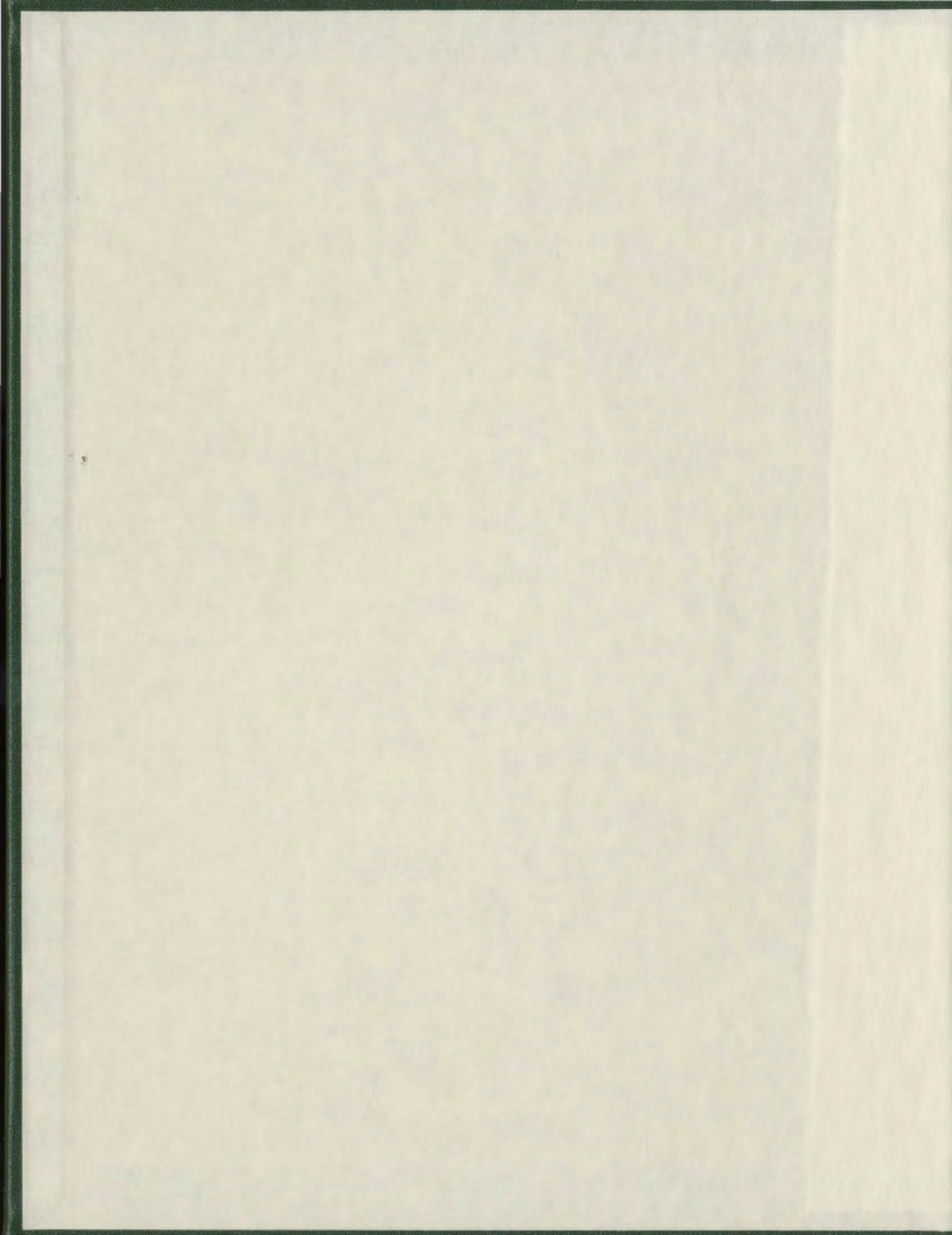


SEXUAL HEALTH EDUCATION:
A CRITICAL ANALYSIS OF 'SEX ED' TEACHERS'
FEELINGS, ATTITUDES AND COMFORT LEVELS

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SEXUAL HEALTH EDUCATION: A CRITICAL ANALYSIS OF 'SEX ED'
TEACHERS' FEELINGS, ATTITUDES AND COMFORT LEVELS

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Abstract

Although there are many studies on adolescent sexual behaviour, there is limited research on how teachers experience and understand their role as sexual health educators. In this study, thirty-one self-selected junior high (Grades 7, 8 and 9) teachers of sexual health education (SHE) across Newfoundland and Labrador responded to a questionnaire aimed at better understanding their thoughts, feelings and comfort levels associated with 'sex ed'. Respondents gave valuable insight on available material resources, perceived support and objectives that shape school-based SHE. Results describe teachers of SHE, their perceptions and the curriculum resources they depend on to fulfill government-mandated objectives. This exploratory research uncovers several problematic issues: curriculum is grossly outdated; teachers are not provided with any specific training in sexual health; and, oppressive content and pedagogies are subtly at work. Educators need to examine how fear and discomfort has served to silence topics such as pleasure, desire, homophobia and gender identity.

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Table of Contents

ABSTRACT	II
ACKNOWLEDGEMENTS	III
LIST OF FIGURES.....	VI
LIST OF TABLES.....	VI
LIST OF APPENDICES	VI
CHAPTER 1: INTRODUCTION	1
LIST OF TERMS	6
CHAPTER 2: CONCEPTUAL OVERVIEW	8
2.1 THE IMPETUS FOR SEXUAL HEALTH CURRICULUM.....	8
2.1.1 <i>The Genesis of Sexual Health Education in Schools.....</i>	<i>8</i>
2.1.2 <i>The Aims and Arguments for Sexual Health Education.....</i>	<i>9</i>
2.1.3 <i>Coming Out of Literature and Research.....</i>	<i>11</i>
2.2 HISTORICALLY SPEAKING.....	12
2.2.1 <i>In Canada</i>	<i>12</i>
2.2.2 <i>In Newfoundland and Labrador.....</i>	<i>13</i>
2.3 DIFFERENT APPROACHES TO SEXUAL HEALTH EDUCATION	14
2.3.1 <i>Abstinence-Only Education.....</i>	<i>15</i>
2.3.2 <i>Abstinence-Only-Until-Marriage Education.....</i>	<i>15</i>
2.3.3 <i>Comprehensive Sex Education.....</i>	<i>16</i>
2.3.4 <i>Abstinence-Plus Education</i>	<i>16</i>
2.3.5 <i>Peer-Educated Sex Education.....</i>	<i>16</i>
2.3.6 <i>Integrated Approach</i>	<i>17</i>
2.3.7 <i>Collaborative Approach.....</i>	<i>17</i>
2.3.8 <i>United States: Invested in Abstinence-Only Education.....</i>	<i>17</i>
2.3.9 <i>Canada: Favours Comprehensive Curriculum</i>	<i>18</i>
2.3.10 <i>Experimenting with Collaboration.....</i>	<i>20</i>
2.4 THEORETICALLY SPEAKING.....	21
2.4.1 <i>Defined by Culture.....</i>	<i>21</i>
2.4.2 <i>Through Feminist Lenses.....</i>	<i>22</i>
2.4.3 <i>Through Queer Theorist Lenses.....</i>	<i>25</i>
2.4.4 <i>Divorcing the Trinity of Biology = Gender = (Hetero)Sexuality.....</i>	<i>26</i>
2.4.5 <i>Troubling Sex Education and Curriculum</i>	<i>27</i>
2.5 PROBLEMATIC ASSUMPTIONS	28
2.5.1 <i>Abstinence.....</i>	<i>29</i>
2.5.2 <i>Thinly-veiled Misogyny.....</i>	<i>30</i>
2.5.3 <i>Hetero-Gendered Messages.....</i>	<i>31</i>
2.5.4 <i>Re-Reading Teen Motherhood</i>	<i>32</i>
2.5.5 <i>Silenced Desire</i>	<i>34</i>
2.6 LISTENING TO STUDENTS.....	35
2.6.1 <i>Student Input and Feedback on Sexual Health Education</i>	<i>36</i>
2.6.2 <i>On Abstinence-Only Sexual Health Education</i>	<i>38</i>
2.6.3 <i>Homophobia in Newfoundland and Labrador</i>	<i>38</i>
2.6.4 <i>A Gender Divide</i>	<i>39</i>
2.7 LISTENING TO PARENTS AND GUARDIANS	40
2.7.1 <i>Parents Who Do Talk to Their Children.....</i>	<i>40</i>
2.7.2 <i>A New Brunswick Study: Parents' Attitudes Towards SHE.....</i>	<i>40</i>
2.7.3 <i>Still a Challenge.....</i>	<i>41</i>

2.8 LISTENING TO MEDIA	42
2.8.1 <i>Mass Media Influence</i>	42
2.8.2 <i>More Popular than the Classroom</i>	43
2.8.3 <i>Too Bad the Sex-Perts Aren't in School</i>	44
2.9 LISTENING TO EDUCATORS	45
2.9.1 <i>Lack of Training and Support</i>	45
2.9.2 <i>Two Recent Canadian Studies</i>	46
2.9.3 <i>Facilitated and Enabled Heterosexism</i>	47
2.9.4 <i>Teachers as Gatekeepers</i>	48
2.10 OTHER VOICES OF CONCERN	49
2.10.1 <i>Pre-Service and In-service Needed</i>	49
2.10.2 <i>Problematically Liberal?</i>	50
2.10.3 <i>Breaking the Gender Habits</i>	51
2.10.4 <i>Recommendations for Newfoundland and Labrador SHÉ</i>	51
2.10.5 <i>School Patrolling</i>	52
2.11 IN SUMMARY	53
CHAPTER 3: RESEARCH METHODS	57
3.1 INTRODUCTION	57
3.2 METHOD	58
3.3 TARGET POPULATION	59
3.4 PROCEDURE	60
3.5 QUESTIONNAIRE	62
3.6 METHOD OF ANALYSIS	62
CHAPTER 4: RESEARCH RESULTS	64
4.1 DEMOGRAPHIC AND PEDAGOGICAL CHARACTERISTICS	64
4.2 WHO IS RESPONSIBLE FOR DELIVERING SCHOOL-BASED SEXUAL HEALTH EDUCATION?	66
4.3 WHAT DO EDUCATORS UNDERSTAND TO BE THE PURPOSE OF SEXUAL HEALTH EDUCATION?	66
4.4 TRAINING/EXPERIENCE THAT INFORMS CONTENT AND METHOD	68
4.5 AREAS OF CONCERN THAT ARE NOT BEING ADDRESSED FOR STUDENTS AND EDUCATORS ALIKE	69
4.6 WHAT SUPPORTS DO EDUCATORS NEED?	71
4.7 HOW IS CURRICULUM COVERED?	71
4.8 HOW DO EDUCATORS FEEL ABOUT WHAT THEY COVER?	72
4.9 HOW HETERONORMATIVE IS SEXUAL HEALTH EDUCATION?	73
4.10 MEASURING SUCCESS/EFFECTIVENESS OF SEXUAL HEALTH EDUCATION	74
4.11 COMFORT LEVELS WITH LISTED TOPICS	74
4.12 CURRICULUM OBJECTIVES AND TEXTBOOK	76
CHAPTER 5: CRITICAL ANALYSIS AND DISCUSSION	77
5.1 EDUCATING EDUCATORS	77
5.1.1 <i>Claimed Sources of Knowledge</i>	78
5.1.2 <i>Investing in Teacher Education</i>	79
5.2 CURRICULUM DOCUMENTS	81
5.3 SHÉ: ASSUMED TO BE OBJECTIVE	83
5.3.1 <i>Curriculum Texts</i>	84
5.3.2 <i>Teachers Assume Objectivity</i>	87
5.3.3 <i>How Objectivity May Fail to Educate</i>	88
5.4 SINGLE AND MIXED GENDER CLASSES	89
5.4.1 <i>On Single-Gender Classes</i>	91
5.4.2 <i>Gender Dynamics in Co-ed Classes</i>	92
5.5 CLASSROOM OCCUPIED BY HETERONORMATIVITY	95
5.5.1 <i>Hetero-gendered</i>	95

5.5.2 Heteronormativity.....	96
5.6 COMPLICATING ABSTINENCE.....	100
5.6.1 Definitions.....	101
5.6.2 Oral Sex as a Common Practice.....	103
5.6.3 Teenage Pregnancy as Failure.....	103
5.7 PLEASURE: A PRIVATE MATTER?.....	105
5.7.1 Consequences Now, Pleasure Someday Later.....	105
5.7.2 Possibilities for Pleasure.....	107
5.7.3 Female Pleasure and Desire.....	108
5.7.4 Male Pleasure and Pornography.....	109
5.7.5 Challenges with Pleasure and Desire.....	110
5.8 INCONSISTENT CONTENT AND COMFORT LEVELS.....	111
5.8.1 Discomfort.....	112
5.8.2 Self-Perception.....	112
5.9 IN SUMMARY.....	113
CHAPTER 6: FUTURE RESEARCH AND INITIATIVES, LIMITATIONS AND CONCLUSION	114
.....
6.1 FUTURE RESEARCH.....	114
6.1.1 Changes to A Repeat Study.....	114
6.1.2 Important Future Research.....	115
6.2 FUTURE INITIATIVES.....	119
6.2.1 Pre-Service Training.....	119
6.2.2 In-Service Training.....	119
6.2.3 Strengthening Partnerships.....	121
6.2.4 Methods of Teaching SHE.....	121
6.3 LIMITATIONS.....	122
6.4 CONCLUSION.....	123
REFERENCES.....	129
LIST OF FIGURES	
FIGURE 1 RESPONSE TO ABSTINENCE AS AN EMPHASIS IN SHE.....	67
FIGURE 2 PREFERENCE FOR SINGLE-GENDER VS CO-ED CLASSES, BY GENDER.....	90
LIST OF TABLES	
TABLE 1 CURRICULUM TEXT UNIT OUTLINE, BY GRADE.....	98
LIST OF APPENDICES	
APPENDIX 1 QUESTIONNAIRE.....	143
APPENDIX 2 LETTER OF APPROVAL FROM MEMORIAL UNIVERSITY'S ICEHR.....	148
APPENDIX 3 LETTER OF APPROVAL FROM EASTERN SCHOOL DISTRICT.....	149
APPENDIX 4 LETTER OF APPROVAL FROM NOVA CENTRAL SCHOOL DISTRICT.....	150
APPENDIX 5 LETTER OF APPROVAL FROM WESTERN SCHOOL DISTRICT.....	151
APPENDIX 6 EMAIL LETTER OF APPROVAL FROM LABRADOR SCHOOL BOARD.....	152
APPENDIX 7 STAFF ROOM PARTICIPATION AD.....	153
APPENDIX 8 LETTER TO SCHOOL PRINCIPALS.....	154
APPENDIX 9 INVITATION AND CONSENT FORM FOR SHE TEACHERS.....	155
APPENDIX 10 CHARACTERISTICS OF SEXUAL HEALTH EDUCATOR SUBJECTS IN NL.....	156

APPENDIX 11 TIME DEVOTED TO SEXUAL HEALTH EDUCATION.....	158
APPENDIX 12 METHODS OF DELIVERY.....	158
APPENDIX 13 TOPICS COVERED BY SEXUAL HEALTH EDUCATORS.....	159
APPENDIX 14 TOPICS COVERED BY SEXUAL HEALTH EDUCATORS, BY GRADE LEVELS	160
APPENDIX 15 MOST IMPORTANT TOPICS TO COVER	161
APPENDIX 16 OTHER AREAS OF IMPORTANCE	161
APPENDIX 17 OTHER AREAS OF CONCERN.....	161
APPENDIX 18 TOPICS OF IMPORTANCE AND CONCERN COVERED IN CURRICULUM RESOURCES	162
APPENDIX 19 WHAT WOULD IMPROVE THE CURRICULUM RESOURCES?	162
APPENDIX 20 EXPERIENCE AND TRAINING OF SEXUAL HEALTH EDUCATORS.....	163
APPENDIX 21 ARE THERE TOPICS THAT ARE TOO CONTROVERSIAL, SENSITIVE OR UNCOMFORTABLE?	164
APPENDIX 22 CONTROVERSIAL, SENSITIVE OR UNCOMFORTABLE TOPICS.....	164
APPENDIX 23 ANY PROHIBITED TOPICS?	165
APPENDIX 24 WHAT KIND OF RESPONSES OR FEEDBACK DO STUDENTS GIVE?	166
APPENDIX 25 HOW DO EDUCATORS PERCEIVE THEIR DELIVERY?	167
APPENDIX 26 WHAT DO STUDENTS ENJOY MOST?.....	168
APPENDIX 27 WHAT DO STUDENTS ENJOY LEAST?	168
APPENDIX 28 HOW DO EDUCATORS MEASURE SUCCESS?	169
APPENDIX 29 AWARE OF ANY SEXUAL DIVERSITY IN THE CLASSROOM?	170
APPENDIX 30 HOW DOES AWARENESS OF SEXUAL DIVERSITY IN THE CLASSROOM CHANGE SHE?	170
APPENDIX 31 SUPPORT THAT WOULD IMPROVE QUALITY OF SHE	171
APPENDIX 32 SUPPORTS AVAILABLE	171
APPENDIX 33 FRUSTRATION AND CONCERNS WITH SHE.....	172
APPENDIX 34 PREFERENCES TO SINGLE-SEX OR CO-ED CLASSES.....	173
APPENDIX 35 COMMENTS ON SINGLE-SEX CLASSES	173
APPENDIX 36 COMMENTS ON CO-ED CLASSES	173
APPENDIX 37 EMPHASIS ON ABSTINENCE	174
APPENDIX 38 COMMENTS ON ABSTINENCE EMPHASIS	174
APPENDIX 39 DEFINITION OF ABSTINENCE	175
APPENDIX 40 INTERESTED IN IN-SERVICE TRAINING?.....	176
APPENDIX 41 WHAT EDUCATORS WANT FROM IN-SERVICE TRAINING	176
APPENDIX 42 ADDITIONAL COMMENTS ON IN-SERVICE TRAINING.....	176
APPENDIX 43 CURRICULUM RESOURCES USED BY POPULATION DEMOGRAPHICS	177
APPENDIX 44 COMFORT LEVELS	178
APPENDIX 45 ASSOCIATIONS BETWEEN COMFORT LEVELS & GENDER (KRUSKAL-WALLIS).....	179
APPENDIX 46 ASSOCIATIONS BETWEEN COMFORT LEVELS & POPULATION (KRUSKAL-WALLIS).....	180
APPENDIX 47 ASSOCIATIONS BETWEEN COMFORT LEVELS & EXPERIENCE (KRUSKAL-WALLIS).....	181
APPENDIX 48 ASSOCIATIONS BETWEEN COMFORT LEVELS & GENDER (FISHER)	182
APPENDIX 49 ASSOCIATIONS BETWEEN COMFORT LEVELS & POPULATION (FISHER)	183
APPENDIX 50 ASSOCIATIONS BETWEEN COMFORT LEVELS & EXPERIENCE (FISHER).....	184
APPENDIX 51 GRADE 7 CURRICULUM: COMPARING CONTENT.....	185
APPENDIX 52 GRADE 8 CURRICULUM: COMPARING CONTENT.....	186
APPENDIX 53 GRADE 9 CURRICULUM: COMPARING CONTENT.....	187
APPENDIX 54 CURRICULUM CONTENT INCONSISTENCIES	188

Chapter 1: Introduction

“We hear plenty about sexual education in schools: Does it make students more or less sexual? Will it promote or reduce teenage pregnancy and STIs? Does it complement or supplement parent responsibilities? Does it support or undermine family values? As revealing as these questions are – since they demonstrate the whole range of adult anxiety about unauthorized sexuality – they only begin to touch at the wider issues which emerge when we examine sexual regulation more broadly.” (Prentice, 1994, p. 2)

There is a wide spectrum of definitions for what constitutes *sexual healthiness*. Sexual health is undeniably influenced and closely tied to individuals’ values, beliefs, attitudes and circumstances. In the case of influencing youth, Canadian schools have been used as a mass-reaching institution charged with the responsibility of delivering sexual health education since the mid-1900s (Adams, 1994; Prentice, 1994). Consequently and more specifically, teachers have been given the task of addressing “societal problems”, namely teenage pregnancy and sexually transmitted infections (STIs) as it relates to sexual health education (SHE) (Abraham & Sheeran, 1993; Adams, 1994; Curtis, 1994; Daggan, 2006; Epstein & Johnson, 1998).

University faculties of education are intended to provide prospective teachers with preparation to teach targeted subject areas. In the context of this research study, teachers preparing to teach junior high Grades in Newfoundland and Labrador are just as likely as their colleagues/classmates to teach sexual health education since health units are not consistently taught by a specific subject area teacher. Unfortunately, there are no optional or required courses at Memorial University for pre-service Newfoundland and Labradorian teachers to think about possibilities and realities of teaching SHE. Researchers McKay and Barrett (1999) have identified that only a few Canadian

universities with a Faculty of Education offer sexual health training for teachers who are likely to teach SHE.

Sexual health education, often called *sex ed*, is in many ways closely monitored by religious and political views and hence greatly varies in content and approach. Researchers have compared two ends of the spectrum ranging from school-based abstinence-only SHE to comprehensive SHE (Bay-Cheng, 2003). Results and conclusions from such comparative studies suggest that while the frequency and first sexual activities are not greatly impacted by these two different approaches, that the comprehensive approach offers students more informed choice. Consequently, the Canadian Guidelines for Sexual Health Education mandates that a comprehensive approach be adopted nation-wide (Public Health Agency of Canada, 2003).

While several studies have examined the effectiveness of different approaches, there is little research to understand experiences, attitudes and comfort levels of sexual health educators. Similarly, there is limited insight on the extent to which sexual health curriculum materials and curriculum objectives are in fact comprehensive and adhering to the Canadian Guidelines for Sexual Health Education. The questionnaire used in this research was inspired by the only Canadian survey that has directly addressed sexual health teachers' attitudes, knowledge and comfort levels (Cohen, Sears, Byers, & Weaver, 2004).

Sexual health education moves from topics of puberty to reproductive health and romantic relationships as students transition from elementary school (Grades 4-6) to junior high school (Grades 7, 8 and 9). Junior high is also a time when students are

commonly beginning to engage in sexual activities (Allen, 2005; Bay-Cheng, 2003; Boyce, Doherty, Fortin, & MacKinnon, 2003; Byers et al., 2003b; McKay, 2004a; Mitchell, 2004; Picard, 2007; Rotermann, 2005). While there is much concern for the risks that youth take when they engage in and experiment with sexual activities such as oral sex, there is suggestion that very few teachers want to teach SHE (Cohen et al., 2004). A lack of interest in teaching SHE and the absence of teacher education merits attention. For this reason, in part, all junior high teachers who teach SHE were invited to participate in this exploratory research. A combination of closed and open-ended questions was used to understand the demographics, pedagogies and feelings of teachers in their role as sexual health educators. Results from educators were analyzed both quantitatively and qualitatively.

The findings from this research paint a picture of the sexual health landscape as it currently exists across public schools in Newfoundland and Labrador. Rich results show how SHE is valued, what it serves to accomplish and how teachers are prepared (or not) for the responsibility of delivering SHE. Key findings unveiled that sexual health educators in schools are not trained or educated in sexual health and that SHE primarily serves to regulate teen pregnancy and STI risks. A fear-based SHE curriculum attempting to “cure societal problems” and regulate sexual activity and identity through silence also warrant analysis and critique.

As part of this research, critical analysis uncovers how current SHE may serve to oppress more than it does to empower or inform youth. Diagnostically, research findings suggest that well-intentioned teachers are reproducing heteronormative, gender

oppressive and fear-inducing messages while topics such as pleasure and desire are silenced (Epstein & Johnson, 1998; Fine, 1988; Kumashiro, 2002; Prentice, 1994; Thornton, 2004). Sexual health educators highlight outdated curriculum documents and concern for students' sexual ignorance. Reading between the lines, responses from teachers reveal problematic assumptions about exclusive co-ed classroom teaching, heteronormative and heterogendered curricular content, definitions of sex and subsequently *abstinence*, and the freedom to omit all topics rendered controversial or sensitive.

In order to address systemic oppressions such as heterosexism/homophobia and gender inequity, it seems necessary that teachers be better prepared and intentionally educated in sexual health. One might argue that teachers need to adopt critical approaches that could transform SHE in ways that promote healthy attitudes and practices and where knowledge and skills are needed to make informed sexual health choices (Planned Parenthood: Newfoundland and Labrador's Sexual Health Centre, 2008).

The conversation where issues of sexualities, genders and educational pedagogies intersect is undoubtedly difficult. Discourses on sexual matters are frequently rooted in diverse political, religious and cultural loyalties making issues of power and control complicated, polarized and often personal. Coming to the table to talk about the many faces of "sex" in the realm of *public* education brings discomfort in discussing what has been previously thought of as *private* matter – in dire need of attention and radical change. The possibilities for SHE are endless but the need for critical thinking and discourse is urgent if we want educational institutions to stop condoning homophobia,

gender inequity and harmful sexual ignorance. A careful review of how SHE came to exist in schools and diverse perspectives that have shaped SHE expose how the nature of both *sex* and *education* is inspiring, troublesome and complex.

List of Terms

- coitus** is defined with several variations of “the act of sexual procreation between a man and a woman; the man’s penis is inserted into the woman’s vagina and excited until orgasm and ejaculation occur” (coitus, 2003) and “physical union of male and female genitalia accompanied by rhythmic movements” (coitus, 2008)... to which one might wonder if *both* man and woman must reach an orgasm to complete the intended definition or if the union requires rhythm. In the context of this thesis document, heterosexual coitus refers to the act of traditionally understood male and female people having penis-in-vagina sexual intercourse.
- counterpublics** is a public that is created outside of what one commonly considers public, inventing and circulating discourses that oppose mainstream interests (Payne, 2006). In many cases, it is used to describe subordinated groups (e.g. women, non-whites, queer, etc.) when they come together in order to develop their own identities, interests and needs in opposition to the public sphere.
- hetero-gender** is managed gender as experienced by managed heterosexuality, where heterosexual assumptions provide the foundation for gender (Pringle, 2008). Hetero-gendered thinking equates heterosexuality as *natural* and gender as one of two binary cultures instead of viewing gender and sexuality as social constructions, non-oppositional (i.e. not binary), and open to change (Jackson & Scott, 2001).
- heteronormative** describes situations where heterosexuality is assumed as *the* norm (overt, covert, or implied) and variation from heterosexuality is marginalized, ignored or persecuted through beliefs, policies or social practices (Lovaas & Jenkins, 2006). Heteronormativity assumes heterosexuality as “natural, universal and monolithic” and binary constructs of woman/man, straight/gay, feminine/masculine (Hennessy & Ingraham, 1997, p. 279).
- intersexual** is someone who has the biological characteristics of both the male and female sexes.

multiple vernaculars	refers to the multiple and diverse linguistic terms available to describe people that do not fall into heteronormative and heterogender norms.
queer	is a term that is considered by some to be offensive and reclaimed by others to describe a sexual orientation, gender identity or gender expression that does not conform to heteronormativity. Queer is often used as a catch-all category that is often bracketed as including lesbian, gay, bisexual, trans-identified, questioning and straight allies (LGBTQS).
transgendered	<p>describes individuals whose gender identity or expression does not conform to the social expectations for their assigned sex at birth. (Currah, Juang, & Minter, 2006). Transgendered people, more recently called <i>trans-identified</i>, include those who might also call themselves (or be called) androgynous, cross-dresser, drag queen, drag king, genderqueer, intersexual, questioning, third gender, transsexual or transvestite.</p> <p>does not imply any specific sexual orientation though it can get complicated. For example, a male-to-female transgendered person attracted to a women may be considered a lesbian if they have gone through an operation (replacing penis with a vagina) whereas one who has not gone through an operation may consider themselves heterosexual or lesbian.</p>

Chapter 2: Conceptual Overview

2.1 The Impetus for Sexual Health Curriculum

2.1.1 The Genesis of Sexual Health Education in Schools

A society that is unwilling and struggles to engage in dialogue with children about love, desire and commitment has seemingly turned to schools to teach sex education. Educational institutions have been argued to be overburdened by the demands to “solve the problems of a society unwilling to bear its burdens where they should be properly be shouldered” (Noddings, 2004, p. 167). This instrumentalist approach which attempts to use curriculum as a tool, has been used in response to real or imagined crises of teenage pregnancy and STIs (Case & Tudiver, 1983; Diorio, 1985; Moran, 2000; Prentice, 1994). Consequently, teenage pregnancy and STIs – particularly HIV/AIDS – very much reinforced the boundaries of early sex education. Sex education today, though more cautious in its claim for effectiveness, is still viewed as an agent working against STIs and teenage pregnancy (Moran, 2000).

Another strong argument for sex education in public schools was the inadequacy of parents educating their children about sex. Haims (1973) identifies that even parents, who were considered knowledgeable, were deemed unfit on account of being “too emotionally involved with their children to be objective about sexual matters” (p. 29). There is reason to believe that society is in denial and adults are uncomfortable with their bodies as sites for expressing and experiencing sex and sexualities (Patton, 1996). Furthermore, while Kirby (1984) suggests that sex education will always reflect the

dominant values and beliefs about sexuality in our culture, many advocates for sex education seem to be blind to the potential for alternate viable definitions for sexualities. It is ironic that concepts and language used to express sexual and cultural diversity directly contradict its existence (Diorio, 1985). An example of a contradiction is the concept of *lesbian sex*; sexual attraction between two women is assumed by the word *lesbian* but what of the word *sex*? If *sex* is an act that negates abstinence and virginity then it suggests that perhaps those who engage in exclusively gay or lesbian sex may forever be virgins. The abstinence/virginity boundaries for heterosexual relationships are blurred when people try to draw lines between participating in mutual masturbation, anal sex, oral sex or masturbating with penis-shaped dildos. Pluralizing concepts and language around the word *sex* could both add new dimensions and challenge heteronormative terminology.

