

Report:

**New Brunswick Teachers on the Provision of Comprehensive Sexual
Health Education in Anglophone School Districts**



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EXECUTIVE SUMMARY

Introduction: Comprehensive sex health education (SHE) leads to positive sexual health outcomes for young people (Allen, 2007; 2008; Goldfarb & Lieberman, 2021; Kirby, 2002; Leung et al., 2019; Proulx et al., 2019). All Canadian provinces and territories mandate sexual health education. However, only 16% of Canadian Faculties of Education require sex education training for pre-service teachers (Cheung et al., 2021; Manduley et al., 2018; O'Brien et al., 2021). In our earlier research we found that 65% of New Brunswick teachers reported having had no teacher training in SHE (see Cohen et al., 2004). However, the extent to which New Brunswick teachers' attitudes toward and experiences with SHE have changed in the intervening two decades is not known.

Research Objectives:

1. To gauge teachers' attitudes towards and beliefs about sexual health education generally as well as their perceptions of SHE in New Brunswick;
2. To assess teachers' experiences and training related to teaching sexual health education;
3. To capture teachers' willingness to provide SHE, as well as their perceptions of perceived barriers and facilitators to doing so;
4. To provide recommendations to related to policy, practice, and sources needed to support teachers' in their provision of sexual health education to New Brunswick students.

We also sought to compare several of the study's findings with the findings from a 2001 study with New Brunswick teachers (Cohen et al., 2001) as a means to inform policy and practice. A particular focus of this research was to capture teachers' views relating to gender and sexual diversity, sexual consent, pleasure, and online sexual activity, including pornography and online dating.

Methods: The *New Brunswick Teachers Sexual Education Survey 2021* is a survey of elementary, middle, and high school teachers based in New Brunswick. We recruited teachers in teaching in both Anglophone and Francophone school districts but did not receive enough responses from teachers in Francophone school districts to use their responses. Therefore, this report is based on teachers in Anglophone school districts only. These teachers were recruited via social media and through partners at the Department of Education and Early Childhood Development who shared the survey with teachers. All data were collected between September 2020 and April 2021 using an online survey platform. The final sample consisted of 412 teachers who had taught in Anglophone school districts in New Brunswick in 2019-2020 and/or 2020-2021.

Main Results:

- Teachers in New Brunswick strongly support comprehensive education that includes a wide range of topics. Teachers suggest that comprehensive sex education should start in elementary school.
- Most participants reported that teachers in general, and themselves in particular, were not provided with adequate training to teach SHE either as part of their Bachelor of Education training or through subsequent professional development opportunities in their work as in-service teachers. Nonetheless, about half of the teachers had taught SHE in New Brunswick. Perhaps as a result, many had engaged in self-directed learning.
- Only a minority of teachers rated their own SHE at school or at home in childhood as good or very good. However, on average the teachers indicated that they would feel comfortable, although

not extremely comfortable, teaching a range of sexual health topics. Many participants reported that they did not cover most or all of the outcomes. Even so, interestingly, most teachers rated the quality of their instruction as good or very good.

- Teachers identified factors that had a positive impact on their willingness to provide SHE, including their own level of comfort, their ability to relate to students, their personal views about SHE, and feeling secure in their position;
- Teachers were mixed in their evaluation of both New Brunswick's existing SHE curricula as well as the SHE currently delivered in their school, but on average rated both as neither poor nor good.
- Many teachers did not feel that they had a choice about whether they teach SHE in New Brunswick schools. In general, the teachers we surveyed were willing (although not extremely willing) to teach SHE, although a minority would prefer any other teacher than themselves to provide SHE. Also of note, they were more willing to teach some topics than others.

Recommendations: We offer 5 key recommendations building from the study's findings.

Recommendation 1. It is impossible to determine know whether the attitudes and experiences of teachers in Francophone teachers are the same or different than the findings of the current survey and whether the recommendations outlined below are appropriate for these teachers. Therefore, we recommend determining the attitudes and experiences of teachers in Francophone school districts toward SHE by providing them with time to complete our survey during in-service training.

Recommendation 2. Incorporate SHE methods training into pre-service teacher education through the development of a SHE methods course in Bachelor of Education programs in NB Faculties of Education.

Recommendation 3. Develop SHE training for in-service teachers in collaboration with the Department of Education and Anglophone School Districts.

Recommendation 4. Increase teacher comfort in teaching research-informed SHE pedagogies through training opportunities that highlight research informed and diverse pedagogical practices.

Recommendation 5. Ensure that teachers have the needed support from administration to have the sufficient time to cover all the SHE objectives, especially in Kindergarten to Grade 5 contexts, where we found that SHE outcomes are often omitted altogether.

INTRODUCTION

Comprehensive sex health education (SHE) leads to positive sexual health outcomes for young people (Allen, 2007; 2008; Goldfarb & Lieberman, 2021; Kirby, 2002; Leung et al., 2019; Proulx et al., 2019). All Canadian provinces and territories mandate sexual health education. However, only 16% of Canadian Faculties of Education require sex education training for pre-service teachers (Cheung et al., 2021; Manduley et al., 2018; O’Brien et al., 2021). In our earlier research we found that 65% of New Brunswick teachers reported having had no teacher training in SHE (see Cohen et al., 2004). However, the extent to which New Brunswick teachers’ attitudes toward and experiences with SHE have changed in the intervening two decades is not known.

The Core Principles of Comprehensive Sexual Health Education for Canadians define SHE as accessible, inclusive, and evidence-based (SIECCAN, 2018). SHE promotes gender equality and confirms the “identities and lived experiences of lesbian, gay, bisexual, transgender, queer, intersex, Two Spirit (LGBTQI2S+) and asexual people” (p. 3). It also works to prevent gender-based violence and incorporate balanced and emerging issues in sex education that are contextually responsive and taught by knowledgeable and skilled educators with administrative support (SIECCAN, 2018; Wolf & Africa, 2017). Critically informed, sex-positive SHE also provides for the potential and possibility of female and queer pleasure and desire to be centred in classroom teaching (Allen et al., 2017; Blunt-Vinti et al., 2018; Byron & Hunt, 2017; Edwards, 2016; Lamb et al., 2012).

Educators need to feel prepared to deliver the content confidently if sex-positive SHE is to be effectively implemented in schools (Barr et al., 2014; Phillips & Martinez, 2010). However, little research addresses the knowledge and comfort level of New Brunswick sex education teachers, or indeed teachers anywhere. In our earlier research, we found that whereas elementary and middle school teachers were supportive of the inclusion of the sex education curriculum, they felt only moderately knowledgeable and comfortable teaching sexual health topics (Cohen et al., 2004). Indeed, only 60% of the teachers surveyed had received any type of training on teaching sex education.

We also found that teachers questioned their ability and comfort around content addressing some of what were perceived as more sensitive topics such as sexual diversity, masturbation, sexual behaviour, and sexual problems, and concerns. In a more recent national survey of Canadian educators, teachers admitted that sexual and gender diverse students would not feel safe in their schools, and a minority of teachers also felt teachers should be able to opt out of sexual minority-inclusive education (Taylor et al., 2016). These results suggests that teachers need comprehensive professional development in pre-service and in-service trainings and support to integrate pedagogies that address issues of sexual orientation, consent, the influence of online and social media on adolescent sexual culture, and pleasure into their sex education teaching.

Sexual health education has long been a part of the New Brunswick curriculum and viewed as a key aspect of that curriculum—central to preparing our youth in their development. Given that teachers play an essential role in ensuring the quality of the sexual health education that NB students receive, it is crucial to understand teachers’ attitudes toward and experiences with sexual health education to both inform curriculum revision and make recommendations for teacher training.

The current report is based on the *New Brunswick Teachers Sexual Health Education Survey 2021* completed by New Brunswick elementary, middle, and high school teachers currently teaching in Anglophone school districts¹ and provides insights into their attitudes, training, experience, and views regarding sexual health education in New Brunswick. This study provides a much-needed update on research conducted in 2001 that informed the revision of the sexual health curriculum at that time (Cohen et al., 2001). In that past work, the Department of Education collaborated with researchers at the University of New Brunswick to conduct a study with elementary and middle school teachers in Anglophone school districts (2001 report available from the authors).

Objectives

The primary aim of the *New Brunswick Teachers Sexual Health Education Survey 2021* was to assess the views and experiences associated with teaching sexual health outcomes among teachers working in New Brunswick. A particular focus of this research was to capture teachers' views relating to gender and sexual diversity, sexual consent, pleasure, and online sexual activity, including pornography and online dating.

The research objectives were:

1. To gauge teachers' attitudes towards and beliefs about sexual health education generally as well as their perceptions of SHE in New Brunswick;
2. To assess teachers' experiences and training related to teaching sexual health education;
3. To capture teachers' willingness to provide SHE, as well as their perceptions of perceived barriers and facilitators to doing so;
4. To provide recommendations related to policy, practice, and sources needed to support teachers' in their provision of sexual health education to New Brunswick students.

We also sought to compare several of the study's findings with the findings from a 2001 study with New Brunswick teachers (Cohen et al., 2001) as a means to inform policy and practice.

¹ The survey was available in both English and French but too few teachers in the Francophone school districts ($n=40$) completed the survey to allow those data to be analyzed.

METHODS

Procedure

The *New Brunswick Teachers Sexual Education Survey 2021* is a survey of elementary, middle, and high school teachers based in New Brunswick. Those teaching in the English school system were recruited via social media and through partners at the Department of Education and Early Childhood Development who shared the survey with teachers.

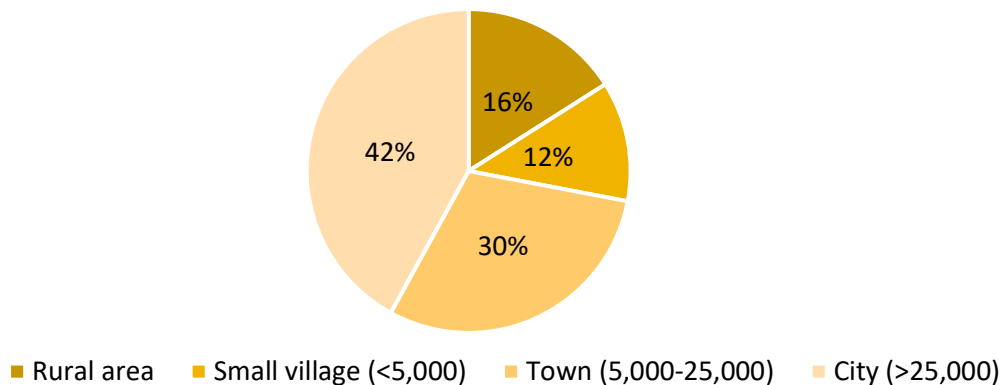
All data were collected between September 2020 and April 2021 using an online survey platform. Participants were assigned a login number ID and their responses were kept confidential. Those who completed the survey were able to choose from several charities to allocate a \$10 donation (e.g., Reproductive Justice NB, Black Lives Matter Fredericton).

Ethics approval for the *New Brunswick Teachers Sexual Education Survey 2021* was granted in full by the Research Ethics Board of the University of New Brunswick (REB 2020-81).

Of the 464 teachers who accessed the English survey, 416 (89.7%) completed it. This included 414 teachers in Anglophone school districts and 2 teachers in Francophone school districts. (As noted earlier, too few French speaking teachers completed the French version to analyze and provide reliable and valid results). In addition, two teachers reported that they did not teach in 2019-2020 or 2020-2021 and were excluded here.

Thus, the final sample consisted of 412 teachers who had taught in Anglophone school districts in New Brunswick in 2019-2020 and/or 2020-2021. In keeping with the demographics of the province, most participants taught in a city of more than 25,000 people (42%), or a town of 5,000 to 25,000 (30%), rather than in a more rural area (see **Figure 1**).

Figure 1: Type of Teaching Community



Survey

The *New Brunswick Teachers Sexual Education Survey 2021* is an extensive self-report questionnaire consisting of 38 items and scales about a range of topics related to sexual health education. These include seven sections in which we assessed teachers’:

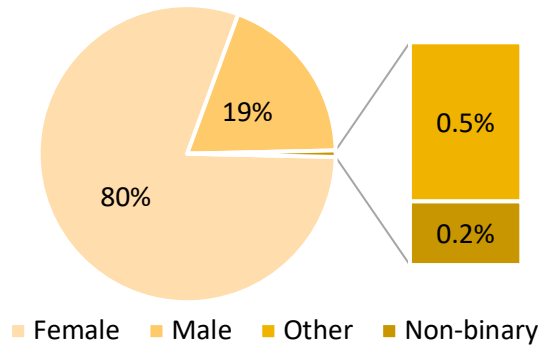
- characteristics and teaching history;
- attitudes towards comprehensive sexual health education;
- views regarding the existing sexual health education provided in New Brunswick schools;
- willingness to teach and comfort teaching sexual health education topics;
- experiences and practices teaching sexual health education;
- perceived preparedness to teach sexual health education; and
- perceptions of factors affecting their feelings about teaching sexual health education.

