

# Action Canada for Sexual Health & Rights

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## Who we are

Action Canada for Sexual Health & Rights is a national charitable organization committed to advancing and upholding sexual and reproductive health and rights in Canada and globally. Our activities include health promotion and education, a national 24-hour toll-free sexual and reproductive health information and referral service, engagement with provincial, territorial and federal governments to promote and protect sexual and reproductive health, legal and policy reform that ensures all governments, including Canada, meet their international obligations to uphold and advance sexual and reproductive rights. Our team includes individuals with knowledge and expertise in health care, law, policy, and working with grassroots sexual and reproductive health organizations.

In 2017, Action Canada launched the 3<sup>rd</sup> edition of *Beyond the Basics*, a resource for educators teaching sexuality and sexual health in classrooms and beyond. To know more about the curriculum companion offering tools, lesson plans, activities and resources to educators, developed in consultation with sexual health experts and medical professionals, please visit:

<https://www.actioncanadashr.org/beyondthebasics/>

Action Canada also has a network of Associate Organizations across the country, including several organizations that deliver front-line sexual health services and education throughout Ontario. These 24 community-based organizations operate independently but inform all of our work at a national and regional level.

Our associate organizations in Ontario are:

- *Planned Parenthood Ottawa*
- *Planned Parenthood Toronto*
- *The SHORE Centre*
- *NorWest Community Health Centre*

These organizations do crucial work in their respective communities to ensure access to accurate and comprehensive sexual health information and education, create necessary resources for the public and for health care providers, and ensure the connection between health information and high-quality affirming health care.

## Ontario consultation for a revised health and physical education curriculum

Action Canada welcomes the opportunity to share our expertise in the realm of comprehensive sexuality education (CSE), a crucial component of a health curriculum. Sexual and reproductive health cannot be divorced from our health and wellbeing and so, it is of utmost importance that young people in Ontario have equitable access to high quality, comprehensive and evidence-based information and skills building opportunities as it relates to sexual health and rights. The following brief shares evidence and core elements that must inform the development, design and implementation of any health curriculum to ensure effectiveness and to uphold everyone's right to health, to information and to non-discrimination.

Action Canada, alongside its Associate Organizations, would be pleased to be called upon to support your efforts in developing a comprehensive sexuality education curriculum as an integral part of a health curriculum and young people's education generally.

## What is Comprehensive Sexuality Education?

The consensus is firmly moving away from 'sex ed' as simply teaching sexual risk avoidance and moving into a much more holistic approach to sexuality education, defined as 'comprehensive sexuality education' (CSE). **When effectively designed and implemented, CSE has the potential to provide people with life-changing information and skills building opportunities.**

CSE's potential to play a fundamental role in spurring positive changes both at the individual level (people are equipped with the information they need and have the skills necessary to live full, affirming healthy lives) and at the societal level cannot be overstated. For this, **CSE curricula must be developed in line with established global and domestic standards, which include ensuring it is:**



- evidenced based,
- effectively delivered by trained educators,
- supported by supportive policies and financial investments, and
- take place in the context of an enabling legal and policy environment, where individuals can claim their right to access information, sexual and reproductive health services beyond the classroom and can access protection and redress if their rights are infringed.

The most up-to-date international document defining the highest standard of sexuality education is the [2018 UNESCO technical guidance on sexuality education](#). The UNESCO guidelines define CSE as:

*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.*

Both international and Canadian guidelines and best practice for sexual health education make clear that curricula must be comprehensive both in the scope of topics covered and in the depth of how these topics are covered. It is therefore critical that the Ontario Health Curriculum include the following topics, accompanied by appropriate direction to ensure each topic is covered in-depth, with opportunities to build the necessary skills to make and act on health decisions:

- **Values, Human rights, culture and sexuality:** Curriculum includes content on human rights and sexual rights as well as values as it relates to sexuality and the interactions between culture, society and sexuality.
- **Understanding gender:** Curriculum incorporates content on the difference between sex and gender, on the social construction of gender and gender norms, gender equality, stereotypes and bias and gender-based violence and degradation. It speaks specifically to gender identity and expression in all its diversity.
- **Interpersonal Relationships:** Curriculum includes content on various types of bonds and relationships, including different ways we form families as well as speak to friendship, parenting, love and romantic relationships. It includes teachings on inclusion and respect as it relates to the diversity of family structures, romantic partnerships, etc. It also speaks to what are and how to foster healthy relationships.
- **Violence and staying safe:** Curriculum includes content on interpersonal violence, including sexual violence and intimate partner violence; consent, privacy and bodily integrity. It speaks to the safe use of information and communications technologies.
- **Skills building for maintaining health and wellbeing:** Curriculum includes skills building exercises to foster decision making skills, communication skills, refusal and negotiation skills. It fosters skills to ask for, give consent. It teaches about maintaining and respecting boundaries. It supports better understanding of norms and peer influence on sexual behaviour. It fosters media literacy, including on how to find accurate and reliable sexual health information and on pornography. It educates around how to find help and support.
- **The Body, Puberty and Reproduction:** Curriculum includes content on sexual and reproductive anatomy and physiology; reproduction; puberty; and body image.
- **Sexual and reproductive health:** Curriculum includes content on pregnancy, pregnancy options including abortion, birth control and contraception. It includes content on HIV/AIDS prevention, stigma, care, treatment and support. It includes content on STBBI (sexually transmitted and blood-borne infections) and how to reduce the risk of transmission, treatment and support. It includes content on other sexual and reproductive health matters such as menstruation, endometriosis, sexual and genital pain, impotence, etc.
- **Sexuality and sexual behavior:** Curriculum includes content defining sex, sexuality and the sexual life cycle. It also speaks to sexual behavior inclusive of all sexual orientations when teaching safer sex methods. This includes topics like masturbation, sexual orientation, sexual attraction, the physiology of arousal, sex and intimacy, pleasure, etc.
- **Equity & Sexuality:** Content in this category would look like information that situates experiences of sexuality within systemic oppression that shapes every aspect of young people's lives. Content qualifying for this thematic area includes but is not limited to: learning about colonialism, racism, ableism, homophobia, transphobia and other forms



of systemic violence and oppression and how they impact how we experience our sexuality. Power dynamics are explored, and a framework is given to young people to decipher how it impacts interpersonal relationships. Content within this section would provide a critical analysis of systems of power and oppression, for example, how legal systems do not support survivors of sexual violence.

