

Resource:

Anti-Racist Sex Ed



Good sex ed has the power to be transformative. Beyond the birds and the bees, sexual health education has the ability to shape the way young people interact with each other and the world. Comprehensive sexuality education (CSE) teaches young people about power and privilege, and equity in relationships. They learn to stand up for what they believe in. CSE equips young people for the real world. It addresses inequity and injustice. Responsive, honest and inclusive sex ed must be anti-racist.

Anti-racism

Anti-racism is defined as the work of actively opposing racism by advocating for changes in political, economic, and social life. Anti-racism tends to be an individualized approach and is set up in opposition to individual racist behaviours and impacts. Anti-racism has three broad goals. First, to examine power dynamics, as race and social differences are related to power, who has it and how it is used. Second, it must use an intersectional lens to analyze and understand social oppressions. Third, it must apply this analysis to individual, societal, and systemic practices. Anti-racism is rooted in critical race theory (CRT), which is the theoretical framework use to examine society and culture as they relate to race, power and laws. Anti-racist sex education is built on interrogating systemic factors contributing to inequity.

Access to sexual and reproductive health care is impacted by:

- Distrust of the healthcare system by Black, Indigenous, People of Colour (BIPOC)
- Educational systems perpetuating colonial ideals
- Inaccessible or irrelevant content in CSE
- Cultural or language barriers
- Stigma
- Stereotyping
- Prejudice
- Discrimination



Sexual health education is often lacking an anti-racist lens. This is a missed opportunity, as CSE is effective at promoting equality and reducing stigma and discrimination.

"Individuals who have experienced systemic stigma, exclusion, marginalization, mental health issues and discrimination based on race, immigration status, sexual orientation, gender identity, drug use, or involvement in sex work may also be more vulnerable to STBBI. Canada's colonial history and continued health and social inequities experienced by Indigenous Peoples also contribute to STBBI vulnerability" (Pan-Canadian Framework for Action on STBBIs, 2018)

History

To understand the nature of racism in sexual and reproductive health we need to look at the history of medical racism and health inequities. Medical racism is "the systematic and wide-spread racism against people of colour within the medical system." It includes both the racism in our society that makes BIPOC less healthy, the disparity in health coverage by race, and the biases held by healthcare workers against BIPOC in their care. From medical experimentation on enslaved people in the United States, to birth control trials on impoverished populations in Puerto Rico, and eugenics practiced here in Canada, BIPOC have always been subjugated through control of their sexual and reproductive health. The trauma and violence inflicted on people of colour in the process of colonization are deeply rooted, and continue to impact the health outcomes of racialized populations in Canada today.

Impact

Medical racism still occurs today. Stigma, stereotyping, prejudice, and discrimination all have tangible impacts on health outcomes for BIPOC. A lack of inclusivity or culturally competency in primary, secondary, and post-secondary curriculums makes the content less relevant and responsive to the needs of BIPOC. When it comes to sexual health outcomes, these gaps in care and education have repercussions. For example, Black, Caribbean and African youth in Canada reported that racism was a significant barrier in their access to sexual health. The Toronto Teen Survey (2009) found that Black Canadians had the lowest rates of accessing services at a sexual health clinic, at only 34%. Indigenous people also experience higher rates of poor health outcomes than non-indigenous people in Canada, which includes HIV and other sexually transmitted infections (Public Health Agency of Canada, 2018). As Canada's demographics continue to change, educators should be aware of the changing needs of the population. In our province, the health education curricula have not been updated in a decade. In 2006, visible minorities represented only 3.6% of the population; however, that increased to 10.8% in 2016. If sexual health education is going to be effective, it is crucial that it is relevant and responsive to the needs of all students in the classroom.

Anti-racist sex education is not raceless. A raceless curriculum is the opposite of an anti-racist education. Unfortunately, many curriculums adhere to this racelessness. A raceless curriculum omits discussion of difference and social issues, while anti-racist education is built on interrogating systemic factors. It is not only for BIPOC students. Anti-racism does not exclude those who identify as white. Whiteness is also racialised, although it is often perceived as the norm, default or neutral. All students need to be aware of racism and discrimination, and equipped to recognize and combat it. Anti-racism it is not the same as multiculturalism. While multiculturalism focuses on the superficial or celebration of culture, it does so at the expense of in-depth discussions on systemic issues. Multiculturalism avoids the sometimes painful discussions of resistance, colonialism, racism, and imperialism.

Representation Matters

Anti-racist sex ed considers the experiences of all the students in the classroom. They should see themselves in the resources that are handed out, and the videos they watch. Classroom materials should include diverse names and photos that depict darker skin tones. They should hear discussions that include stigma, discrimination, and the impacts of race on health. They should feel included, valued, and respected by their teachers and by their peers. Moreover, when BIPOC educators, or leadership are involved in health promotion it can improve engagement among BIPOC students. Research on increasing sexual health accessibility for minorities found that identifying community leaders to champion STBBI issues helps address the stigma and isolation BIPOC experience.

Classroom Conversations

It is important to start from a place of mutual respect. This might include trigger warnings, community guidelines, discussing safe space, and offering land and/or privilege acknowledgements. These are complex topics that may directly impact students livelihood. It is important that all students feel seen, heard and validated. Plan ahead for how you will address conflict or disrespect, including a plan on how to de-escalate or call in hateful or misguided comments.

Laying a Foundation

Start with the basics on identity and self. Then move on to talk about race, background and history. This gives students the opportunity to reflect and talk about something they are experienced with. Introduce key terms like anti-racism, oppression, and discrimination. Ensure that your understanding of the terms is strong and can be communicated clearly to students. Once you have established an understanding of the basics, it will be easier to discuss complex topics. Building on this foundation should be a continuous process across disciplines/subjects.

Open and Honest

Create space for open dialogue about how racism affects perceptions of BIPOC in social spaces (i.e. stereotypes and sexualization), as well as in health care. Discuss the social, historical, and systemic factors that contribute to disparities in sexual health. Moreover, bring attention to how racism and discrimination relate to inequitable health outcomes. Discuss advocacy and anti-racism. Discuss how they can promote dignity and respect. On a larger scale how can they advocate for inclusive and anti-racist policy. Most importantly, make space for these conversations in a safe and affirming environment.

Recommendations

Sexual health curriculums need to be evaluated to ensure they offer honest, inclusive, culturally responsive and ultimately, anti-racist education. If CSE is to equip youth for the world beyond the classroom, it must also equip them for complex conversations, especially around the topic of power and stigma.

Resources

Action Canada for Sexual Health and Rights

- Beyond the Basics (2017)
- The State of Sex-ed in Canada (2020)



CATIE

- CHAMP: Mobilizing people living with HIV and allies to champion HIV prevention and care in ethno-racial communities (2016)

Native Women's Association of Canada

- Knowing Your Rights Toolkit: Sexual and Reproductive Health Booklet (2020)

Public Health Agency of Canada

- At a glance: Prevention of sexually transmitted and blood borne infections among ethnocultural communities (2015)
- Key Health Inequalities in Canada: A National Portrait – Executive Summary (2018)
- Pan-Canadian Framework for Action on STBBIs (2018)

Journal of Obstetrics and Gynecology Canada

- First Nations, Inuit, and Métis Women's Sexual and Reproductive Health (2013)

Sex Information and Education Council of Canada

- Canadian Guidelines for Sexual Health Education
- Statement Anti-Racism Statement (2020)

Educators

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- Dr. Tracie Gilbert
- Melissa Pintor Carnegey - Sex Positive Families
- Native Youth Sexual Health Network