Sexual Health Education in the Context of Quebec

Educational Reform

By

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Thesis Summary

Currently, Quebec’s Ministry of Education is in the process of implementing broad curricular reforms that will fundamentally change the ways in which Quebec youth learn and come to develop academic, personal and social skills. As part of the broad reforms, the Ministry of Education has mandated that the delivery of sexual health education be reformed also. The former, more formal class allotment for sexual health education is being replaced by a more spontaneous and discussion based approach that spans across the curriculum and is the responsibility of the entire school community. Thus, there is a need to understand how both the educators and students are experiencing these changes. It is important to gain a better understanding of what these individuals believe is working and what they think needs improvement. In understanding better these realities, it will be possible to make suggestions for improvement or continued focus. Accordingly, this thesis is comprised of two main sections aimed at accomplishing these objectives. The first consists of an in depth literature review that looks closely at the context of sexual health education in both Quebec and Canada as well as the debate over best practices. The literature review also includes a document analysis that looks critically at the Ministry of Education document, *Sex Education in the Context of Education Reform*, intended to guide the reformation process. The second section of this thesis is a research article, which presents a phenomenological look at the experiences of educators and students as they adjust to sexual health curricular reforms at an independent secondary school in Quebec.
Résumé

Actuellement, le Ministère de l’Éducation du Québec est en processus d’implémenter de vastes réformes curriculaires qui changeront drastiquement la façon dont les jeunes Québécois apprennent et développent leurs outils académiques, personnels et sociaux. Dans ce vaste réforme, le Ministère de l’Éducation a mandaté que l’éducation à la santé sexuelle soit aussi réformée. La façon plus formelle d’enseigner l’éducation à la santé sexuelle sera remplacée par une approche plus spontanée, qui sera basée sur la discussion et touchera à toute les facettes du curriculum. Elle sera aussi la responsabilité de toute la communauté écolière. Ainsi, il y a un besoin à comprendre comment les éducateurs et les étudiants vivront ces changements. Il est important d’acquérir une meilleure compréhension de ce que ces individus croient fonctionne bien, ainsi que ce qui ne fonctionne pas. En comprenant mieux ces réalités, il sera possible de d’émettre des suggestions d’amélioration ainsi que de continuer le focus établi. En ce sens, cette thèse comprendra deux sections principales visant à accomplir ces objectifs. La première sera une revue en profondeur de la littérature qui regarde étroitement le contexte de l’éducation à la santé sexuelle au Québec et au Canada ainsi que les débats sur les meilleures pratiques. La revue littéraire inclura aussi l’analyse d’un document critiquant le document du Ministère de l’Éducation, «Sex Education in the Context of Education Reform », qui a pour but de guider la réforme. La deuxième section de cette thèse est un article de recherche, qui présente un regard phénoménologique sur les...
expériences des éducateurs et des étudiants pendant qu’ils s’ajustent aux
réformes curriculaires dans une école secondaire indépendante au Québec.
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Introduction

The conversation concerning sexuality and appropriate sexual behaviour for teens and young adults is not a recent one. When a young person goes through puberty, many questions and curiosities arise surrounding their changing bodies and emotions. Michener (1938), an early researcher interested in school based sex education, noted that whenever students were given the option to voice their preferences for the social studies curriculum, sex education was requested for instruction. Parents and educators have seen it as their responsibility to guide youth in behaving according to the cultural codes of conduct for the times. The recent influx of sexually charged media campaigns alongside an ever increasing risk of sexually transmitted infections (STI) has stood as an important reminder of the integral role that educational institutions hold. These institutions can provide students the opportunity to address issues and concerns surrounding the physical, emotional and moral aspects of reproduction and sexuality (Michener, 1938). Yet despite the discourse of sexual health education being present for some time now for many individuals, parents, educators, students and the like, it still seems as complicated and confusing as it did in the beginning.

Quebec is currently experiencing these complications first hand. Quebec experiences some of highest rates of sexually active youth nationwide (Rotermann, 2008). Those sexually active youth put themselves at risk for a number of unfavourable outcomes such as sexually transmitted infection and teen pregnancy. In Quebec in 2007, nearly two thirds of all Chlamydia cases were seen in young people between the ages of 15 and 24 (Lambert, Ringuette &
Minzunza, 2008). Furthermore, a recent look at Quebec STI patterns indicates that incidence rates they have been steadily increasing since approximately 1997 (Lambert, Ringuette & Minzunza, 2008). Lambert, Ringuette & Minzunza (2008) also discovered that approximately 15% of boys and 18% of girls respectively, had not used a condom during their first sexual encounter, or their most recent.

Therefore, it is important to look closely at the adolescent population and educate them appropriately concerning sexual health as it encompasses both sex and sexuality. Quebec is attempting to address this issue through their mandate for reform of sexual health education delivery as part of their broader provincial curricular reforms. These reforms emphasize a cross-curricular focus of operation that uses discussions, group work and student centred learning to develop skills. This is the approach also being used for the mandate of sexual health education reform (Duquet, 2003). The reform document entitled, *Sex Education in the Context of Education Reform*, is meant to educate and guide educators in this endeavour.

In light of this reality, this thesis seeks to explore the sexual education experiences of educators and youth in the context of recent educational reforms in Quebec. Therefore, this thesis will be composed of two main sections. The first section will consist of a literature review. This review will look at the conversation surrounding youth sexual behaviour and the debate concerning sexual health education for youth. The literature will also look closely at the recent educational reforms in Quebec. The second section of this thesis will
consist of a research article entitled “Sexual health education in the context of curricular reform in Quebec: Perspectives from the field”. This article will describe the experiences of students and educators in a private boarding school in Quebec as they pertain to sexual health education and educational reform.
References


Literature Review

The concepts of sex, sexuality and sexual health are not synonymous and as such, they should not be understood as interchangeable. Likewise neither are the concepts of sex, sexuality and sexual health education. Topics of discussion for adolescent sex education include a physiological understanding of reproductive function, methods of contraception, delaying of first sexual encounter, sexually transmitted infections and prevention of unplanned pregnancy, among others. These general topics provide a base for knowledge transfer, from an educator or parent, to facilitate a better understanding of physiology and prophylactic measures available to the youth. Sexuality education is something quite different. Alternatively, sexuality or sexual health education allows the youth to engage in a thoughtful discussion of relationships, gender identity, sexual diversity, body image, societal norms of sexuality, as well as any and all topics that are relevant to the students including those based more commonly on strict knowledge transfer. These discussions are open and supportive of all sexual diversities and identities and require the students to engage thoughtfully within their own and other cultural contexts (Health Canada, 2008). However, to simplify the conversation with regard to this thesis, I will refer to sexual health education more generally as a term that encapsulates both sex and sexuality education.

Just as the concepts of sex, sexuality and sexual health education are varied within themselves so too are the conversations surrounding their relevance and necessity. Questions that are raised often include: Should parents, educators,
or a combination of the two be providing sexual health education? Should the conversation surrounding sex and sexuality commence in early or late adolescence? Should it be a progression throughout the entirety of an adolescents’ high school experience? Furthermore, during these conversations which value systems and actions should be prioritized and preferred: Abstinence only education, comprehensive sexual health education curriculum, or perhaps both? While these questions and concerns do not define and limit the debate of sexual health education, they do provide a window into some of the most frequent discussions in the field and provide a window into the complexities of this dialogue. All of these questions and more exist within this debate and trouble researchers, educators, program planners, parents and the adolescents themselves as we all work to provide the most effective education to youth.

Many of these questions can be answered according to the individual’s ideological framework. The heated debate within the context of sexual health education stems from contrasting moral ideals for what is right and wrong for adolescents, leading to an ideological pluralism of sexuality education (McKay, 2007). McKay (2007) differentiates between permissive and restrictive ideologies as the primary rivals in this debate. Permissive ideologies can be characterized by their understandings of human sexuality as something organic, invariably natural and pleasurable that has a function for individuals beyond that of reproduction (McKay, 2007). Individuals who associate themselves with permissive ideals tend to be more accepting of sexual diversity and recreational sex even if it is premarital provided it is done in a safe manner (McKay, 2007).
Conversely, McKay (2007) describes a restrictive ideology as one that views sexuality more narrowly where only certain actions are acceptable and sexual activity is primarily a function for procreation. While these divergent ideologies have the same intentions at their core – providing what each believes to be the best education for adolescents – they ultimately produce fundamentally different program requirements for sexual health education. Permissive ideologies tend to favour more comprehensive sexual health education aimed at preparing youth for a life of healthy sexual expression while restrictive ideologies associate more readily with abstinence only education. Abstinence-only education is characterized as promoting the delay of sexual activity until marriage (Bleakley, Hennessy & Fishbein, 2006). Alternatively, comprehensive sexual health education (also referred to as abstinence-plus education) while not uniform across the board can be understood as emphasizing abstinence and delay of first sexual encounter but also providing information about pregnancy and sexually transmitted infection (STI) prevention (Bleakley, Hennessy & Fishbein, 2006).

