sieccan
Sex Information & Education Council of Canada
Conseil d'information & d'éducation sexuelles du Canada

BENCHMARKS FOR EFFECTIVE COMPREHENSIVE SEXUAL HEALTH EDUCATION

CONSULTATION SUMMARY REPORT:

FINDINGS FROM SIECCAN'S SEXUAL HEALTH EDUCATION SURVEY WITH YOUTH AND ONLINE CONSULTATION WITH SEXUAL HEALTH EDUCATION PROFESSIONALS

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PROJECT OVERVIEW

According to the *Canadian Guidelines for Sexual Health Education* (SIECCAN, 2019), comprehensive sexual health education is critical to providing young people with the information, motivation, and skills needed to enhance their sexual health and well-being. However, sexual health education varies significantly across Canada and all young people may not have access to the same quality or content of sexual health information. Youth are primary stakeholders in sexual health education, yet their opinions are often absent from discussions of sexual health curriculum and program development.

The overall goal of the current project, funded by the Public Health Agency of Canada's Community Action Fund, is to improve the knowledge and capacity of educators, service providers, and policy and program decision makers to provide effective, culturally safe, stigma-free STI prevention and sexual health education to youth in Canada.

A key component to achieving this goal is creating national *Benchmarks for Effective Comprehensive Sexual Health Education*. The Benchmarks will provide educators and policy and program decision makers with a consistent, evidence-based tool to develop, implement, and evaluate sexual health education programs/curricula that address the age/grade-specific sexual health education needs of diverse youth populations in Canada.

About this Report

In preparation for the development of the *Benchmarks for Effective Comprehensive Sexual Health Education*, SIECCAN conducted two online surveys. Both surveys incorporated quantitative and qualitative approaches.

1. **Sexual Health Education Survey with Youth**

   SIECCAN surveyed youth across Canada to examine sexual health education experiences and identify key sexual health education needs. Between March and April of 2023, 3551 participants aged 16-24 were recruited through Leger, a professional marketing and research company, to complete a 20-minute online questionnaire. **Autistic youth, youth with disabilities, and youth with 2SLGBTQINA+ identities were oversampled to best ensure adequate sample sizes for reporting and comparisons across groups.**

2. **Consultation with Sexual Health Education Professionals**

   Between April and September 2023, SIECCAN conducted an online consultation with a wide range of individuals and organizations involved in sexuality and sexual health education and promotion. Over 250 people from across Canada participated in the consultation.

The current report summarizes key findings from both surveys to help inform the development of the *Benchmarks for Effective Comprehensive Sexual Health Education*.

Note: *With the exception of demographic data, analyses exclude those participants who chose "I don't know", "I prefer not to answer", or "this does not apply to me".*

Key Summary Points

Sexual Health Education Survey with Youth

82.5% of youth agree that access to age-appropriate sexual health education in schools is a basic right for all.	
A large majority of youth support the inclusion of a wide variety of sexual health education topics. Most want to begin learning about almost all sexual health education topics beginning in the elementary grades. However, youth noted that in their experience of sexual health education, they began learning about most topics later than desired or did not learn about the topic at all.	Less than a third of youth rate the sexual health information they received/are receiving in school as good/excellent. Cisgender girls/women and trans and nonbinary youth were less likely to report that sexual health education met their needs compared to cisgender boys/men; LGBQ+ youth were less likely to report that sexual health education met their needs compared to heterosexual youth.

Consultation with Sexual Health Education Professionals

97% believe it is important to have national benchmarks for the provision of sexual health information and skill development to ensure that all students in Canada have access to consistent, effective, and inclusive comprehensive sexual health education.	96% of participants agree that access to age-appropriate sexual health education is a basic human right for all.
Results indicate strong support for: 1. the inclusion of all sexual health education topics listed. 2. a foundational building block approach to sexual health education.	Educators report a need for resources and training focused on content areas where they feel greater discomfort (e.g., integrating pleasure, 2SLGBTQINA+ experiences, engaging with parents/ guardians/caregivers).

Results from both surveys highlight the importance of —and participants' desire for— comprehensive sexual health education that begins early and includes a variety of relevant topics. Youth and experts in the education and health fields agree that sexual health education should be inclusive, evidence-based, aim to reduce homophobia and transphobia and promote gender-equality and the right to autonomous decision-making.

PART 1:

SEXUAL HEALTH EDUCATION SURVEY WITH YOUTH

Who Participated in the Survey?

Participants ranged in age from 16-24 years (Figure 1). Almost half (49%) were women/girls, 47% were men/boys, and approximately 4% were nonbinary or an Indigenous (e.g., Two-Spirit) or other cultural gender identity (Figure 2). About 4% of youth also identified as transgender (Figure 3). Just over half (54%) of the sample was white (Figure 4), approximately 30% reported an LGBQ+ sexual orientation (Figure 5), 15% had a disability, and 12% had an autism diagnosis or self-identified as Autistic.

Most participants currently lived in Ontario (41%) or Quebec (22.5%). There was little northern representation, with only one participant from the Yukon and no individuals from the Northwest Territories or Nunavut (Figure 6). The majority of youth (83%) had attended elementary school (i.e., Kindergarten to Grade 8) in Canada; 90% had attended/were attending high school in Canada.