- **Technology, Media, Body Image & Sexuality:** To remain relevant to young people's lives, curriculum content should include opportunities for building critical analysis and media literacy skills to assess the accuracy of information found online related to sexuality and sexual health. This skill building should include skills to discern fantasy from real life especially as it relates to pornography and the ways beauty ideals/standards are crafted within the beauty and fashion industry and the ways that hyper sexualization and desexualisation in the media feed into stereotypes about who is sexual and who is not. It could include information about how cultivate safer online practices including the benefits and risks of information and image sharing, as well as how to identify and intervene when witnessing cyberbullying and online violence/harassment as a bystander are all part of what to look for in curricula to respond to the emerging and quickly evolving needs of young people.
- **History of Gender & Sexuality:** Content in this category would present global historical perspectives on the ways sexuality and gender are understood in diverse societies over time. Specifically, information on the wide range of relationship structures, sexual orientations, gender identity and expression that exist in the world and have existed in various cultural contexts since time immemorial. A part of this content would also include information on the history of global feminism, LGBTQ+ movements, activism around HIV/AIDS and the ways these movements impact people's lives, sexuality and wellbeing, including the ways that laws around sex, sexual orientation and gender identity have changed throughout Canadian history.
- **Mental Health & Sexual Health:** CSE understands that sexuality is something that involves and impacts all aspects of being human, including social, emotional, spiritual and psychological dimensions. Content that explicitly makes the links between sexual and mental health is an important part of CSE curriculum and although it hasn't been explicitly documented in international human rights documents and standards, there is beginning to be awareness that this is an area of great importance within CSE and needs to be included in content to make a lasting difference in young people's lives. Content in this topic category looks like providing information about different kinds of mental health challenges and how they might affect sexual health and wellbeing. Content should include information on how trauma impacts and intersects with both mental and sexual health and how socio-economic marginalization intersects with and can exacerbate mental health issues. This includes making links between populations that struggle with mental health due to structural oppression, marginalization and stigma related to their sexuality, sexual behaviours, gender identity/expression and sexual orientation. Challenging barriers that people face to accessing both mental and sexual health care because of stigma around marginalized identities and experiences should be part of content that works to make the links between mental and sexual health.
- **Substance Use & Sexuality:** Curriculum that includes content on substance use and sexuality would address the actual reality of young people's lives. Content in this category should include information from a harm reduction perspective where it is recognized that young people might have a curiosity and/or interest in substances use and that they require information and tools to navigate substance use in ways that reduce potential harms including overdose. Content in this category should encourage young people to talk openly and ask questions about substance use and provide them with information about why people use substances, the physical and social aspects of addiction, and ways to make choices to reduce harm if or when using substances, including alcohol, especially if mixing substances with sexual activity, including skill building around practicing consent and information about consent and sexual assault laws.
- **Pleasure:** Curriculum that counters sex-negative attitudes towards sexuality and taboo around sexual and sensual pleasure is one part of understanding sexuality as a holistic part of human experience. As such, there is increasing awareness of how integral pleasure is to CSE curriculum content, especially as it relates to empowering people who have been socialized as girls/women to expect, want and ask for pleasure within sexual encounters/relationships. Content within this category looks like providing young people with the skills to critically analyze how gender norms, relationship scripts and systemic oppressions such as sexism, racism, and ableism impact people's experience (or non-experience) of pleasure within romantic and sexual relationships. Content should also normalize and de-stigmatize pleasure as an important part of sexuality by providing information on anatomy whose sole purpose is pleasure,



providing information on the physiology of orgasm beyond penile erections and ejaculations, and the holistic health benefits of sexual pleasure. Information included should also identify barriers to pleasure including stigma/taboo and trauma, as well as challenge the ways that popular culture and media focus on male sexual pleasure only.

- **Disability and Sexuality:** Curriculum includes content on sexuality and sexual health that is relevant to and inclusive of people with disability and that counters stigmatic assumptions about the sexuality of people with mental and physical disabilities.
- **Faith and sexuality:** Curriculum includes content that speaks to the intersection between faith, spirituality and sexuality, how someone's faith, spirituality and /or cultural membership in faith communities can shape someone's sexuality, can inform values about sexuality or how someone wants to live their sexuality, etc.

**The development and delivery of content must introduce materials in ways that both age and developmentally appropriate, in line with scientific evidence. This requires the introduction of topics at different times in the schooling years of young people, depending on age and on developmental stages.** The learning objectives are to be logically staged, with concepts for younger students typically including more basic information, less advanced cognitive tasks, and less complex activities. All information discussed with learners in each age groups should be in line with their cognitive abilities and inclusive of children and young people with intellectual/learning disabilities. **A scaffolding approach must be used to build on conversations and content shared in earlier grades to ensure that young people have a sophisticated understanding of sexuality and sexual health by the time they finish high school.**

**Excerpt of the delivery of key concepts based on age and developmental milestones, according to scientific evidence. To see the full table, visit the UNESCO technical guidance document for sexuality education.**

<i>5-8 years old</i>	<i>9-12 years old</i>	<i>12-15 years old</i>	<i>15-18+ years old</i>
Diverse families	Decision-making	Conflict and misunderstanding	Healthy sexual relationships
Gender roles and inequalities	Rights and responsibilities	Healthy relationships: love, cooperation, mutual respect	Support systems
Different kinds of friendships	Equitable roles within families	Romantic relationships in relation to gender roles and stereotypes	Demonstrating affection and love
Empathy and solidarity	Health and illness	Stigma and discrimination on the grounds of difference	Challenging stigma and discrimination
Types of relationships	Friendship and love	Parenthood and responsibilities	Deciding if, why and when to have children
Values	Stigma and discrimination	Values, beliefs and attitudes: how they impact the rights of others	Values, beliefs and attitudes: sexual behaviours
Human rights	Disrespectful behaviour and bullying: sexual abuse, sexual harassment and bullying (including cyberbullying)	Right to sexual and reproductive health	Promoting sexual and reproductive health and rights in national and international law
Sourcing accurate information about ourselves, our feelings and our bodies	Role of religion, culture and law in relation to sexuality and gender roles	Sexual orientation and gender identity	Social and cultural normal impact on sexual behaviour
Sex and gender	Sex and sexuality: personal behaviour and decision-making	Sexual abuse, sexual assault, intimate partner violence and bullying: human rights violations	Challenging gender biases



Recognizing gender-based violence, bullying and child abuse	Human rights: national and international law	Right to privacy and bodily integrity	Homophobia and transphobia: sexual orientation and gender identity
Bodily autonomy	Gender inequalities and differences in power within families, among friends and in relationships	Consent and unwanted sexual attention online and on social media	Sexual coercion, abuse, gender-based violence and intimate partner violence
Safety online	Gender-based violence as human rights violation	Strategies to counter negative peer influence on sexual decisions	Advocating for health and well-being free from violence
Consent-based communication	Unwanted sexual attention	Establishing good communication techniques	Healthy, pleasurable and consensual sexual behaviour
Body parts, including sexual and reproductive organs, puberty, growing up.	Puberty and the phases of development, menstruation, sexual and reproductive functions. Social media and sexually explicit images	Puberty, sexual, reproductive, and emotional maturation.	Communication and expressing personal limits
Reproduction	Challenging negative peer pressure	Reproductive functions v. sexual feelings	Infertility
Body image	Personal boundaries	Sexual feelings, fantasies and desires	Complexity of sexuality
Enjoying bodies and being close to one another	Sexual response cycle	Minimizing risk of sexual behaviour	Engaging in safe and pleasurable sexual behaviour
Appropriate and inappropriate touching and intimacy	STIs and HIV	Prevention and treatment of STIs and HIV	Accessing sexual health services

**Source:** UNESCO Technical Guidelines on Sexuality Education, 2018.

### Critical content analysis: Beyond a checklist

It is not enough to develop a curriculum based on a checklist of topics. How topics are presented, the language used, and assumptions made are all critical to assess how it stacks up against the highest international standards of CSE and the best impacts in terms of health and social outcomes.

**Action Canada strongly recommends that the Government of Ontario apply the following guidelines to assess the goals and content of its health curriculum to ensure they meet international human rights standards and best practice in terms of what interventions and approaches are most impactful.**

### Sex Positivity – Challenging Stigma and Fear

Sex positivity frames sexuality and sexual health as a holistic and integral part of human experience and well-being<sup>1</sup>. Sex positivity challenges stigma, taboo and fears around sex, sexuality and sexual health. Stigma is the negative and stereotypical thoughts, attitudes, and feelings people may hold about another individual or community based on specific identities and health behaviours. Stigma has been used to label certain groups as less worthy of respect and safety than others. These attitudes are spread by power structures upholding hierarchies, ignorance, prejudice, and discrimination. Stigma is a structural barrier to human rights and the realization of health. Challenging stigma on all fronts, whether it be stigma around menstruation, STIs, HIV/AIDS, condom use, abortion, LGBTQ+ identities is a priority area of the most up-to-date internationally recognized CSE document and a key component of any curriculum truly guided by sex positivity.