2.1.2 The Aims and Arguments for Sexual Health Education

The purpose of sexual health education (SHE) can vary depending on how they are framed by curriculum resources, educators, policy documents and parents. There is general consensus in the literature that the goals of SHE are to reduce the risk of unwanted/unplanned pregnancies and STIs and to enhance the quality of relationships (Allen, 2005; Bay-Cheng, 2003; Government of Newfoundland and Labrador, 2007a; Orton, 2002; Public Health Agency of Canada, 2007; Society of Obstetricians and Gynaecologists of Canada, 2007; Warwick, Aggleton, & Rivers, 2005). Interestingly, SHE curriculum in urban versus rural areas shows a discrepancy in content, attitude and emphases; these discrepancies are attributed to the perception that rural youth have

greater knowledge through exposure to copulating animals (Moran, 2000). The notion that SHE is about understanding the mechanics and consequences of a very specific kind of sexual practice is simplistic, naïve and heteronormative.

One of the aims – that is nearly impossible to measure – is to nurture young peoples' ability to make healthy decisions over their entire lifetime and have “quality relationships”. The Canadian Guidelines for SHE (2007) phrases the above mentioned goals differently by saying that the purpose of SHE in Canada should be to: “help people achieve positive outcomes (e.g. self-esteem, respect for self and others, non-exploitive sexual relations, rewarding sexual relationships, the joy of desired parenthood) and avoid negative outcomes (e.g. unintended pregnancy, HIV/STIs, sexual coercion, sexual dysfunction)” (p. 1). Such goals are difficult to measure. This begs the question of what counts as successful SHE? Findings on what junior high educators in Newfoundland and Labrador view as successful can be found in the results section.

Despite an almost universal support for SHE, the content and nature of curriculum is widely contested (Allen, 2005; Bay-Cheng, 2003; Herold & Benson, 1979; Marsman & Herold, 1986; Orton, 2002). Research that supports comprehensive SHE found that it improved the use and efficiency of contraceptives (American Association of University Women, 2004; Marsman & Herold, 1986), showed no evidence of hastened sexual experiences (K. Wellings & Wadsworth, 1995), improved an appreciation of personal risk and assertiveness skills (A. Mellanby, Phelps, & Tripp, 1992), and did not increase the chance of premarital sex (Marsman & Herold, 1986). The perceived overall purpose

of SHE is to equip students with the knowledge and skills needed to negotiate their sexualities with others around them (Welbourne-Moglia & Moglia, 1989).

2.1.3 Coming Out of Literature and Research

Several researchers in the UK and US suggest that when sexual health is not adequately addressed at home or at school, students look to media and peers for information. What they find is often inaccurate, negative, neutral and/or incomplete (Arthurs & Zacharias, 2006; Hoffman, 2001). It is fair to say that since Canadian youth are predominantly exposed to media originating in the US, young people here are receiving similar messages related to sex and relationships. Statistics suggest that approximately 40% of Canadian youth have experienced sexual intercourse by Grade 11 (Rotermann, 2005; Society of Obstetricians and Gynaecologists of Canada, 2007). Students are arguably sexually active in some capacity in much higher percentages, but research typically collects data on information that is frequently understood by heteronormative and problematically conventional definitions of sexual intercourse.

To the present, there is little published research in the area of sexual health education in Canada, and particularly in Newfoundland and Labrador. There is more recent research coming out of the UK than anywhere else on the state of SHE in schools, at home and in the minds of youth. As research relates to media influences, student-teacher relationships, and parent-child relationships in Canada, the UK and the US are likely comparable in media exposure/availability, general multicultural demographics and accessibility to public education. And while comparisons allow for meaningful and shared learning, Canada has its own guidelines for SHE which are provincially regulated

(or not), and heavily influenced by the individual school communities. In Newfoundland and Labrador, schools were denominationally segregated until 1998 and religious values and beliefs heavily influenced units on sexual health education (Government of Newfoundland and Labrador, 2008).

2.2 Historically Speaking

Almost a century ago, schools in North America were diagnosed with youth at risk of pregnancy and STIs and prescribed programs with accurate information about venereal disease that would prevent youth from engaging in sex (D. Kirby, 1992; Ridini, 1998). In the second half of the twentieth century, the instrumentalist approach of finding ways to reduce and eliminate “social problems” such as teenage pregnancy, STIs and homosexuality¹ framed the issue and regulations around the definition of SHE (Prentice, 1994).

2.2.1 In Canada

In 1944, Chapin wrote an article published in the Canadian magazine *Saturday Night* (1944) arguing that SHE “needed to consist of two things: 1) instruction in the physiology of sex and 2) guidance to young people working out a code of conduct which is socially approved” (Adams, 1994, p. 65). A few years later, a study sponsored by the Kiwanis Club concluded that most sex offenders had experienced abnormal boyhood habits between ages 9-14. Consequently, the Canadian Penal Association recommended

¹ The word *homosexuality* is used throughout this document to capture the use of this term in the cited sources.

the implementation of SHE in public schools in an effort to reduce future sex crimes (Adams, 1994). In Toronto, discussions around postwar sex education focused on a “tightening of moral standards...a route to reconstituted normative heterosexuality” (Adams, 1994, pp. 108-109).

In the 1980s, the HIV/AIDS crisis instilled a new fear for sexually active youth. While Canadians have not fought as many discriminatory school policies as their neighbours in the United States, judicial rulings and legislation in the US have undoubtedly influenced educational policy in Canada (Kelly, 2000; Little, 1990). In Canada, pro-life supporters have been able to halt hospital abortions and insist on abstinence-only approaches to SHE (Diorio, 1985; Kelly, 2000). Despite such opposition to any comprehensive SHE, over the last few decades many changes have occurred including accessibility to increasing birth control methods, medical technology, awareness of sexual diversity, and the impact of media on youth.

2.2.2 In Newfoundland and Labrador

In Newfoundland and Labrador, increasing teenage pregnancy rates of the 1970s prompted a study to address this trend and to uncover possible remedies for this concern. The report generated from this 1981 study strongly urged a number of actions, including an integrated SHE approach for students from K-11, specific training in the province and within the Faculty of Education at Memorial University for prospective teachers and the appointment of a sexual health curriculum consultant (Case & Tudiver, 1983). To date, out of the twenty report recommendations, the only two that have been put into place out of this report are 1) the incorporation of a “more meaningful unit on adolescent sexuality”

(Case & Tudiver, 1983, p. 26) into a high school elective called Family Living 2200, now named Human Dynamics 2201, and 2) a person who oversees Health, Home Economics & Family Studies curriculum within the Department of Education for Newfoundland and Labrador (Government of Newfoundland and Labrador, 2008).

In the early 1990s there was a move to include comprehensive and accessible school-based SHE as part of a health unit in the physical education curriculum. In some provinces, such as Newfoundland and Labrador, units on sexuality and relationships are to be covered from Grades 4-9 by any teacher, and the only place high school SHE can be found is in an elective course called Human Dynamics (Government of Newfoundland and Labrador, 2004, 2007a, 2007b; Snow, 2007). Discussion on curriculum materials and resources that educators use in Newfoundland and Labrador can be found later, in the analysis section. Looking at the objectives of the SHE, as mandated by the Newfoundland and Labrador Department of Education (2007a, 2007b), it is clear that the 21st century curriculum is “organically connected to the sex education of the previous century” (Moran, 2000, p. 217). In the context of current Newfoundland and Labrador SHE curricular objectives, there is evidence of organic connections to the previous denominationally Christian-based schools.

2.3 Different Approaches to Sexual Health Education

Sexual health education, depending on the country and the individual school, is also commonly known as sex education, sexuality education, sexual health and relationships education, or embedded in family living/studies. Across North America

there have been polarized opinions on content, strategies, goals and aims of SHE. Typically, in both Canada and the US, the clashing positions on SHE are between religiously conservative and liberal groups. The literature reveals several general approaches to school-based SHE:

2.3.1 Abstinence-Only Education

Abstinence-only education teaches abstinence as the *only morally correct* option of sexual expression for teenagers. It usually censors information about contraception and condoms for the prevention of STIs and unintended pregnancy (Youth, 2007).

2.3.2 Abstinence-Only-Until-Marriage Education

Abstinence-only-until-marriage education teaches abstinence as the *only morally correct* option of sexual expression for unmarried young people. There is no research to document how many schools in Canada adopt this approach although it is often present in religious-based schools and several school boards in New Brunswick, Saskatchewan and Alberta (Centre, 2006; Thurrott, 2001). Unlike Canada, where comprehensive SHE is mandated (not necessarily delivered), the US is moving in a different direction since 1996, when the US Welfare Reform Act required schools to censor information about contraception and condoms for the prevention of STDs and unintended pregnancy (Youth, 2007). Consequently, the abstinence-until-marriage approach is broadly practiced throughout the US.

2.3.3 Comprehensive Sex Education

Comprehensive sex education teaches about abstinence as the best method for avoiding STDs and unintended pregnancy, but also teaches about contraception as a means to reduce the risk of unintended pregnancy and of infection with STDs, including HIV. This type of education also teaches interpersonal and communication skills and helps young people explore their own values, goals and options. In Canada, comprehensive SHE is mandated federally and, in most cases, provincially. However, there are few to no resources that provide adequate materials or training to deliver SHE to school-aged children (Youth, 2007).

2.3.4 Abstinence-Plus Education

Abstinence-plus education is another term used to mean comprehensive sexuality education (Youth, 2007). This term is most commonly used in the US context.

2.3.5 Peer-Educated Sex Education

Peer-educated sex education is used to describe an approach in which an established organization, such as a sexual health centre, delivers training workshops to youth in schools. In most cases, school teachers will observe and serve as support for the facilitators (A. Brown, 2007; A. Mellanby et al., 1992). At an informal level, as sources of sex education, peer groups can do what very few schools can by relating sexual learning to sexual experience. However, evidence suggests that peers can also be a source of much misinformation (Haims, 1973). A pilot project in province of Quebec is training youth to deliver sex education to peers (A. Brown, 2007).

2.3.6 Integrated Approach

The integrated approach is not widely used but is being experimented with in Montreal (Agrell, 2008; A. Brown, 2007). This approach offers the possibility for supplementary guest speakers and peer-educators, and encourages all subject curricula to “inform and contribute to healthy psychological development by addressing the body and sexuality” (Shore, 2004, p. 74). While this concept has the potential to be holistic by nature, it offers little accountability or guarantees as to *what* is covered or included in the classroom (Montpetit, 2008).

2.3.7 Collaborative Approach

The collaborative approach has been piloted in the UK using a combination of medical practitioners (namely nurses, doctors, residents), peers and school educators to deliver a comprehensive SHE curriculum (Chalmers, Tyrer, & Aggleton, 2006; A. R. Mellanby & Phelps, 1995). The potential benefits of multiple perspectives and realities include rich discussion, critical thinking and the potential to mediate conflicting messages. The biggest challenge with this approach is coordination of several people and time involved in collaboration.

2.3.8 United States: Invested in Abstinence-Only Education

There has been little research concerning the effectiveness of the types of programs listed above, not to mention that many of these program approaches are unregulated and have unequal financial support (Bennett & Assefi, 2005). One of the reasons the topic of SHE has increased in profile and awareness in the US, and

consequently in Canada, is that in 1996 the US allocated \$250 million over five years for state abstinence-only education, where educators were prohibited to teach the use of contraception, diverse sexuality, and sexual practices (Bay-Cheng, 2003; Irving, 2002; Parker, 2001). Since 1996, the US government has spent over a billion dollars, with a proposed budget of \$141 million for the fiscal year of 2008 (Sex Information and Education Council of the United States, 2005). US debates and controversy between conservative administrations and competing social and religious agendas have left educators in an awkward position and students with little voice.

While this may appear to be a problem unique to our neighbouring country, the reality is that Canada has similarly polarized populations, despite having a federally mandated, comprehensive sexual health program. The abstinence-only and abstinence-until-marriage position is accompanied by the belief that pre-marital sex is immoral, emotionally harmful and leads to higher divorce rates (Lipschutz & Rosenblatt, 2005; Thurrott, 2001). Considering the paucity of research that suggests positive outcomes of abstinence-only programs, there is cause for concern that it is so heavily funded in the US and left unchallenged in many parts of Canada (Fine, Anand, Jordan, & Sherman, 2003).

2.3.9 Canada: Favouring Comprehensive Curriculum

There is no evidence to suggest that abstinence-only education reduces the rate of teenage pregnancy or STI/STDs more than comprehensive SHE, not to mention that premarital sex rates have not changed much since the 1950s in North America (Alford, 2007). Abstinence-only advocates fear that comprehensive SHE will both corrupt young people and endorse sexual promiscuity by providing students with a *how to* manual that

undermines conservative family values (Irving, 2002). Health Canada (2003) guidelines include comprehensive SHE because abstinence-only SHE programs have been shown to be ineffective in reducing adolescent sexual behaviour and, more importantly, people have a right to accurate information that is relevant to those choices (Canada, 2007; McKay, 2004b).

Research on comprehensive SHE suggests that increased knowledge about sex does not lead youth to have sex unless they are sexually active already, that distribution of condoms does not increase sexual activity but increases the use of condoms, and that providing children with concepts, vocabulary and strategies for handling questions does not skew their understanding of sexual practices and respect for differences (Bay-Cheng, 2003; Bennett & Assefi, 2005; CBCNews, 2004; McKay, 2000, 2004b; Rofes, 2005; Youth, 2007). Such research is often conducted collaboratively between educational institutions, government health and education representatives, and community health organizations. While parents and guardians are a primary and important source of SHE, a 1997 survey of teenage students in Ontario indicated that their preferred source of SHE is school (McKay, 2000). Research in the UK has suggested that, if given the choice, teenagers would choose popular media as their preferred source of information and guidance about sex (Arthurs & Zacharias, 2006). Recognizing the influential nature of popular media, it would be interesting to research how incorporating media into a comprehensive approach would be received by youth. From a government perspective, Health Canada names schools as the most meaningful method of contact for nearly all youth in Canada and, therefore, the most appropriate place to deliver SHE (Canada,

2007). Ten years ago, over 85% of Canadian parents agreed with the statement, “sexual health education should be provided in the schools” (McKay, 2000). Between the health concerns, parental support, and voices of youth, there have been advocacy and collaborative efforts to mandate comprehensive SHE in Canada since the 1990s (McKay, 2004a; McKay, Pietrusiak, & Holowaty, 1998).

2.3.10 Experimenting with Collaboration

In a collaborative effort between health and education professionals, a 2003 pilot programme in the UK attempted to certify nurses for professional development in sex and relationships education (SRE) for young people. While the quality of the education was not formally evaluated, it was viewed as a valuable concept. Challenges included managing facilitators’ teamwork, classroom management strategies for nurses and involvement for teachers (Chalmers et al., 2006). In 2006, students in Meadow Lake, Saskatchewan lobbied to have public health nurses come into their Grade 10 science class to teach more about sexuality (CBCNews, 2006). Although youth want to know more, parents and guardians want schools to educate, teachers want outside expertise, health professionals lack time and classroom management strategies and school administrations want to avoid controversy, there is little attention being paid to the fact that very few people are actually trained and equipped to do justice to a comprehensive SHE. These few people are most typically found in not-for-profit organizations such as Planned Parenthood, found in several provinces across Canada (Canadian Public Health Association, 2007). The overall irony in this dilemma remains that while conservative educators may withhold access to information and comprehensive sex educators aim to

offer access to information and the tools to *just say no*, they are both ultimately achieving the same result (Gilbert, 2004). This message of just say no is indicative of the predominantly unchallenged assumption that SHE serves primarily to reduce teenage pregnancy and STIs.

2.4 Theoretically Speaking

2.4.1 Defined by Culture

For a sex-obsessed culture it seems reasonable to ask *why such a silence about sex?*

Prentice (1994) writes that “we regularly talk about sex in order to argue we should not discuss it: we display it as proof we should not see it” (p. 3). A conservative agenda of protecting and limiting sexualities in public settings is arguably not tenable (Patton, 1996). Prentice (1994) writes about the insidious nature of sexual regulation:

Sexual regulation in all its forms produces a number of effects: it builds the ‘right’ character in citizens; it shapes the ‘right’ sorts of families; it harnesses libidinal energy and restricts its expression; it affirms those who are ‘normal’ and it punishes those who are deviant...without imagining conspiracies or reducing sexual discipline to a mere ‘effect’ of capitalism, racism or sexism, one can point out how useful it is to a consumer society to have a well-disciplined, relatively predictable citizenry who self-regulate...like other forms of social organizing, sexual regulation works in the service of ruling. It is accomplished through a nexus of formal and informal procedures and sanction, managed by a network of professionals inside and outside of the state: social workers, teachers, early childhood educators, psychologists, psychiatrists, public health nurses, licensing officials, corrections officers, social service administrators, religious leaders and the like. (p. 7)

Canada is no exception in re-asserting a commitment to heteronormativity, gender binaries and hegemonic models of gender roles (Frank, 1994; Prentice, 1994). We do not

need to look far to see how much sex is relational, shaped by social interaction, understood by historical context and assigned cultural meanings (Weeks, Holland, & Waites, 2003). Many people know that the words *sex* and *gender* are no longer synonymous and yet many struggle to understand why anyone would ever want to change their sex or gender. And while social codes of clothing and behaviour can no longer always be clearly defined by gender, how do we understand that people tolerate boyish girls and pity girly boys?

There is irony in the lack of service and protection offered to queer youth in a society that offers many social service programs based on an uncontested child-saving concept. Is it easier for society to see the seventh Grader as asexual rather than lesbian, gay or transgendered? If society views children as a product of their parents, how can we talk about a young person's right to forge their gender identity (Talbert, 2004)? Prentice (1994) states that gender socialization is sex education. Recognizing that linguistics and gestured signs don't just *mean*, but they *do*, informal sex education is ongoing throughout a child's life (Haims, 1973; Patton, 1996). This informal sex education can be held accountable for the fear and violence directed towards anyone considered "deviant." Imagine the term "safe sex" used to describe the absence of threat to those who deviate from any sexual norm – someone who represents a tension between a longing to be a citizen and a struggle to survive (Patton, 1996).

2.4.2 Through Feminist Lenses

Feminism is often viewed as *carrying a brief*, a phrase coined by Halley (2006), for women's rights, namely equal rights, and is rooted in issues of power and inequality.

Feminists can subscribe to many different ideologies such as Black, ecofeminism, individualism, liberalism, post-colonialism, post-feminism, postmodernism, post-structuralism, radicalism, and socialism. These ideologies range from reclaiming womanhood and taking pride in what women can accomplish to understanding gender as a social construct and a performance (Butler, 1999). During the last few decades, feminist theory has engaged in discussions of how gender inequality interacts with racism, homo/lesbophobia, colonialism, and classism in a "matrix of domination" (Harding, 2003). Feminist theorists expose the insidiousness of gendered practices and ways of thinking that are part of the social fabric woven by family, friends, media, and society at large.

Feminist theory offers critique on problematic dynamics that stem from the misinformation, silences and fear related to gender and sexualities. Some feminist theory has argued that many women do not refuse to engage in heterosexual copulation because of a deeply engrained belief that such sexual intercourse *is* the "essential route to satisfaction for all persons" (Diorio, 1985, p. 249). This reality is rooted in the acceptance of a patriarchal structure that many feminists would say centres around the heterosexual discourses that view women as sexual objects rather than subjects of sexuality (Diorio, 1985; Talburt, 2004).

Students are continually exposed to metaphors of the ideal family that assume a "strict father" who enforces rule with punishment, raised with attitudes about sex that are compatible with patriarchy, and taught to see sexuality as violent, victimizing and potentially demoralizing (Diorio, 1985; Lakoff, 1996; Talburt, 2004). An idealized

nuclear family frequently portrays hyper-masculine or hyper-feminine behaviours. For many boys, masculinity is constructed through power-driven imagery found in pornography and popular media targeted at youth. And for many girls, femininity is projected as being desirable while simultaneously vulnerable – to a point where young girls are deliberately objectifying themselves through their clothing and behaviour. Missing altogether is the discourse of desire, agency and sexual subjectivity (Fine, 1988; Talburt, 2004). There is silence around topics of female sexual pleasure, gender performance as it relates to desirability, and engaging in sexual activities with a sense of control over one's own body.

Butler argues that feminism has also made a mistake by trying to assert that 'women' are a group with common characteristics and interests and therefore, reinforcing a binary view of gender relations in which human beings are divided into men and women (Gauntlett, 2007). Spade (2006) writes:

however, as transgender liberation movements proliferate, any feminist analysis of gender transgression becomes more nuanced and sophisticated, it is essential that we bring along the feminist analysis of gender regulation in work and public assistance systems in order to account for the extreme economic consequences that gender-transgressive people face because of our gender identities and expressions (p. 218).

An interesting example of how examining gender complicates ideas of gender inequality took place at the Vancouver Rape Crisis Centre. A transsexual (male-to-female) was not welcomed to be a counselor at the centre because she looked too much like a man dressed in women's clothing. It certainly complicates things to work against oppression when someone represents both the victim and offender.

2.4.3 Through Queer Theorist Lenses

Queer theory, born out of feminist theory and lesbian/gay studies, would argue that people use signifiers to represent meanings from their social constructs and thus link sexual behaviours with their identities. For example, a male-to-female transgendered person may paint their nails to signify their identity as a woman. Similarly, queer theorists would claim that identities are not fixed and cannot be categorized because identities consist of many characteristics that are not easily labelled. There is little interest in consolidating or stabilizing queer theory because it is more concerned with critiquing identity and less concerned with naming identities, particularly as it relates to gender and sexuality. Kinsman (1987) argues that naming heterosexuality, homosexuality and lesbianism in the contemporary sense as distinct identities is a relatively recent creation that is socially both produced and regulated.

Most teachers, let alone youth, have not engaged in critical issues surrounding gender identity, sexuality and power dynamics. The so-called *sexuality spectrum* (i.e. gay/lesbian, heterosexual) cannot be mapped in any linear fashion. Where would that leave female-to-male transgendered people who are sexually attracted to men? Are they gay? What effects will sex-positivism have as it counters repressive and negative attitudes and messages directed at school-aged youth? Will sending messages that sexual activities can be positive and respectful translate into increased or harmful sexual activity? Responses and answers to questions such as these are greatly shaped by individual and group identities.

2.4.4 *Divorcing the Trinity of Biology = Gender = (Hetero)Sexuality*

The idea for this title was taken from Prentice (1994) as she described the problematic multiple meanings for the word “sex”, a frequently unchallenged package of what *is* and what *ought*. In general, people have come to believe that sex both is and should be exactly what it seems to be (Diorio, 1985). This ambiguous sense of sex poses a particular problem when token inclusion of non-heterosexual-identified people is used to symbolize support and tolerance - also something for which the non-heterosexual-identified are expected to be thankful (Kumashiro, 2002). Despite increased visibility of “gay characters” on television shows and films, we are caught in a time when youth are reluctant to “out” themselves while media is busy constructing new cultural blueprints for the sexual identity that they are coming “into” (Fine et al., 2003).

Fraser (1993) argues that there is advantage in creating *counterpublics*, a term signifying explicit alternatives to publics that exclude the interests of potential participants, to oppose stereotypes that cause shifting in one’s own identities, interests and needs. Ironically, the space to form counterpublics comes out of our exclusionary practices of the public sphere with hopes of reconstituting new identities (Fine et al., 2003). For example, Michael Warner as a queer theorist who writes about the possibilities for counterpublics would argue that marriage is an extension of politics that “confers status on people rendering sex invisibly private and presumptively normative....giv[ing] people that status at the expense of others, while pretending merely to honour their private love and commitment” (Jagose, 2000).

It is necessary to critique and deconstruct terms such as sex, marriage or parenting that marry assumptions of gender performances, biological sex and heterosexuality. Until people are able to “divorce” themselves from such assumptions, they will not be able to think inclusively about the meaning of terms as it relates to all genders and sexualities.

2.4.5 Troubling Sex Education and Curriculum

In a societal pedagogy that presumes language can transparently communicate and ignores how it excludes, polices and incites SHE and its chosen curriculum, a good antidote is to think of sex as multiple vernaculars (Patton, 1996). Getting in the way of multiple vernaculars is the issue of power and identity in schools, a concentrated source of contestation. SHE is a relatively narrow intervention that is expected to address an entire range of cultural responses to a complex social dynamic (Talbert, 2004).

The challenge lies in the question “how might curriculum begin to assert itself into the tangled web of ignorance that currently exists in and around discourses about sexuality” (Sumara & Davis, 1999, p. 200)? In theory, SHE would be incorporated and explored in all subject areas, fostering a deeper understanding and freeing adolescent sexuality from its inherited boundaries (Moran, 2000). These boundaries are profoundly influenced by notions of morality that preclude any neutral zone to “discuss the ‘facts’ of sexual reproduction, sexual attitudes or sexual behaviours” (Adams, 1994, pp. 60-61). Our moral views unquestionably alter our understanding of even the most scientific information (Adams, 1994).

The language of sexualities is complicated. Gilbert (2004) writes that “prohibiting and controlling what can or cannot be said about sex also determines what can be said about the self and its desires, dreams, and fantasies” (p. 111). The contradiction between knowledge as power and sexual knowledge as private and dangerous is the source of much debate around SHE. How can one teach about the dangers while also exploring the pleasures of sex? What language does sexuality speak? How do we, as a society, learn to pose sexuality as a question? Gilbert (2004) suggests that these questions become the grounds of SHE conversations with adolescents. Most school curriculum assumes a transparent language that translates perceptions of sexualities into thought and fact. This assumption may indeed mark the limit of education in its current forms and practices. (Gilbert, 2004).

2.5 Problematic Assumptions

As with any institution and many societal values, upon examination, there are layers of false and problematic assumptions. The kinds of assumptions addressed in this section range from the notion of abstinence as a key message to teenage pregnancy as the epitome of failure as it relates to SHE. Noddings (2002) writes that “the vulnerable must either become more like the privileged or accept some charitable form of the respect taken for granted by those acknowledged as full citizens” (p. 441). Such privileges exist in a society where dominant culture represents itself as *the* culture, existing as “natural” (Kinsman, 1987).

The topic of human sexuality is perceived largely either as a matter of personal history rather than informed study or based on scientific information (Kahle, 1983; Moran, 2000). Arguments for factual, rational and scientific SHE neglect to recognize how sexual behaviour is “deeply enmeshed with [the] social contexts” (Moran, 2000, p. 222). As mentioned earlier, the widely accepted goals of most SHE is to instil a sense of responsibility, self-respect and prevent social-sexual “problems” of pregnancy and STIs. This instrumentalist approach promotes a particular form of morality – a morality that values and narrowly defines the meaning of virginity, marriage, “normal” – and supports a sexualized gender, race, ability and class hierarchy (Prentice, 1994). The culturally specific language compromises effectiveness, carries political agendas and promotes a *we-they* attitude that is predominantly left unchallenged by the very people who teach (Banks, 1988; Campey, McCaskell, Miller, & Russell, 1994; Thornton, 2004).

2.5.1 Abstinence

Abstinence is a concept that is endorsed as *the* choice or as the safest choice in SHE. This nebulous term remains unchallenged, and is not regarded as a problematic term. Messages of abstinence as safe, preserving virginity and eliminating the chance of pregnancy are overt. Remez (2000) points out that adolescents cannot practice abstinence until they know what abstinence is, but in order to teach them what abstinence is, they have to be taught what sex is – and if sex is not defined in its pluralities, then it is assumed to take on a heterosexual coital definition, where the only safe sex is no sex. The irony is that no sex is, of course, not sex. As Gilbert (2004) notes, abstinence is sex that doesn't count as sex. Consequently, students' perception of what behaviours,

unlinked to pregnancy, count as abstinence helps explain why oral sex is common practice for many adolescents (Remez, 2000). Is it surprising that a 1999 survey showed that 30% of the health educators considered oral sex to be abstinent behaviour and 29% asserted that mutual masturbation would not qualify as abstinence (Remez, 2000)? This confusion and inconsistency reinforces the urgency and importance of educating our educators. If the idea of pregnancy risk is eliminated and gender dynamics are re-conceptualized, how does the notion of abstinence change? According to some educators' definition of abstinence, exclusively lesbian couples never engage in "real sex".

2.5.2 Thinly-veiled Misogyny

Without interruption, people's views and knowledge predominantly remain unexamined. The general population in North America, including educators and parents, still operates on a traditional male-defined view of human sexuality, gender-role-stereotyped beliefs and heteronormative sexual behaviours (American Association of University Women, 2004). The male-dominated roots of medical and health information have been the model used to develop SHE, with heavy emphasis on biology, knowledge, statistics and epidemiology. This medical model is the very vehicle that enables the voice of authority, diagnosing and prescribing what is in the best interest of public at large (Ewles & Simnett, 1985; A. Mellanby et al., 1992). Greer (1984) accuses "sex knowledge" as having promulgated a system of values that "actually promote[s] methods of manipulation and control which maintain our own pseudo-democracies" (p. 129). This

accusation suggests that SHE is built on a system of values that manipulates and controls what students understand sex to mean and how it should be practiced.

The science of modern medicine in North America is largely built on an establishment that was researched, written, practiced and taught by men. A medical model that often requires unequivocal trust in quick diagnoses by professionals followed by a textbook prescription or procedure to best remedy a problem. It is generally understood that medical science is objective, precise, uniformly practiced and serves to “fix” or heal. SHE has been designed to understand reproductive anatomy and physiology, prevent STIs and pregnancy and realize the consequences of not taking “the advice” of SHE - a science that assumes heterosexuality and two uncomplicated genders.

2.5.3 Hetero-Gendered Messages

Recent literature notes that the perspectives of gays and lesbians, as well as other sexualities, have been noticeably absent in all aspects of school curriculum. Thornton (2004) writes that “it is still tacitly assumed that everyone is heterosexual until proven otherwise” (p. 307). SHE, built on the assumption of heterosexual copulation, does not allow for sexual pleasure to be separated from the fear of pregnancy (Campbell, 1980; Remez, 2000). One of the implications of compulsory heterosexuality (limited to copulation) is that SHE has been predominantly useless to all sexual identities. The risk of pregnancy is nil for any youth that only engage in same-sex sexual activities. In other words, there is no emphasis on topics that could directly relate to gay, lesbian, bisexual, transgendered, two-spirited or queer youth but *not* heterosexual youth. However, topics that remain exclusively relevant to heterosexual youth monopolize the priorities of SHE.

