

a seedling towards sexual health education

empowering the erotic through educators' approaches to comprehensive teaching

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abstract

This thesis explores the ways teachers and sexual health educators in the greater vancouver area of british columbia, canada are implementing and engaging with the current student health curriculum. The project looks in-depth into the student health guide presented by the provincial ministry of education and child care and gathers knowledge from semi-structured conversations with five educators to identify challenges regarding the instruction of sexual health education. This work intends to shed light on the powerful influence that cultural, social and institutional factors have on the effectiveness of comprehensive teaching and aims to highlight the complexities of providing education that is consistent, inclusive and transformative. In its essence, this thesis seeks to advocate for further support for educators, to draw attention to the institutional requisites needed to enact these changes, and to re-imagine a curriculum that is responsive to the needs of students to ensure a safe and hopeful future for youth.

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introduction

Sam Keen writes: “When we limit “erotic” to its sexual meaning, we betray our alienation from the rest of nature. We confess that we are not motivated by anything like the mysterious force that moves birds to migrate or dandelions to spring” (Keen, 1983, hooks, 1994, p. 195).

When I began this project, I had not realized the extent of my disembodiment and how poisonous the pit of internalized shame had become inside of me. It was eating away slowly, with gendered expectations and myths of idealized womanhood acting as parasites. Though I sought out answers in anger, I found that it was impossible to lay blame upon one person, one event, or one subject’s lack of inclusion within my education when aiming to find explanations for nuanced human experiences. However, in hindsight, I believe that the ambiguity around the sexual health education I received led me to repress many of my feelings such as my validity and worthiness of experiencing joy, pleasure and love outside of a cookie cutter conformity to patriarchal heteronormativity. This has been a truly cathartic process and one that was passionately driven through my own deep-seated disappointment for the lack of health education I experienced as a student raised within this thesis’ context.

Amidst my own healing journey of learning to be tender and forgiving towards myself, I dare to dream of a world in which youth are raised lovingly and supportively, recognizing them as whole human beings, regardless of how they may show up. This utopic vision has led me to consider the practicalities of what steps this would entail to actualize. I found in the beginning of my inquiry that within the province of british columbia (bc), advancements had been made to ensure the curriculum now reflected more comprehensive sexual health education. The “supporting student health guide” (2022), written by a branch of the provincial government, the ministry of education and child care, demonstrated dramatically different expectations for education than I had received which filled me with hope. Yet while reading along, I still found myself questioning if the guide was truly being implemented in such a way. This led me to the central question: how is the current curriculum being implemented and engaged with by teachers in order to provide holistic and effective student health education?

The hurdles identified throughout this text are ones that require determined collaboration, institutional change, and a love rooted in the desire to understand one another in all our complexities to overcome. This text is by no means a remedy, and only begins to unearth all of

the difficulties at play. In the uncovering of her erotic imagination, Audre Lorde writes that to her, there is no difference between writing a good poem and moving into sunlight against the body of a woman she loves (1984). With Lorde's brilliance at the core of my inspiration, my intent is for this thesis to exist as a step towards the dismantling of shame and a seedling towards the future for sexual health education.

historical / geographical context

The social institution of education has never been merely instruction and transmission of information, but rather works to shape our values, beliefs and who we, as students and teachers, become. It is an institution that serves the interests of the nation-state and is therefore relied upon as a primary mode of enforcing social control of the nation's citizens. It has in various instances achieved this control through explicit force, violence and coercion by also engineering our "consent" to this control (Boler, 1999).

The residential school system in Canada¹ is a prime example of how this social control through violent means was enacted to work in favour of colonialism and white supremacy. The last federally funded residential school was closed in 1996. It was not until recently that Canada began to acknowledge the trauma and irreparable damage caused and started to make moves towards reconciliation. The classroom and institution of education, where health education takes place, must be recognized in tandem with their colonial legacy, and how they operated as a direct form of cultural erasure and violence towards Indigenous peoples². As I write, I find myself situated in the Netherlands, though this thesis' geographical context extends overseas to the unceded lands of the Musqueam Nation, Tsawwassen First Nation, Squamish Nation, Tsleil Waututh Nation, Kwikwetlem First Nation, Katzie First Nation, Kwantlen First Nation and Semiahmoo First Nation. I refer throughout this project to the specific location of my project as taking place in the greater Vancouver area, yet I am aware of the names of Indigenous communities that are being dismissed with this naming, and urge my readers to remain conscious of this beyond this acknowledgement.

¹ settlers' renaming of Canada is an act of anglicisation. For some Indigenous peoples, North America is referred to as Turtle Island, which speaks to various Creation stories that emphasize the turtle as a symbol of identity, culture, autonomy, life, and a deeply held respect for the earth.

² "While 'Indigenous' may be considered the most inclusive term since it identifies peoples in similar circumstances without respect to national boundaries or local conventions, it remains a contentious term since it defines groups primarily in relation to their colonizers" (National Inquiry into Missing and Murdered Indigenous Women and Girls, 2019, p.11).

In my aspirations to conduct this project through the lens of feminist practice, I am wary about the terms often used in western academic spaces such as “research” and “methodology”. As Linda Tuhiwai Smith writes: “The word itself, ‘research’, is probably one of the dirtiest words in the Indigenous world’s vocabulary” (2021, p. 1). In the pursuance of scholarly findings, methodologies have been depended upon as a means to perpetuate violence towards marginalized groups, to view them as objects of study and restrict their abilities to speak for themselves³. Although there may not be alternatives available to replace these words at this time, throughout this thesis I intend to challenge the rhetoric that is typically expected of academic writing responsible for circulating these damaging narratives.

As bell hooks writes in her essay on language, “Teaching New Worlds/New Words” (1994), like desire, language disrupts and refuses to remain contained within boundaries. She moves through Adrienne Rich’s poem “The Burning of Paper Instead of Children” and repeats her line, “this is the oppressor’s language yet I need it to talk to you” to highlight how a certain level of vernacular assimilation is always required of marginalized people in order to be addressed by the west (hooks, 1994, p. 167). Divorcing the language of the home and community from the school has been a signature colonial tactic of cultural erasure (Lyiscott, 2017). The language of standard english has therefore been used as a weapon to silence, censor and hide the loss of many tongues (hooks, 1994, p. 172). I have chosen throughout this thesis to attempt to decentralize the colonialist narrative by considering what power relations we preserve through the use of the english language, to consider what meanings are being put forth, and acknowledge which contexts they have been used in previously. For instance, the word capitalization contains the fragment “capital”, intrinsically implying financial gain, production, and ownership, which suggests furthermore a hierarchy woven into the sentence structure that continues to reflect colonialist and capitalist dynamics. I will not capitalize the names of unceded land nor institutions that have relied upon colonial violence, in an effort to centre Indigenous knowledges and denounce canada’s ownership of these lands. As a move towards dismantling this dependence, hooks writes: “I suggest that we may learn from spaces of silence as well as spaces of speech, that in the patient act of listening to another tongue we may subvert that culture of capitalist frenzy and consumption that demands all desire must be satisfied immediately, or we

³ In “Can the Subaltern Speak” (Nelson & Grossberg, 1988), Gayatri Spivak critiques western intellectual production as disallowing a voice for ‘third world women’, and whose analysis may also be used to interpret canada’s violent means of othering Indigenous peoples and people of colour through western discourse.

may disrupt that cultural imperialism that suggests one is worthy of being heard only if one speaks in standard English” (1994, p. 174). I am reliant on english as a vessel for my thoughts. Yet I aim to imagine what can be learnt from spaces of silence, from words that cannot be easily translated into standard english, and the patience that can be instilled from listening to one another with our whole beings without the desperate need to understand every detail.

chapter 1 - literature review

1.1 feminist interventions in the field addressing curriculum gaps

The subject matter at hand is incredibly complex and convoluted. Considering the varying stakeholders and collaborators at play, the differences in curriculum dependent upon location, and the diverse perspectives that bring each person to experience education uniquely, the feminist theoretical literature on sexual health education can range dramatically. However, to my knowledge in the context of british columbia, there have been few works published⁴ in the way of feminist and decolonizing interventions relating to elementary and high school settings. For this reason, I turn to works involving college aged students, theorists working in other cultural landscapes and more theoretical work in the field of pedagogy. From these efforts, I hope to outline the potential gaps in knowledge relating to previous published studies that have lacked the nuance relating to differences in experience due to gender, the repression of sensuality and erotic knowledge, crip theory and decolonizing approaches to health.

engagement with college students

Amia Srinivasan, a philosopher known for her work in epistemology and feminist philosophy, and author of the book, *The Right to Sex* (2021), seeks to argue how students are entitled to discussions about sex. She explores this through open conversations with her college classes around pornography use, sexual intricacies within academia through power dynamics, and capitalism’s effects on private and public understandings of sex. She implores bell hooks’ work *Teaching to Transgress* (1994) to further question why we fail to discuss the body’s presence in the classroom (2021, p. 140). Though she discusses these topics with students of

⁴ I say this with acknowledgement that academia inherently excludes and erases many forms of Indigenous and non western knowledges, therefore, they may not exist in publication but that does not mean they are not present and active in the world.

college age, we may use the theories and ideas she presents for broader understandings of sexual health education and porn literacy. I will return to her work later when I aim to unpack the subtleties of youth's relationship to pornography.

Judith Butler, an influential scholar in gender studies and queer theory, writes, "laughter in the face of serious categories is indispensable for feminism" (Gender Trouble, 1990, p. xxviii). In their presentation entitled "Sexual Pleasure, Health and Safety" created for college age students, Kolenz and Branfman utilize the pedagogy of laughter to joyfully deconstruct sexism, racism and heterosexism and diffuse discomfort around violent and oppressive norms about bodies and sex. Their article "Laughing to sexual education: feminist pedagogy of laughter as a model for holistic sex-education" (2019), like Srinivasan, makes use of hooks' critique of educational institutions. They emphasize her theory and use of Paulo Freire's philosophy to argue that community must be built in the classroom to facilitate students' openness to learning. This community must be radical and liberatory in its nature to transgress the intersecting oppressive systems that may impede learning for students marginalized through these structures (Kolenz & Branfman, 2019, p. 574). Therefore, taking this to the heart of their work, Kolenz and Branfman utilize humour in an effort to advance scholarship on liberatory sexual health education.

As an example, they use this pedagogy to link pleasure with consent, particularly for women who have been socialized to defer to men's desires (Kolenz & Branfman, 2019, p. 575). In their presentation they present the audience with a photo of a vulva, which often brings along nervous giggling, signaling discomfort with the image. The presenters state that everyone laughs at this vulva and explain how the majority of us grow up seeing images of penises in our textbooks but rarely see vulvas or openly discuss women's pleasure. Here they mention "this illustrates sexist stigmas that suppress knowledge about vulvas and clitorises even when they are hypervisible in pornography and popular culture" (Kolenz & Branfman, 2019, p. 576). They harness the discomfort and are then able to shift the tension into a relaxed moment of community building where they point out the ubiquity and oversaturation of penises in pop culture, demonstrating the way that cis men's bodies are granted visibility and pleasure while the vulva and clitoris remain objects of ignorance (Kolenz & Branfman, 2019).

