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About Action Canada for Sexual Health and Rights

Action Canada for Sexual Health & Rights (formerly Planned Parenthood Canada) is a progressive, pro-choice organization committed to advancing and upholding sexual and reproductive health and rights in Canada and globally.

Action Canada works within Canada and globally to promote health, well-being, and rights related to

sexuality and reproduction by directly providing support, referrals, and information; working with other groups and organizations on a range of campaigns using a collaborative, movement-building approach; and policy advocacy related to sexual and reproductive rights (including abortion), gender, LGBTQ+ rights, comprehensive sexuality education, and more.

Executive Summary

This report presents information on comprehensive sexuality education—what it is, why it matters, and why it is a human right all people are entitled to. In this report, Action Canada presents findings of the state of sex-ed across Canada and the impacts of sub-standard sex-ed. This report demonstrates why Canada must, as signatory to human rights treaties, exercise federal leadership on sex-ed to uphold the human rights of all young people across the country.

There is little information available that would give us a global snapshot of the state of sex-ed in Canada. What are students actually learning? How different is it from province to province? What is in each of the curricula? Who teaches sex-ed? How often is it being taught? What kind of support are teachers and educators getting? How is Canada doing in relation to national and international standards?

This lack of information makes it difficult to have a clear sense of the sex-ed young people receive in classrooms across the country and to evaluate the outcomes. It also means that we don't have the information we need to make sure everyone gets the sex-ed they are entitled to and to demand better from our governments when it is sub-par.

To start a deeper national conversation, Action Canada scanned and analyzed all provincial and territorial sex-ed curricula.

Action Canada, with support from local partner organizations, also hosted consultations to speak to young people about their sex-ed in Saskatoon, Fredericton and surrounding area, Ottawa, and Toronto. Additional round-tables have been planned for other parts of the country to keep up with changing contexts and to better understand what is truly taking place in Canadian classrooms. This report presents an overview of the evidence that supports the delivery of comprehensive sex-ed and a compilation of anecdotal analyses from young people in communities across the country speaking to their experiences receiving sex-ed.

It also begins to answer the question of why our national campaign #SexEdSavesLives is needed at this moment in time.

Note: *context can change quickly but the intention of this report is to provide sex-ed advocates with conversation starters, information, and tools to demand better sex-ed for everyone in Canada.*

“
[My] sex-ed didn't talk about actual sex at all but it talked about why we shouldn't have sex before marriage.
”

16-year-old from Fredericton, New Brunswick

Introduction

Right now, the quality of sex-ed young people receive in Canada varies wildly. Provinces have different sex-ed curricula which have all been updated at various times. There is no system in place to monitor delivery, results and needs. Educators receive little to no support to develop their ability to offer accurate, non stigmatizing and fulsome sex-ed to their students. If lessons take place, what is taught often overlook the needs and experiences of many of the students, including those who are LGBTQ+, as well as the current realities in which young people navigate sexual decision-making today.

In sum, the sex-ed most young people in Canada receive is:

1. Not meeting international standards and best practices nor is it meeting our own 2019 Canadian Guidelines for Sexuality Education;
2. Outdated;
3. Not comprehensive;
4. Not monitored or evaluated to ensure high-quality delivery; and
5. Offered by educators who receive low to no support from provinces and educational systems and whose comfort levels are often low.

As a student in Canada, receiving high-quality sex-ed depends on which province you live in, your school board, principal, and whether nearby health centers and community groups can offer support. It also hinges on the capacity, values, knowledge, and comfort of individual teachers and/or community-based educators.¹ This means that young people in well-resourced schools and communities often have better access to accurate high-quality health information because teachers can access more trainings or support from external sexual health educators. Young people in schools with limited resources, or where low priority is given to sex-ed, might

not receive any sex-ed at all. Young people with teachers who feel more capable to teach sex-ed may receive more information than their peers in the classroom next door. In some cases, young people are receiving ideologically-driven, abstinence-based sex-ed that is misleading and inaccurate from their educators and/or third parties contracted by schools.²



My sex-ed was a failure. I didn't learn about body parts and their proper names. I never learned about bad touches and that people I know can hurt me too. I never learned about what to do or who to tell if someone abused me. I never learned that I have a right to my own body and a right to say no. I never learned it was ok to have a different sexuality or gender identity. I never learned about how to communicate and respect boundaries. I never learned how to support my friends or family if they experienced sexual or domestic violence. I never learned how to respond to rejection. I never learned that sex shouldn't or doesn't have to hurt. I never heard about reproductive control, like birth control and abortion. I was left to my own devices, many of which were unreliable, biased, and inaccurate, in learning about these topics.

24-year-old from Calgary, Alberta



¹ When lacking the resources to hire professional sexual health educators or the tools to determine the professional competency of community organizations who offer to deliver sexual health education, many schools turn 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>

² <https://www.cbc.ca/news/canada/edmonton/alberta-sex-education-abortion-holocaust-1.4065411>
<https://www.cbc.ca/news/canada/edmonton/edmonton-school-board-drops-abstinence-based-sex-ed-after-complaint-1.2704291>

What is Comprehensive Sexuality Education?

Not all sex-ed is created equal. Not everything that is passed off as “sex-ed” would make the cut for being called “comprehensive sexuality education.” Learning how to put a condom on a banana and calling it a day just doesn’t cut it! Comprehensive sex-ed has specific core principles, goals, and teaching methods.

UN experts have put together the most updated international document defining the highest standard of sexuality education: the 2018 UNESCO Technical Guidance on Sexuality Education. This is their definition of comprehensive sex-ed:

“Comprehensive sexuality education 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.” —2019 UNESCO Technical Guidance on Sexuality Education

Worldwide, experts are moving away from sex-ed that only focuses on how to avoid negative sexual health outcomes; young people need lessons that give a fuller picture of their sexuality and sexual health.

WHY DOES SEX-ED MATTER? BECAUSE SCIENCE SAYS SO!

When sex-ed is done right, it can be life changing for people and have significant positive impacts on public health.

There is a strong body of research proving that high-quality sex-ed has positive impacts on people’s lives when it is effectively developed and delivered.

The Impacts of High-Quality Sex-Ed

- Delayed initiation of sexual intercourse
- Reduced sexual risk-taking
- Increased condom use
- Increased contraception use
- Increased knowledge about sexuality, safer-sex behaviours, and risks of pregnancy, HIV and other STIs
- Improved attitudes related to sexual and reproductive health (e.g. positive attitudes towards things like using condoms, seeking and getting sexual health care, nurturing healthy relationships, seeking consent, etc.)

