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Résumé de l'article

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The Impact of COVID-19 on Instruction for and the Implementation of Quebec’s Sexual Health Curriculum: Teacher Perspectives

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Abstract

In March 2020, the COVID-19 pandemic necessitated school closures across Quebec. Educators shifted to online learning and complied with COVID-19 safety measures for in-person teaching, impacting the implementation of Quebec’s Sexuality Education program. Drawing on responses from a sample of 165 in-service teachers working in English school boards across Quebec, this study discusses the challenges that characterized teaching sexual health education (SHE) during the COVID-19 pandemic. The data analyzed in this study consist of teachers’ responses to one qualitative question: How has the COVID-19 situation affected your teaching and incorporation of Quebec’s comprehensive sexual health education curriculum in your classroom? The results indicate that educators taught less SHE during the COVID-19 pandemic due to a lack of time and other core curriculum subjects taking precedence. Other challenges were present, including a lack of clarity from school administrators on how SHE should be implemented, reduced ability to supplement SHE classes with guest speakers, difficulty facilitating discussions due to students’ home environments, and decreased student engagement. Despite these barriers, teachers felt that teaching SHE during the COVID-19 pandemic was important and expressed the need for more pedagogical development and training opportunities to improve SHE both online and in person.



Introduction

Sexual health education (SHE) has been a contentious topic across North America. Findings on SHE indicate that youth experience learning gaps for topics such as consent, healthy relationships, sexual diversity, and pleasure (Lavery et al., 2021). On the other hand, SHE is commonly reported to include education on abstinence, pregnancy, and physiology, as well as other risk reduction methods (Leung et al., 2019). While abstinence is the only effective way to prevent sexually transmitted infections and other illnesses, exclusively teaching abstinence may be insufficient or unrealistic. For example, studies have shown that abstinence-only education is not effective at reducing sexual risk-taking behaviours (e.g., Naruhima et al., 2020). Rather, providing comprehensive SHE can address a more holistic understanding of sexuality, including its emotional, physical, and psychosocial aspects (Russell et al., 2020). This is a critical issue as, according to the 2021 Youth Risk Behavior Survey (YRBS; Centers for Disease Control and Prevention, 2021), 30% of US high school students reported having sexual intercourse. Findings from the 2021 YRBS indicate that SHE is needed to further minimize risky sexual behaviours. Moreover, SHE includes topics beyond the physical acts of sex and risky sexual behaviours. Youth have reported that many SHE topics were not covered in a comprehensive manner (e.g., healthy relationships, sexual diversity), requiring them to access sexual health information from informal sources, including websites, parents, peers, and pornography (Narushima et al., 2020). The need to rely on such spaces can lead to youth receiving misinformation or otherwise inaccurate sexual health information. Additionally, not all youth receive the same opportunities to access comprehensive SHE relevant to their lives. For example, specific marginalized youth (e.g., those with disabilities, LGBTQ, youth in rural areas) may face additional barriers to receiving relevant, comprehensive SHE (Walters & Lavery, 2022). Many findings in SHE literature indicate that a full education must go beyond abstinence and physical aspects of sexual health (Walters & Lavery, 2022). Therefore, providing accurate and comprehensive information to youth can positively impact their understanding of sexual health across physical, emotional, and psychosocial spaces.

In Canada, SHE is different across provinces and territories because school-based curricula fall under provincial and territorial jurisdiction (Leung, 2022). Although each province and territory mandates some form of SHE, there is variation in structure, instructional time, and learning outcomes between jurisdictions. The lack of standardization between SHE curricula creates a barrier to monitoring and measuring the effectiveness of SHE across schools in different areas of Canada. Despite these variations in SHE experiences, youth have found value in accessing SHE and concluded the information to be meaningful and relevant to their lives (Lavery et al., 2021). Youth described wanting more opportunities to learn about diverse SHE topics, including more positive and healthy perspectives on sex and relationships (e.g., Narushima et al., 2020). However, many Canadian teachers report feeling unprepared to teach SHE, which is indicative of the lack of required or elective SHE courses in the curricula of Bachelor of Education (BEd) programs required for teacher certification (Leung, 2022). Although teachers report being supportive of providing comprehensive SHE to their students and understand the importance of teaching comprehensive SHE topics, teachers rated themselves less knowledgeable about and comfortable with teaching such topics. The discrepancy may suggest a need to focus on pedagogy in teaching SHE topics so that teachers can be increasingly knowledgeable and comfortable. Leung et al. (2022) explored associations between teacher characteristics and their attitudes towards and beliefs about SHE. Findings revealed that a teachers' prior knowledge of SHE and experience with teaching SHE positively predicted their comfort and competence with teaching SHE. Although

this prior research has established that teachers consider the topics in a comprehensive SHE curriculum to be important, the COVID-19 pandemic has added a layer of complexity to the effective teaching of SHE to students.

