Action Canada
for Sexual Health & Rights

Together for Sex-Ed:
Outcomes Report

June 2021



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Acknowledgments

Action Canada for Sexual Health and Rights gratefully acknowledges the traditional and unceded territory of the Anishnaabe Algonquin nation where Action Canada's central office is located. Action Canada team members live, work, and organize on the unsurrendered and treaty territories of many Indigenous nations; nations who have, and continue to, steward the land known as Canada from time immemorial. It is vital that we centre our work towards reproductive justice in reconciliation and decolonization.

Together for Sex-Ed: A National Gathering would not have been possible without the generous time and expertise of our partners. A full list of organizations involved in co-creating the knowledge within this report can be found here. We are deeply grateful for the many individuals and organizations involved in this event, including our skillful event facilitator, Tanya Noel, report writer, Jean Ketterling, and our many incredible speakers and breakout room volunteers.

Finally, thank you to Oxfam Canada and the Government of Canada for support through the Her Future Her Choice project, which helped make this virtual event a reality.

Canada

OXFAM Canada

Executive Summary:
Together for Sex-Ed, October 2020

Report prepared by Jean Ketterling and Action Canada staff, March 2021

Despite evidence demonstrating the importance of comprehensive sex-ed (CSE) to achieve better health and social outcomes for young people, the state of sex-ed in Canada remains dismal. Delivery of sex-ed across the country is inconsistent, not comprehensive, and often fails to meet international and national standards. This issue has become even more pressing as the world reckons with concurrent global pandemics: COVID-19 and systemic racism and discrimination, including anti-Black racism.

Action Canada for Sexual Health and Rights (Action Canada) and its partners see sex-ed as an essential part of our collective response to social injustice. On October 20–21, 2020, Action Canada virtually convened the first-ever gathering of sex-ed champions from diverse sectors in Canada and around the world to share experiences in delivering and receiving sex-ed, to learn from each other, and to build towards the creation of a national comprehensive sex-ed strategy. Participants resoundingly agreed: it is time to seize the moment and advocate for the kind of sex-ed that can help us create a more just world.

The Importance of Comprehensive Sex-Ed

There is a substantial body of literature that demonstrates the positive impacts of comprehensive sex-ed[1] (for more on this, see Action Canada's report **The State of Sex-Ed in Canada**). This convening went beyond the basics, reinforcing that quality sex-ed is about equity and justice as much as it is about improving health outcomes.

In the context of the ongoing COVID-19 pandemic, greater national leadership on comprehensive sex-ed becomes even more important. The pandemic has caused a massive upheaval in the education system, forcing students, parents, and educators to adapt quickly. This has strained the already piecemeal delivery of sex-ed. At the same time, people around the world are agitating against anti-Black racism, police violence, colonialism, and other forms of systemic and institutional racism.

Convening participants envisioned sex-ed as a tool that not only teaches about bodies and relationships but can be used to teach young people their rights and educate them about the systems of privilege and oppression that shape their lives. If done in this way, sex-ed can create new "possibility models" for young people, enhancing health and wellbeing. Comprehensive sex-ed is an upstream public health intervention because it has

[1] Goldfarb, E. S., & Lieberman, L. D. (2020). Three decades of research: The case for comprehensive sex education. *Journal of Adolescent Health.* **https://www.sciencedirect.com/science/article/pii/S1054139X20304560** UNESCO. (2018). *International Technical Guidance on Sexuality Education.* Available at: **http://unesdoc.unesco.org/images/0026/002607/260770e.pdf**

the potential to advance gender equity, reduce gender-based and sexual violence, reduce stigma and discrimination for 2SLGBTQ+ youth, and improve mental health outcome.[2] Increasing access to *status-quo* sex-ed will not accomplish this; participants emphasized the importance of better, more equitable sex-ed that centers youth, BIPOC, and queer needs and experiences.



Barriers to Comprehensive Sex-ed: Canadian context

In *The State of Sex-Ed in Canada,* Action Canada shows that inconsistency is the most consistent aspect of the national sex-ed landscape. Participants in the convening identified 11 categories of barriers to comprehensive sex-ed in Canada:

1. **One-channel delivery.** There is a lack of wrap-around support for sex-ed; school-based sex-ed is overemphasized, which puts the majority of the burden on teachers, who are under-resourced and under-trained.
2. **Inadequate resources and supports for educators.** Data show that teachers are under-supported, under-resourced, and under-trained to deliver comprehensive sex-ed.
3. **Erasure and exclusion.** Curricula systemically erase meaningful discussions of disability, class, age, race, sexuality, etc. Certain topics, including pleasure, are often excluded.
4. **Gatekeeping by parents, schools, and politicians.** These stakeholders may exercise inappropriate control over sex-ed curriculum administration.
5. **Systemic oppression, attitudes, and ideology.** Sex-ed curricula erase many people, and often uphold the hegemonic status-quo in relation to race, sexuality, and gender.
6. **Inaccessibility.** Sex-ed is inaccessible to some students (e.g., students living with disabilities are often left out of gym class and do not receive sex-ed, and a lack of culturally safe education contributes to feeling alienated from sex-ed classes). The health system can be inaccessible because of geography, availability of culturally relevant services, and systemic racism and colonialism.
7. **Minimization of youth involvement and leadership.** Youth are understood as needing protection, rather than seen as leaders and critical stakeholders.
8. **Lack of data and standards.** National-level data on sexual health outcomes, data on youth, and race-disaggregated data are needed. Where data exists, there is often a failure of effective knowledge translation and dissemination.
9. **Dearth of political will and leadership.** Comprehensive sex-ed is treated as a political football at all levels of government—no one is willing to take responsibility for it.
10. **Lack of accountability.** Few accountability measures exist to ensure the proper delivery of the curricula at the school board, provincial, or federal levels.
11. **COVID-19.** The pandemic has exacerbated these barriers and introduced new concerns, including fear of surveillance among students and teachers.

[2] Action Canada for Sexual Health and Rights. (2020). "The State of Sex-Ed in Canada," **https://www.actioncanadashr.org/resources/reports-analysis/2020-04-03-state-sex-ed-report**

Opportunities for Action

Participants in the convening identified five areas where there is opportunity to advocate for better sex-ed in Canada:

1. **Think strategically.** Participants expressed interest in the development of a national advocacy strategy, cross-sectoral collaboration, and new advocacy networks.
2. **Advocate.** Participants saw considerable value in linking sex-ed advocacy to the human rights agenda. Other advocacy priorities include creating tools and campaigns, lobbying for federal leadership, linking advocacy in Canada to the broader global comprehensive sex-ed movement, and increasing available funding.
3. **Build the knowledge base.** More professional development support is needed for teachers, health professionals, and parents. To support this, improved data collection and dissemination is needed, including a national comprehensive sexual health survey.
4. **Center marginalized people and youth.** Ensure meaningful youth participation in all initiatives, with primary focus on centering marginalized youth.
5. **Innovate.** Participants expressed interest in thinking creatively and expanding sex-ed beyond the classroom. This might include artistic approaches, storytelling, and investing in community-based programming and innovative online initiatives. There is much to learn from stakeholders across Canada, as well as globally, on what these approaches could look like.

Towards a National Strategy for Comprehensive Sex-Ed

The overarching theme of the convening was that sex-ed is not simply a means of conveying health information. Sex-ed plays a pivotal role in visioning justice-oriented futures and creating the conditions for challenging the root causes of health inequities (e.g., oppressive forces and structural forms of discrimination). Put another way, sex-ed has the potential to shift culture and transform systems of power.

The convening provided the first-ever national space for sex-ed champions to gather and take stock of the evidence, share experiences and learnings, and build a cohesive movement, working together for comprehensive sex-ed. Participants expressed that working in regional and sectoral silos is common and must be challenged if the movement is to be effective; this includes the need to look outside of Canada for strong examples and successful movements to advance comprehensive sex-ed. Participants overwhelmingly agreed that realizing a vision where all young people are equipped with the skills and knowledge necessary to feel safe and empowered in their sexuality and relationships will require leadership. The convening sparked a commitment towards interprovincial/territorial collaboration, national leadership, and active movement building to support the creation of a national strategy for sex-ed.

Next Steps

Action Canada for Sexual Health and Rights will:

- Continue to build the case through gathering and presenting research on the public health benefits of comprehensive sex-ed across Canada and around the world.
- Work to bridge silos between sectors that have a stake in sex-ed—from nurses to teachers, from youth activists to law and policymakers.
- Convene and steward a National Advisory Committee to refine a list of demands based on the Opportunities for Action identified in the full report.

For more information, contact: info@actioncanadashr.org

Introduction

Comprehensive Sexuality Education (CSE) is a **globally recognized human right** and upstream public health intervention.[3] There are international gold standards guiding curriculum content and delivery based on strong scientific evidence.[4] Despite evidence that demonstrates the crucial importance of comprehensive sex-ed to achieving better health and social outcomes for young people, **the state of comprehensive sex-ed in Canada remains dismal**. Governments across the country and around the world have failed to take real leadership on the issue. Right now, in Canada, the sex-ed that most young people receive does not meet international standards and best practices, nor does it meet the 2019 Canadian Guidelines for Sexual Health Education.[5]

This is an issue that is becoming increasingly salient as the world reckons with concurrent global pandemics with significant impacts on public health: COVID-19 and systemic racism and discrimination, including deeply rooted anti-Black racism. As the world simultaneously ground to a halt and came alive during a watershed moment in Black-led activism, it became essential that Action Canada and our partners raise the profile of comprehensive sex-ed on the national stage. We see sex-ed as an essential part of our collective response to these issues. It is time to seize the moment and advocate for the kind of sex-ed that can help us create a more just world.

Sex-ed must become a national priority. It is in this spirit and under the banner of the #SexEdSavesLives campaign that Action Canada convened the first-ever national gathering of sex-ed champions from numerous sectors to begin discussions about a national sex-ed strategy.

The convening was held on October 20 to 21, 2020. While it was originally envisioned as an in-person conference, the event was reimagined as a virtual gathering when the COVID-19 pandemic made gathering in-person impossible. Participants came from a diverse set of organizations and communities from across Canada and globally, working in education, health, and youth-centered services. The event was also an opportunity to connect the work of global human rights activists and experts with those working towards better access to comprehensive sex-ed in Canada. A full list of the organizations that were represented at the gathering can be **found here**.

The following report provides a summary of the proceedings, as well as the main takeaways identified by partners in the room:

1. The barriers that exist to the implementation of comprehensive sex-ed across the country.
2. The opportunities for action that our partners see.
3. Future steps towards a national sex-ed strategy.