Though their article does not provide a distinctive script for educators to follow, they explain how the physiological wellness and alertness that humour elicits in students' bodies may

help to foster human connection and further enhance learning (Kolenz & Branfman, 2019, p. 574). They also acknowledge its potential in supporting high-impact lessons as it provides opportunities for active, participatory learning when there is little time for discussion and/or the frequency of lessons are limited (Kolenz & Branfman, 2019). Kolenz and Branfman utilize feminist philosopher Louisa Allen's work (2014) to argue that teachers can deploy humour as a pedagogical and subversive tool to laugh with students against reinforcing norms of masculinity and heterosexuality. However, it must be noted how tedious the practice of incorporating humour into sexual health education may be as these discussions are interwoven with real and sensitive experiences for students and an instructors' own identity as well as ability to facilitate could have an impact on its effectiveness. In the following section, I will explore further how Allen's contributions have enriched the field of sexual health education.

breathing life into sexual health education

In her book "Breathing Life into Sexuality Education" (2021), Louisa Allen, a new zealand sex education academic, draws from feminist philosophy of education, feminist new materialism, geography, anthropology and sound studies to explore ways to reinvigorate sexuality education. She argues that the way in which the curriculum has been measured as being deemed "effective" has been by the reduction of unplanned pregnancies and sexually transmitted infections (Allen, 2021). Her work experiments using the metaphor of breath to figuratively and literally, breathe new thoughts and ideas into sexuality education. Allen states: "when considered an intra-active agentic force, bodies and air can be seen as 'elementally threaded together' and are consequently rendered radically open" (2021, p. 18). From here, breathing can become an event which permeates our inextricable relation and vulnerability to the world. Allen makes use of Sharon Todd's concepts around pedagogy and employs them to argue for a conceptualization of sexuality education as a sensuous event. Todd's idea of pedagogy is concerned with how we become subjects and persons in contexts such as classrooms where violence, conflict and suffering intertwine with pleasure, desire and love (Todd, 2014, p. 270; Allen 2021, p. 6). In Allen's re-envisioning of health education she emphasizes that less weight should be given to avoidance based education⁵ and instead more attention given to attend to the complexities of

⁵ In relation to sexual education that centres future consequence based teaching such as reducing unplanned pregnancies and avoiding STIs.

students' needs and in the present. In conjunction, this teaching would value sensible experiences that extend beyond measurable skills and create more opportunity for wonderment and curiosity (Allen, 2021, p. 35). Yet, in order to enact this, teachers must be open to centring their students' embodied desires and acknowledge them as desiring sexual subjects.

Allen's work is enlivening and speaks to the very pressing matter of re-instilling a sense of embodiment within sexual health education. Throughout her book, Allen provides some concrete examples of how this teaching may be executed practically, such as the involvement of art/activism/live performance, interactions with music and sound, and relational museum visits. However, within these propositions, there remains a difficulty in imagining the pragmatic enactment of these changes, particularly within a north american context where the political landscape is so deeply interwoven into state systems of education. It may be even less feasible within a district that is already struggling monetarily. The factor of funding is therefore largely dependent on the values of the province/state, and it is the unfortunate reality that many of these proposals may be considered too "radical" to be financially supported. Nevertheless, a return to breath, body, and seeking an education that centres the sensuous with or without sexual connotations, is an essential consideration within the field of sexual health.

cripping sexual health education

Some studies have been published that investigate how systems of inequality have been reproduced and implicitly interwoven in discourse and practices of sexual health education. Davies et al.'s work "Dismantling barriers to access: The necessity of crippling sexuality education in Canadian schools" (2023), examines how the current canadian curricula in many ways excludes disabled people⁶ and is therefore, not meeting the requirements of human rights policies which state every person's right to school-based sexuality education. Through a crip⁷ lens, their work emphasizes a need for sexual health education to shift towards a social justice focused framework that ensures the needs of all learners are accounted for and systems of inequality such as ableism or heterosexism are addressed.

⁶ In this study they employ identity-first language following the social model of disability studies. This recognizes how students are disabled by systemic barriers in an educational system that views disability as an individual deficit and impairment.

⁷ *Crip* - from disability studies to describe and expose "occurrences of operational ableism that exclude disabled people from full equity, access, and participation in society, including participating in sexual communities and practices as well as receiving appropriate educational opportunities" (Davies et al, 2023, p. 11).

The study also underlines how disabled people in the 2SLGBTQIA+ community are in a particularly difficult position when it comes to receiving education. They state: “Both sexuality and disability are social constructs intertwined with health and biology, as well as socio-cultural norms and values. As such, how society understands and addresses both disability and sexuality is constrained, limited, and shaped by socio-cultural, attitudinal, and structural barriers” (Davies et al., 2023, p. 2). It is necessary to explore how heteronormativity, cisnormativity and ableism interconnect to reinforce certain notions of cognitive and bodily normalcy (Davies et al., 2023). Sexual health education through a crip lens can apply many positive changes to the curriculum for all students. For example, a shift away from sexual health education that only discusses penile-vaginal intercourse has the ability for students to broaden their understandings of intimacy and place equal importance upon other sensual acts, reconfiguring the previously held hierarchical organization of sexual intimacy. As well, discussions of platonic intimacy help to turn away from society’s expectations of heteronormative representations of love as overruling platonic relationships, in turn acknowledging their value.

A significant barrier the article addresses is that sexual health education is most often grouped together with physical education classes, yet, due to special education programming, disabled students do not often participate in the same classes, making their access to these learnings limited (Davies et al., 2023). This separation leads to what they deem the “ignored curriculum” which states that students are potentially missing opportunities to learn through social cues in larger peer groups outside of designated class time. This separation also impedes non-disabled students' learning about disability issues which may drive them to feel comfortable asking unreasonably personal questions of their peers. Davies et al. discuss that disabled students are often constructed as “eternal children and vulnerable subjects”, and this infantilization may be weaponized against them, painting them as inherently asexual and childlike (2023, p. 5). There must be considerations as to how these notions of “normalcy” associated with expectations of proscribed childhood innocence may impact these individuals. This infantilization may also extend to settings such as the medical field where disabled children are often touched or physically examined without their consent. These settings can create incredible confusion surrounding bodily autonomy and discussions of agency, giving additional importance to the clear discussions of boundaries and consent (Davies et al., 2023, p. 9). However, a teacher's comfort level, experience with these topics and underlying biases have the ability to impede the

delivery of sexual health education if not prepared with the proper training and resources. In order to enact these changes to the curriculum, there must be individuals capable of facilitating learning on the subject matter.

The harm perpetuated through heteronormativity, cisnormativity and ableism is made possible through the ongoing colonial project. To address these symptoms of colonialism, I look to decolonizing approaches to teaching sexual health education.

decolonizing approaches to sexual health education

In her chapter “Cultural Humility”, Carmen Logie, while working and learning alongside Candice Lys and Indigenous youth pride communities in Canada’s northwest territories, explores the benefits of putting the sexual health components second to the focuses of connection with the land, connection to oneself and to one another (Logie, 2021). Logie explores how school-based workshops for youth using multi media art forms such as body-mapping, can promote sexual agency, positive constructions of sexuality and healthy communication in relationships. Lys shares how when youth are brought out to the land it offers more capability for humility and connection to themselves and to others. She shares that the land offers a catalyst for reflection on personal relations since simultaneously, as a learner, you are in relationship with the land (Logie, 2021). These efforts to meld land-based knowledge and sexual health education would be beneficial on multiple fronts as mentioned, but would also teach youth at a young age the importance of treating the earth with respectful reciprocity as we would a loved one, leading towards a future that is mindful of the detrimental human impact on climate change. Furthermore, centering Indigenous ways of being and knowing is essential for working towards reconciliation and decolonizing within education.

1.2 current stakeholders’ opinions

In the following section, I shift from feminist interventions in the field to explore current opinions of stakeholders and collaborators such as students, parents and teachers as they relate to the topic of student health and the setting of British Columbia.

student opinions

Over the years, there have been various studies that seek to explore student opinions on the education they have received within Canada. For example, the McCreary report is a survey sent to adolescents in BC to outline students' overall health. It covers many categories such as mental health, physical health, substance use, eating behaviours, relationships, and body image. For the first time in the 2023 edition of the report, students were also asked about their sexual health education, of which 80% of students reported receiving sex education, including 50% who found it helpful and 30% who did not find it helpful (McCreary, 2024). The report offers many opinions that state youth are frustrated with inadequate sexual health education. They also note that non-binary youth were the least likely to know where to go for reliable sexual health information and to feel that the health education they received met their needs (McCreary, 2024). This points to the significance of ensuring the curriculum is encompassing youth of all gender identities and not just supporting, but empowering them to lead a life that prioritizes their bodily autonomy and sexual safety.

More in regards to student opinions are presented in the study by Walters and Lavery "Sexual health education and different learning experiences reported by youth across Canada" (2022). The study revealed that overall, youth would prefer to learn from knowledgeable sexual health educators versus teachers and are also keen to learn in more community-based contexts in addition to their school-based learning. It was noted by youth that sexual pleasure was the least common topic learned about, however was reported as of the highest interest. Sexual pleasure was also recorded as being discussed about twice as likely with cisgendered men versus women or 2SLGBTQIA+ youth. They anticipate that this could be a result of gender-segregated learning and how female anatomy has been taught exclusively through discussions of the reproductive function of the vagina, leaving out the mention of pleasure relating to anatomy such as the clitoris (Walters & Lavery, 2022). Walters and Lavery state: "ignoring female sexual pleasure and agency in sexual health education might contribute to negative or harmful personal sexual experiences" (2022, p. 29). Conversely, the inclusion of sexual pleasure as well as communication, healthy relationships and sexual diversity in education can enable youth to seek answers to important questions surrounding their development and be better equipped to make decisions that optimize their health and well-being (Walters & Lavery, 2022). While my project looks into teacher and sexual health educators' responses to the curriculum, it is necessary to

note how this instruction involuntarily affects students' receptiveness, engagement, and knowledge gained throughout their sexual health learning experience.

parent opinions

Wood et al.'s study "Attitudes towards sexual health education in schools: A national survey of parents in Canada" (2021) was the first national examination of parental attitudes towards sexual health education. The study found that overall the majority of parents were in agreement and supportive of this curriculum. Loveless et al.'s study "An examination of Canadian parents' and guardians' agreement with the Core Principles of comprehensive sexual health education" (2023) expands to explore the extent to which parents are supportive of the comprehensive curriculum and works to identify potential demographic differences across Canada. They mention nine core principles for determining comprehensive sexual health education which are as follows: be accessible to all people, promote the right to autonomous decision making, be scientifically accurate, address a broad range of relevant topics, be inclusive, promote gender equality, incorporate a balanced approach, be relevant and responsive, and be provided by knowledgeable educators (Loveless et al., 2023; SIECCAN, 2019). One important finding was that the questions left unanswered and accounting for the highest amount of missing data were on the topics of homophobia and transphobia, suggesting potential discomfort among parents and guardians (Loveless et al., 2023, p. 238). Loveless et al.'s study, although providing important insight into broad understandings of parent support, does not necessarily account for the specificities of the country's diverse population. Both studies also note as a limitation that a large portion of their sample reported having post-secondary education, meaning in terms of varying educational backgrounds, their results may have been skewed. Therefore they both argue for research that surveys a more socioeconomically diverse sample. Though this thesis does not explore parental and caregiver opinions in great length, in my analysis and discussion I inquire about how the fear of potential pushback could be an influential consideration for teachers' likelihood to provide comprehensive sexual health education.

teacher opinions

To my awareness, there have only been a handful of inquiries into teachers' views on the curriculum conducted in different provinces across Canada, and even fewer works published within the context of British Columbia. Cohen et al.'s work "Factors affecting Canadian teachers'

willingness to teach sexual health education” (2012), though based in new brunswick, provided strong teacher insight. Using the four categories of perceived knowledge about sexual health topics, comfort teaching sexual health topics, training in sexual health, and experience teaching sexual health education, this study uncovered that the factor most frequently endorsed as making teachers more willing to teach was their level of knowledge on the topic (Cohen et al., 2012). The largest barrier that arose for teachers was the anticipated reactions from parents (Cohen et al., 2012). The conclusion drawn from this was that further training needs to target teachers’ attitudes, as well as enhance their skills and comfort level in regards to teaching more sensitive topics such as sexual pleasure, and emphasize the criticality of starting these teachings in elementary school (Cohen et al., 2012). One considerable takeaway from the study was that the factor of gender was found not to be associated with willingness to provide sexual health education, even when considering the teaching of topics such as wet dreams and menstruation (Cohen et al., 2012). My project seeks to expand upon this and put gender into further question when considering how much of the curriculum at this given time may have been reliant on binary teachings and the erasure of nonheteronormative viewpoints.