Quebec's sexuality education prior to 2018

In 2005, Quebec's Ministry of Education underwent an educational reform that resulted in the implementation of the Quebec Education Program (QEP). Within the QEP, SHE was listed under the "Health and Well-being" category and was deemed non-compulsory for primary and secondary students. It was assumed that multiple stakeholders—including educators, support staff, parents, and community members—would share the responsibility of providing SHE to students (Garcia, 2015). Within schools, all educators were expected to integrate SHE into their classes (Christman, 2014). This method was intended to provide students with a multi-disciplinary and holistic approach to SHE (Christman, 2014). However, teachers expressed several barriers to the successful implementation of SHE, including a lack of training and support, time constraints, and discomfort in integrating sexuality discussions into their respective teaching subject (Christman, 2014; Dowd, 2010; Garcia, 2015). Some expressed complete opposition to teaching SHE to youth (Christman, 2014). Leaving the instruction of SHE to the discretion of educators resulted in students receiving incomplete and inconsistent SHE or no SHE whatsoever (Christman, 2014; Garcia, 2015; Parker & McGray, 2016). Because the program was intended to be a combined effort among multiple stakeholders, no one person could be held accountable for these failures (Christman, 2014; Parker & McGray, 2016). In 2012, the Quebec Ministry of Education, Recreation, and Sports performed an internal survey that indicated that 80% of schools were not teaching SHE sufficiently (Action Canada, 2019). This survey confirmed that Quebec students were receiving inadequate SHE (Action Canada, 2019; Christman, 2014). With the help of public appeal and petitions from local community organizations that called for the reinstatement of compulsory SHE, the survey findings led to the development of a pilot program that was later introduced as the present-day Sexuality Education program (Action Canada, 2019).

The current sexuality education program in Quebec

In 2018, Quebec's Ministry of Education announced that the teaching of sexual health was mandatory in all Quebec elementary (Grades 1–6) and high schools (Grades 7–11). The new program, entitled Sexuality Education, became a complementary feature of the QEP curriculum (Ministry of Education, 2020). Currently, teachers, support staff, and external facilitators are expected to teach the program for 5 to 15 hours per year (Ministry of Education, 2020). Through age-appropriate instruction, the Sexuality Education program aims to increase student understanding of sexuality and reflect on important topics, such as emotional and romantic life, gender and sexual diversity, and body image (Ministry of Education, 2020). The current program consists of eight themes: 1) a comprehensive view of sexuality; 2) sexual growth and body image; 3) emotional and romantic life; 4) identity, gender stereotypes and roles, and social norms; 5) sexual assault and violence; 6) sexual behaviour; 7) pregnancy and birth; and 8) sexually transmitted and blood-borne infections (Ministry of Education, 2018). Much like the previous sexual health program that ran from 2005 to 2018, teachers across all subjects are expected to share the responsibility of teaching the Sexuality Education program. However, teachers have received little information on who will be required to teach the curriculum or how the program should be integrated into subjects such as French, History, Math, or Science (Rukavina, 2018; Xanthoudakis,

2021). Furthermore, a review of past literature suggests that Canadian teachers lack the knowledge, comfort, training, and time required to successfully teach SHE (Robinson et al., 2019). These existing barriers to SHE implementation were exacerbated when, only two years after the Sexuality Education program's release, the coronavirus pandemic drastically transformed the structure of schooling in Quebec.

The shift to online education for Quebec teachers

At the onset of the COVID-19 pandemic, primary and secondary schools in Quebec took significant measures to reduce the spread of coronavirus, including mandatory school closures, online schooling, physical distancing, and mask mandates (Government of Quebec, 2021; Montpetit, 2021). For many Quebec educators, the shift from in-person teaching to online and hybrid models of learning began on March 13, 2020, after the Quebec government ordered public school closures for 14 days (Rowe, 2020; Thomas, 2021; Thompson et al., 2021). On March 14th, the first child in Quebec tested positive for COVID-19 (Rowe, 2020), prompting teachers to shift to emergency-response remote learning and adapt their pedagogy for unprecedented times (Aurini & Davies, 2021). These initial school closures resulted in teachers providing fewer instructional hours than before the pandemic. Weekly instructional contact hours—a measure that represents an hour of scheduled instruction provided to students—varied across Canada. On average, students from kindergarten to Grade 9 received one to 12 hours per week, while students in Grades 10 to 12 received two to three hours per week (Aurini & Davies, 2021; Whitley et al., 2021).

The following 2020–2021 school year was also marked by changes to education as waves of COVID-19 sent students back and forth between in-person and online learning. For example, the reopening of most elementary and high school were delayed after the January 2021 winter break (Rowe, 2020). Throughout the school year, methods of teaching varied based on the pandemic's evolution by region; most elementary students returned to full-time in-person schooling, while many high school students attended school in-person every other day in a hybrid model (Montpetit, 2021). The widespread discrepancies in teaching methods speak to the inconsistency of educators' instruction during the COVID-19 pandemic.

Methods

Prior to this study, there was no research exploring the impact of COVID-19 on SHE. This study draws from the results of a larger survey (Leung, 2022). The goal of the larger survey was to understand teachers' perspectives on the dissemination of SHE in their schools.

Procedure

The current study utilized a larger dataset that consisted of multiple questions (Leung, 2022). For the purpose of this study, only one qualitative question was extracted and analyzed. The online survey was sent to 24 schools from across four English school boards in Quebec and to two private schools in Montréal (Leung, 2022). In addition, online advertisements about the study were posted in two private Facebook groups comprised of Quebec teachers (Leung, 2022). Snowball sampling was used to recruit in-service teachers, and participants were encouraged to share the online survey with their peers and colleagues. (Leung, 2022). The online survey consisted of 1) demographic items; 2) quantitative questions regarding teachers' knowledge of, attitudes towards, and competence with teaching specific Sexuality Education program topics; and 3) qualitative

questions about the impact of the COVID-19 pandemic on the implementation of the Sexuality Education program. (Leung, 2022). The study was approved by the McGill University Research Ethics Board (#20-08-028) and the Concordia University Research Ethics Board (#30014013) and received approval from each of the four English language schools in Quebec. (Leung, 2022).