[3] Goldfarb, E. S., & Lieberman, L. D. (2020). Three decades of research: The case for comprehensive sex education. *Journal of Adolescent Health.* **https://www.sciencedirect.com/science/article/pii/S1054139X20304560**

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

[5] Sex Information & Education Council of Canada (SIECCAN). 2019. "Canadian Guidelines for Sexual Health Education." **http://sieccan.org/sexual-health-education/**

Objectives of Together for Sex-Ed: A National Gathering

Over two days, Together for Sex-Ed brought together 100 key stakeholders from across Canada as well as global comprehensive sex-ed and sexual and reproductive health and rights (SRHR) advocates. The objectives of the convening were to:

1. Share our respective knowledge and expertise to make the collective case for sex-ed as a key intervention to achieve better public health outcomes, further gender equality and social justice, reduce stigma around sex and sexuality, address violence and discrimination, and to meet Canada's human rights obligations.
2. Assess the different sectors' needs, experiences, and priorities to find connections and grounds for collaboration so we can advocate together for the kind of changes that could lead to better access to comprehensive sex-ed in Canada.
3. Develop a list of opportunities for action to support the implementation of comprehensive sex-ed.
4. Begin to organize a cross-sector movement in support of comprehensive sex-ed.
5. Set the groundwork to build a National Advisory Committee to offer guidance and mobilization for a national campaign demanding better access to comprehensive sex-ed in Canada.



Proceedings

Pre-Conference

Building a Global Movement

In a pre-conference video we heard from various human rights activists from around the world fighting for better access to quality and rights-based comprehensive sex-ed. The video featured speakers from seven countries who shared their experiences working to advance comprehensive sex-ed, what they see as the main barriers to progress, and their hopes for the future. From addressing stigma to challenging societal and gender norms, to dealing with opposition and fundamentalisms, the video illustrates the parallels between activists in each country and the similarities between the barriers they face. Comprehensive sex-ed is a human right and yet both here in Canada and globally we still must push for equal access. In learning about different activists working to advance sex-ed around the world, we can see the Canadian movement as part of a broader, global movement to advance human rights.

State of Sex-Ed in Canada

The first panel, entitled *The State of Sex-Ed in Canada* helped contextualize the current moment. The panel began with a presentation by Dr. Sandra Byers, **a human sexuality researcher in the department of psychology at the University of New Brunswick**. Dr. Byers discussed her research on the level of support for sexual health education at school and home, and the quality of that education. Research shows that there is good news: Canadians are very supportive of sex-ed and support a range of topics being included in sex-ed programs.[6] Further, almost all parents see talking to their children about sexuality as important and part of their responsibility. Similarly, studies tracking teachers' attitudes on sex-ed reveal that a majority of them support school-based sex-ed.[7]

Unfortunately, while interest and good intentions are there, delivery and implementation fall short. Research has shown that the quality of sex-ed in Canada is poor, with very few parents, teachers, or students rating their experience as "excellent or very good". Dr. Byers highlighted that teachers indicate a lack of knowledge, comfort, or willingness to teach sex-ed, and few receive specific training to do so. While parents see the importance of discussing sexuality with their children, they rate the quality of their own communication quite poorly. In one study, only about a quarter of the parents surveyed had acted on their intention to talk to their children about sexuality, another quarter intended to, and half had not and did not intend to within the next six months.

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6 Weaver, A. D., Byers, E. S., Sears, H. A., Cohen, J. N., & Randall, H. E. (2001). Sexual health education at school and at home: Attitudes and experiences of New Brunswick parents. *Canadian Journal of Human Sexuality, 11*(1), 19–32.; McKay, A., Byers, E. S., Voyer, S. D., Humphreys, T. P., & Markham, C. (2014). Ontario parents' opinions and attitudes towards sexual health education in the schools. *The Canadian Journal of Human Sexuality*, *23*(3), 159–166.

7 Byers, E. S., Cohen, J. N., Sears, H. A., & Weaver, A.D. (2004). Sexual health education: Attitudes, knowledge, and comfort of teachers in New Brunswick schools. *Canadian Journal of Human Sexuality, 13*(1), 1–15. **https://www.researchgate.net/publication/283756557_Sexual_health_education_Attitudes_knowledge_and_comfort_of_teachers_in_New_Brunswick_Schools**

In other words, while the research shows that attitudes are positive, children and youth are not getting the quality sexual health education they need at home or school. The details of much of this research are covered in Action Canada's report *The State of Sex-Ed in Canada.*[8]

Secondly, **Makeda Zook (Health Promotion and Education Officer at Action Canada)** discussed *The State of Sex-Ed in Canada* report in more detail. The report examines what sex-ed looks like across Canada, and the impacts of current approaches. In compiling the report, Action Canada analyzed national and international standards and conducted a content audit of provincial and territorial curricula. Because the curricula only tell part of the story, the content analysis was supported by interviews done with youth, classroom teachers, and community-based sexual health educators.



What the report ultimately shows is that inconsistency is the most consistent part of the national sex-ed landscape:

- There are no clear standards or process across Canada in terms of curriculum renewal.
- There are no expectations for classroom time dedicated to sex-ed.
- Many curricula are out of date.
- Instruction time is different from province to province, and even school to school.
- Even when the curriculum seems sufficient for a given topic, delivery is often sub-standard.

While there are sex-ed champions in schools across the country, significant barriers to implementing quality comprehensive sex-ed exist for educators. The lack of capacity, resources, and support that they face has only been exacerbated by the COVID-19 pandemic.

There are also more fundamental issues with the values that underpin sex-ed curricula in Canada. Stigma and oppression are often reinforced through the structure and language of sex-ed, and important aspects of sexual health such as pleasure are often erased. These ideological limitations restrict opportunities for sex-ed to discuss violence, enhance gender equality, and promote health relationships. Instead, sex-ed curricula are often focused on the prevention of negative health outcomes and are thus strongly focused on problems, dangers, and transgressions. Ultimately this means that sex-ed in Canada fails to give young people the opportunity to develop a clear vision of what healthy sexuality is, or how to achieve it. These issues and more are discussed in full detail in the *State of Sex-Ed in Canada* report.

[8] Action Canada for Sexual Health and Rights. (2020). "The State of Sex-Ed in Canada" https://www.actioncanadashr.org/resources/reports-analysis/2020-04-03-state-sex-ed-report

Quinn Jeffery-Off (youth activist) discussed their experience of sex-ed and of organizing a walk-out to protest the changes to the sex-ed curriculum proposed by Ontario's Ford government in 2018. The activism they were involved in caused the government to "take one step back" from the planned repeal. Jeffery-Off explained that their formal sex-education ended in grade nine, something they see as problematic (sexual health questions do not stop in grade nine, in fact they become more complex). Further, the sex-ed they did get was often fundamentally informed by a white, cisgender, and hetero-normative lens, which impacts queer and trans youth throughout their lives.

Natalya Mason (the Education Coordinator at Saskatoon Sexual Health) discussed her experience working alongside teachers in classrooms. She echoes the findings of *The State of Sex-Ed in Canada*, explaining that while many teachers work hard, there are also schools where no one has taught sex-ed for close to a decade. She describes the inconsistency and unreliability of the sex-ed youth receive. This is, in part, a result of a lack of clear responsibility and accountability when it comes to what makes it to the classroom. In Saskatchewan, the model for sex-ed delivery has changed over time. In the past, funding was available for public health nurses to come to classrooms to deliver content. When this program ended, teachers had to begin delivering the content themselves. But as Dr. Byers' research shows, many teachers are unequipped, uncomfortable, or unwilling to do so. This has meant that community organizations must pick up the slack. While community organizations across the country try to fill the glaring gaps, they often cannot meet the tremendous demand, given their limited capacity and financial resources.

Mason also spoke to some of the same gaps that Zook described in her presentation: risk-based approaches limit the opportunity for students to learn about sexual diversity, pleasure, and the linterpersonal skills necessary for healthy relationships.

Javier Davila (a gender-based violence prevention and equity officer with the Toronto District School Board), spoke about his work on gender-based violence prevention in schools.[9] Similarly to Mason, he recognizes that champions exist throughout the school system, but most teachers lack the language, skills, and training to manage instances of gender-based violence and the resources to teach about healthy relationships in a fulsome way. As Dr. Byers' research shows, teachers care and have good intentions, but are often underprepared to talk about power dynamics and to support appropriate interventions in response to sexual violence and harassment. However, Davila emphasizes that teachers are eager to learn this, and often show initiative in supporting consent-based education. More leadership from school boards in the form of mandatory training, increased resources, and the creation of oversight mechanisms is needed.

Monika de Souza (a high school sex-ed teacher with the Peel District School Board) provided a perspective from the classroom. She spoke to the everyday difficulties and emotional labour needed to navigate the delivery of sex-ed. She notes that there is often a lack of safety for facilitators given that classrooms feel increasingly volatile or hostile when topics concerning equity come up. She highlighted that young men, in particular, seem to be emboldened to say derogatory things about women, trans, and racialized people. De Souza links this to the current political and media landscape, explaining that

[9] Toronto District School Board. "Gender-Based Violence Prevention." Accessed January 2, 2021. https://www.tdsb.on.ca/About-Us/Innovation/Gender-Based-Violence-Prevention

comprehensive sex-ed teachers are competing with harmful, regressive ideas spread by Trumpism, alt-right YouTube personalities, and internet forums. In other words, teachers are facing the brunt of a backlash against gender equity, which is tied to the white supremacist radicalization of young men online. De Souza's reflections come from her personal experience in the classroom, but the connections between misogyny and white supremacy in online incel, MRA (men's rights activists) and alt-right forums have been documented elsewhere.[10] Nonetheless, de Souza is hopeful. She points towards the fact that anti-Black racism training is now mandated by the Peel District School Board. Harnessing teachers' energy to push for increased funding and training for comprehensive sex-ed is possible and needed. Part of this is that teachers need to be willing to admit that they do not have the information or resources they need but that they "love these children and want them to be safe and healthy". Support from parents and administrators in the form of concrete measures, including funding and professional development, is needed.

Sex-Ed as a Tool for Equity

Building from the last panel's focus on barriers, the second introductory panel looked at the potential of sex-ed as an emancipatory tool to change and shape culture. All speakers highlighted the fact that sex-ed is one tool in the toolbox of a comprehensive strategy for equity. Participants highlighted the importance of understanding the intersection of oppression and violence and ensuring that sex-ed is available to everyone and speaks to everyone's experiences and needs. We might draw inspiration from the central principles of universal design in visioning sex-ed in the future: centering the needs and voices of the people who are actively left out of sex-ed. Centering the voices and experiences of those who have been traditionally pushed to the margins of sex-ed will ultimately benefit everyone. This panel served as an important reminder that it does not make sense to advocate for increased access to comprehensive sex-ed without first calling for better more equitable comprehensive sex-ed. Ensuring comprehensive sex-ed includes everyone, actively centers the voices of those pushed to the margins and is rights-based is a critical first step.