<sup>1</sup> <http://unesdoc.unesco.org/images/0026/002607/260770e.pdf> and [http://www.who.int/reproductivehealth/topics/sexual\\_health/sh\\_definitions/en/](http://www.who.int/reproductivehealth/topics/sexual_health/sh_definitions/en/)



Sex positivity embraces sexuality with the view that the only relevant concerns when it comes to a sexual act, practice or experience are the consent, pleasure, and well-being of the people engaged in it or the people affected by it. In other words, sex positivity places no moral value on different sexualities or sexual activities. It helps us set aside our judgments and make room for the diversity of human sexuality.

Sex positive curriculums are ones that challenge risk-management approaches to sexual health and acknowledge sexuality not as something that should be contained, controlled and feared, but as something that is a part of the human experience and should be celebrated, enjoyed and embraced. It balances the prevention of sexual health problems with the positive aspects of sexuality. The 2018 UNESCO Technical Guidance on Sexuality Education defines sexuality as “a core dimension of being human which includes: the understanding of, and relationship to, the human body; emotional attachment and love; sex; gender; gender identity; sexual orientation; sexual intimacy; pleasure and reproduction” (p. 17). Further, the International Planned Parenthood Federation’s (IPPF) Framework for Comprehensive Sexuality Education (2006) conceptually tilts sexuality education towards a positive definition of sexual health and wellbeing, departing from earlier, risk-management approaches. Finally, attempts to shift towards a more sex-positive, wellbeing and autonomy-oriented definition of sexual health are also visible in the 2010 Standards for Sexuality Education in Europe: A framework for policy makers, education and health authorities and specialists, released by the WHO and the German Federal Centre for Health Education (German acronym BZgA).

When taken together, this illustrates important contemporary philosophical and ideological aspects that need to be included in sexuality education curricula in order for it to conform to the highest international standards of CSE: the centrality of positive aspects of sexuality, including pleasure in sexual health, that sexuality does not happen in a social/emotional vacuum, that sexuality relates to all aspects of being human, and the rights of young people to access information, tools and skills which help them develop sexual wellbeing.

### **Empowerment: Power and Structural Change**

The strength of CSE as an educational and policy framework lies in its recognition of sexuality as a holistic, integral part of being human. It is an approach that views sexual health as an intersectional site, influenced by physiological, relational, psychological, emotional, social, political and cultural dimensions of health. This contrasts with much of ‘traditional’ sex-ed which works from narrow, biological definitions of sexuality and focused on risk reduction and behavior changes from that lens.

As such, CSE attempts to achieve both very concrete, measurable behaviour change goals (such as reducing STTB transmission rates and unplanned pregnancies) and to help build the skills that cultivate empowerment and can assist a young person in navigating the highly subjective, complex and ever-shifting sociocultural landscape in which their sexuality is explored (such as the skills needed to negotiate safer sex practices, to have consensual sex, to challenge gender norms, to understand power dynamics within relationships and in society, etc.).

These two categories of CSE objectives are not separate—the measurable, individual behaviour change goals cannot be achieved without cultivating less measurable, more subjective skills such as critical thinking, decision-making, communication and negotiation. Ensuring the successful, positive impacts of CSE strictly in terms of behavior change relies on both tackling the structural/social determinants of health, within each local context and supporting individuals to access information and learn communication, decision-making, and boundary negotiation skills that promote empowerment, autonomy and wellbeing.

Tackling the social determinants of health involves conceptualizing and measuring impact in terms of structural change. One marker of CSE best practice and ultimately success lies in its ability to balance structural change with individual change goals as the access and ability to apply skills and adapt new behaviours as an individual is enabled or constrained by structural factors<sup>2</sup>. Individual and structural change can be connected through focusing on empowerment as a process (strengthening the skills young people need to live empowered lives, where they develop a critical analysis and reflection on how their individual struggles are connected to larger issues of injustice, systemic oppression and structural inequity); but, the ways that individual and structural change are both measured and assessed for impact, often do not align. Empowerment is concerned with transforming individual silences into action towards structural change. The transformation of power structures and systemic

<sup>2</sup> <http://unesdoc.unesco.org/images/0026/002607/260770e.pdf>



oppression happens by facilitating processes for individuals and communities to explore how their personal realities and experiences of disempowerment relate to and are structured by socio-political, historical and economic forces<sup>3</sup>. Considered in this way, empowerment as a process is concerned with the relationships between individuals' realities and social justice and political change<sup>45</sup>.

There has been much research done and lots written about empowerment as a concept for organizing around social justice and political change. In the UNESCO's latest technical guidance document, the importance of this component is captured in the core principles presenting key considerations for understanding the evolving field of CSE. According to the UNESCO, CSE must be:

Transformative: CSE contributes to the formation of a fair and compassionate society by empowering individuals and communities, promoting critical thinking skills and strengthening young people's citizenship. It provides learners with opportunities to explore and nurture positive values and attitudes towards SRH, and to develop self-esteem and respect for human rights and gender equality. Additionally, CSE empowers young people to take responsibility for their own decisions and behaviours, and the ways in which they may affect others. It builds the skills and attitudes that enable young people to treat others with respect, acceptance, tolerance and empathy, regardless of their ethnicity, race, social, economic or immigration status, religion, disability, sexual orientation, gender identity or expression, or sex characteristics.<sup>6</sup>

In the context of assessing CSE content, empowerment describes both a process and a goal. As a goal, the empowerment of individuals is integral to CSE working and making lasting impacts on the people's lives it is meant to effect. As a process, empowerment is connecting individuals to structural change by providing a framework through which people can better understand structural forces shaping their lives and their interactions (e.g. gender-based degradation or lack of access to culturally-relevant materials).

### Towards gender equity

A CSE curriculum that works towards individual empowerment to build resilient young people and create structural change that support the realization of sexual health and well-being is one that challenges the ways that power, violence and oppression are gendered<sup>7</sup>. To do this, CSE curriculum requires a vision of equity and analysis of gender in relationship to power. The terms 'gender-sensitive' or 'gender-empowerment' are used to describe CSE best-practice and curriculums that critically analyze the ways that people experience the world differently based on gender. It calls attention to the ways that systemic oppressions (like sexism and misogyny) influence gender norms and create inequities in terms of people's right to access health, education, bodily autonomy, security and freedom from violence and torture. Gender-empowerment does not only mean highlighting 'women's issues' or empowering cisgender girls/women (although this is a part of it), it means that a curriculum integrates and analysis of power and seeks to challenge gender scripts, the gender binary, oppositional (female and male are categories that are rigidly opposite) and traditional (masculine is superior to feminine) sexism, gender norms, roles, expectations and stereotypes, helping people of all genders to make sense of ways that gender norms restrict everyone, impacting some more severely and violently than others<sup>8</sup>. By teaching the ways that gender is a socially constructed and culturally re-enforced concept, with real material impacts/consequences, people of all genders can be empowered to change these social concepts and the ways that they relate to them.