Katelin Albert’s work ““All I do is present what is given to us as the facts”: Progressive sex education and the reproduction of inequality in public school classrooms” (2022), presents a small selection of educators in ontario, canada, and their strategies for teaching sex education “progressively”. Albert notes three overarching strategies that teachers implement: teaching facts, choice, and promoting diversity. Using these approaches, they focus on navigating through complications such as religion and parental concerns by promoting acceptance of diverse perspectives along ethnic, racial and religious lines and acknowledging that “not all young people are heterosexual identified” (Albert, 2022, p. 105). However, the study discusses that despite the teachers’ efforts, systems of inequality, predominately at the structural level, are still maintained in the classroom (Albert, 2022).

The majority of studies conducted have been set in the landscape of eastern canada and therefore, cannot be easily compared to the setting of bc based on varying curriculums and social and cultural factors that may affect all members of the education process. When commencing my exploration into teachers’ opinions on the current sexual health curriculum, to my knowledge, there had not been any works published within the context of western canada. However, Black et al.’s study, ““You have to be a bit of a rogue teacher” – A qualitative study of sex educators in

Metro Vancouver” was published in April 2024 and set out to understand current approaches and gaps in the delivery of comprehensive sex education across fifteen interviews. They identified personal factors that may affect the delivery such as teacher motivation, comfort/knowledge, trauma, and fear of pushback (Black et al., 2024, p. 109). Their research also took into account structural factors such as inequitable access to parent advisory council funding, Learning Standards design, and the peripheral nature of sex education (Black et al., 2024). Lastly, they allowed space for educator suggestions for the future of sex education which emphasized government funding for a sex educator in every district, the establishment of an online resource hub and the creation of mandatory college courses for extensive teacher training.

I am in alignment with Black et al.’s reiteration for increased support for teachers and an urgent shift in this field for the health and safety of students. I am further encouraged by the continued and careful examination of this topic which leads me to believe that more pressure may be put on decision and policy makers for lasting change. Black et al. state, that each experience of teaching sexual health education has been shaped by the teacher’s personal life, values, sexual history and professional environments (2024). In my work, I hypothesize further how the personal characteristics that may impact teacher delivery intersect with the structural factors of institutional classroom interaction. My project aims to delve deeper into this multifaceted issue using a feminist and intersectional perspective to instill a crucial and hopeful lens in the imagination of the future of sexual health. Furthermore, I seek to emphasize a centering of pleasure-based approaches and a prioritization of youth joy and belonging.

chapter 2 - theoretical framework

2.1 power and performativity

The educational institution is such a space that operates through power dynamics, regardless of our individual awareness level or how cognizant we aim to be to overwrite them. The intersections of these power relations veer their way through systems of knowledge production giving the classroom the potential to intensify the systems of oppression seen outside its walls and forcing teachers to be regularly confronted with their junctions. For an in-depth understanding of how power operates within education through the inherently disciplining role of the teacher, the formation of curricula, and the institution itself, my framework will recognize

Michel Foucault's contribution in the form of "biopower". "Biopower", he states, is the assertion of power over life, and an extension of the knowledge of bodies, how they operate, and from there, how they are judged based on their deviation from certain societal norms (1978). With particular regard to sexual health education, the bodies that are regarded as worthy of speaking about, what determinants are used for creating the knowledge we draw upon about these bodies, and from there, how we speak about those bodies, can all be related to the movement and malleability of power.

In his work "History of Sexuality (Vol.1)", Foucault claims that over the last few centuries, western society has shifted from a dependence upon coercive uses of control to an increase in social control through self-discipline and "pastoral power" (1976). Megan Boler, in her work "Feeling power: emotions and education" (1999), uses Foucault's concept to investigate how pastoral power then makes use of the individualization, privatization and naturalization of emotions to maintain social control and discipline. The success of patriarchal and capitalist hegemony, as in social control obtained, shaped and maintained through material and economic forces, requires a division between public and private spheres (Boler, 1999). It is essential to recognize that education exists and upholds itself through many of these regulatory functions and that emotions are arguably an invisible presence in education.

While I draw upon Foucault's theory as it is foundational in understanding and navigating through discussions of power dynamics, critiques of heterosexuality, and groundwork for queer theory, I feel decolonial feminist theorists better address the pressing matters of continued social control perpetuated by ongoing colonialism. And though the notion of self-subjugation is relevant when speaking about the role of teachers, Foucault's emphasis on a move from direct social control to self-discipline must also be considered alongside discourses created through curricula and the role of decision-makers. Teachers are therefore at the critical point of multiple forms of power that can inform how they operate within their occupation.

In tandem with the complexities of power, I feel it is necessary to draw upon Judith Butler's theory of gender performativity presented in their works "Gender Trouble" and "Bodies That Matter", as a way to make sense of society's inscription of gender and sex and how this informs how we teach the next generation. The theory can provide us with awareness of our current understandings of gender that are dependent upon societal norms and that dictate our performance and/or our perceived deviant behaviours. Butler argues that understandings of

gender and sex predate capitalism, but it is within capitalist regime that our notions of gender have been formed and adhered to through our dependence upon heterosexuality and categorical denotations of men and women (1990). It is worth considering how this coincides with Maria Lugones' theory of "Heterosexuality and the Colonial / Modern Gender System" as many decolonial feminist theorists argue that colonialism is what allowed for the possibility and growth of capitalism (Mendoza, 2016, p. 14). Therefore, our current societal organization has been determined by eurocentric visions that inform what we allow into the sphere of education.

In my work, I aim to move away from the confining categories of men and women imposed through colonialist constructs and intend to allow for a fluidity that works to oppose gendered and heteronormative hierarchy in an effort to critique the gender binary. Butler's work is pivotal for my theoretical framework as it aids in the understanding of proscribed gender norms that may influence certain teaching choices. Using this theory, I inquire how the normative associations with age, race, and ability coincide with our anticipated performances. Furthermore, I enact Butler's concept as a way to be reflexive of my own experiences with sexual health education and engagement with gender. I now recognize that my absorption of gender performance has unwillingly bled into every facet of my being, therefore, I aim to overcome these prescribed expectations when considering the delicate and invaluable futures of youth.

2.2 the coloniality of gender

My framework will rely on intersectionality as a lens through which we may analyze the multidimensional layers of power that structure our lived identities and social realities (Mendoza, 2016). The roots of the term intersectionality are grounded in Black feminist theorists' examination of Black women's oppression in the United States, and which stress their complexities in terms of race, class, gender and dispossession (Mendoza, 2016). It was Kimberlé Crenshaw who eventually coined the term which has now taken a myriad of forms throughout different veins of feminism, such as a methodology, a framework, or a tool of analysis (1989). However, it is imperative that the usage of the term never veers far from its origin of Black feminisms, and that it always considers the involvement of race in any of its discussions.

Since my work lies in a context that adopts a predominantly western way of circulating knowledge, I feel it is extremely relevant to draw upon Maria Lugones' work "Heterosexuality

and the Colonial / Modern Gender System” for a substantial basis of my theoretical framework (2007). I look to Maria Lugones for a lens into how the broad systemic categories used for the oppression and control of bodies coordinate and intersect themselves through their mutual desire to exercise their power, with particular emphasis on how these operate through schooling institutions. Lugones provides an understanding of the “coloniality of power”, initially put forth by Aníbal Quijano, and expands it to investigate how colonialism has impacted understandings of gender, and with it, inextricable subordination based on other factors such as race, sexuality, class, and ability. She then argues that gender itself is a colonial introduction, and a violent intervention used to destroy peoples, cosmologies and communities for the sake of creating a “civilized” west (Lugones, 2007, p. 186). Lugones defines coloniality as not simply a racial classification, but a phenomenon that permeates control of sexual access, authority, labour, and the production of knowledge. Throughout her work, she emphasizes the existence of a light side and a dark side of coloniality. She notes that the light side predominately impacts the lives of white bourgeois men and women through an intrinsic yet compulsory enforcement of heterosexuality. Whereas the dark side enacts this force through more violent and harsh means, impacting women of colour and all peoples who are not perceived within the affirmed categories of white upper-middle-class men and women.

Through my use of Lugones’ work, I will attempt to draw attention to the ways that colonialist processes continue to function and apply this to my analysis of sexual health education. I acknowledge the inconceivability of imagining a decolonizing future whilst still operating within an institution constructed through colonialist means. However, teachers in British Columbia, regardless of their identity markers, are continually challenged with the task of teaching within these spaces and are confronted with the ability to reflect on their relation to Indigenous knowledges and ways of being. Though this is not answerable within the scope of this thesis, or a thesis of any length for that matter, in my use of Lugones I aim to contemplate and to question how we can begin to envision a future for a decolonizing sexual health education whilst still operating within the confines of a classroom built upon unceded Indigenous land.

2.3 the erotic

When aiming to reimagine a world in which sexual health education can serve as a means of instilling joy, pleasure, belonging, and future, I find great inspiration from poet and theorist

Audre Lorde and her discussions of the erotic. In her essay “Uses of The Erotic: The Erotic as Power*”, Lorde discusses the stifling of the erotic within western society as being an encouragement of female inferiority and sufferance, and notes that this had been particularly vilified in the case of women of colour (1984). The word ‘erotic’ derives from the Greek word *eros*, to mean the personification of love in multiple forms (Lorde, 1984, p. 55). Yet throughout *history*, as it interlaced with societal expectations of femininity and womanhood it became associated with shameful connotations in line with the oppression of women’s sexuality. The underestimation and suppression of our erotic knowledge has seeped into many dimensions of our lives making it nearly impossible to trust and depend upon it as a “reliable” source⁸.

It is necessary to recognize the impacts that cisgendered women have endured by cause of suppression of their erotic knowledge. However, this denigration should also be extended to all sexual minorities whose erotic knowledge and desire has been disproportionately viewed as threatening throughout *history*. The shame of our erotic understanding is unevenly distributed, therefore, Audre Lorde emphasizes the need to harness the power of those whose erotic has long been stifled to rely on its ability to surface our most inner thoughts and capacities for joy. In doing so, and in the sharing of this joy, she expresses that this physical, emotional, psychic or intellectual connection has the ability to form a bridge between the sharers. This, she states, can be “the basis for understanding much of what is not shared between them, and lessens the threat of their difference” (Lorde, 1984, p. 56).

Lorde writes that the erotic has long been misnamed and made into the trivial and plasticized sensation, for which we now confuse it with its opposite, the pornographic. She states that pornography is a direct denial of the power of the erotic as it emphasizes sensation without a present feeling (Lorde, 1984). A reliance on pornographic content has the ability to distance those physically engaged and provide the false belief that pre-discussed desires and emotions should be absent during these connections. For many of my peers, a previous lack of health education throughout their adolescence has led to a certain dependence on media, particularly in the form of internet pornography, to fill the gaps in their curiosity. I do not wish to call for an abolishment of pornography for a multitude of reasons, one being this is simply too far-fetched given the current state of accessibility for the younger generation. However, I do wish to call into

⁸ This is said with awareness that reliability maintains connotations to androcentric viewpoints and research.

question how mainstream pornography⁹ and other forms of internet media should be discussed as potentially harmful to our internalized understandings of pleasure and relationships and therefore, worthy of a level of scrutiny within the realm of sexual health education.

Using the poet's critiques, I begin to infer how educational spaces have excluded erotic knowledge and synchronously sustained elusive heteropatriarchal and colonialist ideals by these same means (Lorde, 1984). I also plan to examine retrospectively how my own exposures to internet media have infiltrated my erotic knowledge and impacted my experiences in early adulthood to shed light on the importance of holding these discussions with youth. I hope to make use of Lorde's affective definition of the erotic, as being in touch with our creative intuition, and as tapping into parts of ourselves that demand us to seek out satisfaction in all aspects of our lives, in order to move towards the reclamation of joy and pleasure and simultaneously acknowledge and reject shame.

