that were not involved in training were acting as a control
group in this study, so one cannot state that professional development training is better or worse
than self-directed training when self-education was not an experimental variable in this study
(Hausman & Ruzek, 1995). It would be interesting to see if the positive effects of self-directed
learning cited by my participants would be replicated in a study designed in this matter as well as
how these effects would influence the overall effectiveness of self-directed learning as compared
to the other traditional training methods.

There was no research found that compared the effectiveness of self-directed learning to
either preservice training or professional development. This finding displayed a lack of
representation in the research literature about teachers that do engage in self-directed learning
behaviours. Teachers may think that because the research did not discuss self-directed learning
as a tool to improve and support teaching practice, that teachers do not participate in it, but as the
research highlights, teachers only taught their students how to use self-directed learning for
learning purposes. Due to this lack of research for teachers, teachers may not feel like they are
able to gain the knowledge, techniques or support for self-directed learning that they need to
adopt this type of learning as part of their teaching practice. While the participants had people in
their lives that acted as models for self-directed learning, colleagues that introduced and attended
after school workshops with them as well as coordinators that could offer guidance, their
experiences illustrated how teachers were able to gain support for this practice. Their experiences
addressed how teachers that either seek out or agree to human support not only learned from
others how to learn about topics of the curriculum on their own but also how social support was
essential for self-education. Since they have learned how to use self-directed learning to benefit
their teaching practice, this study exposed the process behind self-directed learning. This study
reduced the mystique surrounding self-directed learning and created a space for representation of teachers that did engage in self-directed learning practices.

4.4 Educators That Rely On Self-Education Methods Would Like To Receive More Support From Education Board Initiatives And School Administrators

The participants were not necessarily impressed with the support offered from the Education Boards or from school administrations. They mentioned wanting teachers and people with first-hand experience with the topic to lead training sessions as well as training that was relevant and easy to implement in the classroom. Additionally, both participants preferred training that provided activities to use in class and resources. When discussing administration support for the sexual health curriculum, both participants felt that school administrators should offer more support to teachers in regards to parents that are unsupportive of the HPE curriculum since administrators in their past experiences had been reluctant to help the teachers in these uncomfortable situations.

4.4.1 Participants want to see a restructuring of priorities for their board of educations in which professional development courses are run by experienced teachers and or content experts that can offer insight, resources and pedagogical strategies

Only Todd spoke about the need for the Education Boards to add to the existing repertoire of teacher support. He suggested that hiring successful teachers to create easily implementable lessons would increase the comfort of teachers with this subject matter. Specifically, during the time in which Todd engaged in self-education practices, he discovered teachers online that were inspiring in regards to teaching practice. As a result of this exposure to these teachers online,
Todd thought that the Board and or Ministry should seek out teachers that were able to inspire and support even well-seasoned teachers. Todd affirmed, “I think the Ministry should continue to update options umm like ah and, hire teachers to put together packages that work […].” This suggestion by Todd was an example of how teacher training could become more relevant as well as implementable for teachers that attend the training.

A professional development course leader with first-hand experience of the subject matter was also viewed as important by both teacher participants. Deanna focused on how first-hand experience added a level of authenticity to the training session that resulted in validity and usefulness to the words of the presenter. She explained that training from those with first-hand experience generally “comes from a very authentic place written by people who are in that situation […] it’s my personal opinion is they seem to be valid and umm useful so I am very grateful [for their resources and time].”

Todd reiterated that teachers with first-hand knowledge were preferable to act as leaders for professional development classes because of the effectiveness of their teaching:

Get teachers who are comfortable in teaching it with lessons that you can immediately put in place. Uhh bring them out for PD sessions, uhh and have them deliver those lessons and have teachers after an hour walk away with something they can do in class the next day.

In a research project on teacher-led writing workshops, Borko (2004) demonstrated that teachers can effectively inform and shape their colleagues’ practice by drawing on their own first-hand knowledge of the classroom, which aligns with the pedagogical strategies that Todd wanted from training sessions. Further, Borko (2004) demonstrates that teachers can even become “experts” through this kind of colleague facilitation. Along with pedagogical strategies,
experts of content knowledge, such as Planned Parenthood, could help improve the content knowledge of teachers. My research adds to existing literature on training specifically regarding additional areas teachers would like other teachers to offer training courses and resources to implement in the classroom.