One of the ways that this might look in practice, or in content, is in the challenging of gender norms and stereotypes that contribute to unhealthy and unrealistic relationship scripts, victim-blaming and slut-shaming. It also might look like asking students to reflect on and critically think about the ways that gender norms and stereotypes are restrictive and the actions that they could take to challenge these restrictions so that girls, women, trans and gender non-conforming folks do not have to

<sup>3</sup> <http://journals.sagepub.com/doi/abs/10.1177/1757975917703304>

<sup>4</sup> Ibid

<sup>5</sup> <http://journals.sagepub.com/doi/10.1177/0886109902239092>

<sup>6</sup> <http://unesdoc.unesco.org/images/0026/002607/260770e.pdf>

<sup>7</sup> <http://unesdoc.unesco.org/images/0026/002607/260770e.pdf>

<sup>8</sup> Ibid



bear the most severe impacts of these restrictions. Finally, empowerment in the context of CSE explicitly aims to promote sexual autonomy and build citizenship not as a by-product but as part of a stated and systematic part of change-making<sup>9</sup>.

### **Moving Beyond Inclusion and Diversity – Upholding everyone’s rights to information, health and non-discrimination (who are we talking to?)**

Human rights within the context of CSE works towards empowering young people as rights holders. Approaching sexuality education through a human rights lens allows us to see the ways that sexual rights are inextricably linked to sexual health. A rights-based approach to sexuality education encourages mutual respect, respect for diversity, and critical self-reflection as key components to building relationships with others. <sup>10</sup>It includes investigating the root causes of why some people’s rights are routinely upheld and protected, while other’s human rights are not. It also includes teaching about human rights violations that create barriers to sexual health – the violation of the right to live free of violence, coercion, and discrimination being a major barrier to health. Taking a rights-based approach means addressing the structural barriers that people face when trying to incorporate information about sexuality and sexual health into their daily lives. This is about looking through the curriculum to see who gets their right to accurate health information, health and non-discrimination upheld and who doesn’t. This is about finding out who the *imagined learner* is and seeing if the content is delivered in a way that challenges the notion of the learner being white cisgender and heterosexual only.

Including diverse perspectives on and lived experiences of sexuality and sexual health is part of international CSE standards,<sup>11</sup> however, adding diversity in as an afterthought instead of embedding throughout does not adequately uphold human rights principles of meaningful participation, inclusion and ensuring non-discrimination. Content that speaks to a diversity of young people needs to be fully embedded into curriculum as it signals to young people with a diverse set of identities and experiences that they matter. It signals that their lives and experiences and identities are valid and worthy and belong. Not just as an add-on/addition to what is ‘normal’ but as a part of what a diversity of human experience looks like.

This also speaks to a curriculum being culturally relevant and context appropriate, supporting students as they examine, understand and challenge the ways in which cultural structures, norms and behaviours affect people’s choices and relationships within a specific setting.

### **Beyond Technical – Emotional and Social Skill Building**

Part of moving beyond a risk-management approach to sexuality education is incorporating more than purely technical information about safer sex, contraception, puberty, anatomy and reproduction. Taking a holistic view of sexuality demands that the social, emotional and psychological elements of a person are tended to within sexuality education. This is a cornerstone of the highest international standards of CSE, including embedded within the most updated UNESCO (2018) definition: “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.”<sup>12</sup>

### **Accuracy & Evidence – What it means to be evidence-based, comprehensive and effective**

No matter what topic is covered, the expectations is that the curriculum is scientifically-accurate, effective, comprehensive and informed by evidence to meet minimum international standards for CSE. Scientific-accuracy refers to the quality of the information presented and whether something being taught is based in science that has been peer-reviewed and verified. It is important to apply a critical eye to information that presents itself as scientifically-accurate in two ways: assessing the quality of the scientific information being presented, understanding the ways that science might be biased and applying a critical lens to what can and cannot be claimed by medical science. It is important to note that there is research that claims to be ‘scientific,’

<sup>9</sup> [https://www.oif.ac.at/fileadmin/OE/IF/andere\\_Publikationen/WHO\\_BZgA\\_Standards.pdf](https://www.oif.ac.at/fileadmin/OE/IF/andere_Publikationen/WHO_BZgA_Standards.pdf)

<sup>10</sup> <https://www.ncbi.nlm.nih.gov/pubmed/24785652>

<sup>11</sup> <http://unesdoc.unesco.org/images/0026/002607/260770e.pdf>, <https://www.gutmacher.org/journals/ipsrh/2015/03/case-addressing-gender-and-power-sexuality-and-hiv-education-comprehensive>, <https://www.unfpa.org/publications/unfpa-operational-guidance-comprehensive-sexuality-education> and [https://www.ippf.org/sites/default/files/ippf\\_framework\\_for\\_comprehensive\\_sexuality\\_education.pdf](https://www.ippf.org/sites/default/files/ippf_framework_for_comprehensive_sexuality_education.pdf).

<sup>12</sup> <http://unesdoc.unesco.org/images/0026/002607/260770e.pdf>



but is not peer-reviewed, nor is there consensus from the medical community. This is particularly the case around misinformation and scare tactics surrounding abortion, HPV vaccination, transgender experiences, moving beyond the gender binary, challenging gender norms and sexual orientation. There are also instances where medical practices are presented as medically necessary, but the actual science says otherwise. Such is the case with non-consensual surgeries on infants with intersex characteristics.

Whereas scientific-accuracy refers to information within programs, evidence-based or evidence-informed refers to the evidence that proves an effectiveness of an overall program, intervention, curriculum or general approach/pedagogy to sexuality education. A program can be considered evidence-based if a certain threshold of studies, research and evaluation prove it to be. The standards for something to be considered ‘evidence-based’ are quite rigorous and inclusion criteria for studies is demanding. The strongest evidence-base is considered summaries and synopses of synthesized information, systematic reviews and randomized controlled trials. The evidence-base for CSE often uses indicators steeped in risk-management understandings of sexuality to affect policy change by appealing to public/societal fears. The use of risk-based indicators such as delaying sexual initiation, limiting number of sexual partners and decreased frequency of sexual intercourse has been effective at proving the importance and need for CSE both in Canada and worldwide<sup>13</sup>. These same risk-based indicators have been effective at comparing CSE to abstinence-only education and proving the ineffectiveness of the latter<sup>14</sup>. While there is a strong evidence-base for CSE using these risk-based indicators and measurements of success, there is an emerging field of research providing us with evidence on the ways that CSE contributes to broader societal outcomes, which impact health, but are not specific to measurable individual health behaviours such as preventing and reducing gender-based violence, increasing gender equity, building confidence and building healthier relationships<sup>15</sup>. The evidence that is available at this point speaks to these factors highlights the need to include within evaluations an analysis of how restrictive gender norms and power influence learners’ ability to implement skills learned through CSE<sup>16</sup>. There is also an emerging evidence base to support the effectiveness of gender-focused (as opposed to ‘gender blind’) and right-based curricula leading to short-term positive effects such as increased communication skills and knowledge about sexual health and rights within relationships.<sup>17</sup>

## Comprehensive

According to the latest UNESCO guidelines, Sexuality Education is comprehensive when it provides opportunities to acquire comprehensive, accurate, evidence-informed and age-appropriate information on sexuality. It addresses sexual and reproductive health issues, including, but not limited to: sexual and reproductive anatomy and physiology; puberty and menstruation; reproduction, modern contraception, pregnancy and childbirth; and STIs, including HIV and AIDS. CSE covers the full range of topics that are important for all learners to know, including those that may be challenging in some social and cultural contexts.

