

Alberta Bounded: Comprehensive Sexual Health Education, Parentism, and Gaps in Provincial Legislation and Educational Policy

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Abstract

This article makes a case for mandating comprehensive sexual health education (CSHE) for all students in Canadian schooling, with a focus on Grades 7 to 12. Using Alberta as an example, it examines the degree to which legislation and educational policy enable CSHE, with particular attention to sexual and gender minority (SGM) students. The article conceptualizes and interrogates parentism as a rightist politico-religious viewpoint harmful to high school students needing to build sexual knowledge and sexual agency. It concludes by calling on legislators, school districts, and faculties of education to act to enable CSHE for all students, including SGM students.

Keywords: sexual health education, high school students, LGBTQ youth, parents, legislation, Bill 10 in Alberta, educational policy

Résumé

Cet article explique l'importance d'un programme complète d'éducation de santé sexuelle pour tous les élèves dans l'école au Canada. On se concentre sur les niveaux septième à douzième. L'article utilise l'Alberta comme exemple pour examiner à quelle mesure la législation et les politiques d'éducation permettent les programmes complète d'éducation de santé sexuelle, avec un accent sur les élèves de minorités sexuelles et de genre. L'article questionne les parents qui ne permettent pas leurs enfants au niveau secondaire d'apprendre les connaissances sexuelles. On appelle les législateurs, les districts scolaires et les facultés d'éducation de poursuivre la réalisation des programmes complète d'éducation de santé sexuelle pour tous les élèves, notamment les élèves de minorités sexuelles et de genre.

Mots-clés : éducation de santé sexuelle, élèves secondaire, adolescents GLBTT, parents, législation, loi 10 de l'Alberta, politiques d'éducation

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Introduction

Sexual and gender minorities compose a diverse population that includes lesbian, gay, bisexual, trans-identified, intersexual, and queer Indigenous (or, more commonly, Two-Spirit) persons. The population's complexity increases in intersections with race, ethno-cultural location, class, and other relational differences. This spectral public is marked by variations in sexual orientations and gender identities that fall outside normative cultural understandings of sexuality and gender, as well as outside the heterosexual/homosexual and male/female binaries as limiting either/or categories (Grace, 2015). Crucially, as a multivariate community whose members have been historically disenfranchised and targeted due to sexual and gender differences, in contemporary times the Canadian Charter of Rights and Freedoms (the Charter) guarantees equality rights—human and civil—and provides individual protection against discrimination in section 15. As an acknowledgment that sexual and gender minority (SGM) people are as deserving of rights as everyone else, subsection 1 states, “Every individual is equal before and under the law and has the right to the equal protection and equal benefit of the law without discrimination” (Government of Canada, 2018, section 15[1]). Equality rights for sexual minorities and protection against discrimination on the basis of sexual orientation were confirmed in the 1998 Supreme Court of Canada decision in *Vriend v. Alberta* (Grace, 2015). In the spirit of the Charter as a living document, gender minority citizens also have equality rights and are protected against discrimination (Grace, 2015). This was clearly indicated when Bill C-16, An Act to Amend the Canadian Human Rights Act and the Criminal Code, became law on June 19, 2017, providing gender minorities protection against discrimination on the grounds of gender identity and gender expression (Parliament of Canada, 2017).

On November 28, 2017, Prime Minister Justin Trudeau apologized in the Canadian House of Commons for the insidious gay purge, which lasted decades and expelled sexual minorities from the federal government, the military, and police forces (CTV News, 2017). This apology has political and pedagogical implications for K–12 educators working with SGM students whose multiple subjectivities may also include being immigrants/refugees or Indigenous persons, living in out-of-home placements (foster care and group homes), or being homeless and left to couch surf to have a place to sleep (Chief Public Health Officer [CPHO], 2011; Grace, 2015; Learning Network, 2018). Indeed, the apology provides impetus for transgressing historical omissions and exclusions that have

marked the schooling experiences of SGM students. It serves as a call to action for educators to be serious and consistent in their efforts to make life better now for SGM students navigating life in schools.

Against this backdrop, I begin by considering the need to mandate comprehensive sexual health education (CSHE) in schooling for all students, with a focus on Grades 7 to 12. Here I draw on document analysis utilizing academic research and apropos print- and Web-based educational, healthcare, legal, and legislative documents. Next, I explore aspects of sexual health education in Canada, using Alberta as a particular and bounded example to examine presences and absences. Here, I pay particular attention to SGM students, drawing on research participants' perspectives about sexual health education shared during a participatory evaluation study I conducted to explore the development and implementation of Edmonton Public Schools' policy on sexual orientation and gender identity. This is followed by the development and interrogation of the notion of parentism as rightist resistance to CSHE. I conclude by calling on ministries of education, school districts, and faculties of education to synchronize political and pedagogical efforts to require compulsory CSHE accommodating all students including SGM students in schooling across Canada.