4.4.2 Participants want to receive support from relevant training that will be easy to access and implement in the future

When the topic of the ideal training situation of teachers was raised, both teachers agreed that implementable lessons, or in other words activities and resources were of paramount importance. While referring to useful workshops offered by the School Board (a S.H.E. workshop was never offered) which were hosted by fellow teachers, Deanna added that at these workshops, the teachers “suggest different books to read to your class, umm and offer little lesson plans that you could use.” For maximum accessibility of training and the topics covered during training, Todd again reiterated that since the internet was an accessible information hub for teachers, it would be helpful to have the information from the training session posted online for easy retrieval.

Additionally, Todd noted something that Deanna implied but did not expand upon, which is the idea of an accessible summarization of the curriculum expectations for sexual health. Todd said:

Make it [the training] easily accessible so websites where you go and it says, here’s the skinny on the Grade 5 curriculum, here are the big points that you should really hit, here are some other points you might hit as well. Here’s a bunch of activities you can do that work with Grade 5 kids.
This easy accessibility of the curriculum expectations and pedagogical strategies would be highly appreciated by these participants. Interestingly, when reviewing modern professional development, Wilson and Berne (1999) mention that teachers are open to learning about in-class activities, new curricula and pedagogical tools but are rarely open to reflect upon how to improve their content knowledge. In other words, teachers would rather hear about practical skills than the content of the curriculum. This finding was supported somewhat from the interviews, as participants spoke of wanting training to be mainly on focused on activities, resources and the curriculum. Todd did not really discuss content knowledge, other than stating that he was comfortable with teaching the subject matter; when talking about self-education, he discussed engaging in self-education practices to find teaching strategies to use in the classroom rather than learning about the topics in the curriculum. Alternatively, Deanna was explicit about wanting to always learn more about the curriculum content as well as pedagogical strategies to properly teach the HPE curriculum.

Wilson & Berne (2009) also reviewed a study in which one of the criteria for effective professional development was accessibility, but the use of the word *accessibility* was not clearly defined; it wasn’t clear if they wanted the professional development courses to be easily attained or for the resources offered in the training to be easily found. My participants specifically wanted to attend training courses that offered implementable lessons, resources and for relevant information (e.g. curriculum expectations) to be posted online. While Wilson & Berne (2009) briefly mentioned accessibility as a factor to effective professional development, my participants were able to offer suggestions as to how training could become more accessible. This information from the participants helps to fill in a research gap of how training programs can be improved upon specifically for accessibility.
4.4.3 Participants want to receive more administration support to help with parents that may not be supportive of sexual content being taught in schools

The method in which these two teachers interacted with their administration varied dramatically. Both of them admitted that their administration did not offer a lot of support, and were seen as non-confrontational, especially regarding any problems that arose with parents. Todd expressed that his administration “did not see the big picture,” but because the teachers were part of his school community for a longer time period than the administration (due to administration changes every few years), the teachers at Todd’s school “kind of coached…our administration through it,” specifically with how to respond to the parental reactions to the HPE curriculum. On the other hand, Deanna understood this non-confrontational nature of school administrations as a widespread phenomenon rather than a school specific problem:

I’ve heard that as a reoccurring theme with other teachers that work at other schools too is that, you know, not always but there’s enough administrators out there that don’t… like conflict and they…would rather just keep everybody happy…

Participants indicated that when administrators chose a non-confrontational stance, they downplayed the severity of the situation and disrupted the action that the teacher planned to take to remedy the situation. Similarly, Epstein (1987) notes the power that administrators have over the parent-teacher relationship as well, indicating that an important component of parental involvement in the school is the communication between the school and the parents.