Some say that sex-ed could negatively influence young people or encourage them to be more sexually active but here is what the scientific research has to say: it’s not true. Sex-ed (in or out of schools) does not increase sexual activity, sexual risk-taking behaviour, or STI/HIV rates.³ In fact, comprehensive sex-ed leads to better knowledge and attitudes around sexuality, including: increased knowledge of our rights within a sexual relationship,⁴ increased communication with parents about sex and relationships,⁵ and greater effectiveness when managing risky situations.⁶

³ UNESCO. (2018). *International Technical Guidance on Sexuality Education*. Retrieved from: <http://unesdoc.unesco.org/images/0026/002607/260770e.pdf>

⁴ Haberland, N., & Rogow, D. (2015). Sexuality education: emerging trends in evidence and practice. *Journal of adolescent health*, 56(1), S15–S21. Retrieved from: <https://www.ncbi.nlm.nih.gov/pubmed/25528976>

⁵ Constantine et al. (2015). Short-term effects of a rights-based sexuality education curriculum for high-school students: a cluster-randomized trial. *BMC Public Health*. 15: 293. Retrieved from: <https://www.ncbi.nlm.nih.gov/pubmed/25886554>

⁶ *Ibid*



I wasn't exposed to much growing up. In sex-ed, we mainly talked about periods, wet dreams, and briefly about pregnancy. Nothing was talked about in-depth. I felt like if it wasn't discussed then maybe it wasn't that important.

21-year-old from Toronto, Ontario



Sex-ed also has longer-term positive impacts on our social environment and what influences us. There is an emerging field of research that looks at non-health outcomes and tells us how sex-ed can lead to positive societal changes and the building of stronger, healthier relationships. The research tells us that sex-ed can: prevent and reduce gender-based and intimate partner violence and discrimination;⁷ increase confidence, gender equality, and our ability to achieve our goals;⁸ and increase school safety for LGBTQ+ students.⁹



Sex-ed was pretty much just talking about STIs.

17-year-old from Fredericton



While these are referred to as “non-health related outcomes,” they actually do impact our health and well-being. For example, the prevention of gender-based violence (including sexual assault, harassment, and homophobic, transphobic, and sexist bullying) leads to

better mental health and prevents suicide. Knowing how to build stronger and healthier relationships prevents social isolation and improves mental health.

Sex-ed has the most impact when school-based programs are supplemented with community-based programs, including condom distribution, youth-friendly training for health care providers, and making sure parents and teachers are kept involved and engaged.¹⁰

IS SEX-ED A HUMAN RIGHT?

Sex-ed is not about opinions. It's about evidence, human rights, health, and gender equality.

The right to comprehensive sexuality education is recognized in international human rights treaties like the International Covenant on Economic, Social and Cultural Rights, the Convention on the Elimination of Discrimination Against Women, and the Convention on the Rights of the Child. **They all recognize comprehensive sexuality education as a human right.** Governments are required to uphold all people's rights to health, well-being, and equality. This requires the delivery of unbiased, scientifically accurate sex-ed.

Comprehensive sexuality education is also recognized by United Nations institutions like the World Health Organization, UNESCO, UNAIDS, and the United Nations Population Fund (UNFPA).

Every one of us has a right to receive relevant and accurate health information so that we can make and act on important decisions about our health and our lives. This information needs to come when we are ready for it, depending on our age and maturity or evolving capacities (some people are ready for information earlier than others).¹¹

⁷ UNESCO. (2018). *International Technical Guidance on Sexuality Education*. Retrieved from: <http://unesdoc.unesco.org/images/0026/002607/260770e.pdf>
⁸ Haberland, N., & Rogow, D. (2015). Sexuality education: emerging trends in evidence and practice. *Journal of adolescent health*, 56(1), S15–S21. Retrieved from: <https://www.ncbi.nlm.nih.gov/pubmed/25528976>
⁹ Baams et al. (2017). Comprehensive Sexuality Education as a Longitudinal Predictor of LGBTQ Name-Calling and Perceived Willingness to Intervene in School. *J Youth Adolesc*. 46(5): 931–942. Retrieved from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5388727/>
¹⁰ Chandra- Mouli et al., 2015; Fonner et al., 2014; UNESCO, 2015a
¹¹ Lansdowne, G. (2005). *Innocenti Insight: The Evolving Capacities of the Child*. UNICEF and Save the Children Innocenti Research Centre: Italy. Retrieved from: <https://www.unicef-irc.org/publications/pdf/evolving-eng.pdf>

DOES SEX-ED HAVE TO TAKE PLACE IN SCHOOLS?

According to the latest research by UNESCO, the best way to ensure just and equal access to high-quality information on sexual and reproductive health and rights is to include it in a written school-based curriculum that guides educators, because most young people will go through the education system.

DOES SEX-ED SAVE LIVES?

When we say that sex-ed saves lives, it's not an exaggeration. When done right, sex-ed is a way to address and prevent the root causes of negative health outcomes. It gives people the right information to better take care of their bodies. This means: fewer sexually transmitted infections (STIs) that can have lifelong complications,¹² fewer unplanned pregnancies,¹³ a decline in reproductive coercion rates,¹⁴ preventing cervical cancers or catching them earlier,¹⁵ and less sexual health related issues caused by ignoring symptoms because of shame or fear.¹⁶

It also helps create safe learning environments for all people and shapes a culture of equality for women and girls, trans people, non-binary people, and anyone who does not identify as heterosexual and cisgender.

Sex-ed gives young people the knowledge and skills to be themselves, to live their truth and values, to challenge rigid gender norms and reduces homophobic and transphobic violence, sexual violence, and gender-based discrimination. For some students, this is immediately lifesaving—calling trans youth by the name and pronouns they choose (that reflect their gender identity) can drastically reduce the chances of suicide.¹⁷

Sex-ed also teaches the skills to nurture healthy relationships, something that has a direct effect on our well-being and even on our life expectancy. Strong, healthy relationships help us manage stress effectively, problem-solve, and overcome life's challenges. It also helps tackle sexual violence and toxic relationships.



Sex-ed did not teach me the right I have over my own body. That failure made it possible for me to be sexually assaulted continuously for two years in elementary school.