Making a Case for Compulsory and Comprehensive Sexual Health Education in Schooling

With its development and delivery often impeded in the intersection of the moral and the political, CSHE has been sorely inadequate in Canadian schooling (CPHO, 2011; Grace, 2015). Ten years ago, the Public Health Agency of Canada (PHAC; 2008) provided this synopsis of what should constitute CSHE, which ought to be compulsory for all students:

Sexuality is a central and positive part of the total well-being of young people and, as a result, comprehensiveness of sexual health education for children, adolescents and young adults involves far more than the prevention of unintended pregnancy and STI/HIV education. Sexual health education should include an understanding of developmental changes (e.g., puberty), rewarding interpersonal relationships, developing communication skills, setting of personal limits, developing media literacy, challenging of stereotypes, prevention of STI/HIV, effective

contraception methods, information on sexual assault/coercion, sexual orientation and gender identity and a critical examination of evolving gender-roles and expectations. (p. 22)

Such CSHE should be compulsory and age-appropriate, accommodating all students across sexual and gender differences. When teenagers have not experienced CSHE, Jones (2018) relates that porn sites often comprise their introduction to sexual education. As she points out, research indicates that most teenagers begin viewing pornography at about 13 (for boys) or 14 (for girls) years old. It also indicates the existence of a “parental naïveté gap” whereby parents significantly underestimate the amount of porn their children watch (p. 4). When teenagers use porn as pedagogy, Jones concludes they are left perplexed about what constitutes healthy sexual relationships and consent as they struggle to translate online sexual learning into real life where sexual and dating violence are among real concerns. She asserts that teenagers need to develop critical literacy and a sense of sexual agency “by examining how gender, sexuality, aggression, consent, race, queer sex, relationships and body images are portrayed (or, in the case of consent, not portrayed) in porn” (p. 3). For SGM youth, Jones asserts that their need to develop critical literacy has to be juxtaposed with the reality that SGM porn may provide comforting affirmation of their sexual and gender identities historically considered to deviate from cultural norms. This speaks to the need for CSHE to be SGM-inclusive in schooling. When sexual health education is solely constituted as a heteronormative, cisgender (gender identity aligns with natal sex) curricular formation, it cannot address behavioural and epidemiological matters affecting SGM students (Grace, 2018).

SGM youth have lives often filled with stressors and risk-taking (Grace, 2015). When institutions like the family, education, social services, healthcare, and justice respond inconsistently or fail them, too many vulnerable SGM youth end up street-involved, homeless, and out of school (Learning Network, 2018). These youth are prone to an array of mental and sexual health problems (CPHO, 2011; Grace, 2015). However, even youth with caring families and institutional supports can have comprehensive health issues. For example, the lead intervention and outreach worker with the Comprehensive Health Education Workers Project, which I initiated in inner-city Edmonton in 2014, told me about the day a 17-year-old youth who had just tested HIV-positive came to our office accompanied by his devastated mother who stood by him, with him. This gay youth had

had sex just one time. Sexually active youth can act impulsively, even recklessly, when they have not had adequate, or any, CSHE. Of grave social concern, young people aged 15 to 29 in Canada comprised 27% of all new HIV diagnoses in 2015, indicating a 17% increase from the year before (Canadian AIDS Treatment Information Exchange [CATIE], 2017). Regarding these diagnoses, 2014 Canadian surveillance data showed that 79% of youth diagnosed were male and 65% were YMSM (young men who have sex with men) (CATIE, 2017). Nineteen percent of new HIV diagnoses were considered to result from heterosexual sex (CATIE, 2017). In Alberta, age-gender-specific rates of newly diagnosed HIV cases among 15 to 29 year olds are alarmingly high and, in Edmonton, consecutive 2010 to 2012 rates as well as the 2013 annualized rate of HIV infection were the highest in the province (Alberta Health, 2013a, 2013b).

This dire reality has ramifications for schooling. In its guide for 15 to 29 year olds living with HIV or Hep C (hepatitis C), the Canadian HIV/AIDS Legal Network (2017) speaks to the importance of schools recognizing and accommodating this population. This starts with principals and teachers adhering to the general rule that students living with HIV or Hep C have the right to keep personal health information private. The legal network is clear that it is a youth's choice whether to disclose health status to parents, teachers, peers, or others. It notes that the decision to disclose is a difficult one, potentially exposing students to stigmatization, discrimination, and violence, even though some people may respond with care and support. Still, as the legal network points out, some students may choose to disclose in order to have principal, teacher, guidance counselor, or peer support, or to make it easier to attend medical appointments, which may be frequently scheduled. While professionals are duty-bound to keep information about a student's disclosure confidential, the Canadian HIV/AIDS Legal Network (2017) notes this caveat: "In Alberta, Ontario, Nova Scotia, Prince Edward Island and Newfoundland, school authorities are legally obligated to report a student in the school who has HIV to the provincial Medical Officer of Health, who is obligated to keep this information confidential" (p. 9). While these safeguards are in place to protect student privacy, the legal network importantly notes, "This legal obligation of confidentiality, however, does not include classmates or any other person at your school who is not acting in an official capacity" (p. 9). Thus, HIV-positive students need to exercise caution regarding disclosure to these individuals.