Claire Dion-Fletcher (Chair of the National Aboriginal Council of Midwives) discussed the legacy of colonialism and systemic racism and how these have led to health inequities and barriers to accessing culturally safe health services and information. Dion-Fletcher laid out the ways that the reserve system, the Indian Act and Indian hospital system,[11] residential schools, the Sixties Scoop and the ongoing overrepresentation of Indigenous children in foster care, the continuing crisis of missing and murdered Indigenous women, and non-consensual testing and experimentation on Indigenous people and forced sterilization[12] are all important factors in the perpetuation of a cycle of negative health outcomes. Control of sexuality and reproduction were, and continue to be, used by the settler state (known as Canada) as a tool of colonialism. The denigration of Indigenous knowledges about gender and sexuality continues to be

[10] 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**
Beauchamp. Z. "Our incel problem". Vox News, 23 April 2019. Available at: **https://www.vox.com/the-highlight/2019/4/16/18287446/incel-definitionreddit**

[11] The University of British Columbia. "Indian Hospitals in Canada." *Indian Residential School History and Dialogue Center* (blog), n.d. **https://irshdc.ubc.ca/learn/indian-residential-schools/indian-hospitals-in-canada/**

[12] Rao, A. (2019). Indigenous Women in Canada are Still Being Sterilized Without Their Consent" in VICE media. **https://www.vice.com/en/article/9keaev/indigenous-women-in-canada-are-still-being-sterilized-without-their-consent**

a tool of genocide and assimilation. Given this context, sex-ed that teaches about racism, colonialism, and genocide is of vital importance for all young people to be educated on their histories and better understand systems of power and oppression. Concurrently, sex-ed organized by and for Indigenous children and youth can impart skills and knowledge about bodily autonomy in culturally safe ways and is a crucial step towards Indigenous sovereignty. Dion-Fletcher spoke about the role of midwives in this specifically. She argues that Indigenous midwives play an important role in reclaiming Indigenous health practices and ways of being and knowing throughout their clients' lifecycles.

Nelly Bassily (DisAbled Women's Network of Canada, DAWN Montreal) introduced the conference participants to the *Girls without Barriers Research Report*, produced by DAWN, which sought to identify and address gaps in research regarding the needs of girls with disabilities and Deaf girls.[13] She laid out the challenges and barriers facing these girls including infantilization and erasure, high rates of emotional, physical, and sexual abuse, lack of information, inaccessible schooling, and cultural stereotypes that understand people with disabilities as asexual or objects of fetishization. These girls are often excluded from sex-ed in school, either because of accessibility issues or because adults decide that they do not need sex-ed—a product of the overprotection and infantilization of girls with disabilities. Bassily stressed the central importance of developing trainings on sexual and reproductive health that are led by and from the perspective of girls and young women with disabilities. This can move us away from adult-led and informed models of learning, training, and knowledge production.

Phillip Dwight Morgan (writer and advocate against anti-Black racism and policing in schools) spoke on the Black body as a site of contestation. Because sex-ed is a site of political struggle, he explained that the meaningful inclusion of the Black community's needs in sexual health education is particularly important so that racist and gendered stereotypes of Blackness are not enforced. Morgan made the point that if this happens, it will be Black people whose bodily autonomy will be threatened. Put simply: the sexual and reproductive health needs of the Black community cannot be separated from the broader cultural context of white supremacy and anti-Black racism. Morgan sees comprehensive sex-ed as having the potential to reorient the narrative around race and how racism impacts sexual health and health outcomes at large and, as such, being a powerful tool for cultural and political change. Morgan linked his discussion of comprehensive sex-ed to the fight to get School Resource Officers (SROs) out of schools in the Toronto area. The resource officer program in Toronto was implemented without public consultation, largely in racialized communities.[14] A number of parents and students recognized that this would have negative implications for racialized communities from the start but were not heard by policymakers. Morgan drew connections between this program and the need for equitable sex-ed. In both cases, dismantling white supremacy necessitates listening to and centering the people who are most affected, engaging in genuine community consultation, and acting with integrity in line with the community's needs.

Policing in schools and the current model of sex-ed "weaponize power as a way of negating bodily autonomy". Morgan discussed both upper-case-Policing (e.g., SROs)

[13] DisAbled Women's Network of Canada. "Girls Without Barriers: An Intersectional Feminist Analysis of Girls and Young Women with Disabilities in Canada," 2020. **https://dawncanada.net/media/uploads/page_data/page-64/girls_without_barriers.pdf**

[14] Morgan, P.D. (2017). "The SRO Program is Over What Happens Next?" in MacLeans. Retrieved from: **https://www.macleans.ca/opinion/the-sro-program-is-over-what-happens-next/**

and the lower-case-policing that exists in schools through lack of representation in leadership, decision-making spaces and in who teaches students, high rates of suspension of racialized students, and the perpetuation of racist stereotypes and racial erasure in course content and materials. Comprehensive sex-ed has a role to play in actively teaching critical thinking skills as it relates to systemic forces students experience and navigate. It can also be key in creating a culture where those most affected by the white supremacist status-quo are affirmed rather than pushed out and where the whole student body can grapple with these important topics that shape their lives. Morgan emphasized that classrooms don't exist in a bubble—students go out into the world, they encounter harassment, police violence, and the realities of a racist culture. He argued that if we can intervene in the classroom, the effects will also transcend schools.

Fae Johnstone (Wisdom 2 Action) discussed the findings of Wisdom 2 Action's consultation that sought to understand how gender-based violence (GBV) impacts 2SLGBTQ+ youth. The report centers the needs, experiences, recommendations, and voices of the youth themselves.[15] Among the most important issues surfaced were street harassment and lack of public safety, sexual violence and violence in school (including bullying, and verbal and physical harassment), lack of safety in the family context, and negative experiences in accessing community and school support services. Sex-ed as it is currently offered was also identified as a source of marginalization. Johnstone highlighted the degree to which sex-ed continues to stigmatize non-heteronormative sex and sexual relationships, and erases issues like GBV in queer relationships. She emphasized that sex-ed has the potential to be one of the best interventions available to enhance the wellbeing of 2SLGBTQ+ youth; this is precisely what makes it simultaneously a potential tool for progress and one that is often targeted by regressive forces and then used to reinforce the status-quo. Based on youth participants' input, the report highlighted several priorities for action including increasing the kind of education for young people, parents, and teachers that can disrupt oppressive thinking. In particular, the report notes the need for better support by and for BIPOC communities, and for targeted education for the parents of transgender children and youth. Johnstone also highlighted the need for services to prevent and eliminate homelessness among 2SLGBTQ+ youth, and the need for consistent, comprehensive, and affirming services, since the ability to benefit from education rests on people's basic needs being met.

Lastly, **Anuradha Dugal (the Senior Director of Community Initiatives and Policy with the Canadian Women's Foundation)** presented on the importance of sex-ed in the context of eliminating sexual violence and GBV. She emphasized that it has been a constant struggle to keep sex-ed and healthy relationship education on policymakers' agendas. While sex-ed is often conceptualized as being only about biology, she seeks to frame sex-ed in her work as a comprehensive tool that is fundamentally equality-seeking. Sex-ed can reduce gender-based violence because it has the potential to address the systemic issues that drive sexual and gender-based violence, upskilling young people to navigate them in the context of their relationships. It also promotes physical, spiritual, and mental safety. Dugal ended her presentation by emphasizing the importance of a "diverse ecology" of sexual health information and education. While formal, school-based sex-ed is important, she encouraged participants to continue to celebrate and build life-affirming grassroots and community-based education initiatives.

[15] Wisdom 2 Action, and Public Health Agency of Canada. "LGBTQ2+ Youth Priorities for Addressing Gender-Based Violence," 2019. https://www.wisdom2action.org/wp-content/uploads/2020/01/GBV-Final-Report.pdf

Day 1: Barriers and Challenges

D1 • Session 1: Welcome and Overview

The first day of the convening began with welcoming and opening remarks from three speakers. First, **Action Canada's Acting Executive Director, Frédérique Chabot,** welcomed participants to the online meeting. She began by emphasizing that comprehensive sex-ed is fundamental to all the other work that Action Canada does.

In the context of the ongoing COVID-19 pandemic, comprehensive sex-ed becomes even more important. The pandemic has caused a massive upheaval in the education system, forcing students, parents, and educators to adapt quickly. This has strained the already piecemeal delivery of comprehensive sex-ed. At the same time, people around the world are agitating against anti-Black racism, police violence, colonialism, and other forms of systemic and institutional racism. Action Canada sees sex-ed as an essential part of the collective response to anti-Black racism and other forms of systemic oppression. Given this, sex-ed (as a form of civic and political education) is a site of political contestation, which individuals and movements who hold conflicting worldviews see as a powerful tool to shape culture. Indeed, when done well, it can be a tool for equity and emancipation that could upend the historical ways in which society has been organized. Chabot outlined that sex-ed must be used to teach young people their rights and educate them about systems of privileges and oppressions that shape their lives. In other words, comprehensive sex-ed could play a pivotal role in creating a more just world.

Next, Stephanie Jewel offered the convening participants a land acknowledgement. **Stephanie Jewel is an Aayaabtawzid Agokwe.** She has roots in the Metis Settlement of Meadow Lake, Saskatchewan, and family in parts of Manitoba and Northern Ontario. The *Together for Sex-Ed* conference was hosted from the traditional and unceded territory of the Anishinaabe Algonquin nation, but participants joined from numerous Indigenous territories. They were encouraged to identify the land from which they were joining on an **interactive map**. Jewel spoke about the importance of the spiritual connection to the land and gave a powerful reflection on the impact of colonialism on the development of personal and group identity and experience. Jewel encouraged the participants to challenge the colonial imperative towards classification and rigidity, and instead to consider the importance of multiplicity and fluidity in relation to sex, sexuality, and gender.

To conclude the opening, **Debbie Owusu-Akyeeah, the Executive Director of CCGSD,** spoke about the *imagined learner* of the sex-ed young people receive. She explained that the mainstream and narrow ideas of who is imagined as the "student" is based on social conservative perceptions that center whiteness, heterosexuality, and cisgender-ness as the norm. Put another way, the imagined learner is white, able-bodied, cisgender, and straight, and has a family that also fits cleanly into these categories. Young people are also imagined as corruptible, lacking agency, in need of protection, and as passive recipients of knowledge (never as creators of knowledge themselves). This has profound implications on teachings, curricula development, and how topics are presented. Sex-ed designed with this learner in mind breeds shame, fear, negative self-concept, internalized homophobia, trans-phobia, and the systemic erasure of Black and Indigenous people from the curriculum. In contrast, Owusu-Akyeeah asked participants to reimagine sex-ed as an act of love that fundamentally breaks down those narrow assumptions of who is in the classroom, and instead, empowers all youth. She encouraged participants to imagine what sex-ed would be like if it addressed power and privilege,

was understood as a tool for equity, drew on Afrofuturism, queer, and other radically future-oriented and models of thinking that imagine open possibilities for young people and those who educate them.

