

## Guidelines for implementation of sexual health education

### 9.J.09—Guidelines

That the following be the BCTF “Guidelines for Implementation of Sexual Health Education,” to be included in section 9.J of the *Members’ Guide* and communicated to the Ministry of Education and school districts. The guidelines were approved at the June 17–19, 2010 BCTF Executive Committee meeting.

1. That students have access to sexual health education that:
  - a. is appropriate to their age and level of development.
  - b. considers and respects the diversity of individuals and their families, (including students who are LGBTQ-identified, students from LGBTQ-headed families, or those who engage in sexual activity with others of the same sex, regardless of self-identification).
  - c. is available in a variety of settings within a safe and supportive school environment.
  - d. recognizes varied abilities and learning styles of students.
  - e. takes a positive approach to the body and its changes.
  - f. takes a positive approach to sexuality, and is not limited to only discussion of reproduction.
2. That the content of the sexual health education curriculum:
  - a. be age and developmentally appropriate.
  - b. respect the diversity of individuals and their families (including students who are LGBTQ-identified, students from LGBTQ-headed families, or those who engage in sexual activity with others of the same sex, regardless of self-identification).
  - c. include appropriate content for students with differing physical, mental, and cognitive abilities.
  - d. reflect current and accurate knowledge.
  - e. include relevant topics such as (but not limited to):
    - i. basic anatomy and physiology, health, hygiene, and safety.
    - ii. developmental changes of puberty.
    - iii. reproduction and conception, effective contraception, prevention of STI/HIV
    - iv. healthy relationships, setting personal boundaries and limits, sexual orientation, gender identity, communication, media influences.
    - v. accessing information, and family and community resources.
    - vi. prevention of abuse and exploitation.
    - f. encourage safe decision-making, healthy behaviour, and critical thinking.
    - g. provide opportunities to develop personal insight, values, motivation, and skills.
3. That members create a respectful and safe environment conducive to sexual health education by:
  - a. encouraging interaction.
  - b. establishing ground rules for discussion that:
    - i. are considerate of students’ feelings and perceptions
    - ii. respect personal privacy.
  - c. setting a tone that encourages a positive and inclusive learning experience for all students.

- d. keeping the classroom discussion age and developmentally appropriate (physically, cognitively, emotionally, and experientially) for the majority of students in the classroom.
  - e. using inclusive language.
  - f. being present when a guest speaker is in the class.
  - g. being prepared to refer students for follow-up and/or healthcare.
  - h. responding to student questions by:
    - i. focusing on sexual health, body science, and factual information.
    - ii. taking time to consider how or whether to answer immediately or publicly.
    - iii. acknowledging that the member may not be able to personally answer all questions.
    - iv. providing resource information to students for having their questions answered outside of the classroom setting.
    - v. providing an opportunity for students to ask questions anonymously (using, for example, a question-box format).
    - vi. previewing, sorting, and grouping questions.
    - vii. adding questions that students may be reluctant to ask.
    - viii. using frequently asked questions to adapt future lessons.
    - ix. depersonalizing questions to maintain students' anonymity.
4. That members and locals ensure that classroom presentations by community health professionals and sexual health educators:
- a. reflect these guidelines.
  - b. enhance but do not replace implementation of the sexual health education curriculum.
  - c. respect the contracting-out language contained in the Collective Agreement.
5. That school districts ensure that:
- a. in-service is available and supported.
  - b. in-service is up-to-date and factual, covers topics, strategies, and resources that support curriculum implementation, and meets the Health and Career Education learning outcomes.
  - c. relevant, up-to-date, and comprehensive resources that reflect these guidelines and the PLOs are available and supported.
  - d. relevant, up-to-date in-service and resources be provided to teachers to support students with differing physical, mental, and cognitive abilities.
  - e. administrators support the delivery of sexual health education.
  - f. community health professionals, including sexual health presenters, enhance but do not replace the school's sexual health education curriculum.
  - g. the use of guest presenters does not violate the contracting-out language of the Collective Agreement.
  - h. resource people, including guest presenters, provide detailed information on the content and their instructional approach prior to their presentation.