

Values Clarification Quiz

Before teaching sexuality, it is important to be familiar with your own beliefs and biases. Be sure you are clear about your beliefs relative to those of your students. This exercise will help you build personal knowledge that will influence your teaching style and result in increased comfort and understanding in the Sexual Health classroom. There is no "perfect" way to approach sexuality education. This exercise is meant to provide further insight into some topics. You are not expected to know all the answers, but need to know where to get the answers.

Instructions: Please respond to each statement by clicking on one of the bullets to indicate how you feel about what it says.

Question	Agree	Unsure	Disagree
1. Teaching sexuality is the responsibility of parents.			
2. I am conscious of my own sexual attitudes and beliefs when discussing sexual behaviour with students.			
3. The more a child knows about sex, the more he/she is likely to experiment.			
4. I will lose credibility if I don't know all the answers to questions asked in my class or if I am uncomfortable with some sexuality issues.			
5. Health risks relating to early sexual activity are scare tactics and should not be used by educators.			
6. I am apprehensive about raising certain sexuality topics in the classroom.			
7. I feel I can personally make a difference in helping my students make responsible choices regarding their sexuality.			
8. All questions that students put into the Question Box should be answered.			
9. Community health professionals are better prepared than I am to present portions of human growth and development education programs.			
10. I am comfortable hearing the slang terms that are used in talking about sexuality.			
11. Appropriate diagrams of sexual anatomy need to be included at all grade levels.			

Information

1. Teaching sexuality is the responsibility of parents.

Parents and guardians are a primary and important source of sexual health education for young people. They lay the foundation for attitude, moral and value formation. However, 72% of boys and 66% of girls say they first learn about sex from someone other than their parents. Canadian youth have stated that friends, siblings, and media sources are the most common sources of sexual health information. Survey results consistently show that Canadian parents and students want schools to provide Sexual Health Education. Schools can be a primary vehicle for ensuring that young people have access to consistent, accurate and up to date sexual health education as one component of a comprehensive sexuality education program.

2. I am conscious of my own sexual attitudes and beliefs when discussing sexual behaviour with students.

A teacher's values and beliefs influence teaching style. Examining your own values and beliefs about sexual health education before addressing students is an essential part of teaching sensitive issues.

Assumptions to avoid:

- All students come from traditional nuclear families
- All students are heterosexual
- All students are sexually involved
- All students are not sexually involved
- All students' sexual involvement is consensual
- All students who are sexually active are having intercourse
- All students have the same knowledge base
- All students have the same cultural and religious beliefs

3. The more a child knows about sex, the more he/she is likely to experiment.

Comprehensive sexuality education programs are designed to give young people the skills to make responsible sexual decisions. According to a major global study published by the World Health Organization, programs that teach young people about contraception and safer sex do not lead to earlier onset or higher frequency of intercourse. In fact, programs that teach about both abstinence and safer sex can help young people to postpone having intercourse. Evaluations of comprehensive sexual health education programs have led to the conclusion that they result in postponement of first sexual intercourse, decreases in the number of partners, and significant increases in condom use.

4. I will lose credibility if I don't know all the answers to questions asked in my class or if I am uncomfortable with some sexuality issues.

Sexuality can be a difficult topic for anyone to discuss. Acknowledging your own awkwardness can make everyone feel more comfortable. Knowing where to look for information is an important part of feeling comfortable. If you feel you are unable to comprehensively teach a difficult subject because of ethical, moral or religious differences, you might consider involving someone else to help teach this topic. If you are unsure about a question, be sure to find the correct answer and get back to the students. No one knows all the answers.

5. Health risks relating to early sexual activity are scare tactics and should not be used by educators.

Building on the protective factors that make a student more resilient is the most effective way to achieve sexual health. Scare tactics only draw attention to the issue in the short term. In the long term, healthy sexual behaviour is achieved through effective education focused on skill development, taking action, role model identification and reinforcement for the positive behaviour.

6. I am apprehensive about raising certain sexuality topics in the classroom.

Sexual Health Education must address and acknowledge the diverse needs of all students. It is important for sexual health educators to provide comprehensive Sexual Health Education that is both culturally appropriate and reflects different social situations. Talking about facts rather than values is an effective way to reduce apprehension.

7. I feel I can personally make a difference in helping my students make responsible choices regarding their sexuality.

Sexual Health Education can provide children, adolescents and young adults with some of the knowledge and skills they need to make and act upon decisions that will promote sexual health. Teachers play a key role in delivering comprehensive programs designed to promote sexual health.

8. All questions that students put into the Question Box should be answered.

Feedback needs to be complete, accurate and appropriate to the age and developmental stage of the students. It is important to consider every question to be a valid question. To facilitate question box, you may choose to group common questions together, to respectfully acknowledge that a question is confusing or off topic, and to defer questions that relate to future course content.

9. Community health professionals are better prepared than I am to present portions of human growth and development education programs.

Alberta Education mandates teachers to teach Sexual Health Education. It is the teacher's responsibility to ensure the provincial curriculum learning objectives are met. When involving community resources, a teacher must maintain involvement in all aspects of the program/presentation including appropriate pre and post session learning activities.

10. I am comfortable hearing the slang terms that are used in talking about sexuality.

It is important to establish ground rules related to vocabulary at the beginning, and to encourage students to phrase questions and comments as best they can. If slang is used in place of correct vocabulary, rewording the question using the correct word is an effective technique.

11. Appropriate diagrams of sexual anatomy need to be included at all grade levels.

Students at all levels require basic, accurate information about sexuality and sexual anatomy. Sexual anatomy comprises just one of the body systems. Teaching sexual anatomy addresses the whole student, and helps the student develop the ability to view the changes that occur during puberty as normal. Children need to learn the correct names of all their body parts so that they can communicate their questions and concerns.