Figure 1. *Age of participants*

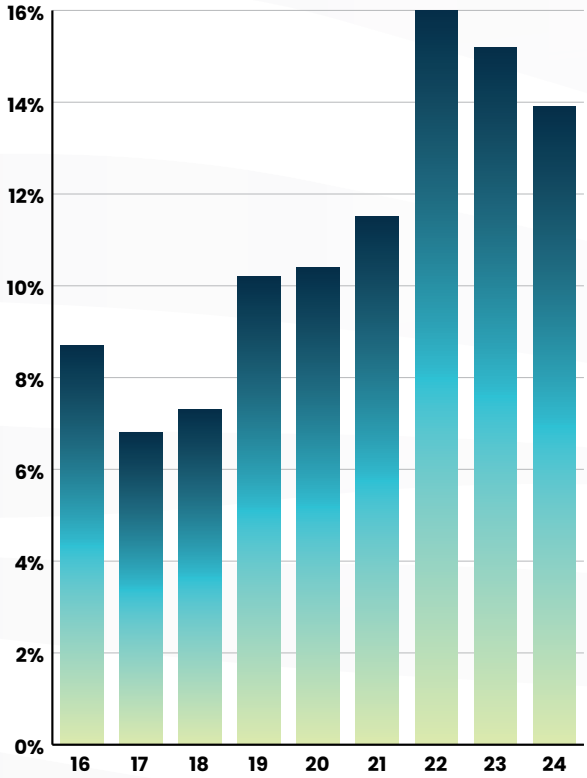


Figure 2. *Which of the following best describes your gender?*

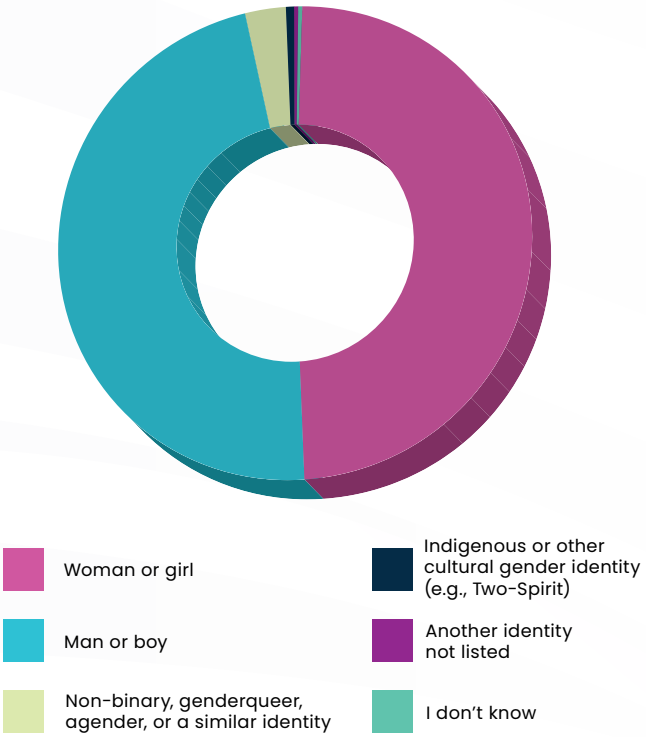


Figure 3. *Do you identify as transgender?*

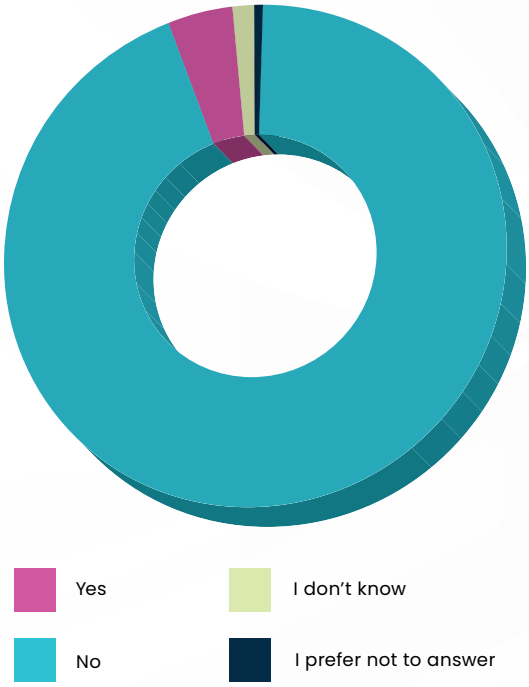


Figure 4. *Race/Ethnicity*

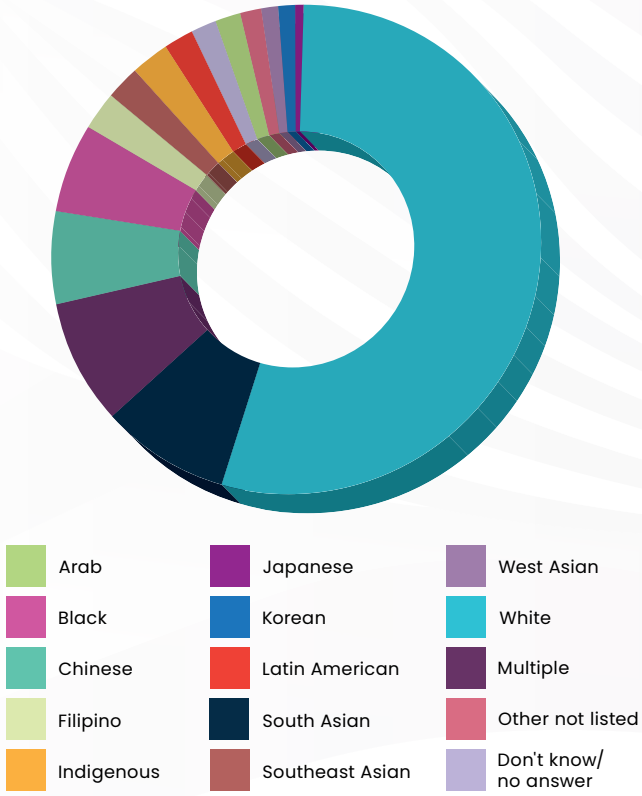


Figure 5. *What is your sexual orientation?*

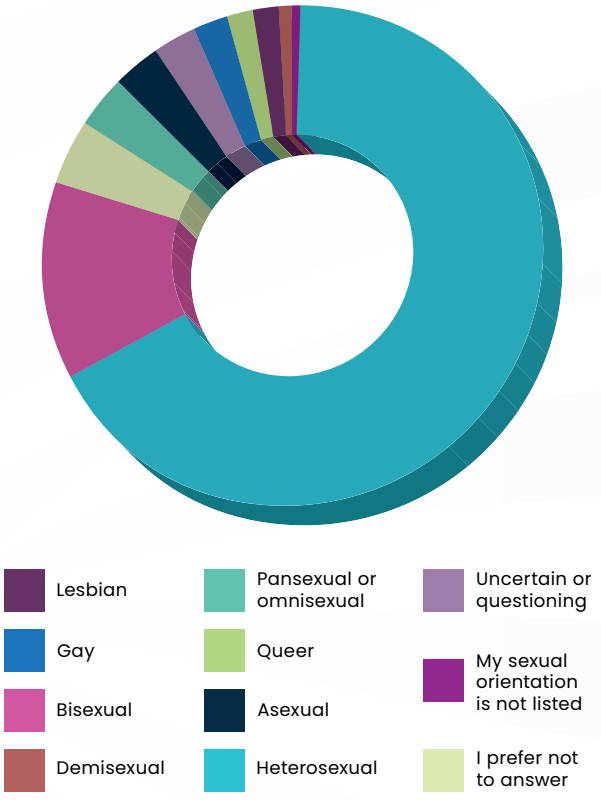
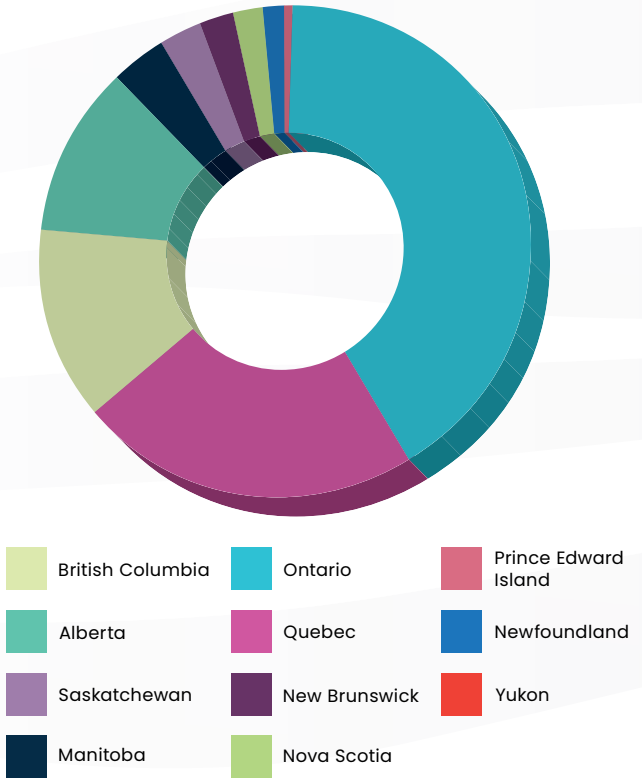


Figure 6. *Where do you live?*



Sexual Health Information

Current sources of sexual health information

Youth reported accessing sexual health advice or information from several sources, indicating their top three choices in priority order. The most frequent response was a Google/online search, with 24% of the sample noting this as their first choice (Table 1).

Approximately one fifth of the sample (18%) accessed sexual health information from social media. Among those who reported accessing sexual health information from social media, YouTube and Tik Tok were the most common responses, followed by Instagram (Table 2).

Table 1. *When seeking information on sexual health advice or information, where do you go? Please choose your top three choices. Results for full sample.*

Source	Total % of youth that selected source	% First choice	% Second Choice	% Third Choice
Google/online search	50.4	24.2	14.3	12.0
Friends	40.6	13.8	13.3	13.4
Health/medical websites	38.0	12.2	15.3	10.4
Health Care Professionals	32.8	10.1	11.1	11.7
Parents	30.3	12.7	9.7	7.9
Social Media	18.2	5.1	6.3	6.8
Online blogs	10.8	2.9	3.7	4.1
Teachers	9.7	3.6	3.4	2.7
Siblings	9.5	2.6	3.6	3.2
Counselor	7.0	2.5	2.1	2.5
Social Influencers	4.6	1.2	1.7	1.7
Elders	4.4	1.1	1.8	1.5
Magazines	2.3	0.9	0.8	0.6
Other	0.8	0.1	0.2	0.5
Examples of "other" sources: podcasts, additional family members, books				

Table 2. *Which social media platforms do you use to find sexual health advice/information? Results for participants who choose "social media" as a source of sexual health advice/information (n = 647).*

Social Media Platform	% of participants who indicated yes
YouTube	50.0
Tik Tok	49.1
Instagram	43.3
Reddit	26.3
Twitter	20.0
Facebook	15.5
Pinterest	6.2
Other	0.4
Examples of "other" social media platforms: Discord, Google (unspecified), Yahoo Answers, fetlife, pornography sites, podcasts	

**participants were asked to select all that apply*

Sexual Health Education: What Youth Want

Core Principles of Comprehensive Sexual Health Education

Youth across Canada want sexual health education that is inclusive, relevant, evidence-based, and incorporates a balanced approach that includes the positive aspects of sexuality (e.g., having pleasurable and consensual relationships, understanding sexual and gender diversity) as well as the prevention of sexual health problems (e.g., sexually transmitted infections, gender-based violence).