Administrators were responsible for communicating policies with the school community at large, as well as the implementation and support of these school policies (Epstein, 1987). Additionally, when parents met with teachers, part of the role of administrators as school leaders was to
support these aforementioned policies (Epstein, 1987). Both participants voiced that they did not receive support from administration regarding school or Education Board policies. For example, Todd had to convince his administrators why the policy that students that were opted out of the sexual health classes were to be picked up by their parents rather than sitting in the office should be followed. Todd explained that it would be impossible to accommodate that number of students in the office as well as the idea that there was no other option as to where students could while these classes were being taught. This discussion convinced the administration to communicate the policy to parents and to support its implementation in the school.

The school administration can also affect the topic coverage of a subject. Schultz & Boyd (1984) found a significant correlation between the coverage of curriculum topics, teacher competency and the perceived support of others (administration, colleagues, the community) for the curriculum. They also found teachers who felt competent teaching Sexual Health Education and also felt support from the administration, colleagues and the community to teach the content were more likely to teach most of the topics included in the Sexual Health curriculum (Schultz & Boyd, 1984). This finding was not supported in my research/data because neither of the participants felt support from the administration, specifically for parental interactions regarding the sexual health curriculum, but the teachers still taught the topics of the curriculum. Instead, Deanna and Todd both had colleagues that supported the implementation of the Sexual Health curriculum, a Health and Physical Education Coordinator and a colleague that acted as a model for attending Board offered workshops, so this could have helped with the implementation of the curriculum as well as self-education practices. As stated before, the workshops that Deanna attended were never about sexual health, but her colleague did support and act as a model for self-directed learning.
When training for teachers was discussed, both of the participants recommended that information about the contents of the Health and Physical Education curriculum should be provided as well as help with interacting with parents that may not be supportive of the curriculum or that may not understand the goals of teaching the content. While Todd generally explained that he wanted “things you can say to parents” and did not elaborate further, Deanna was more explicit with her answer: “I think there also should be a little component about dealing with confrontational parents and what to do.” The differences in their answers reflected their style of interaction with parents, based on the examples provided during the interviews about their personal conversations with parents. Todd was always confident with how he approached parents, by mentioning instances wherein he met with groups of parents to discuss why they should not have their children opt out of health classes. Alternatively, Deanna had a situation with a parent wherein she sought out support from the school administrators but was told that it was a situation that was not worth fighting for; but she elaborated that time went on, and as her experience grew, her confidence to defend her pedagogical choices grew. Additionally, the variance in the confidence between these two teachers may have been due to their ten year difference in teaching experience.

Barrett Kutcy and Schultz (2006) found that high school teachers who felt as if they did not have enough experience to properly interact with parents regarding their children’s behaviour experienced frustration in these situations. Additionally, talking to confrontational parents was found to be one of the top three sources of stress, especially for new teachers (Smeltzer Erb, 2002 as cited in Barrett Kutcy & Schultz, 2006). This variable of teaching experience influencing the level of stress felt by teachers when interacting with parents was also found in my own research. Deanna, who has been teaching for ten years less than Todd, was more vocal about
wanting training opportunities to learn how to interact with confrontational parents. Alternatively, Todd was open to learning more about how to interact with parents in general, not just confrontational parents. Additionally he had more experience with parents that were unsupportive of sexual health classes by choosing to lead discussions with groups of parents to explain why sexual health education was important for their children to learn as well as why school was the optimal place for students to learn this material. My participants and the research literature suggest that teachers should receive training on how to interact with parents, confrontational or not.

4.5 Conclusion

In conclusion, this study found that despite not receiving adequate training for the HPE curriculum or for sexual health education in general, teachers were able to use self-education practices to support their teaching practices. Specifically, this study discovered that teachers selected resources to use in the classroom using their professional judgement of whether the resource would fit the learning needs of the classroom. Additionally, the teachers evaluated the validity, reliability and accessibility of the resources as factors of consideration for their use. Lastly, the content overlap of the resource and curriculum were compared during this resource evaluation process. Other than resources that they found on their own, teachers employed resources from the Education Board or Union and resources from the media. Specifically, the Board resources were a Physical Education and Health coordinator, and workshops, but there was never an available sexual health workshop. For media resources, the teachers used internet resources such as YouTube, books, and documentaries. The teachers were not concerned about their personal involvement with self-directed learning because, for one of the participants, it
increased her content knowledge of sexual health and her comfort with teaching the material. The participants viewed self-education as part of their lifestyle and illustrated their love of learning. There were concerns but also a feeling of understanding for teachers that chose not to engage in self-directed learning because of their busy schedule associated with having children of their own. Lastly, the participants discussed wanting training courses in which the facilitators were either teachers or people with a high content knowledge of the topic. The teachers wanted to gain resources and pedagogical strategies from training courses. They wanted the training and resources offered from the training to be accessible. Lastly, from their school administration, the teachers wanted more support with dealing with parents that were unsupportive of implementation of the curriculum in schools.