The contemporary HIV crisis significantly impacting youth accentuates the need for compulsory CSHE for all students. As Homma, Saewyc, Wong, and Zumbo (2013) remind us, “A critical developmental task of adolescence is to learn about healthy sexual relationships and practices... Nearly half of adolescents in grades 9 to 12 in North America reported that they have engaged in sexual intercourse” (p. 13). Overall, these youth are not sexually self-efficacious, as exemplified by the large numbers who do not use condoms or who have sex with multiple partners (CPHO, 2011; CATIE, 2017). Consequently, many sexually active adolescents are at risk of experiencing an unplanned pregnancy or contracting sexually transmitted infections (STIs). For example, as Canadian surveillance data for 2012 specify, youth aged 15 to 29 constituted 32% of new cases of infectious syphilis and 67% of new cases of gonorrhoea (CATIE, 2017).

The case for compulsory CSHE is further supported by Canadian studies of populations that have culturally specific sexual health and educational needs. For example, in a study of Grades 7 to 12 East Asian (of Chinese, Korean, or Japanese heritage) students who participated in the 2008 British Columbia Adolescent Health Survey, Homma and her co-researchers (2013) found that a low percentage of these adolescents participated in sexual activity with opposite-sex or same-sex partners. However, they also found that 70% of sexually active adolescents in this population had engaged in one or more high-risk sexual behaviours, including early sexual debut before age 14, having multiple sexual partners, substance use before sex, no condom use, and pregnancy involvement. What this study demonstrates is East Asian students need to engage in CSHE that is attentive to cultural, gender, and other relational influences on sexual activities, decision-making, and understanding sexual health.

In another study also supporting the need for culturally based and compulsory CSHE, Devries, Free, Morison, and Saewyc (2009a) investigated sexual self-efficacy in Indigenous students. Using a data set representative of those students attending Grades 7 to 12 in British Columbia, they found that Indigenous students were more likely to be sexually abused and more likely to abuse substances. Devries and her colleagues (2009b) also found that, compared to other Canadian adolescents attending school, Indigenous adolescents are more likely to become pregnant and to contract STIs. These researchers concluded that changing negative outcomes required moving beyond a focus on individuals to deal with interpersonal, social, and structural factors. They indicated that potential strategies for intervention aiding in-school Indigenous adolescents broadly included

building family, school, and community connectedness since individual approaches focusing on treatment/support are insufficient.

Of course, pregnancy involvement is not confined to heterosexual youth. In fact, contemporary research shows that LGB adolescents are at a higher risk of unplanned pregnancy than heterosexual peers and less likely to use condoms or hormonal contraception as protection (Saewyc, 2014; Schantz, 2015; Seaman, 2015). Saewyc (2014) notes that the risk of pregnancy involvement is exacerbated when LGB youth are in foster care, runaways, street-involved, or homeless. She postulates, “This may be because they come out and are kicked out, or leave home to escape family rejection; however, once on the street, they may experience sexual exploitation or be forced to engage in survival sex” (p. 163). To help avoid these adverse outcomes, Saewyc stresses that LGB youth need to feel connected to parents and other family members and to school. Moreover, they require innovative SGM-inclusive CSHE that is sexual-minority youth specific in addressing pregnancy involvement and key contributors to its higher rates, including “stigma, sexual violence, [and] a lack of social support from families, schools, peers and community organizations” (p. 166).

The State of Sexual Health Education in Schooling in Alberta

The Public Health Agency of Canada (PHAC; 2008) recounts that Canadian guidelines for sexual health education have existed since 1994. It states these guidelines, which were revised in 2003 and 2008, are broadly concerned with improving sexual health policies, programs, and curricula in health and education for all individuals across differences. Importantly, the guidelines place particular emphasis on assisting those who develop, deliver, and evaluate comprehensive evidence-based sexual health education for use in schooling. As PHAC (2008) points out, everyone in Canada has a right to CSHE where the goal is to have individuals accrue knowledge, understanding, motivation, and behavioural skills required to be self-efficacious. Achieving this goal can enable individuals to have positive sexual health outcomes reflecting respect and care for self and others. Here it is important to consider the influences and effects of culture, religion, and tradition, and the ways they can be barriers to offering critical and mandatory CSHE. When sexual health education is comprehensive, relevant, appropriate, accurate, and

anti-oppressive, it attends to relational differences including age, race, ethnocultural location, Indigeneity, sexual orientation, gender identity, and socioeconomic status, and it involves “the full participation of educational, medical, public health, social welfare and legal institutions in our society” (PHAC, 2008, p. 5). No one, including such youth as early school leavers, youth in care, and street-involved youth—all of whom have trouble navigating social institutions—should be left out. Across differences among populations, PHAC (2008) is emphatic that everyone should be able to access nonjudgemental sexual health information and find inclusive and accommodating community supports and health services.