19-year-old from Calgary, Alberta



¹² UNESCO. (2018). *International Technical Guidance on Sexuality Education*. Retrieved from: <http://unesdoc.unesco.org/images/0026/002607/260770e.pdf>

¹³ *Ibid*

¹⁴ Miller, E., Jordan, B., Levenson, R., & Silverman, J. G. (2010). Reproductive coercion: connecting the dots between partner violence and unintended pregnancy. *Contraception*, 81(6), 457–459. Reproductive coercion is a form of intimate partner violence used to maintain power, control, and domination over a partner. Examples include: explicit attempts to impregnate a partner against their will, controlling the outcomes of a pregnancy (e.g., forcing an abortion or preventing a person from accessing an abortion), coercing a partner to have unprotected sex, and interfering with contraceptive methods.

¹⁵ Shepherd, J., Peersman, G., Weston, R., & Napuli, I. (2000). Cervical cancer and sexual lifestyle: a systematic review of health education interventions targeted at women. *Health Education Research*, 15(6), 681–694.

¹⁶ Barth, K. R., Cook, R. L., Downs, J. S., Switzer, G. E., & Fischhoff, B. (2002). Social stigma and negative consequences: factors that influence college students' decisions to seek testing for sexually transmitted infections. *Journal of American College Health*, 50(4), 153–159.

¹⁷ Vance, S. R. (2018). The importance of getting the name right for transgender and other gender expansive youth. *Journal of Adolescent Health*, 63(4), 379–380.

How's the Sex-Ed in Canada?

The sex-ed that is currently offered in Canadian classrooms does not live up to human rights standards, the most modern international evidence on best practices, or the 2019 [Canadian guidelines for sexuality education](#).

In 2019, SIECCAN (the Sex Information and Education Council of Canada) published revised directives for sex-ed in Canada. The document is endorsed by the Public Health Agency of Canada and is a tool for policymakers and the education sector to meet the national standards for what Canadians should expect for high-quality sex-ed.

Canadians should expect that their sex-ed:

- Is accessible to all people regardless of age, gender, sexual orientation, STI status, geographic location, socio-economic status, cultural or religious background, ability, or housing status (e.g., those who are incarcerated, homeless, or living in care facilities).
- Promotes human rights, including autonomous decision-making and respect for the rights of others.
- Is scientifically accurate and uses evidence-based teaching methods.
- Is broadly-based in scope and depth and addresses a range of topics relevant to sexual health and well-being.
- Is inclusive of the identities and lived experiences of lesbian, gay, bisexual, transgender, queer, intersex, Two Spirit, 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.
- Is responsive to and incorporates emerging issues related to sexual health and well-being.
- Is provided by educators who have the knowledge and skills to deliver comprehensive sexual health education and who receive administrative support.

Right now, provincial and territorial governments (which are responsible for curriculum development, implementation, monitoring, and evaluation) are failing to make sure that children and young people get equal access to the sexual health information and skills-building opportunities they are entitled to. More must be done to ensure curricula are up-to-date and evidence-based; investments must be made to ensure sex-ed meets the Canadian Guidelines from coast to coast to coast. Educators, who are both school and community-based, also need to receive the necessary support to teach this sensitive subject.

Moreover, the federal government, as signatory to international human rights treaties, is failing to hold provinces and territories accountable to delivering comprehensive sexuality education in line with human rights obligations. This runs contrary to positions taken by Canada at the UN that support the full implementation of comprehensive sexuality education around the world.¹⁸

Canada is failing to meet its human rights obligations by allowing provincial and territorial governments to provide sub-standard, outdated, inconsistent, and sometimes inaccurate sex-ed. The UN has said as much. When the Government of Ontario announced its plan to cancel the 2015 health curriculum and revert back to the outdated 1998 curriculum, Action Canada, in collaboration with community-based organizations (The 519 and SHORE Centre) submitted an urgent [appeal to the UN's Special Procedures](#) to draw attention to the human rights violations occurring as a result. On the 19th of December 2018, Canada received an official communication endorsed by UN human rights experts demanding Canada take immediate steps to ensure compliance with human rights obligations.

The UN message to Canada was clear: federal and provincial governments have an obligation to ensure all young people are provided with quality sex-ed and failure to do so is a human rights violation.

¹⁸ <https://www.sexualrightsinitiative.com/2019/hrc/what-happened-at-the-41st-session-of-the-human-rights-council/>

THE IMPACTS OF SUB-STANDARD SEX-ED IN CANADA

The evidence is clear: the sex-ed young people do or don't receive has strong impacts.¹⁹ In Canada, there are significant gaps in the sexual health knowledge of youth;²⁰ the majority of young people surveyed in a British Columbia study reported that they are not learning where to get tested for an STI (57%) or where to get emergency contraception if they need it (52%) nor are they learning where to get free condoms or contraception (38%) or where to access birth control (47%).²¹

Young people aren't learning how to prevent STIs and have the highest reported STI rates in Canada

Chlamydia, gonorrhea, and syphilis have been steadily rising since the 1990s²² and according to 2010 national STI surveillance data, 63% of new cases of chlamydia, 49% of new cases of gonorrhea, and 14.9% of new cases of infectious syphilis were among young people aged 15–24.²³ In 2011, over one quarter of positive HIV tests were also attributed to young people between the ages of 15 and 29.²⁴ STI rates are still rising in Canada. Syphilis, after being almost eradicated in 1997, is making a comeback with a staggering number of cases in some provinces.



STI testing should be talked about more. Like, where to get tested, how does it work, how do you ask?

17-year-old from Fredericton



Violence against young women and girls persists at alarming rates

Young women are eight times more likely than boys to be victims of a sexual offence²⁵ and nearly half (46%) of high school girls in Ontario are victims of sexual harassment.²⁶ Indigenous young women and girls also face more violence than non-Indigenous girls.²⁷ By challenging harmful gender norms, creating cultures of consent, and giving young people the tools to build healthy relationship, sex-ed is one piece of the puzzle in preventing gender-based and sexual violence.²⁸

¹⁹ Full evidence review can be found here: <http://unesdoc.unesco.org/images/0026/002646/264649E.pdf> and See Chapter Four of the UNESCO technical guidance on sexuality education “The evidence base for comprehensive sexuality education:” <http://unesdoc.unesco.org/images/0026/002607/260770e.pdf>

²⁰ See for example Kumar, M.M., Lim, R., Langford, C., Seabrook, J.A., Speechley, K.N., and Lynch, T. (2013). Sexual knowledge of Canadian adolescents after completion of high school sexual education requirements. *Pediatric Child Health*; 18(2): 74–80; Sarah Flicker, Susan Flynn, June Larkin, Robb Travers, Adrian Guta, Jason Pole, and Crystal Layne (2009). *Sexpress: The Toronto Teen Survey Report*. Planned Parenthood Toronto. Toronto, ON.

