



Action Canada
for Sexual Health & Rights

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About Action Canada for Sexual Health and Rights

Action Canada for Sexual Health & Rights 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 access, gender, LGBTQI2S+ rights, comprehensive sexuality education, and more.

Executive Summary

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

There is little information available to tell us about the state of sex-ed in Canada. What are students actually learning? How different is it from province to province? What does each curriculum contain? Who teaches sex-ed—and how often is it taught? What kind of support do teachers and educators receive? 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. The information gaps make it challenging to evaluate the outcomes, and it creates barriers to ensuring all young people have quality sex-ed and demanding governments step up when sex-ed is subpar.

To start a deeper national conversation, Action Canada reviewed and analyzed all provincial and territorial sex-ed curricula. With support from local partner organizations, Action Canada also hosted consultations to speak to young people about their sex-ed in Saskatoon, Fredericton and surrounding area, Kitchener/Waterloo, Ottawa, and Toronto. Our team also spoke with teachers and sexual health educators from different communities to better understand the context in which they have to do their work. Additional roundtables have been planned for other parts of the country to keep pace with changing contexts and to better understand what is 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 and educators in communities across the country speaking to their experiences teaching and receiving sex-ed. It illustrates the need for leadership across sectors and communities to make CSE that reflects contemporary life a reality, and it shows us how #SexEdSavesLives.

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. Community-based sexual health educators are stretched beyond capacity, offering support where they can. If lessons take place, what is taught often overlook the needs and experiences of many of the students, including those who are LGBTQI2S+, 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 centres 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, including 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. See: <https://www.guttmacher.org/journals/psrh/2012/09/public-health-risks-crisis-pregnancy-centres>.

² Snowdon, W. "Abortion, Holocaust comparison prompts calls for sex-ed investigation in Alberta". *CBC News*, 11 Apr 2017. Available at: <https://www.cbc.ca/news/canada/edmonton/alberta-sex-ed-ucation-abortion-holocaust-1.4065411>; and CBC News. "Edmonton school board drops abstinence-based sex-ed after complaint." 11 July 2014. Available at: <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! CSE 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.”

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 as monitored by high-quality studies

- 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 sexually transmitted infections (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.)³

Some say that sex-ed could negatively influence young people or encourage them to be more sexually active. That worry has driven some of the pushback against sex-ed. Here is what the scientific research has to say about this: it’s not true. Sex-ed (in or out of schools) does not increase sexual activity, sexual risk-taking behaviour, or STI/HIV rates.⁴ In fact, comprehensive sex-ed leads to better knowledge and attitudes around sexuality, including: increased knowledge of our rights within a sexual relationship,⁵ increased communication with parents

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

⁴ *Ibid.*

⁵ 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>.

about sex and relationships,⁶ and greater effectiveness when managing risky situations.⁷

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;⁸ increase confidence, gender equality, and our ability to achieve our goals;⁹ and increase school safety for LGBTQI2S+ students.¹⁰



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

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

DOES SEX-ED SAVE LIVES?

When we say that sex-ed saves lives, it's not an exaggeration. Comprehensive, well-delivered sex-ed helps address and prevent the root causes of negative health outcomes. It changes lives in tangible and important ways. It gives people the right information to better take care of their bodies, and that means: fewer STIs that can have lifelong complications,¹¹ fewer unplanned pregnancies,¹² a decline in reproductive coercion rates,¹³ preventing intimate partner violence and sexual violence,¹⁴ preventing cervical and anal 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.

⁶ 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. Available at: <https://www.ncbi.nlm.nih.gov/pubmed/25886554>.

⁷ *Ibid.*

⁸ *Supra* note 3.

⁹ Haberland, N., & Rogow, D. (2015). Sexuality education: emerging trends in evidence and practice. *Journal of adolescent health*, 56(1), S15–S21. Available at: <https://www.ncbi.nlm.nih.gov/pubmed/25528976>.

¹⁰ 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. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5388727/>.

¹¹ *Supra* note 3.

¹² *Ibid.*

¹³ 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.

¹⁴ Lundgren, R. & Amin, A., (2015) Addressing Intimate Partner Violence and Sexual Violence Among Adolescents: Emerging Evidence of Effectiveness. *Journal of Adolescent Health*, 56(1S):S42–S50. Available at: https://www.researchgate.net/publication/269934810_Addressing_Intimate_Partner_Violence_and_Sexual_Violence_Among_Adolescents_Emerging_Evidence_of_Effectiveness.

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.

Sex-ed gives young people the knowledge and skills to be themselves, to live their truth and values, and to challenge rigid gender norms. Sex-ed can help reduce 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 well-being and even on life expectancy. Strong, healthy relationships help people manage stress effectively, problem-solve, and overcome life's challenges.



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



Sex-ed also helps tackle sexual violence and toxic relationships. Gender-based violence, including sexual violence, is a public health emergency—and sex-ed is one of the best tools for intervention. Gender-based violence, intimate partner violence, and sexual violence have long-term impacts on both physical and mental health that can range from higher rates of depression, anxiety, and Post-Traumatic Stress Disorder (PTSD) symptoms,

which then impact sexual behaviours and outcomes, to gynecological and perinatal problems, sexual dysfunction, higher risk of sexually transmitted blood borne infections (STBBIs) including HIV, or difficulties in having fulfilling relationships.

Sex-ed has the potential to be a revolutionary tool that improves both health and equity in our communities.

THE RIGHT TO CSE

In Canada, we all have a right to health. Does that mean we have a right to sex-ed?

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* (CEDAW), and the *Convention on the Rights of the Child*. They all recognize CSE 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.**

CSE 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.¹⁸

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.

¹⁸ 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>.

IN MORE DETAILS:

Sexuality education was recognized as a basic human right of all children and youth in both the Annual Report of the Special Rapporteur on the right to education to the UN General Assembly in 2010, General Comment No. 4 of the CRC, and UN Committee on Economic, Social and Cultural Rights General Comment No. 22. States' obligation to provide sexuality education, is a requisite for the realization of the rights to education, to health and non-discrimination, among others. In words of this Committee, **States must “ensure that all educational institutions incorporate unbiased, scientifically accurate, evidence-based, age-appropriate and comprehensive sexuality education into their required curricula.”** When effectively implemented, comprehensive sexuality education contributes to the reduction of the transmission of sexually transmitted infections, gender-based violence, stigma, and discrimination, unwanted pregnancies, and the development of healthy sexual and non-sexual relationships, among other outcomes.

The CRC General Comment No. 20 (2016) on the implementation of the rights of the child during adolescence clearly mandates that comprehensive and inclusive sexuality education must be part of the mandatory school curriculum, while also reaching out-of-school adolescents. Comprehensive sexuality education must be developed with adolescents and based on scientific evidence and human rights standards, focusing on gender equality, sexual diversity, sexual and reproductive health and rights. These CRC has insisted on these guidelines by issuing specific recommendations to reporting State Parties, particularly under the clusters addressing education and adolescent health. In 2019 only, the CRC reiterated that comprehensive sexuality education must be strengthened, mandatory in school curriculum, include a human rights based approach, and a focus on sexual and reproductive rights and healthy sexuality, as well as on non-discrimination, the prevention of violence in intimate relationships. In the past, the CRC has recommended States to seek technical assistance from UN agencies for different topics, including violence against girls and the promotion of rights to leisure, play, and cultural activities. Given the recent (2018) update to the UNESCO International technical guidance on sexuality education, States would highly benefit from technical assistance provided by UN agencies, and particularly from UNESCO and WHO, on this regard.

The concept of the ‘evolving capacities’ of the child recognizes the necessary participation and opportunity for autonomous decision-making in different contexts and across different areas of decision-making. It is suggested that the Committee has derived a role and function for “evolving capacities” that can be distilled into three broad categories: (1) “evolving capacities” as an enabling principle, [...]; (2) “evolving capacities” as an interpretative principle, [...to] recognise children’s capacities in the exercise of their rights; [and] (3) “evolving capacities” as a policy principle[...]. All these categories seek to enable, not to limit, decision-making and autonomy of children. A systematic interpretation of evolving capacities incorporates the provision found in articles 7.2, 7.3 and 12 of the Convention of the Rights of Persons with Disabilities, that requires States to provide support to children with disabilities to express their will and preferences for decision-making.

At the international level in recent years, the Canadian government has consistently worked to advance progressive standards on CSE because they recognize the link between that kind of education and the prevention of violence against women and girls as well the realization of people’s right to health and education, amongst others. It is time to pay attention to what is going on at home, too.

At the national level, Canada has received many recommendations from human rights accountability mechanisms calling for immediate action to realize young peoples’ right to CSE in recent years. In 2016, the CEDAW Committee called for Canada to harmonize sex-education curricula among provinces and territories and allow the Federal Government to hold them accountable for

implementing such guidelines or standards. In 2018, Canada received and accepted a recommendation as part of its UN Universal Periodic Review to take action to ensure equal access to CSE across provinces and territories. So far, Canada has not taken meaningful steps to address these gaps across jurisdictions.

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.

However, Canada's obligation is also to ensure that sex-ed is delivered everywhere it is needed—and to ensure that, throughout our lives regardless of where we live, we can access accurate and comprehensive sexual health information.

How's Sex-ed in Canada?

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; and
- Is provided by educators who have the knowledge and skills to deliver comprehensive sexual health education and who receive administrative support.

The sex-ed 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*.

INCONSISTENCY IS THE WORD

If we want to make sure all young people are provided with equal access to high-quality sex-ed, standardization of what is offered is an important step. The CEDAW Committee's 2016 communication to Canada called for the harmonization of sex-ed curricula among provinces and territories and for the federal government to hold them accountable for implementing such guidelines or standards.

It is a complex situation because education falls entirely under provincial or territorial jurisdiction. This poses the unusual challenge of having all different health education curricula across all territories and provinces. This set-up could suffice if students in Canada were getting approximately the same sex-ed regardless of what province they live in with a framework built on strong incentives to adhere to our national guidelines for sexual health education.¹⁹ Unfortunately, we have found that this is not the case.

In each province and territory, the basic curriculum is defined by the Ministry of Education. The curriculum is a collection of documents outlining what students are expected to know, understand, and be able to do in each subject and grade. While each provincial ministry determines what students need to learn in their curriculum, teachers use their professional judgement to determine how students achieve the learning outcomes. In other words, those documents outline the educational goals, as well as what are the mandated topics that must be taught in classrooms and when they should be introduced. They are the baseline teachers work with.

Right now, all provincial and territorial sex-ed curricula are different in several important ways.

First, all territorial/provincial health education curricula were drafted in different years without any specific stated

¹⁹ SIECCAN. (2019). *The Canadian Guidelines for Sexual Health Education*. Retrieved from: <http://sieccan.org/wp-content/uploads/2019/08/Canadian-Guidelines-for-Sexual-Health-Education.pdf>.

requirements or suggested dates for renewal. Years of publication range from 1995 for some parts of the Prince Edward Island (PEI), Newfoundland, and the Northwest Territories curricula to now for the three most recent curricula, which include British Columbia (BC), where a full update was to be completed by 2020, some parts of both Newfoundland and Nova Scotia's curriculum which were last updated in 2015, Ontario's curriculum update in 2019, and a pilot program in Quebec rolled out in 2017. Alberta had scheduled a review and update by 2022, but it is now on hiatus and the province continues to use the 2002 curriculum.

This tells us that the majority of sex-ed curricula are quite outdated, as most were written in between 2000 and 2012.

Many provinces have developed additional lessons plans and resources in an effort to improve and update content, even if the provincial curriculum is older. For example, Alberta completed its last full update in 2002, but created additional lesson plans in 2015 and consent lesson plans in 2017. Similarly, BC's Ministry of Education endorsed SOGI 123, a separate, stand-alone resource developed to support teachers in implementing ministry mandated policies to create safer learning environments for LGBTQ+ students.²⁰ Saskatchewan²¹ and Manitoba²² have similar resources for teachers to support LGBTQ+ students.

While we should celebrate these additions, most of the curricula themselves don't have learning goals, pedagogies, guiding principles, or approaches that are rooted in contemporary evidence or that reflect today's world. While a more recent curriculum doesn't necessarily have higher quality content, some of provincial and territorial curricula are so outdated they don't

mention basic parts of everyday life, like cell phones and social media.

Second, they are not all housed under the same title. In five territories and provinces—BC (and Yukon), Manitoba, Ontario, and New Brunswick's grade 9/10 curriculum—health education is combined with physical education, while these are entirely different subjects in other provinces and territories. Stand-alone health education curricula have a number of different names from Health and Life Skills (Alberta), Career and Life Management (Alberta), Life Transitions (Saskatchewan), Wellness (Saskatchewan, New Brunswick, and PEI), and Health Education (Saskatchewan, Newfoundland, and Nova Scotia). In some places like Quebec, sex-ed outcomes are integrated into vast subject areas. The territories use many curricula from neighbouring provinces, but also have resources of their own to complete sex-ed programming (like the Northwest Territories' School Health Program).

Third, the amount of time dedicated to those lessons and learning outcomes also vary across territories and provinces. A 2019 research paper published in the *Canadian Journal of Human Sexuality*²³ found that, for example, Ontario requires 30 minutes per week of health education instruction for all elementary grades, while Saskatchewan requires 80 minutes per week of health education for all elementary grades. The researchers note the lack of clarity that exists for teachers within territories and provinces with integrated instruction models. With these relatively new models, teachers are now required to teach what used to be stand-alone subjects, like health, science, or social studies, within expanded-upon language arts and mathematics instructional time.

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- ²⁰ British Columbia Ministry of Education. (2020). *Sexual Orientation and Gender Identity (SOGI)*. Retrieved from: <https://www2.gov.bc.ca/gov/content/erase/sogi>.
- ²¹ Saskatchewan Ministry of Education. (2015). *Deepening the Discussion: Gender and Sexual Diversity*. Retrieved from: <https://www.saskatchewan.ca/government/education-and-child-care-facility-administration/services-for-school-administrators/student-wellness-and-wellbeing/gender-and-sexual-diversity>.
- ²² Manitoba Ministry of Education. (2017). *Supporting Transgender and Gender Diverse Students in Manitoba Schools*. Retrieved from: https://www.edu.gov.mb.ca/k12/docs/support/transgender/full_doc.pdf.
- ²³ Robinson, D. B., MacLaughlin, V., & Poole, J. (2019). Sexual health education outcomes within Canada's elementary health education curricula: A summary and analysis. *The Canadian Journal of Human Sexuality*, 28(3), 243–256. Retrieved from: <https://www.utpjournals.press/doi/full/10.3138/cjhs.2018-0036>.

In Nova Scotia, for example, teachers are expected to teach Integrated Learning for 200 to 240 minutes per week. This time is meant for explicit subject instruction in health, information communication technology, science, social studies, [and] visual arts.²⁴ It is similar for Quebec, where the Ministry of Education implemented “compulsory” content in sexuality education in 2017–2018. Sections 461 and 85 of the *Quebec Education Act* refer to “activities or content” to be integrated into the broad areas of learning. Clearly, in these provinces, sex-ed must compete with a lot of other content to get an adequate allotment of instructional time.

It is also important to note that these curricula and educational mandates are implemented within a large number of publicly funded school jurisdictions. These publicly funded schools are then further broken down into categories that include English- and French-language secular and Catholic schools, as well as federally funded First Nations education systems, and lastly, charter and private schools. Publicly funded charter schools must adopt territorial/provincial curricula, while private schools may or may not.

As there is no common curriculum in Canada, there are likewise no curriculum outcomes related to knowledge, skills, and attitudes around sexual health and wellness that all students are meant to acquire. The 2019 study on sex-ed outcomes within Canada’s elementary health education curricula found that, beyond just looking at variations in topics included in curriculum documents, there is no common curriculum structure for outcomes. For example, some territories and provinces have general curriculum outcomes (GCOs) and subset SCO (e.g., BC and Ontario), while others have GCOs, SCOs, and subset indicators (e.g., Saskatchewan and Nova Scotia).²⁵

The researchers found substantial differences across curriculum documents, particularly when it comes to the extraordinarily high variation in the number of SCOs/indicators within each. While almost one quarter of Canada’s health education outcomes may be related to sexual health, there are some regional outliers at both

ends, ranging from 46% of all health education outcomes to as low as 12%.²⁶ This means that, of the little time dedicated to health education, only a fraction of it is for sexual health outcomes on average.

Themes found throughout health education documents varied in each province. Only two health curricula currently have streams specifically about sexual health: Human Development and Sexual Health in Ontario; Human Sexuality and Physical Growth and Development in Newfoundland and Labrador for Grades 4 to 6. In most of them, sexual health outcomes are found in streams about wellness, relationships, growth and development, lifestyles, and mental health.

In sum, what we are dealing with is a patchwork of very different curricula and approaches. If these curricula all met the highest standards and best practices in their own way, Canada could claim that students in all classrooms, regardless of location, had equitable access to high quality sex-ed—but that isn’t our current reality.

TOPICS COVERED FROM PROVINCE TO PROVINCE: A CHECKLIST

To better understand what takes place in Canadian classrooms, Action Canada scanned provincial and territorial sex-ed curricula to read and analyse the ‘sex-ed’ components of each of them.

Of course, what is found in a mandated curriculum does not present a full picture of student experience. A curriculum is a set of documents, but it is brought to life by teachers and instructors. Teachers bring context to the curriculum as they interpret and implement it—their knowledge of their students, schools, and communities informs their professional practice. Different teachers have different approaches, sets of expertise, levels of knowledge, and access to training and professional development. Also, curriculum objectives can be flexible enough to leave room to meet learning needs and accommodate context.

²⁴ Nova Scotia Department of Education and Early Childhood Development. (2015). *Learning Outcomes Framework: primary to grade 6*. Retrieved from: <https://www.ednet.ns.ca/files/curriculum/P-6LOFs-Oct1-2015.pdf>.

²⁵ *Supra* note 23.

²⁶ *Ibid.*

The lack of standardized testing, monitoring, and evaluation of sex-ed means that we don't get as much information about what ends up being taught (or not) when teachers don't feel comfortable with the subject. However, the curriculum does show the baseline of what classroom teachers are accountable for.

While 'inconsistency' might be what defines the Canadian landscape of sex-ed curricula, there are some similarities province to province in terms of what is covered. For instance, healthy relationships and puberty are topics that are present in almost every curriculum and in most of them, these topics are covered in relative depth. Safer sex and media literacy are covered in most curricula, but to greater or lesser degrees, sometimes with zero applicability to the realities, lives, and experiences of contemporary youth (e.g., media literacy that does not include content on social media). There is also consistency in which topics are not covered in the various curricula—these topics range from ones steeped in controversy (gender identity and expression, sexual orientation, abortion, and pleasure) to ones where there seems to be more public consensus on (consent and sexuality/relationships in a digital age).

Our first step was to do a topic audit to understand what was included and what was missing in each province and territory to see if there were broad differences in terms of what students experience depending on where they live.

The range of topics covered in sex-ed curricula was inconsistent from province to province.

Additionally, even where we found mentions of a particular topic in a curriculum, for example, gender identity, it does not mean that the topic is adequately covered in a way that meets CSE standards. **This is reflected in the following checklist, with yellow checks indicating that while a topic is mentioned, its treatment lacked comprehensiveness both in depth and in scope, is not mandatory, or its framing may be problematic or inaccurate.**

The provincial/territorial checklists give us a glimpse into what is in each curriculum, at least on paper. The topics highlighted here are just a sample of what we should find in a comprehensive curriculum. The UNESCO technical guidance document and the *2019 Canadian Guidelines*

both include specific content recommendations, as well as theoretical framework proposals so that teachers might be enabled to provide quality, age-relevant sexual health education. The UNESCO document presents eight key concepts and 27 specific topics as critical to offering a comprehensive sexual health education. Right now, **there is no single province or territory which covers all of the topics necessary to bring their sex-ed in line with those international standards or the *Canadian Guidelines*.**

This was made evident in a review by sexual health educators from across the country who aim to develop resources that would support sex-ed alignment with the *Canadian Guidelines*:

“Over the past couple years, one of my biggest goals has been to create sex-ed lesson plans for teachers that align the Saskatchewan curricular outcomes with international best practice standards, and more specifically the *Canadian Guidelines for Sexual Health Education*. I thought it would be an easy way to facilitate more integration of this critical information in classrooms. What initially seemed like a simple task became increasingly challenging once I realized that the curricula lack important topics such as consent and contraceptives, and do not broach crucial conversations around faith, disability, or substance use. In Saskatchewan, the health curriculum has not been updated since 2009. In the decade since its release, the world young people live in has changed drastically. The increasing popularity of social media and the availability of online pornography has created a challenging landscape for parents, educators, and more importantly, young people themselves to navigate. The current curricula do not have all the pieces of this puzzle, so it is challenging to create cohesive lesson plans that introduce the right information, at the right time.

—Natalya Mason, sexual health educator,
Saskatoon, Saskatchewan

While we cannot evaluate what is and is not covered from school to school, this checklist of mandatory content does provide a starting point. Even on paper, we can see just how uneven sex-ed can be from province to province and understand why there is an urgent need for leadership on this subject which intimately touches the lives and impacts the health of all youth in Canada.

British Columbia

British Columbia is just completing the multi-year process of updating their entire education curriculum for all grades. The new mandated curriculum for Kindergarten (K) to Grade 9 was rolled out in the fall of 2016. The content for Grade 10 was introduced two years later, and the documents for Grade 11 and 12 came out in 2019.

As a part of the update, the sexual health components of the curriculum were moved from the Health and Career curriculum to Physical Health and Education curriculum.

The curriculum is a series of very broad, repetitive learning outcomes starting with Big Ideas, and then moving into more detail with Curricular Competencies, Content, and Elaboration sections.²⁷ Even though the content becomes more specific as it gets filtered through these sections, teachers are left to build comprehensive teaching plans with little detail. These broad, but mandatory, learning outcomes are the focus of this report along with mention of the few optional sample instructions provided alongside the curriculum documents.

INCLUDED CONTENT	YES ✓ OR NO ✗	IF YES, GRADE(S) TAUGHT
Consent	✓	Grades 4 to 7 (only mentioned in optional sample lessons created by Youth Co)
Pleasure and other positive aspects of sexuality	✗	
Sexual orientation	✓	Grade 4
Gender identity and expression	✗	
How to prevent gender-based violence, including slut shaming, sexist harassment, homophobia and transphobia, and sexual violence	✓	Grade 4
Healthy Relationships	✓	Kindergarten to Grade 10
Sexuality and relationships in a digital age	✗	
Media literacy	✓	Grades 4, 8, and 10
Puberty	✓	Grade 4
All pregnancy options	✗	
Bodies and sexual function	✓	Kindergarten to Grade 1
Safer sex	✓	Grades 6 to 10 (Most of the content is in an optional sample instruction about STI prevention and testing created by YouthCo.)
Health information that is relevant to people who have a diversity of identities, experiences, and bodies	✗	

²⁷ British Columbia Ministry of Education. (2020). *BC's New Curriculum: Curriculum Overview*. Retrieved from: <https://curriculum.gov.bc.ca/curriculum/overview>.