The gendered message of male entitlement and female powerlessness works against any efforts to encourage or practice critical education, which would provide an opportunity to examine the relationships between knowledge, authority and power. A British campaign literally used the slogan “girls should say no, boys should be careful” to address their concern for rising teenage pregnancy rates (Prentice, 1994). How can SHE that is focused on preventing pregnancy and STIs do anything *but* suggest sexuality as the female search for protection?

2.5.4 Re-Reading Teen Motherhood

Effectiveness of SHE is often measured by available data on reported numbers of STI diagnoses and teen pregnancy rates. In other words, teen pregnancy marks the failure of practicing abstinence and epitomizes the “you get what you ask for” message that is condescendingly earmarked for teen girls by many adults. Teen pregnancy, named as societal “problem”, conjures up images of a young girl who has quit school, struggles to make ends meet while living in an inadequate apartment, living off social assistance as foreshadowing of an unambitious future. Pregnant teenagers, assumed to be indicators of poverty and social decay, are used to symbolize one of many tears in the fabric of an orderly society (Adams, 1994). Kelly (2000) writes extensively on the politics of teen pregnancy in an urban and semi-rural Canadian context. While teenage pregnancy can be the result of horrible circumstances and domestic violence at formative and particularly vulnerable years, it can also be the result of more complex issues that have a sense of agency.

Youth with higher socioeconomic status are more likely than their less advantaged peers to alter their behaviour based on new knowledge that would impact their future (Moran, 2000). For this reason, teens of higher socioeconomic status have lower rates of full-term pregnancy and higher rates of abortion - not to be equated with less sexual activity or altered behaviour *before* pregnancy than their peers (Kelly, 2000). In many cases, teenagers that become pregnant are already in “an environment of diminished expectations, [do] not necessarily perceiv[ing] motherhood as interrupting their career trajectory expectation” (Moran, 2000, p. 225). Motherhood may be the means of starting fresh and getting out of a trapped home situation and similarly, may *not* be seen by some teenage girls as ruining any future career aspirations. In other words, the responsibility of parenting can be understood to be less damaging and obstructive than an otherwise abusive home reality.

Many different groups, such as government, agencies, health professionals and other “helping” agencies, often reinforce the stigma attached to teen pregnancy and motherhood in contradictory ways. Even experts and advocates who aim to support teen mothers enforce negative stereotypes in efforts to attract funding and support. Teen mothers have come to “symbolize multiple meanings, often contradictory, related to sexuality, adulthood, attitudes toward work, and ideals of family” (Kelly, 2000, p. 87). Their relatively isolated and powerless positions make them easy scapegoats for political agendas like that of abstinence-only SHE. Kelly (2000) suggests that more appropriate words are needed to describe the “cycles of poverty”, “cycle of welfare dependency” and “cycles of child abuse” that are perpetuated by scapegoating, media stigmatizing,

political agendas. She writes that it would be more accurate to both name and address the “cycle of stigma” (Kelly, 2000).

2.5.5 Silenced Desire

“What is clear is that administrators and teachers are not being neutral or impartial when they ignore this hidden curriculum.” (Thornton, 2004, p. 307)

Silence is not neutral. Students will not be shocked to hear that sex can be pleasurable. Missing in SHE is the topic of pleasure and desire, linking sexual desire with sexual agency (Bay-Cheng, 2003). Some fear that teaching about positive and enjoyable sexual practices will negate the message that *abstinence is best*. Talburt (2004) asks, “when schools embrace abstinence-only approaches to sex, how can we begin to dialogue about young peoples’ sexual pleasure?” (p. 3). If educators deliver enough information for youth to ask questions and understand the myriad of possibilities for sexual expression and enjoyment with a clear understanding of risks, research suggests that youth make choices that show decreases in teenage pregnancy and STIs (Alford, 2007; Bay-Cheng, 2003; Canada, 2007; McKay, 2000, 2004a; Society of Obstetricians and Gynaecologists of Canada, 2007). A study by Alford (2007) indicates that some comprehensive SHE results in delayed sexual activity, fewer sexual partners and increased contraceptive use when youth begin having sex.

Associating sexuality and health education exclusively with danger and disease negates the human body as a source of pleasure, joy and comfort (American Association of University Women, 2004; Fine, 1988). The hidden curriculum that patrols the boundaries of sex role behaviours completely ignores the pleasures of sexualities (Kelly,

2000; Thornton, 2004). It is in this context that advocates for SHE, who also value the inclusion of topics on pleasure and desire, suggest that SHE can provide adolescents with alternatives to pursue sexual satisfactions through activities other than copulation – alternatives that can avoid STIs and pregnancy (Diorio, 1985).

2.6 Listening to Students

“If teachers are not comfortable with the topic, it is probably better that they not teach about it.” (Shortall, 1998, p. 99)

Contrary to popular belief, many young teenagers that have been involved in heterosexual coital activity have said that peer pressure and expectations influenced their decision more so than their own rationale (Coblner, 1974; Cullari & Mikus, 1990; Kisker, 1985). This peer pressure includes their partners, friends and other ideas proposed in various forms of media (A. Mellanby et al., 1992). A telling UK study that surveyed a large population of students found that approximately one third of younger females reasoned their first time having sex was a result of feeling peer pressured, another third said it was out of affection for their partner and the remaining third felt that they did not want to or were forced. In stark contrast, 4% of the young males felt peer pressure while 92% wanted to have sex (Woodcock, Stenner, & Ingham, 1992). Such statistics offer insight into how much gender inequity, image and peer pressure need to be addressed. Unfortunately, this study failed to address or take into account how many of the participants were not heterosexual.

2.6.1 Student Input and Feedback on Sexual Health Education

Youth participating in SHE often complain of an overemphasis on *plumbing* and avoidance of other more important and uncomfortable sexual issues (Bay-Cheng, 2003; Byers et al., 2003a, 2003b; DiCenso, Borthwick, Busca, & Creatura, 2001).

Unsurprisingly, they turn to peers, the internet and media to fill in the gaps between the anatomy lesson and the list of negative consequences of making unhealthy sexual decisions (DiCenso et al., 2001).

A 2005 study in New Zealand surveyed high school students about what they think constitutes *effective* sexuality education. It revealed that students wanted input on deciding which topics to cover, more information on the logistics of sexual activity, sexual desire and pleasure, and more training for teachers to improve comfort with and competence in dealing with curriculum content and homophobic/disruptive students (Allen, 2005). Similarly, in a Canadian study done in Ontario, DiCenso (2001) found that students were concerned with confidentiality, access to sexual health services, access to educators that were trained and experienced, the combination of same-sex and co-ed classes, and that SHE would be taught from before Grade six until the end of high school.

A Canadian study in New Brunswick found that, while 93% of the junior high students were in favour of SHE happening at school, approximately half of the students felt that the SHE they had received was fair or poor, highlighting a need for more factual, information and practical skills (Byers et al., 2003a). Students reported that SHE was more effective when they perceived their teachers to be knowledgeable, comfortable and non-judgemental, and when teachers used discussion methods, invited guest speakers and

incorporated experiential learning activities instead of using a lecturing format (Byers et al., 2003a).

Britain has reached their highest rate in teenage pregnancy and has consequently paid some attention to the views of young people. Measor, Tiffin and Miller (2000b) identify two main areas of concern brought forth by students in Britain: 1) emotional content aspects of sexuality and 2) explicit information on sex and the experience of sexuality, avoiding a discourse of desire altogether. There is no evidence to suggest that Canadian students are struggling with different issues related to sexuality, as compared to those in the US, UK or New Zealand. It is likely fair to suggest that, in general, SHE “(mis)informs teens, projecting a particular message and vision of who and how teens are and should be” (Bay-Cheng, 2003).

Other critiques by students include the omission of sexual diversity information, homophobia awareness, activity-oriented methods of educating and discussion of sexual desire and pleasure and other controversial topics such as abortion and fantasies. While students prefer to learn about sexuality more at school than at home, they perceive teachers’ discomfort. This discomfort discourages students from asking questions, leads to the avoidance of sensitive and controversial topics and contributes to a resentment at being denied access to sexual issues (Allen, 2005; Byers et al., 2003a, 2003b; Cohen et al., 2004; Ferfolja & Robinson, 2004; Rolston, Schubotz, & Simpson, 2005; Woodecock et al., 1992).

2.6.2 On Abstinence-Only Sexual Health Education

One of the most telling and valuable voices in evaluating the quality and value of SHE is that of students. The US-based documentary film, *The Education of Shelby Knox: Sex, Lies and Education*, follows the life of teenager Shelby Knox, a devout Christian who has pledged abstinence until marriage. She becomes an unlikely advocate for comprehensive sex education, profoundly changing her political and spiritual views along the way (Lipschutz & Rosenblatt, 2005). In this film, Shelby exposes the irony and hypocrisy surrounding the politics and religious convictions of people who advocate strongly for virginity pledges and who condemn talking about gays and lesbians. The film also shows that gaining knowledge and understanding did not persuade her to become sexually active. Although abstinence-only and abstinence-until-marriage programs make claims that they delay first intercourse (with heteronormative and hegemonic assumptions) in the short term, defined as three months, there is no peer-reviewed scientific literature to suggest any long term results (Alford, 2007; Honawar, 2004; McKay, 2000). There is little evidence to suggest significant differences in sexual behaviours between students who receive abstinence-only versus comprehensive SHE. The main difference is that students who receive abstinence-only SHE are less likely to use contraception when engaging in sexual activities (Alford, 2007; Bennett & Assefi, 2005; Hauser, 2004).

2.6.3 Homophobia in Newfoundland and Labrador

Ann Shortall (1998) in *The Social Construction of Homophobia and Heterosexism in the Newfoundland Education System* identified that homophobia and heterosexism is

very much present in the Newfoundland and Labrador educational system. In addition, there is little learned or taught in school to help students or teachers gain knowledge and change hurtful attitudes to counter the homophobia. Her study indicates that students are generally more knowledgeable and accepting of sexual orientation than their teachers, despite the absence of gay and lesbian content in any curriculum (Shortall, 1998). The absence of sexual diversity in curriculum may indicate that students are absorbing information primarily through media forms.

2.6.4 A Gender Divide

Several studies indicate gender differences in students' perceptions on the relevance of SHE. Girls have frequently indicated that they felt extremely uncomfortable in co-ed SHE classes. They wanted single-sex classes so they could discuss the double standards and pressures boys place on them to engage in sexual relationships, avoid exposure to harassment and teasing by boys, and devote more time to emotional aspects of sexuality (Byers et al., 2003a, 2003b; Measor et al., 2000b). In contrast, boys have frequently indicated that information is embarrassing, boring and irrelevant in part because they feel that SHE is targeted more at girls. They perceive contraception to be more important to women, would prefer to discuss sex in more explicit ways and get more information that was appropriate to them (Byers et al., 2003a, 2003b; Measor et al., 2000b). My personal experience of teaching junior high and high school SHE tells me that the interest level for different topics varies between the gender groups and being able to teach single-sex classes helps facilitate a less threatening atmosphere. It should be noted, however, that although single-sex classes may provide a measure of comfort for

many, it does not assume inclusion of people who identify themselves as lesbian, gay, bisexual, transgendered or queer (LGBTQ).

2.7 Listening to Parents and Guardians

2.7.1 Parents Who Do Talk to Their Children

Parents and guardians play a key role in how youth are educated in sexual health and occasionally use their right to withdraw their child(ren) from SHE (Walker, 2004). Studies in Canada, the UK and the US have all indicated that parents play a significant role in shaping the views and attitudes of sexuality for youth (McKay et al., 1998; Reuters News Agency, 2008; Walker, 2004; Weaver, Byers, Sears, Cohen, & Randall, 2002; Kaye Wellings et al., 2001). Studies have found that in households where sexual matters were discussed, children were more likely to delay first time intercourse, have fewer partners, use contraception and hence reduce the chances of unplanned pregnancies and STIs (Reuters News Agency, 2008; Kaye Wellings et al., 2001). Most parents support school-based SHE, want to be aware of what is covered and believe that SHE is a shared responsibility with schools (McKay et al., 1998; Weaver et al., 2002; Kaye Wellings et al., 2001).

2.7.2 A New Brunswick Study: Parents' Attitudes Towards SHE

A study examining the attitudes and experiences of New Brunswick parents regarding school-based and at-home SHE surveyed over 4200 parents with children in Grades K-8 in 30 schools. 94% percent of parents agreed that SHE should be provided in

school and 95% felt that it should be a shared responsibility between school and home. While the majority of parents supported the inclusion of a broad range of sexual health topics at some point in the curriculum, approximately 10% of the parents preferred to exclude topics often considered controversial such as homosexuality, masturbation, sexual pleasure and orgasm. The study also noted that although parents indicated that they wish to be involved in their child's SHE, most of them had not discussed many SHE topics in detail with their child (Weaver et al., 2002).

2.7.3 Still a Challenge

While many parents want their children to make safe and wise choices, surveys in the UK also suggest that parents often feel unconfident and ill-equipped to be sex educators. In addition, children sense that their parents find it embarrassing to talk about sex (Arthurs & Zacharias, 2006; Walker, 2004). Further, their findings show that the awkwardness of discussing sexual health concepts and practices between children and their caregivers is mutual (Arthurs & Zacharias, 2006). While I use the word *parents* in this section, it is interesting to note that in a Canadian study, it was found that mother-figures tend to discuss twice as many sexual topics with their children as fathers (Measor, 2004; Weaver et al., 2002). This phenomenon may be explained, in part, by Walker (2004) who writes:

...parents appear to experience particular difficulties in talking to their sons about sexual matters and especially in gauging when to discuss the subject (Sharpe, Mauthner, & France-Dawson, 1996). In contrast, the onset of a daughter's menstruation was found to act for the parent as a marker of their daughter's potential fertility and sexual development.

Parents seem to perceive that there is no obvious marker with boys that can provide the impetus for initiating discussions about sexual matters (Sharpe et al., 1996).

The intentionality around discussions of menstruation and pregnancy with daughters in part, passes on the burden of abstinence. The sentiment that “girls need to protect themselves” and “boys will be boys” are subliminally perpetuated by the conversations (or lack thereof) that attach values and meaning to the onset of puberty.

2.8 Listening to Media

2.8.1 Mass Media Influence

Surveys indicate that 75% of Canadian youth between Grades 3-10 watch television daily (Canadian Teachers' Federation, 2003). A study in the UK found that youth spend more time with media (i.e. television, internet, radio, music) than any other institutions, including schools (Buckingham, 2003). In a capitalistic society that has unequal access to power, status and resources, there are also social impacts on the amount of influence and stock put into mass circulation of media (Fraser, 1993; Kelly, 2000). Messages sent through media are problematic in that they do not frequently offer critical thinking or evidence of inequalities, culture, and commercialization. Instead, there are powerful images, such as the “naughty but nice” attitude, that target young girls (J. D. Brown, 1991). Similarly, when incidents of queer-bashing violence occur, media have used words like “average”, “typical”, and “normal” to describe the perpetrators as if to

suggest that being male, heterosexual, homophobic and aggressive are not things people should be concerned about until they become violent. A historical example is that of Kenneth Zeller, a school librarian in the Toronto School Board, murdered by a group of boys in the gay area of a downtown park in 1985. It was noted that “at the trial, the boys’ defence described them as ‘average, normal kids’” (Campey et al., 1994, p. 87). Should we not be concerned that “average, normal” kids are queer bashing and murdering (Campey et al., 1994)? Similarly, how is the victim perceived, or not, as average or normal?

2.8.2 More Popular than the Classroom

Media has straightforward appeal to youth that is less embarrassing to access, particularly as it relates to topics of pleasure, feelings and relationships. Research in the UK shows that young people want to take control of their learning and to have agency in ways that are available to them that exclude teachers, parents and institutions that they perceive to be always making decisions and judgements on their behalf (Arthurs & Zacharias, 2006). Media may be an ideal medium for delivering SHE. There is advocacy for internet sites, such as the Society of Obstetricians and Gynaecologists of Canada’s (SOGC) online sexual health site, to complement school-based SHE in ways that answer questions on topics that are too awkward for students to ask (even anonymously) and too unfamiliar for teachers to answer (Agrell, 2008).

2.8.3 Too Bad the Sex-Perts Aren't in School

Boynton (2007) outlines the growing number of *sex-perts* – people who claim to be experts on the topic of sex – in the UK. In an era of people looking for expertise and ways to ‘self-improve’ in sexual health, there is reason to believe that people look to media for sex and relationship advice (Boynton, 2007). Canadian Sue Johanson, creator of a *Talk Sex with Sue Johanson* television and radio show, is a parent who realized that her teenage children were not receiving any SHE at school and decided to become a counsellor and sex educator. This led to a career as a factual and uncensored sex informant with advice, working in a school board, radio, television and eventually online (Johanson, 2007). People like Sue Johanson are hardly stiff competition for media, such as pop music, sitcoms, movies and commercials, who each have their own messages of what sexuality is and should be. This subtle (and sometimes not-so-subtle) repetition of heteronormative sex roles and ‘queer’ stereotyping shapes the minds of youth everyday (Arthurs & Zacharias, 2006). Arthurs (2006) suggests that schools’ SHE needs to work with media’s sexual content, with which most students are familiar, as a starting point for critique and conversation. Such conversations should not be restricted to SHE as a unit, but rather incorporated into multiple disciplines allowing for discourse around sexualities, overlapping cultures, class, abilities and ages to name a few. This topic of cross-curricular and integrated SHE is examined later in the discussion section.

2.9 Listening to Educators

There has been much debate around appropriate and effective approaches to SHE that work to address and reduce the harms of STIs and teenage pregnancies (A. Mellanby et al., 1992). The questions that tend to polarize teachers and health professionals both as practitioners and theorists are: what is the function of a teacher and what are the appropriate strategies for students' learning (Darling, 1978)? There is irony in finding the answer without having a clear understanding of which questions are the *right* questions to be asking. For example, while educators are focused on how to address prevention, do they even know which behaviours they are trying to prevent (Remez, 2000)?

2.9.1 Lack of Training and Support

School seems like the logical venue and method for bridging the gaps and drawing on collective resources such as the students, their caregivers, health professionals and media. The difficulties for teachers are that they are not trained in SHE, topics covered can be uncomfortable, subject matter is not considered academic, curriculum resources are often inadequate, issues being discussed can be accused of being politically or religiously charged, there is little accountability to anyone for material covered and power dynamics are difficult to address in the classroom (Adams, 1994; Asher, 2002; Cohen et al., 2004; Donovan, 1998; Fine et al., 2003; Hoffman, 2001; Lokanc-Diluzio, Cobb, Harrison, & Nelson, 2007; McKay & Barrett, 1999; Shortall, 1998).

McKay (1999) identifies the absence of and the need for published literature on the extent to which Bachelor of Education (B. Ed.) programs at Canadian university faculties provide pre-service training for sexual health education (McKay & Barrett, 1999). Most teachers that are responsible for SHE are physical education and science teachers and occasionally a school nurse or guidance counsellor (McKay & Barrett, 1999). Most of these educators have no SHE training (Cohen et al., 2004; Edet, 1991). Teachers of junior high and high schools tend to focus on areas of negative outcomes of sexual activity, assertiveness for girls, responsibility for boys and the mechanics of the reproductive systems (Measor et al., 2000b). Teachers have unashamedly expressed their concerns of feeling ill-prepared, unsupported, uncertain and embarrassed (A. Mellanby et al., 1992).

2.9.2 Two Recent Canadian Studies

Recognizing the deficit of pre-service and in-service on SHE for teachers, the Sexual and Reproductive Health Program of Calgary Health Region piloted an in-service training to strengthen the capacity of teachers to deliver their provincially mandated human sexuality curriculum. This capacity-building program demonstrated, through feedback in self-reported surveys, that teachers increased their knowledge, comfort levels and “perceived ability to present accurate information” (Lokanc-Diluzio et al., 2007, p. 135).

A 2004 study in New Brunswick surveyed teachers on their attitudes towards SHE and discovered that they were somewhat comfortable with topics such as birth control methods, safer sex practices, sexual coercion and assault but felt less than

comfortable teaching about masturbation, sexual pleasure and orgasms. The majority of the teachers had no training in SHE, though those that did rated their training as good or very good (Cohen et al., 2004). This study used a questionnaire format with exclusively closed-ended questions to maximize participation, and therefore only gathered information on topics that the researchers felt relevant to understand attitudes, knowledge and comfort of teachers.

2.9.3 Facilitated and Enabled Heterosexism

In the Newfoundland and Labrador context, one important finding in Shortall's (1998) study is that teachers feel particularly vulnerable and fearful of 'outing' themselves if they fall into the lesbian, gay, bisexual, transgendered, or queer category, for fear of losing their jobs. This finding goes to show that homophobia and heterosexism is clearly a systemic oppression that has not been addressed at the various levels of education, including universities where prospective teacher-students should be receiving pre-service training. Ann Shortall has since developed, as part of her thesis recommendation, a handbook to educate teachers and students alike on gay and lesbian issues (Shortall, 2001). The extent to which this resource is used is unknown. There is no known evidence on how teachers' perceptions on job security may have changed when schools ceased to be denominational in 1998, prior to which religious beliefs greatly influenced what aspects of SHE would be covered (Case & Tudiver, 1983; Shortall, 1998).

Even educators with the best of intentions, who are concerned with imposing values on students, cannot be free of imposition. The very act of selecting or using given

curriculum is a statement and reflection of their values (Jackson, 1982). Cultural biases get reinforced since educators often both share this bias as well as buy into the instrumentalist approach to SHE (Diorio, 1985). Remez (2000) points out the insidiousness of heteronormativity by commenting on how many practitioners and educators have mastered talking about penetrative risk but neglected mastery in understanding and communicating other sexual activities and sexualities.

2.9.4 Teachers as Gatekeepers

Teachers, as the curricular-instructional gatekeepers, can construe the “same” content quite differently (Thornton, 2001). Educators struggle with a range of student maturity, experience, shyness, and knowledge in a context where there is also an attempt to avoid controversy for fear of becoming vulnerable, dealing with parental complaints and attracting any media interest (Cohen et al., 2004; Herold & Benson, 1979; Kehily, 2002). In an environment where macho performances (of both students and teachers) reflect the wish of girls (and boys) to be desired, teaching and talking about sexuality becomes difficult and even unsafe (Epstein & Johnson, 1998). It is important that teachers understand the pedagogy of SHE as a critical and transformative practice. Teachers have choices. We can hear and observe what is being covered but what about the things that are not being covered? There is observation to be made of the silences. The analysis section of this paper will discuss both what teachers said as well as what they did not say.

2.10 Other Voices of Concern

“There is almost universal agreement that the teacher is the key element in a good program. No matter how carefully planned the course, how sound the philosophy, how strong the community backing, the ill-prepared or fearful or embarrassed teacher can defeat the entire effort”. (Haims, 1973, p. 37)

2.10.1 Pre-Service and In-service Needed

Research in the area of SHE is limited, although growing, due to the relative ‘newness’ as a school-based area of curriculum. There has been some research in the area of what students and medical professionals identify as areas of concern; however, there is very little research to address the understanding of educators that are expected to facilitate learning on sexual health. In order to improve SHE, it seems vital that we understand the attitudes, knowledge and training of teachers so that they can adequately address conflicting messages received at home, by media and from peers. Haims (1973) notes that the most significant argument against inclusion of sex education in schools is the lack of qualified teachers. To date, research has indicated areas of concern such as the need for pre-service and in-service training for sexual health educators, filling gaps in curriculum and SHE content, and a need for gender analysis in ways that SHE is taught (Agrell, 2008; Herold & Benson, 1979; McKay & Barrett, 1999). The hope is that hearing from teachers will create the necessary momentum and agendas to address the above areas of concern.

The quality and content of SHE clearly depends on educator variables such as skills, confidence, knowledge, values, freedom and respect. There is a call for training and collaboration between education, health and community agencies to be able to deliver quality comprehensive SHE (Canada, 2007; Cohen et al., 2004; Johns, Lush,

Tweedie, & Watkins, 2004; Measor et al., 2000b; Warwick et al., 2005). Part of this training should look at pre-service training for teachers that will potentially cover SHE in Canadian post-secondary institutions, namely universities. Comprehensive SHE is mandated nationally by the Public Health Agency of Canada, who offer direction for local, region and national organization and government bodies including provincial Departments of Education (Public Health Agency of Canada, 2007). How many schools or organizations use this resource remains unclear. Here, in Newfoundland and Labrador, teachers and youth in small communities face the challenge that they feel discouraged from going to outside help for fear of having their identities, questions or concerns exposed to other community members (Johns et al., 2004; Shortall, 1998).

2.10.2 Problematically Liberal?

One criticism of comprehensive SHE, also dubbed the “liberal approach”, is that it may strip a level of camouflage off many queer students without providing them with the resources and support to make real change in their schools (Rofes, 2005). SHE may be opening more questions, rather than providing answers. In the context of societies and cultures that struggle to understand and respond to sexual diversity and systemic hate/fear, it seems tragic not to educate teachers in the area of sexual diversity, relationships and identity so they can adequately facilitate SHE for youth. Perhaps we now need to acknowledge that the *process* by which people try to find answers to difficult questions is more paramount than the answers themselves. Training around this process is where educators, parents, health professionals and other community resources need to collaborate and strategize.

2.10.3 Breaking the Gender Habits

Recognizing that schools often do little to challenge dominant discourses of femininity and masculinity or to address differences in power and opportunity, it is no wonder that teachers struggle with breaking down gender barriers (Measor et al., 2000b). There are cases of male teachers who “exercise old-style masculinity, relying on misogyny and homophobia to help control the unruliness produced by the hyper-masculine performances of some of the boys” (Epstein & Johnson, 1998, p. 183). Since gender identity is largely defined by heterosexual behaviour before children reach the junior high ages, most students would prefer to be taught by and sitting amongst people of the same gender or sexuality (Hoffman, 2001; Measor et al., 2000b). There is a growing concern that SHE is delivered in a way that is geared towards girls in its message, content and methods (Arthurs & Zacharias, 2006). In other words, there is a heavier emphasis on the dangers of getting pregnant, how to ‘say no’ and to occasionally discuss feelings. Topics such power dynamics, mechanics of sexual practices, pleasure and arousal, communication and decision-making, that are vital for both girls *and* boys to think about, therefore, are often omitted.

2.10.4 Recommendations for Newfoundland and Labrador SHE

In 2004, a joint research study conducted by Status of Women and Planned Parenthood Newfoundland and Labrador, explored adolescent decision-making and the factors that influence sexual decisions. This study highlights the need for a review and evaluation of SHE in schools, to: establish an accountability framework to ensure that SHE is based on the comprehensive guiding principles of the Canadian Guidelines for

SHE; to implement mandatory curriculum that follows students until the completion of high school, and; to develop more interactive and innovative programming and elicit input from adolescent, educators, health professional and parents to improve SHE programs (Johns et al., 2004). They also recommend “explor[ing] the knowledge and comfort levels of educators...providing SHE to adolescents” (Johns et al., 2004, p. 120). There is a rationale for starting with the teachers, the curricular-instructional gate-keepers. Understanding what SHE teachers know and are comfortable with will impact the demand and desire for pre-service and in-service training. Hopefully such training would be shaped by students, parents, educators, medical professionals, community organizations and members alike.

2.10.5 School Patrolling

The “patrolling sex role boundaries” by school professionals, whether by choice or neglect, is playing a significant role in continuing the cycles of oppression, depression and suicide for students who do not conform to the dominant heteronormative standards (Franck, 2002; Human Rights Watch, 2001; Thornton, 2004). This patrolling is found in many forms, ranging from curriculum and what is said (or not said) about differing sexualities and from what perspectives, to how teachers respond to physical violence in their school resulting from labels of being “gay”, for example (Thornton, 2004). Administrators and teachers, even with the best of intentions, have gone as far as “counsel[ing] harassed students to avoid ‘flaunting’ their allegedly deviant behaviour, in essence, blaming the victim” (Zirkel, 2003, p. 412). Concurring observations were made

in Shortall's (1998) study of homophobia in schools of Newfoundland and Labrador mentioned earlier.

2.11 In Summary

Schools are designated sites for solving societal problems which, when carefully examined, unveil contradictions, fear, politics, misogyny and homophobia. For a society that is simultaneously obsessed and uncomfortable with sex and sexualities, there is a dire need for examining how SHE reflects dominant cultural values and beliefs. Pluralizing concepts, language, sexualities and cultures undoubtedly contradict the very purpose of current SHE: reducing teenage pregnancy and STIs. Until challenged and questioned, privileges of the dominant culture will represent itself as culture itself, as natural.

In the Canadian context, where school-based SHE is ostensibly valued and generally affirmed, there is also a lack of teacher training, curriculum resources and outside support. In a polarized society, finding an ethical balance between political/religious conservatism and comprehensive/inclusive empowerment is nearly impossible. In reality, federal Canadian guidelines mandate a comprehensive approach to SHE while many educators are neither prepared nor equipped to deliver such curriculum. We are living in a time when students want to explore and ask more questions. Parents want their children to be educated about sex and sexuality but are uncomfortable discussing sexual health, homophobia and heterosexism. Systemic oppressions are alive

and well in schools. And, tragically, teachers lack training in SHE while popular culture does not offer critical thinking.

The insidious nature of sexual regulation, sanctioned by people both inside and outside of formal organizations, attempts to build a society built on a notion of “normal”, self-regulation and discipline. Schools, as a mass-reaching medium, have proven to be a difficult place both to create and to facilitate conversations of critical thinking around genders, identities, and power dynamics. This limitation highlights the importance of incorporating pre-service and in-service training for all teachers so that discussions may be woven into all disciplines in addition to SHE.

A review of the literature reveals that there is little research on what is being taught in the classroom through the intentional/unintentional, spoken/silent, safe/vulnerable and status quo/counter-cultural messages. In a society where sexual, religious and cultural diversity exists, education must reflect and engage accordingly. The difficulty lies in the operating assumptions, strategies and approaches to delivering SHE in a society where youth are regularly exposed to conflicting information from home, media, peers and school. The assumptions of transparent language, such as the term *abstinence*, mark the limits of SHE. The medical-based, heterosexual, prescriptive presentation of SHE overlooks the silence on pleasure and desire, gender inequality and plural sexualities begging the question: what questions are teachers supposed to be answering or asking?