²¹ https://www.sexedisourright.ca/report_sexual_health_of_youth_in_bc

²² 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>

²³ *ibid*

²⁴ 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>

²⁵ <http://www.statcan.gc.ca/pub/85-002-x/2013001/article/11766-eng.pdf>

²⁶ <http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.586.6071&rep=rep1&type=pdf>

²⁷ 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

²⁸ UNESCO. (2018). *International Technical Guidance on Sexuality Education*. Retrieved from: <http://unesdoc.unesco.org/images/0026/002607/260770e.pdf>

LGBTQ+ youth experience health disparities, including poorer mental health outcomes and higher instances of cyberbullying and online harassment.²⁹

The health and safety of LGBTQ+ individuals requires responding to the findings from research reports and committee work like the ones produced by the [House of Commons Standing Committee on Health on the issue of LGBTQ2 health](#) and the Public Health Agency of Canada funded Wisdom2Action [report on gender-based violence and LGBTQ+ youth](#).



I wished my sex-ed taught me what a healthy relationship looks and feels like, whether it is platonic or romantic relationships. I wish I was taught to identify toxic relationship patterns and what to do when you find yourself involved.

18-year-old from Saskatoon



If developed and delivered right, sex-ed offers an opportunity to address these systemic problems in a way that is proven to have clear impacts through early intervention.

Sex-ed can be life changing for people and have important positive impacts on public health. There is a strong body of research telling us the difference high-quality sex-ed makes in people's lives when it is effectively developed and delivered. Everyone in Canada needs and deserves to live healthy lives and thrive. Sex-ed is one crucial tool in ensuring that.

WHY ISN'T SEX-ED A PRIORITY IN CANADA?

Considering the benefits of high-quality sex-ed, it should be an urgent public policy priority. Sex-ed saves lives and is a key intervention to address many of the pressing public health issues in Canada.

Knowing that sex-ed can play a fundamental role in bringing positive changes at the individual level (people have the information and skills they need to live full, affirming healthy lives) and at the societal level (declining STI rates, reducing gender-based violence, discrimination, and negative health outcomes, etc.), why is access to sex-ed so spotty in Canada? Leaders and decision-makers across Canada are not treating it as a priority. How do we know that?

- There is no national sex-ed strategy;
- While the 2019 Canadian Guidelines for Sexual Health Education set high standards, there are no mechanisms in place to ensure provinces and territories use them to develop sex-ed curricula that ensure students have the same access to life-saving health information;
- No provincial or territorial government is funding sex-ed at a scale that would ensure educators (in schools and in the community health sector) have the resources and are properly trained to deliver this material and/or have the capacity to scale up sex-ed programs;
- There is no standard monitoring and evaluation of sex-ed lessons conducted by provincial and/or federal governments to help ensure kids in every classroom are getting the same quality sex-ed;
- There are no accountability mechanisms when sex-ed is sub-par or not taught;
- There are no safeguards that would make sure LGBTQ+ kids are also getting high-quality sex-ed that speaks to their lives, bodies, specific health needs, and experiences; and
- The federal government is not collecting national sexual health data needed to determine the results, gains, and gaps of sex-ed and to develop and monitor sex-ed curricula and delivery.

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

Many of our provincial, territorial, and federal leaders treat sex-ed as a sensitive issue. It has become a political “hot potato” rather than a health issue, which has resulted in sex-ed getting ignored or buried for fear of backlash. In some cases, threats to repeal or water down sex-ed have also been used to galvanize a more socially conservative base, which can mean that topics are removed or delayed because of moral beliefs and/or political interests. It can also look like repealing or canceling curriculum updates, repealing protections put in place for LGBTQ+ students, or refusing to engage in dialogue about sex-ed and not directing resources towards its implementation.

When sex-ed is politicized, access to life-changing information can depend on where you live or who your teacher is, instead of being guaranteed as your basic human right to health and education.

THE CURRENT SITUATION

It is the responsibility of provinces and territories to develop primary and secondary educational curricula and so, every province and territory has their own distinct sex-ed curriculum. The many different curricula being used right now have all been updated at different times and do not include the same information. For example, some curricula have lessons on consent while others don't, some cover gender identity and some don't, and many are not evidence-based when it comes to choosing when and how to introduce topics. For example, despite the proven benefits and best practice behind introducing the notion of gender identity at a young age, some curricula ignore it all together or introduce it when students are older. This is often because of personal beliefs, political pressure, or perceived political risks. The same can be said about teachings that only present sexuality as risky and something to fear and control. In many sex-ed curricula, much of the skills-building opportunities are focused on managing the risk that young people pose to their own health and the health of others.

Presenting sexual decision-making to young people through a risk focus rests on the faulty belief that discussing sexuality and sexual behaviours openly encourages sexual risk-taking. This approach flows from what researchers have coined [promiscuity propaganda](#). Many policymakers and people actively campaigning against sex-ed have pushed the notion that making sexual and reproductive health information and services more available promotes promiscuity. That myth has become “common knowledge” and a touchstone of sex-ed, despite how scientifically inaccurate it is and not evidence-based. The argument is built on the assumption that making the information available to young people signals that society approves of them having sex and then simultaneously reduces their perception of sex's negative consequences, incentivizing them to initiate sex for the first time, have sex with more partners or in more risky ways. In reality, the risk-based approach leaves young people unequipped to navigate sexual encounters once they become sexually active and fuels shame and stigma around sex, desire, and sexuality more generally. There is strong scientific consensus that providing young people with information and services related to sexual and reproductive health is not linked to an increase in sexual activity.³⁰ Young people who have access to comprehensive sex-ed feel more empowered about their sexuality, delay sexual initiation and use contraception at higher rates.³¹

The different curricula and the lack of monitoring means that the quality of information students receive is uneven and in some parts of the country extremely outdated. In many places, more up-to-date content is found in supplementary resources or in optional prompts, which make it more unlikely that it is uniformly taught. In many communities across Canada, sex-ed (when taught) at best skims the surface of what would ensure we meet national and international sex-ed standards and at worst, contravenes these standards and/or lags extremely far behind them.

³⁰ UNESCO, 2009; Fonner et al., 2014; Shepherd et al., 2010; Kirby D, Emerging Answers 2007: Research Findings on Programs to Reduce Teen Pregnancy, Washington, DC: National Campaign to Prevent Teen and Unplanned Pregnancy, 2007, <https://powertodecide.org/what-we-do/information/resource-library/emerging-answers-2007-new-research-findings-programs-reduce>; and Kirby DB, Laris BA and Roller LA, Sex and HIV education programs: their impact on sexual behaviors of young people throughout the world, Journal of Adolescent Health, 2007, 40(3):206–217, <https://www.ncbi.nlm.nih.gov/pubmed/17321420>.