Alberta

The sex-ed curriculum currently taught in Alberta was last updated in 2002. Sex-ed is located within the Health and Life Skills (K to 9)²⁸ and Career and Life Management (senior high school)²⁹ curriculums. Most sexual health topics are located within a sub-section of these curriculums called Human Sexuality Education, but there are some outcomes located in other sections of the curriculum that relate to sexual health (e.g., healthy

relationships). While both the Health and Life Skills and Career and Life Management curriculums are mandatory, it is made very clear throughout the curriculum that parents can opt their kids out of the Human Sexuality Education component. The focus of this report is the Health and Life Skills and Career and Life Management curriculums, as well as the Teachers' Guide to Implementation (K to 9).³⁰

INCLUDED CONTENT	YES ✓ OR NO X	
	IF YES, GRADE(S) TAUGHT	
Consent	✓	Grade 7
Pleasure and other positive aspects of sexuality	✗	
Sexual orientation	✗	
Gender identity and expression	✗	
How to prevent gender-based violence, including slut shaming, sexist harassment, homophobia and transphobia, and sexual violence	✓	Grades 7 and 8
Healthy Relationships	✓	Kindergarten to Grade 12
Sexuality and relationships in a digital age	✗	
Media literacy	✓	Grade 4
Puberty	✓	Grade 4
All pregnancy options	✗	
Bodies and sexual function	✓	Grade 5
Safer sex	✓	Grades 8 and 9
Health information that is relevant to people who have a diversity of identities, experiences, and bodies	✗	

²⁸ Alberta Education Ministry. (2002). *Health and Life Skills (K-9)*. Retrieved from: <https://education.alberta.ca/media/160196/health.pdf>.

²⁹ Alberta Education Ministry. (2002). *Career and Life Management (senior high school)*. Retrieved from: <https://education.alberta.ca/media/160199/calm.pdf>.

³⁰ Alberta Education Ministry. (2002). *Health and Life Skills Teacher Implementation Guide (K-9)*. Retrieved from: <https://open.alberta.ca/dataset/cc3326f-fac7-4d23-84f9-6174c68744e5/resource/694961ad-723b-4498-aa4d-f0536c946cdc/download/26112732002-kindergarten-to-grade-9-health-and-life-skills-guide-to-implementation.pdf>.

Saskatchewan

The Saskatchewan curriculum was updated between 2009 and 2012. Grades 1 to 5 were updated in 2010, Grades 6 to 9 in 2009 and Grade 10 in 2012. The sex-ed outcomes for Grades 1 to 9 are housed under the Health Education curriculum.³¹ In Grade 10, sex-ed outcomes are part of Wellness 10.³² In senior high school, there is an optional course that students can take called Life Transitions.³³ This was last updated in the 1996 and although has some outcomes related to sex-ed (like preventing dating violence) was not part of our assessment because it is an optional course.

While nurses used to teach sex-ed in Saskatchewan schools, sex-ed is now taught by teachers, something that appears to be enforced by teachers' unions. All the outcomes within health education (Grade 1 to 9) are mandatory, but in Grade 10, some outcomes are optional. Teachers also may use *Deepening the Discussion*, an optional resource aimed at helping them make their classrooms safer for LGBTQ+ students.³⁴ As this is a comprehensive document where much of the information relevant to queer and trans students is housed, we have noted it on the checklist, though it is not mandatory.

INCLUDED CONTENT	YES ✓ OR NO X	IF YES, GRADE(S) TAUGHT
Consent	X	
Pleasure and other positive aspects of sexuality	X	
Sexual orientation	✓	Grades 3, 6, and 9 <i>Deepening the Discussion</i> (optional teaching resource)
Gender identity and expression	✓	<i>Deepening the Discussion</i> (optional teaching resource)
How to prevent gender-based violence, including slut shaming, sexist harassment, homophobia and transphobia, and sexual violence	✓	Grades 3 and 9 <i>Deepening the Discussion</i> (optional teaching resource)
Healthy Relationships	✓	Grades 1 to 10
Sexuality and relationships in a digital age	X	
Media literacy	✓	Grades 5 and 9
Puberty	✓	Grade 5
All pregnancy options	X	
Bodies and sexual function (including names for body parts and reproduction)	X	
Safer sex (including topics like STIs, condoms and other safer sex methods, and contraception options)	✓	Grade 6
Health information that is relevant to people who have a diversity of identities, experiences, and bodies	✓	Grades 5 and 6

³¹ Saskatchewan Ministry of Education. (2009). *Health Education*. Retrieved from: https://www.curriculum.gov.sk.ca/bbcswebdav/library/curricula/English/Health_Education/Health_Education_9_2009.pdf.

³² Saskatchewan Ministry of Education. (2012). *Wellness 10*. Retrieved from: https://www.curriculum.gov.sk.ca/bbcswebdav/library/curricula/English/Physical_Education/Wellness_10_2012.pdf.

³³ Saskatchewan Ministry of Education. (1996). *Life Transitions*. Retrieved from: https://www.edonline.sk.ca/bbcswebdav/library/curricula/English/Practical_And_Applied_Arts/Life_Transitions_20_30_1996.pdf.

³⁴ *Supra* note 21.

Manitoba

The current sex-ed curriculum is taught within Physical and Health Education courses, under which the outcomes from K to Grade 10 are mandatory. The last full update to Manitoba's Physical and Health Education curriculum was in 2000,³⁵ but in 2005, the Government of Manitoba created a *Human Sexuality* resource for Grades 9 and 10.³⁶ In 2009, the government updated the Grade 12 Physical Health and Education course to include sexual health content.³⁷

The most updated document is a 2017 teaching resource created to support trans and gender diverse students.³⁸ Sexual orientation and gender identity are featured at length in the document, but this document is not part of the curriculum, nor is it mandatory. The focus of the checklist is the Physical Health Education curriculums updated between 2000 and 2009.

INCLUDED CONTENT	YES ✓ OR NO ✗	
	IF YES, GRADE(S) TAUGHT	
Consent	✓	Grades 3, 5, 9, and 12
Pleasure and other positive aspects of sexuality	✗	
Sexual orientation	✗	
Gender identity and expression	✗	
How to prevent gender-based violence, including slut shaming, sexist harassment, homophobia and transphobia, and sexual violence	✓	Grades 2, 3, and 5
Healthy Relationships	✓	Kindergarten to Grade 12
Sexuality and relationships in a digital age	✓	Grades 1, 3, and 5
Media literacy	✓	Grades 3, 5, 10, and 11
Puberty	✓	Grades 5, 6, and 7
All pregnancy options	✗	
Bodies and sexual function	✓	Kindergarten, Grades 5 and 7
Safer sex	✓	Grades 5, 7, 9, and 10
Health information that is relevant to people who have a diversity of identities, experiences, and bodies	✗	

³⁵ Manitoba Ministry of Education. (2000). *Physical and Health Education*. Retrieved from: <https://www.edu.gov.mb.ca/k12/cur/physhlth/curriculum.html>.

³⁶ Manitoba Ministry of Education. (2005). *Human Sexuality*. Retrieved from: https://www.edu.gov.mb.ca/k12/cur/physhlth/hs_s1-2/index.html.

³⁷ Manitoba Ministry of Education. (2009). *Grade 12 Active Healthy Lifestyles*. Retrieved from: https://www.edu.gov.mb.ca/k12/cur/physhlth/frame_found_gr12/full_document.pdf.

³⁸ *Supra* note 22.

Ontario

Until 2015, young people in Ontario were taught a sex-ed curriculum from 1998. An updated curriculum was rolled out in 2015, following a failed attempt in 2010 to modernize the sex-ed content. The 2010 document was pulled after a concerted campaign led by social conservative groups and individuals. In 2015, a version of the 2010 curriculum was re-introduced after extensive consultation, some amendments and a promise from the government to continue modernization.

The 2015 curriculum was taught from June 2015 until June 2018, when the newly elected government announced the repeal of the sex-ed curriculum and launched online consultations. Teachers were expected to use the outdated 1998 document for one year, after which a revised 2015 curriculum was re-introduced for Grades 1 to 8, now known

as the 2019 curriculum.³⁹ The high school curriculum being taught since 2019 is the 2015 “revised” version.⁴⁰

The Ontario sex-ed curriculum is housed in the Health and Physical Education (HPE) Curriculum and is delivered by classroom and physical education teachers. The curriculum houses its information by grade, with each grade being split into three sections: A) Active Living, B) Movement Competence: Skills, Concepts, and Strategies, and C) Healthy Living.

Sections A and B largely cover the physical education components of the curriculum. Section C on Healthy Living is where the sexual health education and other health-focused information is primarily found. This section is split into four subsections with the sex-ed components mostly falling under *Human Growth and Development*.

INCLUDED CONTENT	YES ✓ OR NO ✗		IF YES, GRADE(S) TAUGHT
Consent	✓		Grades 1 to 12
Pleasure and other positive aspects of sexuality	✓		Grades 6 and 9 (optional), 7 and 8
Sexual orientation	✓		Grades 5, 6, 8, and 9
Gender identity and expression	✓		Grades 8 and 9
How to prevent gender-based violence, including slut shaming, sexist harassment, homophobia and transphobia, and sexual violence	✓		Grades 4 (optional), 6, 8, and 9
Healthy Relationships	✓		Grades 1 to 12
Sexuality and relationships in a digital age (including info on social media, prevention of cyberbullying, and safer sexting)	✓		Grades 4 and 9
Media literacy (including info on new media and porn in later grades)	✓		Grades 3 to 6, 9, and 12
Puberty	✓		Grades 4 to 7
All pregnancy options (including abortion)	✗		
Bodies and sexual function (including names for body parts and reproduction)	✓		Grades 1 and 5
Safer sex (including topics like STIs, condoms and other safer sex methods, and contraception options)	✓		Grades 7 to 12
Health information that is relevant to people who have a diversity of identities, experiences, and bodies	✓		Elementary and high school

³⁹ Ontario Ministry of Education. (2019). *Health and Physical Education 1–8*. Retrieved from: <http://www.edu.gov.on.ca/eng/curriculum/elementary/2019-health-physical-education-grades-1to8.pdf>.

⁴⁰ Ontario Ministry of Education. (2015). *Health and Physical Education 9–12*. Retrieved from: <http://www.edu.gov.on.ca/eng/curriculum/secondary/health9to12.pdf>.

Quebec

**Our partners at the Federation du Québec pour le Planning des Naissances (FQPN) as well as researcher Julie Descheneaux prepared a report on the state of sex-ed in Quebec. FQPN is the convener of the Coalition for Sexuality Education in Quebec, a group of sexologists, sexual health educators, advocacy groups, health care providers, community-based organizations, and other stakeholders who advocate for high quality, transformative sex-ed in their province. The following content are excerpts from their full report which can be found on our website.*

In the fall of 2018, the Université du Québec à Montreal and the Fédération du Québec pour le Planning des Naissances also launched their research report ‘Promoting sex-ed programs that are positive, inclusive and emancipatory’. 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. Many of the key findings confirm what other studies say about what young people want and need and has informed their advocacy work in Quebec.

Their report helps us understand the new developments in Quebec:

In 1986, the first official sexuality education program was implemented in Quebec as part of the Personal and Social Development (PSD) course.

The PDS course was eliminated in the wake of the Pedagogical Renewal of the early 2000s. Issues related to personal and social life became cross-curricular, as opposed to being taught within a single course/subject. Sexuality education became non-compulsory as the reform was implemented, i.e., in 2000 in elementary schools, and in 2005 in secondary schools. Teachers were asked to continue to provide sexuality education, but everyone was now responsible for it and no one was assigned overall responsibility.

The Quebec Education Program (QEP) integrated sexuality education into the “Health and Well-being” broad area of learning, targeting the development of students’

world-view, as well as their identity construction and empowerment. Subject areas (traditionally referred to as disciplines) retained some compulsory content on human sexuality. Instruction in science and technology, for example, dealt with human biology, reproduction, contraception and STBBIs.

With this largely voluntary sexuality education policy, there were limited incentives to help schools identify people willing to deliver sexuality education. Underfunding prevented the adequate implementation of sexuality education in this form.

Two petitions were circulated in 2010, and another in 2014, calling for the reinstatement of sexuality education courses. These petitions argued that if everyone is expected to provide sexuality education in schools, no one really feels responsible for doing so. In 2012, an internal survey conducted by the Quebec Ministry of Education, Recreation and Sports (MELS) revealed that 80% of schools were only partially providing sexuality education. Young Quebecers were receiving patchy instruction, with no standardization of course quality.

Given the observed increase in STBBIs among young people, the Committee on Culture and Education, which was responsible for dealing with these petitions, recommended the reintroduction of compulsory sexuality education content for all elementary and secondary school students. Teachers in training should also take a course on sexuality education in order to be able to teach it. The government accepted the first recommendation but ignored the second.

In 2015, the implementation of a sexuality education pilot project marked the official return of such instruction for all students. Sexuality education was once again compulsory. However, the concepts learned in class are not evaluated in students’ report cards and are not integrated into a subject course. The MÉES (Ministry of Education and Higher Education) continues to implement sexuality education through the broad areas of learning; although for the first time, it is setting very specific learning objectives for students to guide this instruction.

The results were mixed for the 19 participating schools, notably because not all of the pedagogical activities were ready in time for the pilot project. Furthermore, the multitude of possible configurations is still a major challenge, given that the curriculum is taught by volunteers and depends on the resources available in each school and each school board.

Pilot project participants recommended that implementation became voluntary in the fall of 2017, and mandatory in the fall of 2018.

Here is the checklist of the topics included in the new mandated sex-ed curriculum:

INCLUDED CONTENT	YES ✓ OR NO ✗		IF YES, GRADE(S) TAUGHT
Consent	✓		Grades 1 to 3, 5, 8 to 10
Pleasure and other positive aspects of sexuality	✓		Grades 1 to 3, 6, 8, 9, and 11
Sexual orientation	✓		Kindergarten, Grades 6, 7, 9, and 10
Gender identity and expression	✓		Grades 1, 3, 4, and 7
How to prevent gender-based violence, including slut shaming, sexist harassment, homophobia and transphobia, and sexual violence	✓		Grades 1, 3 to 6, and 8 to 10
Healthy Relationships	✓		Grades 2, 4, and 6 to 11
Sexuality and relationships in a digital age (including info on social media, prevention of cyberbullying, and safer sexting)	✓		Grades 3, 5, 9, and 10
Media literacy (including info on new media and porn in later grades)	✓		Grades 3, and 6 to 10
Puberty	✓		Grades 4 to 7
All pregnancy options (including abortion)	✓		Grades 8, 10, and 11
Bodies and sexual function (including names for body parts and reproduction)	✓		Kindergarten, Grades 1, 2, 4, 5, and 7
Safer sex (including topics like STIs, condoms and other safer sex methods, and contraception options)	✓		Grades 8 to 11
Health information that is relevant to people who have a diversity of identities, experiences, and bodies	✗		

New Brunswick

New Brunswick's sex-ed is housed within the Personal Wellness (Grades 3 to 5),⁴¹ Health Studies (Grades 6 to 8)⁴² and Physical Education and Health (Grades 9 and 10)⁴³ curriculums. The Grade 9/10 curriculum was updated in 2007; Grades 6 to 8 in 2005; and most recently, the Grades 3 to 5 curricula in 2016. Every curriculum has optional teaching resources and student activities, but while these are included within the curriculum, they are not part of the mandatory learning outcomes. Everything within the curriculum has been included in this report, but

distinctions are made between optional and mandatory components in the table below. All the outcomes in the curriculum are mandatory, but the appendices and activities provided to go along with each outcome are optional. It is likely that teachers use what is provided within the curriculum, especially since the activities are clearly linked to specific outcomes and that, in Grades 6 through 10, they are provided within the documents as appendices.

INCLUDED CONTENT	YES ✓ OR NO X	IF YES, GRADE(S) TAUGHT
Consent	✓	Grade 4 and Grade 6 (optional teaching resource)
Pleasure and other positive aspects of sexuality	✓	Grade 6 (optional activities for students)
Sexual orientation	✓	Grades 3, 4, and 8
Gender identity and expression	✓	Grades 3 and 4
How to prevent gender-based violence, including slut shaming, sexist harassment, homophobia and transphobia, and sexual violence	✓	Grades 4 and 6
Healthy Relationships	✓	Grade 4
Sexuality and relationships in a digital age	✓	Grades 3 and 4
Media literacy	✓	Grades 6 and 8
Puberty	✓	Grade 4
All pregnancy options	✓	Grade 8
Bodies and sexual function	✓	Grades 5 and 7
Safer sex	✓	Grade 8
Health information that is relevant to people who have a diversity of identities, experiences, and bodies	X	

⁴¹ New Brunswick Ministry of Education. (2016). *Personal Wellness (Grades 3–5)*. Retrieved from: <https://www2.gnb.ca/content/dam/gnb/Departments/ed/pdf/K12/curric/Health-PhysicalEducation/PersonalWellness3-5.pdf>.

⁴² New Brunswick Ministry of Education. (2005). *Health Studies (Grades 6, 7, 8)*. Retrieved from: <https://www2.gnb.ca/content/dam/gnb/Departments/ed/pdf/K12/curric/Health-PhysicalEducation/Health-Grade6.pdf>.
<https://www2.gnb.ca/content/dam/gnb/Departments/ed/pdf/K12/curric/Health-PhysicalEducation/Health-Grade7.pdf>.
<https://www2.gnb.ca/content/dam/gnb/Departments/ed/pdf/K12/curric/Health-PhysicalEducation/Health-Grade8.pdf>.

⁴³ New Brunswick Ministry of Education. (2007). *Physical Education and Health (Grade 9/10)*. Retrieved from: <https://www2.gnb.ca/content/dam/gnb/Departments/ed/pdf/K12/curric/Health-PhysicalEducation/PhysicalEducationAndHealth-Grade9-10.pdf>.

Nova Scotia

The Nova Scotia curriculum appears to be going through ongoing review process with documents receiving periodic updates. Each document states that they are “regularly under revision” and instructs users to check online for the revisions, making this challenging to access.⁴⁴ These documents are part of a government website that is only accessible to those within the education system.

Overall, the documents have been updated in recent years: Grades 7 to 9 in 2014 and Grades 1 to 6 in 2015. Many of the sexual health outcomes can be found within the Health Education outcomes, which are in the same document as all of the other subjects (like math, science, and social studies). There are also a few tangentially sex-ed related outcomes found within social studies and information communication and technology studies. However, there are no sex-ed outcomes outside of health education that are explicitly about sexuality and sexual health. Rather, those outcomes focus on how to keep your personal

information safe online, learning how to navigate emotions, and appreciating cultural diversity. According to *Nova Scotia’s Action Plan for Education 2015*, in Grades 1 to 3 all content that falls outside of the mathematics and language arts outcomes will be “streamlined” into these two main subjects, meaning health education is to be taught as part of language arts and math.⁴⁵

Outside of the curriculum, the department of education’s website features pamphlets as sexual health resources for students, teachers, and parents. Two resources added in 2016 include one for elementary aged students called *Growing Up OK!* that focuses on puberty and one for older students called *Sex? A Healthy Sexuality Resource* that focuses on safer sex, contraception, sexual orientation and gender identity, and sexual consent.⁴⁶ This second resource is given to every student in Grade 7. All of the outcomes within the curriculum documents are mandatory with exceptions for streamlining noted above.

INCLUDED CONTENT	YES ✓ OR NO ✗	IF YES, GRADE(S) TAUGHT
Consent	✗	
Pleasure and other positive aspects of sexuality	✗	
Sexual orientation	✓	Grades 1 to 3, 5, 7, and 8
Gender identity and expression	✓	Grades 4 and 8
How to prevent gender-based violence, including slut shaming, sexist harassment, homophobia and transphobia, and sexual violence	✓	Grades 5 and 8
Healthy Relationships	✓	Grades 1 to 9
Sexuality and relationships in a digital age (including info on social media, prevention of cyberbullying, and safer sexting)	✓	Grade 8
Media literacy (including info on new media and porn)	✓	Grades 5, 8, and 9
Puberty	✓	Grades 4 to 6
All pregnancy options (including abortion)	✓	Grade 8
Bodies and sexual function (including names for body parts and reproduction)	✓	Grades 1, 5, and 7

⁴⁴ *Supra* note 24.

⁴⁵ *Ibid.*

⁴⁶ Nova Scotia Department of Health and Wellness. (2016). *Growing Up OK! And Sex? A Healthy Sexuality Resource*. Retrieved from: <https://novascotia.ca/dhw/healthy-development/sexual-health.asp>.

Safer sex (including topics like STIs, condoms and other safer sex methods, and contraception options)	✓	Grades 5 to 7
Health information that is relevant to people who have a diversity of identities, experiences, and bodies	✗	

Prince Edward Island

The curriculum was last updated between 2006 and 2009: Grades 1 to 3 were updated in 2006, Grades 4 to 6 in 2009, and Grades 7 to 9 in 2007. The documents and activities are adapted from the Alberta's 2002 curriculum. The curriculum is housed within Health Education.⁴⁷ In addition to Health Education, high school students can take Wellness 10⁴⁸ (adapted from Saskatchewan's curriculum and updated in 2014) and Family Life⁴⁹ (updated in 1995) as optional electives. The sexual health outcomes are found in Health Education; Wellness 10; and Family Life (Grade 10). In Health Education, the mandatory sexual health outcomes are located throughout three curriculum sections: Wellness Choices; Relationship Choices; and Life Learning Choices. The

outcomes in Health Education (Grades 1 to 9) are mandated. The curriculum also includes optional activities. This means that while some teachers may be using more updated, supplementary teaching resources to introduce contemporary concepts like consent education, the mandatory content contains very outdated, regressive views on sexuality. The result is that some of the concepts presented in sex-ed classes are so different from each other that it leaves students confused and having to contend with conflicting messages.

Parents can opt their kids out of sexual health outcomes and schools are supposed to provide alternative delivery if that occurs.

INCLUDED CONTENT	YES ✓ OR NO ✗	IF YES, GRADE(S) TAUGHT
Consent	✓	Grade 7 with Grade 10 (Family Studies)
Pleasure and other positive aspects of sexuality	✗	
Sexual orientation	✓	Grades 3 and 8
Gender identity and expression	✗	
How to prevent gender-based violence, including slut shaming, sexist harassment, homophobia and transphobia, and sexual violence	✓	Grades 7 to 9
Healthy Relationships	✓	Grade 1 to 12, with Grade 10 (family studies)
Sexuality and relationships in a digital age (including info on social media, prevention of cyberbullying, and safer sexting)	✗	
Media literacy (including info on new media and porn)	✓	Grade 7
Puberty	✓	Grades 6 to 9
All pregnancy options (including abortion)	✓	Grade 9 (abortion is part of optional activity)
Bodies and sexual function (including names for body parts and reproduction)	✓	Grade 6, similar info up to and including grade 9 with Grade 10 (Family Studies)
Safer sex (including topics like STIs, condoms and other safer sex methods, and contraception options)	✓	Grade 6 (up to Grade 9)
Health information that is relevant to people who have a diversity of identities, experiences, and bodies	✗	

⁴⁷ Prince Edward Island Ministry of Education. (2006 to 2009). *Health Education (Grades 1 to 9)*. Retrieved from: <https://www.princeedwardisland.ca/en/information/education-early-learning-and-culture/health-curriculum>.

⁴⁸ Prince Edward Island Ministry of Education. (2014). *Wellness 10*. Retrieved from: http://www.gov.pe.ca/photos/original/eecd_PED401A.pdf.

⁴⁹ Prince Edward Island Ministry of Education. (1995). *Family Life*. Retrieved from: https://www.princeedwardisland.ca/sites/default/files/publications/eelc_fam421a_0.pdf.

Newfoundland and Labrador

The provincial curriculum is a patchwork of documents that were updated at different times—for example, Grade 1 was updated in 2010, Grade 2 in 2011, Grade 3 in 2015, and Grade 9 in 2008. It is unclear when Grades 4 to 8 were last updated, but documents found online reference the early 1990s. The curriculum is housed within Health Education.⁵⁰ Within the elementary non-updated curriculum, the sex-ed related outcomes can mostly be found in two sections: Relationships and Physical Growth and Development. Within the intermediate non-updated

curriculum, sex-ed can be found in the Human Sexuality, Adolescence: Relationships & Sexuality, Emotional & Social Well-being, and Relationships sections. In the updated Grades 1 to 3 curriculum, there is no sex-ed specific section, but sex-ed related content can be found throughout the units organized by: All About Me and All Around Me. In the Grade 9 document, Human Sexuality is the entire unit 3. The outcomes in Health Education for Grades 1 to 9 are mandated.