PARTICIPANT CHARACTERISTICS

Demographic Characteristics

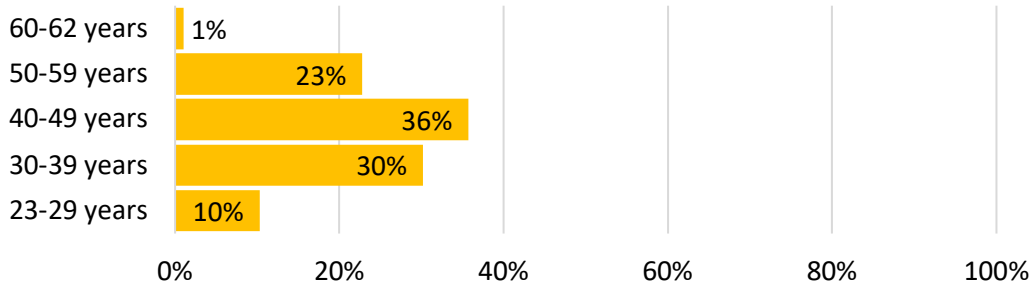
In terms of demographic characteristics, most of the teachers who completed the survey, identified as female (80%), followed by male (19%), other (0.5%), and non-binary (0.2%) (see **Figure 2**).

Figure 2: Gender of Participants



The average age of participants was 41.76 with a range from 23 to 62 years. Overall, 10% of respondents were in their 20s, 30% were in their 30s, 36% were in their 40s, 23% were in their 50s, and 1% were in their 60s. (see **Figure 3**).

Figure 3: Ages of Participants



Regarding sexual identity, most participants identified as heterosexual (86%) with the remainder identifying with a range of other identities including: lesbian (1%), gay (0.7%), bisexual (4%), queer (2%), questioning (0.2%), demisexual (0.5%), asexual (0.2%), other (2%), and no label preferred (5%).

The sample predominately identified as Caucasian/White (95%) with the remainder reporting several racial and ethnic backgrounds, including: Indigenous/First Nations/Métis/Inuit (2%), African Canadian/Black (0.2%), Asian Canadian (0.2%), Biracial/Multiracial (2%), and other (2%).

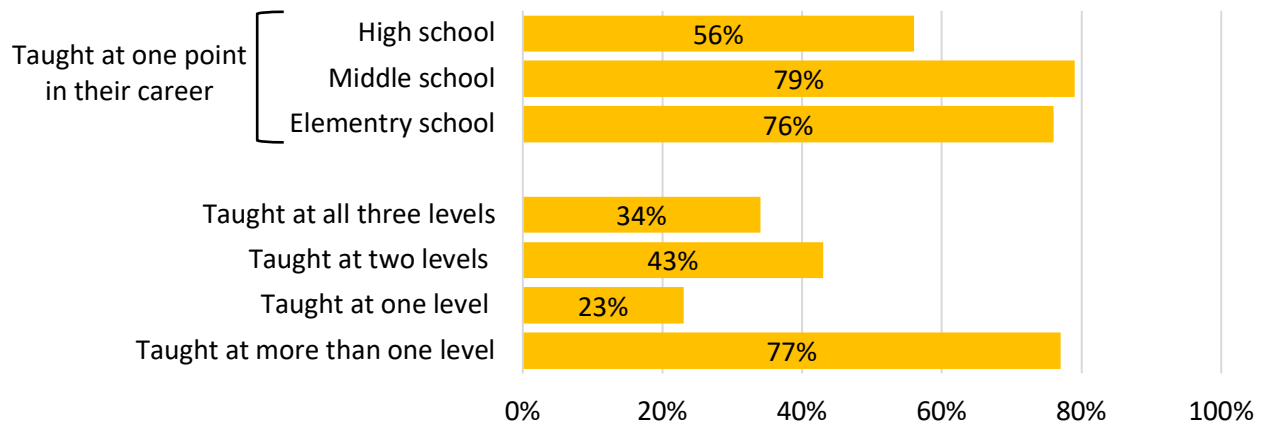
One-third of participants (33%) indicated that religion was somewhat important to very important in their lives, 18% indicated it was neither important nor unimportant, and approximately half (48%) indicated that religion was not important in their lives.

Teaching Histories

The majority of participants received their Bachelor of Education (BEd) in New Brunswick (80%), although a minority had received their BEd from other Canadian provinces (12%), or outside of Canada (8%).

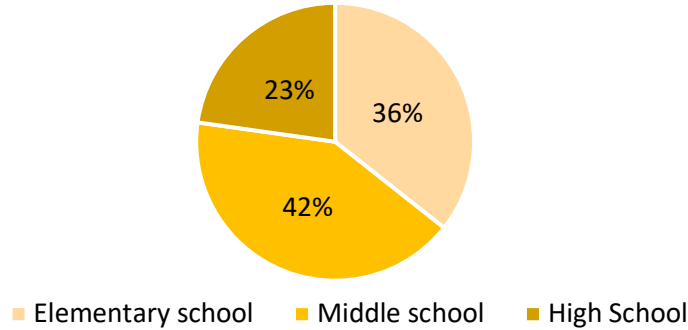
Most participants (76%) had taught at the elementary level, 79% at middle school, and 56% taught at the high school level at some point in their career. Only 23% had taught at only one level (i.e., elementary middle school, high school); most (77%) had taught two levels (43%), or at all three levels (34%; **see Figure 4**).

Figure 4: Levels Taught



Regarding the most recent grade level at which teachers taught, 42% had taught middle school, 36% elementary school, and 23% high school (see Figure 5).

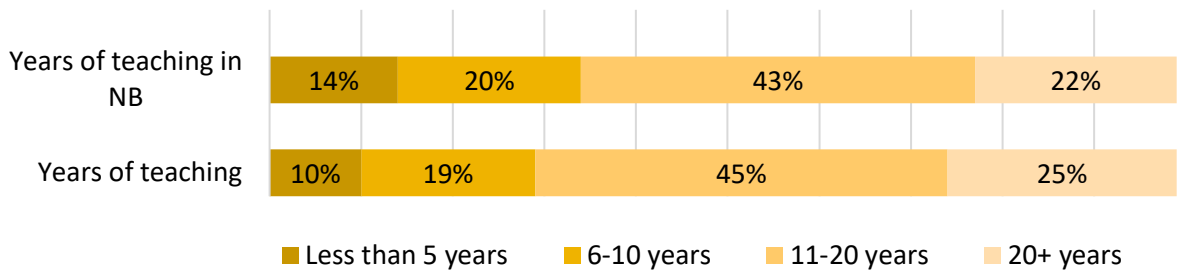
Figure 5: Last Grade Level Taught



In New Brunswick specifically, 14% of participants had been teaching for less than 5 years, 20% between 6 and 10 years, and 65% 11 years or longer (see Figure 6). Most of the teachers surveyed (87%) reported that they felt secure in their current position or contract status.

On average, teachers we surveyed had been teaching for 15 years. Years of teaching experienced ranged from less than one year to 35 or more years. Specifically, 29% had been teaching for less than 10 years and 60% for 11 or more years (see Figure 6).

Figure 6: Total Years of Teaching



SURVEY FINDINGS

Part I. Attitudes and Beliefs Regarding Comprehensive Sexual Health Education (SHE)

Our first objective was to assess teachers’ attitudes towards and views about sexual health education in general as well as about sexual health education in New Brunswick specifically to determine the level of support for sexual health education.

We assessed attitudes and beliefs about comprehensive sexual health education in three ways. First, we assessed teachers’ general attitudes. Second, we assessed their views about the grade level at which they believed SHE should be introduced in terms of appropriate age and developmental stage. Third, we assessed teachers’ views about the grade level that each of a range of sexual health topics should be introduced.

We also assessed teachers’ perceptions of the quality of the SHE curriculum as well as SHE instruction at their school for the grade level at which they were currently teaching.

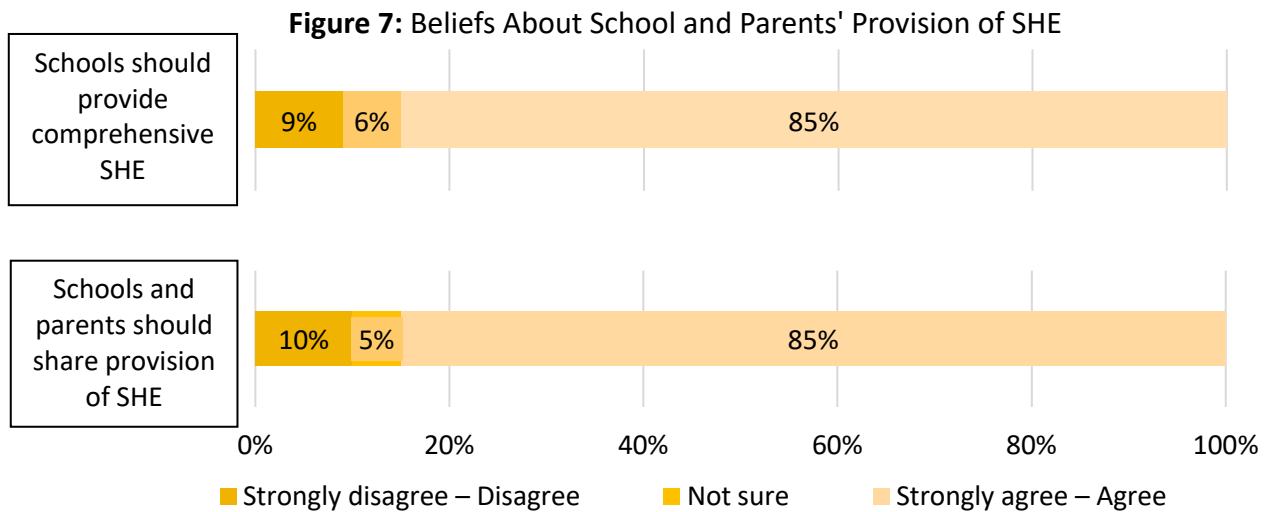
General Attitudes

Our assessment of general attitudes indicated that the vast majority of participants reported very positive attitudes toward the incorporation of SHE in schools. That is, the vast majority (85%) agreed or

strongly agreed that sexual health education should be provided in schools (see Figure 7) and that schools and parents should share responsibility for providing sexual health education (85%; see Figure 7).

85% agreed or agreed strongly with the view that sexual health education should be provided in schools.

Note: Less than one percent of teachers felt that there should be no SHE in schools.



Grade Level at Which to Introduce SHE

When asked about the grade level at which developmentally appropriate sexual health education should be introduced, most teachers (82%) were in favour of introducing sexual health education in elementary school. Only a minority (17%) believed that SHE should start in middle school and only a few (1%) believed it should start in high school (see Table 1).

Most teachers thought sexual health education should be introduced in elementary school.

Table 1. Grade Level to Introduce Sexual Health Education

	Percent (%)	
Sexual health education that is appropriate for a child’s age and development level should start in:	Grades K-2	48.1%
	Grades 3-5	33.5%
	Grades 6-8	17.0%
	Grades 9-12	1.0%
	There should be no sexual health education in schools	0.5%

81.6%

To get a more nuanced picture of teachers’ views on comprehensive SHE, we provided teachers with a list of 17 important sexual health topics and asked them to indicate the grade level (K-2, 3-5, 6-8, 9-12) at which coverage of each topic should start (see Table 2). In doing so, we provided teachers with the option of indicating that a topic should not be taught in schools.

The results indicate that teachers strongly support comprehensive school-based SHE—only a small minority of teachers indicated that any of these topics should not be covered in schools (<1% for 11 of the topics to 11% for 1 topic). We used the median (responses mid-way point) for each topic to determine the grade level by which most teachers believed the topic should be introduced.

Table 2. Coverage and Timing of Sexual Health Education Topics

	At which grade level should these sexual health education topics be covered?					
	(K-2)	(3-5)	(6-8)	(9-12)	Median	Should not be included
Correct names for genitals	69%	26%	5%	0.2%	K-2	0.2%
Puberty/physical development	3%	74%	23%	0.5%	3-5	0.2%
Reproduction and birth	2%	18%	73%	7%	6-8	0.2%
Birth control methods & safer sex	0%	3%	82%	15%	6-8	0.2%
Sexually transmitted infections	0%	2%	84%	14%	6-8	0.2%
Sexual coercion & sexual assault	8%	15%	62%	14%	6-8	0.5%
Personal safety (e.g., sexual abuse)	61%	23%	13%	2%	K-2	0.7%
Online sexual activity (e.g., sexting, dating apps, porn)	3%	39%	53%	4%	6-8	0.7%
Media literacy around sexuality	5%	42%	49%	5%	6-8	0.2%
Sexual pleasure & arousal	1%	6%	54%	30%	6-8	9.0%
Sexual decision-making	1%	5%	75%	17%	6-8	0.7%
Gender identity, diversity, expression and inclusion	30%	27%	32%	9%	3-5	2%
Sexual identity, orientation, diversity	27%	29%	35%	8%	3-5	2%
Sexual consent (clearly indicating willingness for sexual activity)	7%	14%	67%	12%	6-8	0.7%
Sexual activity with a partner (e.g., oral sex, intercourse)	0%	3%	64%	27%	6-8	5%
Solitary activity (e.g., masturbation)	1%	12%	62%	16%	6-8	8%
Problem with sexual function (e.g., arousal and orgasm)	0%	2%	42%	46%	6-8	11%

To summarize teachers' views on coverage of important sexual health topics:

The majority of teachers surveyed indicated that the following five topics should be introduced in elementary school:

- correct names for genitals
- puberty/physical development
- personal safety (e.g., child sexual abuse)
- gender identity, diversity, expression and inclusion
- sexual identity, orientation, and diversity

Most indicated that the following 13 topics should be first introduced in middle school:

- reproduction and birth
- birth control methods and safer sex practices
- sexually transmitted infections
- sexual coercion and sexual assault (use of pressure or force)
- online sexual activity (e.g., sexting, dating apps, pornography)
- media literacy around sexuality
- sexual pleasure and arousal
- sexual decision-making
- sexual consent
- sexual activity with a partner (e.g., oral sex, intercourse)
- solitary activity (e.g., masturbation)

The only topic that teachers indicated should be taught starting in high school was problems with sexual function (e.g., arousal and orgasm), although the percentage who felt it should be covered in middle school was similar to the percentage who felt it should be introduced in high school. This was also the topic that the highest percentage (11%) indicated that they believed should not be covered at all in school-based sexual health education.