These findings are important to the existing sexual health research literature because this research fills in many research gaps about how teachers educate themselves and find the necessary information to be able to effectively implement sexual health into classrooms. The existing research literature examined the lack of training, but did not suggest a solution to this problem. It was suggested that post-secondary institutions and professional development courses could create more training opportunities for teachers, but it is interesting that self-education was barely mentioned as an option to alleviate this lack of training problem, despite its ability to save resources. The research literature also did not explain how teachers could implement self-education into their own teaching practices. With this study, teachers can see how other teachers that consider themselves self-education experts take control over their learning. Specifically, this study illustrates how teachers use self-directed learning practices to improve their content knowledge and pedagogical strategies for the sexual health curriculum. Additionally, from this study, teachers can learn how to approach parents that are unsupportive of the curriculum and in
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general, how to reclaim the control over their own education and teaching. In the next chapter, the importance of the research will be examined, specifically how self-directed learning is beneficial to teaching but also how these results can impact the education community at large such as teacher certification programs and school boards to improve the training of teachers for sexual health in the future.
Chapter 5: Implications

5.0 Introduction To The Chapter

In this final chapter, I will discuss the implications of my research findings from many perspectives. Initially, I will provide a summarization of the findings and their significance. Secondly, the implications of the research will be examined and how they will impact various levels of the education community, as well as how this research influences my future as an educator and or researcher. Next, recommendations will be made to University Faculties of Education, School Boards and Administrators and Teachers. Lastly, the chapter will conclude with areas of future research that will improve upon the existing research of self-education practices, the selection process of teachers for resources and the effective execution of professional development training courses.

5.1 Overview Of Key Findings And Their Significance

When deciding upon resources to implement in the classroom, teachers take into consideration many variables: reliability, validity, accessibility of the resources, and the applicability of the resources to the lives of the students as well as the grade-appropriate HPE content. All of the aforementioned variables are viewed through a lens of professional judgement that allows the teacher to critically reflect upon whether the potential resources will be useful and or appropriate for the students. Reliability and validity are assessed in regards to evaluating the author of the resource itself, but reliability is assumed from a resource seen as valid. Teachers preferred resources that were easy to access, whether that be online resources, media resources (e.g. documentaries) or from an e-mail notification of upcoming training courses. Additionally, the applicability of the resource to the curriculum is evaluated to ensure that the curriculum
expectations will be fulfilled in the classroom. Lastly the relevancy of the resource is determined in accordance to the sexual behaviours and content knowledge of the students. It is significant to know the thought process used by teachers to select resources, which has not been the focus of research for sexual health education.

Teachers gather their resources from the Education Board, their Union, and the media. Colleagues as well as a physical education coordinator from the Board of Education and after school workshops offered by the Education Board or the Union were among the implemented resources employed by the teacher participants. Additionally, media resources such as books, Twitter and YouTube are resources that teachers feel comfortable accessing for sexual health education support. There is no specific Board offered or Union-offered workshop for Sexual Health exclusively since the sexual health content is combined with Physical Education. Proposed professional development courses for the updated HPE curriculum were not attended by teachers due to the teacher labour strike so professional development has been scarce in Ontario.