³¹ <https://www.guttmacher.org/gpr/2019/06/promiscuity-propaganda-access-information-and-services-does-not-lead-increases-sexual>

THE CATHOLIC SCHOOL SYSTEM

Catholic schools form the single largest system in Canada offering education with a religious component. Currently five of the thirteen provinces and territories allow taxpayer funded faith-based (Catholic) school boards: Alberta, Ontario, Saskatchewan,³² Northwest Territories,³³ and Yukon³⁴ (to grade 9 only). Many Catholic schools use their own curricula, which do not cover many of the important aspects of human sexuality and sexual health. Many Catholic schools also refuse to teach topics that go against the religion's stance on issues like pregnancy options or gender and sexuality or offer health information filtered and editorialized through a catholic moral lens.

Sex-ed must be based on science and evidence, not opinions. It should give young people the tools and information they need to make informed choices and live their values (including religious, spiritual, and familial values) in an empowered way that upholds their human rights.

THE LACK OF SUPPORT FOR EDUCATORS

While the quality of the content educators work with is important, it is not the only issue of concern. Even if every province had the most modern and up-to-date curricula, the sex-ed young people receive would still be sub-standard.

Canadian teachers are not getting the support and resources they need to become competent and comfortable talking about sexuality, sexual health, and relationships with their students. If sex-ed were treated like math or physics, it would be like asking someone who had never taken a math class—and who had no access to relevant books or professional development opportunities—to teach kids algebra.



I only had one teacher that seemed comfortable with the subject—and other than that, all the other teachers seemed more uncomfortable than the students.

Youth roundtable participant
from Saskatoon, Saskatchewan



Schools don't typically acknowledge that sex-ed is a special subject that, unlike a standard English or math class, requires a bit more finesse to teach effectively. Sex can be an embarrassing and anxiety provoking topic for some educators. The results of that can be cringe-worthy for all involved. This is why support and capacity building to help bolster their ability to tackle these topics are important in addition to allocating resources for specialized educators to offer those lessons.

Even if a topic is included in a curriculum, **no Canadian studies have looked at what teachers are actually telling their students.** Many educators report being uncomfortable with teaching sex-ed and in some cases lessons are skipped.³⁵ That's in part because many of the curricula in Canada list important topics as sample topics or examples of what could be included in the lesson. A sample topic is not mandatory, which means that what ends up being offered is what each individual educator is personally comfortable with. One class may get a comprehensive lesson on diverse family structures, gender norms, anatomy, and healthy relationships while another class within the same school may get nothing.

³² <https://www.cbc.ca/news/canada/calgary/why-alberta-saskatchewan-ontario-have-separate-catholic-schools-1.4614462>

³³ <https://www.immigratenwt.ca/education>

³⁴ <http://www.northernpublicaffairs.ca/index/publicly-funded-catholic-schools-a-political-quagmire-in-yukon/>

³⁵ Carman M, Mitchell A, Schlichthorst M, Smith A (2011). Teacher training in sexuality education in Australia: how well are teachers prepared for the job? 2011 Sep., *Sex Health*, 8(3):269–271, Cohen, J. N., Byers, S. E., & Sears, H. A. (2012). Factors affecting Canadian teachers' willingness to teach sexual health education. *Sex Education*, 12(3), 299–316, Lillian Carter and Dietra Wengert, University Preparation of the Sexuality Educator, *Journal of Sex Education and Therapy*, 23, 1, (83), (1998).



I think my teacher was trying to teach us well but was misguided and uninformed and had no real training or passion for sex-ed.

25-year-old from Toronto, Ontario



OUTSOURCING SEX-ED

In some communities, schools outsource the delivery of sex-ed by inviting external organizations into the classroom. This is sometimes because school principals recognize the specialized skills required to teach comprehensive sex-ed and prefer hiring professionally trained sexual health educators (usually for a fee). This means that schools (with the resources to do so) benefit from state-of-the-art sex-ed offered by trained experts, often based out of sexual health centers. In other cases however, students are visited by [local anti-choice, religiously-funded organizations](#).

It is often the case that these local anti-choice organizations advertise free “sexual health” classes to schools. Sadly, many of these organizations have a mandate to deliver anti-choice, homophobic, and abstinence-based sex-ed, [which we know \(because of the evidence\) spreads misinformation and produces negative health outcomes](#).³⁶ These organizations do not provide students with comprehensive sexual health information but rather, with inaccurate health information and fear/shame-based views on sexuality, pregnancy options, gender identity, gender norms, and sexual orientation. Many of these organizations share misinformation on abortion, safer sex, gender identity and sexual orientation as well as employ scare tactics and shaming rhetoric to encourage abstinence before marriage. This results

in some schools knowingly or unknowingly hiring organizations that do more harm than good in that they fail to provide young people with evidence-based, accurate, and comprehensive information about the full range of sexual health-related issues.

THE LACK OF LOCAL RESOURCES

Another issue is that Canada’s physical geography is vast, with populations concentrated in major city centres and economic hubs (often in the southern regions of each province). There tends to be a concentration of services and resources within these urban centres, which includes access to specialized teacher trainings/professional development that is necessary for effective implementation of comprehensive sex-ed. It also means better access to sexual health centers or other specialized organizations that can provide high-quality sex-ed in local schools and/or in the community. Young people in rural and remote communities often have the most limited access to youth-friendly sexual health services, due to the most sexual health centres being located in urban areas.

Evidence shows that **sex-ed has the most impact when it’s linked to youth friendly community-based health services**.³⁷ Failing to invest in community infrastructures that support accessible sexual health centres everywhere in Canada (not only in urban areas), limits the tools young people need to take the best care of their health.

In under-resourced provinces and territories and under-resourced communities and schools, comprehensive sex-ed becomes less of a priority in terms of teacher training or during Professional Development (PD) days than math or science. There are also less resources to hire external sexual health experts. This means that in Canada, **where you live and your school’s resources will determine your access to life-changing sexual and reproductive health information**.

³⁶ <https://www.guttmacher.org/news-release/2017/abstinence-only-until-marriage-programs-are-ineffective-and-harmful-young-people>

³⁷ UNESCO. (2018). *International Technical Guidance on Sexuality Education*. Retrieved from: <http://unesdoc.unesco.org/images/0026/002607/260770e.pdf>



I didn't even have sex-ed. What could pass for sex-ed was poor and heteronormative. Queer people were never ever mentioned. I believe sex-ed should be nationally regulated and mandatory. It should be a requirement to graduate classes and should be taught by people with experience, not just whatever teachers who get told to teach it. Resources should be readily available for everything we talk about!

