**Action Canada for Sexual Health and Rights Submission to the Special Rapporteur on the right to privacy**

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This submission is made by Action Canada for Sexual Health and Rights in consultation with the following members of its National Youth Advisory Board: Myles Nahal, Dhruhi, Maya, Jessiny Ly, Topaza Yu, Alice Gauntley, Faith Greva, and Miranda Pring. **Action Canada for Sexual Health & Rights** is a progressive, pro-choice charitable organization committed to advancing and upholding sexual and reproductive health and rights in Canada and globally.

**Introduction**

1. This submission reviews the critical role of comprehensive sexuality education in protecting and advancing the independence and autonomy of children and young people, as well as the structural interventions that must accompany comprehensive sexuality education.

**Human Rights to Bodily Autonomy, Privacy, and Comprehensive Sexuality Education**

1. Fundamental to any standards on the autonomy of children is the human **right to bodily autonomy**. Though “bodily autonomy” as a phrase does not exist in current human rights treaties, as a concept it is based on a wide-range of human rights, which include the right to life, the right to health, the right to privacy, the right to access information, the right to freedom of expression, and freedom from torture. The concept has been recognized through various terms, such as “physical integrity” as used by the Committee on the Rights of the Child or “the rights to bodily autonomy and bodily integrity” as recognized by the Human Rights Council.[[1]](#footnote-1) Moreover, independent human rights experts and treaty monitoring bodies have recognized the right to bodily autonomy for several years.[[2]](#footnote-2)
2. Central to understanding the right to bodily autonomy for children is the principle of **evolving capacities**, especially as developed by the Committee on the Rights of the Child.[[3]](#footnote-3) With regards to the sexuality and identities of children and young people, it is especially important to remember that: “[e]volving capacities should be seen as a positive and enabling process, not an excuse for authoritarian practices that restrict children’s autonomy and self-expression and which have traditionally been justified by pointing to children’s relative immaturity and their need for socialization”.[[4]](#footnote-4) Further, when it comes to receiving information and education, as well as the rights to expression and freedom of religion, the Committee notes that the obligations of parents and caregivers to provide appropriate guidance in accordance with the evolving capacities of adolescents should not interfere with adolescents’ rights to make decisions for themselves in these areas in these areas.[[5]](#footnote-5)
3. For some aspects of the right to bodily autonomy – such as and especially protection from violence – all people are protected no matter their age, while other aspects of the right to bodily autonomy are mediated by the evolving capacities of the child. However, this does not mean that children have no rights, but instead that “states must take into account their evolving capacity to consent when developing laws and policies to safeguard bodily autonomy.”[[6]](#footnote-6) When designing these laws and policies, the best interest of the child must always be the guiding force.
4. The connections between the rights to privacy and bodily autonomy are myriad and mutually reinforcing. The Working Group on discrimination against women in law and in practice clearly stated: “The right of a woman or girl to make autonomous decisions about her own body and reproductive functions is at the very core of her fundamental right to equality and privacy, concerning intimate matters of physical and psychological integrity.”[[7]](#footnote-7) For children and young people this is true, as well. Our relationships with our bodies are intimately connected to protections of our privacy no matter our ages. The relationship between privacy and bodily autonomy is not just in the negative. By protecting the privacy of children and young people and treating them as rights holders, children and young people learn that their bodies belong to them and that they have the power to decide what happens to it.
5. All people have a **human right to comprehensive sexuality education (CSE)**. This right has been reaffirmed through multiple international agreements, as well as the work of human rights treaty bodies and independent experts.[[8]](#footnote-8) For example, the Committee on the Rights of the Child in General Comment No. 20 on the implementation of the rights of the child during adolescence, clearly outlined States’ responsibilities to provide CSE:

“Age-appropriate, comprehensive and inclusive sexual and reproductive health education, based on scientific evidence and human rights standards and developed with adolescents, should be part of the mandatory school curriculum and reach out-of-school adolescents. Attention should be given to gender equality, sexual diversity, sexual and reproductive health rights, responsible parenthood and sexual behaviour and violence prevention, as well as to preventing early pregnancy and sexually transmitted infections. Information should be available in alternative formats to ensure accessibility to all adolescents, especially adolescents with disabilities.”[[9]](#footnote-9)