INCLUDED CONTENT	YES ✓ OR NO ✗	
	IF YES, GRADE(S) TAUGHT	
Consent	✗	
Pleasure and other positive aspects of sexuality	✗	
Sexual orientation	✓	Grade 9
Gender identity and expression	✗	
How to prevent gender-based violence, including slut shaming, sexist harassment, homophobia and transphobia, and sexual violence	✓	Grades 2, 6, 8, and 9
Healthy Relationships	✓	Grades 1 to 9
Sexuality and relationships in a digital age (including info on social media, prevention of cyberbullying, and safer sexting)	✗	
Media literacy (including info on new media and porn)	✓	Grades 2, 3, and 9
Puberty	✓	Grades 1 to 6, and 9
All pregnancy options (including abortion)	✗	
Bodies and sexual function (including names for body parts and reproduction)	✓	Grades 2, and 7 to 9
Safer sex (including topics like STIs, condoms and other safer sex methods, and contraception options)	✓	Grades 7 to 9
Health information that is relevant to people who have a diversity of identities, experiences, and bodies	✗	

⁵⁰ Newfoundland Department of Education and Early Childhood Development. *Health Curriculum Guides*. Retrieved from: <https://www.gov.nl.ca/eedc/k12/curriculum/guides/health/>.

Northwest Territories

Although we have included a content audit of the Northwest Territories' 1995 health curriculum, the territory has also been using Alberta's curriculum since the late 1970s.⁵¹ It is unclear how the Northwest Territories uses the Alberta curriculum compared to their own health curriculum. The curriculum is currently housed under School Health Program for Grades 1 to 9.⁵² The Human Sexuality outcomes are found within three different units: Mental and Emotional Well-Being; Growth and Development; and Family Life—with most outcomes concentrated in the Family Life sections.

Currently, sexual education is being taught in schools by teachers. In the 1995 curriculum, each component has resource suggestions for teachers, though it is unclear if these resources are used, contain up-to-date content, or if they are available to teachers. In addition to teachers, FOXY is one of the main organizations providing external sexual health education in the territory. They provide schools with the opportunity to host a FOXY workshop⁵³ that uses visual and performative art to discuss sexual health, healthy relationships, and positive life choices.

INCLUDED CONTENT	YES ✓ OR NO ✕	IF YES, GRADE(S) TAUGHT
Consent	✕	
Pleasure and other positive aspects of sexuality	✕	
Sexual orientation	✕	
Gender identity and expression	✕	
How to prevent gender-based violence, including slut shaming, sexist harassment, homophobia and transphobia, and sexual violence	✓	Grades 1 to 7, and 9
Healthy Relationships	✓	Grades 1 to 5
Sexuality and relationships in a digital age (including info on social media, prevention of cyberbullying, and safer sexting)	✕	
Media literacy (including info on new media and porn)	✕	
Puberty	✓	Grades 4 to 6
All pregnancy options (including abortion)	✕	
Bodies and sexual function (including names for body parts and reproduction)	✓	Grades 2 to 7
Safer sex (including topics like STIs, condoms and other safer sex methods, and contraception options)		Grade 6 to 8
Health information that is relevant to people who have a diversity of identities, experiences, and bodies	✕	

⁵¹ French, J. (2016). Northwest Territories, Nunavut to have input in Alberta's K–12 curriculum re-design. Retrieved from *The Edmonton Journal*: <https://edmontonjournal.com/news/local-news/northwest-territories-nunavut-to-have-input-in-albertas-k-12-curriculum-redesign>.

⁵² Northwest Territories Ministry of Education, Culture and Employment. (1995). *School Health Program*. Retrieved from: <https://www.ece.gov.nt.ca/en/services/curriculum-and-school-list/health-studies>.

⁵³ More information can be found at: <https://arcticfoxy.com/workshops/>.

Yukon and Nunavut

According to the Yukon's Ministry of Education website, Yukon uses BC's health education curriculum with a few programmatic additions, including Indigenous ways of knowing,⁵⁴ a focus on consent (2016), gender identity, and sexual orientation (2012), and teaching sexual health to people with intellectual disabilities. Nunavut uses the Northwest Territories' health education curriculum and Alberta's physical education curriculum, which are the approved curriculums listed on Nunavut's Ministry of Education website.⁵⁵ A sexual education pilot more reflective of Inuit language and culture was created in the fall of 2015 in partnership with Nunavut school boards and public health;⁵⁶ however, it is unclear where this pilot curriculum is housed or if it has been scaled up since 2015. As a result, it has not been included in this review.

The Catholic School System

Catholic schools form the single largest system in Canada offering education with a religious component. Currently, five of the 13 provinces and territories allow taxpayer funded faith-based (Catholic) school boards: Alberta, Ontario, Saskatchewan,⁵⁷ Northwest Territories,⁵⁸ and Yukon⁵⁹ (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, and often offer health information filtered and editorialized through a Catholic moral lens. Students in Catholic schools are taught the *Fully Alive* curriculum, a Family Life Education program sponsored by regional Assemblies of Catholic Bishops in Canada.

“It was heavily skewed towards the negative outcomes. In one presentation, I learned that “sex is like fire—it’s dangerous and should be handled with caution at all times.”

Youth participant from Kitchener/Waterloo

Catholic Family Life Education is closely associated with religious education. For example, in Ontario Catholic schools, it accounts for 20% of the Religious Education program, and is usually taught once a week.

Family Life Education, as it is represented in *Fully Alive*, is intended to pass on a distinctively Catholic view of human life, sexuality, marriage, and family. Its goal is to complement the efforts of families and to support what parents are doing at home. The entire program, from Grades 1 through 8 is designed to encourage children to “become the people God wants them to be”.⁶⁰ This means that a significant number of young people in Canada receive sex-ed that is not based on evidence and best practices but instead, on distinct religious views on sexuality, gender, and relationships.

A NOTE ON FAITH AND SEX-ED

Some people argue that sex-ed is not compatible with faith or that it is inevitable that sexual health education conflicts with the worldview of religious people and communities. It doesn't have to.

⁵⁴ Yukon Government. *Learn About Yukon's School Curriculum*. Retrieved from: <https://yukon.ca/en/school-curriculum>.

⁵⁵ Nunavut Department of Education. (2016–2017). Nunavut Approved Curriculum and Teaching Resources. Retrieved from: https://www.gov.nu.ca/sites/default/files/2016-17_nunavut_approved_curriculum_and_teaching_resources_0.pdf.

⁵⁶ Rogers, S. (2015). Nunavut school board launches grade 5 sex-ed course. Retrieved from Nunatsiqa News: https://nunatsiqa.com/stories/article/65674nunavut_school_board_launches_sex_ed/.

⁵⁷ Fletcher, R., 2018. Why does Alberta still have a separate Catholic school system? Here's a 2-minute explanation. CBC, [online] Available at: <https://www.cbc.ca/news/canada/calgary/why-alberta-saskatchewan-ontario-have-separate-catholic-schools-1.4614462> (Accessed 1 March 2020).

⁵⁸ Government of Northwest Territories. “Childcare and Education.” Available at: <https://www.immigratenwt.ca/en/childcare-and-education>.

⁵⁹ Pehora, B., 2016. Publicly funded catholic schools a ‘political quagmire’ in Yukon. Northern Public Affairs. Available at: <http://www.northernpublicaffairs.ca/index/publicly-funded-catholic-schools-a-political-quagmire-in-yukon/>.

⁶⁰ Institute for Catholic Education. “Fully Alive—Family Life Education Program.” Available at: <https://iceont.ca/resources/parent-resources/fully-alive-family-life-education-program/> (Accessed 1 Mar 2020).



In my experience they focused on negative consequences—things like slut shaming, the negative consequences of having sex, the idea that every time you have sex you give a piece of you away and then less is left for the person you marry.

Youth participant from Kitchener/Waterloo



The vast majority of people can agree on the importance of young people's health and wellness. Parents across religious and political lines acknowledge the importance of children's sense of health and personal well-being. Good sex-ed requires educators to understand social and religious differences so they can provide inclusive and effective education that respect different worldviews and upholds everyone's human rights.

That's because more information on gender, relationships, sexuality, and sexual health does not undermine people's devotion to their faith or spirituality. Sex-ed is about giving 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. Having more information about our bodies, how it works, how to take care of our health, how to navigate healthy relationships and then building the skills to communicate effectively and assert boundaries can in fact make it easier to clarify how we want to live our lives and give us the power and clarity to live out that vision.

QUALITY OF CURRICULUM CONTENT

Is the sex-ed currently offered in Canada the kind that makes a difference? If we only looked at a checklist of topics, we would sell ourselves short in terms of ensuring that young people have access to the best possible sex-ed. The quality of the content, its comprehensiveness—both in depth and in scope—and the way it is delivered are all important.

To offer a deeper understanding of the sex-ed offered in Canadian classrooms beyond what topics can be found in each curriculum, Action Canada assessed the quality of the content as well as the larger 'story' that each of these curricula presented about sexual health and wellness.

To do so, we used the most up to date UNESCO technical guidance document, the revised *Canadian Guidelines*, and our own research into the latest reports, surveys, studies, and evidence available on the topic on what makes for an impactful sexual health education.

This helped us surface foundational, underlying assumptions that guided the content creation of curricula in Canada and the kind of educational experience they provide to young people.

Sex positivity and healthy sexuality

Sex-ed being about sexuality, it is key to understand how this idea is presented to young people. Many studies speak to the importance of presenting a balanced view of sexuality and relationships to young people. The *Canadian Guidelines* rounds up many of them in their section on "The Enhancement of Sexual Health and Well-being".⁶¹ We scanned the content of each document in our review to assess for sex positivity.



A lot of what they taught was how to avoid sex—instead of teaching all scenarios, like what if you did get pregnant? Yeah, you screwed up your life.

Youth participant from Kitchener/Waterloo



⁶¹ Sex Information and Education Council of Canada. "Sexual Health Education." Available at: <http://sieccan.org/sexual-health-education/>. (Accessed 2 March 2020).

Sex positivity upholds that sexuality (in its countless forms of expression) is a natural and healthy part of the human experience. At its core, it emphasizes the importance of personal sovereignty, safer sex practices, and consensual sex, free from violence or coercion.

The *Canadian Guidelines* state that one of the core principles of sexual health education is the incorporation of a balanced approach to sexual health promotion that includes the positive aspects of sexuality and relationships, as well as the



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 participant from Fredericton, New Brunswick



prevention of outcomes that can have a negative impact on sexual health and well-being. They argue that “an exclusive focus on the prevention of negative outcomes in sexual health education does not necessarily reduce negative outcomes. A prevention-only focus can result in a distorted view of human sexuality that emphasizes negativity and contributes to shame and stigma. Grounding sexual health education in an approach that combines both positive and relationship-enhancing aspects of human sexuality (e.g., having respectful and satisfying interpersonal relationships), along with the information and skills to prevent outcomes that can have a negative impact on sexual health and well-being (e.g., STIs), can empower people to protect and enhance their sexual health. A balanced approach to sexual health promotion incorporates both positive portrayals of sexuality and harm reduction strategies when necessary to reach program goals.”⁶²

We found that no curriculum in Canada could be described as sex positive.

Even the most updated curricula in Canada do not offer a balanced view of sexuality where potential risks are presented alongside the positive and pleasurable aspects of sexuality, intimacy, touch, and healthy relationships. This assessment mirrors the findings of the recent reports speaking to young people's experiences of sex-ed in Canada.

In the fall of 2018, the Université du Québec à Montreal and the Fédération du Québec pour le Planning des Naissances launched their research report *Promoting sex-ed programs that are positive, inclusive and emancipatory*. 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.

They found a clash between what adults who create sex-ed programs want and what young people being taught want. The adults want to protect young people against STIs, violence, cyber bullying, and sexual assault, etc. Young people—often not consulted in the creation of programs—want to know how sex and relationships work. They want explicit knowledge about how to have sex. They want to talk about relationships and emotions. They want to know how to break up with someone, how to tell someone they like them, and how to give their partner pleasure. STI prevention messaging is important, but if we don't answer the questions young people have, or even help them make the connection, the information doesn't always get through to them.

Most of the sex-ed young people get is focused on preventing the negative. Few educators talk about how sexuality can be positive, happy, comfortable, and empowering. Without a balance between the risks and the positives, we miss an opportunity to help shape a culture of consent and connect with curious and eager young people who want this important information and need it to live healthy lives.

⁶² *Ibid.*

When taken in their entirety, none of the curricula include the kind of information, framing, and skills building that would support students to develop a clear vision of what a healthy sexuality looks like and how to achieve it.

Instead, the way sex is portrayed in Canadian sex-ed curricula reveals the flaw in our thinking about youth and sex: we tend to equate it with problems and transgression. Much of the material present young people's sexual behaviours negatively, as a behavioural and moral failure. Even when sex-ed ventures beyond abstinence-only, it still focuses mostly on the negative aspects of sex, such as preventing STIs, and avoiding pregnancies and sexual violence. This leaves young people unprepared for caring, informed, and ethical sexual lives.

This negative view of sex has deep historical roots. But as human consciousness and culture evolve, our sex-ed must reflect that. We need this paradigm shift to develop the kind of sexuality education that is effective. Studies documenting young people's experiences of sex-ed, including a synthesis of 55 high-quality qualitative ones,⁶³ clearly state that focusing only on prevention of harms means we are missing out on speaking to what feels relevant to young people and on connecting with their views and experiences.

This is an important point to take in. Young people disengage from sources of information that do not match their own experiences.⁶⁴ While many young people see themselves as sexual beings (although they are not necessarily having sexual intercourse), the sex-ed they get does not reflect that.⁶⁵ Young people want to hear about sexual pleasure and the emotional aspects of sexuality. They want sex-ed to reflect their emotional and sexual

maturity, their autonomy, and for some, their sexual activity.⁶⁶ Many don't like the emphasis on abstinence, finding it unrealistic and contrary to their reality.⁶⁷

Right now, we see sex-ed in Canada offering a barebone picture of sexual health and wellness, since the learning objectives related to sexual behaviours and sexuality are either narrow or extremely vague, and key content is missing. In fact, in many instances, sex is barely mentioned, and one could conclude that sexual wellness is merely the absence of STIs.

“

You get to have sex to get pregnant or have sex to satisfy the guy. I don't remember talking about how a girl, you could feel pleasure during sex.

”

Youth participant from Kitchener/Waterloo

The body: empowerment through knowledge and healthy attitudes

Before talking about sex, sex positivity starts with building healthy attitudes around the body. Making sure that children learn about their bodies—including the correct names for their genitals—and about human reproduction and sexuality means that we teach them to understand their bodies, feel comfortable, and confident, and hopefully feel more at ease discussing their bodies and sexuality with trusted adults. Not only is it a crucial

⁶³ Pound, P., Langford, R. & Campbell, R. What do young people think about their school-based sex and relationship education? A qualitative synthesis of young people's views and experiences. *BMJ Open* (29 January 2016). Available at: <https://bmjopen.bmj.com/content/6/9/e011329>.

⁶⁴ McKee, A. Watson, A. & Dore, J. 'It's all scientific to me': focus group insights into why young people do not apply safe-sex knowledge. *Sex-education* (15 Oct 2013). Available at: <https://www.tandfonline.com/doi/abs/10.1080/14681811.2014.917622>.

⁶⁵ Allen, L. 'Pleasurable pedagogy': young people's ideas about teaching 'pleasure' in sexuality education. *Journal of the Academy of Social Sciences* (15 Oct 2007). Available at: <https://www.tandfonline.com/doi/abs/10.1080/17450140701631437>.

⁶⁶ Lester, C., Allan, A. Teenage sexual health needs: asking consumers. *Health Education*, Vol 106. (July 2006). Available at: <https://www.emerald.com/insight/content/doi/10.1108/09654280610673490/full/html>.

⁶⁷ DiCenso A, Borthwick VW, Busca CA, Creatura C, Holmes JA, Kalagian WF, Partington BM. Completing the picture: adolescents talk about what's missing in sexual health services. *Canadian Journal of Public Health*. (Jan 2001). Available at: <https://www.ncbi.nlm.nih.gov/pubmed/11257987?dopt=Abstract>.

intervention to protect against sexual abuse,⁶⁸ teaching proper names for all body parts also helps children develop a healthy, positive body image. It instills respect towards themselves and sexuality in general. It helps counter the sense of shame and taboo that can be built around our genitals and later on, desire, sexual pleasure, and sexuality generally.

While every curriculum (except for Saskatchewan) does include at least one learning outcome on naming “male and female private parts” or “internal and external reproductive organs”, most curricula begin this in Grade 4, 5, or 6 as a part of the puberty learning outcomes. Knowing how to name body parts (particularly genitalia) from a young age is one key piece of sexual abuse prevention. It is widely accepted and recommended that the earlier these teachings happens the better. Yet, it is only in BC, Ontario, Quebec, Nova Scotia, and Manitoba that the naming of genitalia starts in Kindergarten and Grade 1.

Even when curricula do include learning outcomes about anatomy and genitalia, it can dodge key aspects of a full education on puberty by avoiding explicit lessons on bodily changes and sexual development. For example, in Alberta’s Grade 4 program—which is when sex-ed starts—students are supposed to learn about how bodies change during puberty and what those changes mean in the context of sexuality. One of the outcomes is to “describe physical, emotional and social changes that occur during puberty.” To meet this outcome, the implementation manual instructs teachers to ask students to chart changes in “interests, abilities and emotions”, with no prompts to talk about sexual development. Sometimes, the tentativeness around teaching sexual health topics is made clear. For example, again in Alberta, in Grade 5, even though reproduction is the main sexual health learning outcome and some of the basic body parts are named (such as vagina and penis), the implementation guide recommends that actual locations or physical descriptions of anatomy be avoided as it is “difficult for children of this age to visualize these internal organs.”

Teaching anatomy is the foundation of many other key teachings like body positivity, bodily autonomy, safer sex, and violence prevention. Even where teachers are instructed to teach all anatomy, including genitalia, in most cases, the curriculum still lack materials that would clearly support educators to talk about bodily autonomy and body positivity. There seems to be a complete absence of explicit mentions of bodily autonomy and rights across the country.

“The guys get it better than us—they’re told ‘you’re gonna have a great time’! As girls, we get told ‘you’re gonna get pregnant AND chlamydia.’”

Youth participant from Kitchener/Waterloo

Let’s NOT talk about sex, baby

Effective sex-education guides young people in embracing healthy sexual behaviour. Building on lessons about bodies and sexual development, sex-ed should also take on the topic of sex in an open and comprehensive way. When we speak to young people about sex and sexuality, they are more likely to make healthy, informed decisions about their sex lives as they age.

Unfortunately, sex-ed lessons in Canada disembodify and de-eroticize sex, making the teachings feel irrelevant to many youth.⁶⁹ Sex can be perceived as a sensitive and controversial subject and, to neutralize it, sex is either not talked about or is described in vague and overly biological terms with a clear focus on the mechanics of reproduction. For instance, in Nova Scotia, even when students are expected to describe common STIs, there is no age-appropriate mentions of sex. No information is given about

⁶⁸ American Academy of Pediatrics.” (November 2011). Available at: <https://www.aap.org/en-us/about-the-aap/aap-press-room/news-features-and-safety-tips/Pages/Parent-Tips-for-Preventing-and-Identifying-Child-Sexual-Abuse.aspx>.

⁶⁹ Allen L, ‘They think you shouldn’t be having sex anyway’: young people’s suggestions for improving sexuality education content. *Sexualities* 2008;11:573–94 found in <https://bmjopen.bmj.com/content/6/9/e011329#ref-67>.

their transmission routes and no information is given to start building their understanding of sexual intercourse and sexual behaviors. In the Northwest Territories, “sexual intercourse” is first mentioned in Grade 6 in the teachings about human reproduction and “the development of new life”,⁷⁰ but fails to include specific information about what it is or make mention of any other kind of sexual behaviours.



Another thing they should include is that sex shouldn't hurt. I was taught I would bleed, and that it would be uncomfortable, painful—so, we allowed it to be painful. Now, for some people, it's painful every time and now we don't know that it's not how it's supposed to be.

Youth participant from Kitchener/Waterloo



The absence of specific mentions of sex rest 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.”⁷¹ 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. 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.⁷² Young people who have access to comprehensive sex-ed feel more empowered about their sexuality, delay sexual initiation and use contraception at higher rates.⁷³

In most curricula, when sexual behaviours are mentioned, it usually focuses on penetrative vaginal sex since it is associated with teachings on reproduction. There is surprisingly little content on any other kind of sexual behaviours young people engage in or could engage in. In the report *Sex-ed is Our Right*, youth surveyed emphasized the need for sex-ed content that affirms the bodies and identities of all people, including LGBTQI2S+ youth, and acknowledges the variety of ways they can experience sexual pleasure. While this is the vision that these young people have for their sex-ed, most of them shared that they were learning only about “penis in vagina” sex, if they learned about sex at all.⁷⁴ It must be said that skirting mentions of masturbation, oral sex, anal sex and other sexual activity young people may engage in severely undermines safer sex-education.

⁷⁰ *Supra* note 51. p. 185.

⁷¹ <https://www.guttmacher.org/gpr/2019/06/promiscuity-propaganda-access-information-and-services-does-not-lead-increases-sexual>.

⁷² 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. Available at: <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, Available at: <https://www.ncbi.nlm.nih.gov/pubmed/17321420>.

⁷³ Dreweke, J. Promiscuity Propaganda: Access to Information and Services Does Not Lead to Increases in Sexual Activity. Guttmacher Institute, Vol 22. (11 June 2019). Available at: <https://www.guttmacher.org/gpr/2019/06/promiscuity-propaganda-access-information-and-services-does-not-lead-increases-sexual>.

⁷⁴ YouthCo. *Sex-ed is Our Right*. Available at: https://d3n8a8pro7vhmx.cloudfront.net/youthco/pages/1943/attachments/original/1536258468/SexEd_Reportfinal.pdf?1536258468.

If our sex-ed doesn't talk about sex much, it certainly doesn't talk about pleasure.

The Ontario curriculum is one of two curricula that presents pleasure as part of the definition of sexuality in the both the elementary and high school curricula. But even in Ontario's newest curricula, pleasure is mostly relegated to examples and optional prompts, which teacher may or may not use, depending on comfort levels. For example, in Grade 7, there is an optional teacher prompt to help students think about components of sexual health, including "understanding your own body, including what gives you pleasure."⁷⁵ In Grade 9, pleasure is not part of any of the key topics but some optional examples in teaching prompts include "figuring out what 'makes you feel good' and ensuring that both partners can identify 'what is pleasurable.'"

The only exception is Quebec. The province rolled out a new compulsory curriculum in 2016 which is quite clear in its position statement, frequently reminding educators to "emphasize the positive role that sexuality plays in our lives and not focus only on the 'risks' associated with it or with prevention."

That said, sexual health educators and experts in Quebec have stated that while the current content does stress a positive approach, this requires educators to be neutral, and to be able to step back from their own conceptions and beliefs. However, given the lack of training and resources, and despite best intentions, there is still a risk that implementation will vary significantly across educators.

Other than that, New Brunswick has optional activities (connected to mandatory learning outcomes) in Grade 6 that talk about pleasure as a part of different functions of male and female reproductive organs/systems. It is worth noting that "orgasm"⁷⁶ is only mentioned in relationship to male reproductive anatomy/systems, but breasts and the clitoris are mentioned (and illustrated in diagrams) with their functions being "sexual pleasure".⁷⁷ Finally, in

Newfoundland, there is one mention of masturbation within an optional activity included in the Grade 9 appendix. It is part of a myth/fact worksheet that doesn't provide the answer, so masturbation is only discussed in the context of a myth about it being harmful with no additional information.