**What should be included in Sexual Health Education Programs?**

Advocates of abstinence-only programs place a great deal of emphasis on making “the right choice”: abstaining from sexual activity until marriage. Abstinence-only programs can be characterized by their singular emphasis on refraining from sexual activity until marriage as well as other value-based messages such as the importance of monogamy and the negative aspects of childbearing out of wedlock (Santelli, Ott, Lyon, Rogers, Summers & Schleifer, 2006). This strategy is problematic from the start as it demeans relationships that
do not result in marriage as well as those individuals unable to marry in many places due to their sexual orientation, and are exclusionary to numerous other groups (Bleakley et al., 2006). Moreover, abstinence-only education initiatives have been repeatedly discredited as an effective method through which to prevent teenage pregnancy and the contraction of STI’s (McKay, 2000; Kirby, 2002; Santelli, et al., 2006). In the United States, abstinence-only education tends to receive the lowest amount of public support according to public opinion research. Regardless of either political or religious membership, generally opinions tend to favour comprehensive sexual health education over an abstinence-only approach (Bleakley et al., 2006). Despite opposing sexual education strategies and the differing ideological frameworks that inform them (e.g., those characterized by restrictive ideologies which prefer abstinence-only initiatives), if a strategy has been found to be ineffective it is imperative that we turn to more effective alternatives. Opponents of abstinence-only methods recommend strategies such as comprehensive sexual health education or abstinence-plus programs (McKay, 1997; McKay, 2000; Bleakley et al, 2006)

A comprehensive sexual health education program is characterized by a more embracing definition of what sexuality is and means to include all members of society. McKay (1997) explains that when we provide youth with the most comprehensive and inclusive education possible, their rights are being recognized as every individual has the fundamental right to all the knowledge available to them. To deny adolescents this inalienable right would be wrong (McKay, 1997). This is described as the democratic philosophy of sexuality
education. The rationalization is that democratic societies are based on tolerance and respect; if our sexuality education is to be democratic, sexual diversity should be tolerated and respected (McKay, 1997). Therefore, a comprehensive sexual health education would be best suited to satisfy this goal. These types of initiatives may or may not include condom instruction specifically, but will include important information about STI’s and pregnancy as well as any other methods or information youth can use to protect themselves (Bleakley et al., 2006; Ashcraft, 2006). Comprehensive sexual health education programs have demonstrated positive impacts in preventing both STI’s and teen pregnancy (Bleakley et al., 2006; McKay, 2000; Kirby, 2002; Santelli, et al., 2006). However, this is not to assume that comprehensive initiatives do not have room to improve their methodologies, implementation strategies, or the information they provide.

A number of studies have looked at the limitations of comprehensive sexual health education curriculums. Many have questioned whether the methods used to educate the youth are appropriate to convey important concepts. Ashcraft (2006) argues that some programs do not provide ample advice to adolescents on what it means to be ‘ready’ to engage in sexual activity, noting that most people understand what it is not, but not what being ‘ready’ actually consists of. Ashcraft (2003) using the example of the movie American Pie (a teen comedy from 1999), suggests injecting examples from popular culture into discussions of sexual health as a means to address this. Not only can these associations provide an important means through which to engage in conversation but also allows
youth to critically look at the world around them (Ashcraft, 2003). While for
many, comprehensive sexual health education represents a progressive and
idealistic initiative, many youth seem to disagree that it is sufficient to satisfy
their needs. In an attempt to address this, a number of studies have provided a
voice to the opinions of the youth they worked with. The adolescents repeatedly
note that the sexual health education that they are receiving at school fails to go
beyond information about the basics (Dicenso et al., 2001). In other research,
Measor (2004), utilizing interviews and discussions with young boys in England,
established that the boys in his research would appreciate not only learning what
should be used in a sexual encounter but also how it should be used as they felt a
great deal of anxiety about their first sexual encounter, whenever that may be. As
such, a number of the boys felt the need to turn to other sources of information
accessible to them such as pornography that could potentially perpetuate
inaccurate stereotypes and codes of conduct (Measor, 2004).

A Canadian study focusing on adolescent perspectives surveyed youth
concerning the perceived importance of specific sexual health topics as well as
the perception of sexual health education at school and the preferred grade level
for learning about these topics (Byers et al., 2003). The responses of these
adolescents are telling of their actual experiences and perceptions of sexual
health education. Most students rated the sexual health education that they
received as ‘fair’ and indicated that a number of topics were not covered well,
such as sexual pleasure and enjoyment. This is particularly significant as the
participants indicated that all sexual health topics are important to include in any
sexual health curriculum. Furthermore, they thought that by the time they had reached grades 6-8 they should have received education on all sexual health topics with the exceptions of items such as personal safety that they believed should come earlier (Byers et al., 2003). These two examples demonstrate youth's demand for a more comprehensive look at sexual health education. Nonetheless, despite what seems like an overwhelming amount of support for comprehensive sexual health education, the debate between the former and abstinence-only education perseveres and will undoubtedly continue to do so for some time.

**Who should provide sexual health education?**

In addition to the debate concerning what information concerning sexual health should be provided to adolescents, there is also the question of who should be providing this information and engaging youth in this increasingly important conversation. Should parents be the primary source of information for their children or should educators be the primary providers of knowledge on this issue? Both parents and educators present particular strengths and weaknesses when engaging this issue. Parents can provide a key source of sexual health information for their children particularly for girls who have described an important female family member as a source of information and support (Measor, 2004). Furthermore, Measor (2004) discovered that parents tend to approach their daughters with sexual education more often than they do with their sons, who perhaps as a result, receive a much higher amount of information from alternative sources such as peers and the media. When boys have been
engaged in these discussions of sexual health with their parents, the most
discussed topics were pregnancy and fertilization (Epstein & Ward, 2008).
According to Epstein and Ward (2008) boys frequently indicated that parents
only provided ‘a little’ or ‘some’ information and contributed significantly less
than their peers and the media on issues such as intercourse, birth control, dating
norms, abortion and homosexuality. In another study, youth reported that the
information that they obtained from their parents was based on their parent’s
value systems and not all available information. As such, once again, essentially
only information on ‘saying no’ and birth control was provided and next to
nothing on STI prevention (Aspy et al., 2007). Some youth also differentiated
between information received from their parents by noting that in school there is
teaching and learning, whereas at home with parents there is telling and talking
about sexual matters (Measor, 2004). Perhaps, as the exchange with parents can
be viewed as being more casual and value laden this could provide an
explanation for why some youth feel their exchanges revolve around
conversation and not necessarily learning. While it can be questioned whether
this more casual approach is a sufficient form of education and youth have noted
they were not encouraged to ask questions in this forum, youth still rate their
parent’s attempts at discussions as good (Measor, 2004).

Alternatively, youth can acquire knowledge about sexual health at school
from their teachers. Aside from parents, teachers are by large the primary adult
providers of sexual health information to youth. As demonstrated in the
abstinence-only versus comprehensive sexual health education debate discussed
previously, the type and amount of sexual health education and discussion that each adolescent receives can vary greatly depending on educational institution, location, and value system held by those higher in the school board and even politically. Research has demonstrated that despite feeling that a number of topics are missing or not covered in enough detail youth generally were satisfied with their sexual health education teacher (Byers et al., 2003). Then again, some individuals believe that sexual health education is a private matter that should only be discussed at home. Measor (2004) speaks about the responses some of her young female participants voiced illustrating their discomfort with sexual health education that is addressed to the entire class in such a public forum. Issues such as these complicate delivering sexual health education to a broad base of students. Some students may be comfortable with the topics and feel they need more information from their educators if they are not receiving accurate or adequate information anywhere else. Other students however, may be uncomfortable speaking and listening to these issues in a public forum with all of their peers. Some students have identified other reasons for discomfort in these discussions with educators as being afraid of receiving poor grades or fearing parents would be notified (Dicenso et al., 2001). Regardless of these issues, it is important that educators are properly trained and have all the necessary knowledge in order to teach all students and be sympathetic and supportive to all sexual diversities.

Those individuals who are expected to deliver sexual health education to youth are surprisingly underprepared formally for this endeavour. McKay and
Barrett (1999) conducted an exploratory study aiming to understand the availability of both compulsory and optional training on sexual health education for future educators as well as to increase awareness of the Canadian Guidelines for Sexual Health Education. The results highlighted a tremendous gap in the formal undergraduate training of those teachers who are going to be responsible for delivering comprehensive sexual health education for Canadian youth. Of the 84 faculties of education at Canadian universities that were examined only 15.5% of those mandated some sort of compulsory sexual health education training. Moreover, just over a quarter of these 84 universities offered optional courses but enrolment was under a third of the students (McKay & Barret, 1999). This is an important issue to consider when obtaining a better understanding of the current debate and making individual decisions on who is best able to provide this information.

A number of individuals claim that a choice does not have to be made. This tends to be where my biases are. I believe that both parents and educators have an integral role to play. Shtarkshall, Santelli and Hirsch (2007) suggest that through the differentiation of the concepts of sexual education and sexual socialization one would be better positioned to determine whether parents or educators are better suited to deliver sexual health education. Sexual education should promote what has been called sexual health literacy – the ability to understand facts and combine them in a way that makes sense –, which, has been identified as the responsibility of the educator. Likewise, sexual socialization should involve a conversation about values, cultural meanings, and codes of
conduct and this should take place both within the home and outside of it but as the responsibility of the parent (Shtarkshall, Santelli & Hirsch, 2007). Perhaps in utilizing this differentiation between sexual education and sexual socialization a foundation for more clearly defined roles can be established for parents and educators.

**Canadian Context of Sexual Health Education**

Canada, along with much of the developed world, has witnessed the growing acceptance for a progressively different set of cultural norms that have been seen as part of the ‘normal development’ for youth. Over time, it has become normative for most women to wait until they are nearly 30 to marry because of different societal pressures and requirements (Maticka-Tyndale, 2001). Historically, it has not been necessary for youth to attend a College or University in order to seek employment. However, it has become normalized for individuals to complete their education and then look to settle down, marry and have children. Societal values encourage this order. Any deviation from this trend is often deemed unacceptable and individuals involved may become ostracized (Maticka-Tyndale, 2001). Therefore, the period during which individuals are considered adolescent is prolonged. Nonetheless, during this newly extended period, individuals are still exposed to a plethora of sexual images and messages pressuring them to become sexually active. This poses a number of problems for youth (Maticka-Tyndale, 2001). Regardless of their socially constructed adolescence, young people are not sheltered from the adult world around them. Adolescents do not live in a vacuum. Maticka-Tyndale
(2001) warns that despite our tendencies to restrict these individuals access to the adult world in terms of employment, ownership and economically, it is imperative that we recognize their adult status with respect to sexual health education so as to facilitate the creation of an arsenal of preventive and protective measures that can be used during this period of adolescence.