Participants

The participants of Leung’s (2022) survey consisted of in-service teachers (practicing teachers) who were currently practicing or had taught in previous years the current Sexuality Education program as well as pre-service teachers (students training to become teachers) in Quebec, Canada. Of these results, only in-service teachers’ responses to the questions were considered because the primary objective of this study is to explore teachers’ views about how the implementation of Quebec’s Sexuality Education program was affected by the COVID-19 pandemic. Unlike in-service teachers, most pre-service teachers in Leung’s study (2022) were not working in the field; thus, they were not teaching the Sexuality Education program during the pandemic.

The current sample consists of 165 in-service teachers practicing in Quebec. Most participants reported being biologically female or female-identifying (78.18%), were of European descent (81.21%), and were between the ages of 30 and 39 (36.59%). The majority had obtained a bachelor’s degree (58.18%) and taught in Secondary Cycle 1 (27.00%), corresponding to Grades 7 and 8, or Secondary Cycle 2 (30.06%), corresponding to Grades 9 through 11. The participant demographics are shown in Table 1.

Table 1. Characteristics of in-service teachers.

| Characteristic | Variable | Absolute | Percent |
|------------------------|---------------------------------|------------|---------|
| Sex | Female | 129 | 78.18 |
| | Male | 36 | 21.82 |
| | Total | 165 | |
| Gender Identity | Female | 129 | 78.66 |
| | Male | 33 | 20.12 |
| | TGNC* | 2 | 1.22 |
| | Not Identified | 1 | 1.22 |
| Ethnicity | European Descent (non-Hispanic) | 134 | 81.21 |
| | White Asian | 7 | 4.24 |
| | East Asian | 6 | 3.64 |
| | African/Caribbean | 5 | 3.03 |
| | Southeast Asian | 4 | 2.42 |
| | South Asian | 3 | 1.82 |
| | Don’t know | 3 | 1.82 |
| | Mixed | 2 | 1.21 |
| | Latin/South/Central American | 1 | 0.61 |
| Indigenous Peoples | 0 | 0 | |
| Education Level | Bachelor | 96 | 58.18 |
| | Master’s/Postgraduate | 67 | 40.61 |
| | PhD/EdD/Other Doctorate | 2 | 1.21 |

| | | | |
|-----------------------|--------------------|----|-------|
| Age Group | 18–24 | 11 | 6.71 |
| | 25–29 | 46 | 28.05 |
| | 30–39 | 60 | 36.59 |
| | 40–49 | 31 | 18.90 |
| | 50+ | 16 | 9.76 |
| | Not Identified | 1 | |
| Teaching Grade | Kindergarten | 9 | 5.52 |
| | Elementary Cycle 1 | 18 | 11.04 |
| | Elementary Cycle 2 | 20 | 12.27 |
| | Elementary Cycle 3 | 23 | 14.11 |
| | Secondary Cycle 1 | 44 | 27.00 |
| | Secondary Cycle 2 | 49 | 30.06 |
| | Not Identified | 2 | |

***Transgender and Gender Non-Conforming**

Data analysis

The current study analyzed participant responses to the following question: How has the COVID-19 situation affected your teaching and incorporating of Quebec's comprehensive SHE curriculum in your classroom? From a sample of 165 participants, this open-ended question received 163 in-service teacher responses; however, the total decreased to 151 responses when non-replies and irrelevant responses were removed. Researchers evaluated the responses using an inductive content analysis approach, allowing categories and themes to emerge from the data through repeated reading and comparison (Thomas, 2006). Considering the unprecedented nature of the COVID-19 pandemic, the use of an inductive approach method was necessary, as categories could not be predicted before data were coded.

To begin data analysis, the researchers individually reviewed the responses in detail until they were both familiar with the data. Next, the researchers individually categorized the responses into emerging codes. Once both researchers had coded the data separately, they compared results. A series of meetings between the researchers resulted in the merging of codes and the development of more comprehensive themes. Any inconsistencies or disagreements about themes were discussed until a common agreement was reached. During the last phase of data analysis, the researchers created seven larger, overarching categories that represented major themes. As per inductive qualitative data guidelines, a final list of no more than eight categories representing major themes was generated (Thomas, 2006). The final list of themes included 1) changes to SHE program implementation, 2) no changes to SHE program implementation, 3) pedagogical adaptations, 3) decreased student engagement, 4) negative impacts for teachers, 6) a lack of SHE training for teaching and implementation, and 7) the importance of SHE during the COVID-19 pandemic.

Results

1. Changes to SHE program implementation

1.1 Decreased SHE program implementation

Several teachers ($n=14$) decreased SHE implementation because of the COVID-19 pandemic. Of these teachers, two credited school closures for the decline of program implementation. Other

teachers ($n=2$) discussed how they reduced sexual health lessons because the Ministry of Education did not consider SHE essential to the core curriculum. One teacher admitted to reducing SHE to one hour of information per semester, noting that they had no time to teach the essential curriculum or the SHE curriculum.

1.2 Decreased time for SHE program implementation

Several teachers' responses ($n=16$) discussed time in relation to SHE program implementation. Of those who mentioned time, the majority said that they had less time to implement SHE this past year due to the COVID-19 pandemic ($n=13$). Teachers also indicated that they had a lack of time to plan for teaching the SHE curriculum ($n=3$). One teacher used ad hoc methods for SHE with the limited available time, such as informing students that they would be given the answer to any sexual-health-related question that they wished to ask.

1.3 Absence of SHE program implementation

A total of 32 teachers (21.19%) disclosed that they were not teaching the Quebec-mandated Sexuality Education program. While most teachers provided no further explanation for the absence of the program in their teaching, some revealed that SHE was not taught in their respective schools even prior to the onset of the pandemic ($n=3$). Other teachers noted that they did not teach SHE in their class ($n=23$). Reasons for this included that they had not been asked to incorporate SHE into their curriculum ($n=2$) or that they were not assigned by administrators to teach SHE this year ($n=1$). Two participants revealed that the SHE program was supposed to be taught but never was. One teacher noted that teaching was "difficult with online school so we had to cut off a lot of things such as sex ed."