Even these scraps of information seem better than the overwhelming trend of an absence of any positive aspects of sexuality.

Beyond being disconnected from young people's realities and interests, the absence of conversations about pleasure in all sex-ed curricula but two has great implications in terms of the effectiveness of sex-ed as a tool to prevent violence, to address gender inequality, and to empower young people in their relationships.

Drawing on in-depth, long form, and repeated interviews with over 70 young women and a wide range of psychologists, academics, and experts, American journalist Peggy Orenstein published *Girls and Sex*, which explores the ways in which girls and women are impacted by how we talk about sex. New media, including porn and social media, mixed with persistent sexual myths (for example, that men are the pursuers of sex and women are the gatekeepers of it) and scripts around how sex plays out (that guys initiate sex and women must please their men) profoundly impact young people's sexuality. She found that the absence of authentic representation of female sexuality, agency, and pleasure in how we talk about sex plays a large role in fueling sexual violence. Talking about sex without ever talking about pleasure, especially female pleasure, has meant that young women expect sexual intercourse to be painful with little or no pleasure for them. This was reflected in many of the roundtable discussions we hosted in different Canadian communities.

⁷⁵ *Supra* note 39, p. 261.

⁷⁶ *Supra* note 42, p. 47–48.

⁷⁷ *Ibid* p. 56–57.

Sex is dangerous and abstinence is the best remedy

A lot of the content on the prevention of STIs also reveal the sex negative foundations of sex-ed curricula in Canada. For example, in PEI's Grade 6 curriculum, the information is focused on how many teens have STIs and the "genital warts, blisters, infertility, spontaneous abortion, cancer and death" that can result from an STI.⁷⁸ In Manitoba, information on HIV/AIDS starts in Grade 5, but these lessons focus on the fact that HIV can be fatal, fuelling stigma and ignoring the current reality that HIV is a treatable chronic condition. Other than listing that it is spread through sexual activity and bodily fluids, information in this section is sparse, leading students to the conclusion that sexual activity leads to HIV/AIDS, which leads to death.

In the 2019 Ontario curriculum, the Grade 7 students learn about common STIs and their symptoms. The teacher prompt offers the simple lesson that: "sexual activities like oral sex, vaginal intercourse, and anal intercourse mean that you can be infected with an STI. If you do not have sex, you do not need to worry about getting an STI." No teaching is offered to balance or add to the messaging about sex being risky. There is no material to support teachers in destigmatizing STIs, which is a major driver of the rise of STI rates, as this stigma inhibits young people from openly discussing risks, practicing safer sex, getting tested, and/or disclosing a positive result.⁷⁹ It must also be said that the rare times anal sex is mentioned, it is in the context of STI prevention, running the risk of creating an association with danger and negative consequences.

If sex is risky and must be controlled, then encouraging abstinence is presented as right way to do that. In the Alberta lessons on STIs in Grade 8, abstinence is the only method of prevention that is explicitly mentioned. When condoms are mentioned, their failure rate is the main

piece of information highlighted and is listed at 20%. When people use condoms perfectly every single time they have sex, they're 98% effective at preventing pregnancy. But people aren't perfect, so in real life condoms are about 85% effective. Offering that they have a failure rate of 20% is exaggeration on the 15% failure rate statistic⁸⁰ without any context on typical versus perfect use, harm reduction tips on how to best use condoms, or the importance of dual protection and STI testing as important health practices.

“
They should mention ‘orgasm’ at least once (...) I didn’t even know what one was. No one told me that there was a pleasurable side to this, that you can do this.”⁸¹

Youth quoted in ‘Une éducation à la sexualité positive, inclusive et émancipatrice’

Contraception lessons in Alberta are more of the same. While there are slightly more specific examples given when it comes to contraceptive options, abstinence is presented as the best way to prevent unintended pregnancies. In Grade 9, abstinence is a central feature of the lessons and the language of safer sex is co-opted to discuss why abstinence is the best form of safer sex because of how other methods often fail. This approach leaves students ill equipped to make decisions around safer sex, contraception and sexual relationships. It also reinforces stigma and shame around sexuality, leaving students, especially those who are sexually active, without support.

⁷⁸ *Supra* note 47, p. 93.

⁷⁹ Hood, J. E., & Friedman, A. L. (2011). Unveiling the hidden epidemic: a review of stigma associated with sexually transmissible infections. *Sexual health*, 8(2), 159–170.

⁸⁰ Planned Parenthood. “How effective are condoms?” Available at: <https://www.plannedparenthood.org/learn/birth-control/condom/how-effective-are-condoms> (Accessed 10 March 2020).

⁸¹ Descheneaux, J., Pagé, G., Pirotte, M., and Fédération du Québec pour le Planning des Naissances. « Promouvoir des programmes d’éducation à la sexualité positive, inclusive et émancipatrice ». (August 2019). Available at: http://www.fqpn.qc.ca/main/wp-content/uploads/2018/09/Rapport-de-recherche-v7LR_revise.pdf.

Thorough lessons on safer sex would have offered the opportunity to normalize and destigmatize talking openly about sex, different sexual behaviours and sexuality. Doing so is key to ensure students will develop the skills and comfort levels to negotiate safer sex, practice consent and establish their boundaries.

Do we have abstinence-based sex-ed in Canada?

There is no problem with teaching about abstinence as an available and sensible choice when talking about sexual decision making. Abstinence from sexual intercourse can be an important behavioural strategy for preventing STIs and pregnancy as well a way to live one's values.

The problem is when abstinence is presented as the only or the best choice and when health information on other choices is restricted or misrepresented. That is scientifically and ethically problematic.

The majority of sex-ed curricula in Canada promote abstinence as the healthiest choice for adolescents. In Alberta, students in Grade 7 are asked to “examine how abstinence and decisions to postpone sexual activity are healthy choices.” In Saskatchewan’s curriculum, abstinence is consistently indicated as “the best and healthiest decision for adolescents.”⁸² In Grade 9 when pregnancy is mentioned, abstinence is re-enforced as “the healthiest and safest choice” for young people.⁸³ There is no mention of the other choices a young person may make, let alone the potentially pleasurable, life-affirming, and positive aspects of discovering one’s sexuality.

In Saskatchewan, sexual decision-making is based on commitment to “personal standards” and a sense of “morality”⁸⁴ and is referenced again in Grade 9 as a way to guide decision-making “to avoid health-compromising sexual attitudes and behaviours.”⁸⁵ Although there is

no prescribed understanding of what is or is not moral (it is defined as one’s own sense of right and wrong), abstinence is held up as the best—and therefore, the most moral—choice. It is a similar situation in PEI, where abstinence is upheld throughout the curriculum as the gold standard for teenage sexuality. This is done in both subtle and not so subtle ways: the very outdated 1995 Family Life curriculum states that “central to teaching about human sexuality is the moral and social value of abstinence as an ideal practice for unmarried persons” and that “abstinence is freedom.”⁸⁶ The Health Education curricula in PEI (updated post-1995) frame abstinence as the only way to 100% prevent both STIs and pregnancy.⁸⁷ In both these examples, no information is provided on how or when to know when someone is ready to have sex and why choosing to abstain or engage in sex could be done from a place of choice and agency, nor is there information supporting students who are already sexually active.

In some curricula, abstinence is framed as meaning being responsible, not only for yourself but of keeping the rest of society healthy. This implies that if you do not choose abstinence, you could be held responsible for society’s ills, furthering stigma around sex, STIs, and teen pregnancy (which is usually framed as never planned, nor wanted and which leads to negative consequences only). Nowhere is this more obvious than in Manitoba and the Northwest Territories. In Manitoba’s Grade 7 curriculum, one of the outcomes is “recognize the importance of sexual abstinence as a responsible decision.”⁸⁸ In the Northwest Territories, Grade 7 students must “explain why sexual abstinence is a responsible choice for adolescents.”⁸⁹ In Alberta’s curriculum, abstaining from sex is presented as the only way to demonstrate self-control or show respect for another person. In Alberta’s teacher implementation guide, abstinence is described as a positive intervention to prevent diseases and unplanned pregnancy.

⁸² *Supra* note 31, Grade 6, p. 19.

⁸³ *Ibid* p. 21.

⁸⁴ *Supra* note 31, Grade 6, p. 22 & Grade 7, p. 19.

⁸⁵ *Ibid*, Grade 9, p. 21.

⁸⁶ *Supra* note 49, p. 2 and p. 52.

⁸⁷ *Supra* note 47, Grade 9 p. 2 and 186.

⁸⁸ *Supra* note 35, p. 510.

⁸⁹ *Supra* note 51, p. 160.

Skill-building opportunities are focused on managing the risk that young people are seen to pose to their own health and the health of others. The skills that are emphasized are those of self-management, risk-management, and decision-making that lead to “healthy” and “responsible” decisions which, in this case, is abstinence. In the curricula with a heavy abstinence focus, there is no content that ensures students get a balanced view of sexuality and where the positive aspects are visible, including discussions of sexuality as an integral part of the human experience. This means that there are not opportunities offered to build the skills for ethical and responsible decision in the context of being sexually active. Throughout curricula, abstinence is presented as the best solution to avoid the many possible consequences of sex.

Some progress can be noted on how abstinence and sexual decision-making is presented in both Ontario and New Brunswick’s curricula. In New Brunswick, although there is an abstinence statement at the beginning of the Grades 6, 7, and 8 curriculum documents, in Grade 8, abstinence is defined in a nuanced way that reflects how people might practice abstinence. The definition recognizes that abstinence varies person to person, and that some people may choose to abstain from some sexual activities while engaging in others: “others choose to not to have any sort of sexual activity that leads to an exchange of body fluids.”⁹⁰

The 2019 Ontario curriculum goes farther in contextualizing abstinence as one choice among others and as a part of making a personal sexual health plan. In Grade 7, students are encouraged to delay sexual activity until they are older, and the concept of abstinence is proposed in an optional teacher prompt where students are encouraged to establish for themselves what they are and are not comfortable with in terms of sexual activity. This is a positive introduction of the emotional considerations that are crucial for people to decide when/if they are ready to have sex. This approach does not outwardly present abstinence as a better choice, rather it encourages students to wait until they are emotionally

prepared to handle the responsibilities associated being sexually active. It still appears though that there is a strong desire to impart that abstinence is the “right and safe choice” as if openly talking about why people may choose to have sex at some point in their lives could be felt as encouraging students to have sex before they are ready.

Consent Education in the #MeToo era

Promoting abstinence as the only or best choice for young people undermines our chances to offer the kind of consent education that serves as an effective violence prevention tool. If our teachings present no as the only or best option in the context of sexual decision making, it leaves little room to build skills for sexual decision-making and to navigate complex interpersonal situations in the context of sexual activity.

It’s important for children to understand that bodies have boundaries, and that everyone has a right to their own personal space; young people need also to understand their rights and responsibilities in sexual relationships. Most curricula in Canada do speak at some point to safe and unsafe touch—how to tell the difference and what to do if you experience “unsafe or inappropriate touch.” That said, very little of it offers the opportunities to have those conversations bloom into a well-rounded consent education.

Very little of the content we analyzed spoke to how to prevent harming others, for example, how to deal with rejection, how to not harass others, how to read body language, how to communicate with a partner, how to do effective bystander interventions, or how to respect boundaries. Instead, most curricula teach refusal and avoidance skills when it comes to responding to inappropriate touch and, in later grades, sexual activity, sexual advances, date rape, and sexual assault.

In Manitoba, from Kindergarten on, decision-making and refusal skills are emphasized in order to help keep kids safe. In Kindergarten, this looks like learning how to make decisions to help avoid “dangerous situations”, an

⁹⁰ *Supra* note 42, p. 22.

activity called “I can say no.”⁹¹ In Grade 3, the curriculum recommends “practice saying ‘no’ loudly and assertively” for the child to prevent “unwanted touching of the private parts.”⁹² In later grades, students are taught to make sexually responsible decisions and refuse sexual activity in favour of abstinence in a similar fashion. The curriculum focuses on saying no, rather than encouraging students to learn how to respect someone’s refusal or how to say yes. In Quebec, part of the content at both the elementary and secondary levels seek to “develop your ability to apply safety rules to prevent a situation that puts you at risk.” While it is clearly important to develop the ability to say “no” and to identify situations and actions that characterize an assault, there is a real risk in engaging in victim-blaming. For example, when high school educators are told to speak about “isolation, drug or alcohol consumption...” in the context of risky situations, they must walk a fine line between personal capacity-building and victim-blaming or oppressive discourse.

In Alberta, skills building is focused on “avoiding date rape” and linking date rape to the outcome focused on “limiting sexual risk taking.” Even though in the definition for sexual assault, there is an instruction to communicate that it is “never the victim’s fault,” the fact that the content associates sexual risk-taking—putting yourself in harm’s way—and experiencing date rape while providing no opportunities to discuss and practice consent skills and how to respect sexual boundaries can certainly fuel myths and stereotypes around who gets assaulted and why.

There is zero mention of systemic factors that put some students more at risk of being sexually harassed or abused than others.

There are a few programs that explicitly mention consent (Manitoba, Ontario, Alberta, and New Brunswick) or both setting and respecting boundaries (BC and PEI), but only 2 curricula that elaborate on what consent means: Manitoba’s Grade 12 curriculum updated in 2009 and Ontario’s new 2019 curriculum.

That said, there is no curriculum in Canada that builds consent skills in a robust and consistent manner. For instance, Alberta’s curriculum uses the word consent once, but even then, it is as part of an example stating that there is no consent if someone is intoxicated or if there has been no discussion prior to sexual activity.

Where consent is mentioned, it barely scratches the surface. For example, Manitoba’s Grade 12 curriculum defines sexual consent as “an active yes, free of coercion and manipulation” and is part of a human rights focused lesson on “rights and responsibilities in relationships.”⁹³ It is the only part of Manitoba’s curriculum that offers content on sexual consent beyond how to avoid an unsafe situation, and it is introduced extremely late—at the very end of high school. In this example, basic knowledge about sexual consent is missing, like that someone who is sleeping or intoxicated can’t give consent, that consent can be revoked during sexual activity, and that practicing consent means paying attention to all types of communication, not just a verbal “yes”.

In New Brunswick, a legal definition of consent is given that does not describe the nuance of how consent is best practiced. The first part of the definition: “consent means that the persons engaged in sexual activity voluntarily agreed to engage themselves in the sexual activity” is simplified to understanding consent as a one-time occurrence that either was or was not present. This black-and-white understanding of consent does not leave a lot of room for discussions of how to practice ongoing, enthusiastic consent. It also does not leave room for students to get answers to questions like: is it possible to give and receive consent if we’re intoxicated? What does consent look like in terms of body language? How do I know if there is or is not consent and what are the appropriate responses if not?

Ontario’s 2019 curriculum provides the most opportunities for consent education, by starting it in Grade 1 as a mandatory key topic within the personal safety and injury prevention health curriculum strand and moving it to a mandatory topic in the human development and sexual

⁹¹ *Supra* note 35, p. 128.

⁹² *Ibid*, p. 564.

⁹³ *Supra* note 37, Grade 12, p. 238.

health strand from Grade 3 on. That said, the opportunities to develop the skills to practice consent are missing. In Grade 9, while consent is part of the key topics in the sexual health outcomes, there are only optional examples about what practicing consent could look like. These optional examples include good information including that consent needs to be ongoing and that silence does not equal yes; however, in order for consent education to be effective, it must involve teaching young people the associated skills in a practical and sustained way.

Beyond skills, young people also need to learn about the context in which their experiences take place. Sex-ed can be a tool for change when it helps young people develop their understanding of cultural and structural forces that shape their lives.

Recently, we've heard a lot about sexual assault, sexual coercion, and sexual harassment in the media. It became more of a conversation when the #MeToo movement opened the door for more people to share their stories. Many were shocked at how common those experiences are.

Part of the reason why sexual violence is so pervasive is that we live in a rape culture. Rape culture is a term used to describe how normal we make sexual assault seem in our society. This means living in a culture where we don't teach people how to navigate sexual consent, how to be an ethical sexual partner, and how gender and power influence relationships. It is also a culture where we do not examine gender norms and scripts, and where rape and sexual violence (usually against women and gender minorities) are common, seen as inevitable, and minimized as "not a big deal". Rape culture is possible because of the ways in which we normalize, tolerate, or joke about sexual violence.

Our sex-ed must be part of this cultural shift and participate in the creation of a culture of consent, respect, and positive sexuality in which all the touching and/or sex that takes place is wanted. No sex-ed curricula in Canada

offers this kind of teaching in depth. As the conversation about sexual violence continues to evolve and become more nuanced, it is important that sex-ed is responsive and ensure young people get robust consent education.

Speaking to young people's evolving realities?

The absence of the notion of sexual pleasure in curricula across Canada seems to come from the lack of acknowledgment and/or acceptance of young people's sexuality, be they sexually active or not. This approach does not support educators discussing issues relevant to sexually active young people.

Sex-ed fails to provide information that sexually active young people want, including info on community health services, pregnancy options, and the pros and cons of different contraceptive methods. For example, in Quebec, the failure to provide information on non-hormonal contraceptive devices, the physiology of pregnancy and childbirth, and the different types of care available (midwife, gynaecologist, general practitioner, etc.) are example of significant omissions that diverts the content away from its objective of a positive approach to sexuality. In providing only partial information to young people, the instruction may miss the intended target of equipping them to make free and informed decisions.

Beyond the lack of important practical sexual health information, there is a lack of content that set up classroom teachers for nuanced conversations that students are eager to have. For instance, the complex and rich emotional dimension of sexual activity is limited to mentions of "feeling regretful and loss of self-esteem"⁹⁴ and the "short- and long-term consequences"⁹⁵ that will result in choosing to have sex. Students also want to talk about pressures they feel to sext or send nudes via text⁹⁶ and most curricula across Canada are so outdated that discussions of sexuality in the digital age are limited to "dangers of chat rooms" or how to stay safe while "internet surfing" or what to do if you receive "embarrassing emails".⁹⁷

⁹⁴ *Supra* note 47, Grade 9.

⁹⁵ *Supra* note 42, Grade 8.

⁹⁶ Steves, S. "Moncton high school student explores why teens are sharing nude photos." Global News, 29 January 2020. Available at: <https://globalnews.ca/news/6478653/moncton-high-school-student-explores-why-teens-are-sharing-nude-photos/>.

⁹⁷ *Supra* note 35, Grades 1, 3, 5.



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



Sex positive sex-ed is not just about pleasure and ensuring that we have information to challenge the fear and risk-management narratives of sex and sexuality, it is also about understanding our values and developing the critical thinking skills necessary to make decisions about our bodies, our health, and our relationships that line up with our values.

As highlighted in the Youth Co report *Sex-ed is Our Right*,⁹⁸ the information young people need can change quickly. For sex-ed to stay relevant, it needs to be responsive to those changes.

One example is how young people talk among themselves. It is important to keep up to date on what is important, meaningful, or concerning to youth. One way to do this is to consult young people to make sure content continues to make sense to them. From what we could see, the meaningful consultation of young people in the development or review of sex-ed content and then in its evaluation is not a practice adopted by any province.

That said, it's not just about language. It's also important to stay up to date on social trends. A 2018 study from Australia called *From Girls to Men: Social attitudes to gender equality in Australia*⁹⁹ found that millennial men (born between 1982 and 2000) have been leading a backlash against gender equality. This is important to know because it counters the common idea that sexism and misogyny lessen with each generation. The study

highlights how millennial men are leaders in advancing the “men’s rights movement”, which aggressively pushes back against gender equality. It also shows how the adoption of more traditional values around gender roles is linked to online male-dominated “alt-right” and white supremacist communities.

Misogynist and racist online subcultures have contributed to their combined rise and political influence. The gender inequality, rigid gender norms, gender-based violence, and gendered sexual scripts that these groups endorse have significant negative social and health outcomes—especially for women, people of colour, and LGBTQI2S+ people. We have seen the recent rise of the “incel” (involuntary celibate) movement and the violence it promotes and inflicts.¹⁰⁰ This shows how important for sex-ed to be responsive to such pressing and contemporary issues and include extensive teachings on sexism, misogyny, and power dynamics.

The importance of promoting gender equity

Systems of power are the beliefs, practices, and cultural norms that inform both our lives and our social institutions like education, employment, and health. It describes the structures and practices that create and support gender and race inequality in society. Making those dynamics visible is key to addressing gender inequality.

Gender equity is vital to the realization of human rights for all. The overall objective of gender equality is a society in which people of all genders enjoy the same opportunities, rights, and obligations in all spheres of life.

Research increasingly shows that curricula which include explicit conversations about power, oppression, and gender roles are the most effective when it comes to lowering risky behaviours in the long-term and increasing learners’ range of choices.¹⁰¹ Discussing gender “appears

⁹⁸ *Supra* note 76.

⁹⁹ Evans, M. Haussegger, V. Halupka, M. & Rowe, P. *From Girls to Men: Social attitudes to gender equality in Australia*. 2040 Foundation. Available at: <https://www.5050foundation.edu.au/assets/reports/documents/From-Girls-to-Men.pdf>.

¹⁰⁰ Beauchamp, Z. “Our incel problem”. Vox News, 23 April 2019. Available at: <https://www.vox.com/the-highlight/2019/4/16/18287446/incel-definition-reddit>.

¹⁰¹ Haberland, N. & Rogow, D. Sexuality education: Emerging trends in evidence and practice. *Journal of Adolescent Health*. (Jan 2015). Available at: https://www.researchgate.net/publication/269777386_Sexuality_Education_Emerging_Trends_in_Evidence_and_Practice.

to be the gateway to a host of other social issues”,¹⁰² suggesting that gender-empowerment-focussed sex-ed might be an effective intervention for “a wider range of [social development] outcomes related to early marriage, sexual coercion, intimate-partner violence, homophobic bullying, girls’ agency, school safety, sex trafficking, and/or gender norms.”¹⁰³ Teaching young people gender-equitable attitudes and respect for bodily autonomy is a key violence prevention intervention, and what is offered in sex-ed across Canada falls short on that metric.

All curricula (except for BC) include the topics of sexual and/or gender-based harassment, bullying, or abuse, but not without issues. For instance, in New Brunswick’s curriculum, bullying based on sexual orientation and gender identity is brought up in Grade 4 as a particular type of bullying that needs to be responded to in a specific way, but with no additional information. In Nova Scotia, sexual assault is first mentioned in Grade 8 and the outcome is framed as: “recognize misconceptions and realities with respect to sexual assault.”¹⁰⁴ There is no information or guidance about what the misconceptions or realities could be and the context in which such violence occur.

Students are encouraged to brainstorm ways to reduce harassment and bullying (including gender-based and sexual harassment), as well as respond to abuse and assault (including sexual assault). That said, there is no content supporting students to understand persisting imbalance in power dynamics between people of different genders. We found little content that takes on gender norms and gender scripts in romantic and sexual relationships. Instead, skills building exercises and lessons are narrow and focus on what individuals can do to protect themselves.

For example, in New Brunswick in Grade 4, students are asked to “evaluate ways of minimizing risks in potentially dangerous situations.”¹⁰⁵ In the Northwest Territories, in Grade 7 students are encouraged to develop “assertive responses to pressure” to say no to sexual advances.¹⁰⁶ Most of the case studies are a man pressuring a woman into having sex, and the woman having to learn ways to say no.

Prevention of sexual assault should certainly be a feature in conversations about relationships given that sexual violence most often occurs in the context of dating relationships.¹⁰⁷ Every curriculum in Canada places great emphasis on building skills for healthy relationships and emotional awareness but these lessons are almost all divorced from human sexuality outcomes. This is a problem because it is important that young people get to develop skills for treating other humans with respect in the context of romantic and/or sexual relationships.