Internationally, there is much debate over the best strategies to use. Canada has created a set of guidelines to help provide the groundwork for implementation of sexual health education.

Health Canada has created the *Canadian Guidelines for Sexual Health Education* to provide a framework for what should be included when educating individuals as well as to establish certain standards and codes of conduct that must be followed (Health Canada, 2008). Commenting on the original version of these guidelines first produced in 1994, McKay (1997) describes them as representative of the democratic philosophy of sexual health education. Therefore, the *Guidelines* are comprehensive and inclusive, supportive of sexual diversity and looking to ultimately provide information and improve the sexual health of Canadians. The *Guidelines* note, “the terms ‘sexual health’ and ‘sexual health education’ mean different things to different people, depending on their experiences, values and customs. This document recognizes and welcomes those differences” (Health Canada, 2008, p.v). Therefore, curriculums, services and programs nation-wide should be representative of this same belief system. There are two, rather broad, primary goals outlined in the *Guidelines:*
i. 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

ii. to avoid negative outcomes (e.g. unintended pregnancy, HIV/STIs, sexual coercion, sexual dysfunction) (Health Canada, 2008, pp. 1).

Essentially, what is left up to educators, parents, program planners and the adolescents themselves is how best to achieve these goals. For many years, all Canadian provinces have mandated formal sexual health education for adolescents (Barrett, 1994). However, in recent years, Quebec has branched off from this trend with a new reform and framework for how sexual health education should be delivered to youth that differs in a variety of ways from the more traditional formal time allotted for educating youth on these issues.

**Sexual Health Education and Educational Reform in Quebec**

Sexual health is important to each individual whether he or she know it or not. A lack of sexual health has the potential to influence an individual’s life in a negative way. It is essential that adolescents are educated on these issues early on and effectively to promote positive outcomes as well as prevent the negative ones. Negative outcomes could include unwanted pregnancy, sexually transmitted infection (STI), feelings of inadequacy, low self-esteem or negative body image. Likewise, an effective sexual health education could help adolescents avoid the negative outcomes and develop key characteristics such as self-esteem and a healthful body image. However, the success of any strategy will be dependent on the framework, in this case the curriculum, upon which it is built.
Document analysis. Recently, the Quebec Education Program initiated a reform in their curriculum. This reform affected a number of subject areas including sexual health education, the primary concern of this analysis. The Sexual Health Education Reform document is intended for the entire school community including teachers, complementary education providers as well as individuals in other departments such as Health and Social Services (Duquet, 2003).

There have been a number of changes within the Quebec education system in the last decade. Of primary concern to this section however is the means in which the recent reforms have influenced the delivery of sexual health education to Quebec youth. Traditionally, sexual health education has been a part of the Personal and Social Education program within the Quebec school curriculum (Duquet, 2003). As a part of this program, students were required to take approximately 25 hours of sexual health education throughout secondary school (personal communication, April 11, 2008). However, the Personal and Social Education program has been gradually eliminated throughout the past decade in favour of a renewed focus on what are considered more fundamental competencies such as language, science and technology (Duquet, 2003). Therefore, formal sexual health education classes will no longer be a part of the school curriculum despite the fact that the Ministry of Education holds that personal development remains an important goal of education. Instead of a formal course taught by an individual educator, sexual health will become integrated into multiple disciplines and become the responsibility of an entire
community of educators and administrators (Duquet, 2003; Inchauspe et al., 1997). Quebec’s Ministry of Education refers to this approach as resultant of an overall approach emphasizing cross-curricular learning. This style is described as a reflection of skills being developed across multiple subjects and that the entire educational community is responsible for developing them (Inchauspe et al., 1997).

Under the umbrella of cross-curricular reform, all those elements from the former Personal and Social Development program that are considered essential to youth development (such as sexual health education) will be integrated in other courses such as physical education and science and citizenship courses throughout primary and secondary schooling (Inchauspe et al., 1997). Duquet (2003) suggests even more opportunities for cross-curricular integration of sexual health education such as English language arts and moral education and notes that these subjects are useful in the attempt to put “content into context” (pp. 21). Essentially, when pedagogical methodologies and value systems are stripped away, what is left is the conception that the time that students spend within the school walls should prepare them for the lifetime they will spend outside of them (Inchauspe et al., 1997; Duquet, 2003). Keeping this fundamental goal in mind, educators are only a few among the greater educational community who must accept this challenge and seek to best prepare Quebec youth for life in our diverse society where they can lead sexually healthy lives.
Chapter 2 – Literature Review

The reform document, aimed at facilitating this transition, is divided into the following components: defining sexuality and sexual education, associated fears as well as anchor points for sex education in the context of current reform (Duquet, 2003). Throughout this analysis, I will attempt to synthesize the reform document’s discussion of these aspects and contextualize it within the broader conversation of sexual health education.

**Important definitions.** Before dealing with any specific elements of the Quebec Education Program or the reform, it is imperative to look at how important terms are defined. The ways in which we define concepts shape how we understand, view and interpret those things associated with them. For example, how we understand sexuality will shape how we view sexual health education, adolescent sexuality or sexual interactions among individuals. Therefore, in light of the impact of definitions it is important to look closely at how important terms such as sexuality and sexual health are defined in the context of educational reform in Quebec. The reform document defines sexuality as;

> It goes without saying that sexuality is not limited to sexual practices and genital functions, but revolves around emotions and relationships (Duquet, 2003, pp.9).

As definitions go, this is certainly vague. However, sexuality tends to be an abstract concept that many academics have had difficulty in putting into concrete terminology. Thorne and Luria (1986) emphasized “desire and arousal” (pp. 176) in their definition, and emphasize the interrelationship between sexuality and ideas of gender and sexual orientation. The World Health
Organization (WHO) however, provides a very inclusive and specific definition of sexuality. The WHO states:

Sexuality is a central aspect of being human throughout life and encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practices, roles and relationships. While sexuality can include all of these dimensions, not all of them are always experienced or expressed. Sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, ethical, legal, historical, religious and spiritual factors (WHO, 2009).

As represented in the WHO definition a very positive and comprehensive understanding of sexuality persists in the current literature and must be incorporated into educational endeavours relating to sexual health.

In addition to the brief discussion of sexuality, an important concept is missing from the reform documents. An important concept to understand while engaging in a conversation of sex education would be that of sexual health. With the goal of this element of the reform being to promote sexual health among Quebec youth this is an important oversight. How are students, teachers, parents and the broader community to engage in this comprehensive and cross-curricular endeavour without understanding what is the desired outcome? It is quite possible that many individuals would view sexual health as merely the absence of disease or unplanned pregnancy. However, the current commonly accepted definition is much more encompassing. The WHO defines sexual health as:

Sexual health is a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility
of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled (WHO, 2009).

An understanding of this inclusive definition of sexual health is imperative if Quebec adolescents are to receive adequate sexual health education. Without an understanding of sexual health, educators may focus solely on the prevention of disease instead of the development of a healthful sexual expression.

Finally, it is important to highlight the reform document’s use of the term sex education in lieu of sexual health education or sexuality education. As mentioned earlier in this literature review, sex education typically denotes a much more physiological or biological approach to knowledge transfer. Perhaps the language utilized by this document may limit educational efforts from the start by not providing a clear representation of what is expected and how this should be accomplished. It is essential for educators to realize that the Canadian Guidelines for Sexual Health Education recommend a much more inclusive approach to ensure the sexual health of adolescents (Health Canada, 2008).

Educational reform. Next, the reform document discusses some of the fears that are commonly associated with the delivery of sexual health education. Some of these fears include not having enough strategies to handle uncomfortable situations; being embarrassed by the subject matter; the somewhat controversial nature of sex and sexuality issues; and the increased level of stress experienced when discussing these issues (Duquet, 2003). Given that current
research indicates educators are not fully prepared to teach these topics this is no
surprise. As noted earlier, McKay and Barrett’s (1999) exploratory study looking
at the availability of both compulsory and optional training on sexual health
education for future educators as well as to increase awareness of the Canadian
Guidelines for Sexual Health Education. They noted a tremendous gap in the
formal training of educators who were likely going to take responsibility for
sexual health education in their future careers with only 15.5% of those
mandating compulsory sexual health education training (McKay & Barret, 1999).
With these numbers, it would not be a surprise for the fears highlighted in the
reform document to become a reality within the context of a sexual health
education program that integrates so many more educators and members of the
school community.

After a brief discussion of common fears associated with the delivery of
sexual health education in schools the report goes on to discuss what they refer to
as the anchor points for sex education in the context of education reform. These
concepts will be very important to understand. The first anchor point is the legal
and regulatory framework. The Education Act states that it is the schools’ duty to
give students the necessary qualifications to be successful in life by giving them
knowledge and helping them to develop their social skills (Duquet, 2003).
Furthermore, every school is responsible for the delivery of the complementary
services education program, another anchor of sex education in the context of
educational reform, which includes sexual health education. However, at the
school level, the governing board ultimately determines which complementary
services will be focused on at their school. Therefore, at some schools there
could be a strong emphasis on the promotion of sexual health while at other
schools it could be placed on the back burner (Duquet, 2003). Unfortunately, this
may result in some students being either inadequately educated or uneducated
entirely in terms of sex education despite a government mandate for it to be
taught in the schools.

In addition to the legal and regulatory framework, and complementary
services anchors there is a final anchor point and that is the Quebec Education
Program itself. As a part of the Quebec Education Program, concepts of sexual
health can be integrated into numerous subject areas. It is thought by including
these concepts in a variety of settings that it will facilitate placing learning in a
more practical context (Duquet, 2003). Adolescents do not live in a vacuum.
Maticka-Tyndale (2001) warns that despite our tendencies to restrict these
individuals’ access to the adult world in terms of employment, ownership and
economically, it is imperative that we recognize their adult status with respect to
sexual health education so as to facilitate the creation of an arsenal of preventive
and protective measures that can be used during this period of adolescence. This
ties-in closely with the final anchor point of the educational reform, which is the
shared responsibility of the entire school community.