17-year-old from rural Saskatchewan



WE NEED, WANT, AND DESERVE BETTER SEX-ED

When we look at the mountain of evidence behind sex-ed, the inaction is hard to explain. Sex-ed should be a vital part of the ways our governments are responding to public health and societal issues like HIV rates, gender-based violence, sexual violence, and rising numbers of sexually transmitted infections (STIs) among young people.

Young people themselves are demanding we do better. They want sex-ed in school and they want it to be of the highest quality.³⁸ The majority of parents want that too.³⁹

The reluctance toward sex-ed is largely due to the stigma and taboo that exist around sex and sexuality. The media and some political forces have fanned the flames by framing sex-ed as something that is controversial, misrepresenting the information that is covered in sex-ed lessons to further their own agendas. Topics that are key to building the knowledge young people need to live healthier lives are painted as scandalous and their presence in classrooms as a matter of opinion or political affiliation instead of health and human rights.

The tide is changing. In 2019, the House of Commons Standing Committee on Health began a study of LGBTQ2 health and how to reduce related inequities. The committee released [ground-breaking recommendations](#) that, if implemented, could radically improve the health of LGBTQ+ communities across Canada. One of its principal recommendation is for inclusive sex-ed. The committee recommended that Health Canada take charge of sex-ed and “work with the provinces and territories to encourage the provision of age-appropriate education on sexual orientation and gender identity to children and youth of all age groups as well as parents and caregivers.”

At the same time, [a new report](#) on gender-based violence was published, which also recommends robust sex-ed programs. According to the research conducted by the Halifax-based group Wisdom2Action, 70 percent of transgender youth in Canada have experienced sexual harassment; more than one-third of trans youth ages 14 to 18 have been physically threatened or injured in the past year; and 20 to 40 percent of homeless youth identify as LGBTQ+. The report, funded by the Public Health Agency of Canada, highlights the experiences of more than 500 LGBTQ+ youth across Canada: How they are affected by gender-based violence, what they want done about it, and their top priorities for action. Sex-ed comes out as an important intervention.

Sex-ed has been prominently raised in national conversations since the reveal that [rates of STIs are still on the rise all over the country](#). [The repeal of sex-ed in Ontario](#) and [the attacks on the SOGI 123 resource](#) during municipal elections in British Columbia have also brought this important issue to the forefront Canada-wide, making it a political flashpoint in many areas of the country. It's important that Canadians have access to accurate information on why sex-ed matters, what kind of sex-ed has the best life-long impacts, what we have a right to, and what is currently happening in classrooms. With this information in hand, we can work together to demand better access to high-quality sex-ed and hold our governments accountable when they fail to meet the mark.

³⁸ Sarah Flicker, Susan Flynn, June Larkin, Robb Travers, Adrian Guta, Jason Pole, & Crystal Layne (2009) *Sexpress: The Toronto Teen Survey Report*. Planned Parenthood Toronto. Toronto, ON. Retrieved from: http://www.ppt.on.ca/ppt/wp-content/uploads/2015/07/TTS_report.pdf
Weissbourd et al. (2016). *The Talk: How Adults Can Promote Young People's Healthy Relationships and Prevent Misogyny and Sexual Harassment*. Harvard. Retrieved from The Making Caring Common Project: https://mcc.gse.harvard.edu/files/gse-mcc/files/mcc_the_talk_final.pdf

³⁹ McKay, Pietrusiak & Holowaty, 1998; McKay, Byers, Voyer, Humphreys, & Markham, 2014. Advisory Committee on Family Planning, 2008; Weaver, Byers, Sears, Cohen & Randall, 2002.

Young People's Experiences of Sex-Ed in Canada

Focusing only on sex-ed curriculums without looking at what really happens in classrooms would not get us where we need to be. To introduce the right policies and to put resources where they are most needed, it is crucial that we listen to what young people themselves have to say about their sex-ed. While the content matters, the delivery of sex-ed lessons is critical in determining the quality of it. Without resources in place to ensure the training of educators who can deliver high-quality sex-ed, access to live-saving health information will continue to be compromised. We already know that young people want better and more modern sex-ed and need educators who are equipped to teach it.

There are many studies that confirm the importance of investing in more robust sex-ed and treat it with sensitivity to meet young people's needs, like this one in the [medical journal BMJ Open](#), which looked at 69 studies on the topic. Or [this one](#) published in the fall of 2018 by the Université du Québec à Montreal and the Fédération du Québec pour le Planning des Naissances. The report is an analysis of multiple studies featuring interviews with over 6,000 young people about the sex-ed they get versus the sex-ed they

want. Or the [Teen Talk survey](#), which highlighted how for LGBTQ youth to gain the same health benefits as their non-LGBTQ peers, sex-education programs must be LGBTQ-inclusive. Or [the Sex-Ed Is Our Right report](#) from Youth Co, which looks at the experiences of 600 LGBTQ+ students in B.C. All these studies speak to the current status-quo of young people's experiences of sex-ed across the country.

Action Canada wanted to hear directly from young people about what sex-ed looked like in Canadian classrooms. In 2019, our team, in collaboration with local partners, organized and hosted round-tables in various Canadian communities to speak with young people about their sex-ed. This gave us a better sense of what is currently happening and what must be done to offer better sex-ed. These round-table consultations will also inform Action Canada's submission to the UN's Committee on the Rights of the Child,⁴⁰ in preparation for Canada's upcoming review in 2020.

Young people in or around Fredericton and surrounding area, Ottawa, Saskatoon (and surrounding areas), Toronto and Calgary shared the following thoughts with us.

⁴⁰ The Committee on the Rights of the Child (CRC) is the body of 18 independent experts that monitors implementation of the Convention of the Rights of the Child by its state parties.

For many of the young people we consulted, sex-ed was really basic and did not include opportunities to have in-depth conversations about the social aspects of sexuality and the context in which young people navigate their romantic and sexual partnerships.



