



Inclusive Sexual Health Education: A Necessity, Not a Debate

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Author Biographies

Soumyadipta Nandy, is an undergraduate student at the University of Regina, studying Psychology through the Faculty of Arts. He is passionate about inclusivity, particularly within education, and is committed to promoting accessible and equitable learning environments. Outside of academics, he enjoys engaging in research along with multiple collaborative projects and community initiatives that support mental health and overall student well-being.

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Abstract

The province of Saskatchewan has been dealing with the ramifications of Bill 137. This bill impacts students' autonomy regarding names, pronouns, sexual health education, and access to third-party educators. At the University of Regina, the Faculty of Education advocates for anti-oppressive teaching, research, service, and socially just education. Health majors and physical education majors take EH350 School Health Education, where they are encouraged to view health education as an avenue to challenge oppression. This collaborative piece created by an undergraduate student and a teacher educator focuses on inclusive sexual health education. Bolstered by literature and personal experiences, we advocate for the necessity of inclusive sexual health education, which is particularly relevant in our current context.

Keywords: sex education; social justice; health education

Résumé

La province de la Saskatchewan est confrontée aux répercussions du projet de loi 137. Ce projet de loi porte atteinte à l'autonomie des étudiants en ce qui concerne les noms, les pronoms, l'éducation à la santé sexuelle et l'accès à des éducateurs externes. À l'Université de Regina, la Faculté d'éducation prône une approche anti-oppressive de l'enseignement, de la recherche, des services et une éducation socialement juste. Les étudiants en santé et en éducation physique suivent le cours EH350 Éducation à la santé en milieu scolaire, où ils sont encouragés à considérer l'éducation à la santé comme un moyen de remettre en question les oppressions. Cet article collaboratif, créé par un étudiant de premier cycle et un formateur d'enseignants, porte sur l'éducation inclusive à la santé sexuelle. S'appuyant sur la littérature et des expériences personnelles, nous défendons la nécessité d'une éducation inclusive à la santé sexuelle, particulièrement pertinente dans le contexte actuel.

Mots-clés: éducation sexuelle ; justice sociale ; éducation à la santé

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Introduction

Recent policies and associated legislature enacted by the Government of Saskatchewan have continued to negatively impact the education sector in the province. Originally released as the “New Parental Inclusion and Consent Policies” (Government of Saskatchewan, 2023a), the policies related to student names, pronouns, sexual health education, and third-party educators (e.g., non-profit organizations such as Saskatoon Sexual Health, Saskatoon Sexual Assault and Information Centre, and UR Pride) were legislated as Bill 137 in October 2023 (Government of Saskatchewan, 2023b). Hundreds of individuals including parents, educators, and those in the social work, health care, and legal fields have spoken against the policies and related Bill (see Egale, 2024; Rose et al., 2025).

The Faculty of Education at the University of Regina strives to “be a leader in innovative and anti-oppressive undergraduate and graduate research, scholarship, teaching, learning and service” (Faculty of Education, n.d., p. 1). It is our responsibility to advocate for evidence-based education that supports and celebrates all students and their human rights. Socially transformative education involves actively engaging in practices that identify and challenge injustice. EHE350: School Health Education is a secondary-level course for health majors and physical education majors as they begin transitioning from the undergraduate student/pre-service teacher role to an educator in practice. EHE350 encourages students to view health education as a means to challenge authoritative and oppressive norms while working towards a more just and equitable society. This collaborative piece evolved from conversations in our course this past winter (2025). We hope that this conversation continues to live, grow, and demand space beyond the walls of our classroom, our institution, and our province.

Positionality

Being in helping professions such as education or healthcare, it is especially important for us to consider and reflect on our positionality. Who we are (i.e., our identities) has affected how we have come to write this piece. We both carry aspects of privilege while simultaneously “occupy[ing] positions of social marginality” (Braun & Clarke, 2022, p. 16).

Soumyadipta Nandy is a fourth-year undergraduate student at the University of Regina, studying Psychology through the Faculty of Arts. He is passionate about inclusivity, particularly within education, and is committed to promoting accessible and equitable learning environments. Outside of academics, he enjoys engaging in research along with multiple collaborative projects and community initiatives that support mental health and overall student well-being.