2. No change to SHE program implementation

The data revealed that 50 in-service teachers (33.11%) experienced no changes to the teaching or implementation of the Sexuality Education program during the COVID-19 pandemic. However, some of these participants ($n=8$) noted that they experienced no change because they did not teach the Sexuality Education program prior to or during the pandemic. Furthermore, four participants noted that they experienced no change because a specific designated teacher (such as a Sex and Drugs Educator or an Ethics teacher) was responsible for the instruction of SHE prior to and during the pandemic. When excluding participants who did not teach SHE prior to and during COVID-19, the total number of participants who did not experience any changes to their teaching and implementation of SHE was 38 (25.17%).

3. Pedagogical adaptations

A total of 44 (29.14%) teachers made pedagogical adaptations to SHE during the COVID-19 pandemic. For example, 12 teachers shifted to online schooling, and four teachers shifted to hybrid methods of learning. Other pedagogical adaptations were discussed, including diversifying teaching methods through digital resources and programs ($n=2$) and integrating SHE into subjects such as Psychology and Science ($n=2$).

3.1 Shift in prioritization of curriculum subjects

During the pandemic, several teachers reduced SHE lessons to ensure that other essential subjects were taught. The shift in prioritization of curriculum subjects was mentioned by 16 participants;

one commented that sexual health education was “not a priority,” and another said that it “[had] taken a back seat this year.” Some teachers credited this shift in prioritization to the fact that teaching time was diminished due to the enforcement of COVID-19 related safety measures ($n=4$). Another teacher argued that “content-teaching [was] completely irrelevant during a global pandemic.” Similarly, one teacher stated that the focus of schooling during the pandemic was geared towards survival rather than pedagogical development.

3.2 Shift in prioritization of SHE topics

Within the subject of SHE, topics were also reprioritized during the COVID-19 pandemic. With limited teaching time, teachers chose which topics to prioritize and which to omit within the SHE curriculum ($n=5$). One teacher chose to prioritize lessons on how to identify and report abuse, while another teacher placed more emphasis on digital literacy and “netiquette in Zoom classes.” One educator wrote that their teaching of SHE was solely focused on the anatomy of the reproductive system. In contrast, one teacher omitted the unit on reproductive systems because of the March–June 2020 school closures.

4. Decreased student engagement

Several teachers ($n=12$) discussed how the COVID-19 pandemic negatively impacted student engagement. More specifically, teachers experienced a limited ability to foster in-person discussions ($n=2$). Physical distancing measures played an important role in teachers’ ability to foster classroom discussions. One teacher stated that face-to-face interaction between students was limited, and another teacher wrote that they “like to form groups at school to discuss certain topics” but could not do this because they were not allowed to mix classroom bubbles. One teacher also believed that the absence of in-person learning resulted in a lack of relationship building and community building among students. Three teachers mentioned that student engagement had decreased because of online schooling. For example, teachers stated that they received less feedback ($n=1$) and participation from students during online schooling ($n=2$).

A few teachers ($n=3$) noted how online learning at home created additional barriers to sexual health discussions. For example, teachers believed that online learning was challenging because students were unable to separate the classroom from the home ($n=1$). Others believed online learning was challenging because parents, caregivers, grandparents, and siblings were listening in on SHE ($n=2$) or sitting in the same room as students while SHE was being taught ($n=1$). One participant reflected, “Who wants to discuss sex when your family is sitting right next to you[?]” Another participant had received complaints from parents who listened in on sexual health lessons. They wrote that “teachers are having a difficult time teaching sensitive topics when parents are listening and judging and complaining about our lessons.” Another teacher expressed a “fear of information being recorded or taken out of context” when students were attending class at home.

5. Negative impacts for teachers

5.1 Increase in frustration

Some teachers ($n=12$) expressed feelings of frustration with respect to the COVID-19 pandemic and its impacts on their ability to teach SHE. Teachers used words such as “difficult” ($n=4$), “stressful” ($n=2$), “disaster” ($n=1$), “frustrating” ($n=1$), “challenging” ($n=1$), and “negative” ($n=1$)

to describe their current teaching situation. One teacher described how the COVID-19 pandemic negatively impacted class management and morale, making it difficult to teach sexual health.

5.2 Decreased opportunities to supplement curriculum learning with stakeholder visits

COVID-19 safety measures, including online schooling and physical distancing, hindered teachers' capacity to supplement the SHE curriculum with visits from key stakeholders. Teachers mentioned a lack of visits from stakeholders such as nurses ($n=3$), health professionals ($n=1$), government workers ($n=1$), and LGBTQ community members ($n=1$) due to the COVID-19 pandemic.

6. Lack of training for SHE teaching and program implementation

Many teachers described a lack of adequate training on how to teach and implement SHE ($n=20$). Two teachers attributed their lack of training to a decrease in professional development (PD) opportunities due to the pandemic, and one teacher described how they did not receive grade-specific SHE training during the COVID-19 pandemic. Another teacher described how they obtained training by self-teaching from reliable resources on the Internet. Notably, two teachers specified that the issue of insufficient SHE training existed prior to the onset of the COVID-19 pandemic. In addition, nine teachers expressed a lack of clarity about the implementation of the SHE program in their classrooms and school. For example, participants felt frustrated ($n=1$) and uncertain ($n=1$) and lacked awareness ($n=2$) about how to implement the SHE program. One teacher had received vague guidelines for how to teach SHE ($n=1$), and another hoped that a more organized SHE program would be implemented the following year ($n=1$).