The document notes that the entire school community shares in the
responsibility for educating youth on sexual health concepts in cooperation with
the greater community. This shared responsibility seems to be indirectly
implicated in the research surrounding this issue. It has proven a difficult task to
determine who is best suited to deliver sexual health education; therefore, it is reasonable to assume that multiple individuals in a variety of settings best deliver sexual health education. The document goes on to echo this sentiment through their discussion of the primary stakeholders in the sexual health education of adolescents: students, parents, teachers and the broader school community. Perhaps the most important statement in the document synthesizes this concept; “all school personnel share a common responsibility for sex education in cooperation with partners in the community” (Duquet, 2003, pp 36). While in an ideal world, every adult that an adolescent encounters would try to impart some sort of knowledge or represent a positive image of sexual health, however in reality this has yet to be seen. Herein lays the potential success or failure of this document.

This document has potential to create a tremendously inclusive and comprehensive strategy for the delivery of sexual health education to adolescents. The success of this strategy however is dependent on the cooperation of the entire school community by each individual taking responsibility for their part. This could prove difficult in a system that seems to be strained as it is.

Despite a slightly unapprised use of language in the reform document, the broad goals of this initiative seem to be providing a broad based education program to youth offered across the curriculum by a variety of individuals. This is consistent with Allen (2007), who promotes a sexual health education focus that no longer emphasizes and prioritizes a negative approach filled with what
youth should not do and should avoid. She notes that an alternative approach should be favoured in light of the former’s potential to be exclusively beneficial to only certain students, fundamentally overlooking important aspects of youth sexuality as well as often missing the mark in terms of what students themselves desire to learn. Gilbert (2007) also illustrates that “sex education is larger than information, affirmation or prohibition” (pp.49). Ivinson (2007) recognizes the potential for a cross-curricular approach to sexual health education but through observational investigation notes that educators often fall short of recognizing spontaneous moments to integrate sexual health content. Furthermore, educators are often anxious when these spontaneous moments do occur as it throws off their pedagogical plan. Finally, Ivinson’s research clearly demonstrates the potential that cross-curricular education has in terms of broadening and strengthening how a student understands sexual health when the discourse is personalized to the adolescents (Ivinson, 2007). In a similar vein, Smylie, Maticka-Tyndale, Boyd and the Adolescent Sexual Health Planning Committee (2008) evaluated a school-based sexual health education initiative that involved a variety of approaches and covered several topics including reproductive health, contraception and discussions about youth sexuality among others. While the researchers attribute the results to relevant content matter and the multitude of approaches used, the programme yielded some hopeful results in terms of increased sexual health knowledge and shifting perceptions on a number of sexual health related issues such as contraception usage and gender roles (Smylie et al., 2008). Both Ivinson (2007) and Smylie and colleagues (2008) demonstrate
the potential for interventions that use a variety of personalized approaches offered by a number of individuals, and invite some cautious optimism regarding the possibilities of success of the Quebec Reform approach to sexual health education.

Sexual health education is an extremely important subject that must be included in order to help adolescents develop into sexually healthy adults. Not only must we educate youth on how to protect themselves from sexually transmitted infections and unwanted pregnancy but also educate them on how to develop positive sexual identities and tolerance of differences between ideologies. The *Sex Education in the context of Education Reform* document is the foundation for the delivery of sex education within the context of curricular reform in Quebec. Therefore, it is essential for research to look closely at strategies aimed at improving the implementation of these topics because if the proposed strategies are ineffective it is important to look for alternatives. Similarly, however, if these strategies are successful it is also critical that the mandate for sex education be more greatly enforced.
References


Sexual health education in the context of curricular reform in Quebec:

Perspectives from the field

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Abstract

Sexual health is a state that will influence each individual at one point in his or her life regardless of its manifestation. Individuals could experience sexually transmitted infections, pregnancy, self-esteem related problems or harassment. This study looked at the experiences of both educators and students as they adjust to Quebec curricular reforms in the context of sexual health education. Interviews were conducted with six educators and six students in a private school in Quebec. Findings from the interviews implicated a general unawareness among educators concerning the sexual health education reforms and indicated a need for greater support in their implementation. Furthermore, findings indicated that students are an important source of information concerning sexual health education and could provide invaluable suggestions concerning its implementation.
Sexual health education in the context of curricular reform in Quebec:
Perspectives from the field

For as long as young people have been sexually active there has been great debate over what should be done about adolescent sexuality. According to a recent article reporting trends in sexual behaviours in Quebec, in 2005 58% of teens (aged 15-19) in the province of Quebec had reported engaging in sexual intercourse already (Rotermann, 2008). Rotermann (2008) goes on to highlight that this value is significantly higher than the rest of Canada. Sexually active teenagers seem to be at an elevated risk for a plethora of troubling, dangerous and stigmatized health outcomes such as teen pregnancy, abortion and sexually transmitted infections (STI’s). Rates of Chlamydia and gonorrhoea are increasing among Canadians (Maticka-Tyndale, 2001). In Quebec in 2007, 65% of all Chlamydia cases were seen in young people between the ages of 15 and 24 (Lambert, Ringuette & Minzunza, 2008). A recent statistical trend analysis of STI patterns in Quebec indicates that despite a dip in incidence rates in the 1990’s they have been steadily increasing since 1997 (Lambert, Ringuette & Minzunza, 2008). This survey discovered that a substantial percentage of young people, 15% of boys and 18% of girls respectively, had not used a condom during their first sexual encounter, or their most recent. Furthermore, approximately 6% of 16-year-old girls who participated had experienced a pregnancy at some point in their adolescence (Duquet, 2003). All three of these outcomes, teen pregnancy, abortion and contracting STI’s remain highly
stigmatized by many Canadians. Nonetheless, while these numbers may seem low to some, they indicate that there is still a great deal of room for improvement.

In addition to the growing problems of STI’s and teen pregnancy there are also a number of outcomes related to an individual’s sexual development, sexuality and general well-being such as self esteem, body image and bullying. Harjunen (2003) notes that it appears to be in school where girls begin to be taught “the boundaries of an acceptable or ideal female body” (pp. 90). To this end, Janssen, Craig, Boyce and Pickett (2004) demonstrate that school-aged children with higher body mass indexes (BMI) are more likely to be both perpetrators and victims of bullying including name-calling and sexual harassment. What is more, a study looking at the psychological and sociocultural predictors of two aspects comprising body image, body esteem and figure discrepancy, in young girls found that those with higher BMI’s were more likely to internalize idealistic images often resulting in a lower self esteem (Clark & Tiggemann, 2008). Research has also suggested that interventions should address how media images influence youth ideals because both girls’ and boys’ self-esteem and body image have been negatively associated with the numerous images of popular cultures version of beauty and strength that are present in the media today. (Polce-Lynch, Myers, Kliewer & Kilmartin, 2001). Furthermore, Lehtonen (2003) explains that the interactions between the students, including those instances of name-calling, aid in the formation of a youth’s understanding of gender and sexuality (pp. 207). Research conducted in North Carolina
indicated that homophobic name-calling was reported as being heard frequently by nearly 70% of their students (Phoenix et al., 2006). Stader and Graca (2007) continue by pointing out that homophobic bullying is often associated with negative consequences such as poor grades and feelings of being unsafe at the school. These outcomes as well as those more intuitively associated with youth sexuality elucidate the importance of sexual health education for youth.

Despite the evidence for the need for sex and sexuality education, how and whether it is offered to youth generally remains a contentious issue, suggesting that it needs more careful study in Canada. The discourse surrounding sex and sexuality is complicated at any age; however, discussing it with youth within the formal context of an educational institution can be especially problematic. Furthermore, talking about sexuality and, particularly, sex with youth is conventionally considered taboo. The shift in cultural acceptance of certain phenomena such as young women becoming pregnant is fascinating. Maticka-Tyndale (2001) notes that society tends to “postpone entry into adult status and prolong adolescence” and that these developments are social in nature and not biological (pp.2). Historically, “adolescence” has been a stage in which youth have progressed through more rapidly and in many cultures, childbearing during this phase is culturally and socially acceptable. However, in the Canadian context occurrences such as these are disapproved of both socially and culturally. The taboo status of adolescent sex and sexuality in Canada is problematic in that it often makes educating these youth concerning their biological development very difficult (Maticka-Tyndale, 2001). In light of these problems, this study
seeks to explore the sexual education experiences of educators and youth in the context of recent educational reforms in Quebec.

**Curricular reforms in Quebec**

Recently, the Quebec Education Program initiated a reform in their curriculum. This reform affected a number of subject areas including sexual health education, the primary concern of this analysis. The Sexual Health Education Reform document is intended for the entire school community including teachers, complementary education providers as well as individuals in other departments such as Health and Social Services (Duquet, 2003).

There have been a number of changes within the Quebec education system in the last decade. Of primary concern to this section however is the means in which the recent reforms have influenced the delivery of sexual health education to Quebec youth. Traditionally, sexual health education has been a part of the Personal and Social Education program within the Quebec school curriculum (Duquet, 2003). As a part of this program, students were required to take approximately 25 hours of sexual health education throughout secondary school. However, the Personal and Social Education program has been gradually eliminated throughout the past decade in favour of a renewed focus on what are considered more fundamental competencies such as language, science and technology (Duquet, 2003). Therefore, formal sexual health education classes will no longer be a part of the school curriculum despite the fact that the Ministry of Education holds that personal development remains an important goal of education. Instead of a formal course taught by an individual educator, sexual
health will become integrated into multiple disciplines and become the responsibility of an entire community of educators and administrators (Duquet, 2003; Inchauspe et al., 1997). Quebec’s Ministry of Education refers to this approach as resultant of an overall approach emphasizing cross-curricular learning. What still is unknown however is how this approach will shape the delivery of sexual health education in actual schools.