My framework will also turn to bell hooks' work *Teaching to Transgress: Education as the Practice of Freedom* (1994), where she echoes Lorde's definition of the erotic. In her chapter "Eros, Eroticism and the Pedagogical Process", hooks writes how many of us have accepted the notion of the mind/body split and therefore enter the classroom as teachers, as well as students, as though only the mind is present (1994, p. 191). However, one of the essential elements of feminist critical pedagogy and one that makes it a subversive site in academia, has been the insistence on the allowance for us to be whole in the classroom (1994, p. 193). Through the writer's work she encourages teachers to genuinely recognize the value in each of their students' presence and aims to construct a classroom space that is communally driven to love each other and to learn from each other. She states that while distinctions between public and private lead us to believe that love has no place in the classroom, when eros is present in these spaces, then love is bound to flourish (1994, p. 198). Though she speaks about restoring passion within higher level education and academia, this may be applied to the teaching of any age, as transgressive and engaged pedagogy is necessary at every level of learning for true change to occur. Applying her arguments to comprehensive sexual health education, teachers must find the place of eros within themselves and "together allow the mind and body to feel and know desire" to encourage students to feel as though they may seek this within themselves as well (1994, p. 199).

⁹ mainstream pornography as being pornography produced and distributed by large porn production companies.

chapter 3 - process

3.1 reflexivity

To devote precious space, silence and time to learn and reflect is a gift that comes with immense privilege. Often, the elitist nature of institutionalized education, which allows us to widen our eyes to the oppression of others from the comfort of a classroom, makes for a product that may only be understood within the same circles it originated. Where the knowledge can remain nit-picky and critical rather than exploratory and liberating. I do not wish to theorize to the extent that I lose sight of real-world implications. Throughout my work, I rely on reflexivity, as written about by Sharlene Nagy Hesse-Biber (2006), which is a process by which the researcher recognizes, examines and attempts to understand how their social background and assumptions that arise along with it have the potential to influence their output. I extend reflexivity to engage with the practice of cultural humility as discussed by Candice Lys, which requires humbleness, mindfulness and the ability to identify and deconstruct biases (2021). It also requires the flexibility to accept failures when the outcome of the project may not get it right, and to even question the concept of right (Logie, 2021). I recognize that I am never outside of the scope of my project and that all outcomes will be intertwined with my deeply-seated feelings as all forms of truth gathering continue to center the investigator's own need and desire for 'a' "truth" (Pillow, 2003). Reflexivity is what I aim to use to stay in touch with myself and the world around me, to consider my work as a learner, a conversationalist, and a writer, to take note of and critique my faults and potential shortcomings, and above all to strive to remain radically hopeful.

3.2 curriculum analysis and semi-structured interviews

To lay the foundation for the practical portion of my project, I include a summarized curriculum analysis of key points from the "supporting student health" guide (2022) for teachers put forth by the british columbia ministry of education and child care. I make use of Beyer and Apple's (1988) proposed questions¹⁰ outlined in Petrina's "Curriculum Analysis" (2022) to identify potential gaps in the language used and address what certain elements may reveal about

¹⁰ Beyer and Apple (1988) consider the following factors when challenging analysts to address underpinnings in their curriculum: epistemological, political, economic, ideological, technical, aesthetic, ethical and historical.

the overall guide. My analysis is concerned with how statements form meaning within their cultural, social and economic contexts and how they may operate by way of power and authority. The materials created for teachers are essential to investigate for an overall understanding of the support provided to them and to form appropriate questions relating to the content.

For the conversations held with teachers and sexual health educators in the greater vancouver area, I used a semi-structured interview style where I pre-prepared a topic guide with overarching themes to address, yet aimed to allow for the conversation to flow in various directions I may not have considered previously. By acknowledging my in-expertise throughout these conversations, I hoped to foster a space where I presented myself as an engaged learner versus listening for the intended purpose of transferring this information into easily digestible findings. However, it is imperative to respect that there will always be power relations present regardless of how much reflexivity is done before or during these conversations. I am conscious of my role within these dynamics where I have been afforded the privilege of insight into these individuals' lives and aim to portray their stories with care, gratitude and anonymity.

With the intent of providing anonymity to the five educators who partook in this project, I have provided pseudonyms as follows:

Sexual health educator/counsellor #1	SH(1)
Sexual health educator/counsellor #2	SH(2)
Elementary school teacher #1	ET(1)
Elementary school teacher #2	ET(2)
Secondary school teacher	SS

ET(1) and ET(2) are both elementary school teachers instructing grades 6 and 7. SS is an outdoor education teacher for a specialized high school program. SH(2) works as a counsellor within her school and a sexual health educator when requested upon. SH(1) was initially a teacher, school counsellor and sexual health educator but has now transitioned out of the public school sector and into private practice. The educators who participated in this project had a median teaching experience of approximately 25 years. SH(1) and SH(2) have been counted on in the past to help create lessons and resources in their schools and districts and took on this role

as they both shared a passion for the subject. SH(1) emphasizes that her interest began as a young teacher in line with social justice movements, working for pro-choice organizations and working against harsh stereotypes and messaging relating to the 2SLGBTQIA+ community. SH(1) also expressed her love for teaching sex education to students on the spectrum, as she believes every child has a right to information and the right to be sexual in ways that work for them. SH(1) and SH(2) further discuss how their position as straight, white and cisgender women may provide barriers to building trust with certain students. ET(1) and ET(2) are both aware of how this may skew their views and therefore reinforce how their opinions are not reflective of the entire population of the vancouver area. Lastly, SS recognizes that his circumstances, both as a young teacher and as part of a specialized program may differ from the vast majority of teachers. Between all of their experience, they have witnessed many changes throughout education and in particular, the shifts in student health education.

3.3 limitations

As I will elaborate on further in my discussion, the nature of sexual health leaves teachers in a vulnerable position, and at multiple exposures to criticism. Although it was my intention for this project to discuss with a larger number of educators, the factors of the location of the topic within the curriculum structure and the discourse¹¹ around sexual health made it challenging to identify individuals who were engaging and teaching this material, while also being willing to speak about their experiences. When I began my outreach, I encountered teachers who shared that they were not able to provide insight as there was hardly any sexual health education occurring at their school which automatically limited the scope of my project. This speaks to how regardless of the ministry's mandatory expectations, certain schools within the greater vancouver area are still not following through with the student health curriculum. It is plausible that teachers from schools who are still lacking engagement with the health curriculum may not want to draw more attention to this contentious topic and create further vulnerability for themselves. I am inclined to believe that I was fortunate with this sample of teachers as they exemplify sex-positivity, demonstrate extreme levels of care for their students' wellbeing, and

¹¹ "Rather than assuming that utterances and language are transparent or self explanatory, "discourse" refers to the culturally and historically specific status of a particular form of speech, and to the variable authority and legitimacy of different kinds of languages or utterances." "These range from media discourses like television and news, to institutionalized discourses like medicine, literature, and science. Discourses are structured and interrelated; some are more prestigious, legitimated, and hence more "obvious" than others, while there are discourses that have an uphill struggle to win any recognition at all [such as feminism, civil rights, etc]. Thus discourses are power relations" (Boler, 1999, p. 5).

are motivated and experimental when it comes to pushing the bounds of the minimum expectations for student health. The accounts written about throughout this project therefore make inconsequential some of the prominent issues that may be still impacting teacher engagement in certain parts of the province.

I did not ask any participant at any point to state their racial identity, gender or sexual orientation as I wanted to leave the conversation open for them to decide the parts of their identities they would like to share with me. However, based on personal disclosures it is intriguing that the most responsibility and interest in the subject occurred amongst female educators, with the exception of one male educator. Furthermore, as a limitation, it must be taken into consideration that due to the lack of racial diversity among this group, my findings may make for skewed representation regarding discussions of intersectional and decolonizing aims. It should be acknowledged that Black, Indigenous, educators of colour have the added stress of balancing their instruction of difficult subject matter with their already potentially more vulnerable state than their white colleagues. Therefore, further work must be done to shed light on their unique experiences relating to their teaching of health education.

As another limitation, I must also acknowledge the time constraint of this project that hindered my ability to establish long and trusting relationships with educators. In addition, relying on online platforms to hold conversations limited my ability to pick up on non-verbal cues and body language. Yet, it is thanks to these technologies that I was able to extend this project overseas to where I was more familiar with the education system, did not have as significant of a language barrier, and had more possibility for educator connections. Regardless, a longer dedication of time and the ability to meet in person would likely allow for exploration in more nuanced areas and conversations that push past initial discomfort and fear of (un)learning, both on my part as the interviewer and on the part of participants.

chapter 4 - analysis of “supporting student health guide” (2022)

Though there are a plethora of curricula and guides created for teachers, the “supporting student health guide” (2022) written by the british columbia ministry of education and child care is the most recent provincial contribution that covers the components of comprehensive sexual health education mandatorily expected to be taught. In this chapter, I will present findings from my textual analysis and aim to draw points of interest that will later be used to help formulate

topics to explore in my conversations with educators. I will focus the most attention on the guide for elementary-aged students and, where relevant, outline some key differences in the guide for secondary-aged students as the evolution between the guides assumes that children will have already been presented with the previous knowledge. In written form, the guide acknowledges many of the issues with previous health education delivery such as being a once-off event and perpetuating stereotypes and harmful messaging. It also aims to include all aspects of health such as mental, spiritual and sexual, and recognizes their influential overlap with one another. My inquiry lies with the practical application of this curriculum as the theory and expectations can exist, yet may not prevail without the appropriate delivery of such a tedious subject. It is essential to look at the guide in-depth prior to conversations with educators as the relation between a student and teacher is mediated through this text and can powerfully impact decisions and responses within the classroom (Boler, 1999). This presents me with the query of how the province is ensuring students are all receiving the same relevant information, particularly in preparation for more detailed information in the secondary student health guide.

4.1 introduction: “supporting student health - elementary”

The provincial guide declared to be created in conjunction with teacher input, starts by establishing its bringing together of physical education and health education to equally develop all aspects of well-being (supporting student health, elementary, 2022, p. 4). As mentioned, it contains helpful resources, advice, and suggestions but is not meant to provide step-by-step instruction. They anticipate that teachers will need to do additional research based on the unique needs of their classroom. The guide does not provide tips on how to conduct this additional research or how to find accurate and helpful sources. While this flexibility grants educators more autonomy in adjustments to their teaching style, I question if this may preemptively set teachers up for frustration or failure towards their students as it requires them to consistently shift their lesson plans based on the individuals in their classroom. I begin to imagine how in some scenarios this may also come across as a “quick fix” of inclusion rather than a well-presented thought that takes into account the complexities certain marginalized peoples are faced with. For example, if teachers were not previously discussing sexual health education that pertained to people with disabilities and only began including this information once a student with a physical disability was present in their classroom this could be humiliating and harmful for the student if

delivered without adequate preparation and practice with language (Davies et al., 2023). The guide's suggestion leaves me curious to what extent a teacher's own values may dictate which topics are given emphasis, and furthermore, the amount of time being dedicated towards additional gathering of knowledge and resources.

The ministry encourages teachers to treat health education as an ongoing area of study rather than an event that occurs once a year with the reliance on specialist health educators. Here they mention, "while this avoids the discomfort that can arise when teaching these sensitive topics, having classroom teachers explore them with their students helps build an ongoing conversation about health education" (supporting student health, elementary, 2022, p. 4). Based on the breakdown of the program curriculum provided by the provincial ministry, there has not yet been a shift in the structure from physical education to all-encompassing "student health" (ministry of education and child care, 2016). The program is still found within the science and physical health components in elementary school and is designated to be taught by physical health teachers in secondary schools. Since student health still appears ambiguously as a subject, unlike mathematics, for instance, I aim to explore who or what is responsible for teachers' accountability in this regard.