It supports learners’ empowerment by improving their analytical, communication and other life skills for health and well-being in relation to: sexuality, human rights, a healthy and respectful family life and interpersonal relationships, personal and shared values, cultural and social norms, gender equality, non-discrimination, sexual behaviour, violence and gender-based violence (GBV), consent and bodily integrity, sexual abuse and harmful practices such as child, early and forced marriage (CEFM) and female genital mutilation/cutting (FGM/C). ‘Comprehensive’ also refers to the breadth and depth of topics and to content that is consistently delivered to learners over time, throughout their education, rather than a one-off lesson or intervention.

## Evidence of Impact

The life changing and life affirming impacts of high-quality comprehensive sexuality education on individuals, as well as on public health, cannot be overstated. They are also very well documented. There is a strong and ever-growing evidence base supporting CSE and the positive impacts it has when it is effectively developed and delivered. The 2018 UNESCO technical guidance lists the body of studies that support the notion that sex ed when done well can make a world of difference in

<sup>13</sup> <http://unesdoc.unesco.org/images/0026/002607/260770e.pdf> and <http://www2.gsu.edu/~wwwche/Sex%20ed%20class/sexedstandards.pdf>

<sup>14</sup> Ibid

<sup>15</sup> Ibid

<sup>16</sup> Ibid

<sup>17</sup> Ibid



people's lives. In that document, they detail key findings of the full evidence review they did to support the new international standards in CSE.

The impacts monitored by high quality studies report results including but not limited to: delayed initiation of sexual intercourse, reduced sexual risk taking, increased use of condoms and increased use of contraception. **It also documents how programs that promote abstinence-only have been found to be ineffective in delaying sexual initiation, reducing the frequency of sex or reducing the number of sexual partners.** That, instead, comprehensive sexuality education has positive effects, including increasing knowledge about different aspects of sexuality, behaviours and risks of pregnancy, HIV and other STIs. That CSE improves attitudes related to sexual and reproductive health. Same goes for the impact of using an explicit rights-based approach in CSE programmes as it leads to short-term positive effects on knowledge and attitudes, including increased knowledge of one's rights within a sexual relationship; increased communication with parents about sex and relationships; and greater self-efficacy to manage risky situations. There are also longer term significant, positive effects found on psychosocial and some behavioural outcomes.

There is also an emerging field of research that looks at non-health related outcomes that indicate the potential effects of CSE programmes in contributing to changes including: preventing and reducing gender-based and intimate partner violence and discrimination; increasing gender equitable norms, self-efficacy and confidence; and, building stronger and healthier relationships.

The evidence also speaks to how sexuality education is most impactful when school-based programmes are complemented with community elements, including condom distribution programs and links to community-based health care facilities; providing training for health care providers to deliver youth-friendly services; and involving parents and teachers. Multicomponent programmes, especially those that link school-based sexuality education with non-school-based, youth-friendly health services, are particularly important for reaching marginalized young people, including those who are not in school.

## The importance of a human rights framework

**International human rights law guarantees young people's right to comprehensive sexuality education.**<sup>18</sup> The new UNESCO guidelines on CSE reaffirm the position of sexuality education within a framework of human rights and gender equality. Human rights relating to sexuality – or sexual rights – are the fundamental inalienable rights that people have on the basis of being human. Like all rights, they are interconnected – this means you can't have one without the other. Rights are a set of both entitlements and responsibilities. That means that while rights come with a set of things that we are entitled to – for instance, privacy, confidentiality, security, health – they also come with a set of responsibilities to uphold the rights of others.

Human rights provide a framework to effectively, fairly and respectfully deal with conflicting views that may arise when teaching and discussing sexuality and sexual health. It's important to recognize that a diversity of experiences, identities and values will exist within any province and therefore, every classroom – the goal isn't to do away with these differences, but to foster critical reflection and ensure that all students leave their educators' care equipped with the information to make their own meaningful decisions that make sense in the contexts of their own lives. Every student should see themselves in teaching materials and get the information they need - and are entitled to - to make and act on decisions related to their health, lives, bodies and relationships. This framework moves sex ed out of personal opinions or ideology about what should be taught and moves us firmly into the realm of the rights we are entitled to. It is not "our choice" to have a curriculum that is, for example, LGBTQ inclusive and speaks to LGBTQ realities, or to reflect Indigenous experiences or identities, or to incorporate information for students with disabilities, it is simply the way to uphold everyone's right to information, to health and to non-discrimination.

Young people themselves are rights holders, and are entitled to be trusted with information, given responsibilities, and to be valued in terms of their ideas, opinions and contributions. We know that when young people are empowered and engaged as

<sup>18</sup> <http://www.actioncanadashr.org/alternative-report-on-canadas-review-before-the-committee-against-torture/> and <https://www.actioncanadashr.org/wp-content/uploads/2016/10/CEDAW-Submission.pdf>



agents in their own learning, and when they see themselves reflected in the teachings, they are better able to integrate learning into their lives and move into action. Taking a rights-based approach means addressing the structural barriers and structural reasons that might impact a student's ability to access or incorporate information about sexuality or sexual health into their daily lives, because we know that not every student is afforded access to these rights in the same way depending on their identities, geographical locations, and life experiences. A human rights approach is a tool for us to be able to assess approaches to CSE and content creation to ensure that we speak to everyone, not just some of the students.

Taking a rights-based approach also means ensuring accountability mechanisms are in place to ensure content and delivery upholds everyone's rights to information, health and non-discrimination.

## Delivering education in line with Canadian and international law: respect for young people's right to information, health and non-discrimination

**Every child benefits from being given the information, the support and the space to be who they truly are.** A significant percentage of the population identify themselves as something other than heterosexual and / or cisgender. This percentage, estimated at between 4% and 10% of the population,<sup>19</sup> continues to rise as younger generations become more comfortable with a more fluid understanding of gender and sexuality. Most children will have a sense of their gender identity as young as 2 or 3 years old.<sup>20</sup> Considering only these numbers, many of students in Ontario classrooms already or will eventually identify themselves as LGBTQ+. The sense of self and self-esteem of young children are closely linked to their parents. It is therefore essential for these young people to feel that their families are accepted and respected.

According to several studies, there is an important link between students' perceptions of the support of their school and family environment and their academic success. Preschool and school environments can play an important role in fighting homophobia and transphobia, as well as adequately welcoming children from LGBTQ + families. Schools can thus contribute to a positive transformation of our society towards more inclusion, respect and dignity.

**The Government's explicit support for LGBTQ + students and students from LGBTQ + families is crucial because homophobia and transphobia do not simply manifest as hostility but can also take the form of silence, non-interventions and invisibilizing.** Creating safe learning environments requires all those engaged in the education system to normalize these identities, ensuring all students feel seen and respected, offering all students learning moments, engaging students in a strategy against discrimination, celebrating the diversity, and creating space to talk about sexual orientation and gender identity openly.

Extensive Canadian studies<sup>21</sup> indicate that lesbian, gay, bisexual and queer people are more likely than heterosexuals to experience distress and neglect of their mental health needs. The root cause associated with these challenges is not their identities but the discrimination they face and the lack of social support that these young people enjoy. The TransPulse study<sup>22</sup> conducted in Ontario demonstrates that for transgender people, experiences of discrimination and violence can lead to exclusion from social spaces, marginalization, avoidance of health care and poor health, including mental health.