Participants were asked to rate their agreement with 11 statements that reflect the Core Principles of Comprehensive Sexual Health Education, outlined in the *Canadian Guidelines for Sexual Health Education* (SIECCAN, 2019). A large majority of youth agreed with all the Core Principles (75%-85%), and 82.5% agreed that access to age-appropriate sexual health education in schools is a basic right for all (see Table 3). Statements with the least agreement included those related to reducing homophobia and transphobia; however, support for these statements was still high.

We examined overall agreement by pooling all items together to create a Core Principles Index and examined whether there were differences based on gender, sexual orientation, and region (see Table 4).

- Cisgender girls/women and trans and nonbinary youth reported significantly greater agreement with the Core Principles compared to cisgender boys/men.
- Youth with a LGBQ+ sexual orientation reported significantly higher agreement with the Core Principles compared to heterosexual youth.
- Agreement with the Core Principles was high across all geographic regions. However, overall agreement was significantly higher in the Atlantic provinces compared to Ontario, Quebec, the Prairies, and British Columbia.

Table 3. *Agreement with SIECCAN's Core Principles of Comprehensive Sexual Health Education*

	Full Sample	Gender			Sexual Orientation	
Individual Statements		**Cisgender girl/woman**	**Cisgender boy/man**	**Trans/ Nonbinary**	**LGBQ+**	**Heterosexual**
	% agree/ strongly agree	**Nonbinary**	**LGBQ+**	**Heterosexual**	**% agree/ strongly agree**	**% agree/ strongly agree**
Access to age-appropriate sexual health education in schools is a basic right for all	82.5%	86.8%	78.2%	81.6%	87.5%	81.4%
Sexual health education should… Be inclusive to all students	81.5%	87.3%	75.1%	82.7%	86.8%	80.1%
Be scientifically accurate & use evidence-based teaching methods	81.3%	85.1%	78.0%	75.8%	81.6%	82%
Promote gender equality and the prevention of GBV	82%	87.3%	76.6%	81.8%	86.4%	80.8%
Reduce homophobia (i.e., prejudice & discrimination against lesbian, gay, and bisexual people)	77.8%	83.8%	70.3%	84.0%	85.7%	75.4%
Incorporate a balanced approach	83.8%	88.5%	78.7%	83.8%	86.8%	83.3%
Promote the right to autonomous decision making and respect for the rights of others	85%	89.4%	80.2%	83.4%	87.3%	84.5%
Be relevant and responsive	81.6%	87.7%	74.6%	85.8%	87.3%	79.9%
Be provided by educators who have sufficient knowledge and skills	84.4%	89.5%	79.2%	84.4%	88.2%	83.6%
Seek to reduce transphobia	75.3%	81.9%	67.1%	82%	84.4%	71.9%
Address the broad range of factors that impact sexual health	84.6%	89.2%	80.0%	82%	87.1%	84.3%

Table 4. *Core Principles Index- 3x2x5 Analysis of Variance*

	Mean	SD	F	p value	Partial Eta Squared
Gender			53.07	<.001	.04
Cisgender girl/woman	4.48	.02			
Cisgender boy/man	4.19	.03			
Trans and/or nonbinary	4.36	.06			
Sexual Orientation			48.13	<.001	.02
LGBQ+	4.45	.03			
Heterosexual	4.23	.03			
Region			3.54	.007	.005
British Columbia	4.30	.04			
Prairie Provinces	4.30	.04			
Ontario	4.29	.03			
Quebec	4.35	.03			
Atlantic Provinces	4.49	.06			

Sexual Health Education Topics

For each of the 36 sexual health education topics, participants reported the grade at which they began learning about the topic and the grade at which they would have liked to learn about the topic.

The results summarized in Table 6 indicate that youth support the inclusion of all topics listed and want to begin learning about almost all topics in the elementary grades. However, there are several topics that a substantial number of you report are not/were not included in their sexual health education. For example, more than half (54%) noted that Indigenous ways of knowing regarding gender and sexuality were not covered; 42% indicated that their sexual health education did not address different cultural ideas of gender and sexuality. Approximately one third did not learn about media literacy skills related to sexual content or information about masturbation, and almost 40% did not access information on the prevention of sex trafficking.

Youth said they learned about many sexual health education topics beginning in Grade 6-8. For 11 topics, this aligned with the grade at which they wanted to begin learning about the topic (see Table 5). For example, when it came to reproduction and safer sex, youth most commonly reported that they learned about these topics in Grade 6-8 and that they would like to begin learning about these topics in Grade 6-8.

However, 25 topics were misaligned in terms of when youth wanted to begin learning about the topic and when they began learning about it in their school-based sexual health education. In all but one case, youth identified that they wanted to learn about the topic earlier than it was introduced or that the topic was not covered, despite a desire to begin learning about it in elementary grades.

Youth identified sexual problems/concerns and sexual pleasure as the only two topics that should begin in Grade 9-10. Still, 47% of young people wanted pleasure addressed in the earlier grades.

Table 5. *Preferred and perceived timing of sexual health education topic introduction. Responses for full sample.*

Topic		Percent Indicating Introduction at Each Grade Level							Mode (i.e., most frequent response)
		Kindergarten	Grade 1-3	Grade 4-5	Grade 6-8	Grade 9-10	Grade 11-12	Did not learn/ Should Not be Taught	
Abstinence	**Grade started to learn**	1.2	3.5	11.5	31.1	21.6	7.6	23.3	Grade 6-8
	Grade would have liked to learn	1.1	3.6	13.3	39.8	24.4	9.0	8.9	Grade 6-8
Attraction, love, and intimacy	**Grade started to learn**	1.4	4.1	13.4	28.3	20.5	8.1	24.2	Grade 6-8
	Grade would have liked to learn	2.0	6.5	19.5	38.0	23.0	8.7	2.3	Grade 6-8
Body image	**Grade started to learn**	2.1	4.9	15.9	27.1	19.0	7.4	23.6	Grade 6-8
	Grade would have liked to learn	6.5	10.6	26.4	31.9	16.1	6.0	2.5	Grade 6-8
Birth control methods	**Grade started to learn**	1.2	2.2	7.7	32.4	34.7	11.9	9.9	Grade 9-10
	Grade would have liked to learn	0.8	2.9	11.1	43.5	30.1	9.5	2.2	Grade 6-8
Bodily autonomy (e.g., choosing whether you want a hug)	**Grade started to learn**	5.3	7.6	14.0	22.1	16.3	6.7	28.0	Did not learn
	Grade would have liked to learn	20.7	12.7	17.9	24.6	14.9	6.5	2.7	Grade 6-8
Changes associated with puberty (e.g., physical, biological, psychological, emotional, social)	**Grade started to learn**	1.3	4.8	27.1	38.6	16.0	6.1	6.1	Grade 6-8
	Grade would have liked to learn	1.1	7.3	34.3	36.3	13.3	6.2	1.5	Grade 6-8
Dealing with pressure to be sexually active	**Grade started to learn**	1.0	2.7	7.7	24.0	25.0	10.8	28.8	Did not learn
	Grade would have liked to learn	1.1	3.1	12.3	40.2	30.1	10.0	3.1	Grade 6-8
Different cultural ideas of gender and sexuality	**Grade started to learn**	1.2	2.5	8.4	18.4	18.1	9.0	42.4	Did not learn
	Grade would have liked to learn	1.9	5.1	14.8	33.1	28.0	11.1	6.0	Grade 6-8
Emotional components of sexual relationships	**Grade started to learn**	1.0	2.9	8.7	22.0	22.0	10.7	32.6	Did not learn
	Grade would have liked to learn	0.8	4.0	12.6	37.6	31.2	11.4	2.4	Grade 6-8
Gender identity (i.e., our internal sense of who we are; e.g., girl/woman, boy/man, etc.)	**Grade started to learn**	2.2	4.7	10.6	21.0	18.6	8.9	34.1	Did not learn
	Grade would have liked to learn	6.0	9.5	18.7	30.7	19.0	9.1	7.1	Grade 6-8