Lastly, the guide notes the importance of teacher well-being, and in order for student health to be fruitful, teachers must take care of themselves. They address that there are limits to teachers' responsibilities, to be conscious of symptoms of compassion fatigue and to seek support when needed (supporting student health, elementary, 2022, p. 5). Teachers are often expected to do a lot more than simply teach, particularly when school for some children can mean escape, safety and comfort from other aspects of their lives. While most educators are not trained therapists, the dynamics between teacher and student can coax out emotions that parallel these relations (Boler, 1999). Therefore, similar to other emotionally demanding occupations such as social work, teaching does not have a clear distinction of separation from private life to public making it difficult to identify what is clearly part of the career description. The guide insinuates this additional work under the basic assumption that teachers will conduct research that pertains to their own classrooms. While I do not intend to explore the extent of compassion fatigue or burnout among teachers within this thesis, it is crucial to keep in mind the duplicity the guide puts forth of stating the encouragement for teacher rest while also stating more time needs to be allocated towards improvements for the sake of students. The effects of additional

workload and emotional toll can impact teachers disproportionately, thereby reinforcing intersectional power differences.

general suggestions for teaching health topics

To address the potential for parental and caregiver responses in relation to the curriculum, the ministry recommends sending a letter home at the beginning of the year to outline the topics to be covered and whenever possible to meet parents in person to discuss their questions or concerns. Furthermore, they propose that teachers include comments about the health curriculum in report cards to validate the importance of these topics. It is stated explicitly that all students must receive health curriculum instruction, be able to meet the learning outcomes and demonstrate their understanding of these topics. A consideration should be made for how student health is evaluated and how this has the potential to sustain western forms of assessment, counteracting the ministry's holistic efforts. Later in the guide, they mention the allowance for alternate delivery wherein parents may opt-in to provide this instruction at home. I am curious as to why this remains the only school subject that allows for exceptional circumstances if the guide's purpose and aim is to destigmatize all notions of health and provide students with helpful information about their safety. This leads me to question whether this exception was made preventatively or in response to difficulties that emerged with stakeholders such as parents and community members, and I wonder how this may have an effect on teachers' student health delivery.

4.2 supporting student health: sexual health

This section of the guide includes topics: consent, body science - anatomically correct names for body parts, safe and unsafe touch, internet safety, puberty, and safer sex (including STIs). I explore these portions in depth to help formulate the questions I later pose to educators.

notes on language and daily classroom practices

The guide states to use gender-inclusive language and terminology and to ensure any discussion on sexual health is done in a non-judgmental way. They declare that “doing so will help normalize the conversation” (supporting student health, elementary, 2022, p. 7). Resources such as SOGI 123¹² and their Inclusive Education Resource Guide have been made free and

¹² SOGI - Sexual Orientations and Gender Identities

available in hopes of actively engaging teachers in their support of students of all sexual orientations and gender identities (2019). As SOGI mentions, it is also necessary that this language extends further than the conversation of student health so that gender inclusion and affirmation is explored in aspects beyond sexual health (2019). Yet simply stating this inclusive language as a requirement in the guide does not mean teachers will be able to automatically shift their subconscious feelings in order to discuss it in class, particularly with internalized biases that may not be so overt.

In the introduction to this section, they also reiterate that teachers must not impose their personal beliefs onto the topics covered. The example continuously provided throughout the text is for teachers to avoid sharing the belief that people must be married to have sex. This alludes to the potential influence that religion, which opposes pre-marital sex and by association views marriage as the mark of heteronormative success, could have over student health instruction. This, along with the discussion of gender-inclusive language, leaves me to question what beliefs teachers may have to work to overcome in order to provide holistic and comprehensive sexual health education.

consent and safe and unsafe touch

The consent and safe/unsafe touch components of the guide are very detailed and descriptive, offering teachers examples on how to communicate this important information to their young students at a comprehensible level. They begin by shifting the “no means no” narrative to a “yes means yes” narrative (supporting student health, elementary, 2022, p. 8) where students must continue to gain verbal consent in all scenarios and advocate for themselves in times of discomfort. The ministry defines safe touch as “consensual touch that feels welcome and safe, such as a medical checkup, a high-five, or a hug” and unsafe touch as “touch that hurts or makes us feel uncomfortable, such as being hit, touching of private parts, or any other non-consensual touching” (supporting student health, elementary, 2022, p. 18). The guide states explicitly that students will never be in trouble for protecting themselves from unsafe touch and that the person doing the touching will always be in the wrong (supporting student health, elementary, 2022, p. 19). It also stresses the leadership role of the teacher to normalize conversations about bodily autonomy, beginning with respecting the bodily autonomy of their students. They provide the example of allowing students to use the washroom as needed and the ability to freely meet their other bodily needs (supporting student health, elementary, 2022, p. 9).

This may also help to alleviate hierarchical beliefs that teachers have the ability to refuse students' bodily autonomy, leading youth to trust the knowledge of their senses and feelings regardless of power differentials. Additionally, this may empower students with the courage to make assertive and informed decisions for themselves outside of the classroom.

The denigration of emotions, most prominently women's emotions, is what has enabled validity to occur only in relation to masculine intellectualism, and for it to appear as the prominent winner in the contest for truth (Boler, 1999). The guide, however, places emphasis on trusting gut feelings, listening to instincts, and notes that many sexual assault survivors reported having a "bad feeling" about the situation prior (supporting student health, elementary, 2022, p. 10). They state how showing respect to elders such as relatives, family friends, or teachers is often a primary fear-inducing force that may allow for unwanted contact to happen. These explanations of consent and sexual harassment are necessary to promote a culture of consent in the classroom and in turn may help to reduce rates of sexual assault (Arnt, 2022). Furthermore, placing emphasis on listening to instinctual feeling and bodily response is an essential step towards interlacing mental, spiritual, emotional and sexual health and problematizing the binary of emotion/reason (Åhäll, 2018). If this were to be talked about in detail within each classroom, it would likely have a positive impact on how students view their own autonomy and provide them with more confidence to refuse unsafe situations. However, the foundation of consent in the classroom is still largely dependent on a teacher's ability to intentionally reflect about their capability to use and abuse power.

body science - anatomically correct names for body parts

This section of the ministry's guide suggests making students into scientists who are open-minded and curious to learn about body parts. This emphasizes the importance of using anatomically correct names for body parts in order to normalize the use of these words and to ensure students have the vocabulary to ask for help from family members, and nurses or doctors in the medical field (supporting student health, elementary, 2022, p. 16). It is necessary to discuss how students may seek help through the use of these words and demonstrate that it is encouraged to raise concerns. However, these conversations should extend past the potential for pain or discomfort so the joyousness that comes with the sense of connection with ourselves and others is placed at the heart.

In relying on “body science” the guide is also organizing bodily knowledge in a system of hierarchy that places science, positivism and empirical evidence as the most reliable form of intelligence. Here, Foucault’s theories of “disciplinary power” and “biopower” conspire to create a discursive practice where physical bodies are subjugated to an evaluation of their behaviours as being normal, acceptable, or deviant from the norm (1991). Within educational institutions, scientific research has been a means of substantiating “rational” knowledge in opposition to other forms of knowledge, thereby defining them as irrational. As Oy̅ewù mí discusses in her essay “Visualizing The Body”, scientific research, which forms the basis of much of our conception of reality and knowledge in the west, has privileged sight over other senses (2005, p. 15). She notes how objectivity lacks engagement between the self and “the other”, where the gaze is then an invitation to differentiate (Oy̅ewù mí, 2005). An eye can only see and comprehend what it has been taught to see, look for and thereby make assumptions about. Therefore, it is important to consider how devoting this conversation to strictly sight-based learning may also leave discussions of bodies separate from and devoid of feeling, and by association, neglecting the importance of other senses. In doing so, this may risk dehumanizing people and perpetuating them as objects of study. This, in line with Butler’s theory of gender performativity, also has the potential to continue circulating a westernized narrative of gender construction which inherently ties itself to biological sex, making it additionally harmful for bodies that may fall outside of normative expectations associated with the categories male and female.

As is evident from Indigenous sources of knowledge such as Robin Wall Kimmerer’s wisdom presented in *Braiding Sweetgrass* (2013) and the resource guides created by the First Nations Education Steering Committee (2019), there are ways to incorporate science and body knowledges that do not neglect the interconnectedness of our whole beings and our existence in relation to the land.

As hooks presents in her work, children make the best theorists as they have not wholly accepted social practices as natural and inevitable. They pose the most embarrassingly fundamental questions and force their wonderment upon adults who may have long abandoned this talent (Teaching to Transgress, 1994). It may seem ambitious to imagine holding conversations with young students about society’s construction of gender as many adults cannot conceive a world without these categorizations. Therefore, I am curious how teachers are

presenting the component of “*body science*”, if there is room left for imagination beyond binary understandings of true/false, and how this may extend to other discussions such as gender, race and wellness.

internet safety

A large portion of “*internet safety*” is devoted to internet literacy and non-consensual disclosure of intimate images. The guide notes: “it is hard to fully grasp the experiences that students are having online, as technology is ever-evolving, and new social media platforms are always coming in and out of popularity” (supporting student health, elementary, 2022, p. 21). The guide encourages teachers to remind students that if an incident of non-consensual photo sharing does happen it is not their fault as the fault always lies with the person sharing the photo without their consent. This acknowledgement contributes to the necessary shift from victim blaming and shame and continues the important discussion of consent. They state by way of sexual health experts that if parents and educators are not teaching youth about sex and sexuality, then those youth will seek to learn about those topics elsewhere, and this is increasingly by way of the internet and pornography (student health secondary, 2022). They state further in the secondary guide that it is important to establish that these sites and images on the internet are not realistic representations of sexual relationships as they foster unhealthy ideas about human sexuality and can complicate the sexual landscape for students (supporting student health, 2022).

As Amia Srinivasan expresses in her chapter “Talking to my Students about Porn” (2021), there is rare evidence to substantiate pornography’s effects on youth. There is difficulty tackling this topic with youth as much of our social world attempts to maintain the fantasy of childhood, one that is seemingly unaffected and untouched by adult desires (Srinivasan, 2021, p. 41). As well, measuring this data is latent with delicate ethical debates and largely depends upon youth’s own disclosure of access where fear of illegality and interwoven shame may affect their willingness to reveal. However, based on a young mind’s curiosity and the accessibility of free pornography available on the internet, students are likely being exposed to these images long before they may be deemed “ready” to see them by adult standards.

Srinivasan discovered, after speaking openly to her students about their exposure to this content, that almost every man in her class would have had his first sexual experience in front of a screen (2021, p. 41). Consequently, almost every woman engaging in sex with men would have had her first sexual experience, if not in front of a screen, with a boy whose first sexual

experience had been, thereby having the screens' sexual expectations mediate their interactions (Srinivasan, 2021). She describes that the psyches of her students are products of pornography. Her male students are impacted by the pressure of the routines they are expected to perform that are devoid of feeling and pleasure which are not organized around domination and submission. Simultaneously, her female students question the neglect of women's pleasure within the pornographic script and its effect on their relationships to their bodies (Srinivasan, 2021, p. 41). Mainstream pornography also tends to leave out key aspects such as consent and pre discussions of desire. This is not to discredit the pornography and film companies aiming to put out feminist content in an effort to push back against this monotonous portrayal, however, it is the reality that much of this content remains behind a paywall with receptive young people having more barriers to its access.