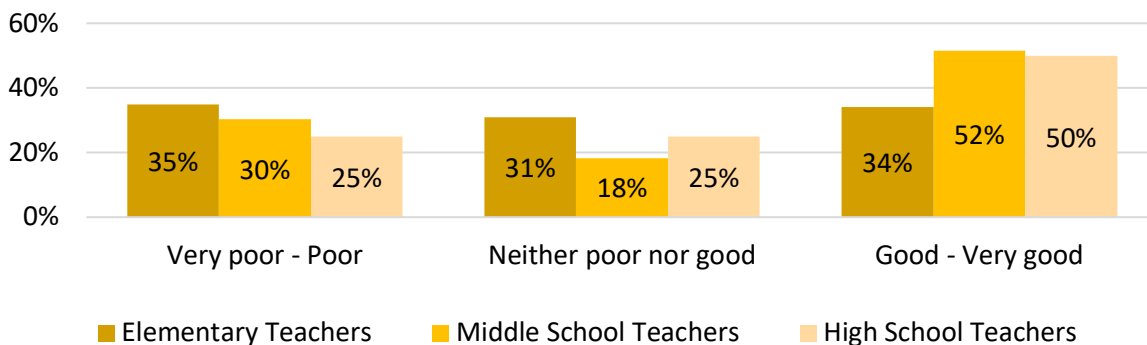
Perceived Quality of Current SHE Provision

Almost all participants teaching elementary (94%), middle (99%), and high school (96%) reported that sexual health education is provided at their school.

When asked about their perceptions of the quality of the SHE curriculum developed for New Brunswick, on average, participants teaching at these levels rated the quality of the elementary school, middle school, and high school curricula as neither poor nor good on a scale ranging from 1 (‘Very poor’) to 5 (‘Very good’). Their averages were 2.98 for elementary school teachers, 3.19 for middle school teachers, and 3.22 for high school teachers.

Only 34% of elementary teachers compared to 52% of middle school teachers, and 50% of high school teachers rated the curriculum as *good* or *very good* (see **Figure 8**). Of note, a substantial minority of teachers at all levels rated the curriculum as *very poor* or *poor*: 35% for elementary teachers, 30% for middle school teachers, and 25% for high school teachers.

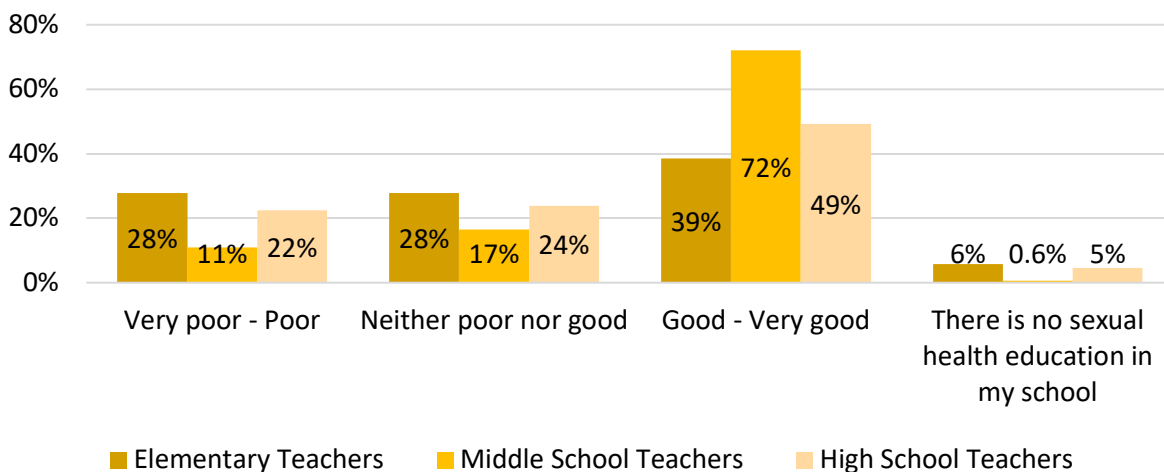
Figure 8: Perceived Quality of NB Sexual Health Curriculum at Grade Level Taught



Teachers' ratings of the quality of the SHE education provided at their school specifically indicated that, on average, participants teaching at these levels rated the quality of the SHE curriculum as neither poor nor good on a scale ranging from 1 ('Very poor') to 5 ('Very good').

By group, their averages were 3.15 for elementary school teachers, 3.77 for middle school teachers, and 3.34 for high school teachers. When compared statistically, middle school teachers rated the quality of the SHE curriculum at their school as significantly higher than both elementary and high school teachers. Specifically, 72% of middle school teachers but only 39% of elementary school teachers, and 49% of high school teachers rated the instruction as *good* or *very good* (see Figure 9). Conversely, only 11% of middle school teachers but 28% of elementary school teachers and 22% of high school teachers rated instruction at their school as *very poor* or *poor*.

Figure 9: Perceived Quality of SHE in Your School



Summary

With respect to Objective 1, this study found that teachers in New Brunswick strongly support comprehensive education that includes a wide range of topics and starts in elementary school. This includes support for the topics assessed generally as well as those that were of particular interest in the current study: gender and sexual diversity, sexual consent, pleasure, and online sexual activity. With respect to these topics, teachers felt gender and sexual diversity should be introduced in elementary school; they felt that sexual consent, pleasure, and on-line sexual activities should be introduced in middle school. However, teachers were mixed in their evaluation of both New Brunswick's existing SHE curricula as well as the SHE currently delivered in their school, but on average rated both as neither poor nor good.

Part II. Experience, Training, and Preparedness

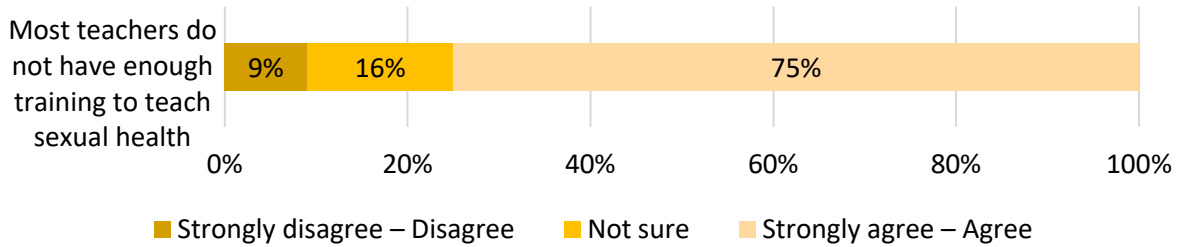
Our second objective was to assess teachers' training and experiences related to the provision of SHE in the classroom. We met this objective in five ways. First, we assessed teachers' perceptions of training to teach SHE for teachers generally and for themselves specifically. Second, we assessed their views regarding the SHE that they themselves had received in childhood, at home, and at school. Third, we determined how comfortable teachers thought they would be teaching each of a range of sexual health topics. Fourth, we collected information about teachers' experience teaching SHE generally and each of the curricula in which SHE occurs in New Brunswick -- (*You and Your World* (grades K-2), *Personal Wellness*

(grades 3-5), *Health Curriculum* (grades 6-8), and *Personal Development and Career Planning (PDCP)* (grades 9-10), specifically. Fifth, we assessed the methods employed to meet SHE curriculum objectives.

Teachers’ Perceptions of Training in SHE

In terms of training, teachers typically *agreed* or *strongly agreed* that most teachers do not have adequate training to provide quality comprehensive sexual health education as a teacher in New Brunswick (see **Figure 10**).

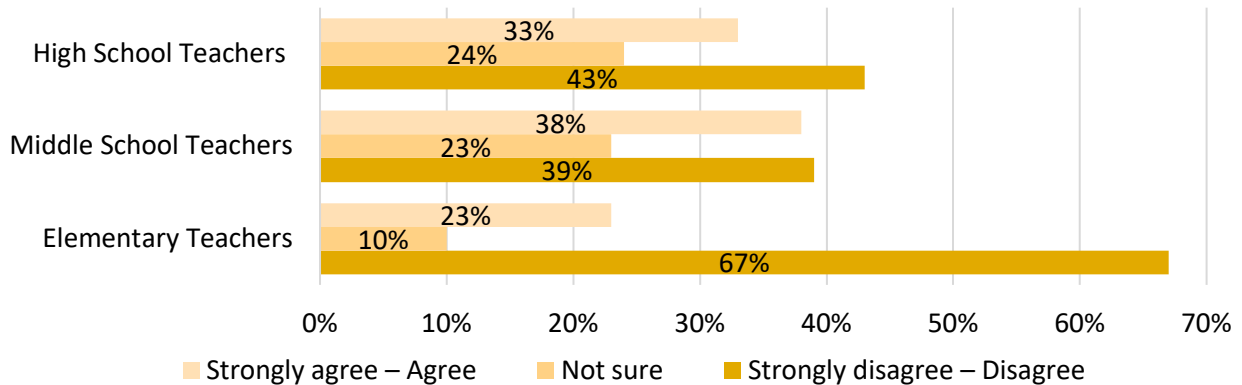
Figure 10: Extent of SHE Training



Similarly, only a minority of teachers (fewer elementary than middle or high school teachers) reported that they had adequate training to provide SHE in NB schools: 23% of elementary school teachers, 38% of middle school teachers, and 33% of high school teachers (see **Figure 11**).

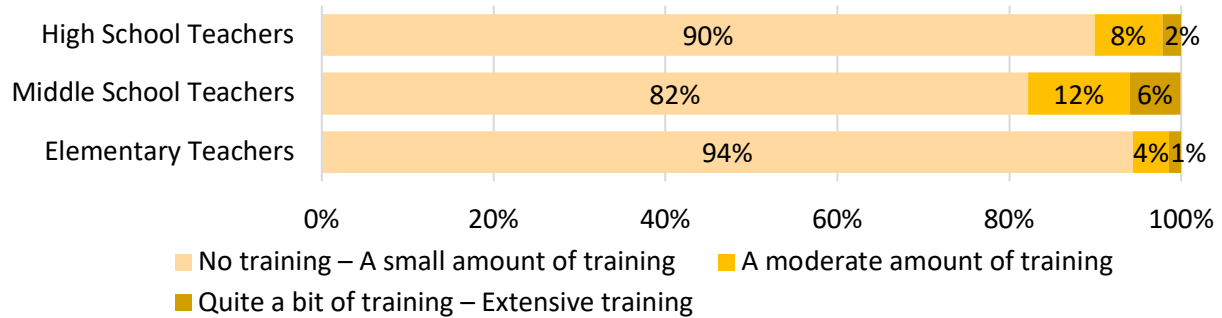
Teachers typically indicated that most teachers and they themselves do not have adequate training to provide quality sexual health education.

Figure 11: Perception that Teacher Received Adequate SHE Training



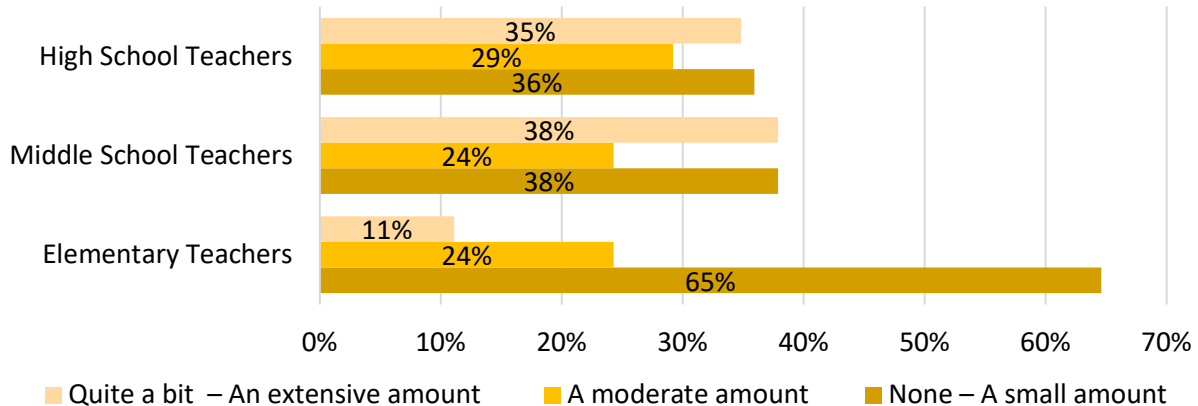
The vast majority of elementary (94%), middle (90%), and high school (95%) teachers reported that they get no pre-service training during their education degrees. The majority also indicated no sexual health professional learning opportunities since becoming a teacher (see Figure 12).