Owusu-Akyeeah emphasized that the current COVID-19 pandemic is a particularly isolating time for queer and trans youth. As COVID-19 changes the way sex-ed is delivered and keeps young people at home, queer and trans youth may be missing the opportunity to access education that speaks to their experiences, or to see life-affirming adult versions of themselves. This highlights the importance of education to the feelings of belonging and the development of self-esteem. Life-affirming approaches to comprehensive sex-ed, Owusu-Akyeeah argues, create "possibility models" for youth, something that is particularly important when home or school might otherwise not be a safe space.

In ending, Owusu-Akyeeah emphasized a point that would become one of the central take-aways from the gathering:

> **the radical transformation of sex-ed as a tool for social justice necessitates that we center BIPOC and queer leadership. It requires us to learn from and work with others engaged in transformative work in other sectors and across movements. Rather than "settling for crumbs and always being on the defensive," it requires us to strategize for the world we want, and to participate in the creative imagining of what that world looks like.**

D1 • Session 2: Sector-specific Issues and Barriers (Breakout sessions)

Session 2 began with **Action Canada's Frédérique Chabot** setting the context for the upcoming discussion. She emphasized that the sex-ed that is being offered across the country is a patchwork, leaving young people's access to health information to the luck of the draw. There are inconsistencies between individual schools, regions, and provinces in terms the content in each curriculum, who is delivering lessons, and the time that is dedicated to the material, among other factors. Teachers have access to different amounts of professional development and supports, if they get any. Sexual health centers—critical organizations that often work to address those gaps and connect young people to healthcare—are inconsistently and insufficiently funded.

Given this context, Session 2 asked participants to reflect on the following:

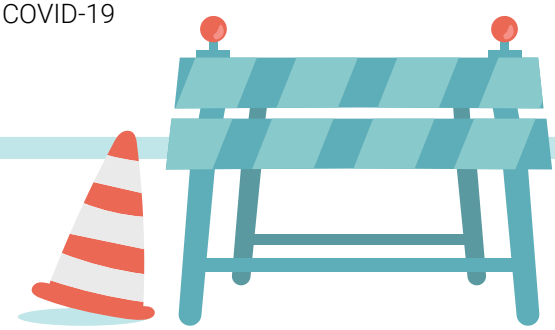
> **What are the biggest barriers getting in the way of inclusive sex-ed that reflects and supports all young people?**

Participants were divided into breakout groups according to the sector in which they work (education or health) or if they were youth representatives. A summary of the barriers each group identified follows.



At a Glance: Summary of Barriers and Challenges Across Sectors

1. One-channel delivery
2. Inadequate resources and supports for educators
3. Erasure and exclusion in curriculum
4. Gatekeeping by parents, schools, and politicians
5. Systemic oppression, attitudes, and ideology
6. Inaccessibility
7. Minimization of youth involvement and leadership
8. Lack of data and standards
9. Dearth of political will and leadership
10. Lack of accountability
11. COVID-19



In-Depth: Barriers in the Education Sector

Discussion in the education breakout rooms centered on the myriad issues that lower the quality of sex-ed in schools, as well as the barriers youth face when attempting to access sex-ed outside schools. The overarching theme was that sympathetic educators and community advocates for comprehensive sex-ed are working to manage and overcome many interwoven barriers, with very few resources and no centralized support systems. Importantly, colonialism, racism, and anti-queer sentiments compound all of these barriers, making the impacts greater for BIPOC and queer students and educators. As Owusu-Akyeeah stated in the opening session, the result of these interconnected barriers and inadequate resources is that educators are often left on the defensive.

> **Solutions to the barriers faced by actors in the education sector must be multi-faceted and address the interconnected nature of the barriers, the overarching context of white supremacy and colonialism playing out in education institutions, and the endemic underfunding of education. All participants expressed that going "beyond the basics" will require a clear articulation of a vision about what truly inclusive, comprehensive, and life-affirming sex-ed would look like and the implementation of standards.**

While the problem of sex-negativity came up often in conversation, participants highlighted the need to unpack what exactly this means, and how much of an impact sex-negativity truly has in classrooms. As Dr. Byers discussed in the opening panel, the majority of parents and teachers support sex-ed.[16] It is necessary to understand how sex-negativity shows up in classrooms to take the next steps in shifting the attitudes and beliefs that continue to act as barriers in offering sex-ed that goes beyond just discussions on the possible negative health outcomes brought on by sexual activity. We might ask, where exactly is the line at which the generally favourable attitudes of parents and teachers shifts into discomfort or rejection of more progressive curricula? One potential point of leverage for sex-ed champions is to reframe the importance of comprehensive sex-ed by tying it to the evidence-based human rights model.

> **The role of parents as stakeholders was a point of some disagreement. While some in the education sector see parents as hindering sex-ed efforts, others feel that parents and the wider community must be brought into sex-ed in accessible and meaningful ways to increase the wrap-around support for students. Further engagement on this topic would be beneficial.**

Six major barriers emerged from the educator break-out rooms (these barriers are discussed in more detail below):

1. Educators have inadequate resources (e.g., time, money, continuing education, recognition) and lack meaningful support systems.
2. The material teachers are asked to teach often erases and stereotypes marginalized people and excludes information that youth want to know.
3. Systemic oppression and dominant attitudes and ideologies negatively impact what is taught, and how it is taught. As one participant wrote, conventional sex-ed prioritizes the needs and experiences of dominant groups of people and presents it as "common sense" or "the norm", which hinders everyone's learning.
4. Teachers face gatekeeping at all levels (school, districts, province) and the sex-ed curriculum is treated as a political liability, leaving teachers isolated, lacking clear direction and institutional support.
5. While sex-ed standards may exist, there is no accountability in the form of oversight for what happens in classrooms at the school board or provincial levels.
6. Educators noted that COVID-19 has further compounded these issues, adding privacy and surveillance concerns for students and educators. These six issues and related points are detailed below.

[16] Weaver, A. D., Byers, E. S., Sears, H. A., Cohen, J. N., & Randall, H. E. (2001). Sexual health education at school and at home: Attitudes and experiences of New Brunswick parents. *Canadian Journal of Human Sexuality, 11*(1), 19–32.; McKay, A., Byers, E. S., Voyer, S. D., Humphreys, T. P., & Markham, C. (2014). Ontario parents' opinions and attitudes towards sexual health education in the schools. *The Canadian Journal of Human Sexuality, 23*(3), 159–166.; Byers, E. S., Cohen, J. N., Sears, H. A., & Weaver, A.D. (2004). Sexual health education: Attitudes, knowledge, and comfort of teachers in New Brunswick schools. *Canadian Journal of Human Sexuality, 13*(1), 1–15. https://www.researchgate.net/publication/283756557_Sexual_health_education_Attitudes_knowledge_and_comfort_of_teachers_in_New_Brunswick_Schools

1. Inadequate Resources and Supports

- **Educators often lack training, expertise, or comfort with the topics key to a comprehensive sex-ed.**
  This may be the result of lack of training for pre-service teachers, out of date information and lack of continuing education for in-service teachers, and a lack of funding for professional development.
- **The rights, roles, and responsibilities of students, parents, and teachers are unclear.**
  This contributes to teachers' anxiety and fear about teaching sex-ed.
- **Curricula are often out of date.**
- **Time dedicated for sex-ed is severely limited.**
- **There is a lack of recognition of sexuality as a specialized field.**
  As a result, there are few specialists delivering sex-ed in schools.
- **Quality sex-ed often depends on an educator's willingness to go above and beyond.**
  There is an individualization of sex-ed teaching, rather than an expectation of quality across the board.
- **Parents are underserved.**
  There are few resources for parents, which limits the wrap-around support for learners. Parent's role in filling the gaps left by sub-optimal curricula and in-school delivery of sex-ed is unrecognized. In addition, parents can sometimes act as barriers to educators attempting to deliver sex-ed.

2. Erasure and Exclusion

- **Sex-ed is often framed as a moral issue and treated as a political football.**
  This devalues evidence-based approaches and prioritizes problematic values-based approaches to policy and curriculum implementation, which leads to certain issues and groups of people being excluded from sex-ed.
- **The language used in curricula and resources is often exclusive, with an emphasis on cisgender, heterosexual, white, able-bodied people.**
  Language in curricula erases and marginalizes a wide range of people.
- **Youth are not treated as stakeholders, but as passive recipients of information.**
  Little to no youth consultation during curriculum development happens. The interests of young people are erased and ignored.
- **Where sex-ed is offered, it tends to exclude meaningful discussions of disability, class, age, race, sexuality, etc.**
  In other words, the curricula are not equity-based or anti-oppressive.
- **The composition of the teaching staff often does not reflect the diversity of the student body.**
  This negatively impacts the delivery and reception of comprehensive sex-ed.

3. Systemic Oppression, Attitudes, and Ideology

- **White supremacy, Eurocentrism, and colonialism continue to shape the education system, affecting what is taught in classrooms and how, including sex-ed.**
  The intergenerational effects of colonialism and of anti-Indigenous and anti-Black racism remain unrecognized in the vast majority of curricula. This is as considerable a failure in sex-ed as it is in other academic subjects.
- **There are a range of harmful attitudes about sex-ed itself.**
  These include:
  - Possessing the skills and knowledge necessary to teach sex-ed is not valued as an essential part of education. This devaluation contributes to the lack of resources being allocated.

- Sex-ed is seen as simply a tool to prevent harm, not as a key to teach the tenets of a healthy sexuality and as a site for civic education.
- Youth are not seen as rights holders, instead the imagined learner is seen as corruptible and in need of protection. This is connected to broader sociocultural discomfort with young people's sexuality and sexual diversity, leading to their sexuality being pathologized.
- Sex-ed is seen as a political issue, not a human rights issue.
- Educators may have internal biases or hold stigmatizing attitudes, which impacts how they deliver the curriculum. Because there are few accountability mechanisms, the scope of this issue is unclear.
- Too often, sex-ed curriculum is fear-based in response to myths perpetuated by individuals and movements peddling "promiscuity propaganda".[17] Despite evidence to the contrary, it is still believed that teaching about sexual health and sexuality encourages risky sexual behaviors.[18]

- **The school climate may be sex-negative and punitive for both young people and educators.**
  Both educators and students may fear or experience surveillance—particularly those who are BIPOC and queer. For example, an educator who is queer might feel vulnerable to attack when teaching sex-ed because of homophobic myths that paint queer people (especially queer men) as predatory. Or a Black student who is already being policed and heavily surveilled within school is less likely to ask questions in the context of sex-ed for fear of being punished. The impact of this in terms of self-censorship (of both students and educators) are unclear, and this is one area where further research might be useful.

