SEXUALITY EDUCATION AND SOCIALIZATION FOR BRITISH COLUMBIA'S YOUTH AND THE INCREASINGLY INFLUENTIAL ROLE OF SOCIAL MEDIA: FOR BETTER OR WORSE?

by

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Abstract

A flawed and inadequate school-based sexual health education in Canada leaves adolescents both unhappy and unequipped to care for their health. To help fill these sexual health gaps, they turn to other avenues, one being social media. However, these experiences of sexual socialization via social media are understudied. As such, this convergent mixed-method design with an emphasis on the qualitative explored sexual health education, in school and social media, through the perspectives of adolescents. Data were collected through anonymous surveys from 11 participants (ages 17-19). Three themes emerged from analysis: 1) Variety of topics in school-based sexual health education; 2) Various ways of obtaining information; and 3) Using social media to gain a sense of belonging. Youth in this study were interested in learning a variety of sexual health topics yet found their school-based education at best, failed to either reflect this interest, or at worst, made participants feel uncomfortable and shameful. Two significant ways sexual health information was shared were through friends and social media. Friends and social media were a supportive approach and space to discuss curiosities and share experiences with the added facet that social media can also inadvertently introduce youth to unfamiliar content. For youth, particularly marginalized adolescents like LGBTQ2IA+ youth, social media and its online community proved critical in discovering and forming their own sexual identities – helping to gain a sense of belonging. However, social media can be incorrect, and ineffective at connecting all users to appropriate sexual health content. While social media can be used in conjunction with school-based education, the findings suggests that at this time, it cannot be a stand-alone solution. It is thus, considerably crucial that school-based sexual health education be changed and improved to be comprehensive and inclusive.

Lay Summary

Canada lacks a comprehensive sexual health education which results in youth leaving schools unprepared to care for their health. Comprehensive sexual health education ensures youth develop respectful relationships with themselves and others, understand how their actions affect themselves and others, and ultimately protect themselves and others. Consequently, without this education, a significant number of individuals are victimized disproportionately. To help fill in the gaps of this lacking education, this study explored the role of social media in helping youth gain this knowledge. From surveys, youth shared that they wished for a more inclusive and meaningful education, came across sexual health information on social media and through friends, and found a sense of belonging on social media. However, while social media has potential, because of algorithm bia and lack of regulation, it cannot be a stand-alone solution. Thus, schools remain a space where comprehensive education must occur.

Preface

This research project was originally conceptualized by the author, Charlene Chong. The author is also solely responsible for writing this thesis, under guidance of the Supervisor and oversight of the committee. Ethics approval for this research was provided by the University of British Columbia Behavioral Research Ethics Board: certificate H06-80670.

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Dedication

I dedicate this research to my husband and daughter, Miles and Beatrix. This research saw me through my first pregnancy and my first-time experiencing motherhood. My sweet Bea, with you in the world, I am kinder, smarter, more ambitious, more generous, more sensitive, and more loving. You are even more reason why this research is important to me. My wonderful husband, my confidence, resilience, and persistence is because of your unconditional love, support and patience. Thank you, my loves.

Chapter 1: Introduction

1.1 Introduction

The *Canadian Guidelines for Sexual Health Education* define sexual health as "a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity" (Sex Information and Education Council of Canada, 2019, p. 12). According to the United Nations Educational, Scientific and Cultural Organization (UNESCO), sexuality education is defined as "process of teaching and learning about the cognitive, emotional, physical and social aspects of sexuality" (2018, p. 16). This definition is expanded in the Literature Review in Chapter 2. Although "sexuality education" is slowly displacing the title "sex education" when referring to the curriculum subject, the two are often used interchangeably. Sex education is defined as "any instruction that includes some discussion of human sexual development, the process of reproduction or the exploration of interpersonal relationships and sexual behavior" (Forrest & Silverman, 1989, p. 65). Given the emphasis on social media in this research, sexuality education and sexual health education (SHE) are used somewhat interchangeably with sexual socialization or "the process by which individuals come to understand who they are sexually and learn the appropriate behaviors associated with their sexual identities" (Bobkowski & Shafer, 2015, p. 108).

Schools interact with about 95% of children, adolescents, and young adults and are in a unique position to provide knowledge and skills to make decisions that will enhance their sexual health throughout their entire lives (SIECC, 2019). Access to sexuality education can promote equal and fair opportunities by countering sexual and gender violence, ensuring equality for marginalized individuals, and improving overall health regardless of class or race distinction (Action Canada for Sexual Health and Rights, 2019; CGSHE, 2019; UNESCO, 2018).

The problem, however, is that differing social, cultural, and political values have hindered the development of the sexual health curriculum (Bialystok & Wright, 2017). In Canada, all provinces/territories have programs that include sexuality education, often as a topic as a part of physical and health education classes (Bialystok & Wright, 2017). However, because each province/territory is responsible for the development and implementation of school-based curriculum, the content of the sexual health curriculum varies considerably across provinces and territories, school boards, and even schools. This problem is magnified further by inadequate experience, training, and support available for these teachers. In British Columbia (BC), sexuality education is first introduced in grade 4 or grade 5 as two general topics, sexuality and sexual identity, under the *Physical and Health Education* curriculum (British Columbia Ministry of Education, 2018). With extensive changes to the K-9 provincial curriculum implemented in 2016-2017 and to the 9-12 secondary level in 2018-2019, sexuality education was minimized and it is now difficult to discern what is taught and when it is introduced. Elementary students are taught by their core teacher and high school students are often taught by the physical education teacher (see Chapter 2).

Despite having a lack of proper background knowledge, skills, or comfort needed to address these sexual topics, teachers are still tasked with the responsibility of teaching sexual health (Farmer et. al, 2019; Zimmerman, 2015). Additionally, while some teachers have dedicated lunch hours set aside to address sexual health questions, other students only have a one-day lesson or several workshops used to fulfill curriculum requirements (“B.C. sex-ed: The tale of two teens”, 2015). While some schools choose to discuss a wide array of topics such as sexual orientation, consent, and porn, other schools provide a heteronormative scope with abstinence as the main goal (Farmer et al., 2019). This inconsistency in content, narrative, and

time dedicated to school-based SHE consequently forces students to turn to other avenues outside of schools such as social media to gain a better understanding of sex (Scarcelli, 2017; Zimmerman, 2015).

The use of social media for most Canadian teens is daily and measured in hours. With the creation of the internet enhancing spread and access of information, social media has the potential to reach young people with accurate sexual health information (Statistics Canada, 2019; Levine, 2017). Social media or networking sites like Facebook, Instagram, Snapchat, TikTok, Tumblr, and YouTube are all internet platforms where users can create, view, and interact with content and other users (UNESCO, 2011). My research aims to explore the role social media plays in aiding youth looking for information about sexual health or more generally in the role of youth sexual socialization.

The research responds to a noticeable gap between the value adults place on social media's role in sexuality education and youth experiences on social media in their sexuality education. For instance, a recent survey of 320 European parents, researchers, teachers, and stakeholders, only 15% responded "online experts and social media" to a key question (School Education Gateway, 2019): "In your opinion, who should discuss sexual and reproductive health with young people?" On the other hand, Guse et al.'s (2012) metareview charted the increasing influential role of social media in sexuality education. For better or worse, are youth tending to place a higher and higher value on the role of social media? My research focuses on the specifics of how, what, when, where, and why of social media in youth sexuality education.

1.2 Personal Experience

My interest in sexuality education was first inspired in 2016, during my first year teaching at an alternative school in East Vancouver called Total Education Program. Most of our students are at-risk youth, mostly Grade 11 and 12 individuals (16 – 19 years old) who are headed on the path or already on the path of disengagement from school. Issues ranging from socioeconomic disadvantage, learning disability, sexuality, and mental health problems have hindered their ability to be successful in a larger conventional school. In contrast, our classes are smaller (10-15 students), we collectively prioritize building community, relationships, and communication skills, and in addition, each teacher regularly checks in with their group of students assigned to them. It is at our school that many youth find their last chance at a high school graduation.

The environment we foster is crucial for these vulnerable students to do well academically, but more importantly, emotionally and mentally. Since we do not offer physical and health courses, and most students would have already taken their Physical Education 10 credit (which is the highest senior physical education class required for graduation) before coming to us, it is not mandatory for us to teach sexual health. However, since most of the student body comprises of marginalized and vulnerable youth, it felt necessary to continue improving all aspects of their health.

The workshop we invited into the school was hetero-normative and biomedically informed. Some of our LGBTQI2SNA+ (lesbian, gay, bisexual, transgender, queer, intersex, two-spirit, nonbinary, and asexual) students felt upset, eight cis-female (their gender matching the sex they were assigned at birth) students walked out because the content triggered them, and some cis-male students were frequently disruptive admitting the information went over their

heads. Some students also admitted they did not feel safe asking questions. The two ladies leading the workshop quickly finished their presentation and few of my co-workers intervened to clarify information or answer questions from students after they left.

Beyond a few teachers discussing sex within the context of a historical aspect, my own experience with sex education was mainly done in my Physical Education classes. I also attended a Vancouver high school, graduating in 2007. I identified then, and still do as a heterosexual cis-woman and SHE was very uncomfortable for me. One memory that lingers is when my teacher asked us to anonymously write questions we had regarding sex and he would do his best to find the answers. I remember feeling overwhelmed and awkward. I had no idea what to ask, no idea if what I understood about sex to be true and feared that despite being anonymous, my questions would seem silly or stupid and would be laughed at. I skipped classes to avoid these conversations. Ten years later, in the role of a teacher, I was again feeling uncomfortable, overwhelmed, and awkward. I observed personally how uncomfortable and disengaged the students felt.

My experiences teaching science, particularly Anatomy and Physiology where we get to explore the reproductive unit demonstrates how curious youth can be; they want to learn, explore, understand, and more importantly, they want to be able to know how to make the right choices for themselves. I have seen how engaging sexuality education can be, have been immersed in their eagerness, humbled by their stories of their sexuality education, and inspired by their resiliency overcoming some of their own experiences. It shed light on how inadequate the sexuality education we have is and illustrated the important role the internet and social media can and have played in finding information they otherwise would not have received.

1.3 Rationale and Research Purpose

SHE has been well-researched all over the world. Public health challenges, movements such as the ongoing struggle over reproductive rights, gay rights movement, trans rights movement, the rise in sexually transmitted infections (STIs), emerging gender identities, and overpopulation concerns have driven researchers to try and understand the world of sexual health (Zimmerman, 2015). As sexual health and thus sexuality education is continuously shaped by research and cultural, political, and social events, there is no doubt that the definition, attitudes, and education will continue to change and evolve (Edwards & Coleman, 2004). The current definition, emphasized by the World Health Organization (WHO), is that sexuality education is no longer just understanding the physiology of reproductive sex and how to avoid STIs (Breuner & Mattson, 2016). It should also cover healthy sexual development, gender identity, interpersonal relationships, affection, intimacy, consent, sexual orientation, and body image. It should empower children, adolescents, and adults, to help form attitudes, beliefs, and values regarding sex, while also informing how race, culture, ethnicity, religion, experiences, and morals influence the different views and perspectives of sex (CGSH, 2019). Essentially, WHO is demanding a more comprehensive education. In doing so, the goal is to "promote and preserve significant interpersonal relationships; value one's body and personal health; interact with both sexes in respectful and appropriate ways; and express affection, love, and intimacy in ways consistent with one's own values, sexual preferences, and abilities" (Breuner & Mattson, 2016, p. 2).

While sexual health is well researched, specific research on adolescents and sexuality education tends to focus on evaluating the effectiveness of school-based education: analyzing discourses within the sexuality education and developing solutions that may address these

concerns. Within this area, the bulk focuses on youth outside of Canada. Research tends to differ between countries, in part due to different curricula and attitudes, which makes it difficult to make comparisons with Canadian youth. For example, Netherlands is one of a few countries that has embraced sexual pleasure as part of their curriculum whereas Ontario, in 2018, repealed their 2015 revised sexual health curriculum back to the one created in 1998 when gay marriages were still illegal (Bialystok & Wright, 2017; Scarcelli, 2017; Zimmerman, 2016); They used this revised document for a year, after which a revised version of the 2015 curriculum is now being used. Additionally, the few studies that do focus on Canadian sexuality education focuses their attention on marginalized individuals and this research often takes place in Ontario (Salehi & Flicker, 2010). When considering the different curricula between provinces/territories, combined with a lack of studies focusing on Canadian adolescents, literature regarding youth in Canada, particularly in BC, remains largely unexplored.

There are several studies exploring Canadian adolescents' engagements with sexual information online. These studies often position youth's sexual curiosity and their connection with media, particularly online platforms as problematic (Levine, 2017). Many of the concerns include misinformation, unreliable sources, pornography addiction, social media addiction, and risks of sexual exploitation (Scarcelli, 2017). While all these important issues need to be considered when researching the role of social media and youth, social media has also been empowering for individuals, particularly those who are marginalized. For example, social media has allowed isolated gay communities to not only connect and explore their sexuality, but also organize civil and social movements globally (Gudelunas, 2017). Additionally, it has increased visibility of sexual minorities— there are a variety of YouTube channels made by-and-for

transgender individuals, where many document their process of transitioning (Manduley et al., 2018).

Research investigating social media's use to help educate youth regarding sexual health remains limited. The literature available does emphasize the fact that while social media/internet is not the first source of information youth turn to regarding sexual health, its role as another point of reference is steadily increasing (Scarcelli, 2017). Among the different sources of information are school, family, and peer groups. The problem with obtaining sexual health information in schools is twofold. Youth have become more critical of the sexuality education they receive in school because they consider it moralistic and focused on biomedical aspects than on experiences and matters closer to their everyday life (Braggs & Buckingham, 2004; Pound et al., 2016; Scarcelli, 2017). Secondly, the inconsistency in implementing sexuality education results in some receiving more information than others, and some not at all (Farmer et al., 2019). As such, the role schools play in this education process seems to be decreasing even more in relevance and effectiveness.

1.4 Research Problem

Considering the current climate of school-based SHE, I want to explore social media and its role in the process of obtaining sexual information for adolescents. To help gather information from teens ages 17-19, the following questions guided the research:

1. What sexual information is being sought by youth inside and outside of school?
2. In what way are students using social media to find and share this information?
3. How do they describe their sexuality education experiences in school and in navigating sources for information on social media?