The teacher participants do not have any concerns for their choice to engage in self-education practices, since it has benefitted their own teaching practices, but rather, they have concerns about their fellow colleagues that do not engage in these practices. They have witnessed their colleagues not put forth the effort for self-education; possible reasons cited for this lack of effort include teachers not thinking that self-education is part of their job description, not being motivated to attend training sessions, and having too hectic a home life for free research time. When discussing the practice of self-education, the benefits touted are the increase of comfort in the delivery of content and an overall increase in knowledge of the mandated sexual health content. These benefits are not widespread, however, with one participant deeming
his teaching experience as the reason for his comfort with the material, even though self-
education has led to an increase in his content knowledge. Self-education practices are beneficial
to teaching practice and for professional development, teachers were advised to engage in these
practices not only to increase their content knowledge but their comfort with the material.

Lastly, teachers that engage in self-education practices would like to receive more
support from the Education Board and from school administrators. Specifically, for professional
training courses, the participants want the Education Board to hire facilitators that have
experience in sexual health to increase the authenticity, efficiency and validity of training. The
Board was advised to hire teachers that are well-versed in sexual health to lead professional
development courses so that teachers can hopefully receive implementable lessons, resources,
and activities, as well as an online resource wherein the overall themes of a grade are
summarized with activities and resources to accompany the curriculum content. Both participants
indicated administration support is lacking, since they have witnessed administration members
be non-confrontational with parents as not to upset them but to the detriment of the school
community. The teachers want support from the administration to project a united front to the
parents so that parents are not able to change school policies in their favour, such as trying to
control the content covered in health classes. If the principals and teachers both implement and
support the school policies then the parents will not try to control the school environment. My
research results showed that even teachers that feel as if they are confident in their self-directed
learning practices can only do so much research on their own, but to really support the HPE
curriculum, they recommended that Education Boards and school administrators need to
implement strategies to improve the quality of training and the implementation of the curriculum
in schools.
5.2 Implications

In this section I explore the implications of my research on various stakeholders in the education community as well as how the implications of this research affect my own work as a teacher and researcher.

5.2.1 The education community

Some research studies and the experiences of my research participants (as well as my own preservice teacher education course in Health and Physical Education) substantiate the research finding that preservice teacher training for sexual health education is not substantial enough in content coverage or duration. This has led me to reflect upon the fact that the Education Boards and Faculties of Education are the stakeholders that provide support and training to teachers that want to learn more about sexual health education. Without them, preservice training and professional development courses would not be available to teachers at all, so even though there is a lack of training, it is comforting to know that there are supportive training options available.

On a positive note, as a response to this lack of training, my participants illustrate how teachers regularly engage in self-education practices but based on the research literature and my own research, it seems as if they are in the minority. This implies that professional development should not only just be encouraged but rather mandatory especially for a curriculum that has been recently updated. Additionally, training needs to be conducted by facilitators with knowledge of the content as well as offering resources, pedagogical strategies and activities to aid in the implementation of the curriculum in schools, especially since my participants both
spoke of how training could be improved in this fashion. Experts running training sessions are invaluable sources of information that will bestow their wisdom onto teachers and could act as mentors to support the teachers with sexual health in the present and future.

My participants discussed the resources that are employed for the process of self-education practices, the internet, books, social media websites and I think these resources should be shared with the rest of the education community as rich sources of information that will improve teaching practice. A list of resources would support teachers and provide them with information that previously they may not have been aware of. This information could help teachers improve upon content knowledge and pedagogical strategies that would only benefit the implementation of sexual health classes. Rather than assuming that Ministry documents are comprehensive documents, there are informal sources of information, such as Twitter, that, with professional judgement, knowledge of the curriculum and the understanding of one’s students, can be just as helpful as these authorized documents. Lastly, administration support for sexual health is paramount, especially when very experienced teachers still freely express their difficulties when conversing with the parents of students that do not agree with the implementation of this subject matter. Principals set the tone for the school as well as the school community at large, and the research literature illustrates that the principal is a vital supporter for school policies and the implementation of the curriculum. They can influence the coverage of topics taught in sexual health and advocate for the importance of this knowledge for the students.