Topic		Percent Indicating Introduction at Each Grade Level							Mode (i.e., most frequent response)
		Kindergarten	Grade 1-3	Grade 4-5	Grade 6-8	Grade 9-10	Grade 11-12	Did not learn/ Should Not be Taught	
Gender roles and stereotypes (e.g., ideas/ expectations about girls/women, boys/men)	Grade started to learn	3.3	5.3	12.9	24.5	18.9	8.8	26.3	Did not learn
	Grade would have liked to learn	5.3	8.6	19.4	32.4	19.4	8.5	6.3	Grade 6-8
How to access sexual and reproductive health services	Grade started to learn	1.1	2.7	8.3	26.9	29.1	12.1	19.8	Grade 9-10
	Grade would have liked to learn	0.8	2.9	13.0	41.2	29.8	10.4	1.8	Grade 6-8
Indigenous ways of knowing regarding gender and sexuality	Grade started to learn	1.3	2.7	6.9	14.2	13.1	7.8	54.0	Did not learn
	Grade would have liked to learn	1.9	5.5	13.9	32.0	26.1	11.5	9.1	Grade 6-8
Information about masturbation	Grade started to learn	0.9	2.7	8.1	24.0	20.1	8.6	35.6	Did not learn
	Grade would have liked to learn	0.7	4.4	13.9	39.2	26.8	9.7	6.0	Grade 6-8
Information on sex trafficking	Grade started to learn	1.0	3.0	7.0	17.8	21.4	10.4	39.3	Did not learn
	Grade would have liked to learn	1.3	5.2	14.8	33.4	30.5	11.7	3.1	Grade 6-8
Knowledge of the body (e.g., the genitals and reproductive parts)	Grade started to learn	1.9	6.8	24.1	36.4	18.6	7.3	4.8	Grade 6-8
	Grade would have liked to learn	3.9	9.9	26.2	34.9	16.5	7.2	1.4	Grade 6-8
Media literacy skills related to sexual content in advertising, TV, pornography, etc.	Grade started to learn	0.9	3.2	8.9	23.1	20.6	10.0	33.3	Did not learn
	Grade would have liked to learn	1.0	3.3	14.4	37.5	28.2	10.5	5.0	Grade 6-8
Nonviolent conflict resolution in relationships	Grade started to learn	1.9	3.4	9.1	20.3	20.3	9.6	35.4	Did not learn
	Grade would have liked to learn	4.7	6.9	15.7	32.3	27.7	10.6	2.2	Grade 6-8
Personal safety (e.g., sexual abuse prevention)	Grade started to learn	2.1	4.3	10.6	24.4	22.3	9.6	26.7	Did not learn
	Grade would have liked to learn	5.8	9.0	18.5	34.6	22.5	7.9	1.7	Grade 6-8
Pregnancy options (e.g., abortion, adoption, parenting)	Grade started to learn	1.1	2.5	7.8	25.7	34.1	12.7	16.1	Grade 9-10
	Grade would have liked to learn	0.8	2.6	10.2	37.2	35.2	11.8	2.3	Grade 6-8

Topic		Percent Indicating Introduction at Each Grade Level							Mode (i.e., most frequent response)
		Kindergarten	Grade 1-3	Grade 4-5	Grade 6-8	Grade 9-10	Grade 11-12	Did not learn/ Should Not be Taught	
Reasons to have (or not to have) sex	Grade started to learn	1.2	2.8	8.9	27.8	25.4	8.9	25.0	Grade 6-8
	Grade would have liked to learn	1.0	3.5	12.6	42.6	28.2	8.7	3.4	Grade 6-8
Relationship communication skills	Grade started to learn	1.7	3.7	9.3	22.3	21.6	10.4	30.9	Did not learn
	Grade would have liked to learn	3.4	6.0	16.6	35.3	26.4	10.0	2.3	Grade 6-8
Reproduction	Grade started to learn	1.8	4.3	21.0	39.2	21.5	7.8	4.4	Grade 6-8
	Grade would have liked to learn	1.7	5.8	23.6	39.8	20.0	7.8	1.3	Grade 6-8
Safer sex methods (e.g., condom use)	Grade started to learn	1.0	3.0	9.6	38.0	31.5	9.9	7.0	Grade 6-8
	Grade would have liked to learn	0.7	2.6	11.9	45.8	27.9	9.1	1.9	Grade 6-8
Self-esteem and personal development	Grade started to learn	2.0	5.1	17.1	25.6	18.3	8.9	23.1	Grade 6-8
	Grade would have liked to learn	9.1	12.4	24.1	28.8	16.7	7.0	1.9	Grade 6-8
Sexual and gender-based violence/ harassment/ coercion	Grade started to learn	1.2	3.2	8.6	23.1	24.5	10.2	29.2	Did not learn
	Grade would have liked to learn	1.8	4.3	15.2	39.4	27.3	9.8	2.2	Grade 6-8
Sexual and reproductive rights (i.e., fundamental human rights related to your sexuality and reproductive health)	Grade started to learn	1.1	3.4	8.9	25.0	24.2	10.4	26.9	Did not learn
	Grade would have liked to learn	1.1	3.8	14.2	39.1	29.4	9.9	2.6	Grade 6-8
Sexual consent (e.g., asking for, giving, and respecting consent for sexual activity)	Grade started to learn	1.4	3.2	10.4	31.4	28.8	10.2	14.6	Grade 6-8
	Grade would have liked to learn	2.9	5.8	17.0	41.0	22.7	8.6	1.9	Grade 6-8
Sexual orientation (i.e., who a person is attracted to romantically, emotionally, and/ or sexually. This can include being attracted to someone of a different gender, the same gender, or multiple genders, etc.)	Grade started to learn	1.5	3.5	10.8	26.1	21.5	9.2	27.5	Did not learn
	Grade would have liked to learn	3.6	7.0	19.3	33.9	22.2	8.6	5.4	Grade 6-8
Sexual pleasure	Grade started to learn	1.4	2.8	6.1	22.6	22.1	10.8	34.2	Did not learn
	Grade would have liked to learn	1.1	2.4	9.7	33.9	34.1	13.6	5.2	Grade 9-10

Topic		Percent Indicating Introduction at Each Grade Level							Mode (i.e., most frequent response)
		Kindergarten	Grade 1-3	Grade 4-5	Grade 6-8	Grade 9-10	Grade 11-12	Did not learn/ Should Not be Taught	
Sexual problems and concerns (e.g., pain during sex, problems with erections, orgasm difficulties, etc.)	Grade started to learn	1.2	2.4	6.4	18.0	23.0	10.8	38.1	Did not learn
	Grade would have liked to learn	0.7	2.7	8.2	32.9	38.2	14.0	3.4	Grade 9-10
Sexuality and communication technology (e.g., 'sexting')	Grade started to learn	0.9	2.1	8.0	25.0	24.4	10.4	29.1	Did not learn
	Grade would have liked to learn	0.7	3.2	11.8	39.4	29.6	9.5	5.7	Grade 6-8
Sexuality and disability (e.g., physical disabilities, developmental disabilities)	Grade started to learn	1.1	2.9	7.9	16.7	16.6	7.8	47.0	Did not learn
	Grade would have liked to learn	1.6	4.8	12.8	34.1	31.6	11.2	4.0	Grade 6-8
Sexually transmitted infections (STIs), including HIV	Grade started to learn	1.0	3.0	9.9	38.0	33.4	9.1	5.6	Grade 6-8
	Grade would have liked to learn	0.8	3.2	13.0	44.9	28.5	8.0	1.5	Grade 6-8
Social attitudes and factors that contribute to gender-based violence (e.g., racism, transphobia, homophobia, etc.)	Grade started to learn	1.1	3.4	10.1	21.2	20.1	10.8	33.5	Did not learn
	Grade would have liked to learn	3.3	6.2	18.0	34.5	24.2	9.8	4.1	Grade 6-8
The range of sexual behaviour (e.g., kissing, oral sex, vaginal sex, anal sex)	Grade started to learn	1.1	2.8	8.3	26.3	28.5	10.3	22.8	Grade 9-10
	Grade would have liked to learn	0.9	2.6	10.4	35.4	33.8	12.6	4.3	Grade 6-8

Topics Youth Want to Learn More About

Participants responded to an open-ended question asking them to identify topics they wished they had learned more about/wanted to learn more about in their school-based sexual health education. Young people want to learn more about a wide range of topics, often due to a lack of coverage or depth in their previous/current education. Some noted that they want to learn more about "literally everything" as their school-based sexual health education had been/was currently quite minimal.