In senior high school (Grades 10 to 12) in Alberta, sexual health education is included in the course Career and Life Management (CALM). It is guided by just two specific outcomes in the CALM program of study, which has 36 specific outcomes in total. In CALM, sexuality is still listed as a “sensitive topic,” with this directive: “Instruction in human sexuality education requires communication with parents about the learning outcomes, topics and resources. ***All human sexuality outcomes have been boldfaced and italicized in this course to assist in identification of these outcomes***” [emphasis in original] (Alberta Education, 2015, p. 3). Moreover, there is the following provision signifying that sexual health education is neither mandatory nor universal for Alberta’s high school students: “For students who are not at the age of majority or living independently, *parents have the right to exempt their children from school instruction in human sexuality education* [emphasis added] by submitting a letter to the school indicating their intention to do so” (Alberta Education, 2015, p. 4). Of course, Alberta is not unique in providing this right to parents. In 2015, nearly two decades after the previous update in 1998, Ontario’s Ministry of Education released its restructured Health and Physical Education Curriculum, in which sexual education makes up about 10% and is included in the Healthy Living section. While it is progressive, unfortunately the Ontario curriculum is not mandatory for all students since uncomfortable parents have the right to withdraw their children from all or part of it (The Canadian Press, 2015).

As riders on CALM indicate, sexual health education is neither comprehensive nor compulsory for all high-school students in Alberta. Moreover, developing and implementing SGM-inclusive CSHE curriculum remains enigmatic. This is because there is no legislation in Alberta mandating CSHE or SGM-inclusive CSHE as required learning for all students. Importantly though, in what might be considered a first step toward full

recognition and accommodation of SGM students, the province has made legislative progress in advancing SGM-inclusive culture and climate in school ecologies. When An Act to Amend the Alberta Bill of Rights to Protect Our Children (aka Bill 10) came into effect on June 1, 2015 (Robertson, 2017), it amended the School Act to require school boards to permit the establishment of GSAs (gay-straight alliances or, less commonly, gender-sexuality alliances) upon a request by one or more students (Government of Alberta, 2015a). It also repealed section 11.1 of the Alberta Human Rights Act, which had required school boards to notify parents concerning planned and explicit coverage of sexual orientation and, by inference, gender identity in classrooms (Government of Alberta, 2015b). Furthermore, Bill 10 revised the Alberta Bill of Rights to include *sexual orientation and gender identity or gender expression* as relational characteristics protected against discrimination in section 1 (Government of Alberta, 2015c). While such legislative progress abets SGM-inclusive culture and climate in Alberta's schools, these steps forward have been marred by a giant step backwards. In revising the Alberta Bill of Rights, Bill 10 added section 1(g): "the right of parents to make informed decisions respecting the education of their children" (Government of Alberta, 2015c, pp. 1–2). This section directs school boards to notify parents who have the right to exempt their children from curriculum and instruction that is "primarily and explicitly" (p.1) focused on human sexuality education or religion. This unqualified addition to the legislation unequivocally guarantees parental rights; consequently, it sidelines student rights and ignores the potential for harm when certain parents choose to withdraw their children from sexual health education (Grace, 2018).

Speaking about what An Act to Amend the Alberta Bill of Rights to Protect our Children specified, Darrel Robertson (2017), Superintendent of Edmonton Public Schools, issued a response to a request for information by the Board of Trustees in which he addressed two key subjects: human sexuality education and voluntary student organizations in district schools. Robertson began by reiterating the right of parents to exempt their child from human sexuality education upon notification about program delivery. The school district's *Parents' Guide to Teaching Sexual Health* and the *Guide for Teaching Sexual Health Education* also highlight this exemption, while nevertheless providing teachers and parents with considerable information, strategies, resources, and supports for delivering human sexuality education, albeit in heteronormative, cisgender terms (Edmonton Public Schools [EPS], 2017a, 2017b). Indeed, the superintendent acknowledged

that the act ignores the need of SGM students for CSHE appropriate to their needs. He stated, “Curriculum related to the teaching of sexual health education does not currently include any outcomes directly related to sexual orientation and gender identity” (Robertson, 2017, p. 2). Of course, this could endanger the sexual health of SGM students (and those with whom they have sexual contact), which has ethical and legal implications for Alberta Education and provincial school boards (Grace, 2018).

As part of its listed resources, Edmonton Public Schools refers parents as well as teachers to the Teachingsexualhealth.ca website (2018). A review of the website includes multiple indicators of CALM’s heteronormative, cisgender predilection—CALM positions family as the heteronormative nuclear family, with no mention of different constructions of family, and both CALM Contraception Lesson 1 and Lesson 2 fail to mention sexually active LGB youth in discussing topics like teen pregnancy. Similarly, CALM Pregnancy and Parenting Lesson I omits any discussion of LGB teenagers in terms of pregnancy involvement and teen parenting. While the CALM Sexual and Gender Diversity Lesson 1 importantly considers stressors like heterosexism and homophobia as well as SGM language issues, it does not significantly consider gender identity, transphobia, and genderism. Moreover, the lesson emphasizes cultural education, not sexual health education for sexual and gender minorities. The two CALM lessons on STIs (including HIV) and their transmission, effects, treatments, and prevention are generic except for questioning whether the stereotype that only gay people get HIV and AIDS is true.