Figure 12: Professional Learning Opportunities Provided by School in SHE



However, a higher percentage of teachers in all three groups, but particularly middle school and high school teachers, reported engaging in a moderate or extensive amount of self-directed learning. This included reading about teaching sexual health, consulting with more experienced colleagues, attending a webinar, and using resources referenced in curriculum documents to prepare themselves to provide sexual health education (see Figure 13).

Figure 13: Extent of SHE Self-Directed Learning



Perceived Quality of SHE that Teachers Received as a Child

Because the SHE an individual received at home and at school can affect their later comfort talking about sexual health topics (Cohen et al., 2004; Harrison & Ollis, 2015), we assessed teachers’ reports of the quality of sexual health education that they received during childhood.

On average, teachers did not rate the quality of the SHE they received in school, as good or very good on a scale ranging from 1 (‘Very poor’) to 5 (‘Very good’)—the mean was 2.61 for elementary school teachers, 2.72 for middle school teachers, and 2.43 for high school teachers (see Figure 14). Specifically, 14% of teachers rated it as very poor , 27% as poor , 27% as neither poor nor good (27%), 23% as good (23%), and 4% very good . Only 5% indicated that they did not receive any school-based SHE.

Similarly, on average, teachers rated the quality of the SHE they received at home (e.g., from their parents) on a scale ranging from 1 ('Very poor') to 5 ('Very good') as 2.72 for elementary school teachers, 2.80 for middle school teachers, and 2.44 for high school teachers (see **Figure 15**). Specifically Overall, 13% rated it as very poor, 25% as poor, 25% as neither poor nor good, 23% as good, and 9% as very good. Only 7% indicated that they did not receive any sexual health education at home.

Figure 14: Perceived Quality of SHE that Teachers Received as a Child

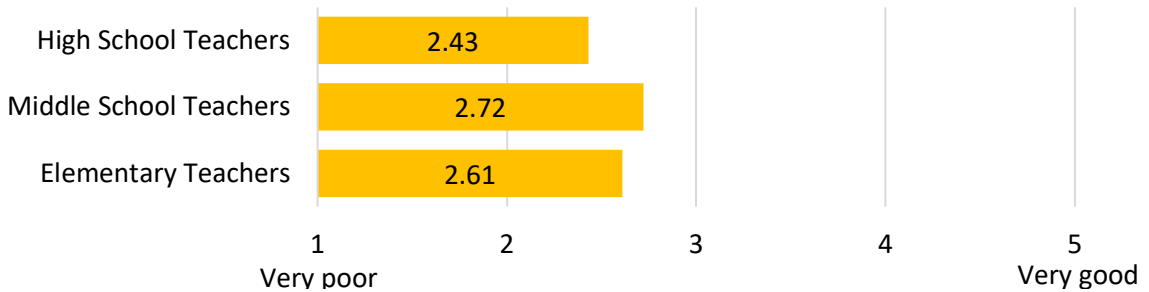
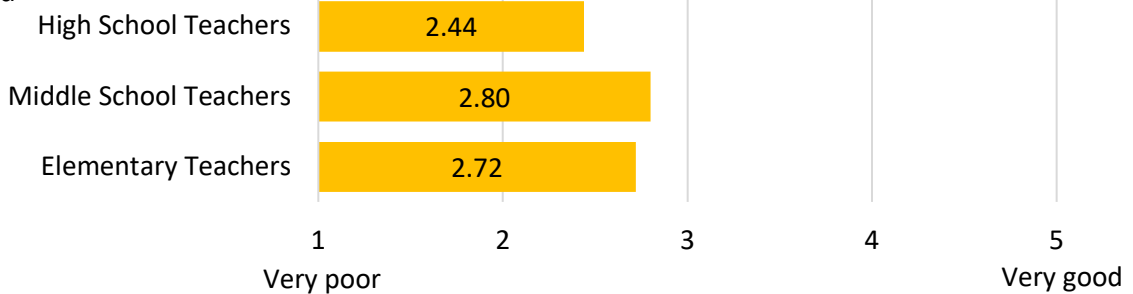


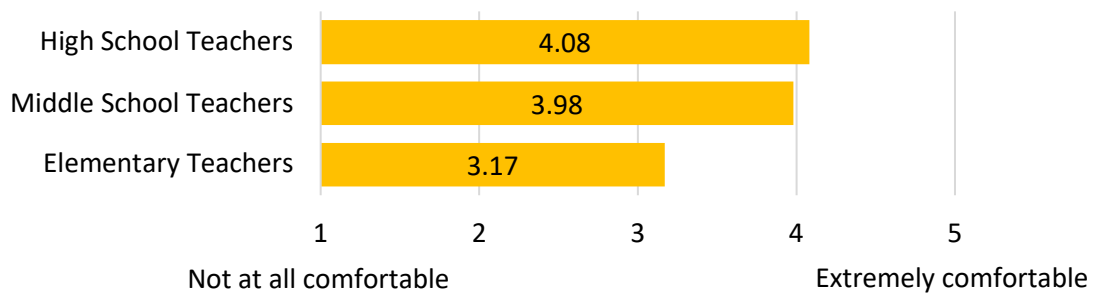
Figure 15: Perceived Quality of SHE that Teachers Received from Parents/Guardians as a Child



Teachers' Comfort Providing SHE

On average, across the 17 sexual health topics, using a scale ranging from 1 (not at all comfortable) to 5 (extremely comfortable), elementary teachers rated themselves as 3.17, middle school teachers as 3.98 and high school teachers as 4.08. When analyzed statistically, elementary school teachers reported significantly lower levels of comfort on average than both middle and high school teachers, who did not differ notably from each other (see **Figure 16**).

Figure 16: Perceived Comfort Providing SHE



The mean and median ratings of how comfortable teachers would feel teaching each sexual health topic are provided in **Table 3**. Middle and high school teachers reported that they would be comfortable, although not extremely comfortable, teaching all the sexual health topics listed. The topics they felt they would be least comfortable teaching included: sexual pleasure and arousal, sexual activity with a partner, solitary sexual activity, and problems with sexual function.

Although elementary school teachers reported that they would be somewhat comfortable teaching all the sexual health topics, they provided lower comfort ratings on each of the topics compared to middle school and high school teachers. Elementary school teachers indicated that they would be least comfortable teaching: sexual pleasure and arousal, sexual decision-making, sexual activity with a partner, solitary activity, and problem with sexual function. Only one of the topics (sexual pleasure and arousal) was given a lower rating than the others.

Table 3. Comfort with Teaching 17 Important Sexual Health Topics

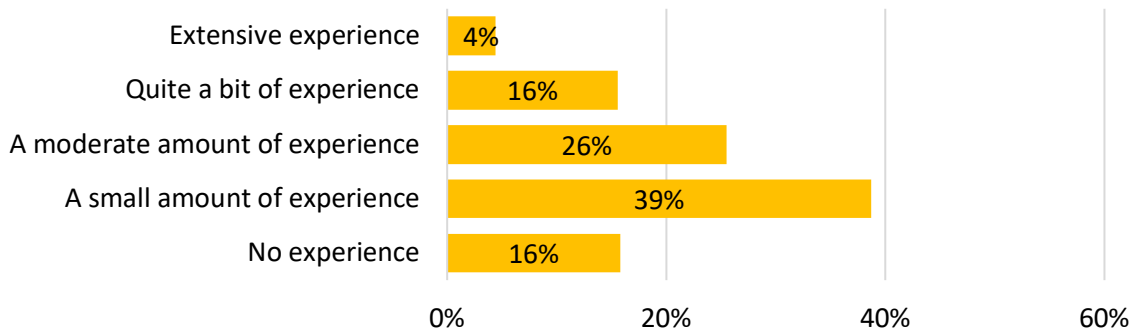
	Comfort			
	(1 = Not at all comfortable, 5 = Extremely comfortable)			
	Elementary Teachers	Middle School Teachers	High School Teachers	Median
Correct names for genitals	4.03	4.55	4.43	5
Puberty/physical development	3.86	4.49	4.31	5
Reproduction and birth	3.62	4.42	4.40	5
Birth control methods & safer sex practices	3.36	4.29	4.35	4
Sexually transmitted infections	3.23	4.27	4.31	4
Sexual coercion & sexual assault (use of pressure or force)	3.16	3.94	4.26	4
Personal safety (e.g., child sexual abuse)	3.65	4.02	4.15	4
Online sexual activity (e.g., porn, sexting, dating apps)	3.12	3.95	4.12	4
Media literacy around sexuality	3.23	4.10	4.14	4
Sexual pleasure & arousal	2.51	3.35	3.58	3
Sexual decision-making	2.97	4.01	4.14	4
Gender identity, diversity, expression and inclusion	3.18	3.85	4.00	4
Sexual identity, orientation, diversity	3.19	3.86	3.98	4
Sexual consent (clearly indicating willingness for sexual activity)	3.32	4.12	4.24	4
Sexual activity with a partner (e.g., oral sex, intercourse)	2.55	3.59	3.81	3
Solitary activity (e.g., masturbation)	2.43	3.51	3.52	3
Problem with sexual function (e.g., arousal and orgasm)	2.33	3.33	3.64	3

Teaching Experience Providing SHE in New Brunswick

More than half (55%) of the teachers surveyed said they had little to no experience teaching sexual health education in New Brunswick and 46% had a moderate to extensive amount of experience (see Figure 17). A few of the teachers (8%) reported a moderate to extensive amount of experience teaching SHE outside of New Brunswick. Most of the teachers who reported moderate to extensive experience teaching SHE outside of New Brunswick (87%) also experience teaching SHE in New Brunswick.

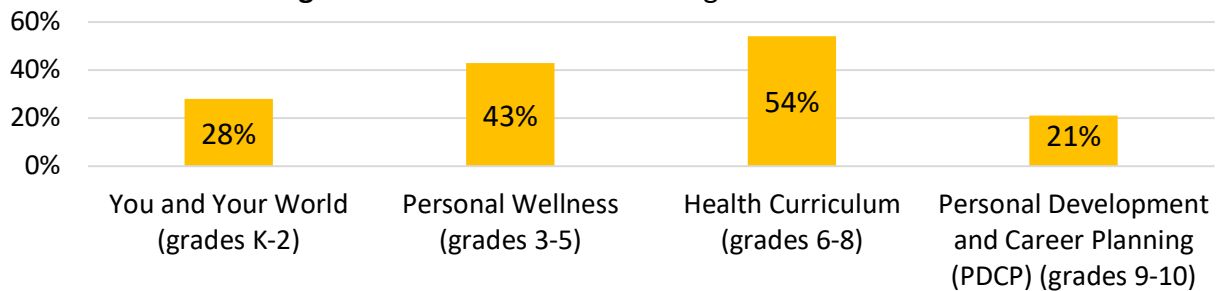
46% had a moderate to extensive amount of experience teaching SHE in New Brunswick.

Figure 17: Experience Teaching SHE in New Brunswick Schools



Of teachers who had taught sexual health in New Brunswick (see Figure 18), 28% had taught *You and Your World* (grades K-2), 43% had taught *Personal Wellness* (grades 3-5), 54% had taught *Health Curriculum* (grades 6-8), and 21% had taught *Personal Development and Career Planning (PDCP)* (grades 9-10). Most teachers had either a small amount of experience or no experience teaching sexual health in other contexts.

Figure 18: Curricula Teachers Taught in New Brunswick



Quality of SHE provided

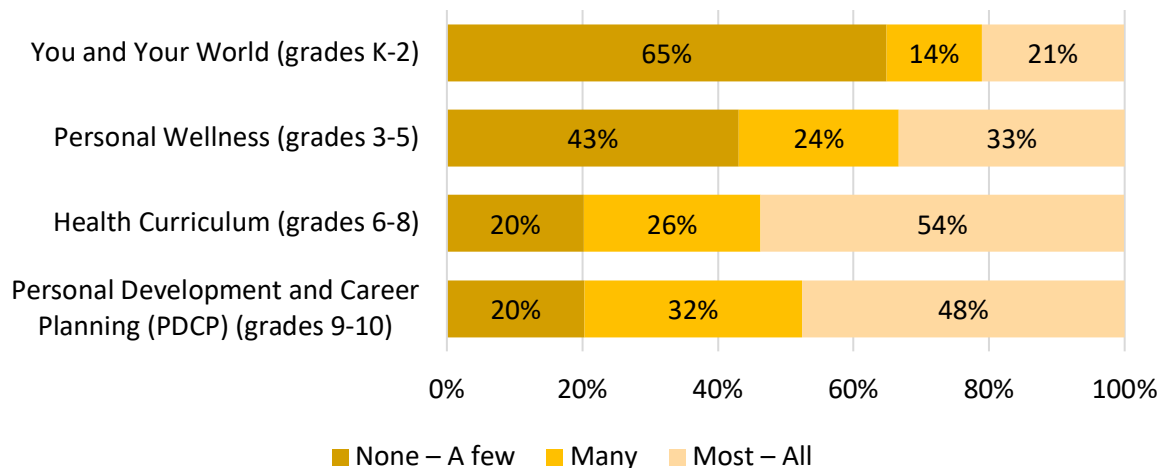
Only about half (51% to 58%) of the teachers surveyed believed that students have (or would like) them as a SHE teacher. Similarly, only a fifth (21%) of elementary school teachers and about a third of middle school (36%) and high school (31%) teachers perceived themselves to be one of the best teachers available to teach SHE.