One of the clear exceptions to this is Ontario’s newest curriculum, which introduces healthy relationships within the sexual health curriculum components as early as Grade 3. In Grade 3, healthy relationship learning is part of bullying prevention and learning about consent. By Grade 6, healthy relationships are part of learning about changes that happen during puberty, and finally, in Grade 9, healthy relationship learning is expanded to be more specifically focused on building “intimate” sexual and/or dating relationships.

By not including sexuality outcomes (or mentioning sex, sexuality, or gender) within the healthy relationship components of the curriculum, sexuality is conceptually separated from the social and emotional parts of our lives. We miss out on opportunities to talk to young people

¹⁰² *Ibid*, p. 18.

¹⁰³ *Ibid*.

¹⁰⁴ *Supra* note 24, p. 62.

¹⁰⁵ *Supra* note 41, p. 35.

¹⁰⁶ *Supra* note 51, p. 167–169.

¹⁰⁷ Gross, A. Winslett, A. Roberts, M. & Gohm, C. An examination of sexual violence against college women. *Violence Against Women*, Vol 12, 13. (March 2006). Available at: <http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.918.4966&rep=rep1&type=pdf>; and Guttmacher Institute. “Understanding intimate partner violence as a sexual and reproductive health and rights issue in the United States.” Available at: <https://www.guttmacher.org/gpr/2016/07/understanding-intimate-partner-violence-sexual-and-reproductive-health-and-rights-issue>.

about the issues that are most pressing to them, and the ones they are the most eager to talk about.

The Making Caring Common report, part of a project by Harvard’s Graduate School of Education,¹⁰⁸ highlights that students want to be having conversations about how to be better romantic partners and how to challenge misogyny and sexual harassment in their dating lives. Instead curriculum in Canada teaches students how to be “aware of rape drugs and take precautions”¹⁰⁹ and how to “identify ways of protecting oneself against sexual abuse and assault”¹¹⁰ and “setting limits early on” in dating relationships.¹¹¹

Conversations about how to practice consent or nurture healthy relationships in the context of gendered dating scripts and misogyny are not reflected in any curriculum in Canada. These relevant and nuanced conversations that need to happen at the intersections of sexuality and relationships are not happening when healthy relationship skill building is divorced from sexuality learning outcomes. There is no curriculum in Canada that provides thorough information about gender and power in relationship, about gendered expectations in romantic, sexual, and dating relationships or about the misogynistic and other oppressive structures that drive sexual violence.

Quebec gets the closest. In Grade 4, students talk about double standards and gender inequalities within relationships, and in Grade 6, learn about the importance of positive attitude towards the diversity of body formats and the prevention of sexism, homophobia and transphobia. Following this in Grade 10, they discuss the double standard regarding perceptions associated with the sexual behaviour of girls and boys.

A few provinces provide sexual assault myth-busting as part of their curriculum and make note of it “not being the victim’s fault” (Northwest Territories, Alberta, and PEI) and

“being about power instead of desire” (PEI and Alberta), but it stops there.

Content on healthy relationships, safer sex, and sexual decision making must take an empowerment approach that seeks to empower young people—especially girls and other marginalized young people—to see themselves and others as equal members in their relationships and as individuals capable of engaging as active participants in society. Young people of every genders should also be learning about what drives inequality within relationships and in society at large.

No curriculum in Canada clearly or comprehensively makes the link between gender and power. While provinces like PEI touch on the topic in Grade 9 with information on sexual assault myth-busting that includes naming power as the motivator of sexual assault as opposed to sexual desire, there is no mention of sexism and misogyny as drivers of sexual violence. It’s a similar story in Ontario’s newest curriculum. Even though students in Grade 8 are asked to assess the impact of gender-based violence on girls, trans, and gender non-conforming youth (as part of a key topic), there is nothing about root causes of gendered discrimination and violence in the curriculum, other than singling out pornography and substance abuse as being part of the factors that can lead to it.

Manitoba, New Brunswick, Nova Scotia, and Ontario mention homophobia as part of their content on bullying, but it is not covered in great depth. While Saskatchewan and Manitoba’s optional teaching resources give detailed information for teachers on how to challenge both homophobia and transphobia within the classroom, it is not part of the mandated content. Ontario’s newest curriculum introduces homophobia in Grade 6 as a stereotype that can detrimentally impact a person, alongside “gender roles and expectations, sexual orientation, gender expression, race, ethnicity or culture, mental health, and abilities,” but it only explains it as an

¹⁰⁸ Making Caring Common Project. The Talk: How Adults Can Promote Young People’s Healthy Relationships and Prevent Misogyny and Sexual Harassment. (May 2017). Available at: <https://mcc.gse.harvard.edu/reports/the-talk>.

¹⁰⁹ *Supra* note 47, Grade 9, p. 52.

¹¹⁰ *Supra* note 50, Grade 8.

¹¹¹ *Supra* note 31, Grade 9.

individual stereotypes that can impact one’s “self-concept, social inclusion, and relationships with others”, instead of explaining societal systems of privilege and oppression. Across the board, curricula are missing the link between gender, sexuality, and rights.

Speaking to the power dynamics related to gender is crucial to tackling not only attitudes and beliefs that fuel violence and discrimination, but to also offering sexual health education that works. A new study published in the *Journal of Sex Research* sheds light on the way preconceived notions, stereotypes, gender dynamics, and relationship potential all play a role in what seems like a simple decision: using a condom or not.¹¹² Many stereotypes that persist around condom use (which sex-ed should be taking head on) point to the intricacies of gender dynamics in condom negotiation.

Not only do most curricula in Canada not address condom negotiation (or even the benefits of dual protection in preventing STIs), curricula also contain nothing about the gendered nature of condom negotiation between young people and what can make insisting on one complicated. Even in sections about preventing STIs, there is very little on the use of condoms, let alone negotiating their use. The one exception is an activity in New Brunswick’s curriculum on condom negotiation.

In most curricula, there is no gender analysis that digs into how binary gender norms guide the ways children are socialized differently and how the way we are socialized impacts our experiences of violence and abuse, health, sexuality, relationship, and dating scripts (e.g., ‘men initiate sex’; ‘women are the gatekeepers of sex’; ‘men are always up for it’, etc.). In Saskatchewan’s curriculum, a gender analysis is attempted in Grade 2 when gender roles are established as a form of “difference” that need to be respected, which (maybe inadvertently) normalizes gender roles, instead of challenging them. Also, in Grade 8, students are asked to “analyze gender roles that exist

in many families” without providing any information to help teachers guide this analysis.¹¹³ In New Brunswick, while there is some critical analysis of gender roles and sexual scripts and the differences between “boys’ and girls’” experiences and expectations, the information is presented in a way that just asks students to observe these differences without providing support to challenge them. For instance, in Grade 6, teachers are asked to “discuss how boys’ and girls’ experiences of adolescence are different.” In Grade 7, students are asked: “what is the ideal body promoted for boys/girls?”¹¹⁴

There are attempts to tackle this important dimension of sexuality education. In PEI, students are asked to consider “social factors” that influence sexuality in Grade 7.¹¹⁵ This section names some social factors (such as equity, gender roles, media, and culture). At first glance, it’s impressive that “equity” is mentioned in relationship to sexuality, but the definition is sparse (“fairness, justice”) and doesn’t talk about what equity means in relationship to something like gender roles. There is no mention of how the way power is distributed create injustice and influence the ways that other “social factors” like “gender roles” are experienced.

In New Brunswick’s curriculum, there is nothing about gender and power explicitly, but there are a few sections that ask to describe the differences in expectations between girls and boys, especially as portrayed by media. There are opportunities in these sections to talk about gender and power, but teachers are not provided the tools or information to talk about gender and power in this way.

From “inclusion” to making sure everyone gets the information they need

SEXUAL ORIENTATION, GENDER EXPRESSION, AND IDENTITY

In addition to making sure the content supports gender equity, it is crucial that sex-ed upholds everyone’s right to information, health, and non-discrimination.

¹¹² Skakoon-Sparling, S., Cramer, K. Are we blinded by desire? Relationship motivation and sexual risk-taking intentions during condom negotiation. *Journal of Sex Research*. (19 Mar 2019). p. 24. Available at: <https://www.tandfonline.com/doi/full/10.1080/00224499.2019.1579888>.

¹¹³ *Supra* note 31, p. 22.

¹¹⁴ *Ibid* p. 14.

¹¹⁵ *Supra* note 47, Grade 7, p. 39.

The *Canadian Guidelines* are clear; sexuality education must be “accessible to all people inclusive of age, race, sex, gender identity, sexual orientation, STI status, geographic location, socio-economic status, cultural, or religious background, ability, or housing status.”¹¹⁶

In addition, sexuality education must be “inclusive of the identities and lived experiences of lesbian, gay, bisexual, transgender, queer, intersex, two-spirit, nonbinary and asexual people (LGBTQI2SNA+) and other emerging identities,” and should “include the critical evaluation of discriminatory attitudes and practices.”¹¹⁷

Finally, “[s]exual health education for Indigenous people... must be culturally safe and embody community-specific values related to sexuality and sexual health.”¹¹⁸

Every child benefits from information, support, and space to be who they truly are. Between 4% and 10% of the population identify themselves as something other than heterosexual and/or cisgender.¹¹⁹ This percentage continues to rise as younger generations become more comfortable with a more fluid understanding of gender and sexuality and as more space is opened in our society for people to be their authentic selves. Most children will have a sense of their gender identity as young as 2 or 3 years old¹²⁰ and their sexual orientation by age 10.¹²¹ Considering only these numbers, classrooms are full of children and young people who already or will eventually identify themselves as LGBTQI2S+. Feeling safe at school and having a teacher “who gets it” are two of the three most important predictor of better mental and physical health outcomes *for the rest of their lives*. Children who are cisgender and/or heterosexual also benefit greatly

from the space we can create for them to discover how they wish to express their gender and to learn what they are passionate about, free from rules about what boys or what girls “should” be like. Safe and inclusive learning environments for LGBTQI2S+ kids reduce the risk of suicide and risk-taking behaviours of *all students* (not just sexual and gender minorities).¹²²

Teachings on gender identity, expression, and sexual orientation are absent from many curricula. Where it is included, it is more common to see content on sexual orientation than on gender identity and expression. This leaves educators without formal supports and goal posts to teach the differences between sex assigned at birth, gender identity, gender expression, and sexual orientation.

Across all curricula, content reinforces the notion of sex and gender as a binary and fails to explain and challenge gender norms and stereotypes. Most of the anatomy lessons present bodies as either “girl” or “boy” bodies, with no mentions of intersex people or trans and non-binary people.

In New Brunswick’s Grade 7 curriculum, students are asked to “understand that sexuality is an expression of one’s ‘femaleness’ or ‘maleness’”. One of the suggested teaching strategies is asking students to respond to the question, “I’m glad I’m female because...” and “I’m glad I’m male because...”. While the intention might have been to include an outcome that broached the topic of gender, this approach reinforces gender and sex binaries, gender stereotypes, and alienates queer, intersex, trans, non-binary, and sexual and gender diverse students. If gender identity and expression are even mentioned in curricula,

¹¹⁶ *Supra* note 19, p. 23.

¹¹⁷ *Ibid*, p. 25.

¹¹⁸ *Ibid*, p. 76.

¹¹⁹ Robert P. Jones and Daniel Cox; *How race and religion shape millennial attitudes on sexuality and reproductive health: Findings from the 2015 Millennials, Sexuality, and Reproductive Health Survey* (2015), available at: <https://www.prri.org/wp-content/uploads/2015/03/PRRI-Millennials-Web-FINAL.pdf>.

¹²⁰ Mayo Clinic. “Children and gender identity: Supporting your child.” Available at: <https://www.mayoclinic.org/healthy-lifestyle/childrens-health/in-depth/children-and-gender-identity/art-20266811> (Accessed 10 Mar 2020).

¹²¹ Institute of Medicine (US) Committee on Lesbian, Gay, Bisexual, and Transgender Health Issues and Research Gaps and Opportunities. *The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for Better Understanding*. Washington (DC): National Academies Press (US); 2011. 4, Childhood/Adolescence. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK64808/>.

¹²² Elizabeth M. Saewyc, Ph.D, RN, FSAHM, FCAHS, corresponding author Chiaki Konishi, Ph.D., Hilary A. Rose, Ph.D., and Yuko Homma, Ph.D; *School-Based Strategies to Reduce Suicidal Ideation, Suicide Attempts, and Discrimination among Sexual Minority and Heterosexual Adolescents in Western Canada* (Jan 2014) available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4716826/>.

it is often in later grades, despite our knowledge that children generally have a sense of their gender identity before they even start school.



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 participant from Saskatoon, Saskatchewan

As for sexual orientation, content often discusses this in terms of “tolerance” as opposed to acceptance and celebration. It is common for curricula to only make brief mentions of “same-sex marriage and families,”¹²³ “the need to use inclusive language,” “family diversity,”¹²⁴ or “discrimination based on sexual orientation”¹²⁵ instead of providing comprehensive content on the diversity of sexual orientations and expressions.

Even when there is more robust content on sexual orientation and gender identity, it can fall short. For example, even in the highly regarded repealed 2015 Ontario curriculum, there were some important additions on gender identity and expression, but much of the content is framed as optional. Framing important topics, conversation prompts, definitions, and concepts as optional has the potential to narrow the conversation teachers are having with their students.

In the case of Ontario’s new curriculum, not only was this important content framed as optional prompts, the document did not provide much accurate background information for teachers to base their lessons on. For example, when gender identity was discussed in Grade 8

(which is very late if we consider the evidence on when a sense of one’s gender identity emerges), teachers were expected to help their students reach a place where they could “demonstrate an understanding of gender identity (e.g., male, female, two-spirited, transgender, transsexual, intersex), gender expression, and sexual orientation (e.g., heterosexual, gay, lesbian, bisexual).”¹²⁶ In this case, there is little support to teach the concepts themselves beyond the summary and necessarily limited list of identities they provide as examples. The list also includes outdated terms that are no longer used, such as “two-spirited” and “transsexual”, and there is a conflation of sex and gender: Intersex is not a gender identity, while male and female are usually used to refer to assigned sex at birth and biological characteristics of sex. It is similar in PEI where in Grade 8, one of the learning outcomes is for students to understand sexual orientation. Definitions are given for bisexual, lesbian, gay, heterosexual, homosexual, and “transgendered” (which again, is not a sexual orientation and is an outdated term).

Where gender identity and sexual orientation are mentioned in curricula, we found that the content on gender identity and expression effectively centered heterosexual and cisgender learners, presenting other gender identities and sexualities as differences to learn about, rather than lessons that every student can see themselves in. In other words, sex-ed should not be *about* those we see as ‘different’ or ‘other’ but must speak to young people in all their diversity.

The BC curriculum introduces the concept of “sexual identity”, which is an important and interesting one as it goes beyond just introducing the concept of sexual orientation. The formation of people’s sexual identity includes becoming aware of one’s sexual orientation. Beyond that, it includes the integration and incorporation of the identity into one’s sense of self identity which for LGBTQ+ individuals can look like engaging in LGBTQ+ related social activities, working through negative attitudes about homosexuality, bisexuality, asexuality, pansexuality, and

¹²³ *Supra* note 24, Grades 1 to 3.

¹²⁴ *Supra* note 31, Grade 3.

¹²⁵ *Supra* note 35, Grade 5.

¹²⁶ *Supra* note 40, 2015a:216.

gender and sexual expression, feeling more comfortable with other individuals knowing about their LGBTQ+ identity, and disclosing that identity to others. That said, it is unclear if the term “sexual identity” is meant to prompt educators to go beyond simply discussing sexual orientation or if it is used as an alternate term for it. To truly discuss the formation of one’s sexual identity, it is fundamental to offer robust content on sexual orientation and on homophobia and heterosexism. It is also crucial to offer content and skills building activities that normalize the diversity of human sexual and gender expression.

And speaking to a diverse classroom means that the health information that we teach must be relevant for all students, not just cisgender and heterosexual ones. Across the board, the content included is not sensitive to the needs and experiences of LGBTQI2S+ students. Current content on anatomy, reproduction, puberty, safer sex, violence prevention, healthy relationships, and pregnancy fails to give many students the information they need to stay safe and thrive or see themselves reflected. For example, lessons on healthy relationships should give examples of people in all sorts of partnerships, and information on safer sex should be relevant to people who are trans, intersex, or in same sex relationships. If it does not, it prioritizes only the health needs of a specific segment of the population.

Of course, teachers can find resources that would support them teaching comprehensive lessons on gender identity and sexual orientation, but this puts the onus on teachers to train themselves and find the necessary resources when there is little indication in the majority of curricula that this is an important topic. And while provinces like Saskatchewan and Manitoba have updated, comprehensive, human rights-based documents for teachers to support LGBTQI2S+ students, these documents are optional resources that teachers must seek out on their own.

ABILITY AND DISABILITY

Students of all genders and all sexual orientations also come to class as their whole selves. Some of them able bodied, some of them in wheelchairs, some with a chronic

invisible illness, some with ADHD, or walking with a cane after a spinal cord injury, autistic, white, Black, Indigenous, Latinx, with a history of trauma, etc. Sex-ed must be accessible, safe and culturally relevant for all.

Some provinces have separate curricula for students with disabilities. For example, in Alberta, there is a significant amount of content within supplementary resources on disability and sexuality. Many sexual health centres also develop resources, including workshops and professional development opportunities, to ensure they support the disabled community in accessing sex-ed.

“Every person should have agency, autonomy, and understanding over their own bodies. It helps them make informed choices and be better citizens overall. They end up treating themselves and others in a more kind, inclusive, and respectful way. This makes relationships in and out of the schools stronger and more resilient. Also, comprehensive sexuality education (or body science) will reduce health care costs when more people have access to it and are better informed. This is a win-win-win situation! (...) It helps build more resourced youth and adults in our communities.

Specialized teacher from rural interior BC

That said, people with disabilities are overlooked in the mandated content in Canada. For example, in the Quebec “sexual growth and body image” content, which is aimed at promoting healthy lifestyles, body care, and a positive body image, the diversity of bodies is addressed, but people with disabilities are completely absent. The pedagogical tools used in the classroom do not seem to present all body types, including those with distinctive features due to disability. We encourage people in Canada to read the forthcoming DisAbled Women’s Network

Canada's (DAWN) report¹²⁷ in which young disabled girls and women share their experiences of sex-ed. Their work also unpacks ableism and the ways in which it influences how people with disabilities are perceived and then, how they are redefining the possibilities in terms of sex and sexuality.

TRAUMA-INFORMED SEX-ED

Talking about sex and sexuality can also trigger some people's traumas. The word *trauma* is used to describe "an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being."¹²⁸ It often refers to intense events such as violence and assault, for example, experiences of childhood sexual abuse or having been raped. It can also be the sum of more subtle and continuous events, such as discrimination, racism, oppression, and poverty which, when experienced chronically, have a cumulative impact that can be fundamentally life-altering.

Trauma can be linked to such things as chronic fear and anxiety and it has serious long-term effects on health and other life outcomes.¹²⁹ Trauma is a public health risk of major proportions.¹³⁰ It often compounds medical and psychological conditions and injuries.

A trauma-informed approach to sex-ed acknowledges that many students will have experienced trauma and treats the teaching of sexuality with additional care and sensitivity. Moving away from teaching sex from a place of fear and shame and teaching not only about sex, but about the context in which sex happens, are key practices of trauma-informed sex-ed.

SEX-ED AND STRUCTURAL OPPRESSION

Speaking about the context in which sex happens also means talking about structural oppression.

Sex-ed can perpetuate systems of power, privilege, and oppression and so, we must look at our sex-ed curricula with a critical eye to understand who we are speaking to and how we do so. When we speak in generalities about sexuality, gender, bodies, and relationships, it centres the views of Western and white society.

Sex-ed is often filled with this "common knowledge" that ignores other experiences. It is important that we examine and interrupt that in our conversations. How are sexualities, genders, and relationships conceptualized outside of white Western society? How can we increase our critical thinking about sexuality and the way we teach it? What is culturally safe sex-ed? How important is it to understand, for example, the impact of intergenerational trauma caused by colonialism on Indigenous communities to understand different needs around sexual health and wellness?

In some curricula, there has been an effort to include content to support students in understanding important systemic power systems and how they affect us all. For example, in Saskatchewan, there is content providing definitions of colonialism and eurocentrism, as well as an integration of examples and outcomes that are more specific to Indigenous cultures, including learnings from Elders and traditional ways of knowing. However, this is still the exception and not the norm.

Similarly, in the ground-breaking book *Policing Black Lives*,¹³¹ Canadian researcher Robyn Maynard documents the anti-Black racism in education systems. She states that publicly funded education is generally understood to create options and facilitate advancement in

¹²⁷ DisAbled Women's Network Canada. Available at: <https://www.dawncanada.net>.

¹²⁸ Substance Abuse and Mental Health Services Administration. (2014). SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach. HHS Publication No. SMA 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration.

¹²⁹ *Supra* note 3

¹³⁰ Magruder, K. McLaughlin, K. & Borbon, D. Trauma is a public health issue. *European Journal of Psychotraumatology*. (Oct 2017). Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5800738/>.

¹³¹ Maynard, R. "Policing Black Lives: State Violence in Canada from Slavery to Present. (Oct 2017). Fernwood Publishing. Available at: <https://fernwoodpublishing.ca/book/policing-black-lives>.

society, but that for many Black students, schools are places where they experience degradation, harm, and psychological violence.

Maynard thoroughly documented young Black students' experiences of a lack of support and their active streaming into lower tracks of education opportunities. Beyond that, Black students have to contend with erasure. Both invisibility within curricula and the predominantly white demographic makeup of educators negatively affect Black students. Most education institutions lack content highlighting Canada's history of slavery and segregation, and they overlook the history of Black institutions and Black resilience more generally. Not only are Black students not seeing themselves reflected and celebrated in the curricula, the lack of racial representation in school staff is also significant. Quebec, for example, continually misses the mark of its already too-low targets for racial diversity in the makeup of educators. Largely being taught by white instructors and, therefore, being denied positive Black role models within institutions of learning only further cements the lower status of Black students.

In addition to lacking content that specifically takes on anti-Black racism and structural discrimination as it relates to race, sex-ed includes no content speaking to the intersection of racism and sexuality. There is a long history of sex stereotypes and tropes about Black, Indigenous, and racialized people, and it is important for young people to understand their impacts; how the concurrent hypersexualization and undervaluation of Black, Indigenous, and racialized people has fueled violence; how, Black women, Indigenous women and women of colour (trans and cis) experience misogyny that crosses with racism; how historical and current experiences of racism are linked with worst sexual and reproductive health outcomes; how Canada has a history of forcibly sterilizing Indigenous people (and disabled people); or how Black women are three to four times more likely to die from pregnancy-related complications than white women.¹³²

Racism and other systemic oppressions impact how young people experience their gender, gender norms, and relationships, as well as their access to the health care system and to health information. Sex-ed must speak to these experiences to truly have an impact on negative health outcomes and to support all people to live healthy lives.

Striving for inclusive and emancipatory sex-ed for all, with content that speaks to the context in which young people exist, is the only way to address the root causes of health inequity.

CONCLUSION

Currently, the mandated sex-ed content young people are offered is not comprehensive and gender sensitive, does not uphold all students' human rights, and fails to offer a balanced view of sexuality. While there is excellent sex-ed happening in some communities and significant strides made towards modernizing sex-ed, in most cases, lessons present a superficial picture of human sexuality and sexual health. A common thread is that sexual health is taught from a fear-based perspective and avoids subjects seen as controversial.

Through our review of Canadian sex-ed curricula, it is clear that as a whole, programs do not speak to the realities of young people, reflect the diversity found in Canadian classrooms, or adequately cover important contemporary topics. It is challenging for youth to see their identities and experiences represented within this largely outdated, risk-based, and heteronormative content.

