

Delivering at home – Empowering the future generation

Background

In hosting **Women Deliver, Canada** will bring together the drivers of gender equality and women's empowerment. This conference is a significant moment for Canada, as a global leader in advancing gender equity, to launch a legacy initiative that would empower women and girls across in Canada to claim and exercise their rights. Canada has invested heavily in efforts to bring a gendered perspective to law and policy making. This proposal would solidify Canada's position towards future where every young person is empowered with the information and skills to live healthy, happy and safe lives.

What?

Expert stakeholders¹ propose that the **Public Health Agency of Canada (PHAC)** and the **Department for Women and Gender Equality** co-lead a national initiative to show support for equal access to high quality sex-ed, raise public awareness and build capacity on its positive impact on individual health, public health and gender equality. It would inform the public of the crucial role sex-ed plays in advancing gender equality, preventing gender-based violence, bullying, health promotion and empowering youth. Grounded in PHAC's *Guidelines for Sexual Health Education*,² this upstream initiative would empower 5 million young people to claim their right to sex-ed. Materials for this initiative would focus on sex-ed as a human right, in line with the Canadian Charter. They would also highlight the positive impacts of empowering all children and young people with information about their bodies, their health, consent, healthy relationships, teen and youth dating violence, media literacy, LGBT2QI inclusion, body positivity and gender equality. This campaign is critical to achieving Canada's efforts towards preventing and addressing gender-based violence, empowering women and girls, achieving public health goals, addressing rising rates of sexually transmitted infections (STIs), and supporting healthy relationships among young people and creating a culture of consent.

Why?

The Canadian Guidelines on Sexual Health Education (last updated in 2008) are being updated. They offer objectives and key concepts to support professionals (curriculum and program planners, educators in and out of school, policy-makers and healthcare professionals) in the delivery of quality and comprehensive sexual health education, articulate the importance of creating pathways with community-based health services, are evidence-based, recognize the diversity of all young people, and are outcomes-driven.

Despite the existence of the guidelines, the extensive body of evidence supporting the positive impact of sex-ed, coupled with international consensus establishing sex-ed as a right, there is currently no national strategy or accountability framework to ensure equitable access to sex-ed for young people in Canada. In the absence of such a framework, the sex-ed young people receive in Canada is (1): often sub-par, (2) access is uneven, (3) most curriculums are out of date, (4) teachers are not supported or trained adequately and (5) investment to support implementation is low. Access to high quality comprehensive information ends up depending on individual school boards, principals and

¹ **Action Canada for Sexual Health & Rights** (formerly Planned Parenthood Canada) is a progressive, pro-choice, charitable, human rights organization, based in Ottawa Canada that seeks to advance and uphold sexual and reproductive rights, globally and in Canada. The **Canadian Association of Midwives (CAM)** is the national organization representing midwives and the profession of midwifery in Canada. CAM supports the **National Aboriginal Council of Midwives (NACM)** as the voice of Aboriginal midwifery. **Oxfam Canada**. Oxfam is a global movement of people working to end injustice and poverty. Oxfam recognizes that women's rights and gender equality are essential to ending poverty and social injustice. Sexual and reproductive health and rights is a thematic focus for Oxfam Canada.

² The Guidelines will be the most up to date, accurate and progressive set of sexuality education guidelines in Canada's history. Developed in consultation with a multi-sectoral group of experts, they are set to be released in late 2018, early 2019.

what health centers and community groups can commit, and on the capacity, values, perspectives, knowledge and comfort of individual teachers and/or community-based educators.³ This means that young people in well-resourced schools and communities often have better access to accurate high-quality health information because external sexual health educators are contracted. Young people in schools with limited resources, or where low priority is given to sex-ed, might not get any at all. Young people with teachers who feel more capable to teach sex-ed may receive more information and teachings than their peers in the next classroom. Some young people in Canada only receive ideologically-driven, and abstinence-based sex-ed, with many receiving no sex-ed at all.

