

## **Sexual Health Teaching Evaluation Executive Summary**

### **BACKGROUND**

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The Mandatory Health Programs and Services Guidelines<sup>1</sup> requires that the Board of Health assist the school to ensure the provision of three hours of education annually about both sexual health and sexually transmitted diseases (STDs) and HIV/AIDS to all students in grades 7-9. In order to meet this requirement, staff in the Department of Clinical Services have developed a teaching program based on the Ontario Physical Health Educators Association (OPHEA) curriculum for Healthy Living – Growth and Development. The following are the objectives of the Health Unit's teaching program:

- To increase students' knowledge and understanding of puberty and sexual health issues.
- To increase students' knowledge of community resources for sexual health and how to access help.
- To establish rapport with students to facilitate their use of Health Unit sexual health clinics, as needed.
- To increase students' comfort with talking to a PHN about sexual health issues.
- To encourage students' to talk to parents about puberty and sexual health issues.

In the fall of 2002, teachers were given a resource package from the Health Unit containing photocopied sections of Unit 4 in the OPHEA curriculum, lesson plans, activity sheets, and tests. Separate packages were developed for grade 5 & 6 teachers and grade 7 & 8 teachers, with topics appropriate to the information needs of the students. The program used a team approach to program delivery, where the classroom teacher delivered half the lessons and a PHN taught the other half.

A process evaluation began in the fall of 2003, in order to determine how the program could be improved and whether program delivery could be made more efficient for the Health Unit. The following were the evaluation questions:

- Are the classroom teachers implementing the lessons as planned?
- What are the barriers for program delivery for classroom teachers? Are classroom teachers comfortable with delivering sexual health information to students?
- What supports do teachers need in order to deliver the program as planned?
- What are the benefits of using a team approach (ie – both classroom teachers and PHNs) for program delivery?
- How effectively do teachers feel the program meets it's objectives?

In order to answer the evaluation questions, feedback questionnaires were developed for grade 5 & 6 teachers and grade 7 & 8 teachers. The questionnaires were meant to be distributed by fax or delivered in-person to classroom teachers by the PHN, after all of the lesson plans were

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<sup>1</sup> Ministry of Health. Mandatory Health Programs and Services Guidelines. December 1997.

taught. However, some questionnaires were sent to teachers, completed and returned before the program was delivered. These teachers were asked to complete the questionnaire again, after the program was complete. If the questionnaire was not completed again, the original was included, but responses for certain questions were excluded from the analysis. Therefore, valid percentages have been used throughout this report and some questionnaire items had too few respondents to report.

## **HIGHLIGHTS OF RESULTS**

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A total of 50 questionnaires were returned from grade 5 & 6 teachers, representing 34 different schools. A total of 48 elementary schools were sent questionnaires, for a school response rate of 71%. A total of 47 questionnaires were returned from grade 7 & 8 teachers representing 32 different schools. A total of 46 elementary schools were sent questionnaires, for a school response rate of 70%.

### **Grade 5 & 6 Program Implementation**

As part of the team approach, grade 5 & 6 classroom teachers were requested to teach three lesson plans to their students prior to the PHN arriving. The evaluation asked teachers whether they had in fact taught the lesson plans as requested. More than three-quarters of classroom teachers (80.0%) delivered the lesson plan on healthy relationships to their students, while fewer teachers taught the lesson plans on stress and pressure (58.3%) and responsible decision-making (63.2%).

Since it was anticipated that teachers might experience some discomfort with the content of the lesson plans, the evaluation asked specific questions regarding comfort with certain topics. The survey asked teachers to check whether they were currently “very”, “somewhat” or “not at all” comfortable teaching the requested lesson plans. The majority of teachers were comfortable teaching stress and relationships to grade 5 students (65.0%) and healthy relationships to grade 6 students (73.1%). However, the majority of teachers were either “somewhat” or “not at all” comfortable with teaching the lesson on responsible decision-making to grade 6 students (33.3%).

The PHN is required to teach 6 lesson plans to the grade 5 & 6. The survey asked the classroom teachers to indicate whether they would teach their students the lessons that the PHN currently delivers and how comfortable they would be with the subject matter. The results indicated that teachers would be most likely to teach the lessons on the importance of hygiene, review of puberty changes, and puberty and the reproductive system. The topics that teachers are the least comfortable with involve the specific changes that occur in males and females at puberty.