**International Standards on Comprehensive Sexuality Education**

1. States must use a variety of programs, mechanisms, and strategies in order to guarantee children’s right to bodily autonomy and protect their right to privacy. One key program and strategy is the wide-scale roll-out of comprehensive sexuality education within formal and informal education settings.
2. In 2018, UNESCO released an updated version of the *International Technical Guidance on Sexuality Education: An evidence-informed approach* (ITGSE)in cooperation with UNAIDS, UNFPA, UNICEF, UN Women, and the World Health Organization. The ITGSE defines **comprehensive sexuality education** (CSE) as:

“a curriculum-based process of teaching and learning about the cognitive, emotional, physical and social aspects of sexuality. It aims to equip children and young people with knowledge, skills, attitudes and values that will empower them to: realize their health, well-being and dignity; develop respectful social and sexual relationships; consider how their choices affect their own well-being and that of others; and, understand and ensure the protection of their rights throughout their lives.”[[10]](#footnote-10)

1. In addition, according to the ITGSE, whether delivered in formal or non-formal settings, CSE must be:
   1. scientifically accurate, meaning that the content is based on facts and evidence;
   2. incremental, meaning that it starts at an early age and builds;
   3. developmentally- and age-appropriate, meaning that educators present content at the most relevant times in a child’s life and that they adapt content to respond to developmental diversity;
   4. curriculum based;
   5. comprehensive, meaning that the education is delivered consistently over time and that it covers a wide range of health and life-skills topics, such as gender identity, bodily autonomy, and the digital world, in addition to human biology and reproduction;[[11]](#footnote-11)
   6. based on a human rights approach and gender equality;
   7. culturally relevant and context appropriate, meaning that it must resonate within the cultures it is offered, but not that dominant social and cultural norms structure will limit or mold the content the content;
   8. transformative, meaning that it empowers young people to “treat others with respect, acceptance, tolerance and empathy” ultimately leading to fairer and more compassionate societies;[[12]](#footnote-12) and
   9. that it enables and empowers children and young people to develop the life skills needed to support healthy choices, such as those related to interpersonal relationships and making and communicating their informed choices.[[13]](#footnote-13)
2. **Cultural norms do not override the human rights of young people**, including their rights to bodily autonomy and privacy. All CSE must be offered in ways that resonate with the cultures in which it is being offered, recognizing that in a given context there are multiple cultures. However, that does not mean that CSE programs can promote discriminatory practices, thinking, or stereotypes, especially those based on gender identity, sexual orientation, sex characteristics, race or ethnicity, religion/religious beliefs, ability, or migration status.
3. Moreover, CSE must be inclusive, meaning that it is not just targeted at youth from dominant groups, but relevant to all young people, such as young people with disabilities; Indigenous, racialized, or migrant youth; status and non-status citizenship youth; Two Spirit and queer youth; transgender and gender non-conforming youth; or neurodivergent youth. Current sexuality education, when it does exist, is often conceptualized and taught for able-bodied, cis-heteronormative identities exclusively. As one young Canadian described: “I never got the sex-ed I need to be healthy with the individuals I have sex with.”[[14]](#footnote-14)
4. Inclusive CSE – CSE that truly enables young people to develop and express their identities and sexualities – must also present and address **sexuality** as positive and central to our identities as humans. Sexuality education that promotes shame or stigma, including and especially abstinence-only sexuality education, actively harms young people and violates their human rights. The ITGSE offers a clear conceptual framework for understanding and addressing sexuality within CSE, including understanding that sexuality “is a subjective experience and a part of the human need for both intimacy and privacy.”[[15]](#footnote-15) Moreover, it states: “Sexuality is linked to power. The ultimate boundary of power is the possibility of controlling one’s own body.”[[16]](#footnote-16) In other words, our sexualities connect deeply and inextricably to our needs – and rights – to privacy and bodily autonomy. As the ITGSE makes clear, CSE is a powerful tool for empowering children and young people to develop a healthy relationship to their own sexualities and identities, as well as understanding and respecting their own human rights and the rights of others.
5. In order for **educators** to be able to offer the kind of comprehensive, inclusive, transformative sexuality education outlined in the ITGSE, they must be trained, supported, and monitored on an ongoing basis. This includes educators in non-formal, as well as formal settings. Educators must be empowered to overcome their own discomfort and biases, in order to offer CSE in ways that do not contribute to marginalization and abuse or violate the privacy rights of children.[[17]](#footnote-17) One young person in Canada stated this point clearly: “It’s important, I think, to have a teacher who is trained to teach sex ed and who WANTS to teach sex ed. A teacher who is willing to get to know students and make them feel comfortable asking questions.”[[18]](#footnote-18) Moreover, young Canadians observed that the educators without sufficient training reinforced exclusion - by “conflating body parts and gender,” for example - and that this reduced the effectiveness of CSE and reproduced existing inequalities and exclusions.
6. Finally, in order for CSE to be both effective and rights-based, children and young people must “play an active role in organizing, piloting, implementing and improving the content of sexuality education.”[[19]](#footnote-19) Meaningful, supported participation from marginalized youth is particularly important to ensure that CSE content includes and speaks to all young people.