4. Gatekeeping and Political Will

- **There is a lack of top-down leadership when it comes to sex-ed.**
  Without a federal strategy on sex-ed that could offer guidance, standards, and impetus, we will most probably continue to see political apathy in provinces and territories.
- **Politically, sex-ed is seen as a wedge issue rather than a human rights issue.**
  At worst, right-wing governments actively degrade the quality and availability of comprehensive sex-ed.
- **Parents or guardians may act as gatekeepers, exercising inappropriate control on sex-ed curriculum administration (this has been compounded by COVID-19 and virtual learning).**
  While research shows that most parents support sex-ed,[19] the minority who oppose it are vocal and politically active.[20] This has also manifested in

[17] Dreweke, J. (2019). Promiscuity propaganda: access to information and services does not lead to increases in sexual activity. *GUTTMACHER POL'Y REV., 22*, 29–32. https://www.guttmacher.org/gpr/2019/06/promiscuity-propaganda-access-information-and-services-does-not-lead-increases-sexual

[18] Dreweke, J. (2019). Promiscuity propaganda: access to information and services does not lead to increases in sexual activity. *GUTTMACHER POL'Y REV., 22,* 29–32. https://www.guttmacher.org/gpr/2019/06/promiscuity-propaganda-access-information-and-services-does-not-lead-increases-sexual

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

[20] BBC. 2018. "Canada Province Cancels New Sex-Ed Curriculum after Protests." *BBC News,* July 12, 2018, sec. US & Canada. https://www.bbc.com/news/world-us-canada-44812833

debates about "parental rights" and allowing parents to opt their children out of sex-ed.[21] The media inflates the divisions on sex-ed and offers a megaphone to a minority of parents' voices on the issue.

5. Accountability

- **Standards for the delivery of comprehensive sex-ed are often unclear.**
  Where standards exist, there is little accountability in terms of evaluating implementation at the school board or provincial level. Little is known about what occurs in classrooms, who offers sex-ed if third parties are involved, and if sex-ed is even delivered at all.
- **There is little centralization of responsibility, support, resources, and oversight.**
  It is often unclear who is responsible for ensuring the quality of comprehensive sex-ed.

6. COVID-19

- **Virtual classrooms present challenges including lack of participation, changing social dynamics, and privacy concerns including fear of being recorded/surveilled.**
  Creating safe spaces in virtual learning can be difficult. This can be difficult for students who are contending with parents and other family members in the same physical space. It was also noted by educators that they have noticed more online sexual harassment taking place during Zoom classes—both from student-to-student and student-to-teacher.
- **Access to technology has alleviated some barriers while compounding others.**
  For instance, virtual learning can help increase participation for students with disabilities, but lack of financial access to digital communication technologies can create a class barrier.
- **The COVID-19 pandemic resulted in condensed semesters which meant students may not have received sex-ed, or sex-ed was deprioritized through the 2020–2021 school year.**



In-Depth: Barriers in the Health Sector

Discussion in the health sector breakout room touched on barriers in both education and health. In this conversation, the health breakout groups tended to identify barriers in the education sector first and the specifics of health system second. More work may need to be done to understand where the health sector fits into sex-ed advocacy. While we know that the healthcare sector is a crucial partner in demanding better sex-ed, further conversations are needed to help outline the role of the health sector in relation to that of the education sector, including what opportunities for partnership exist. This is an area to further flesh out and explore in the National Advisory Committee. Certain elements of the discussion in this group, such as the lack of diversity among healthcare professionals and the lack of

[21] CBC News. 2019. "Parents Will Be Able to Exempt Children from Some of Ontario's New Sex-Ed Curriculum | CBC News." CBC. August 21, 2019. https://www.cbc.ca/news/canada/toronto/ontario-new-sex-ed-curriculum-1.5254327

comprehensive sex-ed training for new doctors and nurses, highlights the complicated nature of the issue and the need to work with partners across sectors.

Within the breakout groups discussing barriers to comprehensive sex-ed from the perspective of the health sector, there was a focus on five key issues:

1. First and most pressing, there is a lack of comprehensive, national data on sexual health. Where information does exist, it changes rapidly, outpacing knowledge translation. This has a cascading effect on training, education, and service delivery.
2. Relatedly, good health information is either unavailable or hard to find.
3. The health sector is as im plicated in upholding systemic oppression as the education sector, and this impacts service delivery.
4. There are numerous accessibility barriers that limit access to healthcare (and thus to sexual health information and services), particularly for marginalized, rural, and remote communities.
5. There is a lack of vision and political will in addressing these barriers across sectors.



While conference participants across sectors identified lack of data as a barrier, it emerged most strongly here. Some aspects of this were clear: participants stressed the need for national-level data collection on sexual health indicators and for race-disaggregated data. There was less time spent on enumerating the key gaps in data, but discussions touched on how sexual health indicators would have to be understood in an expansive way to capture outcomes beyond rates of sexually-transmitted infections (STI) and unplanned pregnancies.

Participants cited surveys like the Trans Pulse survey as a potential model for data collection. The Trans Pulse survey was conducted by a team of community-based and academic researchers and funded by the Canadian Institutes of Health Research and Unity Health Toronto. On the other hand, some participants expressed concern about the ways that knowledge production through academic channels is overemphasized and overvalued. Resolving this tension will necessitate further conversation between the sectors present at the meeting and those working in academia, especially academic teams working on community-based approaches and feminist qualitative research methods, as there is such excellent work happening already in Canada.

More conversation is needed in order to determine what the key gaps in the existing literature and data are, and what sorts of research are best able to fill these gaps. Participants emphasized their interest in storytelling as an approach to sex-ed. While quantitative data can buttress such approaches, Action Canada and its partners may want to consider expanding opportunities for working with researchers who are producing qualitative research on topics related to sex-ed, access to health information, and

access to sexual health services. The Trans Pulse survey was an example of a successful model that participants identified. While the initial study collected survey data, the research team is granting access to participants who consented to be recontacted to select research teams to build capacity for new research and generate additional quantitative and qualitative data.

Within academia, there are ongoing conversations about the exclusivity of academic writing and the inaccessibility of publications. Important research relevant to sex-ed advocates may remain inaccessible because of the failure in data distribution and knowledge translation from within the academy. Expanding the work that Action Canada already does with academic partners may provide opportunities to enhance the availability of existing data. For instance, Action Canada is currently engaged in a few cross-sectoral research projects that build in storytelling as part of data gathering and build content to translate complex health information for diverse audiences. Looking towards building cross-sector partnerships to enhance the distribution of research findings and exploring open-source or community-based publication options might be one productive approach. These barriers are discussed in more detail below:

1. Data and Standards

- **There is a lack of data on sexual health, particularly national-level data on sexual health indicators and race-disaggregated data.**
  Without this, evidence-based accountability and evaluation work is difficult, if not impossible. While the emphasis was on gathering data around youth specifically, it would be useful to discuss the worth of tracking this information across the lifespan (particularly given the fact that sex-ed remains important beyond formal education).
- **Where data exists, the pace of change is rapid and knowledge translation often happens too slowly.**
  This is compounded by poor media literacy and the availability of misinformation. This affects all groups, from practitioners to teachers to parents.
- **Slowness in knowledge translation and data distribution has a cascading effect:**
  - The evidence-based standards for sex-ed are not universally known.
  - Curricula are often out of date.
  - There is profound inconsistency across the country as not all teachers have the same knowledge or work towards the same standards. The quality of resources and frameworks vary as well.
- **Data and evidence are not always valued.**
  There is tension between data/facts about sexuality and conservative political values, which impacts the delivery of evidence-based learning.

2. Training and Knowledge

- **There are significant gaps in knowledge among healthcare practitioners (e.g., Long-Acting Reversible Contraception, abortion services).**
  As in the education sector, this may be related to the fact that sexuality is often undervalued as a specialized field. Since healthcare providers are not trained to provide sex-positive, affirming care to a variety of populations, many shy away from important sexual health conversations and preventative care.
- **Paradoxically, there is often too much information and practitioners may struggle to keep up to date.**
  Health practitioners may be unaware of how to access quality sexual health information and resources in an efficient way.
- **There is a lack of investment in recruiting and training diverse clinicians, as well as a lack of investment in research, training more broadly, technology and community health clinics.**

3. Systemic Oppression, Attitudes, and Ideology

- **The impacts of colonialism, racism, homophobia and transphobia on all levels of the healthcare system are a barrier to the comprehensive delivery of sex health information and education.**
  But the impact of racism and colonialism goes beyond being a barrier. Racism and colonialism are a public health crisis. The manifestation of white supremacy in health systems and the lack of access to culturally competent services contributes directly to deaths and negative health outcomes.[22]
- **Sex-negativity and other harmful attitudes and norms are commonly held by healthcare professionals.**
  In particular, colonialism and racism continue to impact access to information and services for BIPOC communities. These structural issues often result in the delivery of sub-standard care, and the disrespect and violation of bodily autonomy and consent.
- **The medical model (as opposed to a humanistic model) often contributes to stigma, misunderstanding, or violence towards marginalized peoples.**
  Under medical models, the health system's primary aim is to alleviate problems (e.g., diseases, illnesses, etc.) instead of increasing wellness or looking at upstream health interventions. The medical model is linked to a risk-focused approach to sexual health. Humanistic models focus on whole-person wellbeing (including psychological and spiritual wellbeing) and are more conducive to sex-positive approaches to sexual health service delivery.
- **The emphasis on a medical rather than a humanistic model relates to the ways in which health is often siloed.**
  There is relatively little meaningful overlap between healthcare and other sectors that impact wellbeing, including what might be considered "unlikely" partners, such as those working within the justice system.
- **Systemic and institutionalized racism contributes directly to the failures in recruiting and training racially diverse clinicians.**

4. Accessibility and Resources

- **There are many overlapping issues that act as barriers to accessing sexual health information and services.**
  These include issues related to geography and the rural/urban division of resources (e.g., transportation issues in rural communities, particularly in Northern fly-in communities), accessibility of information including the lack of culturally relevant services and the unavailability of services in many languages, and the rural/urban divide.
- **In isolated and rural communities, these barriers are particularly pressing.**
  Community members face increased odds of a lack of available resources, more difficult access to information, and less chances of seeing a health professional face-to-face.
- **The health sector lacks a meaningful focus on the social determinants at all levels.**