Sexual health education is an extremely important subject that must be included in order to help adolescents develop into sexually healthy adults. Not only must we educate youth on how to protect themselves from sexually transmitted infections and unwanted pregnancy but also educate them on how to develop positive sexual identities and tolerance of differences between ideologies. The Sex Education in the context of Education Reform document is the foundation for the delivery of sex education within the context of curricular reform in Quebec. Therefore, it is essential for research to look closely at strategies aimed at improving the implementation of these topics because if the proposed strategies are ineffective it is important to look for alternatives. Similarly, however, if these strategies are successful it is also critical that the mandate for sex education be more greatly enforced.

With this in mind, this study looked at how Quebec curricular reform and its impact on sexual health education are being experienced by educators and students in a secondary private school. This study is important in that it looks at a number of different aspects of the implementation of the reform and attempts to understand better the circumstances that will either help or hinder its success. In
order to comprehend the impact of educational reform on sexual health education in Quebec, the purpose of this study was to better understand the individual experiences of those directly involved with curricular health reform in Quebec. A more clear understanding of these experiences could be used in order to continue improving the delivery of comprehensive sexual health education to Quebec youth.

Methods

Description of the Research Setting

This study was conducted in a bilingual, independent day and boarding school for both boys and girls located in a small community in rural Quebec. This school is unique to others in the region in that it has an extremely diverse student population with approximately 40% of the students coming from 25 different countries. Students who attend this school are expected to participate in multiple facets of student life including sports, clubs, and school life while maintaining above average grades. In addition, this school maintains a 100% matriculation rate into universities in North America and Europe. Educators at this school are expected to be involved in all aspects of the students experience at this school both inside and outside of the classroom. This school provided an ideal setting to conduct this research as the entire school community strives for excellence academically. In addition, the school has been gradually implementing the reform and thus offers the possibility to provide a germane look at the reform as it is being implemented.
Participants

Potential student participants for this study were initially identified in collaboration with the Deputy Head of Academics, who had been informed about the purpose of the study. The student participants were purposefully selected based on grade level and types of subjects taken. This was done to ensure that the students interviewed were taking a variety of different courses and that students were in their upper years of secondary school. The Deputy Head also suggested potential educator participants and their selection was based as well on the subject taught. This was done to ensure that a variety of educators from different Departments were interviewed. Special care was also taken to ensure that educators from subjects such as English and History that were explicitly noted in the reform as being responsible for the new collaborative approach were represented in the interviews. Recruitment was facilitated by the Deputy Head through word of mouth and resulted in the participation of six student and six educator participants. The student participants, half female and half male, were all upper year students (Grades 10-12) with an average age of 17. Upper year students were chosen to better understand how these individuals had experienced sexual health education over a number of years. The educator participants ranged from those who had been at the school for a very long time to those who had only just begun their teaching careers. Five of the educators were male and one was female. The educator participants taught a variety of subjects such as English, French, Physical Education, Philosophy, Ethics, History and Art. The educators responsible for these subjects were chosen, as these are the subjects
named explicitly in the Reform as being integral to sexual health education delivery. All participants participated in a semi-structured interview lasting between 30 to 60 minutes located at the school itself in a vacant classroom. These interviews were audio taped for later transcription. Furthermore, informal conversations and field observation were also used to assist with the contextualization of the formal interview data.

**Procedures**

**Data collection.** Given the purposes of the study, a phenomenological approach to data collection and analysis was deemed appropriate. This approach is most appropriate for the study’s goal of describing sexual health education under the umbrella of curricular reform from the perspectives of those individuals directly implicated in these changes. Phenomenological inquiry looks “to construct a possible interpretation of the nature of a certain human experience” (Van Manen, 1998, pp. 41). It highlights the participant explanation of their embodied experiences as central to the achievement of this objective (Starks & Trinidad, 2007). This approach is particularly favourable when dealing with the contentious issues related to sex and sexuality because phenomenology emphasizes the participant as the most important piece of the research puzzle.

**The interview guide.** An open-ended interview guide was developed based on this study’s research questions and was intended to examine the student and educator perspectives on curriculum, curricular reform and sexual health education in the classroom and the whole school. Contextual questions were asked to better understand both the student and educators day-to-day activities
and responsibilities. An example of a contextual question asked to both the educators and the students was “Can you describe a typical day here at the school?” Reform questions were based on the Ministry of Educations curricular reform document as well as Duquet’s (2003) “Sex Education in the Context of Curricular Reform”. An example of a reform question asked of the educators was simply, “Can you tell me your understanding how of curricular reforms have impacted the delivery of sexual health education?” Discussion concerning the reform was broached more subtly with the students with questions such as, “Do you see any connections between the classes you are taking?” Finally, discussions surrounding both student and educator understanding of sexual health and the delivery of sexual health education were also added to the interview guide (see Appendix A and B). These items were added in order to have a broader context through which the students and educators might understand their experiences of sexual health education and develop their perspectives of sexual health and what should be included in such a curriculum.

**Data analysis.** When doing qualitative research it is important that the ideological framework of the investigator be explicitly noted (Rossman & Rallis, 2003). The author of this study ascribes to a constructivist paradigm in recognition that the underlying assumptions posit reality as something that is socially constructed (Mertens, 2005). According to this, every person experiences the world in unique ways and should thus have appropriate vehicles through which to express this individualized reality. With the focus placed on the subjective experiences of participants the goal becomes description and
interpretation of how participants understand and act in their everyday lives (Rossman & Rallis, 2003).

Keeping the previous in mind, analysis of the data gathered consisted of a process of de-contextualization then followed by a process of re-contextualization. During the process of de-contextualization, codes of meaning were assigned to data as it was separated from its original context. Then during the process of re-contextualization, the codes were analyzed and then gathered around themes deemed central to a better understanding of the narrative (Starks & Trinidad, 2007). Thus, data collected from all participants were deconstructed and reconstructed according to codes into central themes. The objective was to create a final product that allows the reader to feel as though they have “vicariously experienced the phenomenon under study” (Starks & Trinidad, 2007, 1376).

**Trustworthiness.** Rossman and Rallis (2003) note the most important goal of any research endeavour should be usefulness. For the study to be useful, it in turn must be credible and trustworthy. A number of strategies that can be used to ensure both credibility and rigour in qualitative research. This study employed various strategies recommended by Patton (1991) and Rossman and Rallis (2003) including triangulation, “being there”, as well as informal participant validation. Patton (1991) characterizes triangulation as a solution to the problem of rival explanations in that in using multiple methods and forms of analysis it is possible to gain a more complete understanding of a phenomenon. The interview data gathered in this study was triangulated along with a document
analysis that looked closely at the Duquet’s (2003) *Sex Education in the Context of Education Reform*, as well as observations in a school setting. The process of memo writing served to aid in this process as it allowed the researcher to reflect on the findings and emerging themes in the context of observations, the literature review and other themes. This study also benefited from “being there”, a strategy which is understood as either spending a prolonged amount of time in the research setting or with the research participants to obtain a more contextualized view of a phenomenon (Rossman & Rallis, 2003). Prior to and throughout this study, the researcher spent countless hours at the school and with participants as well as other educators and students. Furthermore, the researcher, as a past student at this school is quite familiar with the school over a number of years. The final strategy to ensure rigor utilized by this study was informal participant validation. Informal lunchroom conversations with a number of educator participants and other educators at the school helped to clarify certain issues as well as contextualize some of the emerging interpretations.

**Results**

**Overview of Findings**

This study focused on better understanding the experiences and perspectives of both educators and students as they are exposed to sexual health education curricular reforms. The first noteworthy finding of this study was that generally educators and students are overscheduled and when incorporating new responsibilities and commitments must be supported in the process. The next notable finding of this study was the general dissatisfaction that educators seem
to experience with the implementation of educational reforms in Quebec. Furthermore, educators were vastly unaware and uninformed about how the delivery of sexual health education would change as a result of curricular reform and ultimately what their role should be as part of this reform. The findings also suggest that there is a relationship between an educator’s understandings of sexual health and their thoughts on topics that should comprise an ideal sexual health education curriculum. Likewise, students seemed to base their prescriptions for an ideal curriculum on their past experiences with sexual health education. Analyses of interview data suggested that most educators felt adequately comfortable and knowledgeable to teach this subject. Finally, through discussions with both the educators and the students, both homophobic language and body image emerged as relevant issues at the school that may have implications for sexual health education and the implementation of curricular reforms.

**Busy schedules make changes difficult**

The educators are extremely busy as members of the independent secondary school community. Many school days will continue late into the evening making time an important component in their ability to take on new responsibilities and integrating new commitments. These time constraints could easily inhibit the ease at which the educators are able to integrate new items into their courses or even incorporate new methodologies into their course structure. As one teacher noted when asked whether he had sufficient time to complete their curriculum,
To fill the curriculum is very difficult... we... all the teachers probably will say that... we need more time... Here we don’t have... we have to squeeze because our calendar is different than other schools... so we have to squeeze the curriculum.

Another educator noted that time constraints and difficulties were heavily dependent on the grade level of the students in question,

Form 2 we have done several times now... so we have manipulated it... we are still changing it but we have figured out how to cover everything. Form 4, this is the second year we are doing it and we have added a few things on the technological side this year that took a little longer than we thought. So we will get through it, but it’s going to be close. And Form 5, it’s crazy. It’s always crazy. It’s always right down to the wire. Trying to get in the modular exams and the lab exam and everything but... we always manage to get it done... but that one we almost always have to race from start to finish.

Much like their educator counterparts, the students manage an extremely busy schedule that includes academics, sports (crease), extra-curricular activities and cadets. A typical day for all the students went something like this,

Wake up at 7:20... get ready, come to school and have breakfast, go to chapel, then I have my first two classes, go to break, next two classes, go to lunch, I probably have a meeting during lunch, then two more classes, go to crease... Then depending on what time of year I either have play practice or cadets.

One student added, “I rarely have any time.