“Sex-ed was pretty much just talking about STIs.” —youth roundtable participant from Fredericton, New Brunswick

“Teaching sex-ed just for the science cuts out everything else.” —youth roundtable participant from Saskatoon, Saskatchewan

“I wished my sex-ed taught me what a healthy relationship looks and feels like, whether it is platonic or romantic relationships. I wish I was taught to identify toxic relationship patterns and what to do when you find yourself involved.” —18-year-old from Saskatoon, Saskatchewan

“I wasn’t exposed to much growing up. In sex-ed, we mainly talked about periods, wet dreams and briefly about pregnancy. Nothing was talked about in-depth. I felt like if it wasn’t discussed then maybe it wasn’t that important. Later on, I truly wished that I asked more questions or that I would have done more research myself.” —21-year-old from Toronto, Ontario

For some of participants, sex-ed had been either a one-off or not offered regularly rather than a robust program that gradually provided information and skill-building opportunities over the years.



“I only got one year of sex-ed and it was like going from no information to all this really scary, intense information about how bad STIs were—there was no build up.” —youth roundtable participant from Saskatoon, Saskatchewan.

“I got a bit of sex-ed, not much.” —youth roundtable participant from Fredericton, New Brunswick

“I only really got an STI talk and that’s it.” —youth roundtable participant from Fredericton, New Brunswick

Even when teachers offer lessons on sexual health, talking about actual sexual behaviours can be taboo. When educators are uncomfortable, or when abstinence is understood as the best choice, a lot of crucial information gets lost.



“Sex-ed didn’t talk about actual sex at all but it talked about why we shouldn’t have sex before marriage. Like ‘chastity is key!’” —youth roundtable participant from Fredericton, New Brunswick.

“Diseases and sex were tied together as one thing.” —youth roundtable participant from Saskatoon, Saskatchewan

“Sex-ed was all about chastity and not sex at all.” —youth roundtable participant from Saskatoon, Saskatchewan



“STI testing should be talked about more! Like, where to get tested, how does it work, how do you ask?” —youth roundtable participant from Fredericton, New Brunswick

“What we got were pro-life arguments, ‘scientific’ lies.” —youth roundtable participant from Saskatoon, Saskatchewan.

All of the young people we spoke to mentioned having never been taught about abortion during sex-ed. Only one person (from Fredericton, New Brunswick) mentioned abortion being framed as a “debate” in sociology class. This person shared their belief that if there was more information about abortion offered during sex-ed classes, there wouldn’t be such a “debate.”

Many young people talked about their educators’ discomfort.



“I only had one teacher that seemed comfortable with the subject and other than that, all my teachers seemed more uncomfortable than the students.” —youth roundtable participant from Saskatoon, Saskatchewan

“No one wants to teach it.” —youth roundtable participant from Fredericton, New Brunswick

“I don’t know that teachers have the training or feel comfortable to teach sex-ed.” —youth roundtable participant from Fredericton, New Brunswick

Sometimes discomfort and the lack of training means that educators do not offer sex-ed lessons.



“Me and most of my friends, we didn’t learn about puberty, sex, gender, sexual health and all that until after we got into some problems relating to that.” —18-year-old from Oromocto, New Brunswick

The omission of certain topics can have long-term impacts as it stokes fear and shame around bodies and sexuality.



“Abstinence or shame-based sex-ed only teaches us fear and shame. This causes us to judge others out of fear, ignorance and internalized shame. We end up othering anyone who doesn’t fit the prescribed narrative around sexuality and so many people’s lives and experiences fall between the cracks. Letting people know about their bodies and identities and the bodies and identities of others can only empower us.” —25-year-old from Toronto, Ontario

Abstinence and fear-based approaches can also mean that young people are missing out on important information about violence prevention. Teaching young people the proper names for all body parts and making sure that bodily autonomy is taught early-on and continuously throughout schooling are crucial interventions to prevent gender-based and sexual violence.

“My sex-ed failed to teach me about having autonomy over my own body. It also didn’t support me in getting comfortable in my own body and with who I am. I never learned the concept of consent. I should have learned this concept as early as kindergarten, that my body is my own and that I have every right to it. I should have known that I didn’t have to hold hands if I didn’t want to, that I didn’t have to hug anyone, including relatives, teachers or friends, or kiss anyone if I didn’t want to. I shouldn’t have been ok with boys teasing me because they ‘might like me,’ or be ok with boys and men grabbing me, cat calling me because ‘I deserve it’ or that’s just how it is, or it’s just a compliment. I should have learned that consent can be withdrawn so that I couldn’t be taken advantage of since I ‘said yes’ earlier. I should have been taught that everybody is different and everybody deserves to be loved so I shouldn’t have to think I deserve the putdowns.” —24-year-old from Toronto, Ontario

“Toxic relationships, it needs to be talked about before high school where people get into really bad relationships. It needs to be talked about at every grade, yearly workshops even.” —youth roundtable participant from Fredericton, New Brunswick

“My sex-ed was a failure. I didn’t learn about body parts and their proper names. I never learned about bad touches and that people I know can hurt me too. I never learned about what to do or who to tell if someone abused me. I never learned that I have a right to my own body and a right to say no. I never learned it was ok to have a different sexuality or gender identity. I never learned about how to communicate and respect boundaries. I never learned how to support my friends or family if they experienced sexual or domestic violence. I never learned how to respond to rejection. I never learned that sex shouldn’t or doesn’t have to hurt. I never heard about reproductive control, like birth control and abortion. I was left to my own devices, many of which were unreliable, biased, and inaccurate, in learning about these topics.” —24-year-old from Calgary, Alberta

“My sex-ed never talked about the importance of consent in relation to sexual health. Lessons on consent should encompass information on the history of sexual violence that has been perpetrated on marginalized communities including eugenics and residential schools. These histories have both a direct and indirect impact on the ways in which we engage with sexual health, personal relationships and our communities. Another important aspect of sexual health that was overlooked was pleasure. It is important for youth to know that sex is more than just birth control options and STIs—but that it also involves kinks, fetishes, and communication. All of which are equally as valuable to learn as birth control and STIs.” —21-year-old from Toronto, Ontario

“Sex-ed did not teach me the right I have over my own body. That failure made it possible for me to be sexually assaulted continuously for two years in elementary school. Sex-ed must expand on consent and sexual violence and have consent culture ingrained in our social interactions and values, from kindergarten on. It should be mandatory. By not teaching consent, the Canadian government is allowing young people to have their power taken away and their rights to bodily autonomy taken away. Teaching consent will save lives and prevent trauma that impacts people for their whole lives.” —19-year-old from Calgary, Alberta

Almost every young person we spoke to mentioned the lack of content on LGBTQ+ identities, sexuality, and relationships. This mirrors the findings of [the Sex-Ed Is Our Right report](#) from Youth Co.