The study provides insight into the experiences of youth attempting to obtain information about their sexual health. Digital technology for sexual health promotion is an exciting, albeit under-appreciated, problem influencing youth (McKeller & Sillence, 2020). As the role of schools becomes less influential in sexuality education, digital platforms have advanced and grown, becoming more popular among youth who want to learn about their sexual health. As such, it is important for all individuals working with youth and health interventions programs to be abreast of advances in the field in order to have real-time impact and effectively target youth with the applications they are actually using. To be effective, additional research is needed in this field. As a collective body, to ensure the health of youth, it is necessary to study, learn, and understand how youth are attempting to fill in the gaps left by school-based sexuality education via online platforms.

1.5 Summary

This chapter introduced the research, focusing on problems that youth encounter with SHE and the inadequacies of school-based sexuality education. For better or worse, for the past two decades, youth have increasingly turned to the internet and social media for sexual health information. This research explores the information and platforms that a group of teens find useful or misleading. The chapter concluded with a statement of the research problem and questions. Chapter 2 provides a review of literature while Chapter 3 gives details of the methodology. Chapter 4 presents findings and Chapter 5 concludes the Thesis.

Chapter 2: Literature Review

> Comprehensive sexuality education (CSE) is a curriculum-based process of teaching and learning about the cognitive, emotional, physical and social aspects of sexuality. It aims to equip children and young people with knowledge, skills, attitudes and values that will empower them to: realize their health, well-being and dignity; develop respectful social and sexual relationships; consider how their choices affect their own well-being and that of others; and, understand and ensure the protection of their rights throughout their lives. (UNESCO, 2018, p. 16) check APA as I believe these intros are double spaced as are all block quotes

2.1 Introduction

This chapter expands on UNESCO's definition of CSE and provides a review of literature on the research problem. The chapter begins with a brief background of SHE and sexuality education curriculum. From there, the chapter addresses comprehensive SHE, flaws and oversights of SHE in Canada, and a comparison of curricula across Canada. The chapter then shifts to research on students' perspectives with school-based SHE, sharing their criticisms and experiences. Lastly, the chapter concludes with the relationship between social media and youth and explores the potential of social media to be a powerful tool in SHE, for better or worse.

2.2 Background of Sexual Health Education

Sexuality education, according to *Too Hot to Handle: A Global History of Sex Education* by Jonathan Zimmerman (2015), was developed to combat public health concerns. He states that 1975 was the first year WHO included any language pertaining to sexual health and goes on to explain that in North America, the high rates of venereal diseases and out-of-wedlock pregnancies posed a problem both politically and socially as it was in direct contradiction to traditional values of that time. Consequently, sexuality education was necessary to reduce STIs and high rates of teenage pregnancies. He indicates that the first programs attempting to educate students faced massive backlash; the reason being that up until that point, education about sex

had always been the responsibility of the family. Perhaps most symbolic was Nancy and Ronald Reagan's initiative during the 1980s. "But I would think that sex education should begin with the moral ramifications," President Reagan said in 1987, "it is not just a physical activity that doesn't have any moral connotation" (Tumulty, 2021). Thus, many families felt, and still do, that it was not the place of institutions to teach about topics so sacred and personal. To reduce this backlash, but still needing to solve these problems, Zimmerman explains that governments decided to disguise sexual health in courses called *Family Planning*. Within these courses, which are still being taught, sometimes under a different moniker, *Personal Health*, the main solution was to discourage individuals from having intercourse before they were married— abstinence. Essentially, according to Zimmerman, this would serve to solve the issues of STIs, teenage pregnancies, and even population concerns. While these were the original reasons the curriculum developed in North America, with the onset of more research, education, social and political movements, the definition of sexual health and the purpose have evolved (Edwards & Coleman, 2004 ;Zimmerman, 2015).

Historically, sex education has often primarily, if not exclusively, focused on the biomedical aspects and prevention of diseases (CGSHE, 2019; Zimmerman, 2015). The current stance on sexual health, however, is described in the recent 2019 *Canadian Guidelines for Sexual Health Education*, which emphasizes that "although the prevention of negative outcomes is a valid and important objective, the enhancement of sexual health and well-being is of equal importance" (2019, p. 13). This definition sees the need for a more comprehensive dialogue within the curriculum. Specifically, "sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence" which should now include

discussions of sex that were often ignored or not completely understood such as gender identities and roles, sexual orientation, pleasure, intimacy, and reproduction (CGSHE, 2019, p. 12; Edwards & Coleman, 2004). Likewise, Breuner, Mattson, and the AAP (2016) detail the topics typically included within sexuality education curriculum: "Sexuality education is defined as teaching about human sexuality, including intimate relationships, human sexual anatomy, sexual reproduction, sexually transmitted infections, sexual activity, sexual orientation, gender identity, abstinence, contraception, and reproductive rights and responsibilities" (p. 1).

A comprehensive sexual health curriculum, comprises of the following topics (Sex Information and Education Council of Canada, 2019):

- Identities and lived experiences of lesbian, gay, bisexual, transgender, queer, intersex, Two Spirit, and asexual people.
- Gender equality and the prevention of sexual and gender-based violence.
- Positive aspects of sexuality and relationships as well as the prevention of sexual health problems.
- Emerging issues related to sexual health and well-being.

Furthermore, the curriculum should be:

- Accessible to all people regardless of age, gender, sexual orientation, STI status, geographic location, socio-economic status, cultural or religious background, ability, or housing status (e.g., those who are incarcerated, homeless, or living in care facilities).
- Promoting human rights, including autonomous decision-making and respect for the rights of others.
- Scientifically accurate and use evidence-based teaching methods.

- Broadly-based in scope and depth and addresses a range of topics relevant to sexual health and well-being.
- Is provided by educators who have the knowledge and skills to deliver comprehensive sexuality education and who receive administrative support. (pp. 2-8)

The guidelines and UNESCO, 2018) further describe three rationales for having a comprehensive sexual health:

1. Comprehensive sexuality education helps to improve an individual's well-being.
2. Comprehensive sexuality education helps prevent outcomes that negatively affect individuals.
3. Comprehensive sexuality education is a basic right for all Canadians.

2.2.1 *The Individual's Well-being*

Research has both demonstrated and supported the correlation between sexual health and well-being of individuals. A survey conducted in 2017 of young adults and midlife Canadians indicated that about 85% agree with the statement "I feel my sexual health contributes to my overall health and well-being." (Sexual Health at Midlife and Beyond: Information for Sexual Health Educators, 2017)

Given the way in which the sexual health curriculum started, it naturally positions topics through a heteronormative lens, a very limited context. The problem with this lens is that by having an education lacking in discourses and representation for marginalized individuals, sexuality education fails to equip these marginalized individuals with the skills to enhance their sexual health and well-being (Mandulay et al., 2018). For example, this is evident when LGBTQI2SNA+ individuals, along with women and girls, and Indigenous people are impacted

disproportionally higher by sexual and gender-based violence (Conroy & Cotter, 2017). Canadian women have a 20% higher risk of being victimized than men; Women living with cognitive and physical disabilities are more than three times as likely to experience violence than non-disabled women; Indigenous women are more than twice as likely to report experiencing violence than non-indigenous women; and transgendered people are more than twice as likely to experience partner violence than cis-gendered women (Conroy, 2017; Government of Canada, 2018). Also, youth are experiencing violence at a young age; women and girls between the ages of 14 – 24 are nearly 14 times more likely than men and boys of the same age group to experience violence and in a 2010 study of Canadian high school students, 21% of LGBTQI2SNA+ individuals reported being physically assaulted or harassed because of their sexual orientation (Taylor & Peter, 2011).

Furthermore, these same marginalized individuals have historically had their sexual health impacted by laws and policies that limit their sexual and reproductive rights which have included forced sterilization, systemic removal of children and a lack of access to medical care (Luna & Luker, 2013). Without a doubt, sexual education should provide reproductive healthcare services and supports so individuals can make decisions appropriate to them regarding whether to have children or not, the number of children, timing of children, and the environment in which children are raised. However, it should also address the historical and oppressive factors that have impacted marginalized individuals. Only then can marginalized individuals overcome systemic barriers and access contraception, seek information, and obtain reproductive and health care (Luna & Luker, 2013). With the goal to improve the well-being of individuals by empowering them with SHE, these statistics and events demonstrate how important it is to

include discussions of how societal norms, attitudes, and practices have contributed to injustice, oppression and gender and sexual based violence.

2.2.2 *Sexually Transmitted Infections (STIs)*

Having a comprehensive sexual health program also aids in addressing public health concerns. According to the *Reducing the Health Impact of Sexually Transmitted and Blood-Borne Infections in Canada by 2030: A Pan-Canadian STBBI Framework for Action*, published in 2018, STIs were a significant concern historically and will always be a public concern in Canada. Specifically, bacterial (e.g., chlamydia, gonorrhea) and viral (e.g., herpes) infections are the most common STIs among Canadians with a disproportionate number affecting youth. The consequences of being infected, as described by the framework, can be quite severe as individuals can suffer from chronic diseases, infertility, and even various cancers. All these consequences can impact the physical, emotional, mental, social, and economic well-being of individuals (Morales et al., 2018).

Between 1996 to 2017, there was an average increase of 2,300 new cases of Human Immunodeficiency Viruses (HIV) per year (Public Health of Canada, 2018). By the end of 2016, 63,110 individuals were living with HIV with the statistic being that of the 7 individuals who had HIV, 1 would not even know they had it (Haddad et al., 2018). Additionally, between 2005 and 2013, there was a 49% increase in the reported rate of chlamydia, a 61% increase in the reported rate of gonorrhea, and a 95% increase in the reported rate of syphilis (Rotermann et al., 2013). The high prevalence of STIs among Canadians is seen to be the result of a lack of CSE curricula (PHC, 2018). In fact, the only way to combat these high rates is by developing and disseminating a “holistic, scientifically accurate, culturally and age-appropriate, and gender-responsive sexual health information, resources, and curricula in school and community settings” (PHC, 2018, p.

10). With the possibility of attaining serious lifelong outcomes from STIs, it is imperative to implement an effective education that both equips individuals with skills to make decisions that reduce their risk, but also provides access to services and supports when they are or have been exposed to these risks.

2.2.3 *Basic Right for Canadians*

Stated in international human rights treaties like the Convention on the Elimination of Discrimination Against Women, Convention on the Rights of the Child, and the International Covenant on Economic, Social and Cultural Rights, every individual has a right to comprehensive SHE (International Technical Guidance on Sexuality Education, 2018). This is also recognized by United Nation institutes like UNESCO and WHO (ACSHR, 2020; CGSE, 2019; ITGSE, 2018). Access to comprehensive education is necessary to uphold people's rights to health, well-being, and equality. By receiving relevant and accurate health information, individuals of all gender binaries and sexual orientations across Canada are empowered to make appropriate decisions about their health.

2.2.4 *Sexuality Education in Canada*

Sexuality education currently offered in Canadian schools is not comprehensive and does not meet the guidelines set by the 2019 *Canadian Guidelines for Sexual Health Education* document. In fact, Ontario's decision to revert to its 1998 sexual health curriculum in 2018 prompted an official message from the UN reminding federal and provincial governments to ensure all young people be provided with comprehensive sexual health curricula and failure to do so would be a human rights violation (ACSHR, 2020). The issues affecting the progress of

sexuality education in Canada were briefly mentioned earlier in this chapter. According to Action Canada Sexual Health and Rights' *The State of Sex-Ed in Canada* (2020) report, the central obstacles lie in the provincial and territorial governments' failure to ensure children's and adolescents' access to sexuality education, the lack of support provided to educators, the inconsistent, non-evidence approach, and outdated provincial and territorial sexual health curricula.

The provincial and territorial governments' failure to ensure children's and adolescents' access to sexuality education are evident in several approaches. Although the 2019 *Canadian Guidelines for Sexual Health* detailed suggestions for developing and implementing a comprehensive education, there is no system to affirm whether provinces and territories are using these guidelines, no standard monitoring and evaluation of education to ensure consistent delivery and content across schools, and no consequences established if SHE is not taught. Not collecting national sexual health data means there is no way of knowing what is working and what is not (TSSEC, 2019).

The quality and consistency of sexuality education youth receive depends on which the province in which they reside, what school district they are part of, their principal, their teacher, and whether nearby health centers and community groups can offer support. Because of this, the curriculum outcomes— knowledge, skills, and attitudes— that all students within Canada are to acquire are not clear. For example, some provinces will address sexual identity while others exclude it.

In BC, as indicated, sexuality education became much less explicit upon introduction of the new provincial curriculum in 2016-2017 for K-9 and 2018-2019 for grades 10-12. For example, the 2005 *Health and Career Education* curriculum for grades 8-9 included an extensive

range of sexuality education topics, from “sexual decision making” and “sexual exploitation” to STIs and “sexual activity.” The new grade 8-9 curriculum mentions only "sexual decision making” and STIs. Granted, the prior *Physical Education* curriculum for grades 11-12 (1996-2017) included only scant or minimal topics in sexuality education. In the new curriculum teachers have to rely on *Supporting Student Health Elementary* (2019) and *Supporting Student Health Secondary* (2019) resources for “suggested” sexuality education topics. For example, sexual orientation is not a mandatory topic in the curriculum and while there are lesson plans that are suggested, educators have the option to address this anywhere from grade five to twelve—or not at all (BCME, 2018; SOGI 123, 2019).

Similarly, in the province of Saskatchewan, while extensive resources are available for educators to discuss gender fluidity and identity, because these topics are not included in any mandatory curricula, again, it is up to the educators to teach or ignore it altogether (Saskatchewan Ministry of Education, 2010; SME, 2012; SME, 2019). In fact, the only province to address sexual intercourse and pleasure is Quebec (Quebec Ministry of Education, 2018). This inconsistent quality of information means students across Canada may even receive out-of-date content.

In the same example where the Ontario government ruled to replace the 2015 revised sexual health curriculum with the previous one written in 1998 (Bialystok & Wright, 2019; Larkin et al., 2017); this significantly affected the content taught. The 2015 sexuality education curriculum for grades 1 to 8 developed by the previous government discussed topics on homosexuality and consent whereas the document from 1998 considered the only sexual orientation to be heterosexuality and only one choice, abstinence (Bialystok & Wright, 2017). Given the status of same-sex marriages became legal in 2003 in Canada, at the time of revision

in 2018, this curriculum proved confusing, frustrating, and outdated for both educators and students, who presumably only remember a time when homosexuality was not a crime (Eichler, 2017).

While the province of Ontario returned to a revised 2015 sexual health curricula in 2020, this lapse in judgement placed pressure on schools and educators to decide whether to include sexuality education, how much sexuality education should and would be implemented, and whether they would be reprimanded for including a more relevant education (Ontario Ministry of Education, 2020). For teachers wanting to incorporate a more comprehensive curriculum, this ruling also made things even more difficult to receive support, resources, and training (Bialystok & Wright, 2017). This meant that for at least one school year, many Ontario students were not receiving uniform information, receiving wrong information, or not discussing sexual health at all.