To summarize, time is an important component to consider when implementing changes in schools. The entire school community is extremely busy and therefore time must always be an important consideration in both the planning and implementation of changes.

**Educators struggle with curricular reform implementation**

As curricular reform has been introduced over the past several years, it is important to understand how the educators are responding to these changes and necessary adaptations in their educational methodologies and philosophies.

During the interviews, the educators discussed how they have experienced the reforms in their own classrooms. The educators seemed to know the broad tenets of the reform, as illustrated in the next quote,
I know that there is more emphasis on cooperation and participation. It’s related to how people will function in society...The reform has helped bring us more together in other subjects but I really think that anyone that has been involved knows that...that we are basically doing the same thing as before.

Another educator noted more specifically how the reform has affected his classroom,

The main changes being that within our courses...our courses have changed slightly in terms of the way we evaluate students but for the most part, we are doing things the same. A lot of student centred stuff: multitexts, intertextuality, media stuff.

While the some of the educators were quite neutral concerning the reform, three educators viewed the implementation of the reform more negatively. One educator stated in this regard,

I spend about five years...getting it shoved down my throat. I don’t think its working. Our Form 5 is the first group that has been totally reformed the whole way through since kindergarten. It’s working in certain areas...The kids are a lot more used to group based work, so it works well for me in ethics because we do a lot of group work and discussions. But I am also looking at a years’ worth of kids who have trouble reading and writing properly...with sentence structure...with the basics. I think the reform has gotten a little too far away from reading, writing, arithmetic than it should have. With any kind of reform, there is going to be bumps but it needs to find a happy medium and it hasn’t succeeded with that yet.

In addition to a dissatisfaction with the recent outcomes the reform has produced, some educators complained that either the evaluation criteria was unknown or constantly changing making the actual teaching process much more difficult.

Even now we are starting with it but I think the Ministry has failed us in this aspect...only half way through this year did we get a look at the evaluation tools they want us to use. The exam is not there yet. The textbooks are not there yet. They are just now giving them to us. We had half a year where we were supposed to be using these new techniques but they haven’t given us the tools to do it with.

Similarly, only one educator was aware of their new role in terms of sexual health education and curricular reform. The majority of educators were unaware that the curricular reforms had affected sexual health education and that
they were implicated in these adjustments. In fact, when asked about this, many educators coincided in stating, simply, “To be honest, no”. This is hardly surprising taking into account no teachers had received any documentation concerning how the reform affected sexual health education.

When informed on how the Quebec curricular reforms were intended to influence the delivery of sexual health education and their prescribed roles, many educators questioned the practicality of the initiative despite their belief in the goals. As one educator put it,

It sounds great in theory. I don’t know how practical it would be for many schools...I don’t know how easy it would be to coordinate where all these different departments are focusing on one project at the same time especially when mandates given by the ministry are so different.

Another educator also resonated that scheduling would be more difficult because educators at this school already take on a great deal of responsibility. That would be good. It would be hard ... to schedule time with other departments to talk about things.

One educator had mixed feelings about the feasibility of the sexual health education reforms being implemented successfully at the school.

When we need to crossover, we can. It’s just a question of us tending to be a little more isolated...We try to but it’s not always there. It’s kind of like, out of sight, out of mind.

**Understandings of sexual health shape educator’s conceptions of sexual health education**

During discussions of what it meant to be sexually healthy, a number of different interpretations arose. These interpretations ranged from quite simple understandings of protecting oneself from disease to more elaborate
understandings including understanding ones sexual identity and healthy relationships. For example, one educator noted that to him sexual health meant,

To be confident in yourself...if you are in a monogamous relationship, make sure you discuss everything with your partner...Make sure you use proper protection...In general, just to make sure you are protecting yourself. You are protecting your partner... that the communication lines are always open so that everyone is comfortable.

Other educators were slightly vaguer in their interpretations of sexual health noting simply the importance of having the necessary knowledge. One educator noted simply,

“Being informed. Being able to communicate.”

Despite the majority of educators only giving brief and somewhat vague interpretations, one educator in particular delivered a quite different understanding of what it means to be sexually healthy. She stated,

It is an individual who acknowledges their desires...who has the freedom to express themselves...to live freely and to be happy.

In subsequent discussions of what should be included in a sexual health education curriculum, content followed the educator beliefs and understandings of sexual health. The educators whose understandings of sexual health were more superficial and related to knowledge acquisition had ideas of sexual health education being about factual knowledge transfer. For example, one educator’s straightforward approach to sexual health education was representative of his relatively simple view of what it means to be sexually healthy:

They should understand pregnancy and how easy it is to get pregnant. They should understand how easy it is to get or transmit diseases...Things like that.
In contrast, the same educator whose more subtle view of sexual health was illustrated above, provided a more elaborated perspective on what sexual health education should entail:

Sexual education courses...it’s not just mechanics. It’s not just...It used to be just how to use contraception and often it ended there. But its more, sexuality is cultural. The language also, non-verbal...There are things that we have to interpret, like images, sometimes it doesn’t seem sexual, but it could be sexual. It’s big. It’s vague.

**Educators believe in all-inclusive sexual health education**

Despite a variety of opinions concerning what should be included within the curriculum, there was a unanimous belief that nothing should be excluded from a comprehensive secondary school sexual health curriculum. The educators resonated however that abstinence only education and mandates are ineffective and should not represent the only sexual health education that a student receives. One educator noted quite ardently,

If we were to teach abstinence only that would be horribly irresponsible.

Most of the educators believed in the inclusiveness of the sexual health education curriculum even when asked specifically about the inclusion of often controversial issues such as sexual orientation and abortion. One educator remarked,

When things come up...they need to be talked about...When it comes up, people react to it. It seems taboo...sexual assault...questioning sexual orientation. You have to talk about it.

Another educator remarked candidly about excluding certain topics,

I don’t necessarily think that there is anything that children are not exposed to ...so no.
Knowledge and comfort: Invaluable tools for reform implementation

It is important not to ignore the importance of some of the tools required to properly deliver a sexual health education curriculum; namely knowledge of the intended curricular reforms as they apply to sexual health education, knowledge of sex, sexuality and sexual health and comfort in dealing with all of the related issues. As mentioned in the section on educational reforms, in discussions with educators of their knowledge of the changes that came as part of the reform none new exactly what was expected in terms of changes to curriculum content, cross-curricular integration or their roles in the context of sexual health. What was perhaps even more surprising was the variation in knowledge bases of this group of individuals who are now responsible for the coordinated delivery of sexual health education. When one educator was asked about their level of sexual health knowledge, he responded,

About the Biology part, not at all. Well, that’s not entirely true. Methods of contraception and stuff like that I think have a pretty good handle on...So, I guess I feel average.

Despite most of the educators lacking any form of concrete training in terms of sexual health and despite their uncertainty concerning their actual knowledge base, all educators indicated that they would be more than willing to obtain the knowledge necessary to answer student questions. In this regard, one educator remarked quite enthusiastically,

As best as I can, I share what I know. If I am not sure, I tell them I am not sure. I have a history of looking things up when I am not sure.

Another educator resonated this sentiment,

Any time I am going to be teaching about something...I just try to bone up on it a little bit...If they have a question I don’t have the answer to we make a point to find it in class.
In terms of their level of comfort, the educators made a variety of comments indicating varying degrees of comfort.

I’m pretty comfortable. The first I taught it...it was a big class of like 25 students. I was like, how am I going to do this. So just...away we went...Some of the students started asking really graphic questions. I don’t know if it was to shock me or their friends. I’m not usually embarrassed and I am fairly familiar with the subject. So long as I know what I am talking about, I treat it the same as anything else in science...

One educator, while stating in the interview that he was comfortable, seemed to be doing so out of obligation and that this was not actually reflective of real levels of comfort. He remarked,

I don’t think I have much choice. I have to. I am. I am someone they are looking at.

Another educator noted that while he was comfortable with most discussions surrounding sexual health there were limits in terms of disclosure. He explains,

The question invariably comes up...“What do you think about this?” ...Let’s focus on learning about it rather than what I think about it. I feel comfortable discussing most things but I have to come off as objective otherwise it might impact them in a way I don’t want it to.

**Age: An important factor in the delivery of sexual health education**

Age was an issue that seemed to differentiate the students with some of the educators. Students and educators did not hold similar views concerning what was the appropriate age at which to commence the delivery of sexual health education. Most students coincided in their beliefs that the majority of their sexual health education should come prior to their entry into secondary school. One student remarked,

I think Grade 6 is good because they are mature enough to handle the information and most of them haven’t been too sexually active yet.
Some of the educators also indicated that sexual health topics must not be taught to the students at a young age. These educators felt that the students were not yet mature enough to handle and process the information. One educator goes on to explain,

We are keeping it in Form 4 for now just because we have found that when we try and talk about it with Form 2’s and 3’s, all they do is giggle.

**Points of connection between students and the reform**

Students are not directly involved with the process of curricular reform implementation. However, in discussing how they are experiencing certain aspects that are part of the curricular reforms an interesting connection between their learning preferences and some of the pedagogical tenets of the reform became apparent. The curricular reforms advocate a student centred, discussion based curriculum. A number of students noted their preference for an approach using group discussions. One student at the school stated,

Well, I like to get my own opinion in there...and I also like to hear what other people have to say on different subjects.

Another student suggested that class time and course work is more enjoyable when they are discussion based. The student noted a preference for classes that you can voice your opinions,

I prefer discussions because it gets everyone’s opinions and it’s intense. Especially in sociology where we get in discussions and it can get pretty rowdy, but we get to hear everyone’s opinions. It’s more interesting. You can’t fall asleep.

The reform also emphasizes a cross-curricular approach to learning. Some students were able to identify some instances of this approach from their own experiences. One student noted,
Last term everything connected: Sociology, Political Science and Philosophy. It’s good because you understand more why you are doing this. It’s like, wow.