Common topics that young people want to learn more about include:

- Knowledge of the body (e.g., hygiene, menstrual health, puberty)
- STI prevention and treatment options (including how to how to have safer sex with different types of bodies)
- Birth control methods and pregnancy options
- Consent and boundaries
- Pleasure
- Sexual rights
- Preventing gender-based violence (e.g., abuse prevention, understanding gender equality/equity)
- Ethics and values related to sexuality (e.g., caring for partners, integrating cultural beliefs with desires for sexual relationships, understanding how to navigate one's own cultural and/or relational values in different social contexts)
- Healthy relationships (e.g., communication, understanding signs of a healthy relationship)
- Sexual and gender diversity (e.g., sexual orientation, gender identity, 2SLGBTQINA+ experiences, the range of sexual behaviours and relationship types)

Sexual Health Education: Experiences of Youth

Quality of Sexual Health Education

Youth rated the quality of sexual health information that they received from various settings (e.g., school, online, community organizations) and individuals (e.g., parents, healthcare professionals, friends) on a scale of 1 to 5 with 1 being "poor" and 5 being "excellent". With the exception of healthcare professionals and information accessed online, all sources of sexual health information were rated, on average, as "fair" (see Table 6).

For school-based sources of information (i.e., kindergarten to grade 5, grades 6 to 8, and grades 9-12), cisgender girls/women reported significantly lower quality of sexual health information compared to both cisgender boys/men and trans and nonbinary youth; LGBQ+ youth reported significantly lower quality of school-based sexual health information compared to heterosexual youth (data not shown). There were no significant mean differences in reported quality based on region.

***Table 6**. Youth's response to the question "How would you rate the quality of sexual health information you…"*

Setting/Individual	Mean (SD)	% who said "very good" or "excellent"	% who said "fair" or "poor"
…received in kindergarten to grade 5	2.32 (1.19)	16.6%	60.2%
…received in grades 6 to 8	2.61 (1.12)	20.0%	48.3%
…received in grade 9 to 12	2.87 (1.16)	28.0%	38.2%
…received from your parents/guardians	2.92 (1.22)	31.3%	37.7%
… received in community settings **(e.g., Friendship Centres, organizations that serve youth, 2SLGBTQ+ people, etc.)**	2.95 (1.23)	33.0%	35.7
…received from your friends	2.96 (1.11)	28.6%	34.7%
…accessed online	3.32 (1.03)	40.9%	20.5%
…received from healthcare professionals	3.32 (1.14)	43.1%	22.3%

**response options included 1 = poor, 2 = fair, 3 = good, 4 = very good, and 5 = excellent*

Extent to Which Sexual Health Education Currently Meets the Needs of Youth

Participants answered a series of questions about the extent to which the sexual health education they received/were receiving in high school met their needs, was inclusive of their identities, and provided them with relevant knowledge and skills.

Overall, results indicate that sexual health education is not sufficiently meeting the needs of youth. Across the full sample of participants, the average coincided with a response option of "neither agree nor disagree" (M = 3.36, SD = 1.17). Only half of the sample agreed that the sexual health education they received/were receiving in high school met their needs (Table 7).

Important differences were identified based on gender, sexual orientation, and disability status, suggesting that underserviced and minoritized youth are less likely to have their sexual health education needs met (data not shown). For example:

- Cisgender girls/women and trans and nonbinary participants are significantly less likely to agree that sexual health education met/meets their needs compared to cisgender boys/men.
- Trans and nonbinary youth are significantly less likely to agree that sexual health education was inclusive of their gender compared to cisgender boys/men and cisgender/girls women.
- Compared to heterosexual youth, youth with an LGBQ+ sexual orientation are significantly less likely to agree that sexual health education met/meets their needs and is/was inclusive of their sexual orientation.
- Compared to youth without a disability, significantly fewer disabled youth agreed that sexual health education met their needs. Only one quarter of LGBQ+ youth reported that their sexual health education was inclusive of their disability.

Across all groups, higher levels of agreement were reported for items related to safer sex and pregnancy prevention knowledge and skills. The item with the least agreement across all groups was focused on whether sexual health education covered the topics most relevant to youth. Less than half of the participants agreed that the sexual health education they received covered the topics they were most interested in. Cisgender boys/men and heterosexual youth reported the highest levels of agreement (approximately 60% and 53%, respectively). Comparatively, approximately one third of trans and nonbinary youth and LGBQ+ participants agreed with this statement.

Table 7. *Percentage of youth that agree/strongly agree that sexual health education meets their needs*

Statements	Full Sample	Gender			Sexual Orientation		Disability	
The sexual health education I received/am receiving in high school…	(N = 3551)	Trans/ Nonbinary (n = 228)	Cisgender girl/woman (n = 1708)	Cisgender boy/man (n = 1587)	LGBQ+ (n = 1022)	Heterosexual (n = 2380)	Yes (n = 516)	No (n = 2982)
	% agree/ strongly agree	% agree/ strongly agree	% agree/ strongly agree	% agree/ strongly agree	% agree/ strongly agree	% agree/ strongly agree	% agree/ strongly agree	% agree/ strongly agree
…met/meets my needs	53.0	37.0	45.1	63.1	39.3	59.0	43.7	54.7
…was/is inclusive of my sexual orientation.	62.5	34.5	61.7	67.7	38.3	73.4	50.4	64.8
… was/is inclusive of my gender identity.	65.7	34.6	66.0	70.2	51.0	72.2	55.4	67.7
… was/is inclusive of my disability.*	37.6	27.3	29.3	59.0	25.3	54.1	37.6	N/A
… provided me with enough knowledge and skills to engage in safer sex practices (e.g., use a condom).	69.6	59.6	68.1	72.8	63.0	72.7	63.4	70.8
… provided me with the knowledge and skills to communicate about consent with my sexual partner.	61.4	45.6	46.4	69.0	51.6	66.0	54.8	62.8
… provided me with the knowledge and skills to ensure my partner has freely consented to sexual activity.	65.3	53.4	60.7	72.0	55.7	69.6	57.2	67.0
… provided me with the knowledge and skills to respect my partner's sexual boundaries.	63.8	48.8	59.2	71.0	53.5	68.1	56.7	65.3
… gave me the knowledge and skills to prevent unwanted pregnancies (e.g., access and use of contraception).	71.2	61.6	69.6	74.4	66.3	73.3	65.4	72.4
… covered the topics I am most interested in.	47.7	36.4	39.4	59.5	35.0	52.6	40.2	49.4

**only participants who indicated that they had a disability were asked this question*

Coverage of Sexual Health Education Topics

Participants reported on how well 36 sexual health education topics were covered/are currently being covered in their high school sexual health education classes. On average, most topics were rated as "covered poorly" (see Table 8). Seven topics had a mean rating that corresponded to "covered" and no topics had an average rating of "covered well" or "covered very well".

Topics related to the body (e.g., puberty, reproduction) and the prevention of pregnancy and STIs were among the highest rated items. Notably, these topics were still only rated as "covered", suggesting that even the highest rated topics are not perceived to be covered sufficiently in the high school grades.