Research in the SHE field is relatively new since it has been introduced into the educational curriculum just over a decade ago in countries such as Canada, UK, US, New

Zealand, and Australia. Consequently, there has been little research in Canadian settings to understand students' and parents' views on SHE and, with the exception of the New Brunswick study (Cohen et al., 2004), there is no qualitative research to address teachers' views on delivering SHE. In a context where teachers have not explored topics of sexual diversity, relationships and identity in either formal or informal ways, it seems urgent that teachers gain access to and insight into these areas as they attempt to facilitate SHE.

We know that students need more and better SHE. We know parents support school-based SHE. We know there is little to no pre-service and in-service training for teachers. What we do *not* know is how teachers feel about, and view their role as deliverers of, SHE. Hearing from sexual health teachers would begin to uncover problematic assumptions, values, messages and silences in classrooms. It seems appropriate to include a feminist framework to examine how systemic oppression and gender dynamics are taught, excused, rationalized or ignored in the classroom. Systemic oppression is defined by cultural assumptions about how people should behave - expressed both externally and internally. While the external oppression is evident in gay-bashing, date rape and other forms of violence, internal oppression is much harder to address and manifests itself in the form of homophobic attitudes, depression and low self-esteem. In addition to the feminist framework, queer theory questions terms and categories that are oversimplified. For example, we use dichotomous categories of male and female to describe complicated and "multiple meanings based on experience, cultural stereotypes and expectations, and assumptions" (Hawthorne-Jader, 1998). Using a quasi-

queer-feminist-critical lens, I will further critically analyze the attitudes, knowledge and comfort levels of our current sex educators in Newfoundland and Labrador.

Chapter 3: Research Methods

3.1 Introduction

Researchers from a recent study advocate for the development of effective strategies to promote informed and healthy adolescent sexual decision-making and behaviours in Newfoundland and Labrador (Johns et al., 2004). Their focus group findings, literature review, research, and feedback from professionals working with adolescents (teachers, social workers, community health nurses, physicians, guidance counsellors, community workers) led to a number of recommendations. The first and most important recommendation was “to conduct a comprehensive review and evaluation of sexual health education in Newfoundland and Labrador schools” (Johns et al., 2004, p. 110). This research collected information from teachers mandated to teach sexual health education (SHE) to better understand: 1) what resources are in use; 2) how these resources compare to the Canadian Guidelines for Sexual Health Education; and 3) how teachers feel about/perceive teaching a comprehensive sexual health program.

The questionnaire (see Appendix 1) used in this study was adapted from a study by Cohen et al (Cohen et al., 2004) that surveyed 336 K-8 teachers of sexual health education in New Brunswick. In Cohen et al.'s (2004) questionnaire, one section elicited questions of responsibility and age-appropriateness of SHE on a 5-point scale. The second section asked teachers to use a 5-point scale to indicate how important certain topics were to their respective Grade levels. The third section provided a specific list of topics to which teachers indicated at which Grade levels these topics would be introduced.

The fourth section asked teachers to identify their comfort level with the previous topics, using a 5-point scale. Additional questions related to single and mixed-gender groups, demographics, and previous training were also asked. In contrast to Cohen et al.'s (2004) study, this research questionnaire focused on three main areas: collecting information on general demographics, methods, and content through closed-ended questions; indicating comfort levels on itemized topics on a 7-point Likert scale; answering to a series of open-ended questions on their feelings, experiences and observations.

3.2 Method

This research study incorporates both quantitative and qualitative research methods in order to strengthen the validity of research outcomes and the interpretation of the study results. This methodological triangulation is used to arrive at some convergent findings that are represented in multiple choice questions, 7-point Likert scales, and open-ended questions (see Appendix 1). Triangulation in the social sciences is used to confirm and complete data through multiple data collection techniques (Denzin, 1970; Knafl & Breitmayer, 1989; Massey & Walford, 1999; Webb, Campbell, Schwartz, & Sechrest, 1966). Triangulation enables the researcher to elicit data and suggest conclusions "to which other methods would be blind" (Jick, 1983, p. 138). The benefits of using a Likert scale is that it improves consistency among respondents, and it can be completed quickly and with ease. Unfortunately, the items on the scale are open to interpretation where one person's rating of 5 may describe someone else's 7 (Bradburn, Sudman, & Wansink, 2004). Closed-ended answers are easily numerically analyzed

while open-ended answers have limitless categorical answers. Through triangulation, closed-ended questions can be validated or challenged if the open-ended questions ask overlapping or related material. Since this research is exploratory by nature, open-ended questions are recommended to provide in-depth information on feelings, attitudes and perceptions (Kumar, 2005; Rubin & Babbie, 2005).

The quantitative component of the research project consists of three sections. The first section is brief and asks closed-ended questions that describe a general profile of each respondent as it relates to their comfort and attitudes towards SHE. The second section is made up of multiple choice questions in which teachers describe their demographics, subject area(s), years of experience, resources used to deliver curriculum, and methods of delivery. The third section of the questionnaire is an inventory of topics that may be covered in Grades 7, 8 and 9 sexual health education; respondents indicate what is covered in their classrooms and their respective comfort levels with those topics.

The qualitative component is a series of open-ended questions aimed to better understand teachers' feelings and attitudes towards teaching SHE with available and recommended resources. In addition, respondents are asked to comment on areas they feel require more attention and ways in which they feel SHE could be improved.

3.3 Target Population

The research study aimed to have a minimum of 30 teachers from across the province, the number of participants required to generate valid results (Wiebe, 2008). The target population was all junior high (Grades 7, 8 and 9) teachers across

Newfoundland and Labrador expected to cover sexual health and relationships education (Government of Newfoundland and Labrador, 2007a). Elementary curriculum (Government of Newfoundland and Labrador, 2007b) focuses on puberty and senior high curriculum (Government of Newfoundland and Labrador, 2004) only includes sexual health as an elective (a course called Human Dynamics). The current reality of provincial curriculum is that students are exposed to sex and sexuality curriculum primarily in Grades 7, 8 and 9. In these junior high Grades, health education includes human sexuality, relationships, drugs and alcohol, active living, safety, emotional and social well-being, and nutrition. All junior high teachers of SHE in Newfoundland and Labrador were included in this target population. There is no information on how many educators teach sexual health education since the curriculum is not bound to any of the main subject areas such as language, mathematics, science, art, music, and physical education.

3.4 Procedure

The Interdisciplinary Committee on Ethics in Human Research (ICEHR) at Memorial University approved the proposal for this research (ICEHR No. 2007/08-017-ED). Program managers from the four main school districts in Newfoundland and Labrador were provided with a copy of the approved research proposal and a letter requesting permission to send questionnaires directly to all schools with junior high grades in their respective districts. Eastern School District, Central Nova School District,

Western School District, and the Labrador School Board allowed us to contact administrators and teachers about participating in this study.

In an effort to make the invitation easily distributable to teachers and non-Internet reliant, all 182 schools that teach Grades 7, 8 or 9 in Newfoundland and Labrador received an envelope in the mail that consisted of the following:

1. A letter to the school administrator briefly describing the research study (see Appendix 8).
2. Six copies of an invitation to participate for teachers of sexual health education (see Appendix 9).
3. Poster of invitation to post in the staff room (see Appendix 7).
4. A copy of the questionnaire (see Appendix 10).
5. An additional package of four questionnaires accompanied with letters of consent and return envelope.²

In addition to this mailing, an advertisement was placed in the Newfoundland and Labrador Teachers' Association newsletter (Newfoundland and Labrador Teachers' Association, 2007). An electronic invitation to participate was circulated on the Memorial University's graduate listserv.³ In January 2008, a final electronic reminder was sent to principals from all of the schools that were previously contacted by mail. Principals were asked to forward this reminder to those teachers that cover health units in Grades 7, 8 and 9.

² Only issued to the sixteen randomly selected schools from across Newfoundland and Labrador.

³ The graduate listserv is an email software application that allows for graduate students to make public postings to others on the list.

3.5 Questionnaire

The questionnaire was designed for manual or electronic completion. Participants could mail, fax, or e-mail their completed questionnaire. Educators were invited to answer part or all of the questionnaire and were given the option of identifying themselves or remaining anonymous. Questions were framed objectively such that specific beliefs or attitudes were not assumed or promoted (Bradburn et al., 2004; Rubin & Babbie, 2005). The survey was designed to answer the following research questions:

- 1) Who is responsible for delivering school-based SHE?
- 2) What do educators understand to be the purpose of SHE?
- 3) What training/experience informs what and how educators teach SHE?
- 4) What are the areas of concern that are not being addressed for students and educators alike?
- 5) What supports do educators need?
- 6) How is the curriculum is covered?
- 7) How do educators feel about what they cover?
- 8) How heteronormative is the content and delivery of SHE?
- 9) How do educators measure the success or effectiveness of SHE?

The questionnaire is provided in the Appendix section.

3.6 Method of Analysis

Results from the closed-ended questions were entered into SPSS⁴ for analysis. Counts and percentages for the 31 completed and valid questionnaires are presented. The Kruskal-Wallis and Fisher's Exact Test were used to identify statistically significant trends. In some cases, the 7-point Likert scale was collapsed into a 3-point Likert scale in order to better detect associations using the Fisher's Exact Test. Answers to open-ended

⁴ SPSS is a statistical and data management program used to analyze research data.

questions were coded and grouped to identify themes and areas for further research. A summary of emerging themes from the open-ended questions are described in the following chapter. Recommendations to improve SHE are provided in later sections.

Chapter 4: Research Results

This chapter is organized to demographically describe the respondents, report emerging themes in response to the nine research questions and make additional observations from the questionnaire responses.

4.1 Demographic and Pedagogical Characteristics

A total of 36 questionnaires were returned; however, only 31 were considered valid since the remaining five were submitted by teachers of elementary or high school grades. The exact rate of return is unknown although multiple invitations and questionnaires were sent to all 182 schools that teacher grades 7, 8 or 9 across Newfoundland and Labrador. This census method of soliciting participation resulted in a large non-responsive population, since it can be assumed that 31 respondents represent a very small portion of the total possible respondents. Appendix 10, 11 and 12 describe their demography and pedagogies. Most respondents (94%) identified themselves as teachers. The remaining participants were either principals or vice principals. The largest group (65%) of sexual health educators were homeroom teachers who teach various different subject areas. Approximately half (52%) of the respondents have been teaching sexual health education for 1 to 5 years and 13% were new teachers. Several educators (19%) indicated teaching several Grades; however, the results of the questionnaire reflect that 14 were teachers of Grade 7, 10 teachers of Grade 8 and 12 teachers of Grade 9.

Thirty-nine percent were female and 52% were male. Thirteen percent chose not to identify their gender. The largest group (42%) was between ages 40 to 49 and 48% spanned ages 20 to 39. An overwhelming majority (87%) of respondents identified themselves as heterosexual, one person identified as lesbian and the remainder chose not to report their sexual identities.

Most educators (81%) indicated a Christian affiliation while the remainder did not indicate any religious affiliation. Catholic (29%) and Anglican (26%) denominations were most prevalent while others (26%) were from various different Protestant denominations. Almost half (48%) of the respondents taught in rural communities (population less than 1,000), several (29%) taught in semi-rural (population 1,000-9,999) communities while the remainder (10% and 13%) teach in semi-urban and urban settings respectively.

Half (48%) of the respondents indicated that they spent in excess of 13 hours of instruction on sexual health education. The remainder indicated fewer hours, for example, 17% spending less than 6 hours per academic year. One respondent said that they taught the Grade 7 and 8 classes on alternating years, leaving students without SHE for a year at a time. All but one respondent taught mixed-gender (as opposed to single-gender) classes. Eighty-four percent used materials recommended by curriculum documents, 77% brought in guest speakers and 65% developed or added to official curriculum resources. In rural communities, it was not unusual (26%) to teach mixed-Grade classes. See Appendix 10 for most of the descriptions given above.

4.2 Who is responsible for delivering school-based sexual health education?

There is no province-wide criteria for who teaches sexual health education; however, approximately two-thirds of the respondents identified themselves as homeroom teachers. In two cases, SHE was entirely taught by a public health nurse. Other respondents (36%) who teach sexual health units identified themselves as principal, vice principal or teachers of religion, music, science, social science, health, French and English (Appendix 10).

4.3 What do educators understand to be the purpose of sexual health education?

When asked what they felt were the most important topics to cover and what major concerns they had for youth as it relates to sexual health, the majority (68%) indicated safe sex practices while 55% indicated a heavy emphasis and 26% a moderate emphasis on abstinence (Figure 1, p. 65). After safe sex practices, educators were most concerned with conveying the importance of shared responsibility in relationships (23%), understanding the impact of peer pressure and good decision-making skills (both 16%) and understanding responsibility and consequences to actions (both 16%). Comments in response to the open-ended questions indicated that many educators understood part of the purpose of SHE was to empower students with knowledge that will convince them to practice abstinence and recognize the negative consequences to being sexually active (Appendix 15-17).

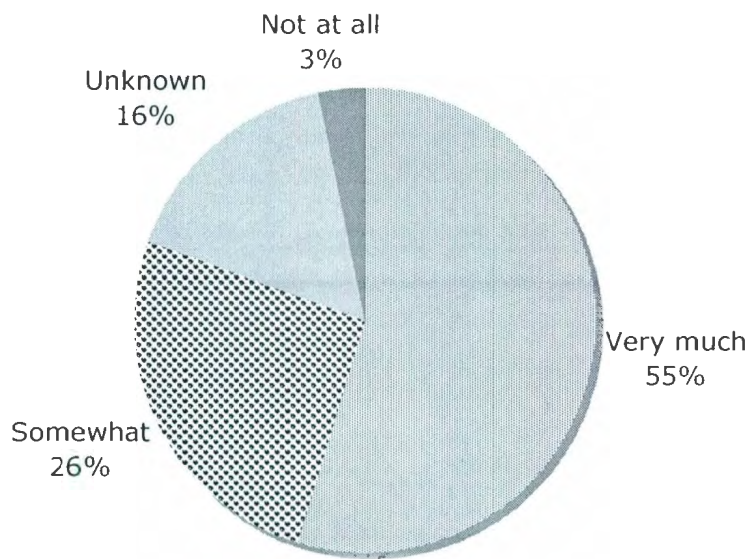


Figure 1 Response to Abstinence as an Emphasis in SHE

While the idea of abstinence was not brought up as an objective, 81% of respondents said that they emphasize the importance of abstinence. Most people (over 51%) defined abstinence as refraining from activities that involve a penis and penetration while some 35% defined it as anything that would not cause pregnancy or STIs (Appendix 37).

When asked what the most important topics are regarding SHE, varied responses identified a theme of concern for peer pressure, understanding of consequences and risks, and objective information. A few examples can be read as follows:

“Students need to learn to remember that actions have consequences. In my opinion, teenagers need to practice taking the time to consider their decision and to rely on their instincts so as not to be pressured into acting just to ‘fit in’ with others.”

“The most important thing to learn is what ‘sex’ is, what healthy relationships look like, how to protect yourself from a partner, and see sexual expression as normal/natural/diverse, and for students to decide for themselves when they are ready to engage in sexual activities.”

“Teach them how to avoid unplanned pregnancies and STDs.”

“Safer sex practices.”

“Learn the true facts about sexuality.”

“Responsibility. Knowing the responsible decision regarding sex.”

4.4 Training/experience that informs content and method

The majority (42%) of respondents indicated that they predominantly relied on their own experiences and general knowledge. Some (26%) indicated that their experience is drawn from having taught SHE for numerous years. Several (10%) said that they relied primarily on public health nurses while others (10%) indicated that they did their own research as informal training for themselves.

None of the respondents indicated specific training in SHE. One person took an undergraduate elective in human sexuality while another voluntarily participated in workshops on LGBTQ and women’s issues. Thirty-nine percent of the respondents had identified undergraduate university-related courses as training. This ranged from a biology course to on-campus training in LBGT and women’s issues. Research in New Brunswick (Cohen et al., 2004) indicated that 47% of the male teachers and 32% of the female teachers had received training to teach sexual health, though it is not clear whether training they refer to are undergraduate courses in biology or a specific training

on SHE. Statistics from Cohen's (2004) study are generally in line with research that indicates that 39% of Bachelor of Education programs across Canada offer compulsory or optional courses in sexual health training. It is noteworthy that many teachers bring in nurses to teach SHE and it is unclear as to what kind of preparation or training nurses receive on teaching youth about sexual health.

The six most common topics identified as uncomfortable, sensitive or controversial included diverse sexual identities, *how to* information on contraception, abortion, explicit sexual practices, masturbation and sex toys. These topics, by their nature, affect if and how much they are included in SHE. This list of topics concurs with other studies on what teachers of SHE are least likely to cover (Cohen et al., 2004; DiCenso et al., 2001; Schultz & Boyd, 1984; Weaver et al., 2002; Yarber & Torabi, 1997). Examples of comments related to uncomfortable topics include:

“Masturbation and the use of sex toys I feel do not belong in a classroom setting. Very sensitive as there are many religious affiliations that may not want these topics discussed in a school or public setting.”

“Don't want to get into 'how to' as it could be misinterpreted 'how to's' of sex and contraception.”

4.5 Areas of concern that are not being addressed for students and educators alike

Educators indicated numerous concerns for students. These concerns include students starting to have sex at young ages, a deficient knowledge base, irresponsible practices, lack of maturity and attitudes of finding SHE curriculum irrelevant (Appendix 15 and 33).

Other areas of concern from the educators' perspectives include parents who get upset about content, the portrayal of sex as something negative, lack of awareness around sexual harassment, lack of human resources, curriculum biases and very outdated curriculum and media recommendations. Numerous educators (26%) named outdated curriculum as a source of concern or frustration while others said they were concerned with lack of training (7%) and lack of time (7%) (Appendix 15 and 33).

One person expressed much frustration in the slow process of reporting disclosures of sexual abuse. They were told that they should try to cover the child abuse portion of a unit at the beginning of the week so that if any student discloses any information, the authorities would be better able to deal with them during the regular workweek.

When asked *what are your areas of concern or frustration with SHE?* respondents answered:

"Lack of training, teachers uncomfortable with topics, therefore don't teach it."

"I am concerned about how little there is on the variety of definitions of sex, sexuality and gender."

"I spend a lot of time creating activities, supplementing and finding current resources to use."

"Poor curriculum, poor text, have to 'google' info."

4.6 What supports do educators need?

All but one respondent acknowledged that while they had general support to make improvements to SHE, they felt a strong need for an updated and better program and curriculum (42%), access to more outside help such as a public health nurse or facilitator (32%) and some training (16%). Most (81%) reported interest in attending in-service training if it were made available. When asked further, what topics would be most helpful at an in-service training, the two most common answers were to get new approaches/strategies (29%) and acquire new material resources (29%) (Appendix 41).

Individuals suggested ideas such as a First Class⁵ email network of sexual health educators, accessible and current educational media, individual learning plans and integration of different Grades while teaching SHE (Appendix 31, 32, 40, 41 and 42).

Other suggestions were:

“Appropriate ways to approach the ‘controversial’ topics.”

“A new up-to-date textbook and curriculum!!!!!! Support has to come from the department of education.”

4.7 How is curriculum covered?

All but one respondent indicated what curriculum was being used via the Grade-appropriate textbooks and equivalents. The Grade 7 textbook is *Healthwise 1* (Robertson & Mang, 1990b), Grade 8 is *Healthwise 2* (Robertson & Mang, 1990d) and Grade 9 is *Adolescence: Relationships and Sexuality* (Calgary Board of Education & Department of

⁵ First Class is an email application for educators and provides a communication environment for all employees within the school boards across Newfoundland and Labrador.

Education NL, 1987b). Outside curriculum resources included available high school biology textbooks, First Nation Sexual Health texts, material from Planned Parenthood, public health resources, magazines and Internet sources such as kidshealth.org and sexexpressions.ca (Appendix 43).

Most of the classes were mixed-gender (97%) and included guest speakers (77%). Ten percent were team-taught. While many (36%) argued that co-ed allows for gaining mutual respect, knowledge and equality, others valued the comfort of being in the company of the same sex. Sixty-five percent of educators said they created and used their own SHE resources in developing the SHE units (Appendix 12, 34, 35 and 36).

Many teachers (48%) estimated that SHE was taught in excess of 13 hours over the course of the academic school year. Around 32% taught it in 7-12 hours while 16% teach SHE in 6 hours or less (Appendix 11).

4.8 How do educators feel about what they cover?

Many of the respondents described themselves as open and comfortable (29%), good (19%), okay (19%), honest and candid (13%) and effective (7%). A few people indicated being uncomfortable (10%), getting too invested and worrying about how to present information objectively without personal opinions (Appendix 25).

The perceived feedback from students that may impact how sexual health educators feel about their classes is mostly positive. Students are perceived to be enjoying class for its candour and information. The negative comments about how students respond in SHE classes were mostly related to immaturity (Appendix 24).

Twenty-nine percent of the respondents indicated that they felt that they were responsible for teaching topics that were too controversial, sensitive or uncomfortable. Examples of such topics included masturbation, sex toys or aids, explicit sexual practices, abortion, sexual identities and related sexual practices and the *how to's* for contraception (Appendix 21 and 22).

4.9 How heteronormative is sexual health education?

Heteronormativity was most evident in the answers to the two questions: (1) Are you aware of any sexual diversity and how does this affect how and what you teach? and (2) How do you define abstinence? Only two people indicated that they were aware of any sexual diversity in their classroom. Most educators that responded to the diversity question said that they would *not* change what or how they taught based on the sexual identity composition of their classes (Appendix 29 and 30). Responses ranged as seen below:

“Sexual preference is private until they feel ready to share, and with people you trust.”

“Try to be inclusive.”

“We treat everyone with respect regardless of their sexuality.”

“Sexual diversity of any type must be handled with sensitivity. I try to impress upon my students, not only in SHE but all areas, the importance of tolerance and understanding.”

“I am not aware of any sexual diversity in my classroom. However, should I discover that there is sexual diversity, I doubt this would affect how and what I teach, unless there was a problem regarding the acceptance of sexual diversity in the class.”

“I’m aware of some of what I consider to be possible sexual diversity...however, we don’t have any students who are currently and officially ‘out’, so this doesn’t really affect how I teach. I just make sure I cover sexual diversity and promote tolerance and respect.”

In gathering educators’ definitions on the meaning of the word *abstinence*, there was a broad spectrum of definitions ranging from “no penetration” and preserving virginity (26%) to any activity that could create the possibility for the contracting of STIs (36%). One respondent referenced the Catholic Religious Curriculum Guide and another referenced their curriculum text (Appendix 39).

4.10 Measuring success/effectiveness of sexual health education

When asked this very question, the four most common answers were 1) through a series of evaluation tools (16%) such as tests, quizzes and projects, 2) the degree to which students ask questions in class (16%), 3) informal feedback from students (13%) and 4) any decreases in teen STIs and pregnancy (13%) (Appendix 28). One person answered this question by saying:

“I think that, overall, SHE is moderately successful if a teacher sticks solely to the government provided resources. Students have a natural curiosity we must cultivate. With a few minor changes and some more training for teachers, we could have a very successful SHE program.”

4.11 Comfort levels with listed topics

The educators were asked to place their comfort levels on a scale of 1 to 7, from very uncomfortable to very comfortable, on twenty-four SHE topics. All of the median

values for the comfort levels related to each topic ranged between 5 and 7, however the widest ranges were reported for topics on the use of aids, oral sex, anal sex, mutual masturbation, vaginal/penile sex, sexual diversity, wet dreams, sperm production, sexual pleasure, and contraception uses and mechanics. Similarly, the most commonly unanswered topics included use of aids, mutual masturbation and anal sex (Appendix 44).

The associations between educator gender and topic-specific comfort levels were analyzed for statistical significance. Female teachers were more comfortable addressing the topic of menstruation products ($p = 0.001$, Kruskal-Wallis) while male teachers are more comfortable with the topic of pregnancy and birth ($p = 0.032$, Kruskal-Wallis) (Appendix 45). When a similar test was run by collapsing the 7-point Likert scale into three categories of uncomfortable, neutral and comfortable, the Fisher's exact test did not reveal any statistically significant evidence to support a relationship between gender and any topics (Appendix 48). A similar study with a large sample size of 264 to 322, observed the most significant differences between genders were on topics of sexual pleasure and orgasm, masturbation, sexual behaviour, pornography, sexual problems and concerns and wet dreams (Cohen et al., 2004). A similar study (Johnson Moore & Rienzo, 2000) in the US, polled teachers of SHE on what topics were covered. The least covered topics include sexual behaviour, diversity in sexual and gender identity, masturbation, fantasy and sexual dysfunction (Appendix 44).

In examining associations between comfort levels and population demographics, there was evidence showing that teaching in a rural community was associated with feeling less comfortable with the topic of pregnancy and birth ($p = 0.025$, Kruskal-Wallis)

(Appendix 46). Collapsing the 7-point Likert scale gave significant results ($p = 0.025$) for rural community and feeling uncomfortable addressing the topic of menstruation products (Appendix 49). There was no evidence of associations between comfort levels on SHE topics and years of experience teaching SHE (Appendix 47 and 50).

4.12 Curriculum objectives and textbook

Comparing provincially legislated curriculum objectives and outcomes with the provided text found that additionally recommended resources are needed to fulfill all objectives (Appendix 51, 52 and 53). The questionnaire results indicate that at least 45% of the respondents rely entirely on the recommended textbook. Over one-quarter of teachers expressed their main source of frustration being related to the outdated quality of recommended materials.

Of the respondents that only use provincially mandated textbooks, there was inconsistency in what they indicated was covered in SHE versus what topics were covered in the text. Twenty-one percent of the Grade 7 teacher responses on course content did not correspond with the text content. Similarly, this was true for 36% for Grade 8 teachers and 32% for Grade 9 teachers (Appendix 54).

Teachers were given the option to add a topic to the list of 24 items and to indicate their comfort level to that topic. Three respondents added a topic and ranked their comfort level lower than most others. The topics added were sexual slang and language, sexual abuse and homophobia.

Chapter 5: Critical Analysis and Discussion

This exploratory research attempts to unveil the attention, values and attitudes towards sexual health education (SHE) by those responsible for teaching such curriculum. This critical analysis section is devoted to critiquing ways in which SHE remains unquestioned in the simplistic assumption that it exists only to regulate teenage pregnancy and sexually transmitted infections (STIs) in heteronormative, gender oppressive and fear-inducing ways that are void of topics like pleasure and desire. Results from this study suggest that many educators are unaware of the oppressiveness of current curriculum content and pedagogical practices.

5.1 Educating Educators

Studies that have included information on SHE teachers have indicated that most classes are taught by untrained educators who are uncomfortable with the course material. Alex McKay of Sex Information and Education Council of Canada (SIECCAN) is quoted as saying that “if sexual health is to be effective, it needs to be provided by people who have some specialized training. It is not something that you can just hand over to the chemistry teacher, just as you wouldn’t ask him to teach English literature” (Agrell, 2008, p. L1). Sex educators need opportunities to consider and think critically around issues of sexualities if we are to suggest that such opportunities are important to adolescents (Measor et al., 2000b).

5.1.1 Claimed Sources of Knowledge

The only respondent in this study with background training specific to sexual health worked at Planned Parenthood. While a handful of educators credited undergraduate biology and psychology classes as forming their knowledge on sexual health, nobody indicated any training as part of teacher training, in-service training or workshops. In some provinces, it is most likely that the physical education teacher is responsible for covering all health topics, including SHE. This study revealed that across Newfoundland and Labrador, SHE is not consistently assigned to any given subject area. A study entitled *Pre-service Sexual Health Education Training of Elementary, Secondary and Physical Education Teachers in Canadian Faculties of Education* (McKay & Barrett, 1999) concluded that:

Teachers require a substantial body of knowledge and a variety of skills in order to deliver effective sexual health education in the schools. The increased availability of pre-service sexual health education training at Canadian faculties of education would thus constitute a major contribution to the promotion of sexual health among youth. Pre-service training in sexual health education provided through B. Ed. programs can serve as the foundation for high quality sexual health education in Canadian schools. (pp. 100-101)

Despite SHE teachers' lack of training, many of the respondents had indicated overall comfort with curriculum material and use of additional resources to supplement the outdated student workbooks and teacher manuals. It was not until directly asked in the questionnaire that most respondents voiced their affirmation and desire for in-service training in SHE (Appendix 40 and 41).

5.1.2 Investing in Teacher Education

How often do we hear teachers express their commitment to the cliché phrase of wisdom that says “learning is a lifelong journey”? This commitment suggests that educators, of all people, are aware that learning is necessary for growth, change and liberation. In this context, while exact policy initiatives and pedagogical strategies can be put in place, the effects of SHE greatly depend on the teacher (Kehily, 2002). Thornton (2001) speaks of how method courses for pre-service teachers often stress competencies with scant attention to how those competencies are conditioned by subject matter. He further emphasizes that “as long as policy-makers, social science professors, curriculum developers and even teacher educators confuse content and subject matter, they will continue to underestimate the subject matter demands of classroom teaching and thus misdirect teacher education” (Thornton, 2001, p. 237). One implication of paying more attention to content and pedagogical practices of any subject matter would be to examine all levels of education, from policy to curriculum, how the dominant cultures and assumptions are represented and serve to silence others.

A study surveying Bachelor of Education Programs at Canadian universities found that 39.3% of the programs provided compulsory or optional courses in SHE training (McKay & Barrett, 1999). Another study found that while approximately half of Canadian school districts regularly offer in-service training, only one-third of the teachers who teach SHE report having participated in such training (Cohen et al., 2004; McCall et al., 1999). Studies have shown that increased academic preparation and training in human sexualities coupled with experiencing what is perceived to be “adequate” SHE,

lead to more competent and comprehensive SHE (Askew, 2007; Cohen et al., 2004; Schultz & Boyd, 1984; Yarber & Torabi, 1997). Memorial University, where many teachers in Newfoundland and Labrador likely complete their Bachelor of Education, does not offer any courses for prospective teachers to prepare them for teaching SHE.