Only about half of teachers believed their students would like them as a sexual health educator.

Teachers with prior experience teaching one of these curricula provided information on their coverage of the sexual health outcomes (see Figure 19).

- Only about a fifth (21%) of those with experience teaching *You and Your World* (grades K-2) addressed most or all of the outcomes.
- One-third (33%) of the Individuals with experience teaching the *Personal Wellness* course (grades 3-5) had taught most or all of the outcomes.
- Over one-half (54%) of the teachers who had taught *Health Curriculum* (grades 6-8) reported that they covered most or all of the outcomes.
- About half (48%) of the instructors who had previously taught *PDCP* (grades 9-10) addressed most or all of the outcomes.

Figure 19: SHE Curriculum Coverage

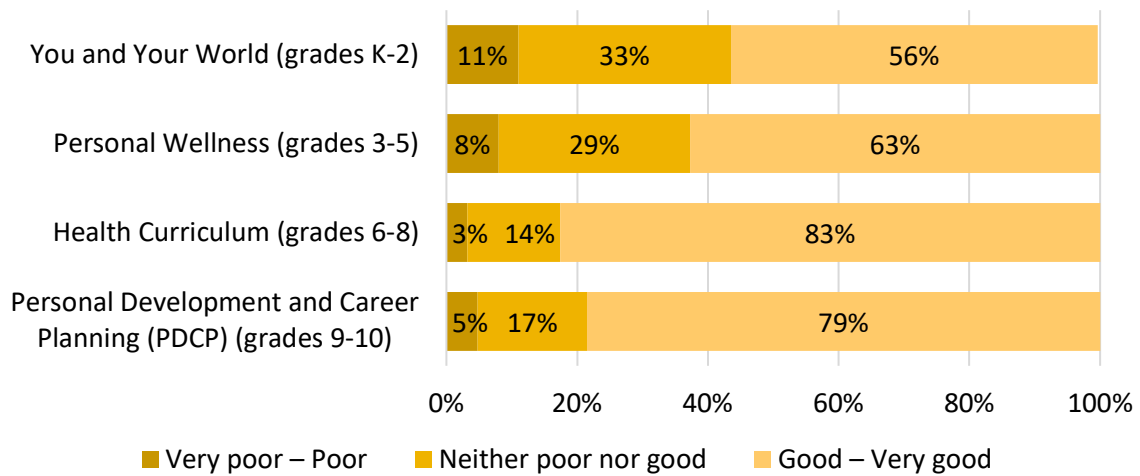


Many teachers had addressed none or few of the outcomes outlined in the New Brunswick SHE curricula.

However, it is important to note that substantial percentages of teachers had addressed none or a few of the outcomes at each of these levels, and particularly in elementary school: 65% who taught Kindergarten to Grade 2, 43% who taught Grades 3-5, 20% of middle school teachers, and 20% of high school teachers, respectively.

Teachers rated the quality of the SHE that they had provided (if any) on a scale ranging from 1 *very poor* to 5 *very good* (see **Figure 20**). On average, they rated the quality of providing K-2 “*You and Your World*” as 3.46, grades 3-5 “*Personal Wellness*” as 3.61, grades 6-8 “*Health Curriculum*” as 3.95, and grades 9-10 “*PDCP*” as 3.95. Specifically, most of the teachers (56%, 63%, 83%, and 79%, respectively for the four curricula), rated the quality of their teaching as *good* or *very good*. In contrast only a small percentage of teachers (11%, 8%, 3%, and 5%, respectively for the four curricula) rated their own teaching as *poor* or *very poor*.

Figure 20: Teachers' Ratings of Quality of SHE They Provided



Teaching Methods

Teachers indicated the extent to which they used a range of methods to teach sexual health (from not at all to very often) (see **Table 4**). The following methods were used most often by teachers: answering students’ questions, group discussion, anonymous question box, and watching videos. Readings, lectures, inquiry guided learning, active learning, and individual projects were used to varying degrees by teachers. The least common methods of teaching sex education included: art, media making, role-play, drama, and games, cross-curricular teaching, guest speakers, and case studies.

Table 4. Teaching Methods

	Extent to which this method was used when teaching sexual health			
	Not at all – Seldom	Occasionally	Often – Very Often	Median
Active learning strategies (e.g., Think/Pair/Share; KWL Charts; Opinion Lines; Four Corners; Gallery Walk)	28%	33%	39%	Occasionally
Inquiry-guided learning	28%	36%	37%	Occasionally
Case studies	50%	27%	24%	Seldom/Occasionally
Cross-curricular teaching	53%	28%	19%	Seldom
Lectures	24%	33%	43%	Occasionally
Videos	19%	33%	48%	Occasionally
Readings	19%	39%	41%	Occasionally
Group discussion	6%	15%	79%	Often
Guest speakers	52%	30%	18%	Seldom
Individual projects	38%	28%	34%	Occasionally
Roleplay, drama, games	57%	29%	15%	Seldom
Anonymous question box	22%	16%	63%	Often
Answering students' questions	5%	10%	86%	Very often
Media making	63%	22%	15%	Seldom
Art	64%	28%	8%	Seldom

Summary

With respect to our second objective, we can conclude that overall, most participants reported that teachers in general, and themselves in particular, were not provided with adequate training to teach SHE either as part of their Bachelor of Education training or through subsequent professional development opportunities in their work as in-service teachers. Nonetheless, about half of the teachers had taught SHE in New Brunswick. Perhaps as a result, many had engaged in self-directed learning.

Only a minority of teachers rated their own SHE at school or at home in childhood as good or very good. Nonetheless, on average the teachers indicated that they would feel comfortable, although not extremely comfortable, teaching a range of sexual health topics. Many participants reported that they did not cover most or all of the outcomes. Nonetheless, interestingly, most teachers rated the quality of their instruction as good or very good. The teachers we surveyed most often used the following teaching methods for SHE: answering students' questions, group discussion, anonymous question box, and watching videos.

PART III. Teaching Sexual Health Education

Our study's third objective was to capture teachers' willingness to provide comprehensive SHE, and their perceptions of perceived barriers and facilitators to doing so. We did this in three ways. First, we assessed teachers' views on their perceived readiness for teaching SHE within their schools. Second, we asked

about their willingness to teach each of the 17 sexual health topics. Third, we identified factors that influenced teachers' feelings about teaching SHE, either positively or negatively.

Perceived Readiness to Teach SHE

Teachers' views about teaching SHE are provided in **Table 5**. Almost half of the elementary and middle school teachers and a quarter of the high school teachers felt that they did not have a choice in whether they taught sexual health. In contrast, less than a fifth of the teachers at any of the levels indicated that they had rarely had the opportunity to do so despite their interested in teaching SHE.

Some teachers indicated that they would be more willing to teach sexual health if there were important changes made to the curriculum (15% to 20% of the teachers) or if they had more support from others (27% to 39%). However, for many other teachers changes to the curriculum (48% to 58%) or changes in available support (36% to 49%) would not affect their willingness to provide SHE. Indeed, some of these teachers (8% to 22%) indicated that they would prefer any teacher other than themselves to provide SHE, although the majority (64% to 78%) did not feel this way.

Table 5. Views about Teaching SHE

		Percent (%)		
		Elementary Teachers	Middle School Teachers	High School Teachers
I feel that I have to teach sexual health whether I want to or not	Strongly disagree – Disagree	31.9%	35.1%	55.7%
	Strongly agree – Agree	44.7%	48.2%	25.0%
I would like to teach sexual health but rarely have had the opportunity to do so	Strongly disagree – Disagree	63.8%	69.0%	64.8%
	Strongly agree – Agree	17.8%	17.3%	21.6%
I would like to teach sexual health only if there were some important changes to the curriculum	Strongly disagree – Disagree	48.2%	58.3%	47.7%
	Strongly agree – Agree	19.8%	14.3%	19.3%
I would like to teach sexual health if I felt that I had more support from others to do so	Strongly disagree – Disagree	36.1%	38.1%	48.8%
	Strongly agree – Agree	39.0%	35.7%	27.3%
I would rather any other teacher but me provide the sexual health education content	Strongly disagree – Disagree	63.5%	77.3%	78.4%
	Strongly agree – Agree	22.2%	10.8%	7.9%
I think the students do (or would) really like it if I were the teacher covering the sexual health content	Strongly disagree – Disagree	12.1%	6.6%	13.6%
	Strongly agree – Agree	50.7%	58.3%	52.3%
I think I may be one of the best teachers available to provide the sexual health education content	Strongly disagree – Disagree	40.4%	26.2%	31.8%
	Strongly agree – Agree	21.3%	35.7%	30.7%

On average, across the 17 sexual health topics, using a scale ranging from 1 (not at all willing) to 5 (extremely willing) elementary teachers rated themselves as 3.30, middle school teachers as 4.09 and high school teachers as 3.97. Statistically, elementary school teachers reported significantly lower levels of willingness to teach SHE on average than both middle and high school teachers, who did not differ from each other.

Teachers' ratings of how willing they would be to teach each sexual health topic are provided in **Table 6**. Middle school and high school teachers reported that they would be willing, although not extremely willing to teach all the sexual health topics listed. Like their comfort ratings, the topics that middle school and high school teachers felt the least willing to teach, although still willing, included: sexual pleasure and arousal, sexual activity with a partner, solitary sexual activity, and problems with sexual function.

Table 6. Willingness to Teach 17 Important Sexual Health Topics

	Willingness to Teach (1 = Not at all willing, 5 = Extremely willing)		
	Element. Teachers	Middle School Teachers	High School Teachers
Correct names for genitals	4.10	4.49	4.22
Puberty/physical development	3.91	4.49	4.18
Reproduction and birth	3.66	4.44	4.18
Birth control methods & safer sex practices	3.40	4.35	4.21
Sexually transmitted infections	3.31	4.37	4.20
Sexual coercion & sexual assault (use of pressure or force)	3.27	4.13	4.11
Personal safety (e.g., child sexual abuse)	3.80	4.19	4.08
Online sexual activity (e.g., porn, sexting, dating apps)	3.27	4.11	4.01
Media literacy around sexuality	3.34	4.23	4.03
Sexual pleasure & arousal	2.73	3.59	3.53
Sexual decision-making	3.05	4.05	3.89
Gender identity, diversity, expression and inclusion	3.33	4.08	3.95
Sexual identity, orientation, diversity	3.34	4.05	3.96
Sexual consent (clearly indicating willingness for sexual activity)	3.34	4.14	4.10
Sexual activity with a partner (e.g., oral sex, intercourse)	2.78	3.73	3.70
Solitary activity (e.g., masturbation)	2.65	3.63	3.48
Problem with sexual function (e.g., arousal and orgasm)	2.64	3.56	3.65

Although elementary school teachers reported that they would be somewhat willing to teach all of the sexual health topics, they provided the lowest willingness ratings on all of the topics. Elementary school teachers indicated that they would be least willing, although still willing, to teach sexual pleasure and arousal, sexual activity with a partner, solitary activity, and problem with sexual function. The one topic given the lowest rating was sexual pleasure and arousal—one of the five topics of particular focus for this study (i.e., gender and sexual diversity, sexual consent, pleasure, and online sexual activity).

Teachers reported being least comfortable and willing to teach about sexual pleasure & arousal.

Barriers and Facilitators to Teaching SHE

We asked teachers to identify the extent to which a range of factors affect how they feel about teaching sexual health. Scales ranged from 1 (*very negative*) to 7 (*very positive*). Of interest, the impact of all the factors varied from teacher to teacher in that the same factor had a positive impact on some teachers, a negative impact on other teachers, and a neutral impact on still other teachers.

Factors that were rated as most likely to have a negative impact or most likely to have a positive impact (reported by more than 40% of teachers) were:

NEGATIVE FACTORS		POSITIVE FACTORS
Elementary:	<ul style="list-style-type: none"> ▪ amount of training received ▪ knowledge about methods to teach sexual health ▪ availability of sexual health resources in school ▪ extent to which teachers’ feel up to date when it comes to teaching about sex 	<ul style="list-style-type: none"> ▪ teachers’ level of comfort answering students’ questions ▪ teachers’ level of comfort teaching some topics ▪ how well teacher relates to students ▪ extent to which students want sexual health information ▪ teachers’ personal views about providing comprehensive sexual health education in schools ▪ the extent to which teachers feel secure in their position
Middle and High School:	<ul style="list-style-type: none"> ▪ amount of training received ▪ availability of sexual health resources in school 	<ul style="list-style-type: none"> ▪ amount of knowledge about sexual topics ▪ students’ comfort talking about sexual health topics ▪ teachers’ level of comfort answering students’ questions

Summary

With respect to Objective 3, many teachers did not feel that they had a choice about whether they teach SHE in New Brunswick schools. In general, the teachers we surveyed were willing (although not extremely willing) to teach SHE, although a minority would prefer any other teacher than themselves to provide SHE. Also of note, teachers were more willing to teach some topics than others.