Similarly to the students Srinivasan discusses, I am a product of this pornographic script myself, having been raised in the digital explosion of internet pornography through sites such as tumblr and twitter that allowed for the normalization of aggressive and violent sex. Now having reached adulthood, I am only just beginning to unravel what is now so deeply ingrained in my psyche. Like many of my peers I have had the privilege of learning from and growing with, I find it hard to distinguish between my real desire and the repetitive exposure of a curated expected desire through images I consumed, willingly or otherwise. Srinivasan writes: "porn does not inform, or persuade, or debate. Porn trains. It etches deep grooves in the psyche, forming powerful associations between arousal and selected stimuli, bypassing that part of us which pauses, considers, thinks. Those associations, strengthened through repetition, reinforce and reproduce the social meaning assigned by patriarchy to sexual difference" (2021, p. 61). I have spent excessive time rewiring my brain in the hope of giving myself permission to experience pleasure in my own body rather than simply deriving pleasure from pleasing another person. As much as I would like to put sole fault on individuals for their inability to see past representations of the treatment of women's bodies in the media, I cannot shift blame, nor evade my own responsibility in these dynamics. If the prominent messages mainstream pornography and pop culture overburdens us with during our impressionable days are images of women's expendability and subordination then the embodiment and assuming of these roles is not only quite possible, but nearly inescapable. And as Audre Lorde expresses, when we ignore the importance and power of erotic knowledge we allow for ourselves to be reduced to the

pornographic and we use each other as objects of satisfaction rather than share our joy and connection along with our similarities and differences (1984, p. 59).

Srinivasan's chapter paints a slightly despairing image of the transformative power of education as it questions if any amount of teacher training can counter the ideological force of internet porn (2021, p. 63). In order for the discussion of this topic to have transformative change for students, it must have the ability to destabilize previous understandings of gender identity, sexuality, normative assumptions of who should be desired, have desire, and act on those desires. It must also be instructed with teachers that have previously considered the implications of gendered constructs, and the influence of sex in everyday life, requiring diligence to sit with this potential discomfort. Furthermore, educators must be willing to acknowledge their students as beings with desires and avoid stifling and shaming the early emergence of their erotic imagination. These reflections led me to discuss with educators how they engage with pornography and the media's overlap with sexual health education. The ministry of education and child care suggests beginning to talk about sexualized images and online pornography with students of an appropriate age, which they recommend is students in grade 5. I question what is deemed an appropriate age for students to be in discussion about these topics considering their vulnerable exposure to media. I wonder how teachers and educators are engaging with the concept of pornography when the ability to show the "texts" while discussing internet literacy may be impossible within the circumstances (Srinivasan, 2021, p. 70). I also question independently, and no doubt beyond the breadth of this thesis, a teacher's capability of talking about the hetero-patriarchal construction of sex through pornography as potential consumers themselves.

puberty and safer sex (including STIs)

The subheading "*puberty*" suggests discussing many topics with students such as facial oil/acne, body hair and choices around body hair, sweat, mood swings, voice changes, wet dreams, menstruation, sleep and hygiene. It reiterates that all people grow at their own pace and aims to normalize any speed at which bodies may change. The guide recommends that teachers teach these lessons with boys and girls in the same room. What is intriguing about certain choices such as this is that the decision to write "boys" and "girls" undoes the gender inclusive language they aimed to set as an example in the beginning of the guide. They do however

suggest that having everyone in one room during these lessons will promote compassion and inclusion for all bodies as students need to know what their peers of other genders are going through.

The section “*safer sex (including STIs)*” suggests returning to the discussion of consent, presenting all options for contraception, and prevention and testing for STIs. The guide recommends a shift from the formerly used term sexually transmitted “disease” as this brings negative connotations along with it, while “infection” instead gives a more accurate representation of a transmission that is viral or bacterial and therefore often curable. They mention that once sexually active, regular testing is encouraged, and note the dangers of STI stigma that prevent many people from getting the treatment they may need. The ministry reiterates again the importance of not imposing personal beliefs or values on the topics covered and uses the same example to avoid: “people must be married to have sex” (supporting student health, elementary, 2022, p. 28). However, the elementary guide has no mention of access to abortion or other choices surrounding pregnancy, and only offers how best to practice prevention. The topic of abortion is not raised until much later in the secondary guide, and when it is mentioned, it is left as an option for discussion rather than an expectation (supporting student health, secondary, 2022, p. 24). I remain curious if this, as well as other contentious topics, are inadequately discussed in the guide as the inclusion of them may cause too much of a rift among stakeholders and may still be too widely debated for teachers to feel comfortable confronting.

The position of the “*puberty*” section lies directly above the topic of “*safer sex (including STIs)*” in the student health guide. If the guide suggests students are of appropriate age to be discussing how to engage in safe sex, then this should also suggest they are of age to be experiencing desire and engaging in acts of pleasure. Yet it seems that the only acknowledgment of awoken sexual desire throughout puberty is the mention of wet dreams often experienced by young boys. The failure to emphasize female pleasure implies the ubiquitous gendered script that girls and women should be secretive or feel shame about their sexual urges.

A separate dissertation could be written upon the topic of negative connotations relating to female sexual urges and masturbation. Though we need only look briefly into the *history* of the western social narrative to see how they have been correlated with and defined by notions of hysteria and insanity (van Driel, 2010). Extending back to medieval anatomy, women’s external genitals were labelled “*pudendum*,” a word derived from the latin *pudere*, meaning “to make

ashamed.” (Nagoski, 2015). Throughout developments of psychoanalysis and in the emergence of Freudian thought, clitoral orgasms were labelled as infantile and viewed as inferior to pleasure derived from stimulation of the vaginal canal, thereby prioritizing pleasure that involved penetration (van Driel, 2010). Schools are part of the public sphere, while sex has been traditionally confined to the private sphere. Yet the discussion of sex as life-enhancing and pleasurable becomes intricate and complex when the state and institutions have always had a part to play and an ability to intervene in personal decisions. With parent opinions involving potential religious beliefs, individual values, and the maintenance of an element of control over their child’s choices superimposed upon a teacher’s delivery, the ability to address pleasure, particularly female masturbation and exploration, could be even further impacted.

There is always a need to be cognizant of discussing the appropriateness of engaging in such acts and how these intertwine with the notion of consent, particularly for students who may be on the autism spectrum or have other disabilities which make it difficult to form awareness of social cues (Davies et al., 2023). However, bringing masturbation, desire and sexual urges into dialogue could make multiple positive contributions. As a student previously impacted by the stigma attached to pleasure, I believe that by equipping youth with the awareness that sex in any of its marvelous forms should be enjoyable, they may also be more inclined to avoid or remove themselves from instances of sexual discomfort. It may also enable young people to see self-pleasure as a normal part of a rich sex life, encouraging them not to transfer the gratification of their needs onto their sex partners and destigmatizing the notion that individuals are only worthy of seeking pleasure whilst in a committed monogamous relationship (Driel, 2014). I approach the topic of pleasure with more curiosity in my discussion with sexual health educators and question how they aim to envision and build a future for student health that combats the underlying levels of shame that remain attached to certain bodies.

4.3 supporting student health: mental health

The following section of the guide includes the health topics brain science, bullying and well-being. I unpack these topics further to form questions that I later pose to educators.

notes on language and daily classroom practices

The provincial guide suggests that teachers discuss stigma in relation to mental illness and how this may prevent someone from seeking the help they need. They use the example that

somebody would not be embarrassed to seek help from a doctor when their leg is broken, however, if someone believes they will be judged for struggling with anxiety or depression it would be as if they were walking on an injured limb (supporting student health, elementary, 2022, p. 30). The ministry of education and child care emphasizes the use of a social emotional learning framework to aim to create a sense of belonging and mutual respect. Multiple examples are given to aid students, such as creating a calm corner with visual tools (stress balls, fidgets, etc.), the incorporation of breathing techniques, and allowing students to get fresh air and self-regulate as needed. The guide emphasizes making conversation about emotions routine in class, giving students many opportunities for one on one connection, and turning to school counsellors for strategies to help students problem solve and identify anxiety-reducing activities. They also strongly encourage the use of mindfulness, circle sharing, journals, breathing exercises and outdoor education. Many of these suggestions mirror those included in the student and youth engagement guide “Their Voices Will Guide Us”, written by the National Inquiry into Missing and Murdered Indigenous Women and Girls (2019). The emphasis on allowing students to self-regulate and make use of their surroundings to suit their individual needs is a step towards building educational spaces that value the whole person and acknowledge students’ independence in knowing their bodies’ needs. I wonder along with teachers how they aim to create these safe and welcoming learning spaces and what strategies they use to build trust in their classrooms.

brain science, bullying and well-being

The second part of the guide focuses on brain science, bullying and overall well-being. Bullying here is defined as a deliberately hurtful behaviour that is repeated over a period of time, is difficult to stop, and is reinforced through forms such as physical abuse, intimidation, cyberbullying, sextortion, gossip or rumours (supporting student health, elementary, 2022, p. 35-36). They ask teachers to instruct this topic by discussing why people may engage in this behaviour and give examples such as the imbalance of power, a desire for social, physical or psychological power, or jealousy. They encourage students to hold each other accountable, to voice their concerns and stress the notion that bullies are often just people in need of a friend or a positive way to cope. The ministry of education and child care suggests that students hold themselves responsible and exercise reflexivity by questioning if they have bullied others.

Engaging in these kinds of discussions around accountability encourages a space that fosters learning, self-awareness and being in touch with feeling making it more possible to surpass surface-level conversations. This also encourages growth and learning from mistakes which is a necessary shift when envisioning a future less dependent upon institutionalized punitive action and more upon collective rehabilitation.

The guide notes the importance of discussing the functions of the brain with students. They stress this to create less stigma around seeking help for mental illness and emphasize through Jennifer Katz's work "Ensouling Our Schools: A Universally Designed Framework for Mental Health, Well-Being, and Reconciliation" (2018) that it is equivalent to someone being diagnosed with diabetes or any other illness. What is intriguing here is the inclusion of Katz's writings without addressing the key approaches to reconciliation¹³ that her work is centered upon. Though sexual health education is not mentioned explicitly in her text, Katz's ways of establishing a classroom grounded in respect and mutual nurturing lay the groundwork for creating a safe space to discuss potentially sensitive and delicate topics. The ministry has stated the need for the infusion of Indigenous knowledges within the entirety of the curriculum, yet it is not made clear through the guide how to incorporate this in detail with regard to student health. While the province expects that this will be implemented as it is mandatory curriculum, according to Katz, consistent and effective demonstration of holistic education has not yet been achieved (2018). She notes that these initiatives can appear as mixed messages to teachers when it is the same governments increasing standardized testing, merit pay, and other stress-inducing practices, threatening the creation of a healthy learning environment and consequently pressuring teachers into focusing on rote skills and curricula (Katz, 2018, p. 6). I recognize the challenging reality of addressing ever-present colonialism within these institutions, particularly in my own initial hesitancy to approach these topics with educators. In my writing, I aim to echo the calls to action made by the National Inquiry into Missing and Murdered Indigenous Women and Girls and stress the importance of using decolonizing pedagogy and trauma-informed approaches in all facets of the curriculum (2019).

¹³ The Truth and Reconciliation Commission mandate describes reconciliation as "an ongoing individual and collective process, [which] will require commitment from all those affected including First Nations, Inuit and Métis former Indian Residential School students their families, communities, religions entities, former school employees, government and the people of Canada." (TRC Final Report summary, 2019, p. 17.) https://www.mmiwg-ffada.ca/wp-content/uploads/2019/06/MMIWG_Lexicon_FINAL_ENFR.pdf

4.4 focused topics for discussion

Based on the previous analysis conducted on the provincial guide, the following questions remained present for me which formed the topic guide for my exploration of educator engagement.