The least covered topics included those focused on cultural diversity (e.g., Indigenous perspectives on gender and sexuality), disability, the prevention of sex trafficking, and topics related to the enhancement of sexual health and wellbeing (e.g., pleasure, masturbation).

Table 8. *"How well are/were the following topics covered in your high school (i.e., grades 9 to 12) sexual health education classes?" Results for full sample, ordered from most to least covered.*

TOPIC	Mean (average rating)	% "Covered Very Well"
Sexually transmitted infections (STIs), including HIV	3.47	22.2%
Reproduction	3.44	20.2%
Safer sex methods (e.g., condom use)	3.43	21.4%
Knowledge of the body (e.g., the genitals and reproductive parts)	3.42	19.7%
Changes associated with puberty (e.g., physical, biological, psychological, emotional, social)	3.33	18.0%
Birth control methods	3.23	18.2%
Sexual consent (e.g., asking for, giving, and respecting consent for sexual activity)	3.15	17.7%
Pregnancy options (e.g., abortion, adoption, parenting)	2.93	12.6%
Abstinence	2.88	15.0%
How to access sexual and reproductive health services	2.87	11.1%
Personal safety (e.g., sexual abuse prevention)	2.81	12.2%
Reasons to have (or not to have) sex	2.76	10.7%
Body image	2.73	10.8%
Sexual and reproductive rights (i.e., fundamental human rights related to your sexuality and reproductive health)	2.72	10.5%
The range of sexual behaviour (e.g., kissing, oral sex, vaginal sex, anal sex)	2.72	10.0%
Sexual and gender-based violence/ harassment/coercion	2.71	10.4%
Self-esteem and personal development	2.71	9.2%
Attraction, love, and intimacy	2.70	10.0%
Dealing with pressure to be sexually active	2.68	9.7%

TOPIC	Mean (average rating)	% "Covered Very Well"
Bodily autonomy (e.g., choosing whether you want a hug)	2.67	10.4%
Gender roles and stereotypes (e.g., ideas/ expectations about girls/women, boys/men)	2.65	9.5%
Communication skills in sexual relationships	2.64	10%
Sexual orientation (i.e., who a person is attracted to romantically, emotionally, and/or sexually. This can include being attracted to someone of a different gender, the same gender, or multiple genders, etc.)	2.63	8.7%
Sexuality and communication technology (e.g., 'sexting').	2.62	9.5%
Emotional components of sexual relationships	2.58	9.6%
Nonviolent conflict resolution in relationships	2.53	9.4%
Media literacy skills related to sexual content in advertising, TV, pornography, etc.	2.53	8.6%
Social attitudes and factors that contribute to gender-based violence (e.g., racism, transphobia, homophobia, etc.)	2.52	9.5%
Gender identity (i.e., our internal sense of who we are; e.g., girl/woman, boy/man, etc.)	2.51	9.7%
Sexual pleasure	2.41	8.8%
Sexual problems and concerns (e.g., pain during sex, problems with erections, orgasm difficulties, etc.)	2.37	8.1%
Different cultural ideas of gender and sexuality	2.34	7.7%
Information about masturbation	2.34	8.0%
Information on sex trafficking	2.31	8.5%
Sexuality and disability (e.g., physical disabilities, developmental disabilities)	2.22	7.3%
Indigenous ways of knowing one's gender and sexuality	2.05	6.7%

**response options included: 1 = not covered, 2 = covered poorly, 3 = covered, 4 = covered well, and 5 = covered very well.*

PART 2:

CONSULTATION WITH SEXUAL HEALTH EDUCATION PROFESSIONALS

Who Participated in the Survey?

A total of 267 people across Canada completed the survey. Participants worked in all provinces/territories, though most were from Ontario (20%), British Columbia (20%), or Saskatchewan (18%) and some worked across provinces/territories or within national organizations (see Figure 7). The majority of the sample were cisgender women (78%; Figure 8). Most participants were white (76%; Figure 9) and worked in large urban populations (Figure 10). A variety of educational and health professional work categories were represented (Figure 11).