The teachers identified a number of factors that had a negative impact on their willingness to teach SHE especially the amount of training received and availability of sexual health resources at school. However, they also identified factors that had a positive impact on their willingness to provide SHE, including their own level of comfort, their ability to relate to students, their personal views about SHE, and feeling secure in their position. Based on these findings, these are significant targets for training.

PART IV. Comparison with Data Collected from Teachers in 2001

In 2001, a team of researchers at the University of New Brunswick in collaboration with the New Brunswick Department of Education surveyed elementary and middle school teachers with respect to their views about and experiences with sexual health education in the schools in order to inform the revision of the SHE curriculum. Some of the questions on that survey were also used on the current survey. One of the goals of the current study was to determine the extent to which teachers' attitudes toward and experiences with sexual health education have changed over the past 20 years. The reporting on the findings of the 2001 survey are available from the authors and published in part here (Cohen et al., 2001).

In both the 2001 and 2021 surveys, teachers overwhelmingly agreed or strongly agreed that SHE should be provided in schools (93% in 2001 and 85% in 2021) and that parents and schools should share responsibility for providing children with sexual health education (95% in 2001 and 85% in 2021). However, we were surprised to see a drop of 12% in the twenty-year period, given our hypothesis that teachers today are more progressive in terms of sexuality education than in the past. At both times, most teachers thought that SHE should start in elementary school (78% in 2001 and 82% in 2021) and almost all teachers thought age-appropriate SHE should start by grades 6-8 (97% in 2001 and 98% in 2021). At both times, the vast majority of teachers felt that all of the sexual health topics listed should be included the SHE curriculum. In general, at both times, the teachers believed that the majority of the listed topics should be introduced in grades 6-8 but also identified a number of topics that the majority felt should be introduced in elementary school.

In both 2001 and 2021, the majority of teachers indicated that they received no formal training to teach sexual health (65% in 2001, 82% to 94% in 2021). Nonetheless, at both times most teachers had at least some experience teaching some form of sexual health (85% in 2001 and 84% in 2021).

In 2001, teachers indicated that they were on average *somewhat comfortable* teaching a range of sexual health topics and *somewhat willing* to teach them. Similarly, in 2021, teachers reported being comfortable but not extremely comfortable, and willing but not extremely willing teaching SHE. In general, they were more comfortable with and willing to teach topics that are related to anatomy and physical development as well as issues such as body image, personal safety, and abstinence.

Although there were a number of differences in the topics listed in the two studies, several of the topics that teachers were least comfortable teaching and least willing to teach were similar in the two studies,

including: sexual pleasure, solitary sexual activity, and sexual problems. The topics that teachers in 2021 reported as being least willing to teach included: sexual pleasure, sexual activity with a partner, solitary sexual activity and problems with sexual function. In contrast, in 2001, but not in 2021, teachers were not comfortable with and were reluctant to teach about sexual diversity.

PART V. Recommendations

Our results were based on responses only from NB teachers teaching in Anglophone schools. This is likely because teachers in Anglophone school districts were provided time during in-service training to complete the survey. In contrast, teachers in Francophone school districts were not given a comparable opportunity. As such, they would have had to complete the survey on their own time—a notable request with the additional stress and demands teachers have been experiencing due to the Covid-19 pandemic (Rogers & Burkholder, 2022).

**RECOMMENDATION 1:
Provide time for Francophone
District teachers to complete
our survey during in-service
training.**

It is impossible to determine know whether the attitudes and experiences of teachers in Francophone teachers are the same or different than the findings of the current survey and whether the recommendations outlined below are appropriate for these teachers. Therefore, our first recommendation is for teachers in Francophone school districts to be provided time during an up-coming in-service training to complete the survey.

The findings from *The New Brunswick Teachers Sexual Education Survey 2021* described in this report make it very clear that teachers in Anglophone school districts provide overwhelming support for the provision of comprehensive sexual health education in New Brunswick schools. They recognize the importance of that content and overall value the curricula that are designed to guide provision of that content.

However, participants reported that teachers, including they themselves, typically receive no pre-service training in SHE, nor do they have much in the way of organized in-service training opportunities from the Department of Education or from Education districts once they are employed in New Brunswick schools. Of note, many teachers took the initiative to engage in self-directed learning. However, the quality of the resources they accessed cannot be ascertained and meeting training needs should not be downloaded on individual teachers. Perhaps as a result many teachers were reluctant to teach SHE in general and certainly more willing to teach some topics than others. This leads to our second recommendation: SHE needs to be incorporated into pre-service teacher education in New Brunswick Faculties of Education by creating an opt-in elective SHE methods course that is offered annually.

**RECOMMENDATION 2:
Incorporate SHE methods
training into pre-service
teacher education through
the development of a SHE
methods course in Bachelor
of Education programs in
NB Faculties of Education.**

That is, our second recommendation emerging from these findings is to develop a SHE methods course to be delivered in pre-service contexts in New Brunswick Bachelor of Education programs. Consistent with reports of teachers in 2001 who reported limited training in pre-service contexts, we suggest that incorporating an elective methods course for students to take while in their Bachelor of Education training is necessary. This need not be a mandatory course, but certainly one that is offered each year.

Our third recommendation is based on our finding that despite the fact that many teachers had been

required to teach SHE, often without being given a choice, most also reported receiving limited training in an in-service context. As such, we recommend the development of a parallel set of materials to be delivered for in-service training at the District and Department level in school contexts for current teachers and until such time as preservice SHE courses are widely available. Of note, the Department of Education did implement such a training on a one-time basis for select middle school teachers based on the recommendations of the 2001 report but, to our knowledge, did not implement more wide-spread and regular training.

Many teachers are clearly willing to step up to teach SHE to New Brunswick students, despite varying levels of comfort with the topics. Yet they are well aware of a need to develop the skillset and pedagogies in order to do so effectively. We recommend a collaboration between Faculties of Education (pre-service teachers) and Departments and Districts of Education (in-service teachers) to address this urgent need for pedagogical innovation.

**RECOMMENDATION 3:
Develop SHE training for
in-service teachers in
collaboration with the
Department of Education
and Anglophone School
Districts.**

From examining the data, we have learned that teachers have not yet been trained in research-informed pedagogies to teach SHE (see: Millanzi et al., 2022; Sell et al., 2021; Taylor, 2020). What are the methods that best provide a meaningful, useful, current sexual health education to arm New Brunswick youth with the information and skills that they need to stay healthy and happy over their life course? We need to move beyond use of the “question box” and provide teachers with the skills to adopt the wide range of engaging and meaningful methods (Taylor, 2020). We suggest that the development of a SHE methods course in pre-service education as well as a SHE pedagogy focused in-service training for teachers be an important step toward making an impactful change in providing research informed pedagogies to better impact sexual health education in New Brunswick.

**RECOMMENDATION 4:
Increase teacher comfort
in diverse pedagogical
approaches to SHE
through training.**

A fourth recommendation is to help teachers become comfortable with communicating about sexual health topics in ways that maximize their effectiveness. Human sexuality is complex, nuanced, and socially-sensitive. Teachers' comfort follows experience delivering the content, but also quality training opportunities can enhance teachers' comfort teaching SHE in general and teaching sensitive topics in particular. Training that focuses on values clarification, being current in terms of factual

information and terminology used, and learning how to affirm the views, values and beliefs of students, especially those who hold minority opinions, will help ensure a safe learning environment. Research is clear that educators who are not comfortable teaching SHE are less effective at helping students achieve positive sexual health outcomes (McKinley, 2014). In short, enhancing teacher comfort is an important step in ensuring the delivery of effective SHE. In addition, teachers who demonstrate willingness, comfort, and ease in delivering this content model positive and healthy attitudes that we hope students will adopt. They also will be more approachable to students and better able to communicate the content.

A fifth recommendation is to ensure that teachers have the support from administrators they need in order to prioritize the teaching of SHE. Teachers must have the time allotted in their school life to meet the curricula objectives. Many of the teachers surveyed indicated that they met few or none of the objectives laid out in the carefully designed curricula for New Brunswick youth.

We recognize the incredible time constraints already on teachers' time, and the priority given to particular curricular outcomes over others (e.g., a focus on literacy and numeracy in the early years). However, sexual health education is already integrated into the programs for young people and attention given to ways to facilitate the delivery of that content is paramount. In future studies, we seek to understand the teacher-identified barriers to teaching the SHE objectives in existing curricula.

**RECOMMENDATION 5:
Teachers need support
from administration in
order to provide ample
time to teach SHE.**

It is important to note here that not much has changed since the 2001 survey. We find that the lack of change in training for pre-service and in-service teachers since the original 2001 study is a disappointing finding in our study. In that 20-year time, the calls to action have not changed, although we acknowledge that gains were made. Following the 2001 survey: (1) the breadth of topics was increased at least at the middle school level following this report; (2) The 2001 report directly informed revision of the curriculum and resulted in a more comprehensive curriculum; and (3), there is now a K-3 curriculum that addresses SHE outcomes.

We note that the results from the current survey indicate teachers have an increased willingness and comfort in teaching about sexual diversity compared to 2001. Although these changes should be heralded, it is an unfortunate state of affairs that we have not seen more notable leaps forward in relation to training following the recommendations of the 2001 report. Those recommendations focused also on regular in-

service training, a focus on comfort and competence when training teachers to provide sexual health education, as well as providing active strategies to improve learning and teaching.

Key Recommendations:

In sum, our key recommendations based on the findings from the 2001 and 2021 surveys include:

1. Recommendation 1: It is impossible to determine know whether the attitudes and experiences of teachers in Francophone teachers are the same or different than the findings of the current survey and whether the recommendations outlined below are appropriate for these teachers. Therefore, we recommend determining the attitudes and experiences of teachers in Francophone school districts toward SHE by providing them with time to complete our survey during in-service training;
2. Recommendation 2. Incorporate SHE methods training into pre-service teacher education through the development of a SHE methods course in Bachelor of Education programs in NB Faculties of Education.
3. Recommendation 3. Develop SHE training for in-service teachers in collaboration with the Department of Education and Anglophone School Districts.
4. Recommendation 4. Increase teacher comfort in teaching SHE through training opportunities that highlight research informed and diverse pedagogical practices;
5. Recommendation 5. Ensure that teachers have the needed support from administration to have the sufficient time to cover all the SHE objectives, especially in Kindergarten to Grade 5 contexts, where we found that SHE outcomes are often omitted altogether.

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APPENDIX A:

SHE Survey

Start of Block: Consent

This project is conducted by Dr. Casey Burkholder (Faculty of Education) with Dr. Sandra Byers (Faculty of Arts), Dr. Lucia O'Sullivan (Faculty of Arts) at the University of New Brunswick (Fredericton) and Anik Dubé (Faculty of Nursing, Université de Moncton), as well as with collaborators Dr. Pam Malins, Dr. Lynn Randall, Dr. Pam Whitty (Faculty of Education, University of New Brunswick), and Dr. Katie MacEntee (Dalla Lana School of Public Health, University of Toronto).

Introduction

You are invited to participate in a study to learn more about educators' perspectives on sexuality education in NB. This research project is being conducted by researchers and teachers in NB who are interested in learning about the supports and barriers to teaching about sexual health in NB schools.

Purpose of the Study

To examine teachers' attitudes toward and experiences with teaching sex education in NB schools.

Eligibility

Teachers who are currently teaching in an elementary, middle or high school in NB are eligible to participate in this study.

Study Procedures

Participation involves completing a secure online survey that includes questions about your demographics, education, training, and attitudes. The survey takes approximately 20-30 minutes to complete. Members of the research team will be available by email to answer any questions that you may have about the survey.

Compensation

Upon completion of the survey, you will be able to choose one of the following charities for a \$10 donation: (i) AIDS/SIDA-NB, (ii) Reproductive Justice NB, (iii) Imprint Youth Association, (iv) Multicultural Association of Fredericton, (v) Ensemble Moncton, or (vi) Black Lives Matter Fredericton.

Risks

There are no known physical, economic, social, psychological, or emotional risks associated with this study.

Some of the questions in the survey may make you a little uncomfortable because they deal with a range of sexual health topics.

Benefits

The results may benefit current and future teachers by identifying areas for improved training and support of teachers providing sexual health education. There may be substantial benefits to students because improved sexual health education in the schools is likely to result in better sexual health outcomes for students.

The information will help us to better understand teachers' ideas about sexual health education. We will use the findings from this survey study to develop specific teaching materials (including lesson plans and toolkits) to support teachers' work in NB sex education classrooms.

Confidential Nature of this Study

Participation in this study is strictly confidential. When you access the secure survey website, you will be assigned a login ID number that will be associated with your responses to the survey. GPS/location information will not be collected by the software.