[22] For an example of racism being recognized as a public health threat, see the American Medical Association's statement. https://www.ama-assn.org/press-center/press-releases/new-ama-policy-recognizes-racism-public-health-threat

5. Leadership and Political Will

- **In the discussion about the education sector, participants in the health sector were disappointed at the lack of political will and leadership at all levels.** They identified a failure to take responsibility for sex-ed, and a lack of cross-sector leadership (e.g., within Health Canada, the Department for Women and Gender Equality (WAGE) and the Department of Justice) as key concerns.
- **Participants expressed frustration at a lack of public engagement within the health system in relation to sex-ed.** Put simply, participants would like to see more public pressure to ensure that sex-ed becomes a public health priority. It is unclear whether the root of this problem is related to disinterest among the public, or lack of opportunities for the public to contribute in meaningful ways to shaping the health system's priorities and policies. Elitism and the perception that the medical system is closed-off and inaccessible to the public likely contributes to the publics' apparent apathy.
- **As in the education sector, participants expressed concern at the lack of diverse clinicians, particularly when it comes to race.** This impacts incoming healthcare workers who may lack representation as well as mentorship. This also filters down to client experiences and contributes to the widespread racism that has been identified in healthcare in British Columbia and elsewhere.[23]



[23] Turpel-Lafond, M.E. (2020). "In Plain Site: Addressing Indigenous Specific Racism and Discrimination in BC Health Care." Retrieved from: https://engage.gov.bc.ca/app/uploads/sites/613/2020/11/In-Plain-Sight-Full-Report.pdf
Olivier, A. (2020). "Treatment of dying Indigenous woman in Quebec hospital sparks outrage." Retrieved from: https://globalnews.ca/news/7366576/racism-indigenous-woman-quebec-hospital/

In-depth: Barriers identified by youth participants

Ukrainian youth advocate Yana Panfilova joined the final session of the convening to share closing remarks. Yana is the co-founder of Teenergizer, a youth-led organization that supports and advocates for the sexual and reproductive health and rights of young people in Eastern Europe and Central Asia. As someone living with HIV, Panfilova shared her experience learning about her status at a young age and being afraid of the stigma she might face by sharing her status. At the age of 15, Yana created Teenergizer, an organization that works to tackle stigma related to HIV and sexual and reproductive health, share information, create community, and advocate for better services and policies, such as young people's right to privacy and access to accurate health information. Yana's message to convening participants: *listen to and include young people.*

This breakout group was reserved for young people ages 29 and under. The rich discussion focused on the importance of enhancing meaningful youth participation in the design, implementation, and delivery of sex-ed. It was also clear that young people are focused on the ways that systemic oppression impacts sex-ed and their experiences in and outside the classroom.

The discussion in this breakout room was characterized by both optimism and energy as well as a clear-eyed evaluation of the social and political barriers that stand in the way of more affirming and inclusive sex-ed. The group focused on structural barriers to a more fulsome education including racism and colonialism, but also on the specifics of the sex-ed curriculum, which they argue tends to be disconnected from the needs and priorities of young people in school today. They emphasized that school is not the only (nor the preferred) venue for sex-ed. This has become even more evident as the COVID-19 pandemic erodes the delivery of comprehensive sex-ed. This speaks to the issues discussed above, particularly the importance of finding ways of building wrap-around sex-ed supports that are flexible and evolving, and ensuring sex-ed is delivered in both formal and informal contexts throughout the lifespan.



Despite their discontent with the status-quo, the youth participants believe firmly in the importance and power of sex-ed. Their understanding of the existing barriers is underpinned by a belief in sex-ed as a potentially powerful force for social change. Life-affirming sex-ed is a building block towards building radical futures that center affirmation, justice, and belonging.

The youth sector breakout group identified four main themes (discussed in more detail below):

1. There is an overreliance on school-based curricula, which are often some of the most lacking (by design, not chance). School-based education is overly focused on reproduction and STIs, with very little concern for young people's agency, pleasure, and needs. Participants expressed frustration at the politicization of the sex-ed agenda.
2. Systemic oppression, and negative attitudes and ideologies about sex and sexuality have a deleterious impact on all students.
3. Participants were adamant that meaningful youth participation must be the cornerstone of all sex-ed initiatives, but also that implementing this principle must go hand-in-hand with efforts to decolonize and center the voices of youth who continue to be purposefully and actively marginalized.

1. One-channel Delivery of Sex-Ed

- **School-based sex-ed is overemphasized.**
  This is a particularly pressing problem when school can be an unsafe place for students, and for areas with high drop-out rates where young people may miss the opportunity for sex-ed if they are not in school. While evidence shows that school-based sex-ed is one of the most effective ways to reach young people, we need to find other ways to reach youth who do not attend school.
- **Sex-ed curricula are often static and out of date.**
  For example, queer resources and information are often missing, there is little to no content relevant to today's social media use, the conversation on sexual consent has not evolved, etc. While the group argued that schools should improve, they also see community-based and peer-led initiatives as being an important additional layer that can fill these gaps.
- **The logistics of sex-ed delivery is lacking.**
  There is not enough class time dedicated to sex-ed, and there is often not a stand-alone class dedicated to the topic.

2. Systemic oppression, Attitudes and Ideology

- **Participants identified a range of harmful attitudes and ideologies that impact their experience with sex-ed. These include:**
  - Colonialism
  - Harmful narratives about sexuality and gender
  - Reactionary and conservative political agendas
  - Anti-science approaches and attitudes
  - Transphobia
  - Racism
  - Ableism
  - Failure to recognize sociocultural diversity in understandings and attitudes about sex
- **These biases are built into the curriculum by design, not chance.**
  As Owusu-Akyeeah described in her opening remarks, this disproportionately impacts queer and trans youth, youth with queer and trans families, and BIPOC students.
- **Students also identified that paternalistic and protectionist attitudes towards young people have a negative effect on their education.**
  These attitudes result in a failure to address taboo or emerging topics in open and honest ways, preventing them from getting a fulsome picture of what healthy sexuality looks like. It also means that students are treated as passive recipients of information, they are not listened to, and educators and parents assume what young people need rather than asking.

3. Meaningful Youth Involvement and Leadership

- **Youth are not understood as active agents and stakeholders.**
  There is little to no meaningful engagement of young people in sex-ed. While youth engagement should be a priority, it's also important to center those youth at the margins who face multiple forms of oppression and who are erased from the curriculum, including Indigenous youth.
- **The generational gap presents a considerable barrier.**
  Youth may actually know more than their parents or guardians about certain issues, and struggle to self-advocate across this divide. Parents and teachers on the other hand, may be susceptible to the rhetoric of moral panic and patronizing attitudes about sex and sexuality as it concerns youth. As a result, issues that are important to youth (e.g., cyberviolence, online sexual intimacy) are often excluded from the curriculum or taught in fear-based ways.

4. Technology

- **Young people identified a lack of critical media literacy skills being taught as part of curriculum and technological barriers (e.g., access to technology) as a barrier to comprehensive sex-ed.**

D1 • Session 3: COVID-19 Mini-Panel

In the final session of Day 1, panelists **Karen B.K. Chan (sex educator), Becky Van Tassel (Center for Sexuality)**, and **Robbie Ahmed** and **Eleni Han (*Nuance*)** discussed sex-ed in the context of the COVID-19 pandemic. The panelists invited the participants to examine what opportunities for innovation and reimagination might exist as a result of COVID-19. While people are still having sex and meeting people, the nature of intimacy and social interaction has changed. Social and romantic interactions are being reimagined and renegotiated in the face of the pandemic, a process that has forced us to grow our thresholds for social awkwardness and to rethink our assumptions about social interaction. Chan argued that the pandemic is a moment of tremendous disruption, and also opportunity. They wove a story about how the pandemic has turned every moment of social interaction and communication on its head, forcing us to be creative and find resilience in the face of something new and difficult. COVID-19 has challenged us to rethink our habits within all kinds of relationships and required that we consider whether what we do as educators is simply convenient rather than the best way of approaching an issue.

Van Tassel discussed this in the context of the Center for Sexuality's educational programming. The pandemic forced the Center for Sexuality to reckon with many of the barriers identified above, including lack of privacy and technological issues. By continually re-evaluating its approaches, the Center was able to pivot to meet its clients' needs in the best way possible. This meant that during the initial months of the COVID-19 pandemic, they shifted all programming online and offered it outside of virtual classroom settings. Van Tassel emphasized that flexibility, adaptability, and the willingness to make mistakes and be comfortable with messiness are critical skills that will remain important post-pandemic.

Chan encouraged us to rethink how the pandemic may help us to communicate important messages, like how consent can be practiced in accessible and understandable ways. They argued that this moment is normalizing many aspects of consent education, such as negotiation of comfort level and boundaries (e.g., how to communicate that we are/are not comfortable with being around those who don't wear masks), and normalizing awkward conversation and interactions (e.g., "could you please back up a little, so we are six feet apart"). Chan urged the conference participants to ask what transferable skills they can take out of the pandemic. They suggested

that there is tremendous resonance between what the pandemic is requiring us to learn, and what we as sex-ed advocates want to teach, namely how to break scripts and tune into our gut feelings, and how to make clear decisions for ourselves and identify what we want.

Ahmed and Han discussed their digital media and community-building project, Nuance. *Nuance* is a youth-run digital publication that was created in response to a "lack of representation of (im)migrant voices in popular sex and sexual health media". Ahmed and Han spoke to many of the concerns raised by youth participants in the breakout rooms, emphasizing the importance of creating vibrant and intellectually rich spaces for youth outside of school, particularly for (im)migrant youth. Ahmed and Han discussed how this approach was validated through work done with funding from the Women's College Hospital in Toronto, which evaluated the measurable positive impacts of digital storytelling and accessible online sexual health information.[24]

Nuance's priorities—de-medicalizing sexual health information, placing youth at the forefront, paying youth for their contributions, centering the voices of (im)migrant youth, talking about pleasure, breaking down silos between immigrant resources and sexual health information—and online community-building initiatives are critically important at all times, but particularly so during the pandemic.

Day 2: Opportunities for Action

In a video address to convening participants, Dr. Venkatraman Chandra-Mouli of the World Health Organization emphasized the global evidence in support of comprehensive sex-ed as an upstream public health intervention. Dr. Chandra-Mouli is an expert on adolescent sexual and reproductive health. He spoke about sex-ed's grounding in international law and the ample and convincing evidence to support it. He used country case studies and his research on addressing backlash to comprehensive sex-ed to encourage the SRHR movement in Canada and make a strong case for the many opportunities currently before us.