### **Grade 7 & 8 Program Implementation**

Grade 7 & 8 classroom teachers are requested to teach seven lesson plans to their students prior to the PHN arriving: puberty review; effective communication skills; abstinence as a choice; informed decision-making; the importance of abstinence; living skills and decision making; and refusal skills. The evaluation asked teachers whether they had in fact taught the lesson plans as requested. Less than half of the teachers who responded implemented the lessons on review of puberty (36.4%), living skills and decision-making (45.0%) and refusal skills and

saying no to sexual intercourse (20%). Many teachers reported that they felt the PHN covers these topics adequately when delivering their lesson plans. More than half of the teachers reported implementing the other required lesson plans.

Grade 7 & 8 classroom teachers were also asked specific questions regarding comfort with topic areas. Overall, the results indicated that grade 7 & 8 teachers are more comfortable teaching the topics that are requested than are grade 5 & 6 teachers. The lesson plans that grade 7 & 8 teachers reported being the least comfortable were the review of puberty (45.0% responded “somewhat” or “not at all comfortable”), followed by abstinence as a choice (39.1% responded “somewhat” or “not at all comfortable”).

The questionnaire asked the classroom teachers to indicate whether they would teach their students the lessons that the PHN currently delivers and how comfortable they would be with the subject matter. Over three-quarters of classroom teachers that responded to this question indicated that they would be willing to teach the topics that the PHN currently delivers. However, this result is somewhat confusing, since the majority of teachers reported not delivering the sessions that are currently expected.

### **Barriers to Program Implementation**

All teachers were asked an open-ended question to identify and describe the barriers that prevented them from teaching the requested information to their students. Grade 5 & 6 teachers most commonly reported time (10 responses) and discomfort (7 responses) as barriers; whereas grade 7 & 8 teachers reported time, not discomfort, as the only major barrier (10 responses).

Access was another barrier reported by some teachers. The survey specifically asked teachers whether they have access to the OPHEA curriculum on Healthy Living – Growth and Development. A total of 10 grade 5 & 6 teachers (21.8%) and 10 grade 7 & 8 teachers (28.3%) reported not knowing where the OPHEA curriculum was located. The evaluation also asked if they had a copy of the Health Unit's teaching package. A total of 22 grade 5 & 6 teachers (47.9%) and 28 grade 7 & 8 teachers (60.8%) either did not have a resource package or were unsure where it was located.

## **Supports for Program Delivery**

The questionnaires asked teachers what supports they would like from the Health Unit in order to assist with the delivery of information on puberty and sexual health to students. Approximately 90.0% of all teachers indicated that they would like in-class delivery of puberty and sexual health information by a PHN to continue. Approximately 22.0% of grade 5 & 6 teachers and 25.5% of grade 7 & 8 teachers indicated that they would like an annual workshop. Other supports of interest to teachers included educational resources and information presented in the school newsletter.

## **Benefits of Team Approach to Program Delivery**

The evaluation provided a list of possible benefits of having the classroom teacher and the PHN work together to deliver puberty and sexual health information to students. Teachers were asked to check all the benefits, which they had experienced from the team approach. The results indicated that teachers experience many benefits, most commonly:

- Student exposure to PHN experts, experienced in teaching puberty and sexual health
- Enhanced student comfort with talking to a PHN
- Enhanced sense of partnership between the Health Unit and the schools

## **Perceived Program Effectiveness**

Teachers were asked to rate the extent to which they felt the teaching program met its objectives, as either “to a great extent”, “somewhat”, or “not at all”. More than three-quarters of grade 5 & 6 teachers felt the program increased students’ knowledge and understanding of puberty and established a rapport with students. Two-thirds of grade 5 & 6 teachers felt the program increased students’ comfort with talking about puberty; while less than one-half of felt that the program encourages students to talk to parents about puberty.

Over three-quarters of grade 7 & 8 teachers felt that the program was effective in increasing students’ understanding of sexual health issues, increasing student’s comfort in talking about these issues, and increasing student’s knowledge of community resources. Two-thirds of grade 7 & 8 teachers felt the program was effective in establishing rapport with students; while 46.3% thought the program encouraged students to talk to parents about puberty and sexual health.

For a copy of the full evaluation report, contact Shani Gates, Planning and Evaluation Consultant at [shani.gates@healthunit.org](mailto:shani.gates@healthunit.org).