Additionally, educators tasked with teaching sexuality education are often not properly trained to deliver this material and lack access to resources that may support them. Hence, there is a similar inconsistency in teacher education programs. Like the schools, teacher education programs focus on physical education. In programs where there is a health education requirement, sexuality education is merely a module, topic, or unit in the course. For example, in the University of British Columbia's (UBC) health education course, "Mental Health, Sex Ed and Eating Disorders" is just one module among nine others (Petherick, 2020). No provincial or territorial government is funding sexuality education (TSSEC, 2019; Zimmerman, 2015). BC requires students in grade 8 to identify factors that influence healthy sexual decision making and demonstrate an understanding of the consequences of contracting STIs (BCME, 2018). An

expansive conversation can be generated, but the quality of discussions is often hindered by the ability of the teacher.

Canadian teachers, unfortunately, are not getting the support and resources they need to become competent and comfortable talking about sexuality, sexual health, and relationships with their students. As a result, they will only convey SHE topics they are most comfortable addressing (Cohen et al, 2012; TSSEC, 2019). The discrepancy in quality education within Canada is broadened even further by not checking to see what is being taught in classes. This means that "one class may get a comprehensive lesson on diverse family structures, gender norms, anatomy, and healthy relationships while another class within the same school may get nothing" (ACSHR, 2020, p. 13).

An incident in the Nanaimo-Ladysmith, BC school district in February 2013 illustrates the challenge faced by educators regarding sexuality education. Teachers at Wellington Secondary School arranged for AIDs Vancouver Island to provide resources and some sexuality education instruction for students. One resource was *Put on Something Sexy*, an illustrated flipbook demonstrating condom use (CBC News, 2013). When a grade student returned home with the book, his mother complained to the Principal and media. "I was disgusted that he would be given something like that," she said. AIDS Vancouver Island responded: "We believe straightforward, non-judgmental information provided to youth, in a context with a facilitator, in a context that speaks to abstinence, is important" (Bellaart, 2013). Administrators and teachers then had to explain themselves and their policies for resource adoption.

Essentially, without a national sexuality education strategy in place, it is very difficult to provide appropriate, accurate, and relevant information for everyone. Having a national SHE is impossible given health curricula differ across the provinces/territories. All these curricula are

different in three important ways (ACSHR, 2020). Firstly, across Canada, SHE curricula were drafted in different years without any specific timeline or requirement for a revision and update. This means that some provinces/territories are still using curricula from 2006 (Prince Edward Island), some have planned and delayed revisions (Alberta), and some are updating their curricula (British Columbia). Secondly, SHE is not housed under the same title course. For example, while it is part of the physical education course in BC, in Alberta, they can be found under *Health and Life Skills* or even *Career and Life Management*. Thirdly, the amount of time dedicated to SHE is also different across Canada. While Ontario requires 30 minutes per week of SHE, Saskatchewan requires 80 minutes per week (Robinson & MacLaughlin, 2019).

The following tables highlight an overview of the sexual health curricula across Canada. They highlight common key concepts and the grade at which concepts are first introduced into the curriculum. Variance of the sexual health curricula between provinces and territories is clear. Since these curricula are being updated at different times, they do not all include the same information. For example, between grades 1-9, Newfoundland and Labrador is using curriculum from 1994, 2008, 2011, 2015, and 2021 (Newfoundland and Labrador Ministry of Education, 1994; NLME, 2008; NLME, 2011; NLME 2015; NLME 2021). Manitoba has not updated their health curriculum since 2000, and New Brunswick is using two curricula that are at least a decade apart (Manitoba Ministry of Education, 2000; New Brunswick Ministry of Education, 2005; NBME, 2016). Yukon follows BC's curriculum and Nunavut follows Alberta's curriculum. As such, the following tables only include provinces. (Alberta Ministry of Education, 2000; AME, 2002; BCME, 2016; BCME, 2018; MME, 2000; NBME, 2005; NBME, 2016; Nova Scotia Ministry of Education, 2014; NSME, 2019; NSME, 2021; NLME, 1994; NLME, 2008; NLME, 2011; NLME 2015; NLME 2021; OME, 2015; OME, 2019; Prince

Edward Island Ministry of Education, 2006; PEIME, 2014; QME, 2018; SME, 2010; SME, 2012; SME, 2019).

Table 2.1 *Grade in which body parts are introduced.*

B.C	Kindergarten
Alberta	Grade 5
Saskatchewan	N/A
Manitoba	Kindergarten
Ontario	Grade 1
Quebec	Kindergarten
New Brunswick	Grade 5
PEI	Grade 6
Nova Scotia	Grade 1
Newfoundland and Labrador	Grade 2

Table 2.2 *Grade in which sexual orientation is introduced.*

B.C	Grade 4
Alberta	N/A
Saskatchewan	Grade 3
Manitoba	N/A
Ontario	Kindergarten
Quebec	Grade 9
New Brunswick	Grade 3
PEI	Grade 3

Nova Scotia	Grade 1
Newfoundland and Labrador	Grade 9

Table 2.3 *Grade in which gender identity is introduced.*

B.C.	N/A
Alberta	N/A
Saskatchewan	Grade 3
Manitoba	N/A
Ontario	Grade 8
Quebec	Grade 1
New Brunswick	Grade 3
PEI	N/A
Nova Scotia	Grade 4
Newfoundland and Labrador	N/A

Table 2.4 *Grade in which STIs is introduced.*

B.C	Grade 6
Alberta	Grade 8
Saskatchewan	Grade 6
Manitoba	Grade 5
Ontario	Grade 7
Quebec	Grade 8
New Brunswick	Grade 8

PEI	Grade 6
Nova Scotia	Grade 5
Newfoundland and Labrador	Grade 7

Table 2.5 *Grade in which condoms, contraception options, and other safe sex methods is introduced.*

B.C	N/A
Alberta	N/A
Saskatchewan	Grade 6
Manitoba	Grade 7
Ontario	Grade 7
Quebec	Grade 8
New Brunswick	N/A
PEI	Grade 6
Nova Scotia	Grade 5
Newfoundland and Labrador	Grade 7

Table 2.6 *Grade in pregnancy options is introduced.*

B.C	N/A
Alberta	N/A
Saskatchewan	N/A
Manitoba	N/A
Ontario	N/A

Quebec	Grade 8
New Brunswick	Grade 8
PEI	Grade 9
Nova Scotia	Grade 8
Newfoundland and Labrador	N/A

Table 2.7 *Grade in which consent is introduced.*

B.C	N/A
Alberta	Grade 7
Saskatchewan	N/A
Manitoba	Grade 3
Ontario	Grade 1
Quebec	Grade 1
New Brunswick	Grade 4
PEI	Grade 7
Nova Scotia	N/A
Newfoundland and Labrador	N/A

Table 2.8 *Grade in which sexual abuse is introduced.*

B.C	Kindergarten
Alberta	Kindergarten
Saskatchewan	Grade 1
Manitoba	Kindergarten

Ontario	Grade 1
Quebec	Grade 2
New Brunswick	Grade 4
PEI	Grade 1
Nova Scotia	Grade 1
Newfoundland and Labrador	Grade 1

Table 2.9 *Grade in which information that is relevant to people who have a diversity of identities, experiences, and bodies.*

B.C	N/A
Alberta	N/A
Saskatchewan	Grade 5
Manitoba	N/A
Ontario	N/A
Quebec	N/A
New Brunswick	N/A
PEI	N/A
Nova Scotia	N/A
Newfoundland and Labrador	N/A

2.3 Students' Experiences with School-based Sexuality Education

The sexuality education which began with the intention of reducing teenage and out-of-wedlock pregnancies and the spread of STIs, centered its curriculum around abstinence-until-marriage and is often the approach in use today (Edwards & Coleman, 2004; Mandulay et al., 2018; Zimmerman, 2015). However, while abstinence is 100% effective at preventing pregnancies and the spread of STIs, there is a lack of empirical evidence to support the effectiveness in changing adolescents' sexual behaviour (Santelli et al., 2017). A 2007 review by Douglas Kirby et al. found no scientific evidence that abstinence programs delay initiation of sexual intercourse, reduce the number of partners, or even ensure the practice of abstinence.

Additionally, these programs showed no impact on condom use, frequency of intercourse, or frequency of unprotected intercourse. In fact, in a 2012 analysis by the US Center for Disease Control comparing comprehensive sexual health programs to abstinence programs, researchers found that comprehensive programs had more of an effect on frequency of intercourse, use of protection, and frequency of unprotected intercourse (Chin et al., 2012). Abstinence based programs do not provide students with a complete education and can perpetuate misinformation (Helmer et al., 2015). These programs have provided inaccurate information on sexuality, pregnancy options, gender identity, abortion, and sexual orientation (Santelli et al., 2017; Helmer et al., 2015). In examining different abstinence-based approaches, these programs at best, educate students about how to prevent STIs, and at the worst, promote false messaging and advocates abstinence as the only healthy sexual choice.

In a study from 2016, students from the United Kingdom, Ireland, the United States, Australia, New Zealand, Canada, Japan, Iran, Brazil and Sweden were asked about their school-based SHE (Pound et al., 2016). According to these students, there seems to be a common thread

among these countries regarding their sexuality education. Students described education to be overly biomedical, heteronormative, sexist, and irrelevant. Lack of interest and engagement, according to students, was felt because sex was often presented as a scientific activity devoid of emotion or personality. Summarizing, the act is technical, basic, and at times, uncivilized. Education was viewed as moralistic, and pregnancies and STIs were negatively emphasized, implying "student sexuality as a 'problem' to be managed and presenting a model of 'legitimate' sexuality." (Pound et al., 2016, p. 7).

Additionally, students reported that homosexuality and sexual orientation were rarely discussed leaving LGBTQI2SNA+ individuals invisible and responsible for finding information pertaining to their health. Similar findings can be also found in a 2018 study conducted by YouthCo, an organization working with youth living with HIV and/or Hepatitis C, who connected with 600 Canadian students to hear what they had to say about their sexuality education experience (ACSHR, 2020; YouthCo, 2018). Individuals highlighted the need for sexuality education to include comprehensive topics, not just discussions about potential pregnancies or STIs with one individual reflecting on their experience, "I wished my sex-ed taught me what a healthy relationship looks and feels like, whether it is platonic or romantic relationships. I wish I was taught to identify toxic relationship patterns and what to do when you find yourself involved." (ACSHR, 2020, p. 65).

Youth also conveyed frustration with the emphasis on negative outcomes of sex as one youth puts it, "Sex-ed didn't talk about actual sex at all but it talked about why we shouldn't have sex before marriage" (ACSHR, 2020, p. 4). Another summarized this approach as problematic: "Abstinence or shame-based sex-ed only teaches us fear and shame. This causes us

to judge others out of fear, ignorance and internalized shame" (p. 68). Our flawed and incomplete SHE has enormous consequences. For one youth, the lack of comprehensive SHE:

> Made it possible for me to be sexually assaulted continuously for two years in elementary school. Sex-ed must expand on consent and sexual violence and have consent culture ingrained in our social interactions and values, from kindergarten on. It should be mandatory. By not teaching consent, the Canadian government is allowing young people to have their power taken away and their rights to bodily autonomy taken away. Teaching consent will save lives and prevent trauma that impacts people for their whole lives. (ACSHR, 2020, p. 71)

Youth also questioned the training and supports teachers received proclaiming, "I don't know that teachers have the training or feel comfortable to teach sex-ed" (ACSHR, 2020, p. 67). One reflected on their experience saying, "I only had one teacher that seemed comfortable with the subject and other than that, all my teachers seemed more uncomfortable than the students" (ACSHR, 2020, p. 67). Furthermore, another described their experience:

> I don't know if it was only our school, but we had 3 days of "in-class" gym classes; one was about sex-ed, two others were drugs. They didn't put much attention on sex-ed. The teacher wasn't comfortable, and it was mostly about pregnancy and how it happens. No focus on sexual assault, how to be comfortable talking about those things, we focused on the wrong things in the wrong way. (ACSHR, 2020, p. 67)

For LGBTQI2SNA+ students, one described their experience: "My sex-ed failed to meet my needs and rights as a queer cisgender woman. My health teacher treated LGBTQ+ sexual identities as an optional add-on instead of a core part of the curriculum" (ACSHR, 2020, p.72) and "If they talk about bisexuality at all, they assume it's an experimental thing and at the end,

you'll figure out you're heterosexual" (ACSHR, 2020, p. 71) Ultimately, in reflecting on their SHE experience, youth agreed that, "With sex-ed, you don't get [the same lessons]—we all got really different experiences with sex-ed, depending on the teacher, and that's not okay" (ACSHR, 2020, p. 74). Where they would like SHE to move towards is for it to "includes info relevant to everyone's sex lives" and that it "should focus on helping people identify and reinforce their personal identity and that, even if it doesn't conform with the mainstream, it is ok" (ACSHR, 2020, p. 73).

2.4 Social Media and Youth

Given young people's dissatisfaction with their education process, the potential for the internet to help fill in the gaps left by parental and school-based sexuality education is increasing (Nixon & Düsterhöft, 2017). As Jewett (2021) concludes:

> A generational divide exists between parents' understanding of what their children know about sex and relationships and what their children have experienced online and 'in real life'. Ironically, although we live in a hypersexualised world, parents often do not realise that they are their children's sex educators and can be unaware of the consequences of relinquishing that role and responsibility to other influences. (p. 115)

While there is research examining the positive and negative consequences of technology on youth (e.g., Well-being, identity, cyber-bullying, addiction), studies pertaining to youth's engagement online with sexual issues is largely uncharted (Jewett, 2021; Scarcelli, 2017). However, given the lack of comprehensive sexuality education in schools, increased interest in researching the potential capability digital technologies have on improving sexual health appears to be increasing. Compared to the past, online spaces now allow for distribution of sexual

information to a larger number of people without discrimination of class, race, or age (Levine, 2017). In Canada, nearly 100% of individuals ages 15 – 30 own a smartphone and 93% of these individuals engage in some form of social media (Statistics Canada, 2019).