Although responses are confidential, there is a possibility that a participant could be identified based on the combination of specific responses to demographic and training questions but this is of low probability. The investigators will take measures to protect the confidentiality of your records including but not limited to paper records, electronic communications or records, and oral communications. You will not be identifiable in any publication and data will be aggregated in all reports of this study.

At the end of the survey you will have the opportunity to provide your email address to obtain a copy of the study findings following publication, which will be stored in an encrypted database separate from your survey responses.

Discontinuation of this Study

You may discontinue your participation from the study at any time by closing the browser window. If you discontinue your participation by closing the browser, however, you will not have access to the study's Debriefing Form, which provides more information about the study. Your participation in this study is completely voluntary and anonymous.

You are also free to refuse to answer any question without need of any explanation on your part. You are also free to refuse to answer any question without need of any explanation and will still be able to make a charitable donation.

This project has been reviewed by the Research Ethics Board of the University of New Brunswick and is on file as REB 2020-081.

If you have any questions about the survey, please contact Dr. Casey Burkholder (casey.burkholder@unb.ca), Dr. Sandra Byers (byers@unb.ca) or Dr. Lucia O'Sullivan (osulliv@unb.ca) at the University of New Brunswick.

- I agree to participate (1)
- I do not agree to participate (2)

Title: **SURVEY OF TEACHER ABOUT COMPREHENSIVE SEXUAL HEALTH EDUCATION**

Part A. **Part A. Although we do not wish to know who you are, it is important that we know some of the characteristics of the teachers who complete this questionnaire.**

A1. What is your gender?

- Male (1)
 - Female (2)
 - Non-binary (3)
 - Unlabelled/no gender/genderless/agender (4)
 - Other (please specify below): (5) _____
-

A2. How old are you?

▼ 20 (1) ... 66 or older (47)

A3. What is your sexual identity? Check all that apply.

- Two Spirited (1)
 - Lesbian (2)
 - Gay (3)
 - Bisexual (4)
 - Questioning (5)
 - Queer (6)
 - Asexual (7)
 - Demisexual (9)
 - Don't Know (11)
 - Heterosexual (12)
 - No labels preferred (10)
 - Other (please specify below): (8)
-

A4. In what type of community do you teach?

- Rural area (1)
- Small village (2)
- Town (5,000-25,000) (3)
- City (>25,000) (4)

A5. Is the school you teach in:

- Anglophone (1)
- Francophone (2)

A6. Which best describes your race/ethnicity?

- Indigenous/First Nations/Métis/Inuit (1)
- African Canadian/Black (2)
- Asian Canadian (3)
- Caucasian/White/European (4)
- Biracial/Multiracial (5)
- Other (please specify below): (6) _____

A7. How important a role does religion play in your daily life?

- 1 - Not at all important (1)
- 2 (2)
- 3 (3)
- 4 - Neither important nor unimportant (4)
- 5 (5)
- 6 (6)
- 7 - Very important (7)

A8. Have you ever taught at the elementary school level?

- No (1)
 - Yes (2)
-

A9. Have you ever taught at the middle school level?

- No (1)
- Yes (2)

A10. Have you ever taught at the high school level?

- No (1)
 - Yes (2)
-

A11. At what grade level will you be teaching in 2020-2021? If you are not teaching in 2020-2021 indicate the grade level at which you taught in 2019-2020.

- Elementary (1)
 - Middle school (2)
 - High school (3)
 - I did not teach in 2019-2020 or 2020-2021 (4)
-

A12. In what province or county did you get your BEd?

▼ Alberta (239) ... I did not get my BEd in Canada (252)

A13. How many years have you been teaching?

▼ This is my first year (1) ... 35+ (36)

A14. How many years have you been teaching in New Brunswick?

▼ This is my first year teaching in NB (1) ... 35+ (36)

A15. Do you feel secure in your current position or contract status?

- No (1)
 - Yes (2)
-

A16. How would you rate the overall quality of the sexual health education that you received in school when you were a child?

- Very poor (1)
- Poor (2)
- Neither poor nor good (3)
- Good (4)
- Very good (5)
- I did not receive sexual health education in school (6)

A17. How would you rate the overall quality of the sexual health education that you received from your parents/guardians when you were a child?

- Very poor (1)
- Poor (2)
- Neither poor nor good (3)
- Good (4)
- Very good (5)
- I did not receive sexual health education from my parents/guardians (6)

End of Block: Part A

Start of Block: Part B

Part B. We are interested in your general feelings about comprehensive sexual health education. By comprehensive sexual health education we mean curriculum-based teaching and learning about the cognitive, emotional, physical and social aspects relating to sexuality. It aims to provide young people with knowledge, skills, and attitudes that will help them to look after their health and well-being, develop respectful social and sexual relationships, and consider how their choices affect the health, well-being, dignity, and rights of others.

For each of the following questions, please mark the ONE response that best describes your opinion.

B1. Comprehensive sexual health education should be provided in the schools.

- Strongly disagree (1)
- Disagree (2)
- Not Sure/Neutral (3)
- Agree (4)
- Strongly agree (5)

B2. The school and parents should share responsibility for providing children with comprehensive sexual health education.

- Strongly disagree (1)
- Disagree (2)
- Not Sure/Neutral (3)
- Agree (4)
- Strongly agree (5)

B3. Most teachers do not have enough training to teach sexual health.

- Strongly disagree (1)
- Disagree (2)
- Not Sure/Neutral (3)
- Agree (4)
- Strongly agree (5)

B4. Sexual health education that is appropriate for a child's age and developmental level should start in:

- Grades K-3 (1)
- Grades 4-5 (2)
- Grades 6-8 (3)
- Grades 9-12 (4)
- There should be no sexual health education in schools (5)

B5. Overall, please rate the quality of the New Brunswick sexual health curriculum for the grade level that you teach.

- Very poor (1)
- Poor (2)
- Neither poor nor good (3)
- Good (4)
- Very good (5)
- I don't know (6)

B6. Overall, please rate the quality of the sexual health education that children receive in your school at the grade level that you teach.

- Very poor (1)
- Poor (2)
- Neither poor nor good (3)
- Good (4)
- Very good (5)
- There is no sexual health education in my school (6)

I don't know (7)

End of Block: Part B

Start of Block: Part C

C1. Part C. Below is a list of sexual health education topics that could be covered in the classroom. For each topic, mark the grade level at which you think schools should start teaching about that topic.

For example, if you feel schools should teach the correct names for the genitals in grades K-2, mark the K-2 circle that corresponds to that topic. If you feel that a topic shouldn't be covered until grades 9-12, mark the circle for that topic under the 9-12 column. If you feel a topic shouldn't be covered at all, mark the circle under the "this topic should not be included" column.

	K-2 (1)	3-5 (2)	6-8 (3)	9-12 (4)	This topic should not be included (5)
Correct names for genitals (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Puberty/physical development (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reproduction and birth (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Birth control methods & safer sex practices (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexually transmitted infections (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexual coercion & sexual assault (use of pressure or force) (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Personal safety (e.g., child sexual abuse) (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Online sexual activity (e.g., sexting, dating apps, porn) (8)

Media literacy around sexuality (9)

Sexual pleasure & arousal (10)

Sexual decision-making (11)

Gender identity, diversity, expression and inclusion (12)

Sexual identity, orientation, diversity (13)

Sexual consent (clearly indicating willingness for sexual activity) (14)

Sexual activity with a partner (e.g., oral sex, intercourse) (15)

Solitary activity (e.g., masturbation) (16)

Problem with sexual function (e.g., arousal and orgasm) (17)

End of Block: Part C

Start of Block: Part D

Part D. Part D. Below is a list of sexual health education topics that could be covered in the classroom. For each topic, on a scale of 1 to 5, please mark the number that represents the extent to which you would:

- (a) feel at ease or comfortable teaching this topic right now;
- (b) be willing to teach this topic right now.

D1. If you were asked to teach this topic as part of the sexual health education curriculum...

How at ease or comfortable would you feel right now if you were teaching this topic?
(1 = Not at all comfortable, 5 = Extremely comfortable)

	1 (1)	2 (2)	3 (3)	4 (4)	5 (5)
Correct names for genitals (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Puberty/physical development (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reproduction and birth (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Birth control methods & safer sex practices (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexually transmitted infections (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexual coercion & sexual assault (use of pressure or force) (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Personal safety
(e.g., child
sexual abuse) (7)

Online sexual
activity (e.g.,
sexting, dating
apps, porn) (8)

Media literacy
around sexuality
(9)

Sexual pleasure
& arousal (10)

Sexual decision-
making (11)

Gender identity,
diversity,
expression and
inclusion (12)

Sexual identity,
orientation,
diversity (13)

Sexual consent
(clearly
indicating
willingness for
sexual activity)
(14)

Sexual activity
with a partner
(e.g., oral sex,
intercourse) (15)

Solitary activity
(e.g.,
masturbation)
(16)

Problem with
sexual function
(e.g., arousal
and orgasm)
(17)



Page Break

D2. If you were asked to teach this topic as part of the sexual health education curriculum...

How willing to teach this topic are you right now?
 (1 = Not at all willing, 5 = Extremely willing)

	1 (1)	2 (2)	3 (3)	4 (4)	5 (5)
Correct names for genitals (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Puberty/physical development (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reproduction and birth (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Birth control methods & safer sex practices (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexually transmitted infections (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexual coercion & sexual assault (use of pressure or force) (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Personal safety (e.g., child sexual abuse) (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Online sexual activity (e.g., sexting, dating apps, porn) (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Media literacy around sexuality (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexual pleasure & arousal (10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Sexual decision-making (11)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gender identity, diversity, expression and inclusion (12)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexual identity, orientation, diversity (13)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexual consent (clearly indicating willingness for sexual activity) (14)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexual activity with a partner (e.g., oral sex, intercourse) (15)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Solitary activity (e.g., masturbation) (16)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Problem with sexual function (e.g., arousal and orgasm) (17)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

End of Block: Part D

Start of Block: Part E

Part E. Part E. We are interested in learning about your experiences teaching sexual health education in New Brunswick schools.

Normally, sex education occurs within the following courses: You and Your World (grades K-2), Personal Wellness (grades 3-5), Health Curriculum (grades 6/7/8), Personal Development and Career Planning (PDCP) (grades 9/10), and Formation personnelle et sociale (grades K-2, 3-5, 6-8, and 9/10).

E1. Overall, how much experience do you have teaching sexual health education anywhere?

- No experience (1)
- A small amount of experience (2)
- A moderate amount of experience (3)
- Quite a bit of experience (4)
- Extensive experience (5)

E2. Overall, how much experience do you have teaching sexual health education in New Brunswick schools?

- No experience (1)
- A small amount of experience (2)
- A moderate amount of experience (3)
- Quite a bit of experience (4)
- Extensive experience (5)

E3. Have you taught in:

- Anglophone school districts (1)
- Francophone school districts (2)
- Both Anglophone and Francophone school districts (3)
- I don't want to answer this question (4)

Display This Question:

If Have you taught in: = Anglophone schools

Or Have you taught in: = Both Anglophone and Francophone schools

E4. How much experience do you have teaching the grades K-2 sexual health education curriculum "You and Your World"?

- No experience (1)
- A small amount of experience (2)
- A moderate amount of experience (3)
- Quite a bit of experience (4)
- Extensive experience (5)

Display This Question:

If How much experience do you have teaching the grades K-2 sexual health education curriculum "You and Your World" a... != No experience

And Have you taught in: = Anglophone schools

Or Have you taught in: = Both Anglophone and Francophone schools

And How much experience do you have teaching the grades K-2 sexual health education curriculum "You and Your World" a... != No experience

E5. When you taught You and Your World, how many of the sexual health outcomes were you able to cover?

- None (1)
- A few (2)
- Many (3)
- Most (4)
- All (5)

Display This Question:

If How much experience do you have teaching the grades K-2 sexual health education curriculum "You a... != No experience

And Have you taught in: = Anglophone schools

Or Have you taught in: = Both Anglophone and Francophone schools

And How much experience do you have teaching the grades K-2 sexual health education curriculum "You a... != No experience

E6. How would you rate the quality of your teaching of these sexual health outcomes?

- Very poor (1)
- Poor (2)
- Neither poor nor good (3)
- Good (4)
- Very good (5)

Display This Question:

If Have you taught in: = Francophone schools

Or Have you taught in: = Both Anglophone and Francophone schools

E7. How much experience do you have teaching the grades K-2 sexual health education curriculum "*Formation personnelle et sociale*"?

- No experience (1)
- A small amount of experience (2)
- A moderate amount of experience (3)
- Quite a bit of experience (4)
- Extensive experience (5)

Display This Question:

If How much experience do you have teaching the grades K-2 sexual health education curriculum "Forma... != No experience

And Have you taught in: = Francophone schools

Or Have you taught in: = Both Anglophone and Francophone schools

And How much experience do you have teaching the grades K-2 sexual health education curriculum "Forma... != No experience

E8. When you taught Formation personnelle et sociale (K-2), how many of the sexual health outcomes were you able to cover?

- None (1)
- A few (2)
- Many (3)
- Most (4)
- All (5)

Display This Question:

If How much experience do you have teaching the grades K-2 sexual health education curriculum "Forma... != No experience

And Have you taught in: = Francophone schools

Or Have you taught in: = Both Anglophone and Francophone schools

And How much experience do you have teaching the grades K-2 sexual health education curriculum "Forma... != No experience

E9. How would you rate the quality of your teaching of these sexual health outcomes?