7. Importance of SHE during the COVID-19 pandemic

Seven teachers discussed the importance of SHE. Of these teachers, most discussed the importance of SHE in the context of the COVID-19 pandemic. One declared that SHE was more essential than ever because students had received less SHE instruction in the previous year due to the pandemic's disruptions to schooling. One teacher discussed how a pandemic makes certain SHE topics even more pertinent, such as lessons about personal space. Another teacher emphasized the importance of social and emotional learning due to the negative mental health impacts of the pandemic on students.

Discussion

Changes to SHE program implementation

The research highlights how the COVID-19 pandemic changed SHE program implementation. Overall, the COVID-19 pandemic led to a decrease in program implementation. Teachers spoke of "skipping" SHE lessons, and one participant wrote, "It has been disregarded for most teachers and has not been taught fully." Due to the open-ended nature of the research question, this discussion lacks important context. We cannot quantify how many SHE hours teachers implemented during the pandemic, nor can we compare this number to the hours spent teaching SHE prior to the pandemic. However, these responses raise the concern that several teachers were not implementing the mandatory five to 15 hours of SHE during the COVID-19 pandemic. Another factor that contributed to a decrease in SHE program implementation was school closures.

COVID-19-related school closures first occurred in the spring of 2020, coinciding with the time in the school year when SHE is typically taught (Government of Quebec, 2021; Montpetit, 2021). As Quebec schools adjusted to online learning, many students did not have classes for several weeks (Thompson et al., 2021). These initial school closures, compounded with additional school closures across Quebec as second and third waves of COVID-19 emerged, reduced the number of teaching hours that could be allocated to SHE.

The findings also demonstrate that teachers felt they had less time to implement and plan SHE due to the pandemic. With regards to planning, teachers had insufficient time to prepare lessons and meet with colleagues to discuss which SHE topics should be taught at which grade level. This issue is not unique to the context of the pandemic. For instance, several studies conducted prior to the pandemic found that teachers reported having insufficient time to teach SHE due to a discrepancy between curriculum requirements and available class time (Buston et al., 2002; Martínez et al., 2012; Rose et al., 2019). Moreover, the current study provides insight into the pre-existing shortcomings of SHE curricula that were exacerbated by the pandemic, such as educators' lack of adequate SHE training or lack of comfort with SHE topics. In particular, teachers' lack of adequate SHE training or lack of comfort with teaching SHE topics may have resulted in the decrease in program implementation (i.e., privacy issues at home). COVID-19 cases among teachers and students may have also exacerbated the lack of time for SHE planning and implementation. A CBC News article reported over 50,000 detected cases of COVID-19 among students and staff in schools across the province of Quebec (Montpetit, 2021). COVID-19 cases among teaching staff led to higher rates of absence from school throughout the pandemic, limiting time for SHE (Roy & Ross, 2022). Prior to the pandemic, teachers may have been able to return to school the day after their illness symptoms had lessened. During the pandemic, however, teachers were required to take a COVID-19 test and wait for a negative result, further delaying their return to school (Alphonso, 2020).

Finally, 21.19% of teachers reported the complete absence of the Sexuality Education program during the COVID-19 pandemic. Only three teachers explicitly attributed the program's absence to the COVID-19 pandemic. Some teachers disclosed that SHE was not taught in their school prior to or during the pandemic. Many teachers noted that they did not teach SHE in their class. Some teachers gave further reasoning, stating that they had not been asked to incorporate SHE into their curriculum or that they were not assigned by administrators to teach SHE during the 2020–2021 school year. Regardless of the reason for SHE's absence, these findings are concerning, as the Sexuality Education program is mandatory across all Quebec schools.

No change to SHE program implementation

When asked how the COVID-19 pandemic impacted their ability to teach and implement SHE, over a third of teachers reported that they experienced no change. This finding was unexpected, as the COVID-19 pandemic was characterized by changes to educational practice, such as the March 2020 school closures that affected all schools in Quebec (Banerjee, 2020). Teachers' implementation of SHE would have been suspended or conducted remotely because of school closures. For teachers whose schools quickly returned to in-person classes after the closures, mask mandates and physical distancing measures remained, undoubtedly changing the nature of classroom instruction. Despite these apparent changes to educational practice, a third of participants maintained that their teaching and implementation of SHE were unchanged during the pandemic. One teacher wrote, "Teachers can speak and students can listen so class goes on as usual." This response highlights how educators who employ teacher-led SHE instruction may have

been less affected by the pandemic than educators who facilitated more interactive, student-led SHE lessons. For example, teachers who utilize teaching aids like reproductive models, condom demonstrators, menstruation supplies, and classroom games to teach SHE would have been required to adapt their pedagogy to meet COVID-19 safety measures, such as sanitation protocols and physical distancing.

These results are clarified in part by the most prominent explanation for why teachers did not experience change in their teaching or implementation of SHE, which was because they did not teach the Sexuality Education program prior to or during the pandemic. Other teachers experienced no change in the teaching or implementation of SHE because a designated teacher was responsible for teaching the program. The remaining participant responses lacked context for why they experienced no change to SHE teaching and implementation during the pandemic. These findings warrant further research that explores how certain teachers were able to maintain consistency in their educational practice despite the prolific changes to schooling that occurred during the pandemic.