This reality must be understood in the context of the historical and current pathologization (branding LGBTQ2+ individuals as ill/abnormal on the basis of their diverse sexual orientation or gender identity) of LGBTQ + identities and persistent experiences of stigma, prejudice and discrimination experienced throughout society, including in school settings. Studies have found high rates of depression, anxiety, obsessive-compulsive and phobic disorders, thoughts and suicidal acts, self-harm, and alcohol and drug dependence among LGBTQ + people. These youth are at increased risk of suicide, substance abuse, isolation and sexual abuse. It should be noted that in Ottawa, almost 50% of homeless youth identify as LGBTQ +<sup>23</sup> and that their pathways to homelessness include bullying and sometimes even school violence, as well as lack of education. parental

<sup>19</sup> [https://www.forumresearch.com/forms/News%20Archives/News%20Releases/67741\\_Canada-wide\\_-\\_Federal\\_LGBT\\_\(Forum\\_Research\)\\_20120628\).pdf](https://www.forumresearch.com/forms/News%20Archives/News%20Releases/67741_Canada-wide_-_Federal_LGBT_(Forum_Research)_20120628).pdf) and <https://fondationjasminroy.com/en/initiative/lgbt-realities-survey/>

<sup>20</sup> <https://www.ncbi.nlm.nih.gov/pubmed/17650129>

<sup>21</sup> <https://ajph.aphapublications.org/doi/abs/10.2105/AJPH.2016.303083> and [https://www.rainbowhealthontario.ca/wp-content/uploads/woocommerce\\_uploads/2011/06/RHO\\_FactSheet\\_LGBTQMENTALHEALTH\\_E.pdf](https://www.rainbowhealthontario.ca/wp-content/uploads/woocommerce_uploads/2011/06/RHO_FactSheet_LGBTQMENTALHEALTH_E.pdf)

<sup>22</sup> <http://transpulseproject.ca/wp-content/uploads/2015/06/Trans-PULSE-Statistics-Relevant-for-Human-Rights-Policy-June-2015.pdf>

<sup>23</sup> <http://homelesshub.ca/sites/default/files/23ABRAMOVICHweb.pdf>



support and school authorities. We are here to offer the chance to intervene early to provide a safer school culture for all students.

Experiences of homophobia and transphobia, as well as the loss of community and family support that often accompanies the unveiling of sexual orientation and / or gender identity, are crucial factors affecting the health and well-being of individuals. The school can be a sanctuary or another place where students experience violence. A study conducted by EGALE found, among other things, that 64% of LGBTQ + students do not feel safe at school; that 70% of young people reported hearing discriminatory remarks against LGBTQ individuals on a daily basis; that 10% reported the same thing from their educators and adults in school; 74% of trans students and 55% of sexual minority students and 37% of LGBTQ students report being verbally harassed because of their gender, sexual orientation or family trans students and 21% of LGBTQ students report physical abuse. Sexual harassment rates are also very high for these students.<sup>24</sup>

"Don't ask, Don't tell" is therefore not an option in our schools when we see the opportunity we have both in elementary and high school levels, to initiate important discussions within the classroom and throughout the school. The Government of Ontario must invest in the development of a curriculum, of resources and of capacity development opportunities to ensure educators can nurture an attitude of respect and openness among our students with respect to sexual diversity and gender identity and expression. The stakeholders in the education system are also in a position to offer important information to the whole student body and thus help to counter the invisibilizing, the prejudices and the discrimination that many Ontarian students experience.

**Studies confirm: Strong family support, a caring and knowledgeable teacher, and students' perceptions of being safe at school are the three most important protective factors for the health and well-being of LGBTQ + students. These are predictors of better mental and physical health outcomes for the rest of their lives. The school community should be there to support all the families who attend our schools.<sup>25</sup> Ensuring safe and inclusive learning environments for LGBTQ+ kids benefits all children. Studies show that schools that have LGBTQ+ inclusive policies and GSAs (Gay-straight Alliances), risks of suicide and overall risk-taking behaviors are reduced for ALL students, not just for sexual and gender minorities.<sup>26</sup>**

## What young people want and need: views of young people and parents

Both within Ontario and across Canada access to high quality comprehensive sex ed in Canada is uneven. It is highly dependent on the capacity, values, perspectives, knowledge and comfort of individual teachers and/or community-based educators who are often left with little to no formal supports, alerting governments to the fact that investing in implementation is key to ensure equitable access to high quality sexual health education. Despite this, both students and parents overwhelmingly support increased access to CSE.

Specifically, parents are incredibly supportive of school-based sexuality and sexual health education. There are no 'debates' on this matter. Parents and guardians are an important and primary source of guidance for young people concerning sexual behaviour and values. Many youths look to their parents as a valuable source of sexuality information.<sup>27</sup> Parents also recognize that the schools should play a key role in the sexual health education of their children. **A series of surveys involving a total of 12,800 parents conducted in Ontario<sup>28</sup> and other parts of Canada<sup>29</sup> clearly demonstrate that a strong majority of parents support the teaching of sexual health education in the schools.** Those surveys place the rates of support at 94% for Ontario (survey conducted in 2013 in anticipation of the roll-out of the updated curriculum), 92% for Saskatchewan and 94% for New Brunswick.

<sup>24</sup> <https://egale.ca/wp-content/uploads/2011/05/EgaleFinalReport-web.pdf>

<sup>25</sup> (American Journal of Public Health, 99(1), 110-7.

<sup>26</sup> <https://journals.uvic.ca/index.php/ijcyfs/issue/view/1367>

<sup>27</sup> Frappier et al., 2008.

<sup>28</sup> McKay, Pietrusiak & Holowaty, 1998; McKay, Byers, Voyer, Humphreys, & Markham, 2014.

<sup>29</sup> Advisory Committee on Family Planning, 2008; Weaver, Byers, Sears, Cohen & Randall, 2002.



Second, researchers have shown repeatedly that many parents do not communicate adequately with their children about sexuality.<sup>30</sup> That is, only a minority of parents report having in-depth discussions<sup>31</sup> and adolescents report less frequent and poorer quality sexual communication than their parents do.<sup>32</sup> The pervasiveness and persistence of this situation is troublesome for at least two reasons. First, most parents view talking to their children about sexuality as an important way to communicate family values and prepare them for adulthood.<sup>33</sup> Second, more extensive parent–child sexual communication is associated with various positive outcomes such as delayed initiation of sexual activity and more frequent contraceptive and/or condom use.<sup>34</sup> Weaver et al. found that only between 3% and 35% had discussed *any* of 10 sexual health topics (e.g., puberty, sexually transmitted infections, correct names for genitals, sexual decision making) with their child in a lot of detail; up to 60% had not discussed these topics at all.<sup>35</sup> When parents do communicate with their adolescent about key sexual topics, they typically do so after their adolescent has begun engaging in sexual activity.<sup>36</sup>

It is therefore critical that young people themselves, as rights holders, receive direct information regarding their sexual and reproductive health, from professionally trained sexual health educators. While recognizing parents’ custodial authority to make choices when it comes to decisions regarding a child’s education, health care, and religion, among other things, they should not prevent young people from accessing information related to their health and well-being. Parental choices cannot be pitted against the health and rights of their children or other young people in their children’s classrooms, as if it is a zero-sum game. In the end it comes down to this: human rights are interconnected and equal and so, people’s human rights being upheld hinge on *all of them* being upheld. This means that **the views of parents are important and must be supported but must not be conceptualized as superseding the human rights of young people, including but not limited to right to health, information and non-discrimination. These rights must be respected first and foremost.**