The quality of curricula varies from province to province (and sometimes from grade to grade within a province or territory) and the lack of monitoring means that the quality of information students receive is uneven. In many communities across Canada, sex-ed at best skims the surface of content that would meet national and international sex-ed standards and, at worst, contravenes these standards and lags extremely far behind them.

¹³² Harvard Public Health magazine. "Why black women face a high risk of pregnancy complications." Available at: <https://www.hsph.harvard.edu/news/hsph-in-the-news/black-women-pregnancy-complications/> (Accessed 10 Mar 2020).

In many places, more up-to-date content is found in supplementary resources or optional prompts. While these resources represent significant strides forward in modernizing sex-ed and ensuring the inclusion of key content, they are not mandated, so using them to enrich sex-ed classes is optional. Not every school board, schools, and teachers will use them. This is particularly problematic when governments who hold more socially conservative views send a chill throughout the education sector, discouraging coverage of topics like gender identity, sexual orientation, sexual violence, or pregnancy options.

Where do we go from here?

This assessment is as an opportunity to do better. While our current sex-ed falls short in many ways, we can see that there are excellent resources in Canada, such as more recent lesson plans and resources developed in several different provinces, materials developed by sexual health

centres, and studies conducted by dedicated academics, which all offer high quality content and information on sex-ed to support the building of comprehensive sex ed curricula.

It is important to take stock of where we can better serve young people of Canada and empower them to live healthy lives and thrive. Leadership is sorely needed to bring curricula in line with both national and international guidelines and human rights standards. To achieve that, we must use a human rights-based approach in ensuring content upholds everyone's rights to health, information, and freedom from violence and discrimination. It is crucial that the development of sex-ed curricula remains in touch with the reality of students' lives today, prioritizes the meaningful participation of young people in the design of the sex-ed of the future, and aims to meet the core principles of the *Canadian Guidelines*.

Who Teaches Sex-ed?

Even if every province had the most modern and up-to-date curricula, the sex-ed young people receive would still be sub-standard if we don't look at what can impact its delivery.

CLASSROOM TEACHERS

In most countries, classroom teachers are regarded as the most sustainable option to teach sex-ed since they are already embedded in schools and constitute an ongoing resource. That said, when it comes to sex-ed, teachers are contending with an impossible set-up.

In Canada, one of our most pressing issues is the lack of training, support, and resources offered to take on this specialized subject. Classroom teachers are expected to teach sex-ed, but don't receive what they need to become competent and comfortable talking about sexuality, sexual health, and relationships with their students. Our current system 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 algebra.

This severely impacts the quality and reliability of the sex-ed young people are getting in Canada. Young people need educators who are equipped to teach sex-ed, but while their teachers are tasked with this subject, many of them feel nervous or unprepared to teach it. When they do teach it, they are often too afraid to talk about anything beyond the risks of sexual activity or more comfortable topics because of what they perceive to be their own lack of knowledge, skills, confidence, and comfort around sex-ed.¹³³ This speaks to the lack of financial investment and practical supports for teachers who are tasked with educating young people about sexuality and sexual health.

But it is not because teachers don't care. Canadian research has found that teachers see the importance of teaching sex-ed and support it.¹³⁴

Teachers surveyed report feeling less capable, less comfortable, and even less willing to teach comprehensive sex-ed. Even when teachers have successfully attended a relevant course, they do not feel adequately prepared and need more theoretical and practical training than what is currently offered.¹³⁵

¹³³ Cohen, J. Byers, S., & Sears, H. Factors affecting Canadian teachers' willingness to teach sexual health education. *Sex-education*. (Nov 2011). Available at: <https://www.tandfonline.com/doi/abs/10.1080/14681811.2011.615606>.

¹³⁴ *Ibid.*

¹³⁵ *Ibid.*

Action Canada's own consultation with educators echoed those findings. We held conversations in the context of the development of our sexual health resource guide for educators, *Beyond the Basics*,¹³⁶ and more recently, with teachers from the Greater Vancouver Area and the BC Interior, Halifax, Toronto, and a rural location in the Prairies. Most were public school teachers in urban areas, though one was a teacher at a faith-based school. Teachers shared being nervous about dealing with conflicting views in the classroom and raised concern about potential push-back from school administration or parents when they lacked the necessary information and training to handle those conversations.

“The biggest barrier I face is that I still have a certain anxiety and fear about parents being upset that we’re giving their children evidence-based info about their sexual health.” (High school teacher, rural location in the Prairies)

They also spoke to the lack of time and resources dedicated to sex-ed as major barriers to teaching it effectively. A substantial number of instruction hours for students should be specifically dedicated to sexual health outcomes and teachers must be set-up to succeed in offering those lessons. If sex-ed is treated as just one more thing they must squeeze into their workload, their ability to teach is compromised and many of the sexual health outcomes will not be prioritized alongside other demands.

“The biggest barrier is time. Even the minimal amount of time given is not followed through with by most teachers because they are under stress and having to cram in so many subjects and learning expectations that most often, unless the teacher is very committed and passionate about sex-ed, it will not be followed through with as much as it needs to be.” (Middle school teacher, Toronto, Ontario)

“It sometimes feels like subjects like math and language always take precedence/priority as an elementary school teacher. The attitude is if you get to sex-ed, then you get to it, but if you don’t, you don’t, kind of thing.” (Elementary school teacher, Halifax, Nova Scotia)

Part of why this subject is not prioritized is the lack of comfort and support teachers feel around the task at hand.

“The content was more intimidating then something like math. I was afraid of how to say certain things so that I felt safe and so that the students felt safe.” (Middle school teacher, Toronto, Ontario)

The teachers who taught sex-ed reported that, for many of them, it was not their speciality and that they did not benefit from the kind of trainings they received for other subjects they taught. In Ontario, where sex-ed is embedded in physical education, teachers we spoke to mentioned that schools are removing specialist teachers because of consistent short staffing resulting in a desire for everyone to teach multiple subjects. They reported that most schools no longer have specialized physical education teachers, which leaves non-specialists to teach sensitive subject. In Nova Scotia, teachers no longer get support from public health nurses to deliver sex-ed, as was the case previously.

“We don’t have the knowledge or experience on any of the topics within the health curriculum.” (Middle school teacher, Toronto, Ontario)

“I’ve never known a teacher to go to a sex-ed or health curriculum workshop even though we get workshops for all other subjects we teach.” (Middle school teacher, Toronto, Ontario)

¹³⁶ Action Canada for Sexual Health and Rights. “Beyond the Basics”. Available at: <https://www.actioncanadashr.org/resources/beyond-basics> (Accessed 1 Mar 2020).



“In Nova Scotia, we used to have a public health nurse come in and speak to the Grade 4 and 5 and they would do the puberty talk with them. They would also bring handouts with them that were useful for students and for helping to guide teachers in speaking about these topics. Colleagues talked about how nice it was because the kids saw the nurse as a professional and she talked about puberty in a more scientific and authoritative way, which was nice for students. Unfortunately, the public health nurses no longer do this in Nova Scotia. When the nurses stopped coming, we no longer got those handouts. We did have a few left-over handouts at our school from the last visit that the nurse made a few years ago and the teachers ended up having to hoard these handouts and pamphlets from the nurses. Like, literally, we would not let students leave with the handouts so that we could keep them for our own teaching the next year. All of this to say that many teachers are really intimidated by teaching sex-ed, even a relatively basic topic like puberty and anatomy b/c we have no resources at our disposal. You know, in math, you have a textbook, but with health and sex-ed you’re left to your own devices and in many cases the curriculum outcomes are so broad and vague that we have very little to work with or start from.” (Elementary school teacher, Halifax, Nova Scotia)

Some teachers spoke of having external guests come in and support them with some lessons.



“Teachers will bring in guest speakers, which is great. The times I’ve done that it’s been received well by students. The speakers are sex positive, progressive, open, inclusive on all things sexuality. It’s not that we are not progressive, but guest speakers are more experts and they bring more up-to-date knowledge and also, they have access to props, to help students understand what contraceptives look like. But sometimes I find that if I do it myself, we can have deeper conversations because I’ve developed relationships and trust over the semester with the students. We have these trickle-down conversations over time. Only I as their teacher can do that because I see them consistently.” (High school teacher, rural location in the Prairies)

Some teachers report having taught sex-ed because no one else in the school would do it. Sex-ed was described as a “hot potato” course in schools and one that gets “dumped” on whoever is most willing to do it, rather than one that is tied to the appropriate resources to set teachers up for success when teaching it.



“I just wanted to get it over with, I was intimidated by it (teaching sex-ed) and it was completely new to me.” (Middle school teacher, Toronto, Ontario)

“I did my best to fake it till I could make it, but it was uncomfortable, and I made sure that another teacher taught it this year. The kids might have sensed my discomfort, too.” (Middle school teacher, Toronto, Ontario)

“I took on the Life Transition (sex-ed) course when I was a young teacher and I did feel hesitant about that one. It was because I was asked to teach it at a that time when I did not want to teach it. I felt like it was a fluffy course and I felt belittled as a “woman in science”—here I am a senior science teacher, a women in science and I wanted to be taken seriously and teaching this course did not feel like I was being taken seriously. I also felt like I was being asked to teach it because I was a young woman, not because I actually had any expertise in the subject matter. I was really anxious about it, but after teaching it for one year, I realized that I loved it” (High school teacher, rural location in the Prairies)

Teachers shared being left to their own device to cobble together lesson plans based on provincial ministry standards and lots of online research, a task described as “overwhelming” and one that is often done during evenings and weekends and without supports.



“You are given these very vague curriculum outcomes and told ‘here, you now have to now figure out a way to deliver this to students’ I usually teach from the perspective of assuming that my kids have never been taught sex-ed before.” (Elementary and middle school teacher, Greater Vancouver Area)

“I start from ground zero with them—I don’t find it intimidating, but for most teachers, having to start from a place of assuming that this is the first sex-ed lesson kids are getting, this would be intimidating. You have zero preparation, zero experience and zero resources to access.” (Elementary school teacher, Halifax, Nova Scotia)

Not knowing where to look or being left without guidance to find resources to teach sex-ed means that teachers rely on materials that vary in quality.



“Teacher friends of mine will find one video on YouTube and that will be their sex-ed because there is just such a lack of resources and they don’t know where to look. One teacher I know uses a Dove commercial to guide the sex-ed lessons.” (Elementary and middle school teacher, Greater Vancouver Area)

“I don’t have any resources that I’m currently using that are not from a hetero perspective.” (High school teacher, rural location in the Prairies)

This lack of support can feel especially daunting when thinking about particularly sensitive topics.



“For someone who has no idea how to teach sex-ed, this is daunting. When you get into topics like sexual orientation and gender identity, for people who come from a heteronormative and possibly very religious background, how do you explain this in a way that’s accessible and accurate? How do you teach something that you yourself don’t understand? I’ve never brought in external facilitators, but I reach out to friends of mine who identify as LGBTQ+ and ask them how to frame those topics in ways that are respectful. There is a lack of info on this subject. I would never want to do a disservice because I don’t hold these identities myself so that’s why I reach out to friends in the community. I want to do well by the community.” (Elementary and middle school teacher, Greater Vancouver Area)

“One place where I need support is, because it’s an outdated curriculum and because of my age, I’m not well versed on more progressive sexuality stuff. We talk a lot about gender stereotypes, but I’m not well versed in homosexuality or non-binary stuff because I am hetero. I probably have hetero bias generally speaking. I grew up in an era where no one was talking about how two men or two women have sex. I struggle to teach that in a way that is valuable. I’m not afraid of it, or I don’t try to hide it. I’ll catch myself in my bias and adjust in terms of making it more inclusive. I’m lacking ability to teach sex-ed in a way that hits a wide demographic. Also no one talked to me about sex between a man and woman when I was younger either, but I worry that I’m sometimes doing a disservice to a topic that I want to get right.” (High school teacher, rural location in the Prairies)



“We talk about consent and sexual violence, assault and harassment. It’s important to talk about these things. I will have students in my classes who have experienced sexual assault, and I wonder: how can I teach this in a way that feels safe for all students? I’m not sure what more can be done other than setting ground rules and we talk a lot about empathy. I would like more support in this area too. I think it’s so important to talk about (sexual violence) but I’m unsure how to support all students. I could use more resources and support on consent.” (High school teacher, rural location in the Prairies)

“I grew up in an era where sexuality was quite private and now it’s much more open. I feel like a *fuddy duddy* and I would love an in-service with more up-to-date knowledge where someone could tell me the stuff that I should say and what I shouldn’t. I need someone to tell me “this is what is the best terminology to use”. In actuality, it would be hard for me to get Professional Development for this, to fit it into timetables because of the lack of resources and time, so just printable resources would be the best.” (High school teacher, rural location in the Prairies)

Teachers would have an easier time speaking to sensitive topics if they had access to a comprehensive lesson plan and resources included in the materials used to guide their lessons. Current curricula do not set-up educators for teaching comprehensive sex-ed in line with national and international guidelines and best practices. Even if a topic is included in a curriculum, it is most often not covered in great depth and lessons that should offer support on complex topics are out of date, short and incomplete, or absent.

No Canadian studies have looked at what teachers are actually telling their students. Many educators report skipping sex-ed lessons.¹³⁷ That’s in part because many of the curricula in Canada list important topics as sample topics or simply examples of what could be included in the lesson, rather than mandatory. This 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 does not.

A teacher and sex-ed champion in rural BC remarked on the opportunity they saw in the broad objectives of the BC curriculum and what can stand in the way of teachers seizing it.



“The curriculum: it is global and inclusive, so educators have a lot of permissions to educate. That misses the fact that even though it exists in ‘curriculum’ form, it is still not always been taught. I believe one of the reasons it is not being taught is that administrations or boards sometimes do not support their teaching staff in offering comprehensive sexuality education (or body science, which is what we call it in our district). They are confusing values with facts, science, Canadian Laws, and human rights. They may not be backing their teaching staff 100% when a parent/guardian wants to express personal values versus upholding a public education and public health mandate. This support is critical for supporting Ministry of Education curriculum implementation, like every other subject area. By not empowering and supporting their teaching staff they are perpetuating having one-off presentations (if that) on this topic instead of both verbally and financially backing their teaching teams and investing equal dollars in professional development and support for comprehensive

¹³⁷ 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).



sexuality education (body science) that there is around math and reading for example. We all have bodies and deserve this core education as much as any core education. The pervasive thinking is that just because teachers have bodies and went through puberty that somehow they are educated enough to know teach the subject area. But, in reality they are not, they require support, resources, and specialized training and education” (Specialized teacher, rural interior BC)

That said, many teachers took issues with the curricula they work with and the lack of resources available to build on the mandated content.



“We do talk about some of the missing things from the curriculum that aren’t there because of how outdated it is, like technology. Like, texting is the number one choice of how kids communicate and it’s changing so rapidly. For example, talking about how to break up isn’t in the curriculum but because the topic of relationships are, you can talk about the nuances. We used to talk about etiquette—we used to say don’t break up over text. But now kids say “I just rather they have broken up over text. The kindest thing is just to text me so that I can cry in my bed.” (High school teacher, rural location in the Prairies)

“BC has a brand-new curriculum and because it is brand-new, there aren’t very many resources yet. Maybe they’re working on this? But you know, when the curriculum outcome says: ‘students must know about communicable diseases including STIs before the end of Grade 7’, how do you take something so broad and make lessons on it when you’ve had no training? This can be very intimidating for a lot of teachers. That new curriculum, it’s supposed to be inquiry-based and student driven, which is great in theory, but putting into practice is hard. When I think about sex-ed specifically, it is nice that it’s general because you can take it where you want—but at the same time, there are no resources for teachers.” (Elementary and middle school teacher, Greater Vancouver Area)

One thing that can make a big difference in terms of teachers’ comfort in tackling sex-ed and their willingness to teach it is having the support of the administration. Not having it can make teaching sex-ed much more challenging.




“Having your principal’s support makes the difference, 100%.” (Elementary school teacher, Halifax, Nova Scotia)

While feeling uncomfortable and experiencing a lack of support from their administration, many teachers speak of going above and beyond because they know their students want to have those conversations:



“I taught things like sexual orientation, gender identity, and consent whenever I could and whenever it would come up because kids wanted to have these conversations. If the conversation would come up naturally within the class, I would try and find time to have it because once you start, you don’t want to cut it off—the conversations get richer and the kids are asking to have these conversations!” (Middle school teacher, Toronto, Ontario)

Some teachers play that important role in their schools, ensuring students access important information and are engaged in conversations that benefit their health and well-being. These teachers become resources for other colleagues in the absence of trainings and other supports.




“She lives and breathes those lessons on consent and homophobia, she challenges her kids’ to question their beliefs and provides those lessons of inclusivity every day, whether or not she’s teaching ‘sex-ed.’” (Middle school teacher, Toronto, Ontario)

“I think that the teachers before me created a bit of ethos around the course, like that it was cool, that it is a really cool class to take. I think it was the teachers that came before me that also came up with the format of at the beginning where we designate this classroom as a safe space and learn about how to communicate non-judgementally, how can you seek clarification if you disagree etc. before jumping into the course content. So, I’m really thankful for these teachers’ work.” (High school teacher, rural location in the Prairies)

“Other colleagues of mine know that I enjoy teaching sex-ed and so, I will get asked questions about it. I love teaching the sex-ed topics because even though it is not my specialty, it’s so much more of a lively time. My undergrad was in Kinesiology, so I personally like teaching health, but I know a lot of teachers who hate it.” (Elementary school teacher, Halifax, Nova Scotia)

“Unfortunately, as a relatively new teacher, I’ve yet to be at the same school for 2 years in a row... there are so many jokes in staff rooms about teaching sex-ed, but when teachers find out that you like teaching sex-ed there is a bartering that happens, like ‘if you teach my class sex-ed , then I’ll teach something for you’” (Elementary and middle school teacher, Greater Vancouver Area)

Those who feel passionate about sex-ed see a path forward for empowering teachers to take on this important topic.



“I believe that an overall cultural shift happens when there is a 5–8-year plan in place to start integrating comprehensive sexuality education (body science). This then eases teachers in to including this as part of their regular and normal teaching flow like all the subjects they include with regards to science (you can compare this to the evolution of the Indigenous curriculum that is now woven through every subject area). Having some professional development, and some qualified presenters, matter and, teachers need to be involved in creating the material and doing the work. Teachers are generally qualified. This is a core subject. It is really that simple. This needs to happen with administration support, and dedicated funding over years and in a continuous and thoughtful fashion. With this, implementation becomes easy.” (Specialized teacher, rural interior BC)

Many point out that the lack of in-depth sexuality education training during their education is one of the reasons why teachers feel unprepared to not only teach sex-ed, but also to field questions their students have or address important moments in their classrooms.

“This education needs to be equally included in teacher training programs as it is with every other core subject. I know that our local teacher training programs include perhaps 2 hrs of education on this subject area during the entire year—not even close to enough! This needs to be mandated education in the core of their early learning and early exposure.” (Specialized teacher, rural interior BC)

Teachers are clear on the kinds of support that could empower them to offer sex-ed in their classrooms.

“In terms of the kinds of support that are important, there should be more B.Ed. sex-ed/health course content, not an elective course, this course in B.Ed. programs should be mandatory. Also, in-service trainings would be really great and easily accessible, printable activities, and resources to help build lesson plans. Competency training needs to start in the B.Ed. programs. There needs to be the option of Professional Development, too. I’ve not done much Professional Development in general yet, but a sex-ed specific in-service training would be amazing! And then, at the very least, have a very straightforward resource available, something that can be printed out and handed out, or a script that teachers can follow or read.” (Elementary school teacher, Halifax, Nova Scotia)

“If I could have anything to help make my experience of teaching sex-ed better, it would be more support from all sides, like, support in terms of resources, from the board, administrators, and parents and families. Especially parents and families, with them trusting their kids’ teachers enough.” (Elementary school teacher, Halifax, Nova Scotia)

“So, we need to be getting that trust and support from admin and board first and then the government needs to give us all the tools we need to implement the curriculum.” (Elementary school teacher, Halifax, Nova Scotia)

Teachers play a crucial role in ensuring young people have access to health information and skills building opportunities, and they are doing their best with the limited resources they have. However, sex-ed is not being prioritized in many schools or boards; one symptom is a severe lack of financial and time investment in making sure teachers can teach it. Right now, we see no training on core issues, no training to support educators in challenging their own social constructions related to sexuality, and no training to help them develop a positive and inclusive approach.

Why is it that teachers don’t get the support they need?

Schools typically don’t 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.

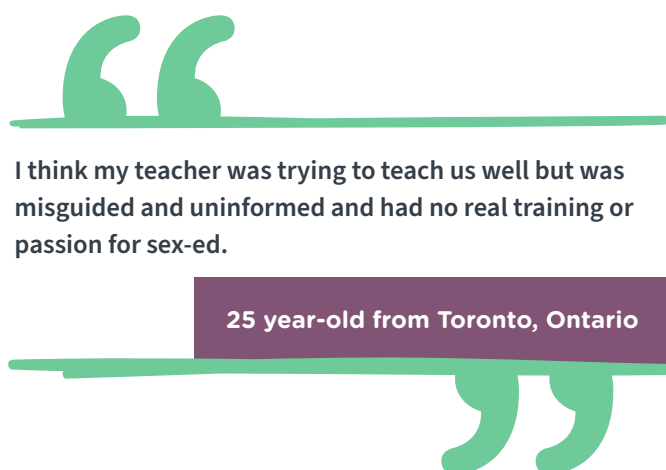
While many people play important roles in the delivery of sex-ed, for example public health nurses and/or community-based sexual health educators, teachers are uniquely positioned to answer questions raised organically in class, address incidents to make them important learning moments, establish class norms, benefit from their students’ trust as they spend months together, and integrate important learning opportunities

in other lessons. Regardless of them being specifically tasked with the sexual health outcomes in the mandated curriculum, teachers should get the support needed to feel empowered to teach sexuality and health and benefit from the support of their administrations, unions, boards, parents, communities, and governments, whether they are specifically tasked with the sexual health outcomes in the mandated curriculum or not.

YOUNG PEOPLE'S VIEWS ON SEXUAL HEALTH EDUCATORS

In 2016, a paper was published in the prestigious medical journal, *BMJ Open*. The researchers investigated whether current sex-ed programs meet young people's needs. In their synthesis of 55 high-quality publications on the topic, the authors remarked on how consistent the results were in each one; young people across continents share the same thing over and over about their sex-ed experiences. They found that although sex is a potent and potentially embarrassing topic, schools appear reluctant to acknowledge this and attempt to teach sex-ed in the same way as other subjects. Young people report feeling

vulnerable in their sex-ed lessons, with young men anxious to conceal sexual ignorance and young women risking sexual harassment if they participated. Schools appear to have difficulty accepting that some young people are sexually active, leading to sex-ed that is out of touch with many young people's lives. Young people report that sex-ed can be negative, gendered, and heterosexist. They expressed dislike of their own teachers delivering sex-ed due to blurred boundaries, lack of anonymity, embarrassment, and poor training.



The information¹³⁸ collated by this paper should be taken seriously as we devise our collective strategy for better sex-ed in Canada. What young people overwhelmingly reported is that, while schoolteachers were occasionally praised, they were generally regarded by young people as unsuitable for teaching sex and relationship education (SRE in the text) due to lack of training and embarrassment, which was perceived to affect the quality of SRE and to be associated with reliance on passive teaching methods such as outdated films. Students reported that teachers seemed unable to discuss sex frankly and responded unsatisfactorily to questions. Since credibility was related to the ability to talk frankly about sex, embarrassed teachers were deemed incapable of teaching SRE. Students found it difficult being taught by such teachers, suggesting that they diminished their enjoyment of lessons and gave the impression that sex could not be discussed straightforwardly.