Pedagogical adaptations

The pandemic resulted in extra work for teachers as they adapted their pedagogy to adhere to COVID-19 public health measures, such as online schooling and physical distancing. In the study, over a quarter of teachers shifted to online schooling during the pandemic, and four used a hybrid model of teaching. For some teachers, the shift to online schooling meant that their pedagogy had to be diversified through digital resources and programs. Literature that explored sex education during the pandemic found that teachers used platforms such as YouTube to reinforce learning content and Google Forms to create online assessments and quizzes (Rolleri Insignares et al., 2021). Despite having access to online resources for teaching, participants expressed concern about maintaining the tangible aspects of teaching SHE during the pandemic. For example, COVID-19 sanitization measures limited student learning opportunities like handling menstrual hygiene products or exploring reproductive system anatomical models. One teacher shared that prior to the pandemic, students were allowed to practice putting condoms on a wooden penis model. However, during the pandemic, this learning exercise was reduced to a demonstration. Moreover, the data demonstrate that the tools used to teach SHE and the delivery of the SHE program required significant adaptation because of COVID-19 safety measures.

Furthermore, the findings indicate that many teachers prioritized other curricular subjects over SHE during the pandemic. Teachers discussed how subjects that were deemed essential for student progression by the Quebec government took precedence over SHE. One participant in the study stated that “the government has decided that sexual health education is not part of the essential knowledge that must be taught during the 2020–2021 school year.” This finding is consistent with research that suggests that some Canadian provinces instructed teachers to focus on numeracy, literacy, and the sciences during the pandemic (DeCoito & Estaiteyeh, 2022). However, there is no public record of the Quebec government communicating to teachers that certain subjects should be prioritized over others during the pandemic. Further research may help us understand why and how this information was communicated to teachers. Future scholarship should examine how the Quebec government communicated the guidelines and expectations for teaching sexual health in classrooms during the pandemic.

Within SHE, teachers emphasized certain topics and themes over others. The reprioritization of SHE topics was largely a consequence of the decreased time allocated for SHE lessons. Topics within SHE that were prioritized by teachers in the study included abuse

prevention, digital literacy, and the reproductive system. Educators also may have chosen to omit SHE topics because they were uncomfortable discussing specific topics or because they lacked the necessary training and knowledge to teach the content and material (Leung, 2022; Rose et al., 2019). In contrast, some teachers may not have had decision-making power because their school administrators or colleagues oversaw the choices of curricular content. Overall, the data demonstrate variations in teacher fidelity when implementing Quebec's Sexuality Education program. These findings warrant more nuanced investigations into whether teachers are covering all the mandatory content of the Sexuality Education program.

Decreased student engagement

Teachers believed that the COVID-19 pandemic decreased student engagement with and participation in SHE classes. The ability to hold in-person SHE discussions among students and across classrooms was limited due to physical distancing protocols at school. This decreased students' opportunities for socializing, relationship building, and community building with peers. Collaborative learning through dialogue and discussion is an important aspect of SHE that can benefit primary and secondary students' critical thinking and social and emotional development (Koch, 2007). However, during the pandemic, many teachers were unable to use this teaching method.

The findings indicate that the main barrier to student engagement during online learning was the presence of parents, caregivers, siblings, or extended family members when SHE lessons were being taught. Previous research has suggested that when household members are in the same room as youth who are engaged in a SHE lesson, students have difficulty expressing their opinions, sharing experiences, and asking questions related to sexual health (Rolleri Insignares et al., 2021). One teacher highlighted this barrier: "Who wants to discuss sex when your family is sitting right next to you[?]" Students' privacy can be limited at home because families place computers and laptops in common areas for communal use (Rolleri Insignares et al., 2021). The findings also highlighted that online learning made teachers more vulnerable to unsolicited opinions and criticism from parents. Teachers in the study expressed frustration after receiving judgement and complaints from parents who had observed their child's SHE lesson. Relatedly, teachers were also worried that information from SHE lessons would be taken out of context when students were learning at home. Some teachers who employed a hybrid method of instruction during the pandemic attempted to mitigate the challenges of at-home online learning by waiting to teach SHE on days when students came to school in person.

Negative impacts for teachers

Many teachers experienced frustration during the pandemic. This finding was reflected in several studies that evaluated the well-being of teachers during the COVID-19 pandemic (Love & Marshall, 2022; Narayanan & Ordynans, 2022; Shamburg et al., 2022). The constant demands of adhering to COVID-19 safety measures added to teachers' full workloads, creating new challenges and stressors. When waves of COVID-19 shut down schools, teachers adapted their instruction to digital platforms. During in-person learning, teachers' roles expanded as they became responsible for disinfecting classroom materials, handing out masks to students, and enforcing physical distancing rules. Teachers also taught unfamiliar SHE topics when COVID-19 regulations prevented classroom guest speakers, such as nurses and LGBTQ+ community members, from facilitating their regular sexual health discussions with students. As a result of these challenges,

teachers worked longer hours than usual during the pandemic (Gicheva, 2022; Kaden, 2020). The culmination of these conditions has been found to contribute to teacher burnout (Pressley, 2021; Shamburg et al., 2022). These findings highlight the need for supports to ease Quebec teachers' new responsibilities and challenges during the pandemic.

Lack of training for SHE teaching and implementation

Teachers lacked clarity regarding schooling and curricular expectations during the pandemic. This finding is reflected in MacDonald and Hill's (2021) study that explored the educational impact of the COVID-19 response on Canadian teachers. Teachers in the present study expressed confusion and uncertainty about how the Sexuality Education program should be implemented during the pandemic. A lack of organization for SHE implementation was evident in responses such as the following: "We have not been able to get together this year to plan out what we want to teach and at what grades and through which classes." Teachers also expressed frustrations about SHE program ambiguity, with one participant remarking that "not knowing if they even have a program implemented in the school is quite frustrating." This response speaks to how a lack of communication between school administrators and teachers can lead to teacher frustration and the absence of SHE in classrooms.

