DRAFT CORE PRINCIPLES OF COMPREHENSIVE SEXUAL HEALTH EDUCATION FOR CANADIANS

CANADIAN GUIDELINES FOR SEXUAL HEALTH EDUCATION NEW EDITION COMING FALL 2018
The Canadian Guidelines for Sexual Health Education, a project funded by the Public Health Agency of Canada, are currently under revision. The revised Guidelines will include Core Principles that provide the basis for the development and delivery of comprehensive sexual health education. The draft Core Principles were developed by the Canadian Guidelines for Sexual Health Education Working Group listed at the end of this document.

**Draft Core Principles of Comprehensive Sexual Health Education for Canadians**

Sexual health and well-being are fundamental aspects of an individual’s overall health and well-being. Sexuality plays an integral role in the development and maintenance of healthy relationships. Sexual health education programs should be available and easily accessible to all Canadians.

*See the next page* for the list of the draft Core Principles.

*See pages 4-8* for the draft Core Principles and their corresponding text.

*See page 9* for the list of Canadian Guidelines for Sexual Health Education Working Group members.
COMPREHENSIVE SEXUAL HEALTH EDUCATION
FOR CANADIANS:

✅ Is accessible to all people regardless of age, gender, sexual orientation, STBBI status, geographic location, socio-economic status, cultural or religious background, ability, or housing status (e.g., those who are incarcerated, homeless, or living in care facilities).

✅ Promotes human rights including autonomous decision-making and respect for the rights of others.

✅ Is scientifically accurate and uses evidence-based teaching methods.

✅ Is broadly-based in scope and depth and addresses a range of topics relevant to sexual health and well-being.

✅ Is inclusive of the identities and lived experiences of lesbian, gay, bisexual, transgender, queer, intersex, Two Spirit (LGBTQI2S+), and asexual people.

✅ Promotes gender equality and the prevention of sexual and gender-based violence.

✅ Incorporates a balanced approach to sexual health promotion that includes the positive aspects of sexuality and relationships, as well as the prevention of sexual health problems.

✅ Is responsive to and incorporates emerging issues related to sexual health and well-being.

✅ Is provided by educators who have the knowledge and skills to deliver comprehensive sexual health education and who receive administrative support.
IS ACCESSIBLE TO ALL PEOPLE REGARDLESS OF AGE, GENDER, SEXUAL ORIENTATION, STBBI STATUS, GEOGRAPHIC LOCATION, SOCIO-ECONOMIC STATUS, CULTURAL OR RELIGIOUS BACKGROUND, ABILITY, OR HOUSING STATUS (e.g., those who are incarcerated, homeless, or living in care facilities).

All people should have access to age appropriate sexual health education beginning in early childhood and continuing across the life span. For sexual health education to be equally accessible to all people, programs must be designed and taught in ways that address the learning needs of the specific audience. These learning needs may be dependent on a range of factors including age, gender identity, sexual orientation, STBBI status, geographic location, socio-economic status, cultural or religious background, ability, or housing status (e.g., those who are incarcerated, homeless, or living in care facilities). In order to develop and implement sexual health education programs that are fully accessible to target audiences, these audiences should be consulted and engaged in the planning, implementation, and evaluation process.

PROMOTES HUMAN RIGHTS INCLUDING AUTONOMOUS DECISION-MAKING AND RESPECT FOR THE RIGHTS OF OTHERS.

Sexual health education should educate people about their human rights in relation to sexual and reproductive health. The content and guiding philosophy of sexual health education programs should be aligned with The Canadian Charter of Rights and Freedoms which outlines all Canadians’ rights to personal liberty and freedom of thought, belief, and opinion. Sexual health education should encourage and facilitate a person’s right to make informed autonomous decisions for themselves. To effectively promote human rights, sexual health education should also strongly emphasize that individuals have an equal obligation to respect the rights of others. Comprehensive sexual health education should empower people to recognize and respond to sexual health and well-being inequality or injustices that they, or others, may face.
IS SCIENTIFICALLY ACCURATE AND USES EVIDENCE-BASED TEACHING METHODS.

The content delivered in sexual health education programs should be grounded in credible scientific knowledge and research. The teaching strategies and methods utilized should be well tested and empirically supported by scientifically sound research. Sexual health education programs should be based on theoretical models that can be used to plan, implement, and evaluate sexual health education programs.

Effective sexual health education programs integrate elements of

1) knowledge and understanding,
2) motivation,
3) skills, and
4) critical awareness of social-environmental factors that may prevent the achievement of sexual health and well-being.

IS BROADLY-BASED IN SCOPE AND DEPTH AND ADDRESSES A RANGE OF TOPICS RELEVANT TO SEXUAL HEALTH AND WELL-BEING.