- What do educators find to be the most difficult component of practically teaching student health education?
- Who or what is holding teachers accountable to ensure students are receiving the relevant information and preparation with regard to their health?
- How are teachers approaching the additional research they are expected to do based on the needs of their classroom? How might their own values, beliefs and biases dictate the amount of time being dedicated to this?
- What influence do parents' responses, student responses and student access to media have over a teacher's ability to teach health education effectively?
 - What effect does the ambiguous nature of assessing student health (students being able to opt out of the subject, inadequate inclusion of certain topics such as abortion, etc.) have on teachers?
 - If students are consuming media that may directly oppose what bc's sexual health education program seeks to address, what is being done to combat these narratives?
- How are teachers establishing a safe, trusting and welcoming learning space? How are they working towards decentering a reliance on western forms of knowledge production?
- What are teachers' thoughts and responses to pleasure-based health education? What is their vision for the future of student health education?

chapter 5 - discussion of interviews

While I had initially anticipated teachers discussing which parts of the guide they found to be difficult to teach, this particular group of educators displayed an open attitude to nearly all concepts and did not have many strong responses to the guide's topics themselves. I had also foreseen fear of parent opinion to be a factor, however, participants did not share many experiences with parent opposition to their teaching. They did however share multiple instances

where students opted out of the sexual health component. Lastly, I had reflected, based on personal experience and feminist work on the effects of pornography, that students' access to media may influence their response to the material, which was identified in some conversations. Based on the knowledge shared, the influences and hurdles found to be most contributing to educators' engagement with the student health guide were the placement and structure of the material within the curriculum, overwhelm around which resources to depend on, the fear of misrepresentation of knowledges, the absence of accountability and follow-up, and the lack of time and compensation provided to self-teach, learn and facilitate. Upon educators' reflections as a whole, other factors such as teacher biases and vulnerability relating to the teaching of sexual health education without proper support were also found to be significant factors.

Given these factors, I have structured my analysis into the following sections: placement/structure of student health in the curriculum, overwhelm of resources and fear of misrepresentation of knowledges, accountability and inconsistency across districts, time, compensation and vulnerability, and pornography and media literacy. As an acknowledgment of the impact of teacher delivery on students, I continue with a section dedicated to creating safe and welcoming learning spaces and an imagination of sexual health education moving forward.

5.1 impacts on teacher engagement

placement/structure of student health in the curriculum

As discussed in all conversations, the elementary school curriculum for student health falls into two realms: science through the component of sexual reproduction and physical health education. ET(1) and ET(2) both discussed teaching sexual reproduction as a unit starting in grade 6 where students are typically 11 to 12 years of age. ET(1) speaks of teaching this unit very explicitly and feels that some other teachers may be uncomfortable instructing in the same way. She provides students with a list of words associated with sexual reproduction where they are to investigate and label pictures of male and female reproductive parts. She also provides an in-depth unit on bodily changes where she asks students to further investigate and present on a topic of their choosing. This allows for exploratory learning where students are at liberty to engage with a theme that piques their curiosity. ET(2) shares that she follows similar teaching strategies and makes her unit explicit to ensure that students are comfortable using this vocabulary. They both describe, along with SH(1) and SH(2) that this curriculum is

supplemented with occasional teaching from outside sources that provide further instruction to students relating to topics of health and safety, though these typically occur only once a year despite the guide's recommendations. ET(1) reiterates that she enjoys the opportunity to bring in outside presentations such as “kids in the know”, a project put on by the Canadian Centre for Child Protection, and finds them helpful to cover topics that revolve around health education for her students. ET(1), ET(2) and SH(1) all mention the same sexual health educator who is relied upon heavily for annual workshops in elementary schools. The participants shared their similar appreciation for the well-informed work being done and its essential place in helping teachers fill the gaps in their knowledge and comfortability with topics such as gender identity and discussions of consent.

Both ET(1) and ET(2) expand to discuss previous memories from their childhood that differed drastically from the workshops available to children now. This led them to reflect on how far the trajectory of shame has come, particularly in relation to periods and women's reproductive health. They both note that their students, especially their young female students, have become increasingly more comfortable mentioning their periods and discussing feelings and bodily changes that might impact their ability to participate in class. ET(1) recites a specific incident she remembered between two students in her class when they went on a swimming field trip. She states that the boy student asked the girl student if the reason she could not go swimming was due to her period. From this conversation, ET(1) was encouraged that there has been a big shift from the shame she experienced as a child to the normalization and curiosity that exists now regarding women's bodily functions. She felt encouraged that her unit on bodily changes helped students feel more comfortable discussing these topics even amongst themselves.

In high school health education, SH(1) and SH(2) share that the curriculum is included in the physical education portion and is then handed to those teachers to instruct. They share the same feeling that physical education teachers are often not well equipped enough to teach topics that fall outside the scope of physical wellbeing. And while the guide notes to lean on counsellors for support and collaboration to help fill certain gaps, SH(1) states that in her experience working with future educators, many were not trained thoroughly on the importance of comprehensive sexual health education. Both sexual health educators state that although this curriculum falls to physical education teachers to teach, they were/are often relied upon to

facilitate these difficult discussions and supplement students' knowledge in addition to their own workloads.

Having the only measurable portion of the curriculum be "sexual reproduction" still implies to students that these body parts' primary function is to reproduce making the material unencompassing of 2SLGBTQIA+ relationship dynamics, women or men incapable of reproduction, and the acknowledgment of sex as something that can exist outside of the purpose of reproduction. This perpetuates the discursive practice that people engaging in sex that falls outside of the realm of sexual reproduction are inherently deviant, allowing for disciplinary power to dictate the bodies worthy of sexual pleasure and furthering the cycle of shame. It is necessary to discuss the proper names for these organs to provide students with the knowledge to seek help from medical professionals and to advocate for themselves. Yet, if the discussion remains within a science component, this enforces a medicalized view of bodies, separating them from their whole and thus depriving them of feeling and sensation. Furthermore, the position of the curriculum and the decision to include it in the science or physical health portion automatically categorizes health, undoing the aims to move away from holistic and anti-hierarchical understandings. SS recognizes how educators, including himself, need to be wary and culturally sensitive throughout their teaching as determinants of health and wellness are societally constructed. He discusses the example of how western perceptions of health can vary drastically from how an Indigenous community may view health. Through his outdoor education program he aims to shed light on the many different ways one can practice leading a healthy lifestyle. He notes how, despite what many of his students have expressed to him, a person's physical appearance does not dictate their level of health. He works to counteract this messaging through his teaching to help build his students' self-confidence and instill in them a deep love and connection with nature.

overwhelm of resources and fear of misrepresenting knowledges

SH(2), in her discussion of resources, states that she feels there are some very easily accessed tools teachers could use, yet it is more the overwhelm of not knowing what to include in their lesson plans that may prevent them from incorporating them in the first place. ET(1) says she makes use of the online district kit provided for teachers that offers booklets and other resources to help in covering topics such as healthy relationships. She notes however that some

of the resources available in the kit are outdated and contain media that requires the use of CD or VCR players. She spends her own time supplementing the information provided with more relevant information that she has vetted herself before using it in class. ET(2) states that she does not feel that there is enough information or starting points provided to teachers who do not know what they are doing in relation to teaching student health topics. This part of the conversation extended to how teachers are also supposed to know how to infuse Indigenous ways of knowing into every facet of the curriculum. There is an abundance of resources available, yet she questions how she is supposed to know how to represent this accurately for someone who is not Indigenous herself. She explains that within the health guide there is little guidance of how to include Indigenous knowledges. She elaborates on other aspects of the elementary curriculum such as mathematics where the only inclusion of Indigenous knowledges are broad concepts with unfinished links to resources. She further reiterates that there is no continuity across schools or districts making it feel as though as a teacher you are scrambling to deliver a well-thought out lesson. ET(2) stresses her frustration as she has made the same complaint regarding the vagueness of the curriculum for a large portion of her career and yet there have been no major changes leading her to feel somewhat defeated. SS makes a connection between the overwhelm of resources between sexual health and the province's push to include Indigenous knowledges throughout all subjects as both areas have been left to teachers to decipher how to thoroughly convey the themes within their classrooms. He shares that in his district it is now mandatory that students take an Indigenous focused course in order to graduate high school. Yet, SS says that even with these mandates, many teachers do not have the knowledge, time and resources to teach these sensitive topics properly and therefore feel uncomfortable taking on either role. This may make it more likely for teachers to avoid the inclusion of both Indigenous knowledges and sexual health topics such as gender identity altogether out of the fear of misrepresenting them.

accountability and inconsistency across districts

All educators mentioned a lack of accountability, elaborating that there was no one person dedicated to following up with teachers on the topics covered in their classroom and therefore, nobody overseeing if students are being taught the health curriculum. In elementary school, as one teacher is often dedicated to teaching all subjects for their allotted number of students, it can be clearer under whose responsibility this falls. However, this still does not account for the amount of material that is expected for them to cover, without "student health"

having its own designated subject. The province is therefore expecting that teachers will create the time even though there is no structural space carved out, shifting the onus onto teachers. The lack of clarity about how to practically fit this into their daily tasks consequently gives more autonomy to teachers. While this holds promise as it may give teachers opportunities to experiment with different teaching styles and engagement within their classrooms, it also provides them with more authoritarian power to decide what is deemed important knowledge for their students. The teachers are then put into a position which allows for them to make assumptions about their students surrounding normative expectations of sexual activity for their age bracket, their sexual identities, and further enables their potential biases to control the outcomes of learning in their classroom. As SH(1) and SH(2) describe, it is impossible to teach without presenting a bias. SH(2) shares that even when she speaks factually, expressing that Canada's charter of human rights permits us to love who we love so long as everyone consents, this inherently shows her bias as approaching sexual health from a nonheteronormative lens. Student follow up questions often steer the conversation towards abortion, where she declares that we are lucky to live in a place that allows for access to free health care, but where her choice of words still demonstrates her opinion. She deliberately focuses on the advocacy of choice as she believes the students who may need help accessing may be more willing to approach her.

In many cases, the bias portrayed may be a more subconscious act where teachers are more likely to stick to practices that have worked well previously and knowledge that they are already familiar with. Though subconscious or otherwise, these choices can have lasting impacts on students as they may never receive the information they need. Multiple educators bore witness to their colleagues' avoidance to teaching certain components and made hypotheses that the teaching subjects may have crossed their personal, religious, or cultural beliefs. As noted particularly by SH(1) and SH(2), the teaching of student health will only get done if an educator sees it as a necessary component to teach and from there, creates the time.

Due to the fact that health education does not exist as its own entity in the structure of topics it is then not a continuous learning process for any person involved, particularly if students move from one district to another there is no ongoing path for buildable skills and knowledge relating to student health education. Therefore, although the province states its desire to improve the curriculum and reformulate it to account for all missing information in prior years, the sole fact that the subject itself does not have its own time allocated perpetuates the notion that it is not

valuable enough to exist as its own standalone subject. In order to make genuine change, one cannot simply create a curriculum aiming to override the system in place without reframing the structure itself. SH(1) feels that the material presented in the curriculum will not be taught comprehensively until someone is paid to do it because that will inherently show its value. This will also provide teachers with more confidence and comfortability, and likely in turn, ensure that students feel more assured that they are being instructed by a trustworthy source. From a logistical standpoint it must be given its own space entirely in order for teachers to be held accountable to its mandatory inclusion and for time to be distributed evenly between subjects.

time, compensation and vulnerability

This brings me to another finding where compensation in comparison to workload could be a determining factor in teacher engagement. In the conversation with counsellor SH(1) she talks about her practice and how she takes on many teachers as clients. She is compassionate towards their feelings of exhaustion, frustration and defeat, having been a teacher herself and knowing firsthand the exceptionally high rates of burnout the profession carries. SH(1) elaborates that because her field is largely female, an innate calling to be nurturing, to give back and to give more than what is expected is fostered within her fellow educators. As Hochschild discusses in relation to stewardesses, women's emotion has undergone commodification where it is not only viewed as the private, caring act of a mother, but used as a product for capital gain (Boler, 1999, 14). Thus, this emotional labour extending to the performance of the virtuous mother/school teacher role, upholds gendered divisions and sustains an altruistic self-expectation which allows for the presumption of additional work without pay.