Alexandra Stoddart is a cisgender uninvited white settler. She is an Associate Professor in the Health, Outdoor, and Physical Education (HOPE) subject area in the Faculty of Education at the University of Regina. While she has had joyful movement experiences throughout her life, she recognizes this is not the case for everyone. Through her teaching, she strives to facilitate inclusive learning environments using an anti-oppressive lens.

Working Towards a More Just Society

In this commentary, we, an undergraduate student and a professor, share our perspectives on how socially transformative sexual health education can shape our ability to respond critically to oppressive policies while standing up for evidence-based practices that support the rights and well-being of all students. In light of the current context in Saskatchewan, we offer this reflection as both a record of our learning and an invitation for others to join in this ongoing conversation.

Teacher Educator Perspective (Alexandra Stoddart)

While it has many names, sexual health education (also known as sexuality education, sex ed, sexual and reproductive health education, comprehensive sexual health education) is critical for teachers to teach and students to learn. Comprehensive sexual health education (CSHE) covers a vast array of important information, e.g., bodily autonomy and consent, sexual and gender-based violence/harassment/coercion, interpersonal relationships, bodies and development, reproductive health, and more. In today's world with so much disinformation and misinformation, students need to be getting evidence-based information so that they can make safe and independent decisions. Although sexual health education tends to be part of the curriculum where parents remove/opt out their children from learning, the majority of Canadian parents see value in it (Wood et al., 2021). Indicating its importance, the recently released Canadian Physical and Health Education Competencies (Davis et al., 2023) includes outcomes related to sexual health education. The Sex Information and Education Council of Canada (SIECCAN)'s Benchmarks for Comprehensive Sexual Health Education in Canada are aligned with those Competencies (Ibrahim, 2025; SIECCAN, 2024).

Historically, sexual health education has focused on the white, cisgender, non-disabled, neurotypical, and heterosexual experience¹. This lens excludes the lived experiences of many of our students. We have witnessed and continue to witness colonial and systemic injustices in multiple sectors such as our healthcare system (see Boyer, 2017). Students need to be supported with evidence-based information so that they can advocate not only for themselves but for others now and in the future. Research has shown that CSHE is beneficial for numerous reasons including:

Delayed initiation of sexual intercourse; reduced sexual risk-taking; increased condom use; increased contraception use; increased knowledge about sexuality, safer-sex behaviours, and risks of pregnancy, HIV and other STIs, improved attitudes related to sexual and reproductive health (e.g. positive attitudes towards things like using condoms, seeking and getting sexual health care, nurturing healthy relationships, seeking consent, etc.) (Action Canada, 2020, p. 6)

Teaching and learning about all forms of health education (HE) that are anti-racist, anti-ableist, anti-sexist, and overall anti-oppressive are integral for students who will need this information to keep them safe and make their own autonomous decisions about their health and well-being. Recently, research has indicated that “many [Canadian] teachers felt under-prepared to effectively teach” the subject of health education and that this was even more pronounced for sexual health education (Sulz et al., 2024, p. 56). Maine et al. (2024) found that 100% of the trans and non-binary youths in their study indicated that their school sexual health education did not adequately meet their needs. “Ensuring that teachers are adequately equipped and confident in

¹ We acknowledge that language is ever evolving. We have been intentional about the terms used based upon various Disability Language Style Guides in an effort to use the most appropriate terminology and minimize harm.

their ability to teach HE not only empowers them, but also holds the potential to better align their teaching with the educational needs of students within HE classrooms” (Sulz et al., 2024, p. 58). In order for K-12 students to learn about CSHE, it is imperative that pre-service teachers/undergraduate students are learning about it *and* reaching a place where they feel comfortable teaching it. Shifting from the teacher educator perspective, the following section eloquently articulates how essential this content is from the perspective of an undergraduate student.

Undergraduate Student Perspective (Soumyadipta Nandy)

Growing up, for many students, sex ed felt like reading a book with half the pages torn out. Sex ed is supposed to be a guiding tool – a map to help us navigate ourselves, relationships, identities, and boundaries. However, that map was often incomplete, drawn in lines that did not make up a clear path. Students were given fragments of information, taught in hushed tones and rigid binaries, and somehow still expected to build full understandings of themselves from pieces that may have never truly fit.

In classroom settings, where sex ed is meant to be inclusive, many students were never invited into the conversation. When they were, it was through a lens that did not see them thoroughly—not if they were of colour, not if they were part of the 2SLGBTQ+ community, and not if they had any form of disability. In other words, not if they dared to exist outside the confined box of “normal”.