D2 • Session 1: Tools at our Disposal

Day two began with a panel discussion. The panelists were **Mariana Cruz Murueta, (**International Planned Parenthood Federation Western Hemisphere Region**), Alex McKay (**Sex Information and Education Council of Canada**), Pooja Badarinath (**Sexual Rights Initiative**),** Marcus McCann **(Lawyer, Millard & Company)** and **Catherine Hart (**Committee Chair, Manitoba Teachers' Society**).** The focus of the panel was on what tools (policies, guidelines, mechanisms, advocacy resources) exist, and how these tools are being or could be used for advocacy across sectors. This panel was also a chance to highlight some of the work being done globally and offer participants in Canada an opportunity to learn about global human rights tools that could be leveraged nationally, provincially/territorially, and even locally.

[24] Research is not yet published. For more information see: **https://womensxchange.womensresearch.ca/challenge/previously-funded-projects/**

Cruz Murueta began by discussing the United Nations Educational, Scientific and Cultural Organization (UNESCO) international technical guidance on comprehensive sexuality education.[25] She emphasized the importance of these and other guidelines to advocacy efforts. The reality, she argued, is that comprehensive sex-ed has be affirmed and reaffirmed through multiple human rights mechanisms, something that can be leveraged in advocacy efforts at the international, national, and local levels. Action Canada's Sarah Kennell illustrated this with the example of how the Human Rights Council's Special Procedures mechanism was used by Canadian advocates to critique the repeal of the updated sex-ed curriculum in Ontario under the Ford government. Led by national and provincial advocates, human rights frameworks can provide a leverage point.

Cruz Murueta also spoke about some of the work her organization is doing in Latin America to advance comprehensive sex-ed in and outside of schools. This includes innovative approaches using digital platforms, such as their partnership with amaze.org, an educational video series that provides medically accurate, age-appropriate, and high-quality sex education that young people can directly access online. Available in numerous languages and adapted for use in different countries, the series has been hugely successful and demonstrates that many tools already exist that could be adopted or scaled up.

McKay discussed SIECCAN's document, *The Canadian Guidelines for Sexual Health Education* and its importance in potentially guiding the direction of sex-ed in Canada.[26] The key players in the creation of the guidelines were from a variety of sectors, not only people who worked in schools, and youth voices were included. McKay argued that in advocating for the adoption of the guidelines, looking at data is important: most parents agree with the core principles set out in the guidelines, the opponents are a small but loud group of detractors.

McCann discussed his role in the *AB v Ontario (Ministry of Education)*[27] case at the Human Rights Tribunal of Ontario. AB is a young racialized transgender girl from rural Ontario. Her claim argued that the roll-back of the sex-ed curriculum in Ontario (which meant her teachers would no longer need to teach about gender identity) discriminated against her. The decision of another case *(ETFO et al v. Her Majesty the Queen)*,[28] released shortly before the decision of AB found that teachers are required to include all students. AB's case was bound by this decision. In relation to advocacy, McCann argued that because legal challenges are often a "blunt and cumbersome" tool, we should conceptualize legal intervention as only one part of a broader advocacy framework. Despite the challenges that come with engaging the legal system, he also left open the possibility for developing the law in sex-positive ways through strategic litigation.

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[25] UNESCO, Joint United Nations Programme on HIV/AIDS, United Nations Population Fund, United Nations Entity for Gender Equality and the Empowerment of Women, and World Health Organization. "International Technical Guidance on Sexuality Education: An Evidence-Informed Approach," 2018. **https://unesdoc.unesco.org/ark:/48223/pf0000260770**

[26] Sex Information & Education Council of Canada (SIECCAN). 2019. "Canadian Guidelines for Sexual Health Education." **http://sieccan.org/sexual-health-education/**

[27] *AB v. Ontario (Education),* **2019 HRTO 685.** The case can be found here: **https://www.canlii.org/en/on/onhrt/doc/2019/2019hrto685/2019hrto685.html**

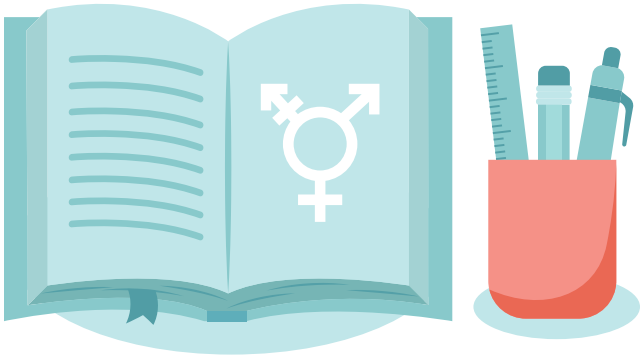
[28] *ETFO et al. v. Her Majesty the Queen,* **2019 ONSC 1308.** The Case can be found here: **https://www.canlii.org/en/on/onscdc/doc/2019/2019onsc1308/2019onsc1308.html**

Hart discussed the importance of teachers' unions in advocacy efforts. She emphasized that unions have built sustained relationships with governments and successfully raised the profile of sex-ed during elections. For advocacy to succeed, the message must come from multiple sources, and so advocates should seek cooperation from education partners, including teachers' unions. One example of this that bridges McCann and Harts' work is *ETFO et al v. Her Majesty the Queen,* in which teachers brought a legal challenge in response to the Ford government repealing the 2015 sex-ed curriculum.[29]

Kennell summarized this session, emphasizing that the panelists showed that there is already a great breadth of work being done and that this demonstrates the need for a multi-pronged approach to help coordinate efforts and be as strategic as possible. Jurisdictional issues are clearly a barrier to comprehensive sex-ed in Canada, which highlights the need to continue to make the case for federal leadership and to Canada responding to United Nations' (UN) recommendations to standardize sex-ed. **There is a gap between the image Canada projects onto the world stage when it comes to advancing gender equity and the experience of sex-ed (an effective tool for gender equity) on the ground. An opportunity exists in this gap between the image Canada seeks to project on the world stage which is one of leadership around sex-ed and the domestic reality.**

Participants were keen to know how Action Canada could support advocacy across jurisdictions, as well as the creation and maintenance of networks of sex-ed champions. In their reflections on the panel discussions, participants emphasized the importance of seeing sex-ed as a broader tool for systemic change and equitable social transformation.

As one participant wrote "comprehensive sex-ed has a role in shifting cultural scripts and challenging shame and stigma while advancing reproductive justice, dismantling patriarchy and white supremacy, and advocating for dignity, respect, and healing for marginalized youth and adults".



[29] The Canadian Press. "Ontario Teachers' Union Takes Legal Action to Fight Repeal of Modernized Sex-Ed Curriculum." CBC, September 4, 2018. https://www.cbc.ca/news/canada/toronto/ontario-teachers-union-takes-legal-action-to-fight-repeal-of-modernized-sex-ed-curriculum-1.4809294

D2 • Session 2: Opportunities for Action (Breakout sessions)

In response to the previous day's conversation about barriers and the recent panelists who discussed the tools that are at advocates' disposal, Day 2 Session 2 focused on points of leverage or opportunities for collective action in addressing these barriers.

For this session, participants were not divided by sector. The discussion was framed around the following guiding question: "Given the barriers and issues we identified yesterday, and the tools available, what might be some opportunities for areas of collective action?"

In Depth: Opportunities for Action

1. Think Strategically

Strategic thinking

- Participants expressed interest in a national advocacy strategy that would guide resource and information sharing.

Cross-sector collaboration and the development of national and provincial networks

- Rather than "reinventing the wheel" or duplicating services, participants expressed a desire to share strategies and information in more effective ways.
- Participants expressed strong desire for building and enhancing relationships across sectors, as well as building effective provincial and national networks and campaigns. Any cross-sectoral and pan-Canadian efforts must take into account that organizations and workers of various sectors often experience vastly different contexts, and the communities they serve may have very different realities.

At a Glance: Summary of Opportunities for Action

1. Think strategically
2. Advocate
3. Build the knowledge base
4. Center marginalized people and youth
5. Innovate



- These networks should aim to broaden the breadth of allies (e.g., they should include teachers' unions, religious leaders, and others who might be considered "unlikely" partners).

2. Advocate

Link sex-ed and the human rights agenda and justice-seeking movements

- Frame sex-ed as a human rights issue and of interest to many justice-seeking movements (rather than a political hot potato) by drawing on existing evidence, tools (e.g., opportunities to participate in national consultations, roundtables, policymaking, etc.), campaigns (e.g., campaigns seeking to address gender-based violence, etc.), and human rights mechanisms (e.g., Canada participating in the Universal Periodic Review, etc.). This will help link advocacy efforts in Canada to global comprehensive sex-ed advocacy efforts.

Build advocacy tools

- Sex-ed advocates and service providers are often stretched thin. There is need for robust advocacy tools to support their work and make advocacy easier. These tools might include:
  - Evidence for key policy positions
  - How-to advocacy guides
  - Coordinated and collaborative campaigns around provincial and federal elections
  - Coalition building, such as a statement in support of comprehensive sex-ed with multisectoral signatories.

Demand leadership at the federal level

- Participants expressed frustration at the lack of federal leadership on comprehensive sex-ed. Federal politicians often sidestep comprehensive sex-ed, dismissing it a "jurisdictional issue" that does not implicate the federal government. To help resolve this, participants suggested the following:
  - Develop educational resources such as policy briefs that make the case for federal leadership for the federal government.
  - Ensure the implementation of accountability mechanism for federal standards on sex-ed (SIECCAN guidelines).
  - Ensure that the Public Health Agency of Canada's endorsed SIECCAN guidelines are disseminated across Canada in a meaningful way.
  - Explore levers at the federal level to hold provinces and territories accountable to meeting national sex-ed standards (e.g., similar to the advocacy strategy used with the province of New Brunswick and abortion).
  - Build awareness and support for sex-ed among relevant federal ministries to advance national conversations on the importance of comprehensive sex-ed as an upstream public health intervention.
  - Develop inter-jurisdictional space (between federal, provincial and territorial bodies) to discuss leadership, allocation of resources, and share best practices.
  - Hold Canada to account on the world stage (leveraging the feminist image Canada is known for in global human rights spaces to match the domestic reality of sub-standard and patchwork comprehensive sex-ed).
  - Conduct regular national monitoring through inter alia broad-based surveys, of a robust set of sexual health indicators disaggregated by relevant factors, including among others, gender, age, location, and ethnicity.