Similarly, there have been no recent or ongoing in-services for teachers of SHE at any Grade level in school districts across Newfoundland and Labrador. The only provincial organization that offers direct training to students with up-to-date information is the Planned Parenthood: Newfoundland and Labrador's Sexual Health Centre. As a non-profit organization, their goals are:

to provide knowledge, resources and skills needed to make informed sexual health choices, [to] promote positive sexual health attitudes and practices, [to] encourage a pro-active approach to sexual health education and practices, and [to] provide sexual health services and education in cooperation with community partners. (Planned Parenthood: Newfoundland and Labrador's Sexual Health Centre, 2008)

To date, there has been no direct link made between any school district, Department of Education, NLSHC, or Memorial University's Faculty of Education to provide training to educators (Coady, 2008; Memorial University, 2008; Snow, 2007).

Reasons for such lack of attention and collaboration (schools, government and community organizations) is speculatively related to the historically conservative nature of teacher education, the non-academic reputation of SHE, absence of internal expertise within the Department of Education and a general fear of knowledge that is related to gender, sexual identities and sexuality.

5.2 Curriculum Documents

“The educational potential of resources that do not reflect contemporary youth culture can be undermined because student attention is directed towards the humour generated by defunct language and styles.” (Allen, 2005, p. 399)

Government mandated curriculum objectives and documents suggest that, though approximately two decades old, SHE in Newfoundland and Labrador has tried to deliver what was considered comprehensive in the 1980s. The curriculum texts for the respective Grade levels are *Healthwise 1* (Robertson & Mang, 1990a) for Grade 7, *Healthwise 2* (Robertson & Mang, 1990c) for Grade 8 and *Adolescence: Relationships and Sexuality* (Calgary Board of Education & Department of Education NL, 1987a) for Grade 9. Teachers are expected to refer to *Adolescence: Healthy Lifestyles* (Government of Newfoundland and Labrador, 1993), a document that outlines objectives and resources for all health units, as a primary source that teachers are held accountable for delivering.

The process for province-wide curricular change involves 1) creating an awareness of need for change, 2) researching new resources that meet identified needs, 3) revising relevant curriculum guide documents, 4) offering professional development to teachers by going on a provincial tour and 5) piloting a newly revised curriculum and materials (Coady, Personal Communication, April 2, 2008). In the recent past, several school communities have expressed concern for the costliness of purchasing new and outside resources for sexual health units in Grade 9 to replace the over-twenty-year-old textbook that is still the provincially mandated textbook. Consequently, the curriculum section of the Provincial Department of Education has researched different textbooks, consulted with local experts to edit a contextually US-based textbook to have Canadian

references and modified content, and are currently in the midst of consulting with educators on a revised version of provincially mandated learning objectives for Grade 9.

Until this year, however, the textbooks that are in use have been the primary source of information for teachers and students alike for the last 18-22 years on SHE. Since these books were published, many things have changed. To give some examples, there has been increased awareness of plural sexualities (thinking beyond only heterosexual and homosexual relationships), greater visibility of gay and lesbian characters in mainstream media, growing interest in understanding transgender identities, the accessibility of the emergency contraceptive pill also known as the *morning-after pill*, expanded variety of menstruation products, amplified exposure to more and explicit sexual messages through all forms of media and advertising and increased reports of youth engaging in oral sex. Similarly, the curriculum-recommended videos are now grossly outdated to the point where most teachers have chosen not to use them.

It is important to note that while curriculum is key to changing the nature of SHE, curriculum alone cannot affect change. Sumara and Davis (1999) ponder “how curriculum might begin to insert itself into the tangled web of ignorance that currently exists in and around discourses about sexuality” (p. 200). The current curriculum’s tangled web of ideas centred around normalcy as defined by monogamy, coital relations and conformity to conventional gender roles is perpetuating ignorance (Bay-Cheng, 2003). Interrupting and changing the nature of SHE requires untangling the ignorant connections made in the minds of people who influence how sexual health is taught to

youth. Here, it is suggested that a comprehensive and inclusive curriculum may serve to be one agent of change, a vehicle that can interrupt peoples' way of thinking.

5.3 SHE: Assumed to be Objective

Looking at the provincially mandated curriculum objectives for Human Sexuality units, the key messages have central themes of understanding puberty changes, reproductive anatomy and physiology, pregnancy and consequences of STDs and HIV/AIDS, awareness of sexual expression, responsible decision-making, and outcomes of sexual intercourse (Government of Newfoundland and Labrador, 1993). It should not be shocking then, that teachers in this questionnaire answered questions in ways that assume teaching SHE is about disseminating factual information that will discourage teenagers from having sex and practicing abstinence. The majority of teachers indicated a religious affiliation and in several cases made reference to the fact that their school was formerly Catholic and consequently exists in a predominantly Catholic/Anglican community. It would be remiss to not consider how church attendance may correlate with values taught in SHE. Marsman and Harold (1986) found in their Ontario-based study that frequent church attenders did not approve or disapprove of SHE but rather were more likely to favour conservative values *in* SHE.

Many of the teachers advocated for exclusively mixed-gendered classes on the assumption that it keeps subject matter equal, fair, inclusive and provides an opportunity for better dialogue between genders. The inherent language and choices for chapters in the objectives and material resources frame content in a linear format that maps out

actions leading to branches of consequences (mostly negative, of course). While the chosen texts do not use explicit heterosexual references, all illustrations and most chosen topics are only applicable to heterosexual relationships. A prime example is the emphasis on abstinence and its assumed meanings as a predominantly unquestioned key message of SHE. This section is devoted to critiquing the above mentioned assumptions.

5.3.1 Curriculum Texts

Researcher Joseph LoPiccolo states that “the text should not be overly political or stridently polemical about sexual and sex-role values, in either conservative or liberal directions. Instead the text should be value-free as much as possible” (Myerson, 1986, p. 67). Such a statement implies both that politics and academia can be separated and that value-free social science is possible – or even desirable. Boynton (2007) writes how SHE is “neither critical nor evidence-based in an era ...where wider culture is becoming increasingly commercialized and sexualized” (p. 544). In other words, culture has adopted a hyper-sexualized presence in everything from kids’ clothing fashion to cleaning ads. So much that “sex everywhere” has become normalized and rarely critiqued or deconstructed to examine the ways in which it attempts to shape peoples’ way of thinking.

The textbooks used in schools across Newfoundland and Labrador offer numerous discussion questions and case studies for students to generate their own thoughts and possibly engage in some critical thinking. Looking at the Grades 7 & 8 teachers’ manual, it is prescriptive with an underlying patriarchal ideology defining what topics merit emphasis (i.e. reproductive systems and STIs) while others (e.g. homosexuality) are

merely mentioned in passing. Other examples of prescriptive and patriarchal texts are discussed and critiqued later with topics of teen pregnancy, abstinence, heteronormativity. These manuals have lists of worksheets to assign, discussion questions to initiate, activities to recommend, assignments to try, and so forth leaving the teacher to use their own discretion on what key messages should be, or if too awkward, teachers can stick to fact-finding material (in the form of worksheets, assignments, reading and watching videos). Similarly, the Grade 7 Teachers' Resource Guide tells teachers to "spend significant time discussing abstinence with your class. They may be sophisticated enough to request information on mutual masturbation and oral sex. If you are comfortable with the explanation and atmosphere, you may explain these in varying degrees" (Robertson & Mang, 1990b, p. 63). The key point here is that discussing abstinence takes priority while talking about oral sex or masturbation is optional and entirely discretionary.

The Grade 9 textbook is organized very differently with more substantial sections entitled *Teacher's Notes* in which main topics covered in any particular chapter have supplemental definitions, explanations, statistics and optional controversial topics that can be mentioned if teachers are comfortable. One example of a message that counters the overall tone of fear and danger is found in *Adolescence: Relationships and Sexuality* (Calgary Board of Education & Department of Education NL, 1987b) on the topic of teenage pregnancy, in which the teacher notes say that "there are many teen mothers who are successful and find the experience a satisfactory one" (p. 204).

Despite the more substantial teacher notes in the Grade 9 teachers' resource book (compared to the Grade 7 and 8 books), heteronormativity prevails despite attempts to appear "open" and progressive. In the *Sexual Expressions* chapter, topics are broken down into seven categories of masturbation, heterosexual petting, heterosexual intercourse, bisexuality, homosexuality and abstinence. It is curious to see that petting is offered as an option for heterosexual relationships as an alternative to "sexual intercourse". Here, petting is described as "a form of sexual expression in itself, or it may occur prior to sexual intercourse. As part of an intimate relationship, some people communicate with their partner through touching but avoid actually having sexual intercourse. This avoids the possibility of pregnancy" (Calgary Board of Education & Department of Education NL, 1987b, p. 164). How can petting be reserved for heterosexual relationships? And if petting negates sexual intercourse and the possibility of pregnancy, what meanings are attached to lesbian or gay petting? This same document describes heterosexual intercourse as "when the penis is inserted in the vagina.... friction caused by the movement of the penis in and out of the vagina contributes to stimulating the male and female orgasm..." (Calgary Board of Education & Department of Education NL, 1987b, p. 164) whereas homosexuality is described as:

It is not known for sure why some people express their sexuality through homosexual relations. It used to be believed that homosexuals were mentally ill or had some biological problem with their bodies. This is not true. There is most likely a combination of psychological, social, and cultural reasons for people expressing their sexuality in this way... Many people have one or more homosexual experiences, but do not become exclusively homosexual.... during adolescence, sexual interest in others of the same sex frequently occurs, people may masturbate in the company of a person of the same sex or may have a homosexual experience. This does not mean that the people involved will continue to engage in homosexual

relations in adult life. (Calgary Board of Education & Department of Education NL, 1987b, pp. 164-165)

This curriculum text offers a narrow definition of heterosexual relations and offers no definitions for what may constitute LGBTQ relations. The description for homosexuality appears to be attempting an emancipatory effect, blind to how it frames “otherness” in heteronormative terms. Unsurprisingly, the teachers’ resource manual does not comment on the “psychological, social and cultural reasons for people expressing” (Calgary Board of Education & Department of Education NL, 1987b, p. 164) heterosexuality.

5.3.2 Teachers Assume Objectivity

“Teachers are more likely to teach topics they consider important” (Johnson Moore & Rienzo, 2000, p. 59)

Looking at teachers’ responses to topics covered, most important topics, measures of success and definitions of abstinence, there is an assumption that factual information needs to be covered while topics of controversy which risk offence (and therefore defence) are considered optional. Teachers emphasized and expressed concern for students’ lack of understanding around *real world* consequences. To give an example, comments like those from teachers below were common throughout many of the open-ended answers.

“[my main concern is that I] correct misinformation.”

“[my main concern for students is] technical information, risks, consequences.”

“Main concern is that information doesn’t get through to students.”

“The feedback I get from students allows me to evaluate their comprehension of topics we have covered.”

“[I emphasize abstinence] a great deal, but I feel students think this is preaching and do not believe that there is so much risk.”

The combination of the perception that health education at large is not an academic subject and that SHE is built on a medical framework intended to prevent and alert students to the dangers and difficulties of sex - facilitates *questioning* youth to work against each other (Allen, 2005; Bragg, 2006; Measor, Tiffin, & Miller, 2000a). By neglecting critique and complicating relationships, identity, pleasure, power and desire, SHE loses integrity as an academically challenging and engaging subject area.

5.3.3 How Objectivity May Fail to Educate

Responses from teachers in this study suggest that they unknowingly perpetuate neutral, natural and status quo forms of sexuality while simultaneously believing that curriculum content is relevant to diverse sexual identities. For example, several respondents who prioritized and defined abstinence in heteronormative terms also felt that students of all sexual identities would (in theory) be respected and that curriculum content was appropriate but needed an updated appearance. Such inattentiveness to the silences and unspoken values in curriculum would be indicative of how SHE fails rather than protects its students by not attending to the development of the sexual self (Fine, 1988). Gate-keeping by teachers is inescapable and is frequently misunderstood as the mere selection and simplification of some prescribed curriculum content (Thornton, 2001). In this way, the same material resources will be construed differently depending on individual teachers and their understanding of any given topic.

Teachers who attempt to contemporize and engage with students with much informality risk perceptions of being “uncool” and “unacceptable” to students (Kehily, 2002). The contemporary teacher that Kehily (2002) describes is one that strives to be accepted by youth as someone who “gets it”. There is a fine balance between relating to youth and being relevant to youth. While students may dislike educators who act like they know what youth are going through, students prefer to hear explicit details without censorship.

Bragg (2006) argues that teachers fear too much that SHE be “inappropriate” or “too explicit” and consequently do not offer young people experience or skills in critical media consumption. Explicit and inappropriate information is undoubtedly accessible and pervasive in television, internet, advertising and magazines. Youth are then left to negotiate sexual media culture and become participants in this “private” sphere that is less objective and more objectifying. Interestingly, teachers in this research study did not identify or comment on the importance of critiquing media representation of sexualities and sexual behaviours.

5.4 Single and Mixed Gender Classes

Gender composition merits special discussion because it relates to ways in which teachers may not realize the oppressive nature of pedagogical practices. Several studies have indicated how grouping by gender can be both problematic and liberating. Surveys of students have found that the majority of girls and far fewer boys much prefer single-gender classes (Allen, 2005; Strange, Oakley, & Forrest, 2003). Interestingly, a study by

Strange, Oakley and Forrest (2003) found that students valued personal characteristics and values of a teacher more than their teacher's gender. A teacher would also be respected by male and female students if they were confident, unembarrassed and able to "fairly" discipline disrespectful and disruptive behaviour (Strange et al., 2003).

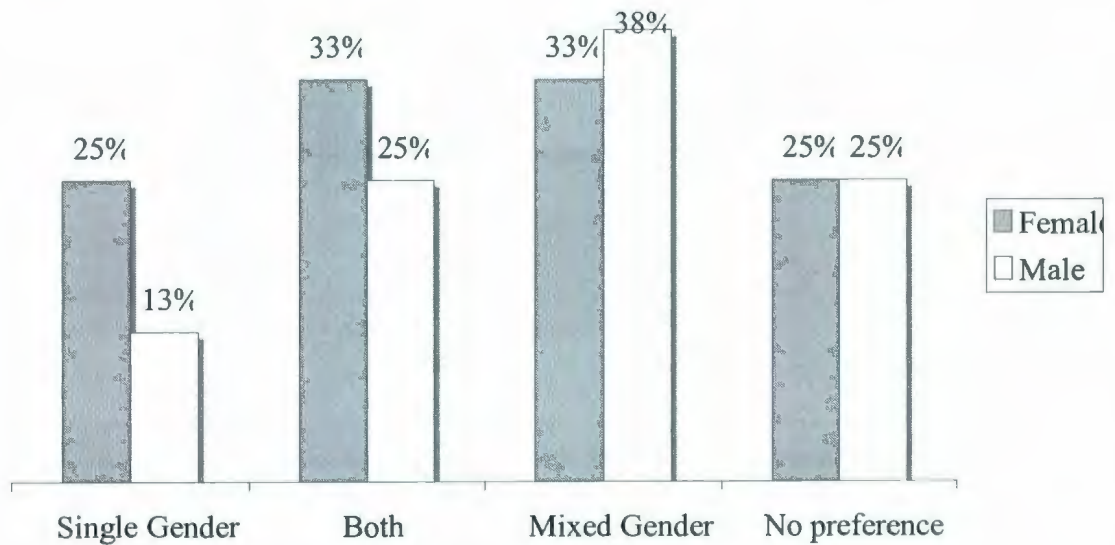


Figure 2 Preference for Single-Gender vs Co-Ed Classes, by Gender

The responses on single-sex versus co-ed sexual health education were varied and similar to the Cohen (2004) results except that this research reports greater support for mixed-gender classes. One differing and possibly a significant factor, though unknown, is that Cohen's study included elementary and junior high teachers whereas this study only included junior high teachers.

5.4.1 On Single-Gender Classes

It was found that girls in an all-girls class took more initiative and engaged in discussions on the importance of having an identity as a sexual person (Measor et al., 2000a). In this way, girls freely address issues such as gender inequity, sexual harassment by boys in their class and female pleasure. In this research study, the few teachers that supported the idea of occasional single-sex classes suggested that it would offer a more comfortable space to ask questions and an opportunity to spend more time on “relevant” topics. The discussion on mixed-gender classes will speak to the pervasive attitudes towards gender dynamics.

Similarly, boys feel less pressured to perform “macho” behaviours in front of their female peers. A study found that boys taught by a male teacher may also display some stereotypical and exacerbated (hetero)masculine behaviours that may be covering up for underlying anxieties and fears around being sexually inadequate or victimized (Measor, 2004; Strange et al., 2003; Woodcock et al., 1992). Interestingly, boys indicated that if they were given the opportunity to be taught independent of the girls, they would like to talk about erections, masturbation, women’s sexual pleasure, *how to’s* to having sex and understanding menstruation and contraception (Strange et al., 2003).

One challenge in separating students by gender is the assumption that students neatly fall into one category or another. Critiquing ways in which exclusively single or mixed-gender classes enable or deter gender-oppressive dynamics does not address how a transgendered student might choose one gender-assigned group over another.

5.4.2 Gender Dynamics in Co-ed Classes

“Taken-for-granted notions about it being a good idea to teach boys and girls together for SHE may need to be questioned.” (Measor et al., 2000a, p. 137)

Teachers in this study primarily expressed themselves as being indifferent or strongly preferring co-ed classes. Several people considered advantages to a combination of mixed and single-gendered classes. There were, however, numerous comments in strong support of mixed gendered classes expressed with comments like below that caught my attention:

“In real life, sexes are not separated, so why in class?”

“I believe separating them to teach sends a message of taboo to the other gender.”

“I don’t like the single-sex approach. Students should know how the opposite sex functions and the concerns they have.”

“I have always taught in a co-ed classroom. It works fine for most topics.”

“I believe that there should be a classroom of co-ed. That way males and females gain more respect for each others’ feelings and bodies.”

“To me, co-ed classes ensure that all students learn about all topics covered. Responsible adults should not be in the dark about some sexual health topics while knowing about others.”

There is an implied assumption that same = equal = transparent = respect. This assumption relies on students to be articulate, honest, uninhibited in asking questions, sensitive to others’ naivety, respectful and to be uncomplicated of sexual relationships within the class. In reality, challenges created by male students are a common phenomenon (Measor, 2004; Measor et al., 2000a, 2000b; Strange et al., 2003; Woodcock et al., 1992).

Boys in co-ed classroom settings have been found to frequently disrupt class through homophobic, sexist and other inappropriate comments that put teachers in a position of addressing the comments in ways that facilitate learning and/or take time away from class to discipline the male students (Measor, 2004; Measor et al., 2000b). Most teachers do not feel equipped to transform offensive or disrespectful comments into a learning opportunity for the class (Measor et al., 2000b; Strange et al., 2003). Rather, teachers in a state of panic and discomfort, “waste time” disciplining behaviour and thinking about ways to prevent such dynamics from occurring in subsequent classes (Strange et al., 2003).

Studies have indicated that when boys have been questioned about male disruptive patterns, there was no sense of accountability and no one took responsibility for it (Keddie, 2006; Strange et al., 2003). Instead, boys reasoned that SHE was irrelevant to them, questions they had were uncomfortable to ask in front of girls, and that there was pressure to conform to particular forms of (hetero)masculinity so as to not be victimized or rendered sexually inadequate (Strange et al., 2003). Strange, Oakley and Forrest (2003) suggest two possible underlying reasons for the above described boys’ behaviour:

Because of marginal academic importance, sex education provided increased opportunities for student to subvert authority by capitalizing on teachers’ insecurities about professional and personal constraints on their practice. Sex education highlights aspects of gender and sexual identity. These increase the likelihood that students, especially boys competing for peer group status, will act out of rigid performances of stereotypical gender roles. (p. 212)

The effect some boys' behaviour has on many girls is that they feel that the subject matter provides boys with an opportunity to use sexual matter and language to denigrate girls. This study by Strange et al. (2003) found near universal descriptions of girls' victimization, harassment and teasing. Similarly, girls did not feel comfortable speaking about experiences of physical and sexual assault that happened on a daily basis outside of class in front of their male peers.

The problem of male-initiated disruption in SHE classes is complex. Careful examination of informal SHE at home and other influences may suggest that boys feel that they can only rely on their peer group and pornography that is readily available and widely circulated (Woodcock et al., 1992). Teachers in this research did not express much frustration in having co-ed classes, however, it seems unlikely that boys in this province have managed to rise above the kinds of disruptive behaviour addressed in other studies. The question worth asking may be how would describing disruptive behaviour reflect on teachers and their ability to discipline? What are teachers teaching (or in this case, not teaching) in SHE that disrespectful behaviour does not present itself in the classroom? Or, what do teachers consider as unacceptable behaviour?

5.5 Classroom Occupied by Heteronormativity

“Any sexual identity can assume space and space can assume any sexual identity...space is produced and it has both material and symbolic components.” (Rasmussen, 2004, p. 132 citing Bell & Valentine, 1995, p. 18)

5.5.1 Hetero-gendered

Heteronormativity colours ways in which most teachers view sexuality, SHE and their students' interests/needs. It should come as no surprise considering that teachers were likely raised in a heteronormative culture that perpetuated hetero-gendered ways of thinking and behaving. Hetero-gendered refers to the ways in which tradition assumes “male and female psyches are somehow innately differentiated, and fail to discuss [the] social tolerance for incongruity or ambiguity between biological sex and gender identity” (Myerson, 1986, p. 68). Complicated by basic human needs of inclusion, belonging and identities, it is impossible to counter hetero-gendered behaviour without jeopardizing these needs. An example would be the discourse around gender performance and gender identity is of great interest as transgendered identities emerge from queer theory and pose important questions about feminist theories (Wilchins, 2004).

Most of the respondents in this research answered the open-ended questions in ways that hinted at the lack of analysis on power dynamics, institutionalized male prerogative, female objectification and a long history of passive enabling. To a large extent, silence on such topics enables a *heterotopic* space, a phrase coined by Rasmussen (2004) to describe sites that neutralize and assume a set of relations that conform to heteronormative roles. It is probable that teachers in this study are not consciously silencing these topics but have not been given the opportunity to critically examine their

own gender and sexuality identities. SHE has done little to challenge dominant discourses of femininity and masculinity, and the differences in power and opportunities to which they lead (Measor et al., 2000b).

5.5.2 Heteronormativity

Looking carefully at the curriculum objectives and texts, it is clear that topics such as homophobia and transgender issues are absent. Myerson (1986) wonders what criteria would be for non-oppressive sexuality curriculum. How does one practice 'liberated' sexuality in an oppressed society or classroom? Though the topic of homophobia was rarely mentioned by teachers in this study, Shortall (1998) was clear about how problematic homophobia is for students, teachers, curriculum and school cultures across Newfoundland and Labrador. Dated curriculum documents that are still widely used are seemingly both liberal in some ways and contradictorily conservative in others. For example, the Grade 9 Teachers' Resource says:

Sexuality is a broadly defined term that refers to a person's personhood as male or female. It includes the following: (i) Biological sexuality which is, properly speaking, a person's sex (male or female) and is limited to biology, anatomy, and physiology, (ii) Psychological sexuality, which is the fusion of biological sexuality with personal identity. This refers to a person's masculinity and femininity and involves self-concept and how he or she relates to others. Sexuality is part of the process of socialization and as such is influenced by parents, peers, culture, and society as a whole. Sexuality, then, is really what it means to be a man or a woman in relations to others. It is part of, and dependent upon, one's self-identity. (Calgary Board of Education & Department of Education NL, 1987b, p. 146)

This definition of sexuality is fairly comprehensive for the targeted age group of approximately 13-14 year olds. However, this is only found in the teachers' resource

book and does not give examples, contradiction, or discussion of how sexuality is complex or of the implications of not fitting an expected mould of sexuality. Similarly, later in the same chapter a teacher is given an exercise:

The word 'sexuality' may be 'sexual intercourse' to some, and the word 'sex' may also mean 'sexual intercourse' to others...Ask groups to form groups of four and five people...on the board write the terms SEX, SEXUALITY, and LOVE...and ask the students to discuss *why do people confuse these three terms?* and *how do people express themselves sexually?* (Calgary Board of Education & Department of Education NL, 1987b, p. 161)

Again, while a valuable exercise in its own right, thus end the notes to the teacher. The teacher is expected to debrief and facilitate this discussion with no key critiques, messages, or reference to political or historical examples to draw attention to the complexity and problematic nature of sexuality as it exists in our societies.

Looking carefully at currently used (though not current) textbooks, they are stripped of overt heteronormative written language that would assume opposite genders attract. However, all illustrations and every case study and scenario are heterocentric. Struggles with gender identity are nonexistent. Complex sexual anatomy, gender and sexual relationships are absent. To this, one might ask how it must feel to be, for example intersexed, asexual, transgendered, or lesbian. All topics covered are targeting heteronormative youth who also do not struggle with their gender identity. Consider an identity that falls outside of the heteronormative lenses while looking closely at the section headings of the texts used across Newfoundland and Labrador listed below (Calgary Board of Education & Department of Education NL, 1987a; Robertson & Mang,

1990a, 1990c). It is worth noting also that every illustration, picture and case study in all textbooks exclusively used heteronormative examples.

Table 1 Curriculum Text Unit Outline, by Grade

Grade 7 Textbook	Grade 8 Textbook	Grade 9 Textbook
Your Changing Body, Your Changing Feelings Your Body's Clock Your Body Image Your Hygiene Your Changing Feelings Your Growing Independence The Male Reproductive System The Female Reproductive System Menstruation Factors Affecting Menstruation Body Care	Learning About Sexuality Your Sexuality The Reproductive Systems Conception Sexual Orientation Sex Roles Developing Romantic Relationships Dating Going Steady Falling in Love Breaking Off a Romantic Friendship	Human Sexuality Puberty Puzzle Terminology Sheet: Male Anatomy and Physiology Terminology Sheet: Female Anatomy and Physiology
The Beginning of Life Conception Why You Look Like You Twins and Multiple Pregnancies Signs of Pregnancy Health Care During Pregnancy Feelings During Pregnancy Labour and Birth About Dating About Sex The Risks of Sexual Involvement Conception Control	Intimate Sexual Behaviour Responsible Sexual Behaviour Delaying Sexual Relationships Dealing with Physical Intimacy Some Methods of Conception Control The Pressures to Have Sex Teens and Pregnancy	Sexual Expression: Truth or Fiction Attitude About Sexuality Discussion Questions A Personal Decision-making Model Case Studies
Sexually Transmitted Diseases What are STDs? How to Recognize an STD Infection How STDs Spread Why are STDs a Serious Problem? How to Avoid STDs What to Do When a Person Has an STD Seeking Treatment for STDs What is AIDS Why You Should Know About AIDS How to Recognize an AIDS infection How AIDS spreads How to Avoid AIDS	Sexual Health and STDs Understanding STDs Come Common STDs Preventing STDs Getting Treatment for STDs AIDS and What Causes It Signs and Symptoms Transmission of HIV Cases of HIV Infection and AIDS Preventing AIDS	Sexual Intercourse: Making a Decision Sexual Expression: A Personal Guide to Decision-making Infant's Bill of Rights Birth Control Pre-Test Birth Control Questionnaire STD Fact or Fantasy Game

Aside from topics related to puberty, the topics covered in the curriculum texts reinforce the importance of understanding pregnancy, STI risk and subsequently “good” decisions that will minimize these two risks. Other examples in the text books, both the student workbook and teacher manual include excerpts such as:

You may find yourself attracted to someone of your own sex or of the opposite sex. This is quite usual in young people whose sexual feelings are just beginning. It is quite different from being homosexual or gay, that is, having sexual desires only for people of the same sex. (Robertson & Mang, 1990a, p. 194)

People who are heterosexual find members of the opposite sex attractive. People who are homosexual find members of their own sex attractive. Sometimes people will be attracted to members of both sexes, and are bisexual. People do not choose their sexual orientation. (Robertson & Mang, 1990c, p. 204)

Homosexuality [sic] – it is not known for sure why some people express their sexuality through homosexual relations....during adolescence, sexual interest in others of the same sex frequently occurs....this does not mean that the people involved will continue to engage in homosexual relations in adult life. (Calgary Board of Education & Department of Education NL, 1987b, p. 164)

The above examples were taken from the Grade 7 student text, Grade 8 student text and the Grade 9 Teachers’ Manual respectively. It is interesting to note that in the Grades 7 and 8 textbooks, the above excerpts represent all the presented material on homosexuality with a self-assuring note to suggest that homosexual experiences or desires do *not* mean you *are* homosexual.

Teachers were asked if they were aware of any sexual diversity, suggesting anyone might identify themselves as lesbian, gay, transgendered, intersex, or otherwise queer, and how they would change their teaching content. All but two of the other

teachers were not aware of any sexual diversity in their classes but indicated that they are inclusive saying things like:

“I try to be inclusive. I cover the topic of sexual orientation.”

“I stress the acceptance of everyone and everyone’s different. We treat everyone with respect regardless of their sexuality.”

“I try to impress upon my students, not only in SHE but in all areas, the importance of tolerance and understanding.”

“I doubt that this would affect how and what I teach, unless there was a problem regarding the acceptance of sexual diversity.”

There is implied acceptance, tolerance, non-judgment on the part of the teachers and silence on how curriculum texts ignore possible questions, needs and concerns of anyone “queer”. Looking at textbook chapter headings, emphases are placed on understanding puberty, birth control and pregnancy and STIs (Table 1, p. 95). Why is it that so much time is spent understanding conception and how to prevent it without mention of sexual diversity other than token reference to “homosexuals”? The absence of the terms like *lesbian, gay, bisexual, transgendered, two-spirited, intersexed, questioning* or *queer* do not give voice, acknowledgment or validity to their existence - or their right to exist in writing, discussion or the classroom itself.