As a student, I understand how powerful education can be and, even more so, how devastating its absence is. Inclusive sexual education is not just important, but essential. To be truly effective, it must be race inclusive, 2SLGBTQ+ inclusive, and attentive to the lived experiences of individuals with disabilities. Anything less reinforces silence, shame, and systems of exclusion. More often than not, traditional sex ed centers around white, cisgender, heterosexual, able-bodied experiences as the default – as if all other ways of existing are deviations. Our classrooms—like our communities—are not homogenous. This is why our education system must realize this diversity and implement sex ed that speaks to every student.

There needs to be an immediate call for action on these matters, as we urgently need more resources within the classroom that reflect the realities faced by marginalized students. This is important since insufficient sex ed can result in the jeopardization of students’ autonomy and safety. Further, there needs to be inclusive sex ed that acknowledges 2SLGBTQ+ identities – not as footnotes in a story, but as central characters. When sex ed neglects to recognize race, it undermines the realities of systemic racism, generational trauma, and cultural contexts that shape how individuals understand sexuality and care. When it fails to affirm queer and trans students, it tells them – explicitly or implicitly – that their identities are nonexistent. When it excludes people with disabilities, it denies their autonomy and erases their right to sexual agency.

In many ways, inclusive sex ed is a form of justice. It acknowledges that every student has the right to see themselves reflected in what they learn in the classroom. It provides a safe space to ask questions, set boundaries, communicate needs, and understand that pleasure and safety can be intertwined. Moreover, it affirms that all bodies are worthy of respect, all identities are worthy of recognition, and all relationships are worthy of dignity.

As a voice of students, I want inclusive sexual education that prepares us all not just to avoid risk, but to pursue meaningful connection. I want sexual education that doesn’t whisper but speaks clearly and proudly about the realities of our diverse lives. Lastly, I want an education that equips us with knowledge not rooted in fear, but in care. This issue is beyond just curriculum adjustments; it’s about shifting culture. Inclusive sex ed fosters empathy, reduces stigma, and

builds a society where individual differences are not feared, but embraced. It teaches us how to live and love, informed and with integrity.

We cannot afford to keep leaving people out. We cannot keep telling students – through omission – that they do not matter. Inclusive sex education is not a radical idea, it is the bare minimum. I believe education should be a place where everyone is seen and inclusive sex ed is how we make that belief and desire a reality.

Where We Go from Here

Providing all students with developmentally appropriate, evidence-based, inclusive, and socially just information about CSHE will not only give youth autonomy and knowledge regarding choices around their lives, but also a reminder that they are seen and valued by their teachers. While there are a number of ways that teacher educators can begin this journey (please see a few recommendations below), it is also crucial that critical conversations with pre-service teachers are happening regarding the ‘why’: why teaching inclusive CSHE is important, why it matters for students, and how to move beyond our own feelings as teachers of being “uncomfortable.” This conversation needs to remain ongoing, with teacher educators, pre-service teachers, teachers, students, and families. CSHE can break down barriers, disrupt misinformation, and support the rights and well-being of all students.

Looking for how to start? Specific actionable items for teachers and teacher educators could include:

- Being aware of the protocols and procedures regarding sexual health education that are currently implemented in your school division (teacher) and the school divisions in your area (teacher educator).
- Taking some time to learn about facets of CSHE that you might not have received in your own education or training so that you can have an anti-racist and anti-oppressive approach with your pedagogy. Many free learning opportunities exist such as SIECCAN’s [Promising Practices Portal](#). You may even find webinars or resources that are created by organizations in your own geographic location (e.g., Saskatchewan Prevention Institute’s [Teaching Sex Ed: Anti-Racist Sex-Ed](#)).
- Ensuring representation in our pedagogy, our lessons, our examples, and our visuals that are not centered on the cisnormative, white, heterosexual, non-disabled, and neurotypical narrative or experience.
- Talking with students and pre-service teachers about what questions they have in terms of CSHE and how they can be supported. We all come with our own lived experiences, and it is impossible to know what life is like for someone else. We won’t know everything, and we won’t all have the same experiences, but listening to others can open many doors.
- And finally, advocating for CSHE that serves everyone. This could include sharing SIECCAN’s Benchmarks for CSHE with your colleagues or posting materials on social media that promote CSHE. Together our voices are louder.

** Please note: [Parts of this article](#) were originally shared as part of the Slowchathealth microblog series in May 2025.*

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