5.2.2 Implications for myself as a teacher and researcher

Below, I will explain what I have learned from my research as well as how it will affect my future role as an educator and researcher. I have learned how uninspiring sexual health
training is, specifically the amount of training opportunities for teachers as well as the quality of teacher training. For example, the participants talked about how they either did not receive training for sexual health at all or in their training they only discussed the risks of teaching the curriculum. Also the research literature from around the world highlighted the lack of training and or the lack of quality training for this content in many countries. To counter the lack of training for sexual health that I also experienced during my teacher certification, as well as to greatly improve my own teacher practice, I will participate in self-directed learning. I will research the sexual health education research literature, follow experienced sexual health educators on various social media websites and attend professional development training courses whenever possible. The implication is that my research has inspired me to become even more committed to teaching sexual health education than before I started this project. I already felt enamored by this subject matter but throughout this research project, this devotion has only strengthened. The more I research this topic, the more work that I think needs to be done to create the best implementation program for the curriculum, not only to help teachers teach the material but also for the students to have access to a high quality program. I am devoted to learn as much as I can about the training for sexual health and explain to other teachers why it should change. Because of this commitment to the curriculum, I feel the need to improve my teaching practice as well as to educate other teachers about self-education practices. I want to share with educators how self-education is worth their time to find implementable activities in the classroom through unorthodox methods (e.g. documentaries) that will not only engage their students but be memorable lessons that will soon not be forgotten. I have learned that this feat is not one that I should do on my own, but that I should find other educators that feel the same way
about sexual health, not only to support me, but also to inspire me to continue down this path of leadership.

5.3 Recommendations

For change to occur in schools regarding sexual health education, there are many levels of the school system that should make specific changes to ensure that this content is implemented in the most effective way possible and to impact the lives of students as much as possible. The recommendations listed below are informed from findings from my own research that if implemented, I believe would greatly strengthen the implementation of the curriculum in schools across Ontario.

5.3.1 Faculties of education

- A mandatory preservice education training course that focuses upon sexual health education including a focus on disseminating the content knowledge to pre-service teachers as well as offering pedagogical strategies to employ in the classroom
- The mandatory preservice education training course should also be at least one quarter of the duration of the Health and Physical Education course offered during teacher certification programs
- It is imperative that teachers are taught in their pre-service training about the changes made to the HPE curriculum and why the additions to the curriculum were added to the existing previous curriculum document, this information should be added to preservice teacher training
- It is important for pre-service teachers to be taught about how to interact with parents that may not be supportive of the Sexual Health section of the Health and Physical Education curriculum
and are also taught how to respectfully interact with them, as well as how to articulate the importance of the participation of their child in this program, this information should be added to preservice teacher training.

5.3.2 Schools boards and administrators
- It is important for the Education Boards to offer professional development courses to teachers for sexual health education that are led by experts, teachers or those with personal experience relevant to the curriculum wherein teachers can receive resources, lesson plans and activities to implement in the classroom.
- In the principal training course, principal candidates should learn how important it is to support teachers with the interactions of non-supportive parents of the HPE curriculum, how principals should engage with these parents, and of the Education Board rules concerning the implementation of the curriculum, e.g. how parents opt children out of sexual health classes.
- It is imperative that schools boards hire principals that will support the implementation of the sexual health content in the classroom as well as support teachers in the implementation process. This can be achieved by principals creating positive relationships with teachers that allow for teachers to ask for help with parents or with the content. Principals can also offer training opportunities to teachers which will help to develop their professional development in sexual health education.

5.3.3 Teachers
- It is important to engage with self-education practices for Sexual Health Education to improve content knowledge and comfort.
- If one is too busy to engage in self-education practices, then it is important to find a way to explore the research literature, this can be achieved by talking to a fellow teacher colleague and asking for resources, activities, etc. or creating a teacher group in your own school that individually collect research and then meet to discuss the information that will best suit the curriculum and the students.

5.4 Areas For Further Research

In this section I discuss the areas of research that I think should receive more attention from sexual health researchers around the world, as well as how the existing literature has contributed to my knowledge of sexual health education. One area for further research is the self-education practices of teachers. By exploring the existing sexual health education literature, and education research in general, I found that there is a lack of research about the self-education practices of teachers—specifically, why teachers choose to engage in this type of professional development, and how the process of self-education is conducted. Even though my participants actively engaged in self-education practices and explained why self-education is important to them as well as their process of self-education, few studies have examined the effectiveness of this type of training in comparison to the other types of training available. It would also be interesting to see a study centred upon how self-directed learning influences teaching practice and sexual activity in students.