Overall, Alberta’s emphasis on creating school ecologies focused on SGM-inclusive culture and climate is progressive. It finds expression in the Alberta Education (2016) document entitled *Guidelines for Best Practices: Creating Learning Environments that Respect Diverse Sexual Orientations, Gender Identities and Gender Expressions*. Importantly, these guidelines include a focus on respecting the privacy and confidentiality of SGM students, which Edmonton Public Schools also emphasizes in its guide for teaching sexual health education: “In situations regarding sexual orientation and/or gender identity, the educator involved should not share the information with anyone else including other school staff without the student’s permission” (EPS, 2017a, p. 8). In the end though, An Act to Amend the Alberta Bill of Rights to Protect our Children does not synchronize school culture, climate, and curriculum to enable full recognition and accommodation of SGM students in all aspects of schooling. As Robertson (2017) remarked, “Human sexuality education and the establishment of voluntary student organizations, such as GSAs

or QSAs [Queer-Straight Alliances], reside independent of each other, in legislation, in board policy [and administrative regulations], and in content” (p. 2). Consequently, SGM students can experience ecological dissonance associated with some degree of accommodation in the school environment and near invisibility in curriculum and instruction. Indeed, there is more legislative work to do in Alberta.

Frontline Perspectives on Sexual Health Education in Edmonton Public Schools

I conducted a participatory evaluation study to gauge the effectiveness of Edmonton Public Schools’ sexual orientation and gender identity policy since it was passed in 2011. This included data collection on sexual health education, which involved open-ended interviews with different stakeholders including students, teachers, and school principals. Participation in the research was voluntary, with those interviewed being assured of anonymity and confidentiality, while being free to withdraw at any time. Written, informed consent was obtained from all research participants. For participating students under the age of majority, parents provided written, informed consent. Ethics approval for the participatory evaluation study was obtained from both the University of Alberta Research Ethics Board 2 (Study ID: Pro00040163) and Edmonton Public Schools, with the latter approval obtained through a research project application to the Cooperative Activities Program (CAP), Faculty of Education, University of Alberta.

In this study, the reality that culture, climate, and curriculum are asynchronous in recognizing and accommodating SGM students in schooling was evident when research participants spoke about the state of sexual health education. One school principal spoke about educators being fearful to address SGM issues in CALM. She emphasized the need to educate teachers with up-to-date information about sexual and gender minorities and called for change in the provincially mandated curriculum:

Our CALM and health classes, again our curriculum classes, are not caught up at all to any of these issues. There’s such fear for our teachers to enter any conversations that really would be informative and helpful, and frankly supportive to our kids. They’re just being tongue-tied. [Moreover,] many of them are working with very old information. It would be really quite lovely to see more attention paid to how you build [SGM issues] into the curriculum. That’s a piece that’s missing.

The [school district's] policy isn't helping. It should, but it's not. We need to get Ministry backing. Then there can be a sweep through all curriculum to start talking about things differently, inspiring education.

One self-identified gay high-school student also spoke about the need to enhance the focus on SGM issues in the curriculum while speaking positively about SGM inclusion in school culture:

With Bill 10, GSAs are now allowed and cannot be opposed in schools. In the classroom, I feel like lots of teachers have strayed away from diving into the topics of sexual orientation and gender identity. There's been that limitation that you're supposed to ask parents before you talk to this audience of students about these issues, even though they're not really issues. They're just things to be educated upon.

This student recounted a positive pedagogical experience related to sexual health education when taking CALM:

There was one person who came in and presented and they were very inclusive in their presentation. They weren't extremely heteronormative, and I really appreciated that. [It was] the first time I ever heard someone mentioning gays or lesbians or transgender people in terms of a sexual education presentation. And I was like YES! Why doesn't this happen more often? Inclusion is an awesome thing, and it doesn't happen as often as it should. I think having more education would be helpful because when people are uneducated they don't like what they don't understand or what they don't perceive to be normal. Incorporating [SGM] case studies into courses would be really helpful. I'd like to see things happening with schools trying to be more inclusive and helping people come to a place where they're more comfortable with themselves.

Complementing this call to educate all students about SGM identities, issues, and concerns, one trans-identified high-school student spoke about the need to educate teachers:

Not a lot of people know about trans people. I feel because teachers are directly interacting with and impacting youth, [learning about trans] should be part of

training them on PD [professional development] day. I don't know if that happens. In general, I just wish that people knew more about us—just the facts and less of the perceptions.

This student also spoke about a positive pedagogical experience related to sexual health education when taking CALM in summer school:

I was really impressed because we had a speaker come in who actually did mention things other than just safe, straight sex. He also talked about dental dams and being safe in anal sex. I was really happy. That was one good instance where there was pretty good inclusiveness. In most of my classes, most of my teachers tend to steer away from that kind of topic just out of fear of causing controversy. If we start to move toward that kind of topic, then the teachers are like, OK, let's re-focus. Let's not talk about that.