Many teachers communicated that they had not received adequate training in SHE. Some attributed this to pandemic-related factors, such as a loss of PD opportunities. Research has proven that PD increases health educators' comfort in the classroom and better prepares them to discuss sensitive sexual health topics (Rose et al., 2019). In the event of future school closures, school administrators should ensure that teachers receive PD in an online format. Schools must invest in PD that provides teachers with accurate, evidence-based SHE knowledge and addresses how to recover from the loss of valuable SHE time during the pandemic. Teachers' ability to provide quality education is dependent on whether PD and training opportunities are provided as part of the COVID-19 response.

Notably, some respondents in the study identified that the lack of SHE training was present prior to the pandemic. The finding that teachers lack access to SHE training is not unique to this study. Previous research found that 88.5% of high school educators in Quebec had not received any form of SHE training (Beaulieu, 2010; Garcia, 2015). Another study that surveyed Quebec teachers found that 74.42% had received no training in teaching sexual health (Leung, 2022). Moreover, most Bachelor of Education programs do not include mandatory or elective SHE courses (Leung, 2022). Numerous studies conducted in Quebec over the last two decades indicate that teachers need and want additional training for delivering SHE (Christman, 2014; Dowd, 2010; Xanthoudakis, 2021). Beyond the Canadian context, teachers in the UK, Hong Kong, China, and Australia have similarly reported a lack of training for teaching SHE or have only received short-term or abstinence-only SHE training (Ezer et al., 2019; Leung et al., 2019). Tasking inexperienced teachers with teaching SHE has the potential to lead to the spread of misinformation and the transference of personal values (Xanthoudakis, 2021). Providing teachers with the tools, resources, and support for learning about SHE is crucial to ensure that students receive reliable, evidence-based sexual health instruction. The lack of formal SHE training reported by teachers in the study underscores the necessity of accessible training opportunities.

Importance of SHE during the COVID-19 pandemic

Quebec in-service teachers believe that teaching SHE is crucial within the context of a pandemic. Four pertinent SHE topics related to the pandemic were discussed in participant responses: 1) abuse preventions, 2) digital learning, 3) personal space, and 4) social and emotional learning, 3).

First, one teacher recognized how topics within the Sexuality Education program could become more relevant during the COVID-19 pandemic, commenting that “[the pandemic] has made our personal space lessons even more pertinent.” Navigating personal boundaries when interacting with others becomes increasingly complex when youth are also trying to respect health and safety guidelines to reduce disease transmission. Sexual health discussions about these topics can help youth establish rules for personal space and improve their understanding of how personal boundaries should be respected.

Teachers in the present study also emphasized the importance of social and emotional learning during the COVID-19 pandemic. One teacher recommended that social and emotional learning should be prioritized during the pandemic to reduce the negative mental health impacts on students. This is an important suggestion, considering that a Canadian cross-sectional study conducted in the first months following the COVID-19 emergency measures found that more than two-thirds of children and adolescents experienced a deterioration in their mental health (Cost et al., 2021). In addition, a Quebec study surveyed over 2990 Grade 7 and 8 students and found that they experienced higher levels of generalized anxiety during the pandemic than prior to the pandemic (Lane et al., 2021). Similarly, in the United States, engaging in social and emotional learning was a top priority for school leaders, particularly highlighting at-risk students (Yoder et al., 2020). Across the world (in this study, the US, the UK, China, and Saudi Arabia), the pandemic led to increased anxiety, depression, loneliness, and fear in students (Naff et al., 2022). Considering the gravity of these findings, teachers should be supported in providing learning environments in which students can engage in open discussions about mental health, self-care, and feelings.

Teachers also recognized that discussions about digital citizenship and respect are important when students are participating in online schooling. One teacher in the present study described how their SHE lessons included discussions about Zoom “netiquette,” referring to etiquette and appropriate behaviours in the context of online networks (Scheuermann & Taylor, 1997). Adjacent discussions about safety on the Internet and online dating are pertinent during a pandemic where students are limited to technology-mediated social and sexual interactions (Döring, 2020).

Finally, one teacher focused solely on the topic of abuse prevention in their sexual health lessons during the COVID-19 pandemic. This may have been a very deliberate decision because incidents of domestic abuse and child abuse rose during the pandemic (Boserup et al., 2020; Bucerius et al., 2021). Pandemic-induced stress factors, such as increased financial strain, job loss, and confinement to the home, were found to exacerbate parent and caregiver aggression and abuse towards children (Brown et al., 2020; Chen et al., 2021; Lawson et al., 2020). One Canadian study found a 54% increase in child abuse in 2020 compared to the rates from 2015 to 2019 (Bucerius et al., 2021). Beyond the Canadian context, there has been an increase in child abuse worldwide, including in Uganda (Sserwanja et al., 2020), Hong Kong (Wong et al., 2021), the US (Griffith, 2022), and the UK (Rengasamy et al., 2022). School has proven to be a safe space for students to seek refuge from domestic abusers and access adults they trust, such as teachers and other school

staff (Bucerius et al., 2021). These findings underscore the need for sexual health lessons about recognizing forms of abuse and how to safely report or escape an abusive situation.