**Surveys of youth have clearly shown that young people in Canada want sexual health education to be taught in school.**<sup>37</sup> For example, a survey of high school youth found that 92% agreed that “Sexual health education should be provided in the schools” and they rated the following topics as either “very important” or “extremely important” ’puberty, reproduction, personal safety, sexual coercion and sexual assault, sexual decision-making in dating relationships, birth control and safer sex practices, and STIs<sup>38</sup>. When asked what topics they wanted to learn more about from sexual health education, youth participating in the Toronto Teen Survey ranked healthy relationships, HIV/AIDS, pleasure, and communication highest.<sup>39</sup> National surveys of youth in Canada have found that schools are the most frequently cited main source of information on sexuality issues (human sexuality, puberty, birth control, HIV/AIDS)<sup>40</sup> and rank highest as the most useful/valuable source of sexual health information.<sup>41</sup>

## Revised Canadian Guidelines for Sexual Health Education

Sexual health and well-being are fundamental aspects of an individual’s overall health and well-being. Sexuality plays an integral role in the development and maintenance of healthy relationships. Sexual health education programs should be available and easily accessible to all Canadians regardless of where they live. While currently there is no national strategy per se to ensure equitable access to CSE, there are Canadian Guidelines meant to guide governments, policy makers and educators in the development, implementation and evaluation of sex ed programs.

**The most up to date Canadian guidelines are forthcoming, expected at the end of 2018/early 2019.**

<sup>30</sup> Boyas, Stauss, & MurphyErby, 2012; Morawska, Walsh, Grabski, & Fletcher, 2015; Weaver, Byers, Sears, Cohen, & Randall, 2002.

<sup>31</sup> Byers & Sears, 2012; Jaccard, Dittus, & Gordon, 1998; Weaver et al., 2002.

<sup>32</sup> DiIorio, Pluhar, & Belcher, 2003; Jaccard, Dittus, & Gordon, 2000; Jaccard et al., 1998; Morawska et al., 2015.

<sup>33</sup> Dyson & Smith, 2012; Wilson, Dalberth, Koo, & Gard, 2010.

<sup>34</sup> de Looze, Constantine, Jerman, Vermeulen-Smit, & ter Bogt, 2015; Hutchinson, Jemmott, Jemmott, Braverman, & Fong, 2003; Hutchinson & Montgomery, 2007; Jaccard, Dodge, & Dittus, 2002.

<sup>35</sup> 2002.

<sup>36</sup> Beckett et al., 2016. *Predicting Mother– Adolescent Sexual Communication Using the Integrative Model of Behavioral Prediction* in Journal of Family Issues 2018, Vol. 39(5) 1213–1235.

<sup>37</sup> Byers, Sears, Voyer, Thurlow, Cohen & Weaver, 2003a; Byers, Sears, Voyer, Thurlow, Cohen & Weaver, 2003b; McKay & Holowaty, 1997.

<sup>38</sup> Byers et al., 2003a.

<sup>39</sup> Causarano, Pole, Flicker, and the Toronto Teen Survey Team, 2010.

<sup>40</sup> Boyce, Doherty, Fortin & Mackinnon, 2003.

<sup>41</sup> Frappier et al., 2008.



The *Canadian Guidelines for Sexual Health Education* were first published in 1994 by Health Canada with funding provided by the Government of Canada's Family Violence Initiative. Prior to the creation of first edition of the Guidelines, the Expert Interdisciplinary Advisory Committee on Sexually Transmitted Diseases in Children and Youth (EIAC-STD) of Health Canada recommended in 1991 that programs for sexual and reproductive health should be established based on national guidelines for sexual health education. A similar recommendation for the development of national guidelines was made by the Federal/Provincial/Territorial Working Group on Adolescent Reproductive Health.

The objectives of what were our first *Canadian Guidelines for Sexual Health Education* are to:

- Guide educators and others in sexual health education and promotion in the development, implementation, and evaluation of broadly-based educational interventions to support sexual health and well-being.
- Provide a detailed framework for evaluating existing sexual health education programs, policies, and related services available to Canadians.
- Offer educators a clear understanding of the goals and objectives of broadly-based sexual health education.

In 2003, the Guidelines were revised and published by Health Canada. In 2008, the Guidelines were revised a second time and published by the Public Health Agency of Canada. The 2003 and 2008 revisions to the Guidelines were primarily in the form of streamlining, including reference and language updating, as well as an expansion of the Research section. To date, the overall objectives, structure, and content of the Guidelines has remained consistent throughout the three editions.

Ten years since the last revision, a revised edition commissioned, funded and endorsed by the Public Health Agency of Canada will be published in 2018/2019 by the Sex Information and Education Council of Canada (SIECCAN), with extensive contribution from experts across the country offering a wide range of areas of work relevant to the development of the new Guidelines.

**Action Canada for Sexual Health and Rights is a member of the Working Group contributing to the revision of the Guidelines.**

In August 2018, SIECCAN published the working group's draft of the core principles so they could be used immediately. The document outlines the core principles that should inform sexual health education in Canada: <http://sieccan.org/wp-content/uploads/2018/08/SIECCAN-DRAFT-Core-Principles-of-Comprehensive-Sexual-Health-Education.pdf>.

**The core principles established for the revised guidelines are:**

- **Accessible** to all people regardless of age, gender, sexual orientation, STBBI 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).
- **Promotes human rights including autonomous decision-making** and respect for the rights of others.
- **Scientifically accurate** and uses evidence-based teaching methods.
- **Broadly-based in scope and depth and addresses a range of topics relevant to sexual health and well-being.**
- **Inclusive** of the identities and lived experiences of lesbian, gay, bisexual, transgender, queer, intersex, Two Spirit (LGBTQI2S+), and asexual people.
- Promotes **gender equality and the prevention of sexual and gender-based violence.**
- Incorporates a balanced approach to sexual health promotion that includes the **positive aspects of sexuality and relationships, as well as the prevention of sexual health problems.**
- **Responsive** to and incorporates emerging issues related to sexual health and well-being.
- **Provided by educators who have the knowledge and skills to deliver comprehensive sexual health education** and who receive administrative support.



**Action Canada strongly encourages the Government of Ontario to ensure the alignment of the Ontario health curriculum with the core principles outlined in the new forthcoming *Canadian Guidelines for Sexual Health Education*.**

## Comprehensive sexuality education in Ontario law

As signatory to international human rights treaties, and under the Canadian Charter of Rights and Freedoms, governments in Canada, including the Province of Ontario, are obligated to respect, protect and fulfill human rights. Comprehensive sexuality education is widely recognized by numerous international human rights bodies as a human right to which all young people are entitled.