Funding

- Advocate for sufficient funding for sexual health clinics, educators (in classrooms and the community), and community health clinics to ensure the scaling up of important programming, the presence of an appropriate number of sex-ed specialists across sectors, professional development, distribution of appropriate resources and programming that is in step with educational messaging (e.g., the ability to access youth-friendly STI testing sites when young people are taught about the importance of routine STI testing).
- Funding is also needed for partnership and movement-building work within communities to scale up culturally safe, responsive, and youth-driven sex-ed resources.

Leverage existing initiatives

- Rather than work from scratch, participants expressed a desire to leverage and expand existing initiatives, and placed emphasis on collaboration and collective action. Examples include:
  - Using the current UN review of Canada in the Committee on the Rights of the Child, and other international human rights mechanisms and standards, to heighten awareness about access to comprehensive sex-ed.
  - Learning from sex-ed champions in the Global South and North (including sharing advocacy strategies, evidence, and knowledge)
  - Looking for opportunities to collaborate with and expand existing initiatives (e.g., the free birth control campaign in British Columbia).
  - Lobbying for the continuation of virtual care and telemedicine post-pandemic.

3. Build the Knowledge Base

Enhance professional development

- School remains one of the most important places that young people access sex-ed. However, the content and quality of this education varies widely.[30] Teachers are often underprepared and under-resourced. To address this, participants suggested:
  - The development and delivery of high-quality programming for continuing education for teachers across the country.
  - Working with unions to bring teachers into advocacy initiatives for students' right to comprehensive sex-ed.
  - Working with university programs to ensure pre-service teachers are trained to deliver comprehensive sex-ed well. Canadian teachers who receive adequate training are more willing to teach sex-ed.[31]
  - Advocating for the creation of specialized postings for sex-ed specialists.

Data collection

- There was general agreement among participants that more data is needed. The first step must be to determine what gaps exist in the available data, and what types of data are needed to remedy this. The issue may be partially remedied by the more effective dissemination of existing data. Efforts to answer these questions should be undertaken in line with the national strategy. Participant suggested the following measures:
  - Develop a clearinghouse for the most up-to-date research and data to disseminate information more effectively.

[30] Levin, Dana S., and Amy C. Hammock. "School context and content in Canadian sex education." *The Canadian Journal of Human Sexuality* aop (2020): e20190046.

[31] Cohen, Jacqueline N., E. Sandra Byers, and Heather A. Sears. 2011. "Factors Affecting Canadian Teachers' Willingness to Teach Sexual Health Education." *Sex Education,* November, 1–18. **https://doi.org/10.1080/14681811.2011.615606**

- Advocate for centralized data collection by school boards.
- All new data should be disaggregated by intersecting identities.
- Advocate for national coordination around a comprehensive sexual health survey (opportunities to leverage existing initiatives: British Columbia has run an adolescent health survey every 5 years for last 35 years).
- Evaluate the impacts of comprehensive sexual health education, including non-heath related outcomes.
- Work across sectors and issues to release comprehensive data widely and accessibly (e.g., Trans Pulse survey).

4. Center Marginalized Voices and Youth

Center youth voices

- All participants agree that *meaningful* youth participation is key. This must go beyond simply delivering youth-focused programing. Youth should have direct and collective control of comprehensive sex-ed through involvement in decision-making and the planning, implementation, and evaluation stages of all initiatives. Youth should be fairly compensated for their contributions.[32] Participants suggested the following:
  - Organizations should challenge power dynamics that see youth as the passive receptors of information.
  - Ensure that marginalized youth are centered and prioritized in efforts to engage youth.
  - Organizations should seek to provide opportunities to develop young people's skills and give them opportunities to advocate for themselves at the provincial and federal levels.
  - Look to innovative approaches to amplify youth voices (e.g., storytelling in the online magazine *Nuance*).
  - Programming should follow young people's interests and needs.
  - Work is already being done by youth. It is important to help resource youth movements and youth-led organizations already advocating for (and implementing) comprehensive sex-ed in informal and formal settings. This is especially important for initiatives that provide peer-to-peer sex-ed in community.

Center marginalized voices

- While centering youth is critically important, it's important to remember that youth are not a homogenous group. Centering young people can sometimes end up meaning that only the voices of youth from dominant social groups are included. With this in mind, participants emphasized the importance of centering young people who are actively marginalized (those who face ableism, racism, heterocispatriarchy). In other words, an intersectional and critical disability lens is critical.
  - Organizations should recognize past harms and increase transparency.
  - Accessibility, from the perspective of disability justice, must remain a key focus.
  - The inclusion of the Two-Spirit community should be prioritized.

[32] IWHC. "Ensuring Youth Participation in Sexual and Reproductive Health Policies and Programs: What We Know," 2015. https://iwhc.org/wp-content/uploads/2015/03/youth-participation.pdf
Nova Scotia and Public Health Services. *On Being Youth Centred: A Guideline for Individuals and Organizations.* Halifax: Nova Scotia, Public Health Services, 2009. https://novascotia.ca/dhw/healthy-development/documents/On-Being-youth-Centred-A-Guideline-for-Individuals-and-Organizations.pdf

Rethink parents' roles

- While youth must remain at the center of all initiatives, involving parents is also important. Curriculum roll-backs have often been framed as a "parents' rights" issue. Engaging parents can help counter this messaging. Suggestions for doing this include:
  - Providing parents with tools, resources, and supports is one way of ensuring youth have access to sex-ed from multiple sources.
  - Supporting parents in advocating for their children's human rights.
  - While there is tension here between framing parents as key partners in implementing comprehensive sex-ed, and the rhetoric of "parental rights" that is often mobilized by anti-sex-ed advocates, data gathered by SIECCAN indicates that the majority of parents support the objectives of comprehensive sex-ed. Parents could be one part of the community-based wrap-around support that is needed to bolster all young people's learning process.

5. Innovate

Think creatively and extend sex-ed beyond the classroom

- While schools are a critically important source of sex-ed, a multi-pronged approach is important. Participants expressed a need to expand the number and type of places where sex-ed is being offered. Initiatives that would contribute to this include:
  - Bringing artists, storytellers and community members into sex-ed.
  - Expanding our notions of expertise, to include a wide range of lived experience.
  - Engaging parents as a part of community support and engagement.
  - Championing innovative approaches, especially digital approaches already being used by youth.
  - Considering opportunities to engage university and college students in sex-ed initiatives. Sex-ed should not end with grade school.
  - Developing community-based programming to help fill gaps for students who may not complete school or do not have access to comprehensive sex-ed in schools.
  - Building on innovative online initiatives. This includes looking to other countries and initiatives outside of Canada that have had proven success.
- Visioning new possibilities is important to this work. Participants expressed interest in imagining the possibilities for dynamic curricula that dynamically meet ever-changing needs, for sex-ed that values the importance of lived experience and storytelling and imagining a future where sex-ed works in concert with other movements for justice.

D2 • Session 3: Towards a National Sex-Ed Strategy

The overarching theme that animated the discussions above was that sex-ed is not simply an instrumental approach to conveying health information. The participants in the conference shared the view that sex-ed plays a pivotal role in visioning radical futures and creating the conditions for a more just world.

The conference highlighted the need for a unified movement working together for sex-ed across the country. Many of the key stakeholders in the room did not know about each other's work before the convening. In this way, the gathering broke down silos and opened space for productive conversations across sectors, social justice issues, and communities engaged in work related to sexual health and education. While the participants in the conference have been working on sex-ed in their communities and provinces, the conference reinforced that there is a considerable demand

for interprovincial/territorial and national leadership and movement-building. Further, the presence of experts and activists outside of Canada helped to frame this work within a broader global comprehensive sex-ed movement. Conversations throughout the conference emphasized that this movement should work across issues and in solidarity with advocates working against the manifestations of white supremacy and colonialism in all sectors.

Participants identified a need to work together to address the barriers that were identified on Day 1. While each community has unique concerns and obstacles, there is considerable appetite for collective visioning and organizing. As a next step in coordinating this, Action Canada's team has proposed striking a National Advisory Committee that could begin to outline important elements of a national strategy for comprehensive sex-ed.

The convening participants advanced a vision that sees youth—particularly marginalized youth who have been systemically erased from the classroom and other educational spaces—as leaders and as active participants in defining their own needs. Participants envision wrap-around supports where parents, teachers, healthcare providers, and politicians are all well-equipped to defend comprehensive sex-ed as a fundamental human right and to engage communities and find spaces outside of schools where young people can access comprehensive sex-ed. To achieve this, these stakeholders would have access to the educational, institutional, and financial resources they need to feel safe, comfortable, and confident in implementing or supporting comprehensive sex-ed. Finally, the vision of comprehensive sex-ed shared by participants takes anti-oppression as its starting point. To achieve the promise of comprehensive sex-ed as life-affirming, participants recognize the need to begin from an understanding of the way white supremacy, colonialism, ableism, misogyny, classism, homophobia, and transphobia are baked into our current education and health systems.

Concluding Summary of Events

On Day 1, participants surveyed the state of sex-ed in Canada to better understand the starting point of the conversations they would have. They identified the following barriers to comprehensive sex-ed: one-channel delivery of sex-ed (only school-based); inadequate resources and supports for educators; erasure and exclusion in the curriculum; gatekeeping by parents, schools, and politicians; systemic oppression, attitudes and ideologies; inaccessibility; the minimization of youth involvement and leadership, particularly the erasure of marginalized youth; a lack of data and standards; the dearth of political will and leadership; and a lack of accountability. In 2020–2021 these barriers were exacerbated by the implications of the COVID-19 pandemic.

On Day 2, participants shifted to thinking about the opportunities for action that exist in order to leverage and carve out areas of action in order to achieve the collective vision for comprehensive sex-ed articulated above. Speakers highlighted the fact that despite the overwhelming tragedy of the COVID-19 pandemic, there have also been opportunities for creatively reimagining our social and intimate relationships, learning to increase our comfort with awkwardness, and shifting towards accessible online approaches as a way of mitigating barriers to access. Participants discussed a range of opportunities for action, including thinking strategically by developing national and provincial advocacy strategies, and building cross-sectoral collaborations and networks. They emphasized the importance of advocacy that links sex-ed to the broader human rights agenda and that is supported by robust advocacy tools. Participants expressed interest in growing the knowledge base about comprehensive sex-ed through professional development initiatives and by increasing and diversifying the data that is available, including by supporting demands for a comprehensive national sexual health survey. There was a strong desire to see innovative and creative approaches to comprehensive sex-ed and advocacy. Finally, participants emphasized the central importance of taking concrete action towards centering the voices of marginalized youth.

As has been covered in the recap of Day 2 Session 2, participants identified a wide range of opportunities for action. As the next step, Action Canada for Sexual Health and Rights will seek to convene and steward a National Advisory Committee to refine a list of demands based on the Opportunities for Action identified in the full report and discuss elements of what a national strategy for sex-ed could look like.