Limitations

This qualitative research project contributes a first step in highlighting the impacts of the COVID-19 pandemic on SHE in Quebec. However, limitations concerning data collection, sample representation, and participant responses should be considered. First, the use of the snowball sampling technique could have contributed to sampling bias. For example, teachers who had either very positive or very negative opinions about Quebec's Sexuality Education program may have been more motivated to take part in the online survey. In turn, teachers who were most susceptible to barriers to SHE implementation during the COVID-19 pandemic (including a lack of time or difficulty with online platforms) may have chosen to decline participation in the online survey. As a result, in-service teachers who faced dramatic change and hardship during the pandemic may have limited representation in this study. Second, most research participants were employed by English school boards and conducted their instruction in English, thus limiting the scope of the findings within the overall Quebec system of SHE implementation to Anglophone contexts. Finally, the open-ended nature of the research question allowed for a plethora of participant responses, some of which were difficult to analyze without further context or follow-up questions. For example, in responses such as, "I haven't been incorporating any SHE in my education," it is unclear whether the Sexuality Education program has never been taught or whether the program has recently become absent for pandemic-related reasons. While open-ended questions can provide detailed and comprehensive answers, the lack of context in some participant responses created limitations to detailed analysis.

Implications and contributions

This information can be used to inform future research and practice. First, the present research raises concerns regarding the curriculum fidelity of the Sexuality Education program across English school boards in Quebec. For example, the findings indicate a decrease in SHE teaching hours during the COVID-19 pandemic. Far worse, the data revealed that some teachers eliminated the program during the pandemic. These findings should be further investigated to ensure that students are receiving the mandatory five to 15 hours of sexual health instruction during each school year. To date, no schools have been reprimanded for teaching fewer SHE hours than mandated. Findings demonstrate a need for fidelity supports and protocols outlined by the Ministry of Education and monitored by school administrators to ensure successful and accurate implementation of the Sexuality Education program. Future research should explore the extent to which educators are implementing the curriculum as outlined by the QEP as well as which areas of the curriculum may require additional training or support.

The present research can also be used to advocate for better support and training for Quebec teachers who are implementing the Sexuality Education program. Findings from this research are consistent with previous studies that highlight teachers' need for more time to plan and implement SHE (Buston et al., 2002; Martínez et al., 2012; Rose et al., 2019). The study also points to issues related to a lack of training and pedagogical development for teachers during the COVID-19 pandemic. However, participants revealed that the lack of SHE training for teachers predates the pandemic. In this sense, the research provides evidence of pre-existing challenges associated with the Sexuality Education program that were exacerbated by the COVID-19 pandemic.

To better support educators, SHE training should be a required and accountable component of staff training, pedagogical development, and formal teacher education programs. Resources and pedagogical development opportunities for teaching SHE should be offered in both in-person and online learning contexts. The findings also demonstrate that teachers have meaningful insight into the realities of teaching SHE that could help to inform decision making at the administrative level. School leaders should involve teachers in decision-making processes, such as discussions about how SHE lessons could be integrated into subjects such as Math, Science, and History. Creating space for collaboration between educators and administrators would improve clarity regarding SHE program implementation as well as ensure that teachers' concerns are addressed and that their successes are shared to offer authentic models of SHE implementation.

Conclusions

Schools play an essential role in promoting sexual and reproductive health among adolescents. However, findings from the present research demonstrated how the COVID-19 pandemic negatively impacted Quebec in-service teachers' ability to implement the Sexuality Education program. Using an inductive content analysis approach, this study used qualitative responses to discover teachers' perspectives about teaching SHE during the COVID-19 pandemic. Overall, teachers in the study described how opportunities to implement SHE were compromised due to COVID-19 safety measures. The dominant narrative from teachers was negative, with the COVID-19 pandemic contributing to a reduction of time for teaching and planning, fewer pedagogical development opportunities, and decreased student engagement due to online learning. The COVID-19 pandemic also forced new responsibilities onto educators, such as adapting in-person lessons for online learning, policing social distancing rules, and disinfecting classrooms. Despite facing significant challenges, teachers were offered minimal support from school administrators for maintaining SHE curriculum expectations. The culmination of these obstacles resulted in an overall decrease in SHE implementation in English school boards in Quebec. To successfully implement the Sexuality Education program, Quebec in-service teachers need more opportunities to engage in SHE training and pedagogical development to gain the knowledge, confidence, and comfortableness required to effectively teach the Sexuality Education program. In turn, teachers require access to resources, teaching aides, and lesson plans to help them implement SHE in both in-person and online classrooms. Moreover, providing teachers with ongoing support is essential to their sustained implementation of SHE.

Author Bios

Katja is an instructional designer based in Montreal, Quebec who specializes in inclusive education practices. Katja received Bachelor of Arts and Master of Education degrees from McGill University, where she held the Graduate Excellence Fellowship. As a strong advocate for accessible sexual health education, Katja sits on the board of directors at the Sexual Health Network of Quebec. She is passionate about creating enriching e-learning materials and curricula for students with diverse learning needs.

Enoch Leung is a course instructor teaching various topics in the field of inclusive education to pre-service and in-service teachers. His particular research focus on supporting LGBTQ students in K-12 schools led to his passion for teaching inclusive pedagogies that support the contemporary, diverse classroom to educators.

Tara Flanagan has worked in the disability field for 27 years and is an associate professor in the Department of Educational and Counselling Psychology at McGill University. She served for seven years as the chair of the Joint-Board Senate Subcommittee on Persons with Disabilities, which is comprised of a wide array of students, faculty, and staff members across McGill University who are invested in recommending university policy and in promoting a more inclusive environment. She also served for seven years as the graduate program director in Inclusive Education. She recently served as the chair of the Social Inclusion Working Group for the Canadian Academy of Health Sciences' Autism Assessment for a National Autism Strategy. She is the director of SPARC (Social Policy, Advocacy, Research, Community), a research team whose mandate is to promote social inclusion by emphasizing self-determination, community, and participatory approaches to research and practice. Her scholarly interests and research grants are in the areas of social inclusion, inclusive employment, transition from school to the community, self-determination, and quality of life among individuals with various types of disabilities and among other equity-seeking groups.

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