Adolescents use social media platforms to express themselves, connect with other people, and build on their learning of the world around them. Considering its significant prevalence in their daily lives, social media holds many appeals regarding sexuality education. It can distribute accurate and up-to-date health information, can be accessible anywhere and is therefore convenient, and confidential as the anonymity helps to reduce judgement and stigma (Levine, 2017; McKeller & Sillence, 2020). In addition, the direct messaging ability of these platforms provides confidentiality in the event users want to seek personalized information or clarification (McKeller & Sillence, 2020). For example, one study found that brief counseling session in the form of direct messages sent via social media helped increase contraception and condom use (Landry et al., 2017). Additionally, another study found that by providing and promoting organ donation statistics and information on several different social media platforms resulted in an increase in organ donor registration by 28% (Cameron et al., 2013)

Compared to schools, family, peers, or healthcare professionals, the form of text, videos, message boards and blogs, services for direct messaging or scheduling sessions, and sharing experiences social media provides is a much more desirable way to access information for youth (Gold et al., 2011; Jewett, 2021; McKeller & Sillence, 2020). However, several considerations need to be addressed in discussing the influence social media can have. Social media is constantly evolving, which can create challenges for health promotion activities to stay relevant, active, and accessible. For example, considering MySpace is no longer the platform used among youth in comparison to 2011, health organizations have had to find ways to transfer information

between platforms and learn the various features and approaches that can successfully encourage social engagement (Levine 2017; McKeller & Sillence, 2020).

There is also the question of who manages these activities. A 2019 study found that teenagers struggle with whether to trust sexual health information on social media (McKeller & Sillence, 2020). Without the presence of a "known provider," their confidence in being able to distinguish accurate and misleading information diminishes. In the same review by Gold et al. (2011), researchers found that of the 178 sexual health promotions, half were created by non-profit organizations, followed by government departments, private sectors, academic institutions, and some were unknown. Additionally, a review conducted in 2010 found that information regarding contraception, STIs and controversial topics such as abortion, and penis size shared on social media health promotions platforms were often inaccurate and not age appropriate (Gold et al., 2011; McKeller & Sillence, 2020).

The literature reviewed for this study highlighted and emphasized social media's effectiveness in raising awareness and acceptance of sexual health and in doing so, helps to reduce stigma surrounding sexual health (Levine, 2017). This effectiveness of social media has been powerful for marginalized individuals, particularly LGBTQI2SNA+ in helping them find information about their sexual health. Their representation has often been ignored, incomplete, or inaccurate due to the institutionalized patriarchy of sexual health. This has forced them to create networks and connections elsewhere to learn about their sexual and reproductive health and rights (Manduley et al., 2018). For example, in 1950, transgender Lawrence Louise placed advertisements for individuals who had been arrested for crossdressing with the sole purpose of creating a list of people who could share experiences, expertise, and information with each other (Stryker, 2008). With the onset of the internet, social media has only helped to further and

broaden these networks and connections across geographical distances by increasing the visibility, interactivity, accessibility and shareability of information regarding sexual health and reproductive rights.

In response to a lack of studies on trans people, Ontario's Trans PULSE, founded in 2004, researched issues regarding transgender health, safety, and activism ("Research and Study Results", 2019). All research findings were then shared for free online and advertised and promoted through social media for the benefit of trans individuals across Canada. Additionally, Tumblr has been observed to be a space where users can anonymously ask questions about gender, sexual orientation, and sexualities that they may not have otherwise received in schools (Oakley, 2017). Most social media platforms can be tagged with indicated key words with every response/blog, which can then be efficiently searched just by using these terms.

A 2019 study examining the role of social media in shaping the identities of queer youth found that online platforms helped them contextualize and make sense of their lived experiences through participating and/or engaging in relevant online content which helped to form their offline identity (Hudak & Bates, 2019). The power of social media was particular evident in the aftermath of the Orlando's Pulse nightclub shooting in June 2016. Social media was used to post a warning on Facebook, used by family and friends to inquire about their loved ones, and used to launch a GoFundMe page where $7 million was raised for victims of the shooting (Mandulay et al., 2018). All these events highlight how social media has been transformative and effective for sharing sexual health information by bringing attention to all too often invisible experiences within a world of dominant models of abstinence, sexual orientations, and gender binaries.

2.5 Summary

This chapter reviewed literature related to the research problem. In sum, there are problematic mismatches in SHE across Canadian provinces/territories and between how or what SHE topics are taught in schools and what students see as relevant as they learn in real life settings and through social media. A potential problem and solution for this conundrum is social media, as it can be accessible anywhere, provides anonymity, increases visibility of marginalized issues, contains a plethora of SHE information, and is already used by most Canadian adolescents and teens. The next chapter describes the methodologies used to address the research problem.

Chapter 3: Research Methodology

3.1 Introduction

The goal of this study is to help better understand the sexual health learning experiences of youth living in BC. Specifically, I wanted to examine whether social media helps meet sexual health understanding needs of adolescents. Data from this research aim to contribute to an overall understanding of how to improve and provide SHE for youth living in BC and across Canada, ensuring accurate and relevant knowledge, skills, resources, and supports are available and accessible. The following questions guided this research:

1. What sexual information is being sought out by youth inside and outside of school?
2. In what ways are students using social media to find and share this information?
3. How do they describe their sexuality education experiences in school and in navigating sources for information on social media?

3.2 Mixed Methods Design

To best answer my research questions, I adopted a convergent mixed-method design with an emphasis on the qualitative aspect. Mixed-methods research, a methodology and philosophy researchers started using around the late 1980s, encompasses both quantitative and qualitative components (Creswell & Clark, 2018). The use of mixed methods arose due to a need to understand more complex questions, allowing researchers to put contexts and background to numerical data collected and in reverse, gave structure to the words and stories of participants by using statistical data. Around the 1950s when researchers started discussing blending of the two models, scholars argued that qualitative and quantitative data were associated with different specific philosophical assumptions, which made this type of design impossible to establish

(Creswell & Clark, 2018). However, the work to find a way to combine both types of data collection in research led to new paradigms being developed. This mixed-methods research study is founded on two paradigms. The first being constructivism and the second being pragmatism.

The first paradigm, constructivism, assumes that we learn and construct understandings of the world by the various interactions we have with the world. These constructs are constantly building upon our ever-changing personal, social, cultural, and historical experiences (Creswell, 2003). Hence, to answer the research questions, it was critical for this study to gain insight into the lives of adolescents. Being that sexual health is often a private journey, it was important to gain understanding through participants' words, messages, and lived experiences. It is essentially to then present these revelations with care and find meaning from what they shared. The second paradigm, pragmatism, positions the research questions as the focus of the study. Researchers should consider all approaches available to answer these problems, as well as adopt whatever methodology that will best get researchers there (Creswell, 2003; Creswell & Clark, 2018). Consequently, the most appropriate way to answer my research questions was to conduct a convergent mixed-methods design in the form of a survey.

The choice for this online survey design afforded many advantages. Research demonstrated that online surveys are most fitting for collecting quantitative and qualitative data that are sensitive in nature (Cooper, 1998; Mustanski, 2001). Seeing that some questions were sensitive in nature for youth, specifically questions regarding their sexual orientation, identity, and curiosity, the anonymous online surveys were the best way to do this. The anonymity the survey provided would also allow for more comprehensive and honest disclosures. Additionally, because this research was conducted in early 2021, during an international pandemic, having this survey design was the most convenient way to gain participation and data. As for collecting both

qualitative and quantitative data, having open-ended items provided participants the ability to express their experience using their own language and terms, and respond to items as they think appropriate. This structure encouraged them to share more personal experiences (Creswell, 2012). The inclusion of quantitative data helped to decrease the potential for participants to become overwhelmed with the large amount of data if there are too many open-ended items. There is also the possibility that items prompting specific answers could have been misinterpreted if not sufficiently clear. So having quantitative questions helped participants to elaborate on responses (Mrug, 2010). Ergo, to gain both accurate and comprehensive responses, open-ended and closed-ended items were utilized for this study.

3.3 Participants

Participants for this study were 11 high school graduates between the ages 17-19 years of age from the Lower Mainland of BC. Table 3.1 displays the background information of participants: age, gender identity and sexual orientation. The three ages were chosen to align with participants being a high school graduate and still young enough to remember their school-based SHE. Given I connected with recently graduated students, it made sense that most of the participants were 17 years old. The gender identity as well as sexual orientation information gave me a general sense of whether these participants felt represented in the current school-based SHE and how relevant these experiences were for them.

Table 3.1 *Participant demographics (n = 11).*

Age	**%**	**Gender Identity**	**%**	**Sexuality**	**%**
17	55	Female	64	Heterosexual	36
18	36	Male	27	Bisexual	36
19	9	Prefer not to disclose	9	Prefer not to disclose	18
				Do not use labels	9

The focus of this study was on adolescents, particularly ones who had participated in school-based SHE in BC. However, the narrow age group was selected to overcome two potential challenges. First, since I am a high school teacher working in the Vancouver school district, this age group aided in eliminating any perceived conflict or bias I might have had before or after research study. This essentially avoided events where I became participants' teacher during or after completion of the research. Secondly, this age group helped avoid the need for parental consent. Research demonstrates that youth are less likely to participate in studies involving sensitive topics that require parental consent, especially if youth perceive there to be a risk that the study could create problems with their parents (Liu et. al, 2017). As such, the omission of parental consent helped increase chances of both youth participation in research and more honest responses.

I started the recruitment process by creating a list of email contacts of former students with whom I kept in touch. I sent each an email explaining my research and requesting their participation. To gain more participants, I used the snowballing method. I sent subsequent emails to anyone who either showed initial interest or consented to participating in the study asking for help in recruiting potential participants. These potential participants were then sent that initial

email explaining my research. An anonymous survey link was provided and upon reaching the webpage, an explanation of the study was again reiterated. Additionally, considering the sensitive nature of the research, it was emphasized to participants from the onset that participation in the survey was voluntary; they could choose not to answer any given question and could exit the survey by simply closing or redirecting their browser.

3.4 Data Collection and Analysis

The convergent mixed-methods research collected data from a self-administered online survey (Appendix A) using UBC Survey Tool, which provided increased privacy and reliability especially since I was collecting sexual health data from participants. Upon completion of the survey, the data were stored in an encrypted file and securely stored on the researcher's and Supervisor's computer. I used the Qualtrics survey design software to accomplish this.

The online survey included twenty questions, thirteen of which were close-ended and seven were open-ended. The questions were created with the goal of answering the three research questions. Ultimately, both types of questions were selected to give insight and context into the world in which youth are navigating for sexual health content. The first part of the survey revealed background information about the participants. The survey then sought out information about participants' school-based SHE experience. The next part asked about what sexual health information participants had either come across or searched and on which social media platforms. The last section of the survey inquired about participants' experience using social media for finding SHE.

I used the NVivo software to store, analyze, and organize the qualitative data and I used the Excel program to do the same with the quantitative data. I first read and re-read the data to

get a general sense of the background, knowledge, and intention of participants. I adopted the convergent approach which looks at both types of data and then merges both information for a more complete analysis. More specifically, using this side-by-side method, following an initial read of both datasets, I looked at the open (qualitative) items in NVivo and close-ended (quantitative) items in Excel separately and then merged them together at which point, I interpreted them by side-by-side (Creswell, 2018).

3.4.1 *Quantitative Data Analysis*

I began by first inputting the data into Excel and organizing these numbers into visual representation to better understand the participants. I then categorized each item under any research question it may give insight into. I also used descriptive statistics to provide context to participants' responses and experiences. This is discussed in more detail in Chapter 4.

3.4.2 *Qualitative Data Analysis*

For qualitative data, I used NVivo and drew upon the work of Braun and Clarke (2006) in using the six-step framework of thematic analysis. My goal in analyzing data was to identify any themes or patterns that were interesting and important and use these themes to address the research questions. I began the data analysis process by going through the text and taking initial notes, generally getting a sense of what participants were feeling or trying to say. The next phase of analysis started with a coding process. This involved noting significant, recurring, or meaningful responses and assigning them a descriptive code, which initially included 8 codes: curiosity, de-stigmatization, school-based SHE experience, experience searching for SHE information, Public Service Announcement (PSA), social media, friends, and validation. These

initial codes were then grouped under one overarching theme or statements that emerged. Three large themes emerged from these codes: 1. Variety of topics in school-based sexual health education, 2. Various ways of obtaining information, and 3. Using social media to gain a sense of belonging. To ensure that every code or experience was not overlooked, I reviewed each code and made sure quotations from all participants that describe this experience or theme were included. Once this was completed, the themes were then sorted under the three research questions where they were used to generate a clearer answer to the research questions (Appendix C).

3.5 Ethical Considerations

In accordance with UBC Behavioral Research Ethics Board approval, I maintained strictest protocols towards all data. Participants were informed that they could withdraw from the study at any time. They were informed that participation was voluntary.

A special ethical consideration when working with teens on issues of sexual health is privacy. Privacy is complex but was nonetheless straightforward in my commitment to protect potential participants. After confirming informed consent, participants completed the survey anonymously. Hence, no data are linked or identifiable with individual participants.

3.6 Summary

This lengthy process I adopted and used for this research ensured that I gained a full understanding of the lived experiences of the participants navigating sexual health knowledge in schools and on social media. I wanted to identify what kind of sexual health information was being searched for, discern the role of social media in all of this, and comprehend the experience

of these adolescents trying to find and learn relevant information. The choice to recruit recently graduated students ensured that they were not too far removed from their SHE experiences to not remember it. Additionally, it removed any potential bias I may be perceived to have had and it also helped to remove the parental consent aspect - presumably increasing recruitment and enrichment of responses.

The data collected were in the form of a survey with both multiple-choice type and open-ended questions; the multiple-choice type questions significantly helped me fully understand the qualitative data. My analysis through a coding system yielded three large themes: 1. Variety of topics in school-based sexual health education, 2. Various ways of obtaining information, and 3. Using social media to gain a sense of belonging. These three themes provided a wealth of insight into the world of youth navigating and filtering for sexual health information.

Chapter 4: Data Analysis & Findings

4.1 Introduction

This chapter begins with a summary of the quantitative data and then an analysis of the qualitative data and discussion of the findings. In analyzing data from this research, it was important for me to ensure that I was properly and efficiently illustrating the realities and voices of the youth who participated. From their thoughts, opinions, and experiences, three themes emerged from this study. Following the first section on the quantitative data, the next three sections discuss the three themes. The first theme examines the experiences these participants have and feel towards their school-based SHE and what they would like to have learned. The second theme explores the various ways in which youth are gaining and learning sexual health content outside of school-based SHE and also the ways they encounter this information. The last theme looks at how friends and social media help youth gain and maintain a sense of belonging, especially when exploring and forming sexual understanding and identity.

4.2 Quantitative Data

Top three social media platforms used by youth were Instagram, Snapchat, and YouTube (Figure 4.1). This information gave me insight as to which platforms are likely used for viewing sexual health content. In the open item questions, many of the participants did reference one or all of these three platforms in encountering SHE outside of school; hence there is a correlation between frequently using certain platforms and viewing content on these same ones.