One student discussed how his courses built upon one another and that there is a tremendous amount of crossover between course content. He notes,

In History and Political Science there is crossover. In Philosophy and History there is another big crossover. They all involve each other essentially.

To summarize, all of the students interviewed preferred those courses in which they were able to voice their opinions and hear the thoughts of others. Furthermore, when connections between their courses exist, they seem to be able to identify them.

**Sexual health and students: A matter of comfort**

Discussions with students yielded a variety of opinions regarding what it means to be sexually healthy. Students repeatedly cited comfort as being an important component of sexual health education as well as sexual health. First, a look will be taken at how students understand the concept of sexual health. One student noted simply,

If you are sexually active, use a condom. And just to be in good shape physically as well. I think it’s all related together.

Another student offered a more inclusive list of attributes of an individual who is sexually healthy in stating,

Protection. Understanding ways to be safe. Being taught proper ways to protect...Being informed and aware. Protection is still a big key.

One student’s understanding of sexual health was less concerned with protection and prevention but seemed to involve comfort, satisfaction and happiness.
When engaging in discussions about how sexual health is achieved one student pointed to communication as a key element. She points out, Communication. From adults to students. Parents especially. If your parents are the ones telling you, then you are more comfortable and can ask questions...I think some teachers just give like the scientific. Just the general, basic information. If it’s a teacher close to you then they might give you more...like experiences or scenarios. It all depends.

Another student echoed the importance of being comfortable with the person you are discussing these issues with as key to information transfer. The student notes where he would obtain his sexual health information,

Friends, teachers. Anyone you sort of feel comfortable. That’s the thing. You need people you feel comfortable talking about it with.

**Previous experience determine students’ conceptions of sexual health education**

Students also discussed their conceptions of an ideal sexual health education curriculum. The students’ suggestions for how sexual health education should be delivered seemed to be based on prior experiences with sexual health education. One student described quite positively his experiences with a peer-led sexual health initiative he partook in during secondary. Again, comfort held a key role,

About being comfortable with sex and the repercussions of it...it was at Head and Hands in Montreal...we learned about different STD’s...stigmas attached with sex...if there is just one thing I learned, you just become more comfortable talking about it.

Correspondingly, when the same student was asked to consider what were ideal elements of a sexual health curriculum he stated,

I guess having smaller groups...the peer to peer thing.
Another student had a more traditional experience with sexual health education. He described his experiences during the interview,

In Grade 8...we didn’t really have a sex ed course, but as part of our health course we had Public Health come in and they showed us how to use a condom and a bunch of different contraceptives. But I have never had a sex ed course, just a chapter...It definitely helped but for the most part I knew the information because my parents had talk to me about it.

This student in response to having received much of this information from his parents prior to his school-based sexual health education made some suggestions for how sexual health education should be delivered. He notes,

I think it would be best if it were taught in smaller chunks at a younger age. Like I think it was in Grade 2 we were taught the body parts...but there is a huge gap between Grade 2 and Grade 8. There was a 6 year gap where we didn’t hear anything about sex ed, or even the body for that fact. I think if you do it in progressive steps, kids will understand it better.

Another student felt that her experience with sexual health education was not reaching the students in a meaningful way and had specific suggestions about how to remedy this issue so as to connect with the students. She remarked,

I found it useful, but I felt like a lot of other people in my classes were still like... ‘It’s not going to happen to me’...I think they should use examples...a student was like ‘whatever, it’s not going to happen to me even though I have unprotected sex’. But the teacher used an example from Canada, or people who live in Sherbrooke. So you are like, ‘oh, it could happen to me’. Bring it home.

One student’s suggestions for sexual health education were based on his dissatisfaction with the way he had been introduced to the topic in the past. He noted,

When I was in Grade 6 it was a problem because teaching sex ed was done by an old woman...They had a very rigid program. And looked at it as more of a problem. Therefore, I think sex ed should be taught, should be reviewed from elementary schools and not rely so much on videos. They should be talking about it because you want people to be sexually comfortable...but the problem is that its hard to get people to be comfortable in a classroom atmosphere.
Tell me everything there is to know about sexual health

Students also engaged in discussions surrounding what they felt they wanted to know about sexual health. Students indicated that they wanted to know everything there was to know about sex and sexuality. They did not want anything to be left out. One student surmised,

I think they should know most everything...in progression, but by the end, you should definitely know everything.

One student added that sexual health education should involve the development of decision-making skills in addition to the information that is provided. During a discussion on what should be included in a sexual health education curriculum the student notes,

Safety, definitely safety...maybe being smart too. It’s hard sometimes for teens to understand what they are getting into...Like understanding the consequences of your actions.

The students were also unanimous in their belief that even if some topics might be uncomfortable to talk about, they should nonetheless be included. One student described the inclusion of potentially controversial issues quite eloquently,

Those would be in the higher grades but they are still issues in our life and we are going to meet them everyday... [They] should definitely be discussion topics because then you get to hear what people think. You might not always agree all the time but at least you get the discussion going.

Homophobia, biggest problem in the hallway and on the sports field...

In any school, there are a number of issues that need to be addressed related to the sex and sexuality of their students as well as their overall sexual health. In discussions with the educators, a number of different issues arose that they felt needed to be addressed. These issues included homophobia, body image
and overt sexuality among the students. Some educators looked at these issues as inevitable while others were more adamant about action in response to these issues. An educator at the school noted,

I think that the same old thing at a boarding school I would say. Kids want to have sex, but there is nowhere to go.

Another educator was slightly more fervent concerning the need to do something about these problems at the school. He goes on to explain,

It bothers me a lot when you hear the odd kids calling each other faggots. Body image is still a pretty serious issue here. It would be nice to break down the weird gap between what students say to us and what they actually feel. They need to feel confident, but that’s a great difficulty. It would be a great goal and accomplishment to have every class operate like that. Where kids feel comfortable and confident to say what they want.

Another educator echoed this sentiment,

...there is just so much rampant homophobia amongst the teenage boys and I know it’s not limited to this school at all. It seems to be a generational thing for them...so common to refer to things like that...The amount you hear “that’s gay” or people calling each other fags, or anything like that in the house is ridiculous. I honestly believe it’s not out of any hatred or animosity towards homosexuals, it’s just a dialect they find themselves with and very few of them are making any effort to get out of it...I try to combat it in little ways.

It is also necessary to go to the students and determine what they see as important sexual health issues that are affecting their school lives. It is impossible to appropriately address problems without knowing what the students view as problematic and then understanding how the students are experiencing these problems. One student described generally, what all the students interviewed mentioned,

The unsafe sex part, there are definitely things going on. I don’t agree with that at all. This year especially there has been a lot more bullying and name-calling. It brings a negative effect to the community. I don’t see why it has to happen at all...There definitely has to be more enforcement I think...Not necessarily of rules but being kind and friendly to people. They just don’t understand what they are doing to people.
One student gives a concrete example of how the issue of bullying and name-calling seems to be unfolding at the school. He explained,

Well, there is this one group of kids at the school. They started off as 2 people and they started calling people faggots and pussyholes. Just making up new things to call people. Then they started connecting into a bigger group. They think they run the school. [An educator] said it’s embarrassing to see these kids walking down the hall and everyone else around them...like run away to get away from the group. So you definitely see the negative effect that this is having.

Another student noted that body image was a problem among the girls in addition to the homophobic bullying that frequently seems to occur. She explained,

There are a lot of magazines and Vogue and Internet media stuff that a lot of girls look at and wish they had those legs or something. I wouldn’t say low self esteem but definitely a lot of wishing.

The issues that arose in conversations with the students highlight a need for sexual health education at the school and thus should help shape any curriculum delivered at the school in the future.

**Discussion**

What is the nature of both educators and students experiences with curricular reform, sexual health education and sexuality? The study of Bishop’s College School’s efforts at implementing the recent Quebec curricular reforms suggests that there are a plethora of issues that need to be addressed before success in these efforts will be seen, but in general, there have been both successes and failures. There is some promise in that most of the educators seem to believe in the reforms foundations and the students seem to enjoy the methods touted by the reform itself. The findings of this study serve to illuminate understandings of what aspects of sexual health education reform are working,
what work needs to be done, as well provides support for future directions in research and practice.

This study demonstrates how difficult it is to implement changes in a school setting because of countless time-consuming responsibilities and commitments. At this particular school, the entire school community has extremely busy schedules often spanning from breakfast until just before bedtime. Within this community, the educators interviewed serve a plethora of purposes. These include but are not limited to educator, coach, cadet leader, extra-curricular leader, boarding house supervisor and mentor. The reform mandates that the entire school community coordinate sexual health education across the curriculum (Duquet, 2003 & Inchauspe et al., 1997). Within this matrix of responsibility, it is apparent that the incorporation of new duties and obligations might be difficult. This study found that to be the case for a number of educators.

Furthermore, this study also looked at the experiences of the educators at this school as they adjusted to Quebec educational reforms. Most of the educators believe in the foundations of the reform: cross-curricular focus, student centred learning, group work and class discussions (Duquet, 2003). Overall, however, the educators did not seem pleased with the way in which the reform has been implemented. Educators cited insufficient reform documentation as well as changing or missing evaluation criteria. These educators, already bogged down by a number of responsibilities are finding it difficult to adapt fully to the curricular reforms with minimal support being offered by the Ministry of
Education. The educators cite changing and insufficient information as being responsible for this difficulty. With this said, according to the educators in this study, the Ministry of Education has not provided enough support in terms of program implementation to support them and thus the Ministry should do so to yield successful results.

This study also looked specifically at how the curricular reforms have influenced the delivery of sexual health education at the school in which it was conducted. Findings from this study indicate that educators did not understand how the recent reforms had affected sexual health education generally, let alone their new roles in the process. Consequentially, sexual health education is not currently being offered at this particular school across the curriculum as the reform mandates. Thus, the school continues past practices, offering the traditional reproductive information in science class and sporadic offerings from the AIDS group - a student–led initiative.