5.6 Complicating Abstinence

“Spend significant time discussing abstinence with your class. They may be sophisticated enough to request information on mutual masturbation and oral sex. If you are comfortable with the explanation and atmosphere you may explain these in varying degrees. Stress the risks of contracting STDs in these situations.” (Robertson & Mang, 1990b, p. 63)

5.6.1 Definitions

A question in this research study's questionnaire was worded in such a way that would provoke some extra thought into their answer by asking, "how do you define abstinence to your students? For example, how much can one (of any sexual identity) do and still be 'abstaining'? In other words, what are they abstaining from?" (Appendix 1). Despite encouragement to think critically about a concept that is admittedly and almost unanimously emphasized in SHE, the majority of respondents used heteronormative and coitus-implicated behaviours to define abstinence. Answers ranging from "everything except talking and hanging out" to "not having intercourse" or "abstain from penetration – the concept of virginity" say a lot about the lack of awareness and thought put into that term which is considered a major emphasis of SHE. This suggests that teachers frequently use terminology such as sexual intercourse, sex, intercourse, abstinence and virginity without critically thinking about the implications of using such words. The irony of this *Catch-22* situation is that "adolescents cannot practice abstinence until they know what abstinence is, but in order to teach them what abstinence is, they have to be taught what sex is" (Remez, 2000, p. 5). The Grade 7 and 8 textbooks define abstinence as:

Abstinence: Not having sex is the only sure way to avoid pregnancy, especially for young people who are not ready for a long-term commitment. There are many good reasons why abstinence is best. (Robertson & Mang, 1990a, p. 215)

Abstinence is 100 percent effective against pregnancy, with no side-effects. Abstinence is also the best prevention against sexually transmitted diseases. In addition, it reduces the risk of cervical cancer, thought to be associated with early sex and sex with multiple partners...with abstinence,

who people can express their sexual feelings by touching, kissing, holding hands, or hugging. (Robertson & Mang, 1990c, p. 214)

Hypothetically speaking, if students understand abstinence to be about refraining from heterosexual coitus because it can cause pregnancy and occasionally STDs, then it should not be any wonder why they chance the risk of STIs (most of them are treatable) and engage in oral sex. Surmising that pregnancy prevention is prioritized from both teacher and student perceptions, behaviours unlinked to pregnancy can be counted as abstinence (Remez, 2000). However, one could argue that abstinence *does* have side effects – perhaps not a physical one but rather a social or psychological effect caused by not participating on what is perceived to be what “all their peers do”.

A recent study polled heterosexual university students about what constituted having sex. The results showed that heterosexual coitus with orgasm was counted as sex by 97% women and 98% men whereas being touched on the genitals to orgasm was consider sex by 11% women and 9.7% men (Mitchell, 2004). These results would agree with the general sentiment expressed by the teachers in this study that “sex = heterosexual sex = vaginal intercourse” (Myerson, 1986, p. 68).

Since abstinence is primarily defined by heterosexual assumptions, it should be no surprise to hear that people interested in the same sex may feel a sense of fear realizing that the information has little to no relevance to them. Similarly, it should not be shocking to find that oral sex is such a common activity for junior high youth, fraught with complex gender and power issues which will be discussed later as part of the discussion on pleasure and desire.

5.6.2 Oral Sex as a Common Practice

Oral sex is seen as a way for female virgins who are saving themselves for marriage to engage in sexual activities because it is perceived to be safe and risk-free (Bay-Cheng, 2003; Jarrell, 2000; Measor et al., 2000b; Picard, 2007; Remez, 2000). It is seen as a bargain to many girls because while it preserves virginity (equally assumptive and problematic word), it allows possibilities of control since it is something they can do *to* boys (Remez, 2000). This illusion of control and “doing to” is also fraught with major power and value implications. The heightening of this issue came around the time that US president Bill Clinton was accused of engaging in oral sex performed by a subordinate – White House intern Monica Lewinsky. He claimed that he had “not perjured himself because he ‘did not have sexual relationship with that woman’” (Remez, 2000, p. 4). Oral sex is not directly addressed or mentioned in any of the curriculum texts and would be left to teachers whether or not they would discuss the practices of oral sex with their class. By more than one-third of the surveyed teachers, oral sex would still be practicing abstinence. Interestingly it provides an opportunity to break out of the heteronormative default since it is a practice that can also be used in lesbian, gay, heterosexual or otherwise queer relationships. This denial of oral sex as a legitimate form of sex serves to further the non-existence of sexual relations where coitus sex is not possible.

5.6.3 Teenage Pregnancy as Failure

Observing topics covered in curriculum texts (Table 1 on p. 95), there is much attention paid to reproductive systems, pregnancy and the implications of becoming

pregnant. This emphasis on pregnancy is directed at female students to realize risks and fear stigmas and perpetuated stereotypes of the “welfare” teen mother that Kelly (2000) writes extensively about in her book on the politics of teen motherhood and inclusive schooling. The Grade 7 teachers’ resource book says “is teen pregnancy a major problem in your community? Contact or visit your local health department and find out more about this problem. What resources and help are there?” (Robertson & Mang, 1990b, p. 218). In the Grade 8 teachers’ resource book, it lists the options to teen pregnancy to be: 1) marry the father, 2) become a single parent, 3) have the baby adopted or 4) have an abortion (Robertson & Mang, 1990d). This list is not only implicating that marriage is *the* viable solution to staying together with the sperm producer but also that single parenting rules out possibilities for co-parenting with someone other than the biological father and that adoption is more realistic than any foster parenting arrangement. Compounding this limited list of options, is the wording that is clearly directed at female students only. The manual suggests that time be spent discussing what challenges may lie in each of these options but does not include how schools in some provinces have in-school daycares as an option for teen parents who aim to complete high school. Similarly in the Grade 9 Teachers’ Resource Manual on “Responsibility and Birth Control” lists how pregnancy can affect teen mothers:

- 1) Only a small percentage of young women who become mothers before 16 go on to graduate from high school...leading cause of women dropping out of high school,
- 2) with less education...teens are lowering chances of well-paying jobs,
- 3) teenage fathers who leave school to support a family may find themselves locked into unskilled, low paying jobs,
- 4) ...many fathers remain involved throughout the pregnancy and birth,
- 5) not all father involved with adolescent mothers are adolescents themselves,
- 6) teen marriages are two or three times more likely to end in divorce

compared to people in their 20's, 7) suicide rate of teenage mothers is higher than that of the total population, 8) teenage parents are at higher risk for abusing their children, 9) ...early childbearing appears to increase the chances of successive pregnancies. (Calgary Board of Education & Department of Education NL, 1987b, p. 203)

Coming back to the ways in which teachers unknowingly participate in oppressive frameworks, all of the options laid out take away from the mother's sense of agency and hold little accountability to the other parent in his lifestyle changes. Kelly (2000) writes that people must remember that many young mothers who drop out of school return to complete their high school degree more motivated *because* they have a child to care for and want to be a role model for their child. In this case, the statistics on teenage pregnant pregnancy and drop-out rates are misleading without looking at the long term decisions and actions of these same students.

Similarly, the topic of pregnancy is only framed in the heterosexual context and does not explore pregnancy options for non-heterosexual relationships. The abilities and options for gay and lesbian couples, for example, are extremely different from each other. There is complete silence on this topic within SHE.

5.7 Pleasure: A Private Matter?

“reproductive organs draw our attention away from its sensuality and place it firmly on its (reproductive) function...de-eroticizing the body and disassociate it from embodied feelings of desire and pleasure” (Allen, 2004, p. 155).

5.7.1 Consequences Now, Pleasure Someday Later

It would be hard to argue against the critique that SHE teaches little beyond the basic “plumbing” of sexual health and that the focus is placed on negative consequences

and unhealthy sexual decisions (DiCenso et al., 2001; Diorio, 1985). The nature of sex is usually considered a private matter, rarely open to public scrutiny, yet pervasive in hegemonic forms in all media sources (i.e. television, internet, music).

Where is the pleasure? If you ask most teachers and look at curriculum, pleasure seems to be about knowing that you are STI-free and not pregnant. Pleasure must come from kissing and talking. Pleasure comes from masturbation but only if one can feel assured that it is okay by their own values and that of their upbringing. Pleasure is to be found in sex, though narrowly defined, but that which is to be “saved” for later when one is prepared for the consequences of responsibility and has found the well-paying job for which people are presumably striving.

Practices covered in SHE are silent on explicit methods and rely on teacher discretion (and most teachers indicated being least comfortable talking about mutual masturbation, toys and aids – both of which can provide pleasure with minimal risks). In curriculum, there is no explicit mention of ways to be sexually pleasing/pleasured except to acknowledge that sexual satisfaction can come through activities of copulation. What is so difficult or worrisome in exploring the topic of pleasure outside of the narrow and heterocentric definition of coitus sex? We need to realize how opportunities are missed by silence on issues of desire and pleasure. Similarly, we need to observe and acknowledge how silence on pleasure is rooted in systemic oppression and power inequity.

5.7.2 Possibilities for Pleasure

It is well established in literature and in this study's examination of textbooks, curriculum objectives and teacher feedback that SHE misses the discourse of desire and pleasure. Allen (2004) suggests that arguments for inclusion of desire and pleasure are less articulated. The link between sexual desire and sexual agency, the ability to advocate for one's interests in the sexual arena, has not been fully explored (Bay-Cheng, 2003). Buzwell and Rosenthal (1996) postulated that there were three parts to sexual self-efficacy: "the ability to say 'no' to unwanted sexual encounters; the ability to assert one's own sexual desires and wishes; and the ability to take responsible precaution in sexual encounters" (Bay-Cheng, 2003, p. 65). The point here is that sexual agency exists in more than the ability to say 'no', as it is suggested in SHE - that in fact, sexual agency negotiates desire, context and one's abilities to assert the resulting decision.

There is speculation that the quelling of sexual desire and underplaying pleasure is closely tied to the hegemonic institution of marriage where topics of pleasure and desire are associated with pursuits outside of a monogamous marital relationship (Allen, 2004). Discourses of desire and pleasure are necessarily explored differently given the social power and inequity between genders and sexual identities. Allen (2004) writes:

A discourse of erotics would involve the acknowledgment that all young people, whatever their gender and sexual identity (trans, intersex, female, male, lesbian, gay, bi, hetero or something else), are sexual subjects who have a right to experience sexual pleasure and desire...including this discourse within programmes is about creating spaces in which young people's sexual desire and pleasure can be legitimated, positively integrated and deemed common place....this does not mean that young people have to, or will necessarily seize upon these spaces, but that they are no longer denied them because they are 'missing' from some SHE programmes. (Allen, 2004, p. 152)

It is in creating “spaces” that Measor (2000a) suggests that an approach which emphasizes male-female similarities rather than differences would begin to develop a more gender equitable SHE. By embracing this approach, it would recognize female pleasure and desire, present intercourse as possibility for sexual expression, eliminate heterosexual assumptions and work against a double standard (Measor et al., 2000a).

5.7.3 Female Pleasure and Desire

Michelle Fine is frequently referenced in current literature as making a landmark feminist critique on the silence on sexual pleasure for females in sexual health curricula. Fine (1988) argues that reinforcement of female sexual fear and silence is detrimental to developing a sexual self. Emphasis on pregnancy as assumed failure and a “bad consequence”, abortion, STIs and social and economic vulnerability silence a discourse of pleasure. A discourse of desire injected into SHE could “release females from a position of receptivity, enable an analysis of the dialectic of victimization and pleasure, and would pose female adolescents as subjects of sexuality, initiators as well as negotiators” (Fine, 1988, p. 33). There is silence on how socially conditioned orgasm for heterosexual females during copulation may *not* be the desired source or essential route to satisfaction or pleasure (Allen, 2004; Askew, 2007; Diorio, 1985). Diorio (1985) asks “what about the recorded mammoth failure rate of women not experiencing orgasm during copulation?” (p. 249). As seen in recent television series such as *Queer as Folk* and *The “L” Word*, perhaps women who know how to please other women (or themselves) need to teach heterosexual men how to please women.

5.7.4 *Male Pleasure and Pornography*

A study surveying 17-19 year olds were asked what they found pleasurable about sexual activity (Allen, 2004). To this question, 10.3% of the women and none of the men answered “activity being mutual”. This disturbing response raises difficult topics of how teenage boys form their understandings of sexual relationships. Several studies have found that heterosexual young men use pornographic material as an important source of sexual knowledge (Allen, 2004; Holland, Ramazananoglu, & Sharpe, 1993; Measor, 2004). Young men have repeatedly complained of not getting the *how to* information from anyone and find that pornography provides detailed and explicit information about heterosexual sex and the female body (Measor, 2004).

Pornography directly works against the previous section on female desire and pleasure since there tends to be little variety in desires of women expressed in pornography. Women in films, magazines and on the internet suggest “passivity, permanent receptiveness and a set of erotic practices directed toward male pleasure” (Measor, 2004, p. 163). While it is easy to point fingers at pornography producers or the boys themselves, we must question how teenage boys are excluded from a certain kind of family intimacy and have no one offering specifics on sexual behaviour. The fact that young men turn to peers and commercially produced erotic material as prime information givers should, if anything, suggest that SHE must offer a discourse to counter these sources. Perhaps educators need to consider what deters them from talking about pornography and further, contemplate how it can be used to address heteronormativity,

hegemonic sexual politics and possibilities for exploring pleasure for women and other sexualities.

5.7.5 Challenges with Pleasure and Desire

Sexual pleasure is often defined by a narrow concept that revolves around a male figure in the company of one or more women. The idea of female pleasure, separate from pleasing a male, is rarely found in music videos, movies, pornography, magazines and other popular sites youth look to for ideas on sexual behaviour. How does one mediate a system in which males are taught that it is acceptable to frighten, control and dominate females (extreme examples including rape, wife battering, incest, violent pornography, sexual harassment) with ways to have sexual partners equally participate (Myerson, 1986)? Myerson (1986) asks:

We live in a society so heavily imbued with hierarchy and competition, with antagonistic polarization, that it is naïve to presume that sexual practice (desire, fantasy, activity) exist in a realm entirely suspended from the unscathed by relations of domination. (Myerson, 1986, p. 69)

There seem to be more questions than answers when we start to think about the conflict between enjoying and celebrating sexual power and the pleasure that arises out of a denigrating construction of women. In other words, how do we respond to fantasies that are built on the pleasure associated with masculine dominance where does that fit in?

Allen (2004) points out how young people's own conceptualization of sexual knowledge is not acknowledged when teachers of SHE do not attempt to bridge curriculum with young people's actual sexual practices. There was little

evidence in the teacher responses in this study that suggested keen awareness of sexual practices of their students. The only practice that teachers made reference to was the use of the *question box*, a box in which students are able to anonymously submit questions for the teacher to answer in class. The educational value of this method relies purely on the teacher's comfort level, knowledge, values and understanding.

5.8 Inconsistent Content and Comfort Levels

It seems important to discuss the issue of comfort levels because there was something unsettling and inconsistent between the generally high comfort levels indicated on all topics, topics that teachers said were covered, materials teachers use and responses to uncomfortable topics. There seem to be several possible explanations for this phenomenon:

- 1) There was an assumption that the listed topics were an inventory of what is *supposed* to be covered and therefore felt that they should check them all off.
- 2) Participating teachers generally feel confident in the area of SHE as they have been teaching it and indicated high levels of comfort for all topics. Two respondents checked off "very comfortable" for the last blank item left for participants to add any additional topics that they wanted to comment on, suggesting that they were not paying close attention to the topics.
- 3) A topic can be "covered" without exploration, questioning, or discussion. Therefore, a topic can be covered by virtue of mentioning it, such as abortion as a viable option

for pregnancy. In this way, teachers may have identified themselves as being comfortable having that topic in curriculum as it is presented, though they are uncomfortable with talking about specific practices, complex issues and critical analyses.

These speculative explanations could be tested in a recommended future study as mentioned in the next chapter.

5.8.1 Discomfort

One problematic aspect of teacher discomfort is that students may resent the default denial of a “complete picture” about sexual issues (Allen, 2005). A Canadian study that randomly selected teachers across Canada found a similar contradiction in that many of the respondents indicated feeling comfortable and competent while identifying that they did not cover “more sensitive issues associated with sexuality not did they seek active learning strategies such as role playing or small group discussion” (McCall et al., 1999, p. 92). Different authors have speculated that teachers lack good curricular materials, have concern for community relations, feel time pressure to cover SHE content, are unfamiliar with active learning and teaching techniques, or have low levels of comfort with infrequently cover topics such as sexual orientations, oral and anal sex, masturbation and sexual pleasure (McCall et al., 1999; McKay & Barrett, 1999; Schultz & Boyd, 1984).

5.8.2 Self-Perception

Teachers responded with comments that identified themselves as generally comfortable, mostly competent with a desire to get training if available, honest, open to

diversity and in tune with what students “need” from SHE. Schultz and Boyd (1984) writes about how teachers’ self-perceptions as liberal, tolerant, politically correct and doing the “right thing” tows a middle line so as not to upset anything can hardly be called *liberal*. There is much work to be done for teachers to see that what they consider “liberal” is often disguised oppression to those students who don’t fit into the metaphorical heterotopic space in the classroom.

5.9 In Summary

A critical analysis of teachers, their pedagogies and perceptions in this research is framed mostly by what teachers were not saying. In other words, the critique primarily lies in the silences and the lack of awareness around the oppression that this silence serves. Teachers in formal educational institutions are in a position to directly address the discomfort and fear associated with the nature of sexualities and related practices. Problematic and silent topics such as pleasure, desire, homophobia, gender identity and media critique are undeniably real and have the potential to be liberating or devastating. If there is desire to empower and foster a sense of moral autonomy, then issues of power must be woven throughout SHE (Measor et al., 2000a). Careful examination suggests teacher education is key to making SHE necessarily reflective, critical and transformative but not without experiencing discomfort and grappling with the complexity of sexualities.

Chapter 6: Future Research and Initiatives, Limitations and Conclusion

6.1 Future Research

Recommendations in this section strongly reflect the need for additional research on the same population of junior high teachers and administration across Newfoundland and Labrador, research on other stakeholders in SHE, and practical initiatives that can enable changes to SHE. Kehily (2002) writes about three political stances on SHE: conservative, liberal and feminist. SHE as viewed by educators in this research, embraces a liberal model that is based on a premise that SHE provides youth with appropriate information to make socially responsible choices. However, a liberal model usually “fails to recognize the hegemonic aspects of dominant power relations seen in ‘information’ which is often limited and ‘takes little account of the context of sexual relationships’” (Lees, 1993, p. 217). Future research recommendations are rooted in gaining a clearer perspective picture of how the liberal approach is in need of replacement or of being given new meaning.

6.1.1 Changes to A Repeat Study

As information and data was being analyzed, it became apparent that knowing how administrators select which teacher(s) are assigned to teach SHE would be helpful information. By understanding what criteria or process takes place in designating SHE teachers, it would be easier to understand any significant relationship between the responses of teachers and their investment in improvements to SHE.

In efforts to group similar sizes of population, in Newfoundland and Labrador, population demographics are such that the majority of the schools are, by my definition, found in rural communities. If the questionnaire used for this study were used again, it would be recommended that the population grouping fall into three categories instead of four whereby the semi-urban and urban categories were collapsed into the same category.

If there is opportunity to solicit participation at an event where all or most eligible teachers were present (e.g. school district close-out), a larger sample size and similar survey that would contain more closed-ended and multiple choice questions would allow for more results from this study to be confirmed or argued. The closed-ended questions and multiple choice questions could be shaped by the types of responses given in this study. In addition to large sample sizes that would strengthen qualitative results, interviews with participants would enhance the clarity and richness to open-ended responses.

6.1.2 Important Future Research

There are several research studies that would prove extremely helpful in comprehending the attitudes, obstacles and support that would impact major changes to the content and pedagogies surrounding SHE. Below is a list of recommended research projects:

1. Students' Perceptions, Knowledge and Attitudes on SHE

A similar study was completed in New Brunswick (Byers et al., 2003b) where students' attitudes toward and experiences with school-based SHE were assessed. Out of

this research, it was discovered that students felt that they needed more factual information and practical skills associated with sexual health topics. A similar survey was administered to high school students who, in New Brunswick, *do* receive SHE. In Newfoundland and Labrador, it would be interesting to hear from high school students knowing that sexual health content is only covered in an elective course called *Human Dynamics* that does not appeal to the broader school population. Informal and anecdotal comments from various high school students reveal that a common perception is that *Human Dynamics* is non-academic, a “bird course” and covers domestic and relationship topics that are frequently assigned to girls.

2. Experiences of Teachers and Students as the Newly Revised Grade 9 Curriculum, Textbook and Basic Training are Provided

The Department of Education is in the process of revising the Grade 9 SHE curriculum objectives, publishing a new Grade 9 textbook and planning in-service workshops relating to this new textbook resource (Coady, 2008). The new textbook, entitled *Human Sexuality*, has been edited to have Canadian content and examples and has been edited in consultation with people of expertise in various health professions. In-service training will take on the form of brief workshops that are both optional and fully funded. Attendance will depend on schools’ interest in sending (and replacing) staff to get orientation on new sexual health resources and materials.

3. Public Health Nurses: What material resources and guidelines do they follow?

Several respondents in this study indicated that they asked a public health nurse to assist with SHE. In two cases, the respondents explained that a public health nurse was the only person at their school that covered SHE. It is not clear what public health nurses use for material resources or to what extent they work to meet any curriculum outcomes.

4. High School: What do students and teachers think about the absence of SHE past Grade 9?

As indicated earlier, in Newfoundland and Labrador, Grade 9 is the last year of mandatory SHE. Studies have found that students in junior high are often engaging in sexual activities and hence want “factual” information but teachers often feel time pressures to complete curriculum. Assuming students get a comprehensive SHE in junior high, high school could continue to explore more complex issues such as gender identities, issues of power and gender, politics of sexualities and critical media analysis as it pertains to sexual relationships (Buzwell & Rosenthal, 1996; Byers et al., 2003a; DiCenso et al., 2001; Johnson Moore & Rienzo, 2000). High school needs to extend the conversation around sexual agency and critical awareness that ideally would start in elementary school.

5. Filling and Creating the Gaps: How are SHE educators supplementing/omitting content to and from curriculum resources? And why?

In this study, several respondents indicated that they covered all or most of the checklist of topics while citing specific curricular resources that clearly to not cover many of the “checked” topics. This study would validate or refuse the possible explanations for inconsistencies on comfort levels and content coverage, as mentioned in the earlier discussion section. Such a study could also provide valuable insight on which topics create a sense of (dis)comfort, controversy and unfamiliarity for SHE teachers. Understanding what SHE educators feel is lacking or inappropriate offers possibilities for future training, in-services and revised curricular objectives.

6. Inclusion: How and to what extent are topics of LGBTQ integrated and made relevant?

Curriculum resources and teacher feedback on inclusiveness in this study both suggest that many attempts to be inclusive are of a token nature and low priority. A heteronormative assumption that SHE should target the status quo versus the “status queer” (Rofes, 2005) negates and silences LGBTQ identities. A study and examination of how diverse sexual identities are (re)presented at the micro and macro level will help identify how SHE can be more inclusive.

6.2 Future Initiatives

While curriculum and course objectives can provide guidance and reference for educators and students alike, Thornton's (2001) point that teachers construe the same material content depending on their experiences, views, values and knowledge must be addressed at all levels of the formal educational system. Similarly, in order to expose how SHE can perpetuate oppressive messages, teachers must be educated. Such education should arguably be present in the form of pre-service and in-service training in conjunction with consideration for incorporating SHE at the high school level.

6.2.1 Pre-Service Training

Memorial University's Faculty of Education Undergraduate Program does not offer any course on sexual health. This research study has shown that SHE is not assigned to a teacher of any particular subject area and therefore, it is conceivable that any teacher in K-9 can be expected to teach SHE. For prospective high school teachers, there should be a university course for teachers who are interested in teaching Human Dynamics or embracing an integrated approach that incorporates sexual health into their subject area(s).

6.2.2 In-Service Training

Teachers are more likely to teach topics that they feel competent in and perceive support from their colleagues and community alike (Schultz & Boyd, 1984). A pilot project experienced positive feedback from teachers who participated in a voluntary in-service training program. As part of the in-service training, they started with a quiz

which helped recognize areas where their knowledge base was weak. Teachers revealed a concern for poor school and community support for comprehensive SHE. The in-service training provided teachers with a chance to explore their personal feelings toward sexualities and develop an awareness of the many dimension of SHE (Schultz & Boyd, 1984). In-service training can be informed and shaped by a document developed for the Canadian Guidelines for Sexual Health (Canadian Public Health Association, 2007; Public Health Agency of Canada, 2003). The Canadian Guidelines for Sexual Health list ten attributes that sexual health educators need to acquire:

- 1) *general knowledge* ... enable them to *comfortably* discuss sexual health issues;
- 2) *knowledge* ... *relevant* to their profession and to the *needs* of their [students];
- 3) ... provide students with information and opportunities to *develop personal insight, motivation and self-esteem*...;
- 4) ... ability to create *rapport* ... respond *confidently* and *respectfully* to the sexual health education *needs identified by diverse groups*;
- 5) ... discuss sexual health in a *positive* and *sensitive* manner and to *affirm* that sexual feelings are a natural part of human life;
- 6) ... *sensitivity* to the cultural norms, beliefs, attitudes and goals of various racial, ethnic, socio-economic, gender and religious groups, as well as persons with disabilities as they relate to human sexuality... . ability to address issues surrounding conflict management and resolution;
- 7) ... understanding of the *issues surrounding sexual orientation* and the skills to provide *effective* education in this area;
- 8) *sensitivity to gender-related issues*...;
- 9) ... [if they] find themselves *uncomfortable* teaching about sexual health, sexuality and other related areas should be able to make *suitable referrals*;
- 10) ... help people *reflect* upon and *evaluate* the varied ways that *media* can affect sexual health. (Public Health Agency of Canada, 2003, pp. 26-27)

In order to foster and develop such attitudes and skills with teachers, expertise in sexual health, education and an understanding of the realities of educational institutions are

necessary. To realize an in-service training for teachers in Newfoundland and Labrador, possibilities for collaborative partnerships between government, community, health and front line workers are great.

6.2.3 Strengthening Partnerships

Several teachers in this study expressed frustration and a sense of resignation towards the past lack of attention to SHE from the Department of Education. Bringing together major stakeholders to develop a strategy for delivering SHE should include representation from the Department of Education, School Districts, Memorial University Faculty of Education, Planned Parenthood, Health and Community Services, front line workers (teachers) and youth (students). The NLSHC has launched the first annual provincial Sexual Health Conference this year. This medium may easily provide the opportunity to develop and strengthen the above mentioned partnerships. SHE is in desperate need of cutting edge thinkers from different perspectives to create a new vision for how SHE can move currently marginalized people to be more central to an anti-oppressive sexual health agenda.

6.2.4 Methods of Teaching SHE

In addition to radical changes to curriculum and incorporating training for teachers, there are some pedagogical practices that could change the nature of SHE. Rofes (2005) suggests that teachers of sexual health move away from being the source of wisdom to becoming facilitators. As facilitators, he suggests that role modelling and disciplining would still be necessary in efforts to counter hegemonic organizing of

genders and sexualities as a necessary step to “ending oppressive regimes of power that reproduce the status quo” (Rofes, 2005, p. 138).

Another approach that surfaced in various studies is the suggestion that SHE become more *hands on* in offering practical skills in three areas; communication and negotiation, understanding roles and scenarios, and self-awareness (Allen, 2004; Ewles & Simnett, 1985; Hird, 2003; Kehily, 2002; Wilson, 2003). The support for more practical and interactive SHE comes from both teacher experiences and student feedback.

As discussed earlier, the challenges and benefits of teaching SHE as mixed and single-gender sessions merit experimentation by teachers. By team teaching, so that classes can be split by gender, teachers may feel more supported and have opportunities to share strategies and resources. Similarly, students will be given opportunities to experience differences in exploring topics of sexual health with mixed and same gendered peers. Such opportunities may add an important dimension to discussions of gender, power and relationships.

6.3 Limitations

The number of eligible educators that could have participated is unknown since SHE is a single unit that is taught separate from other subject areas such as language, math, physical education, science, social science and music. Questionnaires were sent to school administrators in good faith that they would be distributed to all SHE teachers at their school. The respondent sample size was relatively small and may have attracted teachers that show more concern for SHE than others. Concern for the topic of SHE

seemed evident in the respondents' high comfort levels and interest in new materials, support and in-service training.

A small sample size and self-selection makes it difficult to observe province-wide statistically significant trends in correlations between different kinds of data. This exploratory research attempts to not only describe the demographics of SHE deliverers in schools but also get insight on attitudes, knowledge and comfort levels. Such insight is difficult to measure when responses are in the form of self-evaluation. However, the nature of evaluation and competence in teaching SHE remains for the most part subjective.

6.4 Conclusion

As a former junior high school teacher, some of my fondest memories include sitting in a circle of exceptionally keen, inquisitive and engaged 13-14 year old girls – talking about sex, passing around contraceptive samples and showing them what a Keeper⁶ looks like. Teaching SHE made me realize and question a number of issues: 1) the material resources and curriculum objectives were outdated and vague, 2) the only pressure I felt related to course content was from parents who wanted to remove their children learning about sexual matters at school, 3) students gave their undivided attention since the topic of “sex” rarely came up in any intentional or public way, 4) most colleagues expressed relief for not having to teach SHE, 5) I was unprepared and felt

⁶ An environmentally-friendly reusable menstrual cup made from natural gum rubber that is used as an alternative to other products like pads and tampons.

inadequate in responding to questions on topics like diverse sexualities in the context of teaching at a private Christian school and 6) the kinds of questions students were asking were extremely troubling and presumably informed by popular media and religious values that send one-way messages about sex and sexualities.

Since then, I have spent much time contemplating how I have failed (not with marks) past students in many ways. My increased exposure to different theoretical lenses has troubled my previously simplistic understanding of gender and sexual identities. What has come to my attention is the sense of injustice, unintentional harm, and general lack of awareness that is pervasive amongst the very people we trust to teach and protect our youth. This attention has influenced my desire to explore the nature of school-based SHE.