Figure 7. *Region of work*

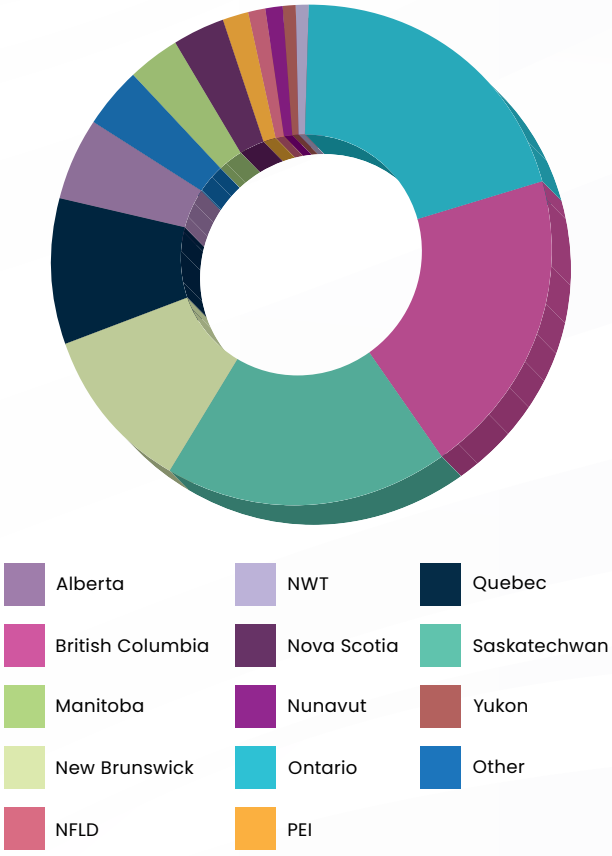


Figure 8*. Gender of participants*

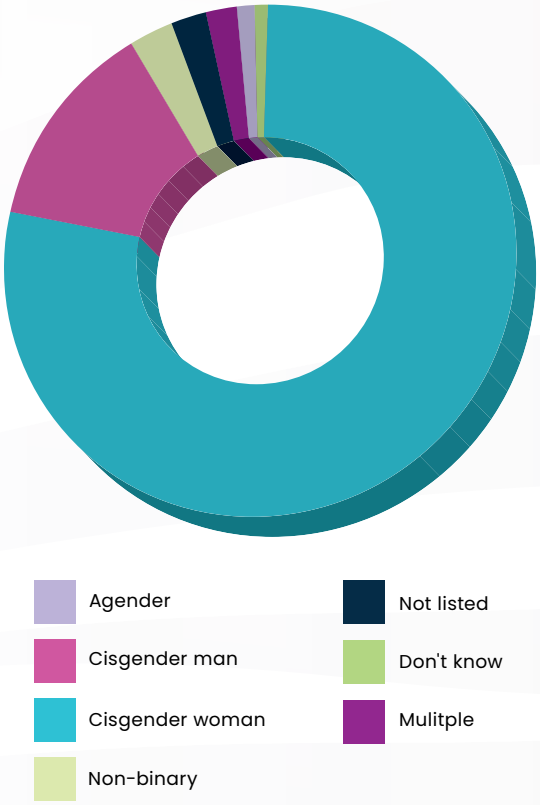


Figure 9. *Race/ethnicity of participants.*

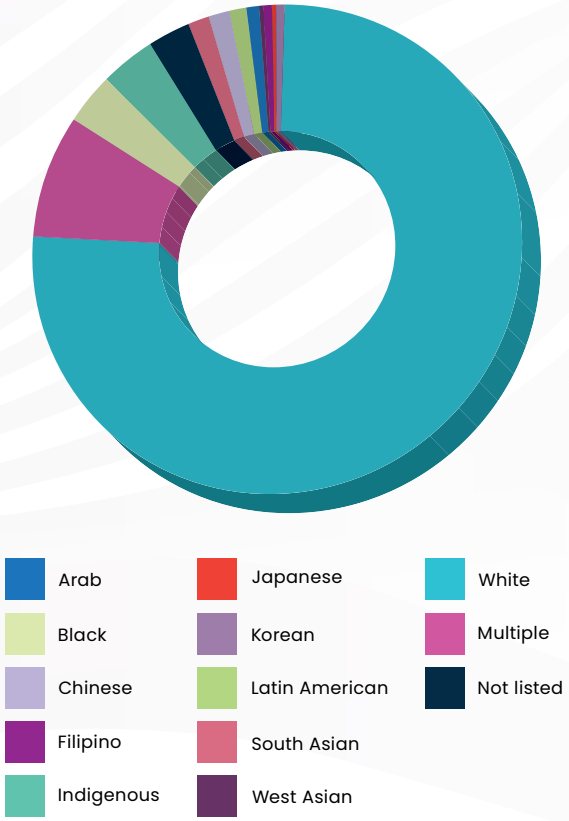


Figure 10. *Size of community where participants work*

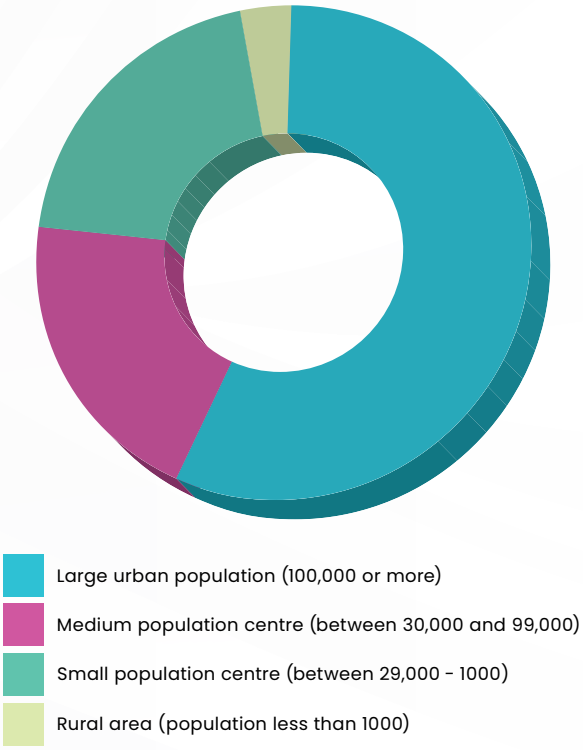
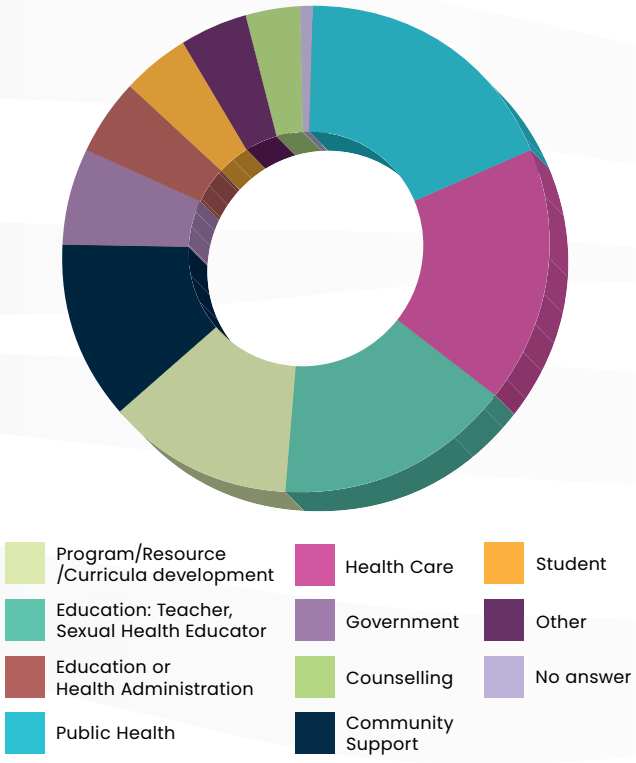


Figure 11. *Work categories*



Policy and Program Development

Almost all participants (97%) agreed that it was important to have national benchmarks for the provision of sexual health information and skill development to ensure that all students in Canada have access to consistent, effective, and inclusive comprehensive sexual health education.

Core Principles of Comprehensive Sexual Health Education

Participants rated their agreement with 11 statements reflecting the Core Principles of Comprehensive Sexual Health Education, outlined in the *Canadian Guidelines for Sexual Health Education* (SIECCAN, 2019).

As in the youth survey, there was overwhelming support from people in the education and health sectors that access to age-appropriate sexual health education is a basic human right for all (96% agreed; Table 9). Almost all participants in the sample agreed that sexual health education should be inclusive, evidence-based, relevant, reduce homophobia and transphobia and promote gender-equality and the right to autonomous decision-making.

Table 9. *Agreement with SIECCAN's Core Principles of Comprehensive Sexual Health Education.*

Individual Statements	% agree/strongly agree
Access to age-appropriate sexual health education in schools is a basic right for all	96%
Sexual health education should.... Be inclusive to all students	98%
Be scientifically accurate & use evidence-based teaching methods	94%
Promote gender equality and the prevention of GBV	97%
Reduce homophobia (i.e., prejudice & discrimination against lesbian, gay, and bisexual people)	95%
Incorporate a balanced approach	98%
Promote the right to autonomous decision making and respect for the rights of others	99%
Be relevant and responsive	97%
Be provided by educators who have sufficient knowledge and skills	96%
Seek to reduce transphobia (i.e., prejudice and discrimination against transgender people)	96%
Address the broad range of factors that impact sexual health	96%

Sexual Health Education Topics: Age/Grade Introduction

Participants were presented with a list of nine core concepts foundational for the learning of sexual health and 29 sexual health education topics. They were asked to identify at what grade/age they thought each concept/topic should be introduced. Participants were given the opportunity to provide open-ended feedback about grade levels, topics, and how concepts should progress or be integrated across grades.

The results summarized in Table 10 signify strong support among participants for all concepts/topics listed. However, like the results of the youth survey, a substantial percentage of participants noted that "abstinence" as a topic should not be taught within sexual health. In the open-ended responses, participants noted that teaching "abstinence" as a stand-alone topic or framework for sexual health education could increase stigma; instead educators should present a range of sexual behaviours and relationships (including not engaging in sex) as valid options.

Apart from sexual rights and sexual orientation, participants noted that the core concepts (e.g., bodily autonomy, knowledge of the body) should begin being addressed in the early grades (i.e., kindergarten, grade 1-3). Further, participants identified personal safety and gender roles, norms and stereotypes as topics that should begin in kindergarten, suggesting that these may also be core concepts needed to learn about additional sexual health topics throughout childhood and adolescence. Like the youth survey, sexual problems and concerns was noted as a topic that should be introduced in the later grades (i.e., Grade 9-10).

Table 10. *Grade level at which participants indicate that topics should be introduced.*

	Percent Indicating Introduction at Each Grade Level						Should Not be Taught	Mode
	Kindergarten	Grade 1-3	Grade 4-5	Grade 6-8	Grade 9-10	Grade 11-12		
FOUNDATIONAL CORE CONCEPTS								
Bodily autonomy	74.2	16.5	5.8	1.9	0.8	0	0.8	Kindergarten
Body image	42.1	31.7	19.7	5.0	0.8	0.4	0.4	Kindergarten
Ethics and values related to interpersonal relationships	29.4	23.7	20.6	19.1	6.5	0	0.8	Kindergarten
Gender identity (i.e., our internal sense of who we are; e.g., girl/woman, boy/man, etc.)	39.8	29.1	13.8	11.4	2.8	1.2	2.0	Kindergarten
Knowledge of the body (e.g., the genitals and reproductive parts)	54.4	18.0	16.5	8.4	2.3	0.4	0	Kindergarten
Self-esteem and personal development	70.7	20.1	5.0	3.5	0.4	0.4	0	Kindergarten
Sexual and reproductive health rights	10.7	11.6	25.9	35.9	11.6	4.2	0.4	Grade 6-8
Sexual orientation (i.e., who a person is attracted to romantically, emotionally, and/or sexually. This can include being attracted to someone of a different gender, the same gender, or multiple genders, etc.)	21.7	18.2	26.0	27.1	3.0	0.8	2.3	Grade 6-8
Social-emotional skills for interpersonal relationships	44.8	19.9	14.6	15.7	3.1	1.5	0.4	Kindergarten