In addition, while most believe that ideally teachers should deliver SRE because they know their students, it was this very familiarity that many students found inappropriate, provoking suggestion that delivery of SRE by a familiar teacher has potential to disrupt existing relationships and breach boundaries. Some students described their embarrassment at discussing sexual and personal matters with teachers they knew and found it awkward seeing teachers around school *afterwards*. For some, the fact of a subject teacher speaking about sex or relationships was regarded as 'highly embarrassing' or 'cringey'. Young people wanted privacy and for SRE to take place in confidence with trustworthy educators, but teachers were not always trusted to maintain confidentiality and some doubted their impartiality. Teachers were also perceived to be moralistic, to judge students according to different values, and to have difficulty

¹³⁸ *Supra* note 65.

accepting that students were sexually active. In addition, teacher–student power relations were regarded as problematic, with some students attempting to shift the balance of power and testing teachers’ ability to cope with delivering SRE.

Students reported good, mutually respectful relationships with peer educators, forgiving their occasional lack of preparation or inability to manage disruption. They felt a sense of affinity with them which encouraged them to believe what peer educators told them; those receiving peer-led SRE reported it had an impact on them, changed their attitudes or taught them something new. Some felt that peer educators were credible due to their (assumed) sexual experience, but others felt that their credibility was undermined by youth or lack of knowledge. Nevertheless, students liked their discussion-based approaches. Some peer educators used techniques for creating a safe environment and their lack of relationship with students made them easier to trust than teachers. However, some students were concerned they might not take confidentiality seriously enough and it was suggested that their looser classroom management style might increase young women’s vulnerability.

Many young people liked the idea of sexual health professionals delivering SRE. Such professionals were perceived to be less judgemental, more informed and better at delivering SRE than teachers, although maintaining discipline was occasionally reported to be problematic. Some liked the idea of school visits to sexual health clinics and classes at a school-linked clinic were enthusiastically received by students who appreciated the educator’s expertise and enthusiasm. Outside experts were felt to ‘know what they are talking about’, provide greater confidentiality, and lessen embarrassment due to their anonymity. However, some disagreed about whether anonymous or known sex-educators were preferable, with others suggesting both. Young people’s views on the qualities of good sex-educators are given in table 6 included in the report.

Young people’s discomfort with the current practice of having SRE delivered by their own teachers appears to represent, among other things, a plea for clear roles and boundaries. This emerging evidence finds support in a recent survey that reveals that only 19% of 18 year olds feel SRE should be taught by a teacher from their school, as well as elsewhere. In addition to the issue of blurred boundaries however, teachers may be inherently unsuitable for delivering SRE because of the nature of the student–teacher relationship. This relationship is ideally constructed as desexualised, so discussing sexual issues can be difficult for teachers and may disrupt attempts to control sexualised behaviour. Furthermore, the power imbalance inherent in the teacher–student relationship can be problematic and inappropriate within the context of SRE. Hawkes suggests that young people find it difficult to discuss sex and relationships in a context characterised by an imbalance of social power, ‘even when socially sanctioned, as in sex-education’. Indeed, one of the theories supporting the delivery of SRE by peer educators is that egalitarian interaction might allow for more open communication about sexual issues. In contrast, the practice of teacher-led SRE not only lacks theoretical support, but may even challenge the maintenance of ethical teacher–student boundaries.

Their conclusion was that sex-ed should be ‘sex positive’ and delivered by experts who maintain clear boundaries with students (specialised teachers who only teach sex-ed or external experts). Schools should acknowledge that sex is a special subject with unique challenges, as well as the fact and range of young people’s sexual activity, otherwise young people will continue to disengage from sex-ed and opportunities for safeguarding and improving their sexual health will be reduced.

THE ROLE PLAYED BY COMMUNITY-BASED SEXUAL HEALTH EDUCATORS

Currently, some sex-ed is outsourced to trained sexual health educators. In Canada, community-based sexual health educators and, in Quebec sexologists, play an important role in the delivery of sex-ed. Many of them work out of sexual health centres and they play a crucial role in the delivery of sex-ed. They can support classroom teachers, offer professional development to education workers, take on more sensitive topics during their classroom presentations, and connect young people to health care services.

What the research says about young people's experiences of sex-ed couldn't make a clearer case for the importance of investing in the services and expertise offered by community-based sexual health educators who can support and supplement the work of classroom teachers to ensure the best possible outcomes.

This past year, Action Canada has been reaching out to our partners in sexual health centres to get a better picture of their experiences teaching sex-ed in their communities. Those conversations highlighted the importance and breadth of the work done by these organizations and the absence of structural support for them to offer it in a systematic way to all people who need them.

Most sexual health centres in Canada offer sexual health education services in schools (elementary schools, high schools, and post-secondary), in professional settings (offering professional development for educators and health care workers), and as an integral part of their community programming. Some of them have clinical services offered on site as well.

Community programming is the opportunity to offer priority populations—LGBTQI2S+ youth, Indigenous youth, newcomers, and people with cognitive and/or physical disabilities, among others—intensive and long-term educational sessions with a focus on community participation and empowerment. Many of those programs can be weeks-long, offer multiple sessions to participants or serve as drop-in programs people can get involved in

for years, theatre and art programs, or peer education and leadership projects. The main feature they share is being “intensive”, rather than “one-off” sessions.

Many of them offer programming for professionals to support them in delivering sexual health education. One sexual health centre in particular, Options for Sexual Health in BC, has an intensive training program, the celebrated Sexual Health Educator Certification (SHEC) Program, a competency, knowledge, and performance-based training designed to prepare individuals to deliver comprehensive sexual health education sessions to a variety of audiences in the public and private sectors. Every year, two cohorts of sexual health educators are trained to return to their communities and offer comprehensive sex-ed after an intensive, hands-on preparation. Most of the other centres offer shorter workshops, day-long trainings, or other professional development courses.

In contrast, most of the workshops and sessions delivered in schools are one-off occurrences or a recurring once or twice a year session. These are not once a year courses in every grade, but rather a set-up where the local sexual health educator is invited to come every year to speak to Grade 8 students once or twice during the school year.

Some centers, like Women's Health in Winnipeg and Centre for Sexuality in Calgary, have programs that foster long-term relationships with schools so they can come and deliver extensive lessons every year of students' schooling coupled with professional development for the school staff. However, in general, the capacity to offer these partnerships is very limited.

Many sexual health centres report that the requests for their presentations have been increasing—in some cities, they have doubled and, in some cases, tripled—in the last few years and requests are coming from farther away. For example, some presentations by the one sexual health educator from Saskatoon Sexual Health are now taking place as far as seven hours away from Saskatoon.

Many schools are vocal about appreciating having a third party deliver the parts of the curriculum and lessons teachers are not comfortable with. It also puts a face to the

community clinics, making it easier for young people to know and access the services at community health centres.

Most of the time these educators spend in classrooms focuses on topics like sexually transmitted infections, safer sex, healthy relationships, consent, sexual violence, sex and technology, and gender equity. In some provinces, groups that work specifically on gender identity and sexual orientation who offer presentations on those topics. If not, sexual health centres can also offer lessons and support on that front.

Sexual health centres who offer sexual health education in schools report that the students, young people, and adults they see have immense gaps in knowledge around sexual health and wellness. That is true from middle school all the way to university. They all agree that these gaps cannot be addressed in one-off sessions, some of which last only 50 minutes.

High school students often display gaps in knowledge that should have been mastered years prior, such as basic anatomy, reproduction, and puberty. Many organizations build their own curriculum to teach those lessons to respond to those gaps and to the needs expressed by teachers though they look to their provincial curriculum to see what information they can offer to meet curriculum outcomes. They tailor their presentations to the needs expressed by teachers and students.

Many of them mused that if their provincial curriculum was taught, there would be space for classroom teachers to create more comprehensive lessons because, in many provinces, the learning objectives are vague enough to permit that. That said, they observe that teachers have little resources to be able to do that. Sexual health centres are able to step in and meet some of the curriculum requirements that may not otherwise be met and support classroom teachers, but their reach is limited due to capacity.

In most cases, there is no overarching strategy from local education systems to ensure that schools benefit from the work of trained sexual health educators in an equitable, sustainable, and organized way. Most presentations are

booked by individual teachers or guidance counselors. Most sexual health centres don't reach out directly to schools to offer their services because they are already overwhelmed with demands. This means that only a portion of students end up benefitting from their teachers getting the support of a trained professionals to meet the sex-ed curriculum requirements and to take on more difficult topics that may not otherwise be tackled. This lottery is based on which teachers know where to call to book those trained sexual health experts and which administrations will support them in seeking them out.

Even if school boards or other education sector leaders developed a strategy to ensure all schools could benefit equally from the support of trained sexual health educators, there are not enough resources available for sexual health centres for this to be possible. In many regions, one sexual health educator may cover an entire school district or even a whole city and its surrounding communities. Searching for funding to grow education teams also requires staff capacity. Some centres of them address this funding gap by asking for a fee for their presentations, but many do not. This often results in better-resources schools benefiting from state-of-the-art sex-ed offered by trained experts, while less-resourced schools do not. This is a major concern when we consider the implications of well-off communities maintaining better access to health information.

Another factor to consider is the 'grey zone' sexual health educators can fall into in terms of who is responsible to teach sex-ed. Teachers are mandated to teach what is in the curriculum and so, in some cases, unions or school administrations may see this as a barrier to having external experts coming in to support. In some other communities, public health nurses are invited to teach the health curriculum, which schools may see as an either/or situation, rather than as complementary community resources to connect young people to health care.

Most Catholic schools and boards do not have relationships with sexual health centres and do not book those presentations because of conflicting values. The same holds true for many French schools and school boards as, outside of Quebec and regions with larger

Francophone communities, there are little to no resources to support French sex-education. Even in Ottawa where there are a high number of French schools, the local sexual health centre has no French sexual health educator on staff because of a lack of funding.

Beyond those gaps, sexual health centres are, for the most part, found in urban centres and many lack the capacity to travel outside of their immediate community. This leaves swaths of young people without easy access to their services, including clinical and health promotion services.

NOT ALL EXTERNAL “EXPERTS” ARE EQUAL: ANTI-CHOICE ORGANIZATIONS IN SCHOOLS

It is common that schools outsource the delivery of sex-ed by inviting external organizations into the classroom. This is sometimes because school principals or teachers recognize the specialized skills required to teach comprehensive sex-ed and prefer hiring professionally trained sexual health educators and other times, it is because it is a task teachers do not wish to perform and will themselves seek out support. While in many communities, sexual health centres play that role, in some schools, students are visited by local anti-choice, religiously funded organizations.¹³⁹

It is often the case that these local anti-choice organizations advertise free “sexual health” classes to schools. A 2016 study by the Abortion Rights Coalition of

Canada (ARCC) identified 180 CPCs across Canada.¹⁴⁰ Of those, 166 had websites. As some CPCs shared the same websites, 100 unique websites were reviewed to determine what the centres were advertising online, and to look for misinformation or indications of deception. The findings reveal that a large majority of the 166 CPCs do one or both of the following on their websites: spread misleading or inaccurate information about abortion, contraception, sexually-transmitted infections, sexual activity, or adoption; or present themselves deceptively, such as by not disclosing that they won’t refer for abortion, or hiding their religious stance from prospective clients.

They found that at least 35% (59 of the 180) offered sex-education programs to youth or local schools and communities. Of those, at least 68% (40 of 59) were being offered to schools, including public schools.

Unfortunately, the content they share online as well as reports made by students and parents¹⁴¹ speak to how these organizations do not provide students with comprehensive sexual health information but rather, with inaccurate health information on pregnancy options, abortion, gender identity, gender norms, and sexual orientation while also employing scare tactics and shaming rhetoric to encourage abstinence before marriage. The evidence is clear on the negative impacts of this type of misinformation.¹⁴² Considering that there are more crisis pregnancy centres than sexual health centres¹⁴³ and that teachers and schools need support to teach sex-ed, those free programs become a resource in many communities.

¹³⁹ Abortion Rights Coalition of Canada. “List of Anti-Choice Groups in Canada.” (24 Sept 2019). Available at: <https://www.arcc-cdac.ca/CPC-study/list-anti-choice-groups.pdf>.

¹⁴⁰ Abortion Rights Coalition of Canada. “Study: Review of “Crisis Pregnancy Centre” Websites in Canada.” (18 May 2016). Available at: <https://www.arcc-cdac.ca/CPC-study/cpc.html>.

¹⁴¹ Rivers, H. “London elementary school nixes religious group’s anti-abortion talk amid backlash.” *London Free Press*, 24 May 2019. Available at: <https://lfpres.com/news/local-news/london-elementary-school-nixes-religious-groups-anti-abortion-talk-amid-backlash>; Winfree, J. Swartzendruber, A. “Is A Crisis Pregnancy Center Teaching Sex-ed At Your Kid’s School?”. *Huffington Post*, 24 April 2018. Available at: https://www.huffpost.com/entry/opinion-winfree-swartzendruber-crisis-pregnancy-sex-ed_n_5ade8087e4b0b2e81132895d; Ward, R. “CBE severs ties with Calgary Pregnancy Care Centre after ‘pattern’ of questions.” *CBC News*, 7 Sept 2018. Available at: <https://www.cbc.ca/news/canada/calgary/calgary-board-education-pregnancy-care-centre-classroom-teaching-1.4814266>; and *CBC News*. “Teen, mother launch complaint against abstinence-based sex-ed.” (11 July 2014). Available at: <https://www.cbc.ca/news/canada/edmonton/teen-mother-launch-complaint-against-abstinence-based-sex-ed-1.2703535>.

¹⁴² Guttmacher Institute. *Abstinence-Only-Until-Marriage Programs Are Ineffective and Harmful to Young People, Expert Review Confirms*. (22 Aug 2017). Available at: <http://www.guttmacher.org/news-release/2017/abstinence-only-until-marriage-programs-are-ineffective-and-harmful-young-people>.

¹⁴³ Action Canada for Sexual Health and Rights. “2019 Launch of Access at a Glance Identifies Realities of Abortion Access in Canada.” Available at: <https://www.actioncanadashr.org/news/2019-09-19-2019-launch-access-glance-identifies-realities-abortion-access-canada>. (Accessed 10 March 2020).

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

THE UNEVEN ACCESS TO LOCAL RESOURCES

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 centres 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.**¹⁴⁴ 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.**

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

¹⁴⁴ *Supra* note 3.

Young People's Experiences of Sex-ed in Canada

Focusing only on sex-ed curricula, teacher capacity or the role of sexual health centres 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 the one in the medical journal *BMJ Open*,¹⁴⁵ a synthesis of 55 high-quality studies on the topic. Or the 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,¹⁴⁶ which highlighted how for LGBTQI2S+ youth to gain the same health benefits as their non-LGBTQI2S+ 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 LGBTQI2S+ students in B.C. All these studies speak to young people's experiences of sex-ed and it is high time we listen.

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 roundtable discussions 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 roundtable consultations will also inform Action Canada's submission to the UN's Committee on the Rights of the Child,¹⁴⁷ in preparation for Canada's upcoming review in 2020.

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

In addition to those roundtables, Action Canada conducted 16 focus groups with youth age 16 to 24 across different cities as we developed a national social marketing campaign encouraging young people to get tested for STIs.¹⁴⁸ In every group surveyed, the level of knowledge surrounding STBBIS, safer sex, STBBI testing and sexual health generally was very low. The vast majority of them had little to no knowledge of how, where or when to get tested for STIs despite being sexually active. Without proper education on sex and sexuality, something so essential to human existence, people invariably seek knowledge from other sources, like their peers or the internet. Many of the youth who participated in the focus groups were misinformed about STIs and safer sex methods but many of them shared their inaccurate knowledge authoritatively. That is despite how, historically,

¹⁴⁵ *Supra* note 65.

¹⁴⁶ Flicker, S. Flynn, S., Larkin, J. Travers, R. Guta, A. Pole, J. & Layne C. "Sexpress: The Toronto teen survey report." Planned Parenthood Toronto. (2009) Available at: <https://www.deslibris.ca/IDFR/218305>.

¹⁴⁷ 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.

¹⁴⁸ Action Canada for Sexual Health and Rights. "Get Tested Once a Year." Available at: <https://www.actioncanadashr.org/campaigns/get-tested-stis-least-once-year>. (Accessed 2 Mar 2020).

sex-ed has narrowly focused on sexually transmitted infections and little more.


Just like the participants of our roundtable discussions, almost all of the young people in the focus groups spoke of inadequate sex-ed and were clear that one of the reasons they didn't have much information was because they never got taught comprehensive sexual health lessons.

People who understand and are open with their sexuality are also more diligent about their sexual health. Beyond health literacy and skills, CSE should offer young people the chance to learn about a broad range of topics that are

valuable throughout people's lives. In addition to knowing how to take care of our body, young people should be learning the skills necessary to negotiate condom use, assert and respect boundaries, recognize healthy and unhealthy relationships and then, how to communicate, negotiate, and refuse, all essential skills to nurture healthy relationships.

Without proper context, people of all ages fail to properly grasp the role of sex in human life and miss out on important lessons regarding consent, healthy relationships, and sexual health.

For many of the young people we consulted, sex-ed was 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)

“They don't talk about the emotional part of it at all—as a teenager that's a huge factor. They talk about it so mechanically, it's not just about what the action (of sex) is.” (Youth roundtable participant from Kitchener/Waterloo)

“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. Even basic health information can be missing, and educators are not up-to-date on important health information.



“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).

“Yeah and I thought being nauseous and having really bad cramps was normal. I lost so much blood I fainted, but I thought it was normal.” (Youth participant—Kitchener/Waterloo)

“A lot of the birth control and stuff we learn about is so old—we don’t learn new alternatives.” (Youth participant—Kitchener/Waterloo)

“One thing that needs to be talked about a lot more is genital hygiene. I went 5 years having discharge without knowing what it was, how to take care of it, I thought no one else got it. It’s a big deal because it’s a part of hygiene and you can get yeast infections and then you won’t know what to do when you have one. They don’t tell us how to prevent UTIs.” (Youth participant—Kitchener/Waterloo)

“I wish I had learned about my period much earlier.” (Youth participant—Kitchener/Waterloo)

“I think you should learn parenting earlier, in Grade 7 or 8, because I signed up for a parenting class and I didn’t make it—I got pregnant before that. You should put it before people start doing stuff.” (Youth participant—Kitchener/Waterloo)

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).

“They combine sex-ed with drug teachings—they end up talking more about drugs because that’s something easier to talk about.” (Youth participant—Kitchener/Waterloo)

“A lot of what they taught was how to avoid sex—instead of teaching all scenarios, like what if you did get pregnant? Yeah, you screwed up your life.” (Youth roundtable participant Kitchener/Waterloo)

“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)

“I feel like our teachers grew up with the thinking these things and thought abstinence is the only way, so now they’re teaching this to us.” (Youth participant—Kitchener/Waterloo)

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 participant from Saskatoon, Saskatchewan)

“No one wants to teach it.” (Youth participant from Fredericton, New Brunswick)

“A joke. That’s how it was treated.” (Youth participant—Kitchener/Waterloo)

“I wouldn’t say my teacher was uncomfortable ... but she was very monotone. Basically, “here’s some stuff to read—don’t have sex.” (Youth participant—Kitchener/Waterloo)

“I had a male teacher at one point, and he was very uncomfortable teaching. He didn’t want to be there. He was definitely uncomfortable, but it was his job.” (Youth participant—Kitchener/Waterloo)

“We had the police officer come in and talk to us—not even a teacher. Our teacher, she talked for half a lesson about certain things, quickly went through a slideshow, then the police officer came in for a week and told us basically how everything is illegal and how we’ll all go to jail.” (Youth participant—Kitchener/Waterloo)


“The only time I remember being taught anything about sex was Grade 8 and I was taught if you have sex you’ll get pregnant or have an STI so you’re better off staying abstinent. The teacher was older, strict, hard on us, and the whole class left scared and fearful and all said ‘we’re never going to have sex.’” (Youth participant—Kitchener/Waterloo)

“Our teacher was a lot more into the fitness and health stuff—she was just doing sex-ed to get it over and done with. No one asked questions.” (Youth participant—Kitchener/Waterloo)

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

“I don’t know if it was only our school, but we had 3 days of “in-class” gym classes; one was about sex-ed, two others were drugs. They didn’t put much attention on sex-ed. The teacher wasn’t comfortable, and it was mostly about pregnancy and how it happens. No focus on sexual assault, how to be comfortable talking about those things, we focused on the wrong things in the wrong way.” (Youth participant—Kitchener/Waterloo)

Did the teacher seem comfortable? “Not at all—he was a stereotypical gym teacher.” (Youth participant—Kitchener/Waterloo)




“One teacher we knew of just yelled—“sex—you stick the dick in the vagina and that’s it”. Our teacher was a bit more sensitive.” (Youth participant—Kitchener/Waterloo)

“In my class when we were taught about sex-ed, the teacher was acting like they were forced to tell us this stuff and didn’t want to answer any questions.” (Youth participant—Kitchener/Waterloo)

“Since it’s associated with gym, it makes me want to play basketball instead—like, the faster I can get through this, the faster I can play basketball.” (Youth participant—Kitchener/Waterloo)

(in response to previous comment) “Yeah, some teachers even say, ‘the quicker we get this over the quicker we can go play games.’” (Youth participant—Kitchener/Waterloo)


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)

“I never got sex-ed, but I still learned it from my friends.” (Youth participant—Kitchener/Waterloo)

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)

“In my experience they focused on negative consequences—things like slut shaming, the negative consequences of having sex, the idea that every time you have sex you give a piece of you away and the less is left for the person you marry.” (Youth participant—Kitchener/Waterloo)

“I learned that sex is just a dick in a vagina but there’s a lot more. There are a lot more ways to have sex. We don’t talk about that.” (Youth participant—Kitchener/Waterloo)

“People need to have their options laid out to them so they can make an educated choice and not regret it later on.” (Youth participant—Kitchener/Waterloo)

One crucial aspect of comprehensive sexuality is using a balanced approach to sexual health promotion that includes the positive aspects of sexuality and relationships, as well as the prevention of negative sexual health outcomes. Young people must learn what a healthy sexuality is about. Speaking of pleasure, intimacy and the other positive aspects of sexuality is crucial to providing a sexuality education that tackles rape culture, gender inequality and promotes healthy behaviours. Unfortunately, this is one of the most controversial aspect of

sex-ed and most of what is taught continues to solely focus on risk and potential negative outcomes despite how the evidence point to how unhelpful that is.

“You get to have sex to get pregnant or have sex to satisfy the guy. I don’t remember talking about how a girl, you could feel pleasure during sex.” (Youth participant—Kitchener/Waterloo)

“Another thing they should include is that sex shouldn’t hurt. I was taught I would bleed, and that it would be uncomfortable, painful—so, we allowed it to be painful. Now, for some people, it’s painful every time and now we don’t know it’s not how it’s supposed to be.” (Youth participant—Kitchener/Waterloo)

“The guys get it better than us—they’re told ‘you’re gonna have a great time’! As girls, we get told ‘you’re gonna get pregnant AND chlamydia.’” (Youth participant—Kitchener/Waterloo)

“It was heavily skewed towards the negative outcomes. In one presentation, I learned that “sex is like fire—it’s dangerous and should be handled with caution at all times.” (Youth participant—Kitchener/Waterloo)

“For me it was all negative. Remain abstinent.” (Youth participant—Kitchener/Waterloo)

“It was framed as scary—as a straight no; like never ever do it (sex).” (Youth participant—Kitchener/Waterloo)

“They don’t talk about any of the benefits of sex—like how it relieves stress—they just talk about how bad it is.” (Youth participant—Kitchener/Waterloo)

“A lot of people are afraid to talk about it (sex) because of the myth that it will encourage people to go have sex. It’s the opposite—the more you talk about it, the more you’re going to be safe about it.” (Youth participant—Kitchener/Waterloo)

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. Sex-ed is also an opportunity to speak to how to nurture healthy relationships and speak to issues like gender-based and sexual violence as well as intimate partner violence.

