

Chapter Overview

In this chapter you will learn about the history of sex education in Canada and the current goals of the sex education curriculum in Canada. You will learn where young people get information about sex, what factors seem to make sex education more effective, and barriers to sex education.

Learning Objectives

In this chapter, you will

- learn about the goals, theoretical background, and effectiveness of sexual health education in Canada;
- become familiar with formal and informal sources of information about sexual health across Canada; and
- explore barriers to accessing sexual health education in Canada.

List of Key Terms

Abstinence-only sexual health education Sexual health education programs focused on teaching abstinence from sexual activity until marriage and/or a later time; information about contraception tends to be excluded from such programs. (p. 469)

Canadian Guidelines for Sexual Health Education A comprehensive document that outlines best practices for teaching sexual health in Canada, based on research and clinical expertise from such fields as education, health promotion, medicine, nursing, psychology, and social work (PHAC, 2008). (p. 466)

Comprehensive sexual health education Sexual health education programs that include information about contraception and avoidance of STIs as well as abstinence. (p. 469)

Negative sexual health outcomes Negative consequences relating to sexual health behaviours, including STIs, unintended pregnancy, sexual violence, sexual discrimination, sexual abuse, and sexual coercion. (p. 466)

Positive sexual health outcomes Positive outcomes relating to sexual satisfaction, exploring one's sexual identity, making informed sexual decisions, and maintaining a healthy mental and physical state free from STIs, sexual violence, sexual discrimination, and sexual abuse. (p. 466)

Sexual health A state of sexual well-being that varies from person to person and is influenced by various socio-cultural factors and historical contexts. (p. 465)

Sexual health education A universal sexual right to access comprehensive sexual health information and other resources necessary to promote healthy sexuality and avoid negative outcomes. (p. 465)

Transphobia The fear, dislike, and/or intolerance of transgender or gender non-conforming individuals. (p. 484)

Online Resources

- The sex information and education council of Canada
<http://www.sieccan.org/>
- Sex education around the world
<http://www.theinterim.com/issues/sex-education/sex-ed-around-the-world/>
- Multicultural sex education in Canada
<http://casexprime.gouv.qc.ca/en/magazine/numero/3/>
- Sex education in Ontario curriculum
<https://www.ontario.ca/page/sex-education-ontario>
- Teen Health Source (funded by Planned Parenthood Toronto)
www.teenhealthsource.com
- Teaching Sexuality to Youth with Disabilities
<http://www.sexualityandu.ca/teachers/teaching-sex-ed-for-youth-with-intellectual-disabilities>

Review Questions

For answers, see below.

1. What is an example of a positive sexual health outcome and an example of a negative sexual health outcome?
2. What are the five key principles identified as contributing to good sex education?
3. Why is motivation important to sexual health? How can motivation be taught?
4. What is an example of an activity related to the social environment that may be taught to students in Grade 9 in order to promote sexual health?
5. What can we determine about the effectiveness of sex education in Canada from looking at sexual health outcomes?
6. What could you say to a mother who is concerned that learning about sexual health will increase the likelihood that her teen will become sexually active?
7. What is an example of an institutional barrier to effective sex education?

8. How does the level of sex education in new immigrants to Canada compare to Canadians who have lived here longer? What role do parents of immigrant children have in determining how much sex education their children receive?

Review Questions: Answers

1. A positive sexual health outcome would be a reduction in the rate of STIs among young people, while a negative sexual health outcome might be an increase in the teen pregnancy rate. (p. 466)
2. Accessibility, comprehensiveness, effectiveness, training and support, and program planning, evaluation and revision (pp. 466–467)
3. A person's various motivations will determine what behaviour they choose. In sex education, it is important to acknowledge motivators that may lead to negative health outcomes (e.g., embarrassed to talk about condom use) and provide motivators that will instead encourage that behaviour (e.g., practice talking about condom use, discuss negative outcomes of not using condoms as a motivator to use condoms). (pp. 468–469)
4. Students may search for birth control clinics on the internet or go to a store and buy condoms. (p. 471)
5. Generally Canada is doing well with sex education. Students are knowledgeable and teen pregnancy rates have dropped. STI rates, however, are on the rise and this may be an indicator that sex education in Canada needs to put even more emphasis on condom use. (pp. 476-478)
6. Talking about sex does not seem to increase the likelihood of engaging in sexual behaviour. (p. 479)
7. An example would include school boards not implementing effective curricula or teachers failing to consider sexual health to be an important subject and conveying their attitudes to students (pp. 483-484).
8. New immigrants to Canada have had much less sex education than Canadians who have lived in Canada longer. Although sex educators in Canada are developing ways to provide culturally sensitive material to inform new immigrants about staying healthy, ultimately parents are given the authority to prevent their children from receiving this information if they do not wish their children to have it. (pp. 485-486)