Upon reading to get a better picture of the sexual health landscape, it became clear that problems exist at levels that are superficial, societal and foundational. Superficially, SHE is grossly neglected and does not seem to be of high curricular priority. While one-third of education faculties at Canadian universities claim to offer compulsory or optional sexual health classes for prospective teachers, none of the educator respondents in this research participated in any official SHE training. Material resources in Newfoundland and Labrador are extremely dated and educators have indicated interest in both new curriculum materials and in-service training.

Society promotes a narrow definition of “acceptable” gender, sexuality and sexual behaviour without questioning issues of power and privilege. Both educational materials and responses to this research questionnaire affirm the need for concern with how SHE

serves to regulate sexual norms and behaviour. The tone of fear and emphasis on consequences is intentional in its message of preventing pregnancy and STIs and is predominantly unquestioned by educators. There is an unspoken assumption that students attend school in order to achieve some chosen form of vocational success. Similarly, the assumptive transparency of language (e.g. abstinence), silence of counter-cultural messages (e.g. female pleasure) and heteronormative agenda of SHE are not on many educators' "radar screen". There is overt contradiction in subtext of the media targeting youth and SHE. On one hand is a hyper-sexualized message that equates being desirable with having sex, while on the other hand the message is to be careful, teen pregnancy is a failure (and a woman's problem), and to preserve virginity through abstinence.

At the foundational level, gender and sexuality norms uncover a host of issues like regulation, discipline, fear and control. I believe that schools are yet another site for systemic oppression to exist; however, there is hope in exploring ways to foster critical thinking. Reflecting on how SHE came to exist in schools as a medium to address concerns for teen pregnancy, personal hygiene, STIs and later on AIDS, makes it increasingly clear that SHE was shaped by a medically-based, heteronormative and prescriptive agenda. Questioning sexual and gender identity is not only complex but can also challenge the very core of what it means to align oneself with a certain category. Similarly, gender and sexual identities are complicated by politics, religion and stereotypes. Mediating theoretical and conceptual ideals with daily realities of violence (of any kind) is indeed a huge challenge. In this way, educators are in a unique and

influential role that can offer a chance for transformative, reflective and critical thinking – all of which, as this thesis has shown, are much needed in the conversations around sexual health.

A question posed earlier, *what counts as successful sexual health education?* is an important one that needs to be asked by everyone who shapes and delivers SHE. There appears to be a contradiction between how educators currently measure success and how these measurements serve to meet disguised hegemonic, political and often times oppressive criteria. So frequently, success is defined by tested knowledge, performance and completion as suggested by teachers who participated in this research study. Theorists and researchers offer that successful SHE troubles the concept of gender identity, questions the root of fear when one talks about multiple sexualities and provides youth with skills and language to negotiate sexual participation through pleasure and desire.

This research on junior high ‘sex ed’ teachers across Newfoundland and Labrador teachers has highlighted the ways in which introducing new curriculum alone will not change the tone or focus of SHE. In carefully analyzing the feelings, knowledge and comfort levels of sexual health educators, there is reason to suggest that SHE still operates in a heteronormative, gender oppressive and fear-inducing metaphorical space that is silent on topics like pleasure and desire; that in fact, SHE still remains predominantly unquestioned in its simplistic assumption that it exists primarily to regulate teen pregnancy and STIs. Educators are rarely exposed to problematic and oppressive qualities of curriculum documents and materials, particularly as they relate to

SHE where there is a need for radical changes and critical thinking. It is important that teachers consider how SHE is not entirely objective, how single and mixed-gender classes serve different purposes, what heteronormativity means and excludes, in what ways gender is a performance, how abstinence relies on defining “sex” and why female pleasure is completely overshadowed by the messages of victimization, fear, possible pregnancy and vulnerability. If there is a desire to promote positive sexual health attitudes and practices that provide youth with the knowledge, resources and skills to make informed choices then, it is possible. In this context, it is key that teachers be educated.

Sexual health education in Newfoundland and Labrador has seemingly “fallen through the cracks” but there is promise in the recent attention that has been drawn to reviewing Grade 9 curriculum objectives and materials by the Department of Education. There is also promise in the possibility for increased networking between various groups such as Planned Parenthood, Health and Community Services, Memorial University, school districts and community. It is my sincere desire that this research will play a role in future conversations of critique and visions for facilitating non-oppressive SHE. By sheer coincidence, as I started writing this thesis, a former student of mine wrote me on the ever-popular Facebook⁷ to say:

...just a couple of weeks ago my roommates and I were reminiscing about our various experiences with health classes in jr. high and I was bragging about all the progressive stuff that you taught us way back in Grade 7. My roommates were in awe...[and now I am] thinking of doing my masters in education with a focus on sex ed/health (either that or a masters in human

⁷ A popular free-access website that allows easy networking and with other members.

sexuality with my eye on education in the future). I too have decided that sex ed is in need of some dramatic changes! (Snider, 2007)

What I would like to point out in her message is two-fold: 1) that despite my lack of attention to major topics such as plural sexualities and gender performance, she acknowledged my attempts to insert topics outside of prescribed curriculum and 2) that she too can see how much more work must be done in the field of SHE. There are many tangible ways in which the face of SHE can be examined, challenged and changed.

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Appendix 1 Questionnaire

EDUCATOR GENERAL PROFILE & QUESTIONNAIRE

Please only answer what you are comfortable disclosing. Thank you for participating in this research. Your time is greatly appreciated. All information will be kept confidential and the results of this study will not reveal your identity.

General Information

Age Category: 20-29 30-39 40-49 50-59 60-65

Gender:

Sexuality (heterosexual, lesbian/gay, bisexual, transgendered, asexual, etc.):

Personal Religious Affiliation (if any):

School Context

Position at School: Physical Education Teacher
 Homeroom Teacher
 Guidance Counsellor
 Other (please specify):

Which best describes the community in which you teach: Rural (pop. < 999)
 Semi-Rural (pop. 1000-9,999)
 Semi-Urban (pop. 10,000-24,999)
 Urban (pop. > 25,000)

Years teaching sexual health education: This is my first year.
 1-5 years
 6-10 years
 10+ years

Time devoted to sexual health education (approximate hours per academic year):

0-3 hours/year (equivalent of a half-day)
 4-6 hours/year (equivalent of a full-day)
 7-9 hours/year (equivalent of 1.5 days)
 10-12 hours/year (equivalent of 2 full days)
 13+ hours/year (more than 2 full days) Approximately how many hours:

Mark the descriptions below that apply to your sexual health classes (Check all that apply.):

- Single-sex classrooms (i.e. girls and boys are taught separately)
 Co-ed classrooms
 Mixed grades
 Teach alone
 Teach in partnership with someone else (Identify position or affiliation. Please do not disclose names.)
If applicable, who?
- Arrange guest speaker/trainer/facilitator (i.e. nurse, educator from Sexual Health Centre, etc.)
 Use whatever materials are available
 Develop my own resources/curriculum

Curriculum, Content and Comfort

What curriculum do you use? (i.e. Does it come from one or more source(s)? If so, please name.)

When it comes to teaching sexual health education, there is often a range of comfort depending on the topics being covered. Please indicate your level of comfort with the below. 1 = very uncomfortable, 2 = uncomfortable, 3 = somewhat uncomfortable, 4 = indifferent/undecided, 5 = somewhat comfortable, 6 = comfortable, 7 = very comfortable. Please mark () if it is a topic that is covered in your sexual health education.

For what grade will you complete the below?

Note: If you teach more than one grade, instead of a mark, please indicate the grades instead.

Topic Covered	Topic	Comfort Levels						
		very uncomfortable	← →		indifferent	← →		very comfortable
		1	2	3	4	5	6	7
<input type="checkbox"/>	Contraception choice awareness	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
<input type="checkbox"/>	Contraception uses and mechanics	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
<input type="checkbox"/>	Decision making on sexual practices	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
<input type="checkbox"/>	Masturbation and sexual pleasure	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
<input type="checkbox"/>	Mechanics of reproductive system	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
<input type="checkbox"/>	Parenting and adoption	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
<input type="checkbox"/>	Power/gender dynamics	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
	Puberty changes:							
<input type="checkbox"/>	Emotional/hormonal	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
<input type="checkbox"/>	Menstruation process	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
<input type="checkbox"/>	Menstruation product choices	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
<input type="checkbox"/>	Sperm production	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
<input type="checkbox"/>	Wet dreams/unwanted erections	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
<input type="checkbox"/>	Pregnancy and birth	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7

Topic Covered	Topic	very uncomfortable	← indifferent →		← very comfortable			
		1	2	3	4	5	6	7
<input type="checkbox"/>	Romantic relationships	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
<input type="checkbox"/>	Sexual assault/abuse/harassment	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
<input type="checkbox"/>	Sexual diversity (LGBTQ ¹)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
<input type="checkbox"/>	Sexual feelings and expression	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
	Sexual practices:							
<input type="checkbox"/>	Anal sex	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
<input type="checkbox"/>	Oral sex	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
<input type="checkbox"/>	Vaginal/penile sex	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
<input type="checkbox"/>	Mutual masturbation	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
<input type="checkbox"/>	Use of aids (toys, props, etc.)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
<input type="checkbox"/>	Safer sex practices (i.e. STI/STD's)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
<input type="checkbox"/>	Unplanned pregnancy options	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
<input type="checkbox"/>	Other: _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7

¹ LGBTQ stands for "lesbian, gay, bisexual, transgendered, queer".

- A. In your opinion, what is most important for students to learn regarding sexual health and relationships? What are your main concerns surrounding sexual health education for the youth that you teach today?
-
- B. Are the above mentioned topics (your answer to "A") addressed by the curriculum you work with? If not, what would you like to see to improve this?
-
- C. What experience or training do you draw on to help you plan and deliver sexual health education?
-
- D. Are there topics that you do not cover because it is too controversial, sensitive, or uncomfortable? If so, what are they?
-
- E. Are there any topics that your school prohibits from being covered? If so, what are they?
-
- F. What kind of feedback do you get from your students when you cover sexual health education?
-
- G. How do you perceive your delivery of sexual health education material?
-
- H. What part of the curriculum do your students seem to enjoy the most? The least?
-
- I. How would you measure the success of sexual health education?
-
- J. Are you aware of any sexual diversity in your classroom? Does this affect how and what you teach? If so, explain how.
-
- K. What kinds of support would help you improve the quality of sexual health education? What kind of support do you have to make this happen in your school?
-
- L. What are your areas of concern or frustration with sexual health education?
-
- M. What are your thoughts on single-sex versus co-ed sexual health education? And what preference, if any, would you have to teaching all girls or all boys? Explain why.
-
- N. How much do you emphasize the idea of abstinence in your sexual health units?
-
- O. How do you define abstinence to your students? For example, how much can one (of any sexual identity) do and still be "abstaining"? In other words, what are they abstaining from?
-
- P. If in-service training (1-2 days) was made available, would it interest you to attend? If so, what do you want to get out of it?

Comments:

Occasionally, answers or comments may be unclear to the researcher. In such situations, if you are comfortable being contacted, please provide your name and preferred contact information. This information will be strictly confidential.

Name:

Phone/E-mail:

Appendix 2 Letter of Approval from Memorial University's ICEHR



Interdisciplinary Committee on
Ethics in Human Research (ICEHR)

Office of Research
St. John's, NL, Canada A1C 5S7
Tel 709 737 8368 Fax 709 737 4612
www.mun.ca

November 2, 2007

ICEHR No. 2007/08-017-ED

Melody Morton-Ninomiya
Faculty of Education
Memorial University of Newfoundland

Dear Ms. Morton-Ninomiya:

Thank you for the revised copy of the consent forms, which we received on November 1, 2007, addressing the issue raised by the Interdisciplinary Committee on Ethics in Human Research (ICEHR) concerning your research proposal "*Sexual health education: a critical analysis of 'Sex Ed' teachers' feelings, attitudes and comfort levels*".

We are happy to confirm our earlier approval of your proposal. If you intend to make changes during the course of the project which may give rise to ethical concerns, please forward a description of these changes to the ICEHR Co-ordinator, Mrs. Eleanor Butler, at ebutler@mun.ca for the Committee's consideration.

The *Tri-Council Policy Statement on Ethical Conduct for Research Involving Humans* (TCPS) requires that you submit an annual status report on your project to ICEHR, should the research carry on beyond *October 2008*. Also, to comply with the TCPS, please notify us when research on this project concludes.

We wish you success with your research.

Yours sincerely

C

Lawrence F. Felt, Ph.D.
Chair, Interdisciplinary Committee on
Ethics in Human Research

LF/bl

copy: Supervisors – Dr. Elizabeth Yeoman, Faculty of Education
Dr. Ursula Kelly, Faculty of Education

Appendix 3 Letter of Approval from Eastern School District



Office of the Assistant Director
Rural Education and Corporate Services
Albert Trask

Telephone: 709-758-2341

Chairperson: Milton Peach
C.E.O./Director of Education: Darrin Pike (Acting)

November 20, 2007

Melody Morton Nimomiya
1 Parliament Place
St. John's, NL A1A 2Z5

Dear Ms. Morton Nimomiya:

Re: Research Request

Please be advised that permission has been granted to conduct research within the Eastern School District subject to the conditions set out in the ICEHR approval.

Thank you for involving Eastern School District in what appears to be a very worthwhile study. Our District looks forward to receiving a copy of your results.

Sincerely,

Albert Trask, Ph.D
Assistant Director
Rural Education and Corporate Services

as

Suite 601, Atlantic Place, 215 Water Street
Box 64-66 St. John's, NL A1C 6C9

Telephone: 709-758-2341
Facsimile: 709-758-2387

Appendix 4 Letter of Approval from Nova Central School District



Nova Central School District

November 27, 2007

Ms. Melody Morton-Ninomiya
1 Parliament Place
St. John's, NL A1A 2Z5

Re: Permission to Conduct a Research Study and Questionnaire

Dear Ms. Morton-Ninomiya:

Thank you for the outline of your planned thesis research with teachers who are responsible for teaching sexual health to junior high students. I am pleased to approve this study.

We always ask researchers to provide the Nova Central School District with a copy of their final report when they do research in the District. Unfortunately, we rarely hear from the people once the research is completed. Therefore I ask that you please provide us with a copy of your research findings when you have completed your work on this study.

Best wishes with your thesis.

Sincerely yours,

☺
Charlie McCormack
Assistant Director, Programs

CM/laf

Appendix 5 Letter of Approval from Western School District



Western School District

Jeff Thompson, Assistant Director of Education (Programs)

Tel. (709)637-4016 Fax. (709) 639-1733

P. O. Box 368, 10 Wellington Street
Corner Brook, NL A2H 6G9

November 30, 2007

Ms. Melody Morton-Ninomiya
1 Parliament Place
St. John's, NL
A1A 2Z5

Dear Ms. Morton-Ninomiya:

I am writing in response to your correspondence of November 13, 2007 wherein you request permission to conduct a research project in our district involving teachers in junior high schools who are responsible for teaching the adolescence program.

Having reviewed your research proposal and noting that it has received approval from MUN's Interdisciplinary Committee on Ethics in Human Research, I am pleased to advise that **your request has been approved subject to the conditions noted on the attached form.**

I trust these conditions meet with your approval and I take this opportunity to wish you every possible success in your research work.

Please do not hesitate to contact me if you have any questions or concerns regarding this correspondence.

Sincerely,

Jeff Thompson
Assistant Director of Education (Programs)

:csh

Enclosure

c Dr. Ross Elliott, Director of Education
Education Officers
Principals of Selected Schools

Appendix 6 Email Letter of Approval from Labrador School Board

Date: Mon, 3 Dec 2007 14:11:18 -0400
From: Bruce Vey <bvey@lsb.ca>
To: melodym@mun.ca
Subject: RE: Hoping to hear from you soon

Ms. Morton-Ninomiya,

Approval is granted to conduct research with teachers in the Labrador school Board. However, I would ask that you contact teachers who are willing to participate in your survey at their home contact numbers. Given the sensitivity of some of the items on your questionnaire I would have grave concern if the questionnaire was to accidentally "fall into" the hands of students. Therefore approval is granted on the condition that the survey instrument(s) is not forwarded to the school but sent or completed at the teacher's home address.

I trust this is satisfactory and I wish you every success in completing this significant component of your graduate program.

Sincerely,

Bruce Vey (Ph.D)
Director of Education, LSB

Teachers of
SEXUAL HEALTH EDUCATION



CONSIDER PARTICIPATING IN A STUDY

Whether or not you personally cover sexual health or have someone else come in to speak with your students, your thoughts are valuable. Participation involves filling out a **questionnaire or an interview**. Responses are confidential. Results from this study will not reveal any identities.

This study is to better understand thoughts, feelings and comfort levels of teachers who are responsible for covering sexual health topics with **junior high (grades 7, 8 or 9)** students in Newfoundland and Labrador.

If you are willing to participate, please contact Melody Morton-Ninomiya, M. Ed. candidate and primary researcher. The questionnaire can be completed electronically, on paper, or by a face-to-face interview (when logistically possible).

e-mail: melodym@mun.ca

telephone: (709)722-9492

Appendix 8 Letter to School Principals

Melody Morton-Ninomiya
Faculty of Education
Memorial University
St. John's, NL A1B 3X8

December 2, 2007

Dear Principal,

I am a graduate student in the Faculty of Education at Memorial University. My graduate level thesis is focused on teachers and sexual health education and is entitled *Sexual Health Education: A Critical Analysis of 'Sex Ed' Teachers' Feelings, Attitudes and Comfort Levels*. Your school has been randomly selected to participate in this study.

The purpose of this study is to explore what teachers think and feel about the subject matter, their role in it and suggestions on ways to improve what currently exists. Hopefully, responses will provide detail and insight on areas that need special attention. The area of sexual health education is not well studied or documented to understand how "effective" sexual health education is delivered, or what exactly "effective" sexual health education is.

Teachers' participation is completely voluntary and they have the right to decide if they want to answer questions or not and have the right to withdraw from the research at anytime without explanation. The information gathered through the questionnaire will be used for the purposes of my thesis research and will only be used with proper consent. Confidentiality is of utmost importance in this study; names and other identifying information will not be included in the thesis.

Participants will be able to fill out the questionnaire electronically (for this, they just need to email me) or manually with the questionnaire provided in this package. Questionnaires will likely take ½ - 1 hour, depending on how much participants want to say.

The proposal for this research has been approved by the Interdisciplinary Committee on Ethics in Human Research (ICEHR) at Memorial University. If you have ethical concerns about the research, you may contact the Chairperson of the ICEHR at icehr@mun.ca or by telephone at (709) 737-8368. Additionally, the Program Director of your school district has approved making contact with individual schools for the purpose of this research.

If you have any questions or concerns, please feel free to direct them to:

Melody Morton-Ninomiya
Graduate Student Researcher
Phone: (709) 722-9492
Fax: (709) 722-5035
E-mail: melodym@mun.ca

Dr. Elizabeth Yeoman
Thesis Co-Supervisor
Phone: (709) 737-3411
E-mail: eyeoman@mun.ca

Dr. Ursula Kelly
Thesis Co-Supervisor
Phone: (709) 737-3409
E-mail: skelly@mun.ca

Thank you very much for your consideration and hope that participation will be possible in this meaningful research. Enclosed are: 1) a poster for the staff room, 2) four invitations for *junior high* (Grades 7, 8 or 9) teachers who cover sexual health education and 3) a copy of the questionnaire.

Sincerely,

Melody Morton Ninomiya
E-mail: melodym@mun.ca

Appendix 9 Invitation and Consent Form for SHE Teachers

Dear Participant,

I am a graduate student in the Faculty of Education at Memorial University. As part of my Masters of Education degree, I have chosen to complete a thesis that focuses on teachers and sexual health education. My thesis research is entitled *Sexual Health Education: A Critical Analysis of 'Sex Ed' Teachers' Feelings, Attitudes and Comfort Levels*.

The purpose of this study is to explore what teachers think and feel about the subject matter, their role in it and suggest ways to improve what currently exists. Hopefully, responses will provide detail and insight on areas that need special attention. The area of sexual health education is not well studied or documented to understand how "effective" sexual health education is delivered, or what exactly "effective" sexual health education is.

Your participation is completely voluntary and you have the right to decide if you want to answer questions or not and you have the right to withdraw from the research at anytime without explanation. The information gathered through the questionnaire will be used for the purposes of my thesis research and will only be used with your consent. Confidentiality is of utmost importance in this study; your name and other identifying information will not be included in the thesis.

Questionnaires will likely take ½ - 1 hour, depending on how much you want to respond. Interviews can take place during a spare period, lunch hour or any other desired time that will accommodate your schedule. The option of the interview only applies to teachers who live or work in the greater St. John's area.

The proposal for this research has been approved by the Interdisciplinary Committee on Ethics in Human Research (ICEHR) at Memorial University. If you have ethical concerns about the research (such as the way you have been treated or your rights as a participant), you may contact the Chairperson of the ICEHR at icehr@mun.ca or by telephone at (709) 737-8368.

If you wish to participate in the interview process, please **sign below and return one copy to me and keep one for yourself** or if you are receiving this by email, **please reply to this email** stating that you have read and understood this consent letter.

Please feel free to contact me with questions regarding this research study. You may also contact either of my thesis co-supervisors, Dr. Elizabeth Yeoman at (709)737-3411 or Ursula Kelly at (709) 737-3409.

Thank you very much for your willingness to participate in this meaningful research. I look forward to hearing and/or reading your responses.

Sincerely,

Melody Morton Ninomiya
melodym@mun.ca
(709) 722-9492

I, _____ am willing to participate in the questionnaire/interview described above. I understand that my responses are to be used for this study only.

Date: _____ Signature: _____

Appendix 10 Characteristics of Sexual Health Educator Subjects in NL

CATEGORY	FREQUENCY	%
Gender		
Male	16	51.6
Female	12	38.7
Unanswered	3	9.7
Age (Years)		
20-29	7	22.6
30-39	8	25.8
40-49	13	41.9
50-59	3	9.7
60-65	0	0.0
Sexuality		
Heterosexual	27	87.1
Lesbian/Gay	1	3.2
Unanswered	3	9.7
Religious Affiliation		
Catholic	9	29.0
Anglican	8	25.8
All Other Protestant	8	25.8
Unanswered	6	19.4
Population of Community ⁸		
Rural (less than 1,000)	15	48.4
Semi-Rural (1,000-9,999)	9	29.0
Semi-Urban (10,000-24,999)	3	9.7
Urban (25,000 and more)	4	12.9
Years Teaching SHE ⁹		
First Year	4	12.9
1-5 Years	16	51.6
6-10 Years	4	12.9
10+ Years	7	22.6

⁸ The distribution of such population groupings in Newfoundland and Labrador are approximately 42%, 29%, 8% and 30% in respective order from rural to urban (Statistics Canada, 2007).

⁹ SHE stands for sexual health education.

...continuation of Appendix 10...

CATEGORY	FREQUENCY	%
Position at School		
Physical Education Teacher	5	16.1
Homeroom Teacher	20	64.5
Guidance Counselor	4	12.9
Other ¹⁰	11	35.5
Grades		
Grade 7	14	45.2
Grade 8	10	32.3
Grade 9	12	38.7
N = 31		

¹⁰ Other positions that teachers identified themselves as included Principal (1), Vice Principal (1), Science (4), Health (4), English (2), French (2), Music (2), Religion (1) and Social Science (1).

Appendix 11 Time Devoted to Sexual Health Education

HOURS	FREQUENCY	%
0-3	3	9.7
4-6	2	6.5
7-9	5	16.1
10-12	5	16.1
13+ hours	15	48.4
Unknown	1	3.2
N = 31		

Note. Approximate hours are per academic school year.

Appendix 12 Methods of Delivery

METHOD	FREQUENCY	%
Co-ed Classes	30	96.8
Recommended Materials	26	83.9
Speakers/Facilitators	24	77.4
Develop Own Resources	20	64.5
Teach Solo	17	54.8
Mixed Grades	8	25.8
Team Teach	3	9.7
Single-sex Classes	1	3.2
N = 31		

Appendix 13 Topics Covered by Sexual Health Educators

TOPIC	FREQUENCY	%
Romantic relationships	28	90.3
Contraception choice awareness	27	87.1
Emotions and hormones	27	87.1
Contraception uses and mechanics	26	83.9
Decision-making on sexual practices	26	83.9
Mechanics of reproductive system	26	83.9
Pregnancy and birth	26	83.9
Sexual assault/abuse/harassment	25	80.6
Unplanned pregnancy options	25	80.6
Menstruation process	24	77.4
Sperm production	24	77.4
Wet dreams and unwanted erections	24	77.4
Parenting and adoption	22	71.0
Sexual diversity ¹¹ (LGBTQ)	22	71.0
Sexual feelings and expression	22	71.0
Masturbation and sexual pleasure	21	67.7
Vaginal/penile sex	21	67.7
Gender/power dynamics	20	64.5
Anal sex	19	61.3
Oral sex	19	61.3
Menstruation product choices	18	58.1
Mutual masturbation	17	54.8
Use of aids ¹² (e.g. toys, props)	8	25.8
Safer sex practices ¹³ (i.e. risk of STIs)	8	25.8

N = 29

¹¹ Includes topics that include topics that relate to lesbian, gay, bisexual, transgendered and queer sexual identities (LGBTQ).

¹² Examples of aids would include toys and props.

¹³ Makes reference to the relationship between sexual practices and risk of sexually transmitted infections.

Appendix 14 Topics Covered by Sexual Health Educators, by Grade Levels

TOPIC	GR 7	%	GR 8	%	GR 9	%
Contraception choice awareness	11	100	8	100	10	100
Contraception uses and mechanics	11	100	6	75	10	100
Decision-making on sexual practices	10	91	7	88	10	100
Masturbation and sexual pleasure	8	73	6	75	9	90
Mechanics of reproductive system	10	91	6	75	10	100
Parenting and adoption	10	91	6	75	7	70
Gender/power dynamics	8	73	6	75	8	80
Emotions and hormones	11	100	7	88	10	100
Menstruation process	10	91	7	88	8	80
Menstruation product choices	10	91	5	63	5	50
Sperm production	10	91	7	88	8	80
Wet dreams and unwanted erections	10	91	6	75	9	90
Pregnancy and birth	10	91	7	88	10	100
Romantic relationships	11	100	8	100	10	100
Sexual assault/abuse/harassment	9	82	7	88	10	100
Sexual diversity	8	73	6	75	9	90
Sexual feelings and expression	8	73	6	75	9	90
Anal sex	8	73	6	75	7	70
Oral sex	8	73	6	75	7	70
Vaginal/penile sex	8	73	6	75	9	90
Mutual masturbation	8	73	4	50	7	70
Use of aids	5	45	3	38	3	30
Safer sex practices	9	82	7	88	10	100
Unplanned pregnancy options	9	82	6	75	10	100
Total N = 31	N _{gr 7} = 11		N _{gr 8} = 8		N _{gr 9} = 10	

Appendix 15 Most Important Topics to Cover

TOPIC	NUMBER	%
Safe Sex (pregnancy & STI)	21	67.7
Relationships & Shared Responsibility	7	22.6
Responsibility for Self	5	16.1
Consequences	5	16.1
Decision-making	5	16.1
Peer Pressure	5	16.1
LGBTQ Awareness	4	12.9
Myths & Misinformation	4	12.9
Self-esteem	2	6.5
Sex for Wrong Reasons	1	3.2

N = 31

Appendix 16 Other Areas of Importance

OTHER LISTED AREAS OF IMPORTANCE:

- Educators being able to answer questions.
- Conflict resolution skills.
- Freedom of choice.
- Sexual expression.
- Critical reading of media.
- Understanding reproductive anatomy and physiology.
- Having someone that students can talk to, someone that understands.
- Stereotyping of people.
- Technical information.

Appendix 17 Other Areas of Concern

OTHER LISTED AREAS OF CONCERN:

- Age that students start having sex.
- Curriculum feeling useless.
- Lack of a wide knowledge base.
- Upset parents.
- No other opportunities for sex education if parent-child communication is poor.
- Outdated curriculum.
- Sex as something negative.
- Lack of awareness around sexual harassment.

Appendix 18 Topics of Importance and Concern Covered in Curriculum Resources

ANSWER	FREQUENCY
Yes	21
No	4
Unanswered	6
N = 31	

Appendix 19 What Would Improve the Curriculum Resources?

AREA	FREQUENCY	%
More resources to supplement	4	12.9
Updated curriculum	3	9.7
LGBTQ topics be added	2	6.5
More detailed guide	2	6.5
Other:	14	45.2
Curriculum needs more emphasis on consequences.		
Recommended resources would be ridiculed.		
Need more human resource support.		
The curriculum is gendered and needs to have more information for both male and females.		
There needs to be more information on menstruation.		
More is covered in Grade 9 than any of the other Grades.		
N = 17		

Appendix 20 Experience and Training of Sexual Health Educators

AREA	FREQUENCY	%
Own experiences	13	41.9
Courses ¹⁴	12	38.7
Experiences as SHE teacher	8	25.8
Own research	3	9.7
Public health nurse	3	9.7
N = 31		

¹⁴ Two people indicated university undergraduate courses in biology and one person took at university undergraduate sexual behaviour course. Two people also indicated participating in training by the LGBT group at Memorial University and one person said they did some training with the Women's Resource Centre.

Appendix 21 Are there Topics that are Too Controversial, Sensitive or Uncomfortable?

ANSWER	FREQUENCY
Yes	9
No	20
Unanswered	2

Appendix 22 Controversial, Sensitive or Uncomfortable Topics

TOPIC	FREQUENCY	%
Masturbation	5	16.1
Sex toys	5	16.1
Sexual Practices	4	12.9
Abortion	3	9.7
Diversity and its practices	2	6.5
"How to" for contraception	2	6.5
N = 29		

Appendix 23 Any Prohibited Topics?

ANSWER (Y/N)	FREQUENCY
Yes	1 ¹⁵
No	26
Unanswered	4

¹⁵ This subject indicated abortion as a topic that is prohibited.

Appendix 24 What Kind of Responses or Feedback Do Students Give?

DESCRIPTION	FREQUENCY	%
Open and candid	15	48.4
Uncomfortable	12	38.7
Keen	4	12.9
Feel trust	3	9.7
Very little	3	9.7
Generic good	2	6.5
Other:	9	29
Students act like they know more than they do.		
Students are immature. (x3)		
They make a lot of homophobic comments.		
They lack general information.		
It can feel weird to be a sports coach as well as discuss these topics with these students.		