“In my class, the girl side talked about rape and the guy side didn’t. I know guys get raped too, but because guys didn’t talk about it, they don’t know what it means, the consequences, what it really means to be in that situation.” (Youth participant—Kitchener/Waterloo)

“Guys haven’t been taught that when you say no it’s not okay to keep trying to convince you. That should be taught.” (Youth participant—Kitchener/Waterloo)

“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 participant—Fredericton, New Brunswick)

"I think when we talk about healthy relationships, it's easier to understand romantic partners than friendships—but we need to learn about other relationships, including consent with friends! We need to learn about healthy relationships of all types." (Youth participant—Kitchener/Waterloo)

"They teach girls not to get raped, and they don't teach guys not to pursue these situations." (Youth participant—Kitchener/Waterloo)

"Guys at our school—they don't get it when we say no. If you're going to accept my yes that fast, you should accept my no that fast." (Youth participant—Kitchener/Waterloo)

"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)

"At my school there was a chain of nudes leaked around the whole school. If we had talked about nudes, it could have been prevented." (Youth participant—Kitchener/Waterloo)



“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)

A key feature of sex-ed as violence prevention interventions is to speak directly to gender and power and gender inequalities. Some young people recognized that they did not get the kind of information that spoke directly to gender norms and gender inequalities.



“When they talk about parenting, they try to force it more on girls than guys. They should teach all genders how to parent. It should be something guys are familiar with too!” (Youth participant—Kitchener/Waterloo)

“Sexual harassment and bullying lessons should start early on, like Grade 5 and up as you start learning more about the body.” (Youth Participant—Kitchener/Waterloo)

Almost every young person we spoke to mentioned the lack of content on LGBTQI2S+ identities, sexuality, and relationships. This mirrors the findings of the *Sex-ed is Our Right* report from Youth Co.¹⁴⁹



“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)

“It should be in our curriculum that you teach sex and gender as two different concepts.” (Youth roundtable participant—Kitchener/Waterloo)

“We didn’t learn about other genders—there was no inclusion. It was just man and women, and this is the way it is. There were stereotypes around men getting pleasure out of women.” (Youth participant—Kitchener/Waterloo)

“If they talk about bisexuality at all, they assume it’s an experimental thing and at the end, you’ll figure out you’re heterosexual.” (Youth participant—Kitchener/Waterloo)

“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)

¹⁴⁹ Youth Co. “Youth Leadership in Transforming BC’s Sex-ed Curriculum.” (Sept 2018). Available at: <http://www.youthco.org/youthleadershipinsexed>.

“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 girls were separated, that’s not good for trans folks in the classrooms!” (Youth roundtable participant from Fredericton, New Brunswick).

“Being bi, I obviously knew how sex with a man and woman “worked”, but when I first started dating a woman I had no idea how anything worked... even though I am a woman.” (Youth participant—Kitchener/Waterloo)

“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 LGBTQI2S+ 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)

“A lot of the research for everything—car crashes, health care, paramedics—it’s done on white men. Cars are tested and designed on male bodies—so for health, they do the tests on white females or white men—so health providers don’t know how to find symptoms that may be atypical in people who don’t identify as a cis man who is white.” (Youth participant—Kitchener/waterloo)

“Sex-ed should include info relevant to everyone’s sex lives.” (Youth participant from Fredericton, New Brunswick)

“The images they used, the symptoms they spoke about were for white females—as someone who is a person of colour and comes from a different background, I didn’t feel represented. I didn’t know that what I had was ‘normal.’” (Youth participant—Kitchener/Waterloo)


“In terms of healthy relationships, different cultures have different parts—not all situations go in the same way. Different cultures have different aspects—in my culture it’s looked down upon to have sex before marriage. I don’t want to have sex before marriage and I don’t judge others who do, but I want to learn how to have a relationship outside of having sex and that wasn’t talked about.” (Youth participant—Kitchener/Waterloo)

“Typically, we learn that periods last up to 6 days but in different cultures with different diets, our periods can last over 8 days. We eat a lot of heavier foods like meat-based curries, and our flow tends to be heavier and longer—which I didn’t know, I thought I was dying because my period didn’t stop at six days.” (Youth participant—Kitchener/Waterloo)

“Sex-ed speaks to the ‘perfect white female’ or ‘perfect white male’ and as a person of colour it didn’t speak to me.” (Youth participant from Kitchener/Waterloo)

“Even the images used were one type—if you show images then you should show all types of bodies and reaffirm that everything is ‘normal’. No one has one type of body.” (Youth participant Kitchener/Waterloo)

It was clear from all discussion groups 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)

“I find that there’s a big difference in the education around health in public versus catholic school. When I was in Grade 6, my cousin in Grade 2 knew more about things like the uterus.” (Youth participant—Kitchener/Waterloo)

“Last time I learned about sex-ed was Grade 8. I never talked about anything after Grade 8.” (Youth participant—Kitchener/Waterloo)

“With math, no matter what class I go to, I’m going to get the same lesson. With sex-ed, you don’t get that—we all got really different experiences with sex-ed, depending on the teacher, and that’s not okay.” (Youth participant—Kitchener/Waterloo)

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 infections; they had falsely learned in sex-ed that condoms only protect against pregnancy, not STIs.

The inconsistency is also an important problem when we consider that many schools outsource sex-ed to external community partners. The educators young people get can range from anti-choice religious organizations to police officers, to public health nurses to trained sexual health educators. In many regions, there is no oversight over who gets to teach sex-ed to young people and no accountability around teaching inaccurate information.

“We had someone come in from SHORE and from the YWCA. She had adorable uterus pillows! I can’t believe that my uterus that stabs me once a month is that adorable.” (Youth participant—Kitchener/Waterloo)

“We had someone from the sexual health clinic come to our class. She sat on the same level with us—we passed things around, we joked, they opened up an anonymous question box to leave our anonymous questions. There’s a lot of stigma around it so it (the anonymous question box) was really helpful.” (Youth participant—Kitchener/Waterloo)

“What we got (from our presenters) were pro-life arguments, ‘scientific’ lies.” (Youth participant—Saskatoon, Saskatchewan)

“My high school teacher actually actively misled us because she told us that the anti-choice organization that came in was the only sexual health resource in our community.” (Youth participant—Kitchener/Waterloo)

“We had a cop come in and tell us that porn is illegal. It’s illegal because you’re underage and you’re all going to go jail if you watch porn.” (Youth participant—Kitchener/Waterloo)

“The only time we had talked about abortion in my sex-ed class is when we had speakers from an anti-abortion centre come into our school.” (Youth participant—Kitchener/Waterloo)

Research is clear that sex-ed is most impactful when young people are connected to sex positive and youth friendly sexual health care and resources. While some schools may have public health nurses available to support young people, in many cases, access to resources and to health care is not easy.

“They should have told us about the resources—if we were to get pregnant, what options do you have? There are so many options and not a lot of girls know them. Not a lot of people know about places like Monica Place.” (Youth participant—Kitchener/Waterloo)



(after other young people speak about local clinics) “I feel like I should know about these resources. I should be learning about them from my community and school. The first time I heard about it is tonight.” (Youth participant—Kitchener/Waterloo)

“When you’re a teenager, everyone is at a different stage in their sexual lives. If schools just offered more info—like websites with accurate info—so kids can search at their own time, it would be helpful.” (Youth participant—Kitchener/Waterloo)

“There were posters up in the bathroom about different resources, but I can’t remember one single teacher telling us about these resources. So, unless you read the posters, you wouldn’t know these resources exist.” (Youth participant—Kitchener/Waterloo)

When asked what they thought was preventing them from having high quality sex-ed, young people shared their insights:



“It’s a matter of priorities. All this time I learned how to play recorder and I don’t know this stuff? I don’t get it!” (Youth participant—Kitchener/Waterloo)

“Stigma! A lot of these topics are socially stigmatized, and people are hesitant to talk about them.” (Youth participant—Kitchener/Waterloo)

“Lack of awareness.” (Youth participant—Kitchener/Waterloo)

“Values. People who were brought up learning something is wrong and now that it’s out that it’s not wrong, they don’t accept it, don’t want their kids to accept it, don’t want it taught in schools.” (Youth participant—Kitchener/Waterloo)

“Religious values—a lot of the teachers are white, cis, Catholic, or Christian, so they believe in ‘Good Catholic Values.’” (Youth participant—Kitchener/Waterloo)

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 participant from Fredericton, New Brunswick)

“We had to get a consent form signed about going to sex-ed class. I feel like that puts a lot of stigma on it.” (Youth participant—Kitchener/Waterloo)

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 CSE 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 CSE 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 CSE.

The Impacts of Sub-standard Sex-ed

The evidence is clear: the sex-ed young people do or don't receive has long lasting impacts.¹⁵⁰ In Canada, there are significant gaps in the sexual health knowledge of youth;¹⁵¹ the majority of young people surveyed in a BC 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%).¹⁵²

YOUNG PEOPLE AREN'T LEARNING HOW TO PREVENT STIS, YET HAVE THE HIGHEST RATES

Chlamydia, gonorrhea, and syphilis have been steadily rising since the 1990s,¹⁵³ 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 to 24.¹⁵⁴ Between 2008 and 2017, the rate of new gonorrhea diagnoses, the second most common bacterial STI in Canada, increased by 109% and chlamydia, the most common bacterial STI in Canada, by 39%. The number of new HIV diagnoses among youth has increased by 31% from 2014 to 2018.¹⁵⁵ By 2018, over one-quarter of all HIV diagnoses in Canada were in youth aged 15 to 29.¹⁵⁶ 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. Between 2008 and 2017, the rate of new infectious syphilis diagnoses

increased by 167%. By the end of 2019, nine provinces and territories had declared syphilis outbreaks.

HIGH RATES OF GENDER-BASED AND SEXUAL VIOLENCE IMPACTING YOUNG WOMEN, GIRLS, AND GENDER DIVERSE PEOPLE

Sex-ed is key in making sure people have the right information they need to make important health decision. This means it can help us lower STI rates and help make public health better. It also plays another crucial role. Sex-ed, when done right, can be a key intervention to prevent childhood sexual abuse, intimate partner violence, and sexual violence.

Educating children about their bodies, body autonomy, and safe/unsafe touch from a young age is an important way to keep them safe. By making sure that children learn about their bodies (including the correct names of their genitals) and about human reproduction and sexuality, we give them the tools and vocabulary to tell trusted adults and healthcare professionals when they need help.

Sex-ed is also an opportunity to support children and young people in developing the skills to initiate and nurture strong, respectful, healthy relationships. This means talking openly about gender and power within relationships since inequalities between men and women (and people of other

¹⁵⁰ Full evidence review can be found here: <http://unesdoc.unesco.org/images/0026/002646/264649E.pdf> and See note 3, chapter 4.

¹⁵¹ 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; and note 149.

¹⁵² *Supra* note 42.

¹⁵³ 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. Available at: <http://www.phac-aspc.gc.ca/aids-sida/publication/ps-pd/youth-jeunes/assets/pdf/youth-jeunes-eng.pdf>.

¹⁵⁴ *Ibid*

¹⁵⁵ Haddad N, Robert A, Weeks A, Popovic N, Siu W, Archibald C. HIV in Canada-Surveillance Report, 2018. *Canada Communicable Disease Report*. 2019;45(12):304–312. Available from: <https://www.canada.ca/content/dam/phac-aspc/documents/services/reports-publications/canada-communicable-disease-report-cdr/monthly-issue/2019-45/issue-12-december-5-2019/ccdrv45i12a01-eng.pdf>.

¹⁵⁶ *Ibid*

genders) are one of the most persistent power dynamics. Understanding gender can help nurture more equality in relationships—a key way to prevent gender-based violence, intimate partner violence, and sexual violence.



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



Sexual violence is a broad term that describes any violence (physical or psychological) carried out through sexual means or by targeting sexuality.

Sexual violence is not always captured by legal definitions of what is considered sexual assault in the courts. There is a range when it comes to sexually violent behaviours and we have normalized many of them even though they contribute to the permissiveness and prevalence of more extreme behaviours.

Research tells us that misogyny and sexual harassment are both widespread among young people.¹⁵⁷ Many young people are either on the receiving end or perpetrating gender-based

degradation and violence, but most parents are not talking to their kids about it. In an American national survey¹⁵⁸ of 18 to 25 year-olds, 87% of women reported having experienced gender-based violence, but 76% of respondents said they had never been talked to by parents or teachers about how to avoid sexually harassing or degrading others. Many young people don't see certain types of gender-based violence like cat calling, slut shaming, or sharing private texts, photos, or experiences as problems in modern society.

One in five women will experience sexual assault in university, and one in three in their lifetime. Sexual assault rates among young people are high, yet most parents and educators aren't talking about consent with their kids.

Young women are eight times more likely than boys to be victims of a sexual offence¹⁵⁹ and nearly half (46%) of high school girls in Ontario are victims of sexual harassment.¹⁶⁰ Indigenous young women and girls also face more violence than non-Indigenous girls.¹⁶¹ 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.¹⁶²

LGBTQI2S+ individuals are much more likely to experience violence and discrimination compared to heterosexual people.¹⁶³ Lifetime prevalence rates for experiencing domestic violence are nearly twice as high for transgender people (65%) as are they are for cisgender women (37.6%) and more than three times as high as the rates for cisgender men (17.4%).¹⁶⁴ In a national consultation, LGBTQI2S+ youth in Canada emphasized experiences of harassment, sexual violence, bullying, and a lack of

¹⁵⁷ The National Community Attitudes towards Violence against Women Survey (NCAS). Available at: <https://www.anrows.org.au/NCAS/2017/home/>. (Accessed 2 Mar 2020).

¹⁵⁸ *Supra* note 108.

¹⁵⁹ Sinha, M. Measuring violence against women: Statistical trends. Statistics Canada, 85-002-X, 25 Feb 2013. Available at: <http://www.statcan.gc.ca/pub/85-002-x/2013001/article/11766-eng.pdf>.

¹⁶⁰ Wolfe, D. Chiodo, D. Sexual Harassment and Related Behaviours Reported Among Youth from Grade 9 to Grade 11. (5 Feb 2008). Available at: <http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.586.6071&rep=rep1&type=pdf>. (Accessed 2 Mar 2020).

¹⁶¹ Native Women's Association of Canada. Fact Sheet: Violence Against Aboriginal Women. Available at: https://nwac.ca/wp-content/uploads/2015/05/Fact_Sheet_Violence_Against_Aboriginal_Women.pdf. (Accessed 2 Mar 2020).

¹⁶² *Ibid.*

¹⁶³ Simpson, L. Violent victimization of lesbians, gays and bisexuals in Canada, 2014. Statistics Canada, 31 May 2018. Available at: <https://www150.statcan.gc.ca/n1/pub/85-002-x/2018001/article/54923-eng.htm>.

¹⁶⁴ Wathen, C. Macquarrie, B. & Macgregor, J. The Impact of Domestic Violence in the Workplace Results From a Pan-Canadian Survey. (July 2015). Available at: <https://www.researchgate.net/publication/279863879>.

public safety.¹⁶⁵ An Ontario study examining the well-being of Indigenous gender-diverse individuals reported that 73% of participants had experienced violence due to transphobia; 43% reported an experience of physical and/or sexual violence.¹⁶⁶

LGBTQI2S+ youth experience health disparities, including poorer mental health outcomes and higher instances of cyberbullying and online harassment.¹⁶⁷

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.

SIECCAN aggregated what the research says on this topic. They highlight how:

- Programs that address gender norms, power dynamics, and other issues related to sexual and gender-based violence (e.g., consent, healthy relationships, nonviolent conflict resolution) are effective at improving gender-equitable attitudes, dating violence knowledge, and awareness of supportive resources.
- In some cases, educational interventions also help to reduce self-reported perpetration of violence and the risk of sexual assault.
- Bystander education programs focus on educating participants about the myths regarding sexual assault, how to notice high risk situations, and developing the skills to respond constructively.
- Bystander education training leads to greater intent to help others, higher levels of helping behaviours, and less rape myth acceptance and proclivity among people who participated in the interventions compared to those in control groups.

- Programs that specifically target sexual violence perpetration suggests that interventions are most effective when they involve extended, comprehensive educational curricula that provide opportunities for individuals to develop appropriate behavioural skills.
- Sexual health education programs that are inclusive to LGBTQI2S+ people can help address discriminatory attitudes, foster a positive school environment, and create a safer space for all students.
- Having a more extensive school-based sexual health education (e.g., covering more topics and covering them more frequently) is associated with students' and teachers' willingness to intervene when they witness the bullying of LGBTQI2S+ individuals.

To educate young people properly about sexuality, about their rights, about being respectful partners, and about consent is one the best ways we can end the epidemic of sexual violence and lead young people into healthy relationships.

These findings about the positive impacts of comprehensive sex-ed on violence prevention and the consequences of the lack of it are important if we care about public health and population health. Gender-based violence, intimate partner violence and sexual violence have long-term impacts on both physical and mental health that can range from higher rates of depression, anxiety, PTSD symptoms which then impact sexual behaviours and outcomes; to gynecological and perinatal problems,¹⁶⁸ sexual dysfunction, higher risk of STBIs including HIV or difficulty having fulfilling relationships.¹⁶⁹

Everyone in Canada needs and deserves to live healthy lives and thrive. Sex-ed is one crucial tool in ensuring that.

¹⁶⁵ Wisdom2Action. LGBTQ2+ Youth Priorities for Addressing Gender- Based Violence. (2019). Available at: <https://www.wisdom2action.org/wp-content/uploads/2019/06/GBV-Final-Report.pdf>.

¹⁶⁶ Scheim, A. *Barriers to well-being for Aboriginal gender-diverse people Results from the Trans PULSE Project in Ontario Canada. Ethnicity and Inequalities in Health and Social Care.* (Nov 2013). Available at: <https://www.researchgate.net/publication/261871579>.

¹⁶⁷ Community Based Research Centre. LGBT Health in Canada. (2 May 2018). Available at: <http://cbrc.net/sites/cbrc.net/files/LGBT%20Health%20In%20Canada%20%281%29.pdf>.

¹⁶⁸ Campbell, J. Snow, A., & Dienemann, J. Intimate Partner Violence and Physical Health Consequences. (27 May 2002). Available at: <https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/211435>.

¹⁶⁹ Karakurt, G. Whiting J., & Smith, D. Impact of Intimate Partner Violence on Women's Mental Health. *Journal of Family Violence.* (Aug 2014). Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4193378/>.

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 and societal 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 LGBTQI2S+ 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.

Many of our provincial, territorial, and federal leaders treat sex-ed as a politically sensitive issue. It has become a political football 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 LGBTQI2S+ 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.

YOUNG PEOPLE IN CANADA 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 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.¹⁷⁰ The majority of parents want that, too.¹⁷¹

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

¹⁷⁰ *Supra* note 149; note 108.

¹⁷¹ McKay, Pietrusiak & Holowaty, 1998; McKay, Byers, Voyer, Humphreys, & Markham, 2014. Advisory Committee on Family Planning, 2008; Weaver, Byers, Sears, Cohen & Randall, 2002.

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 LGBTQI2S+ health and how to reduce related inequities. The committee released ground-breaking recommendations¹⁷² that, if implemented, could radically improve the health of LGBTQI2S+ 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 report¹⁷³ on gender-based violence funded by the Public Health Agency of Canada was published and also recommends robust sex-ed programs. According to the research conducted by the Halifax-based group Wisdom2Action, 70% 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% of homeless youth identify as LGBTQI2S+. The report highlights the experiences of more than 500 LGBTQI2S+ 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 a key intervention.

Sex-ed has been prominently raised in national conversations¹⁷⁴ since the reveal that rates of STIs are still on the rise all over the country. The repeal of sex-ed in Ontario¹⁷⁵ and the attacks on the SOGI 123 resource¹⁷⁶ during municipal elections in BC 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.

CANADA’S 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 international 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 CSE.¹⁷⁷

“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.”

¹⁷² Casey, B. Government of Canada, Report of the Standing Committee on Health. Jun 2019, 42 Parliament, 1st Session. The Health of LGBTQIA2 Communities in Canada. Available at: <https://www.ourcommons.ca/Content/Committee/421/HESA/Reports/RP10574595/hesarp28/hesarp28-e.pdf>.

¹⁷³ Wisdom2Action. “Report Launch:LGBTQ2+ Youth & Gender-Based Violence.” Available at: <https://www.wisdom2action.org/gbv/>.

¹⁷⁴ Patel, A. “STIs rates in Canada are rising—decline in condom use may be to blame”. *Global News*, 2 Oct 2019. Available at: <https://globalnews.ca/news/5501408/decline-condom-use-canada/>.

¹⁷⁵ Lenti, E. “The Undoing of Ontario Sex-ed”. *The Walrus*, 5 Dec 2018. Available at: <https://thewalrus.ca/the-undoing-of-ontario-sex-ed/>.

¹⁷⁶ Wadwhani, A. “Nearly 200 B.C. pastors launch anti-SOGI campaign”. (28 Sept 2018). *Langley Advance Times*. Available at: <https://www.langleyadvancetimes.com/news/nearly-200-b-c-pastors-launch-anti-sogi-campaign/>.

¹⁷⁷ UN Human Rights Council, General Assembly, 39. (28 Sept 2018). [A/HRC/39/L.13/Rev.1](https://www.unhcr.org/refugees/39/L.13/Rev.1).

The Government of Canada has a human rights obligation¹⁷⁸ to provide evidence-based, scientifically accurate, gender-sensitive, LGBTQI2S+ 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*.¹⁷⁹

The federal government, as signatory to international human rights treaties, is failing to hold provinces and territories accountable to delivering CSE in line with human rights obligations. This runs contrary to positions taken by Canada at the UN that support the full implementation of CSE around the world.¹⁸⁰

Canada is not meeting its human rights obligations when 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 Procedures¹⁸¹ to draw attention to the human rights violations occurring as a result. On 19 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.

WHAT CAN WE DO RIGHT NOW?

When we take in the current state of sex-ed in Canada, it becomes evident that we must chart a path towards change. Young people, parents, teachers, health professionals, sexual health educators, researchers, legal experts, international sexuality education experts, and intersectional activists must come together to share knowledge across sectors and discuss the needs, barriers, and goals of what could be a powerful national campaign to improve sexuality education for all young people in Canada.

We need leadership from our governments, policy makers and leaders as well as robust monitoring, evaluation and accountability mechanisms to push forward on realizing the rights of children and youth.

We hope that the publishing of this report will be a moment that sparks a coordinated movement towards a future where all young people can claim their right to health and education through comprehensive sexuality education.

Together, we can look at barriers we face in our sectors, examine where resources are needed, and craft demands that will help us move the needle on this important issue. It is imperative that we make sex-ed a national priority!

¹⁷⁸ Action Canada for Sexual Health and Rights. "Sex-ed as a Human Right." Available at: <https://www.actioncanadashr.org/resources/sexual-health-info/sex-ed-sex-ed-human-right/>. (Accessed 2 Mar 2020).

¹⁷⁹ *Supra* note 19.

¹⁸⁰ Sexual Rights Initiative. "What happened at the 41st Session of the Human Rights Council." Available at: <https://www.sexualrightsinitiative.com/2019/hrc/what-happened-at-the-41st-session-of-the-human-rights-council/>.

¹⁸¹ Action Canada for Sexual Health and Rights. "UN Experts Gravely Concerned with Sex-ed in Ontario." Available at: <https://www.actioncanadashr.org/un-experts-gravely-concerned-with-sex-ed-in-ontario>. (Accessed 2 Mar 2020).