“Educators lacked in discussing anything about LGBTQ+ community in the context of sex and relationships. That causes people to feel isolation and breeds ignorance.” —17-year-old from Saskatoon, Saskatchewan

“Sex-ed did not teach me about queer and trans identities and sex which did not let me grow into a person that is confident in myself.” —18-year-old from Saskatoon, Saskatchewan

“My teachers excluded mandatory information about my sexual health. There was a lot of information missing. On top of that, they used outdated and incorrect information. The lessons excluded LGBTQ+ students and are not clear enough on what little information they have about sexuality. Teachers are not clear enough on certain things and can make it seem scary or unbearable.” —18-year-old from Fredericton, New Brunswick

“My sex-ed failed to provide me with any valuable information on sexual relations outside of a man and a woman. It failed to present anything outside of that as normal and valid like any other.” —17-year-old from Fredericton, New Brunswick

“I was not taught about transgender stuff, I found out about it by myself. Education is a way to end transphobia.” —17-year-old from Fredericton, New Brunswick

“I didn’t even have sex-ed. What could pass for sex-ed was poor and heteronormative. Queer people were never ever mentioned. I believe sex-ed should be nationally regulated and MANDATORY. It should be a requirement to graduate classes and should be taught by people with experience, not just whatever teachers who get told to teach it. Resources should be readily available for everything we talk about!” —17-year-old from rural Saskatchewan

“There wasn’t enough education on gender identity, especially trans identities. There wasn’t enough on consent or safer sex and I didn’t see myself reflected in the lessons.” —23-year-old from Ottawa, Ontario

“In sex-ed, boys and girl were separated, that’s not good for trans folks in the classrooms!” —youth roundtable participant from Fredericton, New Brunswick.

“My sex-ed failed to meet my needs and rights as a queer cisgender woman. My health teacher treated LGBTQ+ sexual identities as an optional add-on instead of a core part of the curriculum. She talked about consent and sexual pleasure in damaging and disempowering ways. The only times my teacher talked about LGBTQ+ issues was when she was asked questions about it, otherwise, she didn’t seem to think it was relevant. Our discussion of consent was framed in terms of ‘how to say no when a boy pressures you to have sex’ placing the responsibility to stop sexual violence on us and erasing the possibility that we might want to have sex, we might not, or it might not be with boys. I also remember her cautioning us about how it was our responsibility to tell our male partners to slow down. I think my teacher was trying to teach us well but was misguided and uninformed and had no real training or passion for sex-ed.” —25-year-old from Toronto, Ontario.

The limited or non-existent information young people receive on sexual orientation and gender identity (including relevant sexual health information for those who identify along the LGBTQ+ spectrum) speaks to the bigger issue of a lack of content relevant to their lives. Every young person has a right to information, to health, to non-discrimination, to live free of violence, and to safety. Sex-ed should speak to their different contexts, identities, and experiences.



“I did not learn about how colonialism impacted gender identities and sexuality. I did not see representation of bodies and healthy relationships from people who look like me and from my community.” —21-year-old from Toronto, Ontario

“Based on my experience, I think sex-ed should focus on helping people identify and reinforce their personal identity and that, even if it doesn’t conform with the mainstream, it is ok.” —18-year-old from Toronto, Ontario

“Sex-ed should include info relevant to everyone’s sex lives.” —youth roundtable participant from Fredericton, New Brunswick

One thing that was clear in all of the discussion groups was that there was no standardized experience of sex-ed.

“We all had different sex-ed experiences, no standard lesson, everyone got something different.” —youth roundtable participant from Oromocto, New Brunswick

The irregularities included the scientific accuracy of the information shared. Some youth reported having learned things that turned out inaccurate or completely false. Many participants spoke about misinformation around condoms and condom use, making them feel less prepared to protect themselves from STIs. For example, some participants in Fredericton were surprised to learn that condoms protect against pregnancy and infection; they had falsely learned in sex-ed that condoms only protect against pregnancy (not STIs).

Young people also spoke up about the issue of parental consent.

There was consensus in consultation groups that everyone has the right to sexual health education regardless of your parents, background, identities, religion, race, etc. Many explicitly suggested that sex-ed should be a requirement to graduate.

“[When you make parental consent mandatory] that’s literally ignorance breeding ignorance because it excludes the next generation of people from being open to proper sex education.” —youth roundtable participant from Fredericton, New Brunswick

The issue of parental consent is certainly one that has made the news. In several provinces, parents can remove their children from sex-ed classes. But the role of parents and the rights of young people to receive comprehensive sexuality education are not in opposition. International human rights law recognizes the role of parents in providing direction and support to their children in accordance with their evolving capacities. Like all adults, children are entitled to the full range of human rights and they also have additional rights under the Convention of the Rights of the Child, which recognizes their changing needs as they grow into adulthood. In the context of

sex-ed, while parents play a critical and supportive role in helping children exercise their rights, children are the rights-holders and governments have an obligation to ensure the right to comprehensive sexuality education is upheld.

Young people have the most direct experience with sex-ed and are the most impacted by sub-standard sex-ed. Given the stories coming from young people themselves, it's clear that Canada is not doing its part to uphold the rights of children and young people to access comprehensive sexuality education.

Conclusion

CANADA HAS AN OBLIGATION TO ENSURE ALL YOUNG PEOPLE HAVE ACCESS TO QUALITY SEX-ED!

Comprehensive sexuality education is recognized as a basic human right of all children and youth. According to Human Rights Law, the Government of Canada has an obligation to ensure that all children in Canada have equal access to the highest quality, evidence-based, scientifically accurate comprehensive sexuality education.⁴¹

“Comprehensive Sexuality Education 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.” —2018 UNESCO Technical Guidance on Sexuality Education

The [Government of Canada has a human rights obligation](#) to provide evidence-based, scientifically accurate, gender-sensitive, LGBTQ+ inclusive, and sex-positive sex-ed to all students. It must support educators in their delivery of comprehensive sex-ed by working with provinces and territories to fix the gaps and update curricula and capacity in line with the [2019 Canadian Guidelines for Sexual Health Education](#).

WHAT CANADA CAN DO RIGHT NOW TO ENSURE ALL YOUNG PEOPLE HAVE ACCESS TO COMPREHENSIVE SEXUALITY EDUCATION

- Launch a national strategy and awareness raising campaign to equalize access to comprehensive sexuality education across provinces and territories in line with the 2019 Canadian Guidelines for Sexual Health Education.
- Allocate funds to the Public Health Agency of Canada to invest in the training of professional sexual health educators.
- Allocate funds to the Public Health Agency of Canada to conduct regular national monitoring of sexual health indicators.

⁴¹ [A/HRC/39/L.13/Rev.1](#)