The absence of a national strategy to ensure equal access to comprehensive sex-ed has real impacts, especially on the health of marginalized young people, particularly young women and girls who are at a higher risk of experiencing intersecting forms of discrimination. Young people have the highest reported rates of STIs. Reported rates of chlamydia, gonorrhea and syphilis have been steadily rising since the 1990s.⁴ Persistent rates of violence against young women and girls also show the need to address the impacts of rigid gender norms and stereotypes and to encourage and nurture respectful behaviour and relationships.⁵ Young women are 8x more likely than boys to be victims of a sexual offence;⁶ nearly half of high school girls in Ontario report sexual harassment.⁷ Indigenous young women and girls face more violence than non-Indigenous girls.⁸ LGBT2QI youth experience health disparities, including poorer mental health outcomes and higher instances of cyberbullying, and online harassment.⁹

Sexual health is a fundamental aspect of an individual’s overall health and well-being. When effectively developed and delivered, sex-ed contributes to the development and maintenance of healthy relationships and has the potential to provide life-changing information and skills. Accurate health information and skills building opportunities needed to make and act on health decisions should be available to all, regardless of postal code. The federal government has a role to play in eliminating discrepancies across jurisdictions, ensuring equal access to quality and comprehensive sex-ed and establishing benchmarks through which curricula can be assessed and strengthened.

The Women Deliver Conference is a moment to showcase Canada’s legacy commitments to gender equality, women’s empowerment and feminist principles.

How much?

Legacy initiative to empower over 5 million young people¹⁰ in Canada¹¹	Development of campaign materials	\$3M
	Dissemination of materials (in 15 regions)	\$10M
	Campaign impact evaluation	\$500,000
	Development of training materials for sexual health educators	\$1.5M
	Capacity building of sexual health educators	\$5M
Total cost	\$20M for a 5-year national campaign	

³ Lacking resources to hire professional sexual health educators, or the tools to determine the professional competency of community organizations who propose to deliver ‘sexual health education,’ many schools turns to *Crisis Pregnancy Centres* for the delivery of sex-ed in schools. Crisis Pregnancy Centres provide misleading, inaccurate and harmful information. <https://www.gutmacher.org/journals/psrh/2012/09/public-health-risks-crisis-pregnancy-centers>

⁴ In 2011, one quarter of positive HIV tests were attributed to young people between the ages of 15 and 29. Public Health Agency of Canada. 2014. Population Specific Status Report: HIV/AIDS and other sexually transmitted and blood born infections among youth in Canada. <http://www.phac-aspc.gc.ca/aids-sida/publication/ps-pd/youth-jeunes/assets/pdf/youth-jeunes-eng.pdf>

⁵ Wekerle, C., and Wolfe, D. A. 1999. Dating violence in mid-adolescence: Theory, significance, and emerging prevention initiatives. “Clinical Psychology Review,” 19 (4), 435-456.

⁶ Statistics Canada. 2013. Measuring violence against women: statistical trends. <http://www.statcan.gc.ca/pub/85-002-x/2013001/article/11766-eng.pdf>

⁷ D. Wolfe and D. Chiodo. 2008. Sexual Harassment and Related Behaviors Reported Among Youth from Grade 9 to Grade 11. Toronto: Centre for Addiction and Mental Health.

⁸ Native Women’s Association of Canada. Fact Sheet: Violence Against Aboriginal Women. https://nwac.ca/wp-content/uploads/2015/05/Fact_Sheet_Violence_Against_Aboriginal_Women.pdf

⁹ <http://cbrc.net/sites/cbrc.net/files/LGBT%20Health%20in%20Canada%20%281%29.pdf>

¹⁰ Estimated based on population projections by Statistics Canada for 2017, ages 5-19.

¹¹ Similar to other national awareness raising and capacity building campaigns, including ‘Get Cyber Safe,’ ‘Don’t Drive High,’ ‘#MyActionsMatter,’ among others.