**CSE as a Strategy to Guarantee Bodily Autonomy and Privacy**

1. In 2019, Action Canada for Sexual Health and Rights collaborated with local partners to hear from young people about their experiences and priorities regarding CSE. Two participants summarized the personal cost of not learning the skills CSE can teach, as well as its liberatory potential.

“Sex-ed did not teach me the right I have over my own body. That failure made it possible for me to be sexually assaulted continuously for two years in elementary school. Sex-ed must expand on consent and sexual violence and have consent culture ingrained in our social interactions and values, from kindergarten on. It should be mandatory. **By not teaching consent, the Canadian government is allowing young people to have their power taken away and their rights to bodily autonomy taken away.** Teaching consent will save lives and prevent trauma that impacts people for their whole lives.” (19-year-old from Calgary, Alberta)[[20]](#footnote-20)

“Based on my experience, I think **sex-ed should focus on helping people identify and reinforce their personal identity** and that, even if it doesn’t conform with the mainstream, it is ok.” (18-year-old from Toronto, Ontario)[[21]](#footnote-21)

1. In these quotes, these young Canadians point to the critical roles of CSE in empowering young people to demand their rights to bodily autonomy and privacy, as well as fostering an environment in which young people can safely develop their personalities and identities – critical elements in the right to privacy – as well as build their capacity to understand identities outside of their own.
2. There are strong **links between sexuality and the rights to privacy and bodily autonomy.** Amnesty International’s 2018 report on sexuality and criminalization summarized those connections succinctly: “Having access to information on sex and sexuality and being free to explore and develop one’s own sexuality without coercion or discrimination is fundamental to the enjoyment of bodily autonomy, and the rights to freedom of expression, privacy and health.”[[22]](#footnote-22) CSE is a critical strategy to providing that necessary information and reshaping societies so that they do not discriminate or coerce.
3. When speaking about sexuality and privacy, it is critical to acknowledge the importance of the right to **freedom of expression**, as well. In order to live full, dignified lives, we must all be able to have our identities and sexualities acknowledged openly, if chosen, rather than being obligated to live these identities only in private. As will be discussed later, CSE is an important tool in creating societies that value and celebrate everyone and in which people can express their sexualities and identities openly without fear of violence, discrimination, or retaliation.
4. In addition, CSE is an important strategy for guaranteeing young people’s privacy and autonomy because it acknowledges and normalizes sexualities and identities, including gender identity, in ways that encourage dialogue between young people and trusted sources. As a result, young people do not have to rely on online sources that are often inaccurate and / or sensationalized. Though some aspects of sexuality and gender identity require respect for privacy, they are not shameful.
5. As outlined in the previous section, CSE programs are incremental**,** meaning that educators introduce key concepts gradually and at developmentally appropriate levels. For example, in the ITGSE the key concept of “**consent, privacy, and bodily integrity**” builds from “everyone has the right to decide who can touch their body, where, and in what way” at 5-8 years old to “consent is critical for healthy, pleasurable and consensual sexual behaviour with a partner” for 15-18+ years old.[[23]](#footnote-23) In this way, children, adolescents, and young people develop the knowledge, attitudes, and skills to protect their bodily autonomy and privacy in line with their evolving capacities.
6. In addition to empowering young people to demand and respect the right to bodily autonomy, CSE enables children and young people to explore and develop their own identities, including their **gender identity**. CSE programs that follow the ITGSE, introduce concepts around gender, sex, and identity in developmentally appropriate ways throughout the programs. The concepts evolve from “it is important to understand the difference between biological sex and gender” to “the way that individuals think of themselves, or describe themselves to others in terms of gender, is unique to them and should be respected” to “homophobia and transphobia are harmful to people of diverse sexual orientation and gender identity.”[[24]](#footnote-24) This is critical as we all begin to develop our gender identity from a young age. Moreover, creating the space for young people to understand their own and other people’s identities is a life-saving intervention. For example, “calling trans youth by the name and pronouns they choose (that reflect their gender identity) can drastically reduce the chances of suicide.”[[25]](#footnote-25) Suicide is just one outcome among many; transphobia and trans-exclusion can also lead to internalized oppression, harming young people`s development in their gender identity, socialization, and general mental health.
7. CSE programs implemented in line with the ITGSE can play an important role in enhancing understandings and awareness of **intersex identities** and building support for the rights and inclusion of intersex people. This is critical given the historical and ongoing human rights violations against intersex people. In his 2019 report to the Human Rights Council, the Special Rapporteur noted the links between the rights to privacy and bodily autonomy for intersex individuals:

“For intersex individuals, privacy intrusions can commence literally from birth with sex reassignment surgery and hormone treatment to assign a certain sex. ‘Normalising’ surgery on intersex infants can impact on human rights, including the right to privacy, as it infringes on the right to personal autonomy/self-determination in relation to medical treatment.”[[26]](#footnote-26)

1. In addition, CSE programs implemented in line with the ITGSE play a crucial role in helping young people understand that everyone has a **sexual orientation,** as well works toward eliminating stigma and discrimination against people for their sexual orientation. Eliminating stigma and discrimination based on sexual orientation plays a critical role in guaranteeing the rights to privacy and bodily autonomy and enabling young people to develop and express their identities and sexualities without fear of discrimination, violence, or retribution. Within the ITGSE this understanding builds gradually from “every human being is unique, can contribute to society and has a right to be respected” to “stigma and discrimination on the grounds of differences (e.g., HIV, pregnancy or health status, economic status, ethnicity, race, origin, gender, sexual orientation, gender identity, or other differences) are disrespectful, harmful to well-being, and a violation of human rights.”
2. Central to CSE programs’ ability to effectively protect and promote the rights to bodily autonomy and privacy, is a focus on **gender equality**. The ITGSE enables children, adolescents, and young people to understand the ways in which gender and gender norms are socially constructed; the importance of gender equality and the harms of biases and inequalities within families, relationships, friendships, communities, and societies; and what gender-based violence is and how to respond to it.[[27]](#footnote-27) When combined with the information on sexual and reproductive health, including information on pregnancy, HIV, and sexually transmitted infections, the focus on gender equality especially promotes the rights to bodily autonomy and privacy of girls and youth assigned female at birth by enabling them to take informed decisions and actions regarding their bodies and sexualities and dismantling gendered discourse and power dynamics.
3. CSE gives young people the tools that they need to live full, healthy lives, creating an awareness of what their values mean and encouraging critical reflections on culture, including the ways in which culture may limit or influence their autonomy and independence. CSE “can be a tool for change when it helps young people develop their understanding of cultural and structural forces that shape their lives”[[28]](#footnote-28) and autonomy. CSE encourages children and young people to develop their own independent critical awareness of their own identity, their connections to and impact on others, and the way in which they are impacted by and can impact on their society. When implemented correctly, CSE empowers young people to understand how they can create, transform, and dismantle aspects of society that restrict their autonomy and development of their identities, including racist, sexist, homophobic, transphobic, ableist, classist values, practices, beliefs, and social norms.
4. The **right to privacy** is both a necessary condition for carrying out effective CSE, as well as an effect of CSE programs. CSE programs, with their grounding in human rights and gender equality, empower young people to demand that all people and institutions respect their rights to privacy and bodily autonomy, as well as teach them how to respect the rights to privacy and bodily autonomy of other people. One young person in Vancouver succinctly explained the situation: schools need “to be a safe space because I’m not just going to out myself in front of the whole class.”[[29]](#footnote-29) In other words, CSE programs must be carried out in environments and ways that protect young people’s right to privacy: children and young people must be able to ask questions and receive information relevant to their lives without jeopardizing their safety or privacy. In addition, they must be connected to services and other interventions that also respect young people’s right to privacy.