The connection found between an educator’s understanding of sexual health and their subsequent conceptions of sexual health education provides a glimpse of what might happen when the school commits more seriously to the implementation of the reforms in sexual health education. Based on what was stated in the interviews, it could be dangerous that the educators base their sexual health education curriculum solely on their own personal value systems. Furthermore, it would also be dangerous if no guidelines or evaluation criteria were enforced to ensure that the students were receiving accurate, adequate and appropriate sexual health education. The knowledge base that most of the
educators seemed to have either stemmed from their own experiences in secondary school or was anecdotal at best. This should come at no surprise given the results of a study conducted by McKay and Barret (1999) who looked at the availability of sexual health education courses for Faculty of Education students at 84 Canadian universities. Their study found that only 15.5% of them mandated their students to take one. For any other subject taught, this would be inadequate and similar standards must be held for sexual health education. Given that all of the educators believed in the inclusivity of sexual health education it is important that all educators involved in this cross-curricular approach understand the full spectrum of what it means to be sexually healthy. A definition or explanation of what it means to be sexually healthy cannot even be found in the Reform Document. This must be rectified. Therefore, this chief finding supports the implementation of some sort of training program or widely distributed document that would serve to guide the educators so they are educating the students in a consistent manner.

This study also looked at student perspectives on and experiences with sexual health and sexual health education. Much like the educators, the students had varied understandings of what it meant to be sexually healthy. However, unlike the educators, they based their views on an ideal sexual health education curriculum on what they liked or disliked from their past sexual health education experiences. Students generally seemed displeased with their experiences citing that either they received sexual health education too late, instruction was inadequate and too scientific, or it was delivered in a manner that seemed
altogether cheesy to the students. This has practical implications given that a number of educators were reluctant in discussing sexual health education with their students until they were well into secondary school.

Barriers must be broken down so as to meet the needs of students. An interesting finding from the students in terms of sexual health education delivery was that a number of students indicated that they would have liked to receive sexual health education at a younger age. This contrasts with the reluctance that some educators indicated in broaching these topics with younger students. This finding provides an illustration of what Maticka-Tyndale (2001) describes as an attempt to prolong adolescence and delay entry into adulthood. She highlights these trends as being cultural and not biological. What is particularly interesting in the context of this study is that the educators appear to be fulfilling the cultural shift whereas the students may just be responding to a biological reality. With that said, both students and educators acknowledged that students are sexually active and as such schools should not shelter youth from all available sexual health knowledge.

Another important finding was the extent to which student’s believed comfort was an essential factor in the sexual health education equation. This would be difficult to ensure for any topic let alone one so contentious. A number of the students interviewed offered suggestions of how this might be realized. One student noted the importance of teacher’s age in achieving comfort, insisting that the educator should be young and relatable. This contrasted to some extent with, observations at this particular school, which indicated that there is a great
deal of comfort among the students and educators of all ages. Another student offered peer education as a solution to the discomfort noting that discussions of sexual health topics with peers might be easier than with an educator. However, research from Mellanby, Newcombe, Rees and Tripp (2001) suggests that peer-led sexual health education might not be as effective as adult-led effort in terms of getting students involved in the learning process and transmission of factual knowledge. Whatever the resulting solution is, this is a question that students mark as central to their learning experience when it comes to sexual health education and thus must be a consideration in curricular planning.

Body image and homophobia were the most frequently mentioned issues or problems related to sexual health education by both educators and students. Both body image and homophobic name-calling have been associated with a number of negative outcomes including feelings of being unsafe, low self-esteem, poor grades and likelihood of being perpetrators of bullying (Janssen, Craig, Boyce & Picket, 2004; Clark & Tiggemann, 2008; Phoenix et al., 2006). Educators seemed uncomfortable with the frequency with which these problems were occurring; however, none suggested addressing these issues when asked about what should comprise sexual health education, which may denote a somewhat limited view of sexual health education. Furthermore, the educators seemed to downplay these important issues noting that problems at their school were no different from other schools. Similarly, even if the students thought these occurrences were problematic, they seemed to view them as inevitable and just a part of their school life. Neither educators nor students seemed able to offer
any concrete solutions to these problems. This may be indicative of a greater need to deal with issues such as these in the classroom.

Once again, I return to my question. What is the nature of both educators and students experiences with curricular reform, sexual health education and sexuality? It seems as though educators are having a difficult time in integrating the recent Quebec educational reforms into their existing curricula as they are receiving little and inconsistent support from the Ministry of Education. Furthermore, this study demonstrates the necessity and the merits of incorporating the experiences and needs of the students when planning curriculum, particularly one as personal and sensitive as sexual health education. The students had specific suggestions for how sexual health education should be delivered and these should not be discounted. The broad curricular reforms in Quebec emphasize student centred learning and this must not be forgotten for this topic. Were these reforms to be implemented, they could respond to the some of the suggestions offered by the students in this study, particularly in terms of creating a dialogue where the students feel comfortable to express their opinions. Finally, care needs to be taken in ensuring that when the reform is implemented, proper training is provided to the educators both in terms of establishing an accurate knowledge base but also to sensitize them to issues at their own school as well as those the students will face in the community.

Limitations

While this study shed light into educator and student experiences with sexual health education in the context of curricular reform in a particular setting,
it was not except from particular limitations. This study was conducted in an independent boarding school in rural Quebec. The student population at this school tends to come from families that are more affluent. The reader should carefully consider the circumstances in which the study findings were found to held before making judgements about the applicability of these findings to other set of circumstances and contexts. In addition, due to time constraints, only six educators and six students were interviewed, which leaves the door open for many other possible perspectives and perceptions that future research could uncover. Furthermore, this study could have been limited by the inherent sensitivity that accompanies discussions of sex and sexuality which may have made participants more or less uncomfortable in discussing and answering questions regarding these issues. Likewise, this study may have been limited by the abilities of the participants in accessing their experiences with sexual health and sexual health education. The participant’s were only interviewed once and this might have limited to depth at which participants could retrieve and recount experiences.

**Practical Implications**

This study was successful in illuminating a number of integral aspects of curricular reform in the context of sexual health education in an independent boarding school in Quebec. Many of this study’s findings can be used to inform both future research and practice. Specifically, the findings of this study should be used to inform the planning and implementation of sexual health education reform at this school and possibly others. McKay (1997) describes the
democratic philosophy of sexuality education, which consists of providing youth with all available sexual health knowledge in recognition that it is a fundamental human right. Accordingly, the findings of this study can be used in satisfaction of this goal. Student suggestions and experiences should be used to correct the elements of sexual health education that are not working.

The experiences of the educators that were unveiled through this study could be used also to improve the implementation of curricular reform in Quebec. Educators at the school indicated their sheer dissatisfaction with the manner in which the reform has been implemented. As Duquet (2003) notes, the reform document, *Sex Education in the Context of Education Reform*, is intended for the entire educational community. First, this study highlights the need for this document to be widely distributed among all educators. Secondly, this study emphasizes the need for a support system for the educators in implementing these changes. If curricular reform is to be successful, educators need a great deal of support in terms of materials to help them adapt easily to the new demands.

Finally, this study could be useful in guiding future research on education reform and sexual health education in schools. There were a number of interesting findings that can be further explored. These further explorations could include obtaining a deeper understanding of how educators experience the integration of sexual health topics into their existing curriculum now that they are aware of the reforms intended changes to sexual health education. Future research could also explore specific interventions or strategies aimed at specifically addressing the issues of homophobia and body image within the
context of the curricular reforms. Finally, future research could explore the ways in which student suggestions can be integrated into the sexual health education process more formally. Such research should inform interventions and educational strategies to improve the delivery of sexual health education and to address the problems of body image and homophobic language used at school.
References


Appendix A

Educator Interview Guide

1. Can you describe a typical school day?

2. Do you feel like you have enough time to complete your curriculum?

3. Can you explain your understanding of the recent Quebec curricular reforms?

4. Can you explain your understanding of how these reforms have impacted the delivery of sexual health education?

5. What is your understanding of sexual health?

6. What is your idea of an ideal sexual health education course?

7. Are there any sexual health topics that should not be included in a sexual health education curriculum?

8. Are there any sexual health topics that absolutely should be included in a sexual health education curriculum?

9. How comfortable do you feel in discussing sexual health topics with your students?

10. How comfortable would you feel in dealing with more controversial topics like homosexuality and abortion?

11. How knowledgeable do you feel about these topics?

12. Where do you acquire your sexual health knowledge?

13. Is there anything going on at the school that has to do with sexual health education?

14. How might this example work at the school? (Educators read a portion of the Reform document that provided examples of what the reformed approach might look like)

15. How feasible do you think this type of initiative would be?

16. What might your role be in making something like this possible?
17. Are there any recurring problems that you see at the school regarding sex and sexuality?

18. Have you received any documentation on how the reform has impacted sexual health education?
Appendix B

Student Interview Guide

1. Describe a typical school day.

2. Tell me about any parts of your school day that you look forward to more than others.

3. What types of class formats do you prefer?

4. Talk about the connections you notice, if any, between your classes.

5. Describe how you understand sexual health.

6. Do you see any similarities or differences between what it means to be a sexually healthy teen and sexually healthy adult?

7. How do you achieve sexual health?

8. What has been your experience with sexual health education?

9. How do you feel about your sexual health education experience?

10. What would the ideal way to learn about sexual health?

11. Is there anything that absolutely needs to be included in a sexual health education curriculum?

12. Is there anything that should not be included in a sexual health education curriculum?

13. Should controversial issues like homosexuality and abortion be included in sexual health education?

14. Is there anything about sexual health that would make you uncomfortable to learn about?

15. Do you notice any recurring problems related to sex and sexuality with your classmates and peers?

16. Is there anything that your teachers could do to help?

17. Is there anything that you could do to help?

18. Tell me about all of the initiatives at the school that relate to sex and sexuality that you can think of.