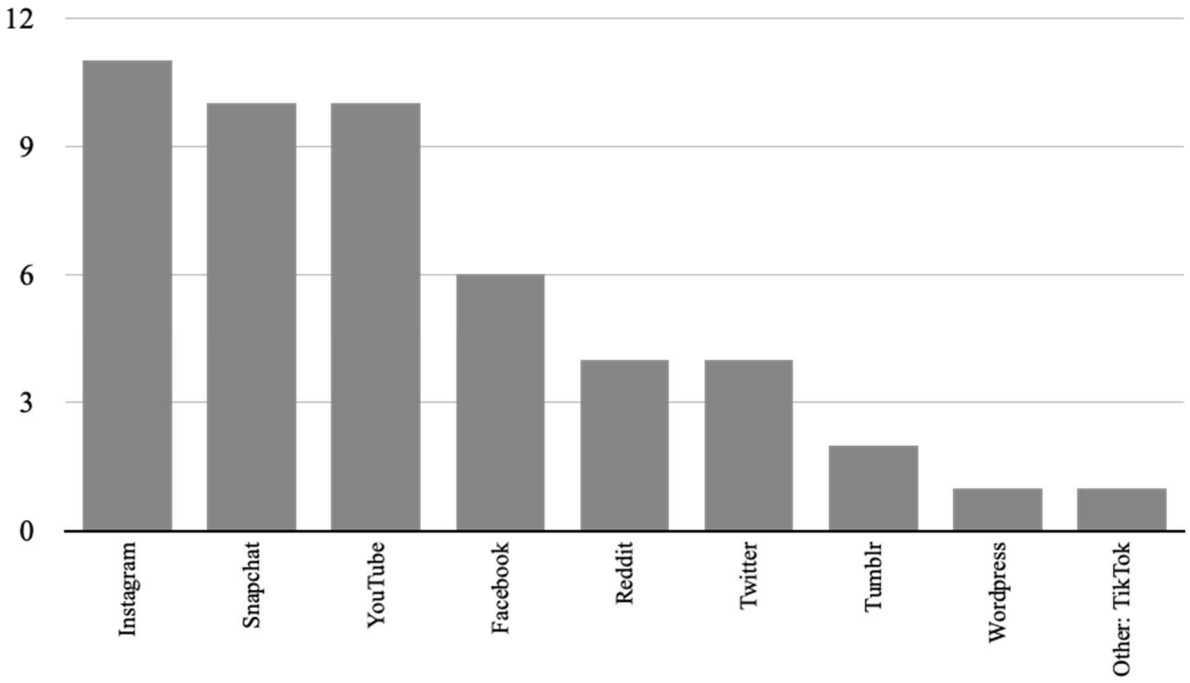

Figure 4.1 *Social media platforms participants use*

I wanted to understand how these participants viewed their school-based SHE (Table 4.1). SHE is part of the grade 10 PE curriculum where many of the students are 15 or 16-years-old. Therefore, considering the majority of my sample are 17-years-old, I expected the data to reflect latest engagement in SHE being two years ago. However, it was surprising to see that half of the participants engaged in SHE more than two years ago. There are two possible explanations presented. Firstly, referenced through the open item responses by participants, school-based SHE was so insignificant to them that perhaps participants did not and could not remember when exactly they last engaged in SHE. Secondly, perhaps participants never did receive SHE in grade 10 PE, which if this explanation is true, hints again at the inconsistent access of school-based SHE where some individuals having more exposure than others. Approximately half of the participants appeared to be satisfied with their SHE experience in school. However, it is difficult

to ascertain how reliable these answers are considering responses explaining their choice imply more of indifference and detachment. This discrepancy is discussed later in this chapter.

Table 4.1 *School-based sexual health experience*

Last participated in SHE	**%**	**Feelings about their SHE**	**%**
Last year:	27	Dissatisfied:	27
This year:	9	Neutral:	18
2 years ago:	27	Satisfied:	45
More than 2 years ago:	45	Highly satisfied:	9

When provided a list of topics participants would want as part of their school-based SHE, all topics were chosen (Figure 4.2). Additionally, two participants used the opportunity to comment under "Other". One wrote, "pleasure and gender dynamics in heterosexual relationships, STI treatments, abortion." (P 11), while another wrote, "It would be great to learn everything that could be offered. So everyone is educated" (P 9). This not only reveals the recognition of value participants have regarding learning about these topics, but also their desire to do so.

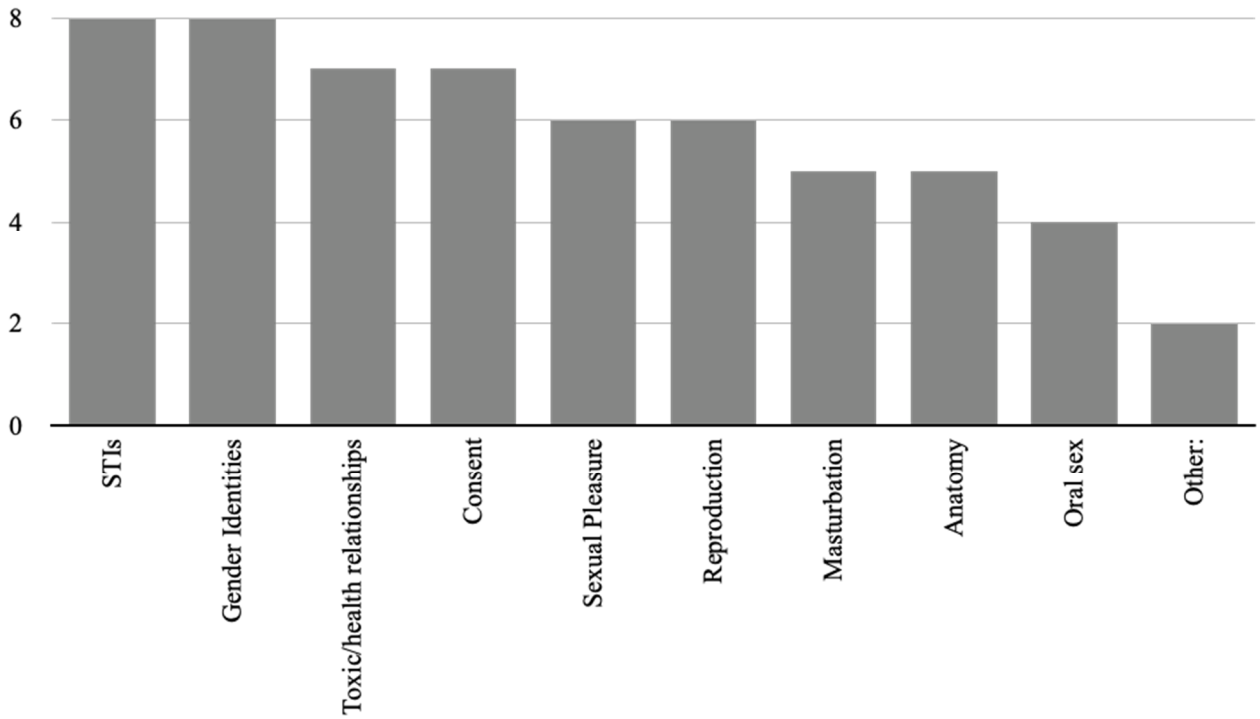

Figure 4.2. *Topics participants want included in school-based SHE.*

Table 4.2 and Figure 4.3 display the relationship between social media and sexual health content and the various platforms used to access information. I wanted to understand how SHE is perceived online. Seven participants stated using social media to search up SHE while four stated they did not. However, there is a slight complication here as some individuals who responded no to using social media wrote they used Google to find information, which potentially could have provided an answer linked to a social media site such as Reddit. Additionally, one participant who initially chose "no", later stated using "porn" as a resource. The overall responses indicated that finding sexual health content on social media was fairly easy with only 14% finding it difficult. Participants also appeared to be satisfied with the information they received from social media.

Table 4.2 *Social media and SHE*

Use social media to search SHE	**%**	**Ease of using social media to find information**	**%**	**Feelings about information found on social media**	**%**
Yes:	64	Extremely easy:	43	Extremely satisfied:	14
No:	36	Somewhat easy:	43	Satisfied:	72
		Somewhat difficult:	14	Neither satisfied or dissatisfied:	14

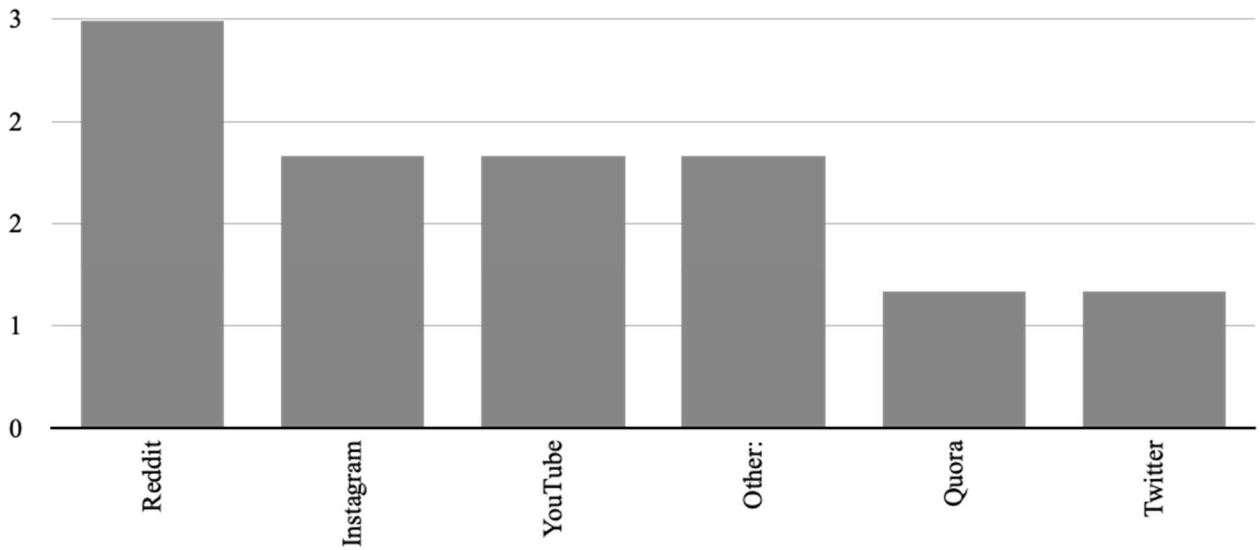

Figure 4.3. *Social media platforms used for SHE*

The last question explored how participants determined whether information was/is credible when searching for sexual health content (Table 4.3). It seemed that for the most part, credibility was difficult to determine, which is why different strategies were used. Some looked for known credible sources, searching for information across multiple platforms, or asking someone else to verify information.

Table 4.3 *Finding SHE outside of school*

Determining whether sexual health information is correct	**%**
It was a credible source:	27
Multiple platforms said the same thing:	27
I asked someone I trusted:	9
I'm not sure it was correct:	18
Other:	9

4.3 Theme 1: Variety of Topics in School-Based Sexual Health Education

Despite half of the participants rating their school-based sexual health education experience as "satisfactory", responses describing their experience indicated dissatisfaction. All 11 participants received sexual health education in school ranging from this year (2021) to two years ago. From the responses, there is a general sense that while participants are grateful there is at least sexual health education taught in schools, these experiences did not have any meaningful impact on their sexual health. In describing their experiences, one participant responded, "high school sex education has rarely—if ever—helped me navigate the complicated situations I have encountered in life thus far" (P 11). Others felt these discussions "[were not] very educational" (P 7), "didn't really cover that much, answer any questions I had" (P 4), and were "mostly the same stuff [I had] learnt since elementary school so it [didn't] really teach me much" (P 3).

When given the list of topics where youth could choose what they would like to be included in their school-based sexual health education, (see Appendix A), all topics were chosen. Among them, participants were most interested in learning, or at least felt important to know were Sexually Transmitted Infections, gender identities, consent, abuse, and toxic/healthy

relationships. It is clear youth want to learn about various topics under the umbrella of sexual health. There is also a recognition that these topics need to be included because they represent the lived experiences of youth and are inclusive of their sexuality and identity. For example, one participant suggested including "pleasure and gender dynamics in heterosexual relationships, STI treatments and abortion" (P 11) as additional topics and another concluded that it "would be great to learn everything that can be offered so everyone is educated" (P 9). Despite having a curiousity for these topics, youth indicated the education they received did not fulfill this curiousity and was not relevant; their school experience was so insignificant they either did not participate, did not remember much, or did not relate to the information and therefore were not engaged. As a result, youth are taking it upon themselves to explore these questions. When asked to describe what sexual health information they have seen or searched, one youth wrote, "there are a lot of posts on Instagram that aim to explain different LGBT2QIA+ terms and labels" (P 10). Another said:

> On YouTube, I have come across many videos covering important topics such as sex work, infertility, and abortion. Popular channels—like WatchCut—feature candid conversations about sex, often exploring topics that society has deemed "taboo" … [and seeing] girls [becoming] increasingly more vocal on TikTok about the lack of sexual pleasure they receive in heterosexual relationships—which I believe is an incredibly important discussion. (P 7)

Participants also shared experiences of searching for information on sexuality, sexual pleasure, kinks, and non-sexually transmitted infections (e.g., yeast). These responses highlight how varied the experiences, narrative, and topics that represent the realities of youth are. Learning about these discourses are more impactful; this is what youth are interested in, want to

know more about, and are discussing among themselves. One youth described the appeal of social media in learning about sexual health, "these platforms create a safe space for my generation to ask questions, share personal experiences, gain knowledge, reach out for help, and absolve common, uncomfortable feelings of guilt and shame around sex. Destigmatization is key" (P 4). In describing how useful social media is for SHE, this youth is simultaneously emphasizing what school-based education lacks, an inclusive, varied and discrimination-free sexual health content.

4.4 Theme 2: Various Ways of Obtaining Information

While research confirms that youth are seeking information on their own due to inadequacies of SHE (Simon & Daneback, 2013), the way information is obtained is of note. There is a mix of information passively showing up on their social media feeds, individuals are inquiring on social media about different topics, or having discussions with friends about sex.