There is a broad range of information, attitudes, and behaviours that contribute to sexual health and well-being. Although it is often necessary to target specific attitudes and behaviours within sexual health education program objectives, it is also important to recognize that achieving and maintaining sexual health and well-being involves a number of factors. Sexual health education programs targeted at youth, particularly school-based programs, should address, with sufficient depth, the range of factors that impact sexual health and well-being, including establishing and maintaining healthy interpersonal relationships.

IS INCLUSIVE OF THE IDENTITIES AND LIVED EXPERIENCES OF LESBIAN, GAY, BISEXUAL, TRANSGENDER, QUEER, INTERSEX, TWO SPIRIT (LGBTQI2S+), AND ASEXUAL PEOPLE.

Sexual health education should be taught in a manner that does not assume that all individuals are heterosexual and/or cisgender. Sexual health education programs should be relevant to, and address, the learning needs of LGBTQI2S+ and asexual people.
Sexual health education programs should encourage acceptance and respect for the diversity of sexual and gender identities that exist in the community and facilitate the critical evaluation of discriminatory attitudes and practices.

**PROMOTES GENDER EQUALITY AND THE PREVENTION OF SEXUAL AND GENDER-BASED VIOLENCE.**

Sexual health education programs should promote gender norms that contribute to gender equality and sexual well-being. Sexual health education should provide information about the diversity of genders, identities, and expressions to encourage acceptance and respect for diversity as not all people are born exclusively male or female and not all people identify as strictly male or female; some people identify as transgender and others identify as gender fluid. Sexual health education programs should play an active role in contributing to the reduction of sexual and gender-based violence by helping people become aware of societal norms, attitudes, and practices that contribute to violence. Sexual health education programs should incorporate a trauma-informed approach that recognizes that many of the people receiving sexual health education may have experienced some form of sexual or gender-based violence. In addition, sexual health education programs should reinforce the message that victims are never at fault for the violence they have experienced.

Sexual health education programs should emphasize the ability to:
1) clearly communicate affirmative consent (e.g., saying yes);
2) clearly say no to unwanted sexual activity;
3) set personal sexual behaviour limits; and
4) accept and respect other people’s boundaries communicated verbally or non-verbally.

Sexual health education should help individuals learn to ensure that all partners must fully consent before sexual activity occurs.
INCORPORATES A BALANCED APPROACH TO SEXUAL HEALTH PROMOTION THAT INCLUDES THE POSITIVE ASPECTS OF SEXUALITY AND RELATIONSHIPS, AS WELL AS THE PREVENTION OF SEXUAL HEALTH PROBLEMS.

An exclusive focus on the prevention of negative outcomes (e.g., sexually transmitted infections, unplanned pregnancy) in sexual health education does not necessarily reduce negative outcomes and can result in a distorted view of human sexuality that emphasizes negativity and contributes to shame and stigma. Grounding sexual health education in an approach that combines both positive and relationship enhancing aspects of human sexuality, along with the information and skills to prevent sexuality related problems, can empower people to protect and enhance their sexual health. A balanced approach to sexual health promotion incorporates harm reduction strategies when necessary to effectively reach program objectives.

IS RESPONSIVE TO AND INCORPORATES EMERGING ISSUES RELATED TO SEXUAL HEALTH AND WELL-BEING.

Sexual health education must be responsive to people’s current and changing educational needs related to sexual health and well-being to be relevant and effective.

For example, modern communication technologies (e.g., cell phones/smartphones, social media apps/websites) have fundamentally changed the way people are exposed to, learn about, and communicate with respect to sexuality. These technologies can have benefits (e.g., increase access to sexuality information), but also pose significant challenges (e.g., privacy and exploitation risks of online communication). Many people will be exposed to media portrayals of gender and sexuality (e.g., via social media, movies/television/music videos/online games, pornography) in ways that challenge sexual health and well-being.

Sexual health education programs should facilitate the development of media and digital literacy skills that will enable people to critically evaluate the sexuality related material they encounter, as well as develop the knowledge and skills to use communication technologies safely and respectfully.
IS PROVIDED BY EDUCATORS WHO HAVE THE KNOWLEDGE AND SKILLS TO DELIVER COMPREHENSIVE SEXUAL HEALTH EDUCATION AND WHO RECEIVE ADMINISTRATIVE SUPPORT.

Sexual health education is provided in a variety of contexts and settings. Ideally, individuals who provide sexual health education should be

1) well-trained in the theory and practice of comprehensive sexual health education, and

2) administratively supported.

Educators should be provided with opportunities to develop their knowledge and skills to deliver comprehensive sexual health education, including access to resources, in-service training, and professional development.

Parents and guardians should also have access to resources to increase their capacity, knowledge, and skills to provide their children with accurate information about sexuality and sexual health and well-being. Faith leaders, cultural communities, community opinion leaders, and peers are examples of other groups that should have access to resources, training, and support to provide comprehensive sexual health education.
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