Steering away became a common theme as other SGM students spoke about their unaccommodating sexual non-education. For example, when asked if attention was paid to SGM issues in curriculum and instruction, one self-identified queer high-school student said, "No one really wants to approach the subject. In sex ed., they never broach that subject." A self-identified pansexual student stated, "Sadly, we still have the worst sexual education in the entire country." One trans-identified high-school student had this negative learning experience taking CALM, demonstrating the hit-or-miss nature of sexual health education in high school:

I took CALM in summer school and, during the presentation on sexuality, the guy only mentioned queer people and queer things. He was like, oh yeah, gay people exist and trans people exist. That's basically as far as he went. I mean, I understand because it's not the majority of people, but I feel like it's important for that to be addressed a little bit further.

Maintaining that many SGM students want to know, one high-school teacher incorporated SGM issues into teaching psychology. She related, "I use that course as a vehicle for talking about [SGM] information, and I don't ask for permission. I fit it into the unit nature versus nurture." Speaking about Bill 10, another high-school teacher spoke

about the opt-out clause enabling parents to withdraw their children from discussions of sexuality. She reflected:

I always have a couple. And they misread the form. It is a weird way of doing it now, that's true. We do have this sort of right wing, very fundamentalist sort of Christian group who don't want their kids to hear what's going to be talked about. That is so sad because the best thing about the [CALM] presentations is when students can ask anything and they're not going to be judged. Inevitably, we'll get questions about same-sex sexual behaviours and activities in our open discussion.

One teacher eloquently captured the problem that Alberta's teachers face every day as they deal with students hungry to learn about what, for a conservative contingent of parents and community members, are still taboo topics in schooling: sexual health education and sexual and gender minorities. She stated:

We were getting transgender questions last year, and [questions about] how do lesbians have sex because sexual health education is sort of a heteronormative idea. There should be a less restricted sexual health curriculum. I would like to be able to have more open conversations that are legitimated by policy. I have conversations in my class that I could get reprimanded for, I think. When the students were asking me about transgender, they want to know and they want to have conversations. We should be able to have them. I don't feel like we can't have them. I think the parents would be supportive. [Still,] if you don't inform parents about these conversations and give them the privilege of opting out of them, then it can come back on me. And that's problematic. [With] the new guidelines for teaching sexual health, there's greater restraint.

Parentism as Rightist Resistance to Comprehensive Sexual Health Education in Alberta

Canadian surveillance data gathered from 1985 to 2015 indicate that 20,793 young people aged 15 to 29 were diagnosed with HIV (CATIE, 2017). This is a staggering number that exceeds the seating capacity—18,500 people—of Rogers Place in Edmonton (Rogers

Place, 2018). The fact that this arena cannot hold all the young people who became HIV positive during this period is just one stark reminder that we cannot allow rightist cultural phenomena to affect schooling by attempting to obstruct the development and implementation of CSHE. Parentism is one such phenomenon. I describe it as the misguided perspective that a rightist group of parents have that their views about parenting, family constitution, and institutional control should compose some hegemonic cultural norm to the exclusion of the views of progressive parents, including affirming parents of SGM children. Parentism is impetus to contest the notion that every parent is a good parent. Indeed, as research indicates, not every parent or significant adult taking up this role is just or caring or accommodating (Grace, 2015; Learning Network, 2018). In Canada, family conflict and parental rejection based on sexual orientation and gender identity compose the most common causes of homelessness for SGM youth aged 13 to 24 (Learning Network, 2018). These youth are more likely than heterosexual, cisgender youth to report involvement with child welfare and protection services (Learning Network, 2018).

The parentist stance is steeped in tradition and rightist politico-religious perspectives. Parentists give primacy to institutional rights, upholding social institutions like heteronormative nuclear families with cisgender mothers and fathers. They resist other constructions of families such as those led by same-sex or same-gender parents. Parentists oppose social progress in schooling, in such critical formations as CSHE and inclusive curriculum that emphasizes diversity and human and civil rights across sexual, gender, and other relational differences (Informed Albertans [IA], 2016, 2017, 2018; Parents for Choice in Education [PCE], 2017a, 2017b). They view sexual health education that moves beyond general principles and rules of prudence as over-informing and dangerous to students (PCE, 2017a, 2017b). Indeed, parentism is an expression of what Foucault (1990) calls “modern prudishness” (p. 17), which in terms of schooling means ensuring that educators and other qualified caring professionals do not talk about CSHE. From this perspective, parentism does harm to young people.

The parentist stance is reactionary to section 15 of the Charter that protects individuals from discrimination across relational differences while guaranteeing them equality rights, as reflected in changes in law, legislation, and educational policy in post-Charter Canada. In the case of SGM students, parentist efforts amount to subscription to regulation bent on marginalization and disenfranchisement, thwarting recognition and accommodation of students’ sexual and gender differences and different family constructions

(Grace, 2015; Kearns, Mitton-Kükner, & Tompkins, 2017). For example, parentists reduce a curricular focus on gender identity to transmission of gender ideology (PCE, 2017a, 2017b). What they want unequivocally is for parental control to supersede any focus on children's rights and inclusive sociality, which they see as deterring the parentist mission (IA, 2016, 2017, 2018; PCE, 2017a, 2017b). Parentists want to put parental and religious rights first in developing and implementing curriculum, which contravenes section 1 of the Charter (Grace, 2015).