	Percent Indicating Introduction at Each Grade Level						Should Not be Taught	Mode
	Kindergarten	Grade 1-3	Grade 4-5	Grade 6-8	Grade 9-10	Grade 11-12		
SEXUAL HEALTH EDUCATION TOPIC								
Abstinence	1.3	3.0	20.7	39.7	12.5	0.4	22.4	Grade 6-8
Attraction, love, and intimacy	9.6	13.4	31.0	34.1	10.0	0.8	1.1	Grade 4-5
Birth control methods	0,8	2.3	22.3	56.2	16.5	1.5	0.4	Grade 6-8
Changes associated with puberty (e.g., physical, biological, psychological, emotional, social)	5.0	26.1	57.1	10.7	0.4	0.8	0	Grade 4-5
Communication skills in sexual relationships	1.5	3.5	13.8	53.8	23.8	2.3	1.2	Grade 6-8
Dealing with pressure to be sexually active	2.3	2.3	26.0	53.1	14.0	1.2	1.2	Grade 6-8
Different cultural ideas of gender and sexuality	12.7	12.7	27.1	25.1	15.1	5.2	2.0	Grade 4-5
Emotional components of sexual relationships	3.1	3.5	14.4	51.8	22.2	4.3	0.8	Grade 6-8
Gender roles and stereotypes (e.g., ideas/expectations about girls/women, boys/men)	43.5	24.2	16.2	8.1	4.2	0.4	3.5	Kindergarten
How to access sexual and reproductive health services	1.1	3.4	21.1	54.8	17.2	2.3	0	Grade 6-8
Indigenous ways of knowing regarding gender and sexuality	14.5	13.7	27.0	22.8	16.2	5.0	0.8	Grade 4-5
Information about masturbation	6.6	11.3	35.8	36.2	6.2	0.8	3.1	Grade 6-8
Information on sex trafficking	0.8	4.4	17.7	46.8	23.8	5.2	1.2	Grade 6-8
Media literacy skills related to sexual content in advertising, TV, pornography, etc.	3.9	10.0	36.3	35.9	9.3	2.7	1.9	Grade 4-5
Nonviolent conflict resolution in relationships	23.5	12.3	19.2	25.2	15.0	3.8	0.8	Grade 6-8
Personal safety (e.g., sexual abuse prevention)	61.5	12.6	9.2	12.2	3.4	0.8	0.4	Kindergarten
Pleasure	9.1	6.7	21.8	38.1	18.3	3.2	2.8	Grade 6-8
Pregnancy options (e.g., abortion, adoption, parenting)	2.3	2.3	15.4	49.8	25.9	3.1	1.2	Grade 6-8
Reasons to have (or not to have) sex	0.8	4.0	26.5	49.8	16.2	0.8	2.0	Grade 6-8
Reproduction	13.0	18.0	36.4	28.0	3.4	0.8	0.4	Grade 4-5
Safer sex methods (e.g., condom use)	0.8	2.7	15.7	60.9	16.5	2.7	0.8	Grade 6-8
Sexual and gender-based violence/harassment/ coercion	5.8	7.0	29.5	41.1	12.4	3.5	0.8	Grade 6-8

	Percent Indicating Introduction at Each Grade Level						Should Not be Taught	Mode
	Kindergarten	Grade 1-3	Grade 4-5	Grade 6-8	Grade 9-10	Grade 11-12		
Sexual consent (e.g., asking for, giving, and respecting consent for sexual activity)	14.6	8.8	25.0	41.5	8.5	1.2	0.4	Grade 6-8
Sexual problems and concerns (e.g., pain during sex, problems with erections, orgasm difficulties, etc.)	0	0.8	7.1	33.3	42.1	13.9	2.8	Grade 9-10
Sexuality and communication technology (e.g., 'sexting'.	0.4	7.8	33.7	44.2	10.9	2.3	0.8	Grade 6-8
Sexuality and disability (e.g., physical disabilities, developmental disabilities)	1.9	2.3	18.2	55.4	17.1	3.1	1.9	Grade 6-8
Social attitudes and factors that contribute to gender-based violence (e.g., racism, transphobia, homophobia, etc.)	9.3	8.9	27.6	30.7	17.1	4.7	1.6	Grade 6-8
Sexually transmitted infections (STIs), including HIV	1.1	3.4	21.1	54.8	17.2	2.3	0	Grade 6-8
The range of sexual behaviour (e.g., kissing, oral sex, vaginal sex, anal sex)	1.9	2.3	18.2	55.4	17.1	3.1	1.9	Grade 6-8

Sexual Health Education Topics: A Foundational Building Block Approach

Participants' open-ended responses emphasized support for a foundational, building block approach to sexual health education. A foundational building block approach involves introducing key information and skills in the early grades, with the goal of reviewing, building, and expanding upon those skills in later grades (see SIECCAN, 2023 for detailed examples). A foundational approach focuses on age and developmentally appropriate content, while creating space for neurodiversity, additional time/review, and disability (SIECCAN, 2023; UNESCO, 2021).

Consent and bodily autonomy. Participants noted that it is critical to introduce learning related to consent and bodily autonomy in kindergarten and thread these concepts throughout all grades, with increasing complexity and nuance. These concepts were noted as key for the prevention of violence, understanding of the body, and the development of healthy interpersonal relationships.

Social-emotional skills. Participants discussed the importance of ensuring that youth developed the social and emotional skills needed to engage in respectful, equitable, healthy interpersonal relationships. Such skills seemed viewed as interconnected with developing an understanding of consent and bodily autonomy. For example, understanding the feelings associated with trust in friendships and important adults in their lives and learning how to deal with feelings of rejection were all noted as important social-emotional skills that should be integrated throughout youth's sexual health education.

Integrating diversity. Integrating diverse human experiences throughout sexual health education was reported as a critical component. Participants emphasized the importance of diverse representations of gender and family structures, relationship types, disabilities, and bodies.

Sexual Health Education: Key Content Areas of Support for Educators

Participants report several content areas where they feel greater discomfort or areas for which they desire more resources and training. Some noted that they felt less prepared to handle topics that reflected an evolving and quickly changing sexual health information landscape (e.g., media and pornography, technology, inclusive language). Others noted that even though they felt prepared to address all topics, they faced significant structural barriers to implementing comprehensive sexual health education, including:

- lack of time and resources
- outdated curricula
- push back from administration and community members
- lack of administrative support
- lack of clear policies that support the delivery of inclusive sexual health education in schools

Pleasure. Several participants reported needing resources to help them teach about the enhancing aspects of sexual health such as pleasure and masturbation.

2SLGBTQINA+ experiences. Many discussed a lack of knowledge, training, and resources focused on 2SLGBTQINA+ relationships and sexual health. Some noted a need for basic understanding of terms and language while others said they needed in depth information focused on queer and trans sexual health needs and how to support the 2SLGBTQINA+ students in their care.

Indigenous perspectives. Participants wanted more information on how to meaningfully incorporate Indigenous perspectives into sexual health education. Some noted the importance of developing and maintaining relationships with Indigenous educators, community members, and organizations to ensure that knowledge addresses the needs of Indigenous youth and is integrated respectfully (e.g., in ways that reflect regional approaches to teaching and knowledge sharing).

Cultural diversity. Several participants described the importance of ensuring that sexual health education incorporates and addresses the cultural diversity of their student communities. However, some felt ill-equipped to do this in a way that balanced the needs and rights of all youth, particularly amidst social environments where dis and misinformation about sexual health education were increasingly prevalent.

Support for engaging with parents/guardians/community members. Participants reported a need for resources and information on how to meaningfully engage in with parents/guardians/communities to: 1) support students, 2) help parents/guardians learn more about the content and importance of sexual health education curricula, particularly in the context of mis and disinformation, and 3) combat organized movements against the inclusion of information related to sexual orientation and gender identify in school-based sexual health education.

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