Under Ontario human rights law, responsible parties<sup>42</sup> have a duty to be inclusive and to take steps to maintain environments that protect and uphold human rights. According to the Ontario Human Rights Commission, a “poisoned environment” is one in which certain people face terms and conditions that are, “quite different from those experienced by people who are not subjected to the comments or conduct.”<sup>43</sup> Creating or allowing such an environment is a form of discrimination<sup>44</sup> in that it leads to a denial of equality under the Ontario Human Rights Code (the Code),<sup>45</sup> a provincial law that gives all people equal rights and opportunities without discrimination in certain areas, including education. Maintaining an inclusive environment involves preventing and responding to all forms of discrimination and harassment based on Code-protected grounds.<sup>46</sup> Ontario's Education Act, which provides the statutory basis for how education is delivered, reflects some of these duties by requiring school boards, which are responsible for the delivery of educational services, to: promote a positive school climate that is inclusive and accepting of all pupils, including pupils of any race, ancestry, places of origin, colour, ethnic origin, citizenship, creed, sex, sexual orientation, gender identity, gender expression, age, marital status, family status or disability.<sup>47</sup>

The Education Act also delegates to Ontario's Ministry of Education responsibilities involving government policy, funding, curriculum planning and direction in all levels of public education. For this reason, the Ministry plays an important role in how a school board exercises its responsibility, and can be added as a party to human rights applications by Ontario's Human Rights Tribunal in limited circumstances where the alleged discrimination relates directly to an action or inaction within the Ministry's statutory mandate.<sup>48</sup> As such, school boards and other responsible parties have a legal duty to be inclusive, and may be at risk of violating the Code if this duty fails to be discharged and underlying problems, such as a culture that condones discrimination or contributes to a poisoned environment, are not addressed.<sup>49</sup> This reflects an underlying value rooted in international human rights law that students are entitled to receive an education where they are visible and included and where the information they receive is relevant to them.

**As duty bearers, the Government of Ontario and the Ministry of Education have an obligation to ensure human rights standards are met by taking into account the needs of all children and ensuring protection against discrimination for all protected groups, as identified by both the Human Rights Act of Canada and the Ontario Human Rights Code.**

For further analysis on the application of Ontario law in support of comprehensive sexuality education, visit:

<https://www.actioncanadashr.org/wp-content/uploads/2018/08/Human-Rights-in-Education-Aug-10-DESIGNED-FINAL.pdf>

<sup>42</sup> This includes school boards, the Ministry of Education, etc.

<sup>43</sup> Ontario Human Rights Commission, *Policy on preventing sexual and gender-based harassment* (Ontario Human Rights Commission, 2013) at 17 [*Sexual and gender-based harassment*]. While the notion of a poisoned environment has arisen mainly in employment, it can also occur in educational settings. For an example in employment, see *Colvin v. Gillies*, 2004 HRTO 3.

<sup>44</sup> Ontario Human Rights Commission, *Policy on preventing discrimination because of gender identity and gender expression* (Ontario Human Rights Commission, 2014) at 21. [*Gender identity and gender expression*]

<sup>45</sup> *Ontario Human Rights Code*, RSO 1990, c H.19, s 1. [*Ontario Human Rights Code*]

<sup>46</sup> *Accepting Schools Act*, SO 2012, c 5. [*Accepting Schools*]

<sup>47</sup> *Education Act*, RSO 1990, c E.2, s 169.1(1) (a.1). [*Education Act*]

<sup>48</sup> *Davidson v. Lambton Kent District School Board*, 2008 HRTO 294.

<sup>49</sup> *Gender identity and gender expression*, *supra* note 2 at 33.



## Access to comprehensive sexuality education in Ontario *matters*

Ontario contends with rising Sexual Transmitted and Blood Born Infection (STBBI) rates,<sup>50</sup> including HIV<sup>51</sup> with some STBBIs at “outbreak levels” in some regions.<sup>52</sup> Public Health Ontario data reported chlamydia cases rose from 36,346 in 2011 to 41,623 in 2016. National statistics on sexual and gender-based degradation and violence also indicate the urgent need for governmental interventions, especially among adolescents, recognizing that nearly half (47%) of all sexual assaults are committed against young women aged 15 to 24<sup>53</sup>. A growing body of research documents health disparities for LGBTQ2+ people in Ontario due to their historical pathologization (branding LGBTQ2+ individuals as ill/abnormal on the basis of their diverse sexual orientation or gender identity) and discrimination faced, including poorer mental health outcomes.<sup>54</sup> **Ontario’s Health curriculum must work to address and prevent the negative health and social outcomes experienced by young people through the implementation of comprehensive sexuality education at all ages.**

## Critical success factors in moving forward

Ontario has an opportunity to ensure all young people in the province do not fall through the cracks, but rather become empowered by the most up-to-date, state-of-the-art, evidence-based, high-quality comprehensive sexuality education. As the Government of Ontario reviews its health curriculum, this is a prime opportunity to ensure that the rights of all young people are realized, and young people are given the best possible tools to thrive. As the review process unfolds, we urge the Government of Ontario to:

- **Meaningfully engage young people and adolescents, and other relevant stakeholders, in the design, development, implementation and evaluation of curricula and the development of a long-term strategy to monitor implementation of the new curricula.** This should also include: 1) seeking the views of adolescents and young people, of different genders, locations, ethnicities, sexual orientations and other relevant characteristics, as to how they feel the sexuality education they received prepared them for their early sexual lives, including sexual debut, use of safer sex methods, healthy relationships and violence prevention 2) integrating this subjective data into curriculum alterations and redesign, and 3) engaging a diverse representation of stakeholders, including: service providers, public health professionals, academics and relevant civil society working to advance comprehensive sexuality education in Ontario, among other experts;
- **Conduct regular provincial monitoring, through *inter alia* broad-based surveys, of a robust set of sexual health indicators** disaggregated by relevant factors including gender, age, location, ethnicity and others, **and ensure the monitoring of attitudes on gender equality and other important markers of attitudinal changes;**
- **Allocate sufficient funds to:**
  - train and support educators (in school or external sexual health experts) responsible for the delivery of sexuality education, and
  - provide educators with the necessary resources to teach the curriculum in all its depth;
- **Disseminate information and awareness raising materials regarding the importance of sexuality education and the new curriculum with relevant stakeholders and the general public;**
- **Take steps to align sexuality education curricula with relevant provincial programmes, strategies and initiatives,** particularly those related to public health, gender-based violence, non-discrimination and youth; and
- **Create and use accountability mechanisms to monitor the development, delivery and evaluation of sexuality education,** including the implementation of the new curriculum by teachers and by external providers.

<sup>50</sup> [https://www.publichealthontario.ca/en/DataAndAnalytics/Documents/PHO\\_Monthly\\_Infectious\\_Diseases\\_Surveillance\\_Report\\_-\\_February\\_2017.pdf](https://www.publichealthontario.ca/en/DataAndAnalytics/Documents/PHO_Monthly_Infectious_Diseases_Surveillance_Report_-_February_2017.pdf)

<sup>51</sup> <https://www.catie.ca/fact-sheets/epidemiology/epidemiology-hiv-canada>

<sup>52</sup> <https://www.wechu.org/reports/sexually-transmitted-and-blood-borne-infections-windsor-and-essex-county-report> and [https://www.wechu.org/sites/default/files/reports-and-statistics/STBBI\\_Report\\_2015-2016\\_ACCESSIBLE.pdf](https://www.wechu.org/sites/default/files/reports-and-statistics/STBBI_Report_2015-2016_ACCESSIBLE.pdf)

<sup>53</sup> <https://www150.statcan.gc.ca/n1/pub/85-002-x/2015001/article/14241/hl-fs-eng.htm>

<sup>54</sup> <http://transpuseproject.ca/research/> and <https://www.rainbowhealthontario.ca/resources/school-based-interventions-to-reduce-health-disparities-among-lgbt2sq-youth-considering-the-evidence/> and [https://www.wdgpublichealth.ca/sites/default/files/file-attachments/report/ht\\_report\\_2015-lgbtq-health-results-from-community-consultations\\_access.pdf](https://www.wdgpublichealth.ca/sites/default/files/file-attachments/report/ht_report_2015-lgbtq-health-results-from-community-consultations_access.pdf) and <http://www.ohtn.on.ca/Pages/Knowledge-Exchange/Rapid-Responses/Documents/RR79.pdf>