From this perspective, how does parentism do harm to school students? In enacting the controlling features of modern prudishness, as Foucault (1990) describes, parentists repress sexuality by withholding information or providing misinformation about sex and by engaging in untoward actions targeting progressives. It is modern prudishness that drives parentists to attempt to take custody of sex in the name of preserving a narrowly construed conception of family aligned with heteronormativity and the male-female binary. If parentists had custody of sex in schooling, it would effectively deny students, including their own children, the right to educational choice when it comes to engaging in CSHE in order to enable sexual self-efficacy. With regard to SGM students, it would inhibit their full inclusion in school culture and in curriculum and instruction. It would also stigmatize and ostracize parents of SGM children. Parentist efforts to repress sexuality in schooling aim to inhibit CSHE for all students, denying them the right to build sexual knowledge that nurtures sexual agency. Here repression functions "as an injunction to silence, an affirmation of nonexistence, and, by implication, an admission that there was nothing to say about such things, nothing to see, and nothing to know" (Foucault, 1990, p. 4). Parentists use this "halting logic" (p. 4) in an attempt to immobilize CSHE for all students. This logic ignores the reality that having knowledge and understanding of sexuality across various orientations can be the difference between life and death for some students (Grace, 2015).

In the face of parentism, we should be heartened by research indicating that the majority of parents want their children to receive sexual health education (EPS, 2017a; Ontario Ministry of Education, 2015). Still, as Coren (2017) asserts, groups affiliated with the Christian conservative movement should not be underestimated. He maintains, "[A] new generation of zealots has emerged...[whose members are] now hysterical rather than eccentric and, while hardly within the mainstream, [they] have managed to exert an outsized influence on politics, religion, and society" (p. 4). Foucault (1990) tells us not to

discount their discourse “out of hand, as if it merely expressed the fears of an outmoded prudishness” (p. 158). Moreover, he advises us to explore the discursive ways that “sex is ‘put into discourse’” (p. 11) both by conservatives and by progressives who oppose them. Here we need to take into account the historical reality of “the centuries-long rise of a complex deployment for compelling sex to speak” (Foucault, 1990, p. 158). Foucault (1990) provides this perspective, informative to strategizing in challenging parentists who would erase CSHE from what all children should learn:

The central issue then...is not to determine whether one says yes or no to sex, whether one formulates prohibitions or permissions, whether one asserts its importance or denies its effects, or whether one refines the words used to designate it; but to account for the fact that it is spoken about, to discover who does the speaking, [and] the positions and viewpoints from which they speak. (p. 11)

In Alberta, parentists belong to such entities as Parents for Choice in Education (PCE) and the derivative Informed Albertans (IA). Their public pedagogy is not merely one of prohibition, censorship, and policing or managing sex; interestingly, it is also one of putting sex into discourse even as they contest doing so (IA, 2016, 2017, 2018; PCE, 2017a, 2017b). The parentist discourse in Alberta is similar to the reckless rhetoric rightists in Ontario used to assault that province’s revised sexual education program as a “curriculum [that] encouraged child sex and was written by pedophiles” (Coren, 2017, p. 6). Sadly, such rhetoric can immobilize provincial politicians with responsibility for education. It makes them cautious and fearful rather than courageous, even as the Charter directs them to recognize, include, and accommodate all students in their quest for a full education.

On the PCE website and the IA blog, parentists are fixated with repetitive use of what they deem to be deviant written materials and sexual screenshots, which they snatch from other social media and websites that they consider objectionable. In their fixation, parentists are not concerned with capturing the full story or bigger picture, and they do not provide context. Their rightist technology, which is aimed at taking charge of sex and gender and controlling schooling, ultimately propagates knowledge that does not know, knowledge that isn’t knowledge at all. This “often cause[s] mistaken beliefs and systematic misconceptions to circulate” (Foucault, 1990, p. 12). What parentists contrive actually puts sex front and centre as a multifaceted entity, making it even more visible. In the

end, their penchant for exposition using seized screenshots and blurbs from other Internet sources impedes their own rightist production aimed at silencing sex in schooling. From this perspective, the IA blog and the PCE website add to the discursiveness of putting sex into discourse. Indeed, the blog and the website provide testament to Foucault's (1990) assertion that there is "so much talk about sex, so many insistent devices contrived for causing it to be talked about—but under strict conditions" (p. 34). Foucault adds, "What is peculiar to modern societies, in fact, is not that they consigned sex to a shadow existence, but that they dedicated themselves to speaking of it *ad infinitum*, while exploiting it as *the* [emphasis in original] secret" (p. 35). In the end, what PCE and IA have done is opened up spaces to discuss the "too hazardous truth of sex" (Foucault, 1990, p. 53), enabling the discourse on sex to burgeon, ensuring "the solidification and implantation of an entire sexual mosaic" (p. 53).