More than one participant responded to having seen or viewed content on social media that discussed topics under sexual health without having searched for it. Responses indicate that much of this sexual health public awareness comes in form of video. As one participant put it, "Snapchat, Instagram, TikTok, Twitter, YouTube [have] ppl talking about their own personal experiences" (P 5) — videos where individuals share their stories, explain an important concept, highlight a problem, or discuss issues not talked about enough. More than one youth shared experiences about seeing content on Instagram detailing consent and healthy relationships. Another two participants also shared: "There is a lot of information about consent on TikTok and tons on gender identity on Instagram and TikTok" (P 2) and "[on] Instagram… it was mostly about consent and healthy relationships" (P 8). However, video format is not the only medium

youth use. One individual reported to viewing someone's sexual abuse story on Facebook while another participant pointed out the use of memes to convey a particular message:

> Most of the "information" about sex I've seen on social media wasn't made for the purpose of being educational, but rather to be funny. The memes I've seen cover a wide range of topics, including oral sex, masturbation, consent (or lack thereof), the invalidity of non-cis/het identities, abortion, and misinformation about anatomy and reproduction. One absurd example of this was a post saying that you don't have to use condoms at night because the sperm are asleep. While everyone I know would clearly see this as a joke, some people (especially those who are only taught about abstinence) may mistake it as fact. (P 10)

When asked which social media platforms were used to do their own searches, Google, YouTube, Reddit, Twitter, Quora, Instagram were being used. One participant also wrote to watching porn as a resource. There is a strong appreciation for the online and social media world. The content on many of these platforms have shed light on issues/topics that youth may not be exposed to and would have been inaccessible otherwise. "Google, YouTube, Twitter, and TikTok are a few platforms that have genuinely enriched my sexual education. Firstly, Google has taught me a lot regarding birth control, STIs, and sexual libido" (P 9). Another wrote:

> Twitter was my main outlet for a while. I had a huge community of supportive friends and talking about sex-related things was normal, so I could ask any pressing question I had and nobody would bat an eye. My community was super intersectional too, and it was incredibly helpful to get all of those different perspectives. (P 10)

The various ways in which youth are viewing and creating content regarding sexual health makes it easier for youth to take in and make sense of information. This contrasts with the very education heavy discourses that often takes place in school-based sexual health classes.

Comments, likes, and responses from other users are also important in this process of learning. One participant explained that "there are always a lot of comments that either confirm or deny the original answer" (P 3) helping to lend credibility to the poster and thus signal whether to take the message seriously. This is also youths' way of determining whether information they find is credible. Another way is to search and read about these topics, concepts, or beliefs across different platforms and observe whether the message is consistent. There is a widespread skepticism that the internet contains false information as anyone can post information claiming to be true. As one participant put it, "while I found that the answers were good enough, I wished there had been a more trustworthy and factual source of information" (P 10).

However, the different ways in which these participants navigate this conundrum demonstrate the ease which they have learned to facilitate their online world interactions. As a generation that has grown up with social media platforms, these participants have adapted to problems of false information. Various ways of fact-checking include reading the comments and responses of the thread to see whether others shared the same belief, experiences, or completely disagreed with the original poster. These threads prove powerful as ones with many comments also included information that can lead to further searches or expose individuals to concepts and perspectives they may not receive in their real-life circle.

Friends, online and real-life, are also an important source of obtaining information for youth. "Mostly everything I know about sex I learned online or from friends" (P 2). At times,

content viewed or read online were used as a starting point to discuss issues and analyze, reflect, disagree, and learn from each other's experiences and knowledge. For example, one participant shared, "I've also asked about anatomy, namely whether or not "blue balls" actually exist, why they need to wait a while before having sex again, and generally what it feels like to get hard or even pee" (P 10). Youth are not bewildered by the fact that information can be wrong, there is an acceptance that it can be, but using various online content to discuss with their real-life or online friends, youth are satisfied with the way they are making sense of their sexual health education they receive online.

4.5 Theme 3: Using Social Media to Find a Sense of Belonging

Belonging, or the sense of belonging is the desire to be accepted, respected, included, and supported by others. Researched considerably since Maslow (1968), this feeling is a basic human need, a human motivator which guarantees our innate drive to find it, achieve it, and ultimately maintain it. Acquiring feelings of belonging improves the way we see ourselves, improves our sense of importance, value and meaning— essentially our self-worth. As such, belonging has been linked to several social, emotional, and behavioral outcomes (Arslan et al., 2020). Lack of this feeling can be associated with increased anxiety and depression. Hence, achieving this feeling is important for mental health, relationship building, and even academic success among youth (Arslan et al., 2020).

When we consider the current sexual health education, particularly the lack of adequate space and opportunities exploring various topics, issues, and discussions, many individuals who do not fit within the curricula context are left excluded. This dangerously positions many adolescents to conceal themselves in fear of appearing odd, strange, or weird. From participants'

responses, the desire to be accepted, respected, included, and supported in the matter of sexual understanding lies in two areas: friends and social media.

During our adolescent years, we spend more time with our peers than with any other group in our community (Arslan et al., 2020). Because of this, the friends we have and make help to shape our identity and the way in which we see ourselves. When we consider that having a positive sense of identity during our adolescence is linked to life-long psychological well-being, our friends take on a very significant role (Arslan et al., 2020). When trust and intimacy is developed with our friends, we reach a point where we feel we are seen, heard, and acknowledged without fear of reprieve. As one youth described, "my friends and I are very open with each other, so we are able to talk comfortably about our experiences, desires, and concerns. We are unafraid to ask any questions we may have about pleasure, oral sex, sex toys, or whatever" (P 11).

The vulnerability that comes with these self-disclosures with each other, particularly conversations about sex openly and comfortably without being perceived as unusual leads to greater self-esteem and sense of belonging. The process in which friends listen to, encourage, and give each other advice allows them to feel valued, worthy and more importantly, normal. In absence of meaningful discussions and representations about sex in schools, these conversations youth have with their friends become crucial in making them feel accepted. Erikson argues (1968) that increased opportunities of intimate self-disclosures help youth form an identity that is both personally meaningful and validated by others, which is the developmental primary task of adolescence.

Social media also allows for self-disclosures, the ability to feel validated, accepted, and normal often with the benefit of not disclosing one's identity and background. This is compelling

when you consider the many taboos that exist around the topic of sex; youth may feel resistant to sharing their sexual/gender identities with their peers and can only find answers to their questions online. The various platforms available and spaces that occupy the different platforms ensures that youth do not feel judged or mocked when exploring their questions or concerns. Thus, the ability to stay anonymous can encourage more intimate disclosures. For example, in describing Twitter, one participant shared:

> Twitter. A one-of-a-kind platform that is community-based and saturated with different opinions, thoughts, and beliefs. Young people have the freedom to discuss topics such as consent, coercion, grooming, sexual trauma, libido, hygiene, shaving, oral sex, pleasure, hypersexuality, sex work, body dysmorphia, etc. (P 9)

The ability to feel normal, validated, and not alone is powerful. For example, one youth stumbled on a video;

> I stumbled upon a TikTok talking about pimples in the vaginal area. The comment section was flooded with young people saying things like: 'Omg I thought something was wrong with me,' and 'Wow, I feel so safe reading these comments. I'm glad I'm not alone.' (P 10)

There is a strong sense of comfort in using social media to seek answers to their questions; the safe space online not only allows youth to feel represented, validated, and supported but also helps to undo feelings of ridicule, shame, uncertainty, and self-doubt. These responses help support the Internet-enhanced self-disclosure (IESD) hypothesis developed by Valkenburg and Peter (2009), which argues that online self-disclosure can enhance the quality of an individual's relationship to a greater degree than face-to-face disclosures. The social media landscape, when it comes to sexual health content, makes engagement in discourses around

sexual health, discourses that youth otherwise have withheld in real-life, much easier to delve into.

4.6 Summary

From the analysis of the quantitative and qualitative data, three major themes arose that provided plenty of information contributing to our expanding knowledge of adolescents' experience with SHE in and out of school. The first theme that emerged is "Variety of topics in school-based sexual health education". The responses from the participants highlighted a disconnect between what they were learning and what they were curious to know. While it appears school-based SHE was appreciated since it was better than not discussing issues at all, SHE was so insignificant and basic that some participants barely remembered much. The noticeable lack of depth in SHE saw participants turning to other avenues for support.

The second theme, "Various ways of obtaining information" revealed social media and friends to be the two main ways youth accessed SHE. Social media proved to be both convenient and significant since they could easily find answers to their questions via search engines looking up key word/phrases which would then display a variety of videos/posts/vlogs/threads. The frequency in which participants were using social media also meant that even when they were not actively looking for information, SHE still took place passively through their feeds; participants would come across posts/videos/topics they had no knowledge of and were now exposed. The other way of being exposed to topics was through friends. Friends, both online and real-life were safe opportunities to share stories, ask questions, gain clarification, and seek support.

The third theme, “Using social media to find a sense of belonging” highlights how consequential social media can be for individuals who lack safe support systems in real-life. Self-disclosures between friends help to find answers to questions, but more importantly, help individuals feel validated and seen, providing them a sense of belonging, which is particularly critical for the well-being of adolescents. Thus, for these individuals, particularly ones who are marginalized, social media has become a fundamental way to seek belonging while forming their understanding of sexual health.

Chapter 5: Summary, Conclusions, and Recommendations

5.1 Introduction

The purpose of this study was to investigate SHE experiences of youth, particularly their experiences and information gathered through social media platforms. This chapter presents a brief overview of the study, discussion of limitations and implication of this research, and recommendations for future studies. Through the lens of an educator focused on the sexual well-being of adolescents and teens, I discuss this impact of this study, including how it contributes to a growing body of literature in Canada with the hope of informing and reforming the current sexual health curriculum and finding appropriate ways to utilize online spaces to increase visibility and accessibility of SHE. To reiterate, three questions guided this research:

1. What sexual information is being sought out by youth inside and outside of school?
2. In what ways are students using social media to find and share this information?
3. How do they describe their sexuality education experiences in school and in navigating sources for information on social media?

5.2 Overview

The lack of an accurate, comprehensive, and relevant sexual health curricula has significant ramifications. Individuals become unequipped to navigate sexual encounters and relationships, placing them at risk of engaging in unsafe sex, being abused, exploited, and coerced into vulnerable situations. Not to mention, there is risk of sexual transmitted infections as well as unplanned pregnancies. Furthermore, without discussions regarding gender issues, targeted bullying, violence, and even deaths of individuals continue to happen (Haberland & Rogow, 2015). SHE, according to UNESCO (2019), is a right of all individuals, regardless of

sexual orientation and gender expression or identity. Access to SHE empowers individuals to use tools and knowledge to protect and care for themselves sexually. Despite this, within Canada, the sexual health curricula available are inadequate and fragmented (ACSHR, 2020). In Canada, schools are the most logical institution to implement a comprehensive form of SHE.

Nevertheless, political decisions have led to a lack of nationally regulated curriculum resulting in different provinces/territories teaching different topics. This lack of national standards also means a lack of funding and resources available to train individuals to teach SHE. Consequently, educators are ill-equipped and apprehensive about delving into deeper issues and topics leading to minimal coverage of sexual content. Since elementary and secondary schools are the only institutions where SHE can be taught to a vast majority of youth, this combination of inconsistent curriculum, lack of provincial/territorial and federal direction, lack of resources, and trained teachers culminates in Canadian youth leaving schools unprepared to look after their sexual health (ACSHR, 2020). Recognizing the importance of this education, youth are left feeling unhappy, confused, and upset about their school experiences. To help fill these SHE gaps, online platforms are used as an alternative resource for information. As such, my research examined the experiences of youth navigating their own SHE. I wanted to explore the role of social media to gain sexual health understanding and examine what this process was like for adolescents. My three research questions grounded a mixed-method methodology and survey to collect data.

In analyzing data collected from participants, my goal was to represent their voices, opinions, and stories as honestly and accurately as possible. The themes that emerged from my analysis were: 1) Variety of Topics in School-Based Sexual Health Education, 2) Various Ways of Obtaining Information, and 3) Using Social Media to Find a Sense of Belonging. These three

themes encapsulate the complexities youth experience navigating for SHE content in school and on social media.

5.3 Limitations

I took several steps to address potential biases within the study. Firstly, I chose to recruit only post-high school youth between the ages of 17-19 to address any perceived bias of my status as a high school teacher. Additionally, the decision to conduct a mixed-methods survey took care of several concerns. The link given to potential participants was anonymous, which protected their identity in an encrypted file. Additionally, the survey encouraged detailed and honest disclosures without participants feeling overwhelmed by having both open and closed items with the option of skipping questions. The language chosen for the questions was deliberately used to ensure participants did not feel judged. However, there are some limitations of the research. I address three main biases.

The first limitation of my study is sample selection bias. This is because youth I initially recruited graduated from the school I work at. As mentioned, I work at an alternative school where many of our youth struggle with behavioural issues, mental health, or matters arising from low socioeconomic class. As such, the sample of participants in the study presumably only represents a type of youth or student living in the Lower Mainland. Through snowball sampling, even if recruited participants did not graduate from the school where I work, they may deal with similar obstacles as their peers. Thus, again, it would be wrong of me to generalize my data to represent it as Vancouver youth. Participants who did agree to participate in this study are likely those who feel more comfortable and inclined to discuss sexual health. Many of the items prompted participants to disclose and share sexual health experiences, which may have

compelled only youth who feel safe to speak on their experience. In turn, the same nature of the study potentially discouraged some youth from participating.

My connection to participants and the study is also a factor. Although my connection to the participants may have helped produce more honest disclosures as they trusted me and may have felt safer knowing I was the one reading their experiences, the opposite can also be true. Perhaps the closeness deterred individuals from wanting to participant because they did not want to share their vulnerability with me. This social desirability bias, even with anonymity and confidentiality, means there is a possibility that participants may have only shared what they think it is acceptable for me to know or even altered their disclosures and language to seek either approval or be looked upon favorably by me.

Similarly, I have to recognize my personal connection to this study. As an individual who experienced SHE in BC as a student and as a teacher, I came to this study with strong opinions and beliefs about SHE. These beliefs and opinions led me t to pursue this research. To ensure my beliefs did not influence my analysis, I planned to analyze the data without purposefully seeking results that confirm my hypothesis. While I did not veer from this plan, I acknowledge how my beliefs and opinions are intertwined throughout this study and may have unconsciously influenced my interpretation of the data. This confirmation bias means that I could have evaluated the data to find evidence to confirm my beliefs and convictions. This tendency also means I potentially overlooked data that contradict my convictions.

5.4 Discussion

In this research, I sought to find answers to the complexities of SHE in Canada. My own experiences as a student and an educator contributed to my view of the current SHE curriculum.

In high school as a teenager, I found SHE to be awkward, confusing, and incomprehensible. Ten years later as an educator, I was fortunate to attend a sexual health workshop presented to students. I was surprised to experience the same feelings I had years before. The students later admitted to feeling the same way as well. As an educator, I was invested in the information that was presented and was disappointed with the heterosexual and negative consequence focus of the presentation. Both experiences as a student and educator had quite an effect on me, which inspired within me a drive to study SHE in Canada and contribute any way I can to improve this problem.