Another area for further research is the process in which teachers choose resources to implement in the classroom. In my research, the participants discussed using professional judgement along with other variables to determine the appropriateness of resources as well as a process of elimination to find the best resources possible. In my experience reading the sexual
health literature, since self-education practices were not mentioned frequently, the thought process behind these processes were also not examined and personally I think they should be. Researchers should be investigating how teachers evaluate resources specifically, what questions the teachers ask themselves when they are evaluating a potential resource that they want to implement in the classroom and the ways in which they use their professional judgement to decide whether a resource will fit the learning needs of the students. The verbalization of the resource selection process would benefit teachers that may be hesitant to delve into self-directed learning or teacher candidates that are currently learning about how to choose appropriate resources. The practicality of having the process of resource selection being verbalized by experienced teachers rather than explained as a gut feeling or an explanation of how they found the resources would greatly influence the teaching community.

Lastly, how to plan and execute an effective professional development training course in which teachers are able to gain knowledge and inspiration should be an area for future research. There has been some research on professional development wherein training has positive influences on teachers in the short term, but not necessarily in the long term. One participant in my study talked about how training courses have helped her teaching practice, but both participants talked about how training sessions could improve, so I think that this research area of best practices for training sessions should be conducted.

5.5 Concluding Comments

This research has made me understand how the institutions surrounding education can negatively affect the implementation of a subject area, but how educators can reclaim the control over these institutions by educating themselves and as a result teach the next generation of
students effectively. As a result of this research study, I learned that teachers use resources that originate from their respective Education Board or Union and the media to increase their content knowledge as well as pedagogical strategies to implement in the classroom. For self-directed learning, teachers evaluate resources using many variables such as validity, reliability, the connection of the curriculum to the resource and professional judgement. Teachers that employ self-directed learning see it as a lifestyle that they make time for, and this practice illustrates their love of learning. Administration support is very important when implementing a curriculum into schools that can be perceived as controversial.

The frankness of my participants has brought to light how administration support, as well as support from parents, is one of the keys to effective education that previously I had underestimated and misunderstood. Ultimately this research project cemented my belief that sexual health education is not only the subject matter that I will advocate for but that teachers have to commit to for the safety of future generations. I would like this research to point out to various communities such as teacher education programs, Education Boards and the Ministry of Education how important teacher training is as well as how the responses from the participants could be used to improve upon preservice training and professional development courses.
References


TEACHER SELF-DIRECTED LEARNING FOR SEXUAL HEALTH EDUCATION

*Education Today, 11*(1), 461-466.


and risks when dealing with sensitive topics. *Qualitative Inquiry, 9*(3), 335-354.


Elementary Teachers’ Federation of Ontario, ETFO. (2015). ETFO bargaining bulletin:


TEACHER SELF-DIRECTED LEARNING FOR SEXUAL HEALTH EDUCATION


Ontario College of Teachers. (2015). Registration Guide: Requirements for Becoming a Teacher of General Education in Ontario, Including multi-session programs. *Ontario College of Teachers Website,*


OPHEA. (2015). H&PE is here. It’s happening. And it’s about time. *The OPHEA website,*


directed-learning-four-step-process


Appendix A: Letter of Consent for Interview

Date: April 12th, 2016

Dear Future Participant,

My name is Vanessa Waddell and I am a student in the Master of Teaching 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 how elementary teachers are taking the initiative to prepare themselves for teaching the revised sexual health education curriculum. I am interested in interviewing elementary teachers with at least 3 years teaching experience in the public school system. Teachers will have a demonstrated commitment to teaching sexual health education but will have not received significant formal training or support in this area. I think that your knowledge and experience will provide insights into this topic.

Your participation in this research will involve one 45-60 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, as well as 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 Angela MacDonald-Vemic. 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, and I will share a copy of the transcript with you shortly after the interview to ensure accuracy.