As Foucault (1990) would analyze it, the rightist discourse and tactics that PCE and IA use in their attempt to repress CSHE are infused with "systemic blindnesses: a refusal to see and to understand; but further—and this is the crucial point—a refusal concerning the very thing that was brought to light and whose formulation was urgently solicited" (p. 55). Of course, as Foucault elucidates, this refusal is hardly the end of it since repression is not "fundamental and overriding" (p. 73). Thus, those working to ensure CSHE for all students have to be strategic and proactive as "they produce knowledge, multiply discourse...and generate power" (p. 73) in the name of a technology of sexual health focused on "the problem of life and illness" (p. 117). They need to convey that there are ethical and legal implications in terms of what transpires. For example, if a high school fails to provide a 17-year-old male with adequate and appropriate sexual health education and he becomes HIV positive, then to what degree is the school legally liable as a public institution? After all, the school failed a client in its care, keeping him ignorant and irreversibly harming him. As another example, if a high school fails to provide CSHE and there is a well-publicized outbreak of infectious syphilis among its students, will the school accept responsibility for this debacle? Or, in both cases, is the Ministry of Education the liable entity since it failed to mandate compulsory CSHE? Maybe such matters will have to be settled in the courts before CSHE for all becomes a reality.

Concluding Perspective: Waiting for Synchronicity

Charest, Kleinplatz, and Lund (2016) declare that students need to acquire sexual self-efficacy, which is having accurate sexual health information, appropriate behavioural skills, and the levels of comfort and confidence necessary to execute sexual health practices effectively. They also stress that institutionalized sex education in schools needs to be accommodative and relevant because SGM students might be afraid or embarrassed to talk about sex with their parents, which affects their sexual self-efficacy and health. With many students relying on peers or the Internet rather than parents or other significant adults for information, these researchers stress the importance of CSHE in schooling, which includes presentations by nurses, sex educators, and other knowledgeable professionals. McRee, Madsen, and Eisenberg (2014) concur, calling on teachers to involve healthcare professionals and community intervention and outreach workers well-versed on sexuality, gender, and gender identity issues to deliver CSHE. Research indicates that guest speakers can seem more knowledgeable and up-to-date to students; can engender age-appropriate discussion of sensitive topics; can provide diverse perspectives on controversial topics like contraception, abortion, and same-sex intimacy; can enhance students' knowledge of community resources; and can have an impact in such areas as building student awareness of HIV, its associated stigma, and students' understanding of their vulnerability to infection (McRee, Madsen, & Eisenberg, 2014). In all cases, it is important for school districts to ensure that guest speakers' presentations align with parameters and requirements of the prescribed curriculum, which requires having policy that guest speakers know about and agree to follow through signing an agreement (McRee, Madsen, & Eisenberg, 2014). Of course, adhering to the prescribed curriculum can be a limitation to providing encompassing CSHE, including SGM-inclusive CSHE, as is currently the case in Alberta.

McRee, Madsen, and Eisenberg (2014) found that teachers who have had pre-professional and/or continuing professional training in sexual health education utilize guest speakers. They assert this may be due to their increased comfort with the topic or because they see guest speakers as a way to increase the capacity of the curriculum to inform students about their sexual health. This infers that training to deliver CSHE that accommodates all students' identities and differences ought to be commonplace in teacher education and in professional development offered by school districts. In teacher

education, SGM topics should be recurrently included in both core and elective courses so SGM-inclusive learning is not reduced to one-off modular treatments, presentations, or workshops that ultimately reinscribe the pervasive heteronormative and cisgender culture of teacher education. Ideally in teacher education, preprofessionals who wish to teach CSHE, including SGM-inclusive CSHE, should do a course concentration that prepares them to be sexual health educators. Once they enter the teaching profession, these teachers should also have opportunities for regular continuing professional sexual health education to keep them informed and updated during their careers.

Until we have changes in legislation mandating apropos CSHE for all students including SGM students, faculties of education and school districts can get away with doing piecemeal training and development. In Alberta, legislation like An Act to Amend the Alberta Bill of Rights to Protect Our Children does nothing to advance compulsory CSHE for all students (see Legislative Assembly of Alberta, 2014). In fact, Bill 10 enables parents with rightist cultural and religious beliefs to engage in pedagogical prohibition by denying their children the right to participate in life-saving CSHE. Moreover, Bill 24, An Act to Support Gay-Straight Alliances, does nothing to promote or require SGM-inclusive curriculum (see Legislative Assembly of Alberta, 2017). Perhaps we will have to wait for some sexual health debacle harming youth to result in a court case, the outcome of which ultimately drives legislators to make CSHE, including SGM-inclusive CSHE, compulsory. In the interim, we are left waiting for synchronicity of culture, climate, and curriculum that fully accommodates all students in schooling.

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