5.4.1 School-based SHE

The responses from participants are consistent with previous studies that highlight: 1) the lack of topics discussed in SHE, and 2) the disconnect between the curriculum, presentation of curriculum, and lived experiences of youth. Participants shared that they did not remember much from their classes, felt either indifferent about the SHE, or frustrated and dissatisfied with what they were shown. There is often intrigue that follows conversations around sex and the lack of meaningful recollections about their SHE experience is revealing. The frustration some participants alluded to is immediately apparent when we compare the SHE curriculum in BC with the topics youth felt are important to know given the data. For example, gender identities was a topic participants identified as important to learn, and yet, it is not at all reflected in the SHE curriculum in BC (BCME, 2018). Similarly, sexual pleasure and pregnancy options such as abortion are also not included in the BC curriculum. This contrasts with research describing the importance of having a comprehensive education which involves speaking to youth about sex

and sexuality openly regardless of teenage sexual activity or not improves chances of youth making safe, healthy, and informed decisions about their sex lives.

One of the issues influencing SHE curricula is the belief that making sexual health information more available and relevant will promote sexual activity (Dreweke, 2019). Despite studies proving this belief false, it does not stop policymakers, schools, and educators from shying away from delving into sexual health topics (Dreweke, 2019; Kirby, 2007; Kirby, Laris, & Rolleri, 2007). Hence, sexual health is often not talked about, discussed in very biomedical terms, or even described in vagueness making things incoherent and ambiguous (Kirby, 2007; Kirby, Laris, & Rolleri, 2007). In sum, the only goal of SHE was to prevent STIs and teenage pregnancy, the glossing over or absence of topics is not meaningful to students and undermines this purpose of SHE.

Documentation and language are important educational goals for students and provide teachers a baseline. However, even if we ignore the flawed language of the curricula, it is still the purview of teachers to use their professional judgment to determine how students should achieve these goals. Some participants shared experiences about learning the same thing throughout the years. However, there are different learning outcomes for each grade and if students are not differentiating the concepts as they get older; this suggests a disconnect with what is supposed to be learned and who is teaching (BCME, 2018). Teachers are expected to bring context as they interpret and inform the document. Yet, when said document is purposefully vague, it leaves more to interpretation and implementation (ACSHR, 2020).

Different teachers have different approaches, expertise, knowledge, and access to training and development, which results in a wide range for representing the learning outcomes. For example, Robinson and MacLaughlin (2019) examined Canadian elementary school curricula

regarding instructional time allocated for SHE. The authors found that while some provinces and territories do state instructional time, for example Ontario with 30 hours/week for health education, other provinces and territories, including BC, are decide for themselves how much time to allocate to SHE. Hence, some teachers can minimally cover the curriculum, while others can choose to explore topics more deeply.

Like documentation and language, resources, and funding for educators to be trained in these topics are just as important. Even with comprehensive curricula, there is no guarantee an extensive experience for students if there are no direction and supports for educators. While Quebec is the only province to include sexual pleasure as part of the curriculum, without training for their teachers, there is still inconsistency in SHE because of the wide ranges of implementation and representation (ACSHR, 2020; QME, 2016). The lack of acknowledgement of young people's sexual lives is also an issue. Intertwined with the idea that providing sexual health information in some way promotes sexual activity means we disregard significant moments, encounters, and challenges; all experiences youth need help navigating.

Participants in the study shared that their experience often meant discussing just the basics of sex. When there is a failure to accept that youth are sexually active or sexually curious, we fail to provide information that sexually active youth want and end up discussing issues so partially and abstractly they are not equipped to make appropriate choices for themselves. For example, BC is the only province that does not include discussions of sexual or gender-based harassment, bullying, or abuse. However, sexual assault often occurs in context of dating and relationships and should unquestionably be part of SHE discussions (Gross, 2006; Hasstetd & Rowan, 2016). Examination by Harvard University demonstrated that youth are interested in knowing how to tackle misogyny and how to be a better romantic partner (Making Caring

Common Project, 2017). These are important topics that should be included in the SHE curriculum. – just a suggested sentence to end this paragraph with your voice

Rather than discuss these desired topics and how to address these issues, sex education discusses how to identify unhealthy relationships, how to be aware of STIs, and rape drugs (ACSHR, 2020). The difference in position and language is important. The current school-based SHE positions sex as something to avoid and not to engage in at all. When we start from a position that links sexuality with the social and emotional parts of youth, as a natural part of humanity, only then can we begin to create a curriculum that seeks to empower youth and inform them of issues that are pressing to them and help with their sexual health (ACSHR, 2020).

5.4.2 Social Media

Responses from the data show two ways participants obtain sexual health information outside of school-based SHE, social media and friends. It appears that on social media, sexual health information is passively and actively viewed. Youth shared experiences of viewing sexual health information without having searched for it online. Often these examples include individuals sharing their experience, teaching about a topic, or highlighting a misconception. For example, participants read or viewed stories about abuse, content discussing different gender labels, and media addressing healthy/toxic relationships on various social media platforms. When actively looking for information, youth preferred social media platforms with many users and for these platforms to include a search engine that efficiently brings up appropriate information.

YouTube, Reddit, and Twitter were among the platforms chosen. Social media did help to answer questions and concerns youth had, and also educate on topics youth were unfamiliar

with. The study from the data highlights how advantageous social media has been for participants as it has helped them stay informed with sexual health information and in doing so, has helped to feel validated and build a sense of belonging. The ability to stay anonymous, seek answers to questions already asked, and potentially even build an online community of friends to have discussions and lend support for each other is valuable. This is particularly true for marginalized individuals who are not adequately represented or even at all in the curricula resulting in feeling odd, peculiar, or even abnormal during school-based SHE.

While previous studies have suggested that youth are not comfortable sharing sensitive topics on social media, there is an emergence of individuals who have begun making TikTok content about sexual health experiences (Ellis, 2020; Yeo & Chu, 2017). Since 2019, several obstetrician-gynecologists (OB-GYN) have been making content on TikTok to address myths, concerns, and various topics not adequately discussed (Ellis, 2020). For example, Dr. Jennifer Lincoln, an OB-GYN from Portland has been one of these prominent doctors attempting to fill in the gaps of SHE (Lincoln, 2021). Dr. Lincoln's first TikTok video which garnered instant virality was her pointing to questions about sex and sexual health and answering "yes" or "no". Some of the videos come from real questions, such as explanations of pubic hair care and reasons why sex might hurt. These videos have prompted youth and young people to make content sharing their own experiences. For example, young women have created content to discuss their experiences using different forms of birth control (Ellis, 2020).

Similarly, social media has proven incredibly powerful for the #MeToo campaign, helping to raise awareness about sexual assault and abuse (Allagia & Wang, 2020). In response to conventional systems that have failed to help seek justice or validation, social media has been a powerful avenue in finding a collective voice for survivors (Alaggia & Wang, 2020). In doing

so, it has helped to destigmatize sexual trauma, inspire others to come forward, and force policies in place to address this systemic problem (North, 2019). Hence, social media presents a powerful area where comprehensive sexual health education can be provided, used to empower individuals, and address social justice. Additionally, it can be a very useful resource to be used alongside school-based SHE.

However, while it is true that social media can reach a large number of youth with accurate, relevant, and appropriate information, the technological systems in place pose a problem. Sexual health information is incredibly complex, and as with other topics researched, information can be incorrect, difficult to find, or even harmful. For instance, participants mentioned misinformation on social media platforms related to anatomy. At the same time, while anatomy is core to SHE, sexual anatomy can be readily neglected in schools. For the grade 12 Anatomy and Physiology (2018) curriculum in BC, "sex," "sexuality," "sexual reproduction," etc. are not mentioned. References to the "body" refer to either physical conditioning or organs and "body systems" in regulating health or medical states. There are no curriculum competencies or learning standards for Biology. Do students then rely on social media, for better or worse?

Two factors that impact the potential to use social media to promote SHE is algorithm bias and lack of regulation of information. Firstly, algorithms are technological codes and can be biased as such (Lau & Akkaraju, 2019; Manyika, Silberg, & Presten, 2019). There is acceptance that humans can be biased, but this also is true for algorithms since we are the ones who create them (Lau & Akkaraju, 2019). Technological systems learn to customize decisions by learning from the various decisions, likes, or searches made by users using that platform. This helps a platform to curate content that is more desirable or responsive for the user.

These machine-made decisions can reflect our own biases. For example, Amazon stopped using a hiring algorithm when it realized it was skewing towards white male applicants who used "executed" or "captured" in their resumes (Dastin, 2018). When we look at how algorithms influence SHE on social media, they limit certain demographics' ability to engage with SHE information due to the fact that their online actions have led them to alternate feeds. The Verge reported on how TikTok's attempt to "protect users with a high risk of bullying" resulted in creators with disabilities, LGBTQ2IA+, and overweight creators being suppressed and having had their videos deleted (Robertson, 2019). Secondly, the mechanisms in place to moderate information are currently flawed. This means incorrect information can become viral. As Dr. Lincoln states in her *NewsWeek* (2021) interview:

> I do think it's really dangerous to just get your information from social media. It's hard to get into the nuance of science on these platforms. And, it's crucial to remember that just because someone is wearing a white coat or has a "Dr" in their social media handle does not mean they are a medical physician.

This circulation of false information can be seen with the many conspiracy theories that have surrounded the corona virus disease (COVID-19) (Chan, 2021). Social media unfortunately has provided a platform in helping to spread misinformation with many individuals who are or have been falsely claiming to be medical practitioners or experts in the virus (Chan, 2021).

Findings of this research provide details of how social media can be used to find and explore sexual health information. The data show that information available online help youth to stay informed and build a network of resources. In this way, it is an advantageous tool and should be used. But, algorithm bias, along with social media's inability to moderate misinformation indicate that social media cannot be the only resource available for youth. This

flawed system currently in place unfortunately does not guarantee that all individuals regardless of age, gender, race, and sexuality have access to accurate and helpful SHE (Lim & Alrasheed, 2021).

5.5 Recommendations for Future Research

This study emphasized the importance of comprehensive SHE. Participants want more than what is provided and what they experienced. It does not represent their realities sexually or otherwise. In doing so, they have turned to social media to resolve questions and curiosity. Platforms have proven to be incredibly beneficial and significant in helping to empower youth to make safe and healthy decisions and in addition, validate their identity, which improves their self-esteem. However, we cannot ignore the flaws of social media; algorithms and spread of misinformation currently make it a problematic solution to the SHE problem. It cannot be the only resource youth are using for their SHE, further increasing the need for comprehensive curricula.

Considering the lack of research focusing on Canadian youth and in particular, youth in the Lower Mainland Vancouver, data from this study contribute significantly to our understanding of sexual education within and outside of school. The sample size and potential demographic bias of study participants prevent generalization, but I anticipate the findings will resonate with teachers and youth. First, this study should be replicated with a larger sample size of participants recruited from a different part of the Lower Mainland for a more accurate representation. Second, although I was unable to implement, it would have been beneficial to also include focus groups with the survey. Third, the role of social media for this study shows

promise; however, given the limitations, the next step would be to study social media in more detail, especially use by marginalized individuals.

Although I acknowledged flaws of social media before pursuing this research, I did not quite fully understand how algorithms skew users' access to SHE information. Prior to conducting this research, I leaned toward viewing social media as the best solution to the SHE problem. After conducting this research, I have a better understanding of the negative consequences of social media. This reflects Jewett's (2021) insights. While I no longer believe social media is the best answer, I still value its potential and it is worthwhile to continue to study this potential. Two avenues that would significantly contribute to SHE research are: 1) conduct case studies of the different platforms, and 2) examine what SHE information is shared more among youth via social media. I am curious as to whether information is more readily available and accessible depending on the platform. As mentioned above, some platforms were preferred when actively searching for information compared to other platforms where information would passively appear on feed. It would be worth investigating what information is more associated with specific social media. By studying what SHE content is shared more among youth, we can have an even greater grasp of youth, SHE and social media, and thus, better apprehend which information or issue is relevant and prevalent.

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Appendix A

Protection of Participants: To minimize any psychological discomfort or distress that may occur as a result of being interviewed, the following information should be noted: this study is only collecting information about your experience learning about sexual health, surveys will be confidential and anonymized, and will not involve any personal identification. Data will be encrypted. At any point should you no longer wish to participate, you can exit the browser or skip the question without any consequences, and at any point should you feel discomfort due to survey, you have the right to exit the browser without any consequences.

Directions: The following survey should take about 15 – 20 minutes to complete. Thank you for your participation! For the purposes of this study, **sexual health** refers to the physical, emotional, mental and social aspects of sexuality and/or sexual relationships. For example, topics can (but are not limited to) include consent, masturbation, oral sex, gender identities, sexual orientations, toxic/healthy relationships, abuse, sexual pleasure, anatomy, reproduction, and sexually transmitted infections.

1. How old are you?
   - ☐ 17
   - ☐ 18
   - ☐ 19

2. What is your sex?
   - ☐ Female
   - ☐ Male
   - ☐ Transgender
   - ☐ Non-conforming / Gender Variant
   - ☐ Other: _____
   - ☐ Prefer not to say

3. Check the following social media platforms you have?
   - ☐ Facebook
   - ☐ Twitter
   - ☐ Instagram
   - ☐ Snapchat
   - ☐ Youtube
   - ☐ Vimeo
   - ☐ Reddit
   - ☐ Quora
   - ☐ Digg
   - ☐ Tumblr
   - ☐ Wordpress
   - ☐ Whisper
   - ☐ Other: _____

4. How often are you on your phone specifically dedicated to your social media apps?
   - ☐ 1 – 2 hours
   - ☐ 3 – 5 hours
   - ☐ 6+ hours
   - ☐ Almost all day

5. Do you consider yourself to be:
    - ☐ Straight
    - ☐ Gay or Lesbian
    - ☐ Bisexual
    - ☐ Not straight, but identify with another label such as Queer
    - ☐ Transgender, Transsexual or Gender Variant
    - ☐ You have not figured out your sexuality or are in the process of figuring it out
    - ☐ You do not use labels to identify yourself
    - ☐ Other: _____
    - ☐ Prefer not to say

6. When was the last time you participated in sexuality education in school?
    - ☐ This year
    - ☐ Last year
    - ☐ 2 years ago
    - ☐ More than 2 years ago
    - ☐ Never participated
    - ☐ Not sure

7. Rate your experience with the sexuality education you received in school:
    - ☐ Highly dissatisfied
    - ☐ Dissatisfied
    - ☐ Neutral
    - ☐ Satisfied
    - ☐ Highly satisfied
    - ☐ Not sure

8. What is/are the reason(s) for your rating of your sexuality education?

9. What information do you wish was part of your sexuality education in school? (Check all that apply)
    - ☐ Consent
    - ☐ Masturbation
    - ☐ Oral sex
    - ☐ Gender identities
    - ☐ Sexual orientation
    - ☐ Toxic/health relationships
    - ☐ Abuse
    - ☐ Sexual pleasure
    - ☐ Anatomy
    - ☐ Reproduction
    - ☐ Sexually transmitted infections
    - ☐ Other: _____

10. Have you ever come across information about sex through social media or online platforms? If so, which social media platforms can you remember and what were the topics about?