N = 28

Appendix 25 How Do Educators Perceive Their Delivery?

DESCRIPTION	FREQUENCY	%
Open & comfortable	9	29.0
Good	6	19.4
Okay	6	19.4
Honest & candid	4	12.9
Uncomfortable	3	9.7
Effective	2	6.5
Other:	8	25.8
Fun		
Current		
Knowledgeable		
Need more time and resources		
Much needed		
Public health nurse does it for me		
Put too much of myself into it		
Hard to keep personal opinions out of it		
N = 31		

Appendix 26 What Do Students Enjoy Most?

DESCRIPTION	FREQUENCY	%
Dating/Relationships	6	19.4
Contraception	4	12.9
STI/STD	4	12.9
Question Box	4	12.9
Sexual Relationships/Activities	4	12.9
Discussion	3	9.7
Case Studies/Role Plays	2	6.5
Other:	8	25.8
Anatomy		
Guest speakers, such as medical students		
Reproductive systems		
Puberty		
Sexual attitudes on sexuality		
The whole thing – sex ed		

N = 31

Appendix 27 What Do Students Enjoy Least?

DESCRIPTION	FREQUENCY	%
Anatomy & Physiology	4	12.9
Relationships & Communication	2	6.5
Decision-Making	2	6.5
Other:	13	41.9
Self-examination		
Things not directly related to sex		
Consumer health		
Homosexuality		
Identity		
Conflict resolution		
Pregnancy		
Research		
Self-concept		
Sexual relationships		
Textbook		
Videos		
Workbook exercises		

N = 31

Appendix 28 How Do Educators Measure Success?

DESCRIPTION	FREQUENCY	%
Asking questions	5	16.1
Formal Evaluation (test, quiz, project)	5	16.1
Decreased STI and pregnancy	4	12.9
Feedback	4	12.9
Participation	2	6.5
Signs of confidence/trust in teacher	1	3.2
Attendance	1	3.2
Other:	17	54.8
As a valuable service to kids.		
Enthusiasm for next class.		
Covering all curriculum.		
Depends on students.		
Do not know.		
Good.		
Students are learning facts.		
Sticking to curriculum documents only.		
Very good.		
On a scale of 1-10, an 8.		
Very successful.		
<hr/>		
N = 31		

Appendix 29 Aware of Any Sexual Diversity in the Classroom?

ANSWER (Y/N)	FREQUENCY
Yes	2
No	19
Unanswered	10

Appendix 30 How Does Awareness of Sexual Diversity in the Classroom Change SHE?

RESPONSE	FREQUENCY	%
No difference	7	22.6
Inclusive anyway no difference	4	12.9
Include topics of sexual orientation	3	9.7
Other:	5	16.1
Handle topics with sensitivity.		
If acceptance is a problem, I would change the way I teach.		
Junior high students are not vocal about LBGTQ identities.		
Orientation is private and should only be shared with trusted people only.		
N = 19		

Appendix 31 Support That Would Improve Quality of SHE

DESCRIPTION	FREQUENCY	%
New program, material resources	13	41.9
Outside help ¹⁶	10	32.3
Training ¹⁷	5	16.1
Other:	4	12.9
Current videos.		
A First Class ¹⁸ group for internal email discussion.		
Individual learning plans.		
Integrate different Grades.		
N = 27		

Appendix 32 Supports Available

DESCRIPTIONS	FREQUENCY
I have support from the guidance counselor, public health nurse and teachers (2).	2
There is enough support (1).	1
I have no support (1).	1
Support is most needed from the Department of Education (1).	1
I feel very supported (1).	1
N = 7	

¹⁶ Such as a public health nurse or a trained educator.

¹⁷ Namely professional development, pre-service or in-service training.

¹⁸ First Class is an email application for educators and provides a communication environment for all employees within the school boards across Newfoundland and Labrador.

Appendix 33 Frustration and Concerns With SHE

DESCRIPTION	FREQUENCY	%
Outdated curriculum	8	25.8
Students are still irresponsible	3	9.7
Lack of training	2	6.5
Lack of time	2	6.5
Missing Topics	2	6.5
Other:	6	19.4
Curriculum biases.		
Difficulty getting support from Health & Community Service with abuse disclosures.		
It does not get taught if teachers are uncomfortable.		
Having to counter the myths students believe.		
Lack of human resources.		
Students don't take the material seriously.		

N = 20

Appendix 34 Preferences to Single-Sex or Co-Ed Classes

DESCRIPTION	FREQUENCY	%
Co-ed allows varied viewpoints	11	35.5
Advantages to both	9	29.0
No preference	8	25.8
Single-sex is more open & comfortable	6	19.4
N = 31		

Appendix 35 Comments on Single-Sex Classes

COMMENTS ON SINGLE-SEX CLASSES:

Girls are more comfortable without males present.
I have asked a female colleague to take the girls while I take the boys.
I only separate when necessary.
Single-sex is needed at times, otherwise, they should be together.
Single-sex would be very different from co-ed and would be better to match student-teacher genders.
Students hold back because of the opposite sex in the room.
It would be easier to teach if they were separated.

Appendix 36 Comments on Co-ed Classes

COMMENTS ON CO-ED CLASSES:

Both sexes can gain more respect from each other.
I feel no need to separate them.
It is particularly important for heterosexual students.
Real life is co-ed, so why separate them?
Sex ed should be equal opportunity for both genders.
They should know what each others' concerns are.
I am worried about the message of separating students, they need to be accepting of each other.
If I had to choose I would pick co-ed because it ensures that they both get the same education.

Appendix 37 Emphasis on Abstinence

DESCRIPTION	FREQUENCY	%
Very much	17	54.8
Somewhat	8	25.8
Unknown	5	16.1
Not at all	1	3.2
N = 31		

Appendix 38 Comments on Abstinence Emphasis

ADDITIONAL COMMENTS:

It is the most effective and students need to be ready to accept the consequences of their actions.

I define it as stated in a curricular outcome (as a form of contraception control).

I emphasize how to weigh the factors that influence decisions.

I emphasize the problems associated with having sex at early age.

I have them look at the pros and (dis)advantages.

I place more emphasis on safe sex, to be realistic.

Not sure yet, since we have not covered that topic yet.

Appendix 39 Definition of Abstinence

DESCRIPTION	FREQUENCY	%
Anything causing pregnancy or STIs	11	35.5
No (vaginal) intercourse, virginity	8	25.8
No vaginal or anal penetration	3	9.7
No oral, vaginal or anal penetration	2	6.5
Other:	6	19.4
It's about personal choice.		
Ask students for their definition, give my definition, then give traditional definition.		
Masturbation does not count.		
Not "touching".		
Refer to the Catholic Religious Education Curriculum Guide.		
The textbook does a good enough job.		
N = 31		

Appendix 40 Interested in In-Service Training?

ANSWER (Y/N)	FREQUENCY	%
Yes	25	80.6
Unknown	4	12.9
No	2	6.5
N = 31		

Appendix 41 What Educators Want from In-Service Training

DESCRIPTION	FREQUENCY	%
Acquire new approaches/strategies	12	38.7
Get new resources	9	29.0
N = 24		

Appendix 42 Additional Comments on In-Service Training

COMMENTS
Learn more about and how to approach LGBTQ issues.
Not interested in training since I retire this year.
Interested in best approaches for different ages.
I'm curious. I've never gone to training.
I'd like to learn from other teachers who teach sex ed.
Want to find out how to cover "dry" topics.
Learn how to target different Grades.
Want current, accurate data and best approaches on sensitive topics.
Get ideas for how to assess students on this unit.
I don't feel like I have much say in what in-service training I get.

Appendix 43 Curriculum Resources Used by Population Demographics

RESOURCES	RURAL	SEMI-RURAL	SEMI-URBAN	URBAN	TOTAL
Provincial Curriculum	15	9	3	3	30
Curriculum Recommended Media	4 ¹⁹	1	0	1	6
Use Outside Resources	9 ²⁰	4	2	1	16
N = 31	N _R = 15	N _{SR} = 9	N _{SU} = 3	N _U = 4	

¹⁹ Resources include Internet (specifically kids.health.org), public health and personal resources.

²⁰ Resources listed under *Other* may include community health nurses, high school biology text books, *First Nation Sexual Health* text, *Fully Alive* text, internet (specifically sexexpressions.ca), magazines, miscellaneous materials handed down from other teachers or information from community health.

Appendix 44 Comfort Levels

TOPIC	MEDIAN(RANGE)	UNANSWERED
Contraception choice awareness	7(4, 7)	1
Contraception uses and mechanics	6(1, 7)	2
Decision-making on sexual practices	6(4, 7)	1
Masturbation and sexual pleasure	6(1, 7)	6
Mechanics of reproductive system	7(4, 7)	1
Parenting and adoption	7(6, 7)	3
Gender/power dynamics	7(4, 7)	6
Emotions and hormones	7(5, 7)	1
Menstruation process	7(5, 7)	2
Menstruation product choices	6(3, 7)	4
Sperm production	7(2, 7)	2
Wet dreams and unwanted erections	6(2, 7)	3
Pregnancy and birth	7(4, 7)	1
Romantic relationships	7(4, 7)	0
Sexual assault/abuse/harassment	6(3, 7)	2
Sexual diversity	6(2, 7)	5
Sexual feelings and expression	6(4, 7)	6
Anal sex	6(1, 7)	9
Oral sex	6(1, 7)	8
Vaginal/penile sex	6(2, 7)	6
Mutual masturbation	6(2, 7)	9
Use of aids	5(1, 7)	14
Safer sex practices	7(5, 7)	2
Unplanned pregnancy options	6(3, 7)	3

Appendix 45 Associations Between Comfort Levels & Gender (Kruskal-Wallis)

TOPIC	FEMALE MEDIAN(RANGE)	MALE MEDIAN(RANGE)	P-VALUE
Contraception choice awareness	6.5(4, 7)	7(4, 7)	0.343
Contraception uses and mechanics	6(3, 7)	6(2, 7)	0.934
Decision-making on sexual practices	7(4, 7)	6(5, 7)	0.337
Masturbation and sexual pleasure	6(2, 7)	6(1, 7)	0.28
Mechanics of reproductive system	7(4, 7)	7(5, 7)	0.182
Parenting and adoption	7(6, 7)	7(5, 7)	1.000
Gender/power dynamics	7(5, 7)	7(4, 7)	0.619
Emotions and hormones	7(6, 7)	7(5, 7)	0.903
Menstruation process	7(5, 7)	6(5, 7)	0.209
Menstruation products	7(6, 7)	6(3, 7)	0.001*
Sperm production	7(5, 7)	6(3, 7)	0.522
Wet dreams and unwanted erections	6(3, 7)	6(2, 7)	0.886
Pregnancy and birth	6(4, 7)	7(6, 7)	0.032*
Romantic relationships	7(4, 7)	6(6, 7)	0.354
Sexual assault/abuse/harassment	6(3, 7)	6(3, 7)	0.348
Sexual diversity	7(5, 7)	6(2, 7)	0.208
Sexual feelings and expression	6(4, 7)	6(5, 7)	0.801
Anal sex	5(2, 7)	6(1, 7)	0.827
Oral sex	5(2, 7)	6(2, 7)	0.439
Vaginal/penile sex	6(5, 7)	6.5(2, 7)	0.421
Mutual masturbation	5(2, 7)	6(2, 7)	0.794
Use of aids	5.5(1, 7)	5(2, 7)	0.828
Safer sex practices	7(5, 7)	7(5, 7)	0.947
Unplanned pregnancy options	6(5, 7)	7(3, 7)	0.537

Note. The p value was obtained through a two-sided Kruskal-Wallis test. Only values of $p < 0.05$ are significant. * $p < 0.05$.

Appendix 46 Associations Between Comfort Levels & Population (Kruskal-Wallis)

TOPIC	RURAL	SEMI-RURAL	SEMI-URBAN	URBAN	P-Value
	Median(Range)	Median(Range)	Median(Range)	Median(Range)	
Contraception choice awareness	7(4, 7)	7(4, 7)	7(6, 7)	6.5(6, 7)	0.922
Contraception uses and mechanics	6(1, 7)	6(2, 7)	6.5(6, 7)	6.5(6, 7)	0.863
Decision-making on sexual practices	6.5(5, 7)	6(4, 7)	7(6, 7)	6.5(6, 7)	0.725
Masturbation and sexual pleasure	6(1, 7)	5(1, 7)	6.5(6, 7)	5.5(5, 6)	0.492
Mechanics of reproductive system	6.5(4, 7)	7(7, 7)	7(6, 7)	6.5(5, 7)	0.107
Parenting and adoption	6.5(6, 7)	7(5, 7)	7(5, 7)	7(7, 7)	0.228
Gender/power dynamics	7(5, 7)	7(4, 7)	7(7, 7)	7(7, 7)	0.416
Emotions and hormones	7(5, 7)	7(5, 7)	7(7, 7)	7(7, 7)	0.419
Menstruation process	7(5, 7)	7(5, 7)	6(6, 7)	6(5, 7)	0.591
Menstruation products	7(3, 7)	6(5, 7)	6(5, 7)	5(5, 5)	0.170
Sperm production	6.5(2, 7)	7(3, 7)	7(5, 7)	6(5, 7)	0.897
Wet dreams and unwanted erections	6(2, 7)	6(2, 7)	7(5, 7)	6(5, 7)	0.437
Pregnancy and birth	6(4, 7)	7(6, 7)	7(7, 7)	7(7, 7)	0.025*
Romantic relationships	6(4, 7)	7(6, 7)	7(6, 7)	6.5(6, 7)	0.732
Sexual assault/abuse/harassment	6(3, 7)	7(3,7)	7(6, 7)	6.5(4, 7)	0.401
Sexual diversity	6(5, 7)	6.5(2, 7)	6.5(6, 7)	6(5, 7)	0.882
Sexual feelings and expression	6(4, 7)	6(6, 7)	7(6, 7)	6(6, 6)	0.273
Anal sex	4.5(1, 7)	6(1, 7)	6.5(7, 7)	6(6, 6)	0.483
Oral sex	4.5(1, 7)	7(3, 7)	6.5(6, 7)	6(5, 7)	0.249
Vaginal/penile sex	6(2, 7)	7(5, 7)	7(6, 7)	6(6, 7)	0.094
Mutual masturbation	5(2, 7)	6(2, 7)	6(7, 7)	6.5(6, 7)	0.450
Use of aids	4.5(1, 7)	6(2, 6)	5.5(5, 7)	NA	0.672
Safer sex practices	7(5, 7)	7(6, 7)	7(4, 7)	6.5(6, 7)	0.632
Unplanned pregnancy options	6(5, 7)	7(3, 7)	7(6, 7)	6(6, 7)	0.220

Note. The p value was obtained through a two-sided Kruskal-Wallis test. Only values of $p < 0.05$ are significant. * $p < 0.05$.

Appendix 47 Associations Between Comfort Levels & Experience (Kruskal-Wallis)

Topic	FIRST YR	1-5 YRS	6-10 YRS	10+ YRS	P-Value
	Median(Range)	Median(Range)	Median(Range)	Median(Range)	
Contraception choice awareness	5(4, 7)	7(4, 7)	7(4, 7)	7(6, 7)	0.197
Contraception uses and mechanics	4.5(3, 7)	6(2, 7)	6.5(1, 7)	6.5(6, 7)	0.598
Decision-making on sexual practices	5.5(4, 7)	6.5(5, 7)	6.5(6, 7)	7(6, 7)	0.327
Masturbation and sexual pleasure	3(2, 6)	5.5(1, 7)	5.5(1, 6)	6(5, 7)	0.329
Mechanics of reproductive system	7(6, 7)	7(4, 7)	7(6, 7)	7(6, 7)	0.443
Parenting and adoption	7(6, 7)	7(6, 7)	7(6, 7)	6.5(5, 7)	0.663
Gender/power dynamics	7(6, 7)	7(4, 7)	7(6, 7)	7(5, 7)	0.907
Emotions and hormones	7(5, 7)	7(5, 7)	7(5, 7)	7(6, 7)	0.842
Menstruation process	7(5, 7)	6.5(5, 7)	6.5(5, 7)	7(6, 7)	0.832
Menstruation products	7(3, 7)	6.5(5, 7)	6(5, 7)	6.5(5, 7)	0.907
Sperm production	7(4, 7)	6(3, 7)	6.5(2, 7)	7(6, 7)	0.314
Wet dreams and unwanted erections	4.5(3, 7)	6(2, 7)	6(2, 6)	7(6, 7)	0.091
Pregnancy and birth	7(6, 7)	6.5(4, 7)	7(6, 7)	7(6, 7)	0.388
Romantic relationships	6.5(6, 7)	6(4, 7)	7(6, 7)	7(6, 7)	0.494
Sexual assault/abuse/harassment	6(6, 7)	6(3, 7)	7(6, 7)	7(6, 7)	0.076
Sexual diversity	7(5, 7)	6(2, 7)	6.5(5, 7)	6.5(6, 7)	0.700
Sexual feelings and expression	5(5, 5)	6(4, 7)	6.5(5, 7)	7(6, 7)	0.195
Anal sex	2(2, 2)	6(1, 7)	4.5(2, 6)	6.5(5, 7)	0.229
Oral sex	2(2, 2)	5.5(1, 7)	5(2, 7)	6.5(5, 7)	0.309
Vaginal/penile sex	4(2, 6)	6(5, 7)	6.5(2, 7)	7(5, 7)	0.379
Mutual masturbation	2(2, 2)	6(2, 7)	5.5(2, 7)	6(4, 7)	0.516
Use of aids	2(2, 2)	5(1, 7)	6(2, 6)	5(3, 7)	0.717
Safer sex practices	6(5, 7)	7(5, 7)	7(6, 7)	7(6, 7)	0.360
Unplanned pregnancy options	6(6, 7)	6(5, 7)	7(6, 7)	7(3, 7)	0.606

Note. The p value was obtained through a two-sided Kruskal-Wallis test. Only values of $p < 0.05$ are significant. * $p < 0.05$.

Appendix 48 Associations Between Comfort Levels & Gender (Fisher)

TOPIC	FEMALE			MALE			P-VALUE
	1	2	3	1	2	3	
Contraception choice awareness	-	2	10	-	1	14	0.569
Contraception uses and mechanics	1	2	8	2	1	12	0.804
Decision-making on sexual practices	-	1	11	-	3	12	0.605
Masturbation and sexual pleasure	2	1	6	3	3	7	0.845
Mechanics of reproductive system	-	3	9	-	1	14	0.294
Parenting and adoption	-	-	9	-	1	15	1.000
Gender/power dynamics	-	1	7	-	2	12	1.000
Emotions and hormones	-	-	12	-	2	13	0.487
Menstruation process	-	1	11	-	3	11	0.598
Menstruation products	-	-	11	1	4	8	0.061
Sperm production	-	3	9	1	2	11	0.809
Wet dreams and unwanted erections	2	2	7	2	2	10	0.902
Pregnancy and birth	-	2	10	-	-	15	0.188
Romantic relationships	-	1	11	-	-	16	0.429
Sexual assault/abuse/harassment	2	1	8	1	2	12	0.804
Sexual diversity (LGBTQ)	-	1	8	1	2	11	1.000
Sexual feelings and expression	-	3	6	-	1	12	0.264
Anal sex	2	2	3	3	1	8	0.666
Oral sex	2	2	3	2	3	8	0.830
Vaginal/penile sex	-	3	5	1	1	12	0.254
Mutual masturbation	1	3	3	2	2	8	0.666
Use of aids	1	1	2	3	2	5	1.000
Safer sex practices	-	1	10	-	1	14	1.000
Unplanned pregnancy options	-	1	9	1	-	14	0.650

Note: The p value was obtained using Fisher's Exact Test. The questionnaires seven point Likert scale was reduced to three categories of uncomfortable (1-3), indifferent (4-5), and comfortable (6-7). These categories have been reassigned values of 1, 2 and 3 to represent uncomfortable, indifferent and comfortable respectively. * p < 0.05, two-sided.

Appendix 49 Associations Between Comfort Levels & Population (Fisher)

TOPIC	RURAL			SEMI-RURAL			URBAN			P-VALUE
	1	2	3	1	2	3	1	2	3	
Contraception choice awareness	-	3	11	-	1	8	-	-	7	0.662
Contraception uses and mechanics	2	2	10	2	1	6	-	-	6	0.757
Decision-making on sexual practices	-	1	13	-	3	6	-	-	7	0.164
Masturbation and sexual pleasure	4	1	8	8	2	3	-	1	3	0.520
Mechanics of reproductive system	-	3	11	-	-	9	-	2	5	0.270
Parenting and adoption	-	-	14	-	1	7	-	-	6	0.500
Gender/power dynamics	-	1	12	-	2	5	-	-	5	0.271
Emotions and hormones	-	2	12	-	1	8	-	-	7	0.783
Menstruation process	-	2	12	-	1	8	-	2	4	0.559
Menstruation products	1	1	12	-	1	8	-	3	1	0.025*
Sperm production	1	3	10	1	-	8	-	2	4	0.391
Wet dreams and unwanted erections	4	2	8	1	1	6	-	1	4	0.729
Pregnancy and birth	-	2	12	-	-	9	-	-	7	0.485
Romantic relationships	-	1	14	-	-	9	-	-	7	1.000
Sexual assault/abuse/harassment	2	1	11	1	1	6	-	1	6	1.000
Sexual diversity (LGBTQ)	-	3	10	1	-	7	-	1	4	0.412
Sexual feelings and expression	-	5	9	-	-	7	-	-	4	0.140
Anal sex	5	2	5	2	1	4	-	-	3	0.727
Oral sex	5	2	5	1	2	4	-	1	3	0.569
Vaginal/penile sex	2	3	8	-	1	6	-	-	5	0.710
Mutual masturbation	4	3	5	1	1	4	-	1	3	0.835
Use of aids	4	2	4	2	-	3	-	1	1	0.703
Safer sex practices	-	2	12	-	-	8	-	-	7	0.483
Unplanned pregnancy options	-	1	13	1	-	7	-	-	6	0.759

Note: The p value was obtained using Fisher's Exact Test. The questionnaires seven point Likert scale was reduced to three categories of uncomfortable (1-3), indifferent (4-5), and comfortable (6-7). These categories have been reassigned values of 1, 2 and 3 to represent uncomfortable, indifferent and comfortable respectively. * p < 0.05, two-sided.

Appendix 50 Associations Between Comfort Levels & Experience (Fisher)

TOPIC	1-5 YEARS			6+ YEARS			P-VALUE
	1	2	3	1	2	3	
Contraception choice awareness	-	3	17	-	1	9	1.000
Contraception uses and mechanics	3	3	13	1	-	9	0.553
Decision-making on sexual practices	-	4	16	-	-	10	0.272
Masturbation and sexual pleasure	6	2	7	1	2	7	0.337
Mechanics of reproductive system	-	5	15	-	-	10	0.140
Parenting and adoption	-	-	19	-	1	8	0.321
Gender/power dynamics	-	1	16	-	2	6	0.231
Emotions and hormones	-	2	18	-	1	9	1.000
Menstruation process	-	4	15	-	1	9	0.633
Menstruation product choices	1	3	13	-	2	8	1.000
Sperm production	1	5	13	1	-	9	0.227
Wet dreams and unwanted erections	4	4	9	1	-	9	0.214
Pregnancy and birth	-	2	18	-	-	10	0.540
Romantic relationships	-	1	19	-	-	11	1.000
Sexual assault/abuse/harassment	3	3	13	-	-	10	0.168
Sexual diversity (LGBTQ)	1	3	12	-	1	9	0.770
Sexual feelings and expression	-	4	11	-	1	9	0.615
Anal sex	5	1	6	2	2	6	0.593
Oral sex	4	3	6	2	2	6	0.862
Vaginal/penile sex	1	3	11	1	1	8	1.000
Mutual masturbation	4	2	7	1	3	5	0.456
Use of aids (e.g. toys, props)	4	2	4	2	1	4	0.827
Safer sex practices	-	2	17	-	-	10	0.532
Unplanned pregnancy options	-	1	17	1	-	9	0.595

Note: The p-value was obtained using Fisher's Exact Test. The questionnaires seven point Likert scale was reduced to three categories of uncomfortable (1-3), indifferent (4-5), and comfortable (6-7). These categories have been reassigned values of 1, 2 and 3 to represent uncomfortable, indifferent and comfortable respectively. * $p < 0.05$, two-sided.

Appendix 51 Grade 7 Curriculum: Comparing Content

TOPIC	OBJECTIVES	TEXT	RATING	FREQ	%
Contraception choice awareness	N	Y	2	11	100
Contraception uses and mechanics	N	N	0	11	100
Decision-making on sexual practices	N	Y	1	10	91
Masturbation and sexual pleasure	N	Y	1	8	73
Mechanics of reproductive system	Y	Y	2	10	91
Parenting and adoption	N	N	0	10	91
Gender/power dynamics	N	N	0	8	73
Emotions and hormones	Y	Y	2	11	100
Menstruation process	Y	Y	2	10	91
Menstruation product choices	N	Y	1	10	91
Sperm production	Y	Y	1	10	91
Wet dreams and unwanted erections	Y	Y	1	10	91
Pregnancy and birth	Y	Y	3	10	91
Romantic relationships	Y	Y	1	11	100
Sexual assault/abuse/harassment	N	N	0	9	82
Sexual diversity (LGBTQ)	N	N	1	8	73
Sexual feelings and expression	Y	Y	2	8	73
Anal sex	N	N	0	8	73
Oral sex	N	N	0	8	73
Vaginal/penile sex	Y	Y	1	8	73
Mutual masturbation	N	N	0	8	73
Use of aids	N	N	0	5	45
Safer sex practices	Y	Y	3	9	82
Unplanned pregnancy options	N	N	0	9	82

N = 10

Note. *Objectives* refers to the Newfoundland and Labrador provincially mandated curriculum objectives. The *Text* referenced here is *Healthwise 1* (Robertson & Mang, 1990b). The rating from 0-3 represents absent (0), mentioned (1), discussed (2) and emphasized (3) in the text. *Freq* reflects how many educators covered that topic.

Appendix 52 Grade 8 Curriculum: Comparing Content

TOPIC	OBJECTIVES	TEXT	RATING	FREQ	%
Contraception choice awareness	Y	Y	1	8	100
Contraception uses and mechanics	N	N	1	6	75
Decision-making on sexual practices	Y	Y	2	7	88
Masturbation and sexual pleasure	N	N	0	6	75
Mechanics of reproductive system	N	Y	1	6	75
Parenting and adoption	Y	Y	1	6	75
Gender/power dynamics	N	Y	2	6	75
Emotions and hormones	N	Y	1	7	88
Menstruation process	N	Y	1	7	88
Menstruation product choices	N	N	0	5	63
Sperm production	N	N	0	7	88
Wet dreams and unwanted erections	N	N	0	6	75
Pregnancy and birth	Y	N	0	7	88
Romantic relationships	Y	Y	2	8	100
Sexual assault/abuse/harassment	Y	N	0	7	88
Sexual diversity (LGBTQ)	N	Y	1	6	75
Sexual feelings and expression	Y	Y	1	6	75
Anal sex	N	N	0	6	75
Oral sex	N	N	0	6	75
Vaginal/penile sex	N	Y	1	6	75
Mutual masturbation	N	N	0	4	50
Use of aids	N	N	0	3	38
Safer sex practices	Y	Y	3	7	88
Unplanned pregnancy options	Y	Y	2	6	75

N – 11

Note. *Objectives* refers to the Newfoundland and Labrador provincially mandated curriculum objectives. The *Text* referenced here is *Healthwise 2* (Robertson & Mang, 1990d). The rating from 0-3 represents absent (0), mentioned (1), discussed (2) and emphasized (3) in the text. *Actual* reflects how many educators covered that topic.

Appendix 53 Grade 9 Curriculum: Comparing Content

TOPIC	OBJECTIVES	TEXT	RATING	FREQ	%
Contraception choice awareness	Y	Y	1	10	100
Contraception uses and mechanics	Y	N	1	10	100
Decision-making on sexual practices	Y	Y	3	10	100
Masturbation and sexual pleasure	N	Y	1	9	90
Mechanics of reproductive system	Y	Y	2	10	100
Parenting and adoption	Y	Y	1	7	70
Gender/power dynamics	Y	N	1	8	80
Emotions and hormones	Y	Y	2	10	100
Menstruation process	N	Y	1	8	80
Menstruation product choices	N	N	0	5	50
Sperm production	Y	Y	1	8	80
Wet dreams and unwanted erections	N	Y	1	9	90
Pregnancy and birth	Y	Y	2	10	100
Romantic relationships	Y	Y	3	10	100
Sexual assault/abuse/harassment	N	Y	1	10	100
Sexual diversity (LGBTQ)	N	Y	1	9	90
Sexual feelings and expression	Y	Y	2	9	90
Anal sex	N	N	0	7	70
Oral sex	N	N	0	7	70
Vaginal/penile sex	Y	Y	1	9	90
Mutual masturbation	N	N	0	7	70
Use of aids	N	N	0	3	30
Safer sex practices	Y	Y	1	10	100
Unplanned pregnancy options	Y	Y	1	10	100

N = 8

Note. *Objectives* refers to the Newfoundland and Labrador provincially mandated curriculum objectives. The *Text* referenced here is *Adolescence: Relationships and Sexuality* (Calgary Board of Education & Department of Education NL, 1987b). The rating from 0-3 represents absent (0), mentioned (1), discussed (2) and emphasized (3) in the text. *Actual* reflects how many educators covered that topic.

Appendix 54 Curriculum Content Inconsistencies

LEVEL	# OF EDUCATORS	USED TEXT ONLY	AVG INCONSISTENCY (%)
Grade 7	10	3	20.8
Grade 8	11	8	35.9
Grade 9	8	3	31.9
N = 29			

Note. The *Avg Inconsistent (%)* is capturing the average percent of topics that were inconsistent between what teachers, who indicated that they only used mandated texts, said they taught compared with what is actually covered in those referenced texts.