- Very poor (1)
- Poor (2)
- Neither poor nor good (3)
- Good (4)

Very good (5)

Display This Question:

If Have you taught in: = Anglophone schools

Or Have you taught in: = Both Anglophone and Francophone schools

E10. How much experience do you have teaching the grades 3-5 sexual health education curriculum "Personal Wellness"?

No experience (1)

A small amount of experience (2)

A moderate amount of experience (3)

Quite a bit of experience (4)

Extensive experience (5)

Display This Question:

If How much experience do you have teaching the grades 3-5 sexual health education curriculum "Perso... != No experience

And Have you taught in: = Anglophone schools

Or Have you taught in: = Both Anglophone and Francophone schools

And How much experience do you have teaching the grades 3-5 sexual health education curriculum "Perso... != No experience

E11. When you taught Personal Wellness, how many of the sexual health outcomes were you able to cover?

None (1)

A few (2)

Many (3)

Most (4)

All (5)

Display This Question:

If How much experience do you have teaching the grades 3-5 sexual health education curriculum "Perso... != No experience

And Have you taught in: = Anglophone schools

Or Have you taught in: = Both Anglophone and Francophone schools

And How much experience do you have teaching the grades 3-5 sexual health education curriculum "Perso... != No experience

E12. How would you rate the quality of your teaching of these sexual health outcomes?

Very poor (1)

Poor (2)

Neither poor nor good (3)

Good (4)

Very good (5)

Display This Question:

If Have you taught in: = Francophone schools

Or Have you taught in: = Both Anglophone and Francophone schools

E13. How much experience do you have teaching the grades 3-5 sexual health education curriculum "*Formation personnelle et sociale*"?

No experience (1)

A small amount of experience (2)

A moderate amount of experience (3)

Quite a bit of experience (4)

Extensive experience (5)

Display This Question:

If How much experience do you have teaching the grades 3-5 sexual health education curriculum "Forma... != No experience

And Have you taught in: = Francophone schools

Or Have you taught in: = Both Anglophone and Francophone schools

And How much experience do you have teaching the grades 3-5 sexual health education curriculum "Forma... != No experience

E14. When you taught Formation personnelle et sociale (3-5), how many of the sexual health outcomes were you able to cover?

- None (1)
- A few (2)
- Many (3)
- Most (4)
- All (5)

Display This Question:

If How much experience do you have teaching the grades 3-5 sexual health education curriculum "Forma... != No experience

And Have you taught in: = Francophone schools

Or Have you taught in: = Both Anglophone and Francophone schools

And How much experience do you have teaching the grades 3-5 sexual health education curriculum "Forma... != No experience

E15. How would you rate the quality of your teaching of these sexual health outcomes?

- Very poor (1)
- Poor (2)
- Neither poor nor good (3)

- Good (4)
- Very good (5)

Display This Question:

If Have you taught in: = Anglophone schools

Or Have you taught in: = Both Anglophone and Francophone schools

E16. How much experience do you have teaching the grades 6-8 sexual health education curriculum "Health Curriculum"?

- No experience (1)
- A small amount of experience (2)
- A moderate amount of experience (3)
- Quite a bit of experience (4)
- Extensive experience (5)

Display This Question:

If How much experience do you have teaching the grades 6, 7, and 8 sexual health education curriculu... != No experience

And Have you taught in: = Anglophone schools

Or Have you taught in: = Both Anglophone and Francophone schools

And How much experience do you have teaching the grades 6, 7, and 8 sexual health education curriculu... != No experience

E17. When you taught Health Curriculum 6/7/8, how many of the sexual health outcomes were you able to cover?

- None (1)
- A few (2)
- Many (3)

Most (4)

All (5)

Display This Question:

*If How much experience do you have teaching the grades 6, 7, and 8 sexual health education curriculu...
!= No experience*

And Have you taught in: = Anglophone schools

Or Have you taught in: = Both Anglophone and Francophone schools

*And How much experience do you have teaching the grades 6, 7, and 8 sexual health education
curriculu... != No experience*

E18. How would you rate the quality of your teaching of these sexual health outcomes?

Very poor (1)

Poor (2)

Neither poor nor good (3)

Good (4)

Very good (5)

Display This Question:

If Have you taught in: = Francophone schools

Or Have you taught in: = Both Anglophone and Francophone schools

E19. How much experience do you have teaching the grades 6-8 sexual health education curriculum "*Formation personnelle et sociale*"?

No experience (1)

A small amount of experience (2)

A moderate amount of experience (3)

Quite a bit of experience (4)

Extensive experience (5)

Display This Question:

If How much experience do you have teaching the grades 6-8 sexual health education curriculum "Forma... != No experience

And Have you taught in: = Francophone schools

Or Have you taught in: = Both Anglophone and Francophone schools

And How much experience do you have teaching the grades 6-8 sexual health education curriculum "Forma... != No experience

E20. When you taught Formation personnelle et sociale (6-8), how many of the sexual health outcomes were you able to cover?

None (1)

A few (2)

Many (3)

Most (4)

All (5)

Display This Question:

If How much experience do you have teaching the grades 6-8 sexual health education curriculum "Forma... != No experience

And Have you taught in: = Francophone schools

Or Have you taught in: = Both Anglophone and Francophone schools

And How much experience do you have teaching the grades 6-8 sexual health education curriculum "Forma... != No experience

E21. How would you rate the quality of your teaching of these sexual health outcomes?

- Very poor (1)
- Poor (2)
- Neither poor nor good (3)
- Good (4)
- Very good (5)

Display This Question:

If Have you taught in: = Anglophone schools

Or Have you taught in: = Both Anglophone and Francophone schools

E22. How much experience do you have teaching the grades 9 and 10 sexual health education curriculum "Personal Development and Career Planning"?

- No experience (1)
- A small amount of experience (4)
- A moderate amount of experience (5)
- Quite a bit of experience (6)
- Extensive experience (7)

Display This Question:

If How much experience do you have teaching the grades 9 and 10 sexual health education curriculum "... != No experience

And Have you taught in: = Anglophone schools

Or Have you taught in: = Both Anglophone and Francophone schools

And How much experience do you have teaching the grades 9 and 10 sexual health education curriculum "... != No experience

E23. When you taught Personal Development and Career Planning, how many of the sexual health outcomes were you able to cover?

- None (1)
- A few (4)
- Many (5)
- Most (6)
- All (7)

Display This Question:

If How much experience do you have teaching the grades 9 and 10 sexual health education curriculum "... != No experience

And Have you taught in: = Anglophone schools

Or Have you taught in: = Both Anglophone and Francophone schools

And How much experience do you have teaching the grades 9 and 10 sexual health education curriculum "... != No experience

E24. How would you rate the quality of your teaching of these sexual health outcomes?

- Very poor (1)
- Poor (4)
- Neither poor nor good (5)
- Good (6)
- Very good (7)

Display This Question:

If Have you taught in: = Francophone schools

Or Have you taught in: = Both Anglophone and Francophone schools

E25. How much experience do you have teaching the high school grades 9 and 10 sexual health education curriculum "*Formation personnelle et sociale*"?

- No experience (1)
- A small amount of experience (4)
- A moderate amount of experience (5)
- Quite a bit of experience (6)
- Extensive experience (7)

Display This Question:

*If How much experience do you have teaching the high school grades 9 and 10 sexual health education...
!= No experience*

And Have you taught in: = Francophone schools

Or Have you taught in: = Both Anglophone and Francophone schools

*And How much experience do you have teaching the high school grades 9 and 10 sexual health
education... != No experience*

E26. When you taught Formation personnelle et sociale (9/10), how many of the sexual health outcomes were you able to cover?

- None (1)
- A few (4)
- Many (5)
- Most (6)
- All (7)

Display This Question:

*If How much experience do you have teaching the high school grades 9 and 10 sexual health education...
!= No experience*

And Have you taught in: = Francophone schools

Or Have you taught in: = Both Anglophone and Francophone schools

*And How much experience do you have teaching the high school grades 9 and 10 sexual health
education... != No experience*

E27. How would you rate the quality of your teaching of these sexual health outcomes?

- Very poor (1)
- Poor (4)
- Neither poor nor good (5)
- Good (6)
- Very good (7)

E28. How much experience do you have teaching aspects of sexual health in other courses?

- No experience (1)
- A small amount of experience (2)
- A moderate amount of experience (3)
- Quite a bit of experience (4)
- Extensive experience (5)

E29. Below is a list of methods which some teachers use to teach sexual health. For each method, indicate the extent to which you used this method when teaching sexual health.

	Not at all (1)	Seldom (2)	Occasionally (3)	Often (4)	Very often (5)
Active learning strategies (e.g., Think/Pair/Share; KWL Charts; Opinion Lines; Four Corners; Gallery Walk) (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inquiry-guided learning (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Case studies (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cross-curricular teaching (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lectures (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Videos (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Readings (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Group discussion (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Guest speakers (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Individual projects (10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Roleplay, drama, games (11)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anonymous question box (12)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Answering students' questions (13)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Media making (14)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Art (15)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

End of Block: Part E

Start of Block: Part F

Part F. Part F. We are interested in the ways in which teachers are prepared for teaching sexual health education, including both formal and self-directed training and learning.

F1. How much training in providing comprehensive sexual health education did you receive as part of your education degree?

- No training (1)
- A small amount of training (2)
- A moderate amount of training (3)
- Quite a bit of training (4)
- Extensive training (5)

F2. How much training in providing comprehensive sexual health education have you received during professional learning opportunities provided by the school district/EECD?

- No training (1)
- A small amount of training (2)
- A moderate amount of training (3)
- Quite a bit of training (4)
- Extensive training (5)

F3. How much self-directed learning have you pursued for providing comprehensive sexual health education (e.g., read about teaching sexual health, consulted with more experienced colleagues, attended a webinar, utilized resources referenced in curriculum documents)?

- None (1)
- A small amount (2)
- A moderate amount (3)
- Quite a bit (4)

An extensive amount (5)

F4. Please indicate the extent to which you agree or disagree with each of the following statements.

	Strongly Disagree (1)	Disagree (2)	Not sure (3)	Agree (4)	Strongly agree (5)
I feel that I have adequate training to provide quality comprehensive sexual health education as a teacher in New Brunswick. (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel that I have to teach sexual health whether I want to or not. (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would like to teach sexual health but rarely have had the opportunity to do so. (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would like to teach sexual health only if there were some important changes to the curriculum. (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would like to teach sexual health if I felt that I had more support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

from others to do so. (5)

I would rather any other teacher but me provide the sexual health education content. (6)

I think the students do (or would) really like it if I were the teacher covering the sexual health content. (7)

I think I may be one of the best teachers available to provide the sexual health education content. (8)

End of Block: Part F

Start of Block: Part G

G1. Part G. Below is a list of factors that affect how people feel about teaching sexual health. Please indicate the extent to which each of these factors affects how positive (eager, keen, enthusiastic) or negative (reluctant, unwilling) you feel about teaching sexual health.

It makes me feel...

Very negative (1)	Moderately negative (2)	Somewhat negative (3)	Neutral (4)	Somewhat positive (5)	Moderately positive (6)	Very positive (7)
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feel up to date when it comes to teaching about sex (6)

The amount of support the school administration provides (7)

Response from the community (8)

Response from parents of students in my class (9)

Students' comfort talking about sexual health topics (10)

My level of comfort answering students' questions (11)

C

C

C

C

C

My level of comfort about teaching some topics (12)

C

The fact that it is a comprehensive sexual health curriculum (13)

C

How people who teach the sexual health content are viewed in the school (14)

C

How well I relate to students (15)

C

My own history of receiving sexual health education at home or at school as a child (16)

C

My own personal history and experiences (17)

C

Extent to which students want sexual health information (18)

C

My personal views about providing comprehensive sexual health education in schools (19)

C

The extent to which I feel secure in my position (20)

C

G2. What are some sexual health topics that you would find particularly difficult to teach?

G3. What makes teaching those topics especially difficult? Please explain in some detail.

G4. What would make it easier to teach these topics? Please explain in some detail.

G5. Please provide any other comments or thoughts regarding comprehensive sexual health education in New Brunswick schools:

SUB Would you like to submit the survey?

Yes (1)

No (2)

Skip To: End of Survey If Would you like to submit the survey? = No

End of Block: Part G

Start of Block: Thank you

THANKS

Thank you very much for taking the time to complete our questionnaire!

Please feel free to contact Dr. Casey Burkholder (casey.burkholder@unb.ca), Dr. Sandra Byers (byers@unb.ca) or Dr. Lucia O'Sullivan (osulliv@unb.ca) at the University of New Brunswick with any questions that you might have.

If you would like to request a copy of the results of this survey or would be willing to be contacted in the future to be interviewed about your experiences teaching sexuality education, please click this tab, it will take you to a separate page which is completely unconnected to your survey to provide your email address.

[\[I am willing to be contacted\]](#)

If not, please click [\[I am NOT willing to be contacted\]](#)

PLEASE CLICK ON A LINK TO MOVE FORWARD

End of Block: Thank you