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,

Vanessa Waddell

Course Instructor’s Name: Angela McDonald-Vemic

**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 Vanessa Waddell and agree to participate in an interview for the purposes described. I agree to have the interview audio-recorded.
TEACHER SELF-DIRECTED LEARNING FOR SEXUAL HEALTH EDUCATION

Signature: ______________________________________

Name: (printed) ____________________________________________

Date: ____________________________________________________
Appendix B: Interview Protocol

Thank you for agreeing to participate in this research study, and for making time to be interviewed today. This research study aims to learn how a sample of Elementary Public School teachers prepare themselves to teach the updated HPE curriculum despite not receiving significant training or support. This interview will last approximately 45-60 minutes, and I will ask you a series of questions that are divided into four sections including focus on your teaching experience, your beliefs about sexual health education, resources that you access to prepare you for teaching the revised sexual health curriculum, and questions concerning your instruction in this area and the kinds of factors and resources that support and hinder you. I want to remind you that you may refrain from answering any question, and you have the right to withdraw your participation from the study at any time. As I explained in the consent letter, this interview will be audio-recorded. Do you have any questions before we begin?

Background Information

1. Can you tell me about your education background?

2. How long have you been an elementary school teacher in Ontario?

3. What grades and subjects do you currently teach? Which have you previously taught?

4. How long have you been with your current school?

5. Can you tell me more about the demographics and program priorities of your school?

6. How much experience do you have teaching Sexual Health Education? Do you recall learning about sexual health in your own K-12 schooling experience? If yes, what do you recall learning and when?

7. Do you recall learning about how to teach sexual health education in your teacher education program? If yes, what do you recall?
8. You’ve indicated to me ahead of the interview that you haven’t had formal training with regard to the revised sexual health curriculum. What, if anything, have you seen from the Ministry, school board, or your own administrators by way of support for teaching the revised curriculum?

9. What do you think about what you have seen or not seen?

Teacher Perspectives/Beliefs about Sexual Health Education and Preparing teachers for this work

10. You are a leader in the area of sexual health education. Why do you believe that it is important for students to learn about sexual health education in school?

11. In your view, what are some of the key aspects of sexual health education that need to be taught in elementary schools?

12. What do you think are the strengths and limitations of the revised sexual health curriculum in Ontario?

13. Through what avenues do you believe teachers should be prepared for teaching sexual health education?

14. In your view, what should this training look like and who should be leading it?

15. In your experience, to what extent are elementary teachers be trained and supported for teaching the revised sexual health curriculum?

Teacher Practices

16. What are the primary sources and resources that you access for teaching sexual health education and/or that have contributed to your knowledge of sexual health education?

17. How did you learn about these resources and sources of information?
18. What criteria, if any, do you use to assess the validity and practical value of the resources that you use to teach sexual health education?

19. Did you need to update your knowledge of sexual health education as a result of the new curriculum? In what ways? How did you do this?

20. In what ways has your self-directed learning in this area informed your instruction when it comes to sexual health education in the elementary grades?

21. Can you give me some examples of the lessons you have taught focused on sexual health education at the elementary level?
   a. What were your learning goals?
   b. What opportunities for learning did you create?
   c. How did your students respond to these lessons? What indicators of learning did you see?

22. What insights (if any) have you learned about teaching Sexual Health Education that you solely only learned from teaching in the classroom (that training may not have been able to prepare you for?)

23. How do you respond if you are not sure about the answer to a student’s question?

Concerns and Recommendations

24. What challenges, if any, do you encounter when teaching sexual health education in the elementary grades? How do you respond to these challenges?

25. What are your primary concerns when it comes to teacher preparation for teaching sexual health education in the elementary grades?
26. What concerns, if any, do you have about the extent that your learning in this area is self-directed?

27. In your view, what should teacher preparation and professional development focus on in preparing teachers for this work and why?

Next Steps

28. Personally, what goals (if any) do you have to elevate or improve your teaching practice regarding Sexual Health Education?

29. What advice, if any, do you have for beginning teachers who are committed to sexual health education in the elementary grades?

Thank you for your participation in this research study.