11. What sexual information/topics have you inquired about (whether online, books, family, friends etc)? Information can include but are not limited to topics from question 9.

12. Have you searched for sexual information using social media or online platforms?
    - ☐ Yes
    - ☐ No

13. If you answered no to question 12, what alternative ways are you learning about sexual health and why did you choose this avenue?

14. If you answered yes to questions 12, what platforms can you remember using? (Check all that apply)
    - ☐ Facebook
    - ☐ Twitter
    - ☐ Instagram
    - ☐ Snapchat
    - ☐ Youtube
    - ☐ Vimeo
    - ☐ Reddit
    - ☐ Quora
    - ☐ Digg
    - ☐ Tumblr
    - ☐ Wordpress
    - ☐ Whisper
    - ☐ Other: _____

15. Regarding question 14, what made you decide on using these platforms? (eg. Heard it from a friend, saw it on an ad, found it through Google, seems credible, direct messaging, can ask on a forum etc.)

16. If you answered yes to question 12, rate how difficult or easy it was finding the information you were seeking.
    - ☐ Very difficult
    - ☐ Difficult
    - ☐ It was okay
    - ☐ Easy
    - ☐ Very easy

17. Regarding question 16, what made finding information you were seeking easy/difficult/okay?

18. If you answered yes to question 12, rate how satisfied you were with the information you came across.
    - ☐ Highly dissatisfied
    - ☐ Dissatisfied
    - ☐ Neutral
    - ☐ Satisfied
    - ☐ Highly satisfied
    - ☐ Not sure

19. Regarding question 18, what is/are the reason(s) for your satisfaction rating?

20. How did you determine whether information you found was correct?
    - ☐ It was from a credible source
    - ☐ Multiple platforms said the same thing
    - ☐ I asked someone I trusted
    - ☐ I'm not sure if it was correct
    - ☐ Other: _____

Appendix B

Table B1

Data Analysis

Responses:	Codes:	Themes:	Addresses (research question):
"The things I've asked are normally about what it's like to deal with the pressure/expectation from other guys to have sex and flaunt it. I've also asked about anatomy, namely whether or not "blue balls" actually exist, why they need to wait a while before having sex again, and generally what it feels like to get hard or even pee." "pleasure and gender dynamics in heterosexual relationships, STI treatments, abortion" "Firstly, Google has taught me a lot regarding birth control, STIs, and sexual libido." "Sexual pleasure, sexuality" "Kinks" "Everything was really about guys"	Curiosity	Desire for inclusive and varied sexual health education topics	What sexual information is being sought out by youth inside and outside of school? How do they describe their sexuality education experiences in school and in navigating sources for information on social media?
"Twitter was my main outlet for a while. I had a huge community of supportive friends and talking about sex-related things was normal, so I could aks any pressing question I had and nobody would bat an eye" "Even TikTok has valuable information. Recently, I	Destigmatization		

stumbled upon a TikTok talking about pimples in the vaginal area. The comment section was flooded with young people saying things like: 'Omg I thought something was wrong with me,' and 'Wow, I feel so safe reading these comments. I'm glad I'm not alone.'" "Furthermore, girls have become increasingly more vocal on TikTok about the lack of sexual pleasure they receive in heterosexual relationships—which I believe is an incredibly important discussion. When it comes to sex, particularly heterosexual sex, too many young women put their own pleasure on the backburner." "Finally, Twitter. A one-of-a-kind platform that is community-based and saturated with different opinions, thoughts, and beliefs. Young people have the freedom to discuss topics such as consent, coercion, grooming, sexual trauma, libido, hygiene, shaving, oral sex, pleasure, hypersexuality, sex work, body dysmorphia, etc." "In conclusion, these platforms create a safe space for my generation to ask questions, share personal experiences, gain knowledge, reach out for help, and absolve common, uncomfortable feelings of guilt			

and shame around sex. Destigmitization is key." "There is a lot of information about consent on TikTok and tons on gender identity on Instagram and tiktok" "Snapchat, instagram, tiktok, Twitter, YouTube Ppl talking about their own personal experiences mostly" "Facebook (sexual abuse)" "Instagram and it was mostly about consent and healthy relationships." "Sexual pleasure, STD, possible infections (ex: yeast)" "It would be great to learn everything that could be offered. So everyone is educated"			
"I found that while we were taught about a variety of topics under the umbrella of sexual health education, most of the information given is the same from grades 8 to 12. I found that this made it difficult for students to engage in the discussions." "I have found very little need to make such inquiries as my school started teaching (age appropriate) sex ed in the first grade."	School-based SHE experience		

"Similar to the mental health education I've received in school, high school sex education has rarely—if ever—helped me navigate the complicated situations I have encountered in life thus far." "During sex education at my old high school, I vaguely remember being given a small list of youth clinics. Once. But I had no idea what services they even offered until I searched it up. Luckily, the internet makes it easy to locate good youth clinics. After a visit, I will often look up additional information pertaining to STI treatments, STI testing, plan B, etc." "I don't remember much of it" "it was mostly the same stuff ive learnt since elementary school so it didnt really teach me much." "It was only covered once in Grade 7, and it didn't really cover that much/ answer any questions I had." "It was just a basic sex talk nothing special/specific" "The information was straight forward and clear"			

"Seemed adequate when we learned it."			
"I chose these platforms because there are always a lot of comments that either confirm or deny the original answer. While I don't take the answers as fact, I used the general consensus as a means of answering my questions." "There was a pre-existing thread for every question I had so I didn't even have to post a question. The threads were fairly popular so there were a lot of replies voicing a variety of opinions." "While I found that the answers were good enough, I wished there had been a more trustworthy and factual source of information." "When it comes to YouTube, videos about a specific topic that have lots of views, likes, and positive comments are usually worth a watch." "I feel like my questions and concerns when it comes to sex-related topics are pretty common. Therefore I have never had a hard time finding answers." "So far, the information I have come across has answered my	Experience searing for SHE information	Obtaining SHE information	In what way are students using social media to find and share this information? How do they describe their sexuality education experiences in school and in navigating sources for information on social media?

questions and soothed my anxieties. I am satisfied. However, the internet is not always correct, nor is it an expert in every area. My mind is always open to new ideas and information." "A combination of credible sources, checking multiple platforms, and asking people I trust." "I don't seek out information on sexual health" "sometimes i just search it on that app because im already on it when i have the question pop into my head. other times i just google it and those are websites that pop up" "it takes a few minutes to find the complete answer you may be looking for but its still very easy for many resources to show up." "because i gained knowledge" "Questions were simple so answers were simple" "Google and websites that seem trustworthy because there's a lot of fake news on social media." "When you search specific			

topics many links and information will pop up”			
“I recall seeing adds for birth control on Instagram. I have also seen many posts on both Reddit and Instagram detailing the signs of toxic relationships and abuse. There are a lot of posts on Instagram that aim to explain different LGBT2QIA+ terms and labels.” “The memes I’ve seen cover a wide range of topics, including oral sex, masturbation, consent (or lack thereof), the invalidity of non-cis/het identities, abortion, and misinformation about anatomy and reproduction. One absurd example of this was a post saying that you don’t have to use condoms at night because the sperm are asleep. While everyone I know would clearly see this as a joke, some people (especially those who are only taught about abstinence) may mistake it as fact.” “The information on Google that I find helpful often relates to the medical and physical sides of sexual education, rather than the emotional and societal sides.” “On YouTube, I have come across many videos covering	Public Service Announcement (PSA)		

important topics such as sex work, infertility, and abortion. Popular channels—like WatchCut—feature candid conversations about sex, often exploring topics that society has deemed taboo. Even TikTok has valuable information." "Furthermore, girls have become increasingly more vocal on TikTok about the lack of sexual pleasure they receive in heterosexual relationships—which I believe is an incredibly important discussion. When it comes to sex, particularly heterosexual sex, too many young women put their own pleasure on the backburner." "There is a lot of information about consent on TikTok and tons on gender identity on Instagram and tiktok" "Nothing that relates to Sexual education, only commercials." "I've never really thought about it, maybe just what you learn about pop culture\ porn. I've never really looked for sexual information, so I honestly don't know. I've more or less formed my beliefs about it based on what I've seen in movies or info picked			

up from my friends." "Facebook (sexual abuse)" "Instagram. how intercourse isn't one sided or smt" "Instagram and it was mostly about consent and healthy relationships." "Not really. Other than ads of condoms on YouTube"			
"Most of the "information" about sex I've seen on social media wasn't made for the purpose of being educational, but rather to be funny." "Over the years, I have gained an immeasurable amount of knowledge and education across various platforms. Google, YouTube, Twitter, and TikTok are a few platforms that have genuinely enriched my sexual education." "Finally, Twitter. A one-of-a-kind platform that is community-based and saturated with different opinions, thoughts, and beliefs. Young people have the freedom to discuss topics such as consent, coercion, grooming, sexual trauma, libido, hygiene, shaving, oral sex, pleasure, hypersexuality,	Social media		

sex work, body dysmorphia, etc." "Twitter was my main outlet for a while. I had a huge community of supportive friends and talking about sex-related things was normal, so I could ask any pressing question I had and nobody would bat an eye." "Mostly everything I know about sex i learned online or from friends" "probably youtube, just through songs and stuff theres a lot of sexualisation to them. also instagram, just posts about consent and its importance" "I haven't used those platforms to look up information on Sexual education." "Snapchat, instagram, tiktok, Twitter, YouTube Ppl talking about their own personal experiences mostly" "Google is always accessible and has many websites and information"			
"I chose these platforms because there are always a lot fo comments that either confirm or deny the original answer."	Friends	Sense of belonging	How do they describe their sexuality education experiences in school and in navigating sources for information on social media?

“Twitter was my main outlet for a while. I had a huge community of supportive friends and talking about sex-related things was normal, so I could aks any pressing question I had and nobody would bat an eye” “That being said, I have asked male friends to confirm/deny things I’ve seen on Instagram posts. The things I’ve asked are normally about what it’s like to deal with the pressure/expectation from other guys to have sex and flaunt it.” “I’ve also asked about anatomy, namely whether or not "blue balls" actually exist, why they need to wait a while before having sex again, and generally what it feels like to get hard or even pee.” “The threads were fairly popular so there were a lot of replies voicing a variety of opinions.” “My friends and I are very open with each other, so we are able to talk comfortably about our experiences, desires, and concerns. We are unafraid to ask any questions we may have about pleasure, oral sex, sex toys, or whatever.”			

“Twitter was my main outlet for a while. I had a huge community of supportive friends and talking about sex-related things was normal, so I could ask any pressing question I had and nobody would bat an eye.” “Mostly everything I know about sex i learned online or from friends” “ive learnt a lot from my friends, about everything” “I’ve never really thought about it, maybe just what you learn about pop culture\ porn. I’ve never really looked for sexual information, so I honestly don’t know. I’ve more or less formed my beliefs about it based on what I’ve seen in movies or info picked up from my friends.”			
"Twitter was my main outlet for a while. I had a huge community of supportive friends and talking about sex-related things was normal, so I could aks any pressing question I had and nobody would bat an eye.” “I chose these platforms because there are always a lot of comments that either confirm or deny the original	Validation		

answer." "There was a pre-existing thread for every question I had so I didn't even have to post a question." "Recently, I stumbled upon a TikTok talking about pimples in the vaginal area. The comment section was flooded with young people saying things like: 'Omg I thought something was wrong with me,' and 'Wow, I feel so safe reading these comments. I'm glad I'm not alone.'" "girls have become increasingly more vocal on TikTok about the lack of sexual pleasure they receive in heterosexual relationships—which I believe is an incredibly important discussion." "In conclusion, these platforms create a safe space for my generation to ask questions, share personal experiences, gain knowledge, reach out for help, and absolve common, uncomfortable feelings of guilt and shame around sex. Destigmitization is key." "When it comes to YouTube, videos about a specific topic that have lots of views, likes,			

and positive comments are usually worth a watch." "I feel like my questions and concerns when it comes to sex-related topics are pretty common. Therefore I have never had a hard time finding answers." "Snapchat, instagram, tiktok, Twitter, YouTube Ppl talking about their own personal experiences mostly" "Sexual pleasure, sexuality" "Facebook (sexual abuse)" "kinks" "Sexual pleasure, STD, possible infections (ex: yeast)" "When you search specific topics many links and information will pop up"			

Appendix C

Department of Curriculum and Pedagogy

Consent Form
Role of Social Media in Sexuality Education and Socialization

Investigators
The larger study is titled "How We Learn (Media & Technology Across the Lifespan)" and is sponsored by the Faculty of Education at the University of British Columbia under the direction of Dr. Stephen Petrina, Professor. This part of the study is directed by Dr. Petrina and Ms. Charlene Chong, Masters Student.

Study Purpose and Procedures
The study investigates youth acquisition of sexuality education information via social media. The total time necessary to participate in the study is approximately 1-3 hours. Your participation will be primarily through a questionnaire and follow-up group interview.

Confidentiality
Your identity will be kept strictly confidential. All documents will be identified only by code. Physical hard copies will be kept in a locked filing cabinet. Electronic copies will be encrypted and protected by password. Data will be encrypted, stored on the researcher's secure laptop, and backed up in the research office in the Neville Scarfe building on the UBC campus. Data will be accessed only by research team members. We encourage all participants to refrain from disclosing the contents of the focus group discussion outside of the focus group; however, we cannot control what other participants do with the information discussed.

Contact Information
If you have any questions or desire further information with respect to this study, you may contact Dr. Stephen Petrina. If you have any concerns or complaints about your rights as a research participant and/or your experiences while participating in this study, contact the Research Participant Complaint Line in the UBC Office of Research Ethics at 604-822-8598 or if long distance e-mail RSIL@ors.ubc.ca or call toll free 1-877-822-8598.

Consent
Your participation in this study is entirely voluntary and you may refuse to participate or withdraw from the study at any time.

_____ _____

Participant Signature Date

_____

Printed Name of the Participant