It felt as though through both SH(2) and ET(2)'s conversations they exhibited signs of frustration and fatigue at the amount of effort they were demonstrating, and the little changes they were witnessing in the system as a whole. SH(2) does not receive additional coverage for going in to teach or taking the time to research and develop her presentations. She mentions that when she steps out of her duties as counsellor to teach sexual health she comes back to a full day of work that she will have to make up in her own time, unpaid. SH(2) expresses her discouragement as despite her efforts to deliver an elaborate sexual health education for the benefit of children's safety, happiness, and freedom from shame, she continues to feel that her work is nowhere near good enough.

SH(1) states that she was offered some compensation for her contribution to the creation of curriculum in her school district. Yet when she questioned who was going to be trained and paid to teach the material she and her colleague came up with the school board said they would not be paying anyone and teachers would opt-in since it was to be mandatory in the curriculum. She shares that on multiple occasions when she would agree to give a presentation on a larger scale, in return she would receive gift cards worthy of a few cups of coffee, or a box of chocolates as an expression of gratitude. The lack of compensation for the work that is put into these presentations and resources does not value the expertise and time needed for her to prepare such material. This, she continues, was also all within a school district that supported her, therefore it could be more grim circumstances for teachers aiming to teach in less supportive districts. Whoever volunteers themselves to provide this more contentious information to students is alsosuscepting themselves to more time spent learning and overcoming their potentially deeply held biases, more emotional discomfort, and further exposure to critique from stakeholders with little in the way of supplementary compensation. SH(2) adds that if the district is going to put the burden of teaching this material onto teachers, making them incredibly vulnerable, she feels that they should pay for them to hold the proper certifications as protection for themselves.

SH(1) and SH(2) both speak about incidents where they were threatened because of their positions as sexual health educators. They both stress the importance of recognizing how much more vulnerable teachers automatically make themselves when they take on the teaching of sexual health and how they are then subject to violent threats, accusations of pedophilia and ulterior motives, and risk of unemployment. This makes it all the more important to ensure there is proper compensation for these roles, because as SH(1) states, people are more willing to put themselves in these vulnerable positions if they are getting paid. Otherwise, as discussed, teachers may avoid teaching the material out of fear based on pushback from the societal views of the region they find themselves in.

ET(1) and ET(2) do not mention the problem of compensation within our conversations, however, it should be noted that in elementary school, the compensation would likely remain the same as all subjects are typically taught by the same teacher. Additionally, it must be taken into consideration how the more vague topics such as healthy relationships, cyber safety and the changes occurring in puberty are potentially less polarizing than those discussed with high

school aged students. In a high school setting, teachers are presented the task of navigating through much trickier subjects that have the ability to cross cultural beliefs, particularly relating to womens' reproductive freedom and bodily autonomy. For example, SS discusses how the topic of abortion may have been neglected by his fellow teachers as it clashed with personal or religious beliefs of theirs. He shares an incident where a previous student wanted to conduct most of their coursework's projects on the promotion of pro-life organizations, and where their parents were fully supportive of their preference of topic. Counsellors and administration were involved to steer the conversation towards the importance of choice and the emotional implications of vigorously debating this topic among fellow classmates who may have, or will at some point, need to make this difficult decision. This points to the importance of alignment among teaching topics, as those who speak upon this subject open themselves up to more controversy and criticism than their peers, and may also not be provided with adequate support to cope with the adversity they face.

pornography and media literacy

The "*internet safety*" section of the "supporting student health guide" (2022), along with my own queries of the effects of pornography on a young person's brain, left me with ample questions regarding how teachers navigate this challenging discussion. SH(1) discusses how throughout her years instructing she frequently saw the effects of pornography come up during her lessons. For example, she mentions an instance where a grade seven boy, after being presented an image of a naked body, raised his hand to announce that this must have been an old picture as people have now evolved out of having pubic hair. She aims to combat this misinformation by teaching her students to be critical of media. This extends beyond discussions of pornography as she feels that media such as romantic movies have done just as much harm, if not more, as they display extremely heteronormative messaging which bleeds into the pervasiveness of expected relationship dynamics. To open up the conversation of movies versus real life she uses an analogy and asks her students how many crashes, explosions or car chases they were involved in on the way to school. She also uses video games as a metaphor, often asking how many of her students have played mario kart, and therefore how many of them believe, if given the opportunity, they could drive a real car. She emphasizes how important it is to be aware and critical of real life versus media that may have a hidden agenda, and to question from there what it may be trying to sell us. Lastly, she states the importance of approaching the

topic while acknowledging students' curiosity, noting that the debate or the fear of children being exposed to these representations is indisputable, similar to the pervasiveness of cellphones in a classroom. SH(1) therefore explains how if you aim to relay the message that students should not be accessing these forms of media then you are not able to open the conversation to more nuanced topics and build trust for their comfort to raise further questions.

SH(2) discusses similar approaches to discussions with her students and extends this conversation to include how both video games and other online content such as pornography are designed for you to gradually seek more and eventually lead to financial contribution. With younger students, she reiterates that pornography was not created for them and warns that it can have a lasting effect as their brains are still deciphering what feels good. She agrees with Srinivasan's barrier that the research on pornography's effects on hijacking youth's sexuality is not available as you cannot research young people and pornography concurrently. With her work taking place in high school settings she can state more explicitly in her presentations specific demonstrations in pornography that students should be wary of. She expands the conversation to talk of consent and etiquette, clearly mentioning acts students may have witnessed in pornography that are not realistic depictions unless consensually agreed upon with a sexual partner. To root her presentation from a place of pleasure she encourages students to embrace their bodies and emphasizes that when a person shows interest, they are interested in a package deal rather than in specific body parts. She is able to bridge this conversation into discussions of body image as mainstream pornography's portrayal of body parts such as penises or vulvas is not realistic of the population. SH(2) states that this aims to push back specifically on young girls' frequent insecurities about their bodies, particularly their labia as they often do not look like those presented in pornographic content. She acknowledges the pressures of a society where everything is extremely sexualized and uses humour to address the age gap between the society in which she grew up and the differences in media now. Similar to Kolenz and Branfman's work (2019), she employs the use of humour to build comfort in a short period as she is often only provided a small window of time to relay information to upwards of 500 students. She relies on her ability to come across as a mother figure reciting mom jokes, however, she states the difficulty in building up to humour as time is often a factor. SH(2) says that a simple joke about the clitoris could take up to ten minutes to explain, having to first establish that students of any age comprehend the basic function and structure of this body part. She notes further how the

teacher's identity can have a serious impact on their ability to deliver humour. She elaborates that male teachers may come across as more "cringey or pervy" while delivering the same jokes, and she would be nervous to talk about the same topics had she been a man in an equivalent position.

When discussing the topic of media and pornography with ET(1) and ET(2) they both mentioned the effects of explicit internet media showing up more insidiously among their young students. ET(2) discussed on multiple occasions being put in a position to dispel myths or discuss topics that were brought on by students' curiosity such as the term "69" or unpacking the meaning of the word "cunt". She states that she enjoys these conversations as she has no problem answering questions and facilitating these opportunities for learning with her class. However, this also points to how early students are being exposed to this vocabulary, when they often do not truly understand what they are referring to. In a previous year, ET(1) discovered that all of the informative sexual health websites she had encouraged her students to use in their investigation were blocked through the school's ipads. She notes that she would not want her students accessing pornographic sites in class, which on at least one occasion she had found to be the case, however, expresses the difficulty of maintaining technological safety in the classroom while also allowing her students the right to information.

5.2 student experience by way of teacher engagement

The following are some of the factors that educators discussed as possibly affecting youth's experiences with sexual health education. SH(2) notes how the timing, frequency and environment can impact students' absorption of information dramatically. She provides the example of how math is followed up and built upon every year, yet with sexual education happening maybe once annually, students do not have the consistency to take in information when they are ready to receive it. ET(1) and ET(2) both discussed how gendered segregation of classes could have an effect on students' responses and comfortability with the material and they feel that students could benefit from hearing perspectives of all identities. More factors may include differences across districts for students changing schools, a lack of trust and connection in relationships with instructors, potential teacher biases, influences from media sources and feeling seen and acknowledged within the discussions of student health. Though this thesis does not expand to gain insight from student experiences, to consider health education being taught comprehensively, youth's responses must be taken fully into account. I asked educators how they

work to create a safe and welcoming learning environment based on the reiteration in the “supporting student health guide” (2022). Furthermore, in my desire to remain hopeful while imagining the future of student health education, I asked educators to reflect on their future vision regarding the trajectory of student health.

creating a safe and welcoming learning environment

As SS mentions, as the sole instructor in a class, it is impossible to adapt to the needs of every single student. However, to work toward the creation of a safe and welcoming learning space, he makes a continued effort to take the time to listen to his students’ stories and be open to their perceptions of the world even if they differ drastically from his own. As a teacher, he states the importance of connecting with students to make them feel welcome, otherwise they may never feel truly safe regardless of what markers of acceptance and inclusion are hanging in the classroom. SS also talks about how the physical setup of a classroom can affect the interactions among students. He builds his with an open table layout which encourages face-to-face conversations and connection, even for peers who may not speak to each other frequently. ET(2) uses a similar strategy in the form of a talking circle and strives to set aside fifteen minutes at the beginning of every day to hear from every one of her students. This format does not expect an academic performance or a correct answer and instead provides youth with the opportunity to be addressed as more than just a student, to participate as their authentic selves, and to be engaged and collaborative in their learning.

In “Their Voices Will Guide Us”, the writers discuss the vital need for the creation of “ethical space” (2019). This space must be one where all students are considered of equal worth and each contribution is valued. It creates room for new knowledge, understanding and transformation, and even when cultures and worldviews may clash, teachers and students can communicate with each other respectfully and share without fear. There is no shortcut to creating an ethical space and it is every person’s responsibility to build these relationships upon mutual care (Their Voices Will Guide Us, 2019). The ongoing process of maintaining a welcoming and ethical learning space is key to being able to discuss the real-life implications involved in sexual health education.

conclusion

a note on hope: imagining the future of student health education

In returning to my initial question: how is the current curriculum being implemented and engaged with by teachers in order to provide holistic and effective student health education, I have found that within the greater Vancouver area, educators are encountering several challenges in their ability to provide health education that aligns fully with the expectations of the ministry of education and child care. These challenges are mainly due to factors such as the structure of the curriculum, the overwhelm of resources, fear of misrepresenting knowledges, a lack of accountability across districts, and the time, compensation and vulnerability needed to teach. Though the participants in this project did not have many instances of parent, caregiver or community pushback, it should be noted how in former studies this has been raised as a central concern to many teachers' hesitations to teach sexual health education.

Based on the previous literature in the field, the knowledge gathered from the "supporting student health guide" (2022), the conversations had with educators, and my personal involvement in sexual health education as a student, I propose that for the future of student health to be one that is taught comprehensively, it must be treated as its own entity with adequate time, planning and compensation provided. It must be taken on by teachers who are adaptable, reflective and willing to learn along with a curriculum that is in a constant state of evolution. Finally, it should be taught thoughtfully, in classrooms where trust and respect can be established, care can be demonstrated to each child, and value in the form of time and remuneration can be given to these tedious and vital topics.

When I picture myself as a young person entering such a space, I see compassion given to curiosity, shame set ablaze, and the encouragement of a limitless imagination so long as its creations are not at the expense of another's health and happiness. For Audre Lorde, there is no difference between writing a good poem and moving into sunlight against the body of a woman she loves (1984). For me, in my erotic imagination, there is no difference between the intuition of my own tender touch and the comfort I feel from the forest floor as I patiently wait for a seedling to grow.



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