5. In order for CSE efforts to be effective, they must be carried out in safe places and by educators that respect young people and their right to privacy.[[30]](#footnote-30) CSE that reproduces **systems of power, privilege, and oppression** will not have the transformative effect intended. Educational systems reflect the priorities of the societies in which they exist and as a result patriarchy, sexism, racism, colourism, xenophobia, heteronormativity, cisnormativity, ableism, and Eurocentrism dominate content, approaches, and values. Moreover, since for many young people, including Black, Indigenous, and racialized young people, schools are already sites of oppression and harm, any efforts to expand CSE must be accompanied by anti-racist and decolonial efforts, as well as efforts to increase equity within educational systems.
6. Despite the many positive, proven benefits of CSE, there are significant **barriers** to its implementation globally, including under training of teachers, including limited training on and appreciation for the systematic barriers their students experience, which creates a disconnect between educators and young people. In addition to limited training, educators are poorly supported and compensated and frequently do not have adequate supervision. Moreover, organized opposition from conservative or religious groups impedes the effective rollout of CSE. An overarching “culturally imposed silence about sexuality” further dampens public support for CSE, as well as the quality of whatever sexuality education is provided.[[31]](#footnote-31) The system of culturally enforced silence about sexuality continues the disconnect individuals have with their bodies, hindering their relationships with self and others. On top of this culturally enforced silence, the pathologization of the sexualities of minority groups, including racist beliefs about sexual behaviours, further marginalizes minority and racialized young people.

**Structural Interventions that Support the Transformative Potential of CSE**

1. The provision of CSE must be accompanied by structural interventions to support young people to claim their human rights and enable States to fulfill these rights, including and especially the rights to privacy and bodily autonomy. These interventions include the provision of youth-friendly health services, the prevention of harmful practices, ending criminalization of young people’s sexuality, and ongoing support to create equitable education systems.
2. Connections with **youth-friendly health services** increases the efficacy of CSE.[[32]](#footnote-32) These services must be offered in ways that enhance the autonomy and guarantee the privacy rights of young people, including the elimination of third-party authorization requirements. In addition, these services must be accessible meaning they must be free, as well as available to all without distinction, including based on migration status. The Committee on the Rights of the Child was unequivocal in the duty of States to provide services to adolescents:

“All adolescents should have access to free, confidential, adolescent-responsive and non- discriminatory sexual and reproductive health services, information and education, available both online and in person, including on family planning, contraception, including emergency contraception, prevention, care and treatment of sexually transmitted infections, counselling, pre-conception care, maternal health services and menstrual hygiene.”[[33]](#footnote-33)

1. The Committee also clearly outlines the measures that States must take to overcome barriers to accessing services, which are closely linked with the right to privacy:

“There should be no barriers to commodities, information and counselling on sexual and reproductive health and rights, such as requirements for third-party consent or authorization. In addition, particular efforts need to be made to overcome barriers of stigma and fear experienced by, for example, adolescent girls, girls with disabilities and lesbian, gay, bisexual, transgender and intersex adolescents, in gaining access to such services.”[[34]](#footnote-34)

1. In addition to providing health services, States should prevent **harmful practices**, such as forced surgeries or treatments for intersex children, female genital mutilation/cutting, or “conversion therapy.” The Independent Expert on protection against violence and discrimination based on sexual orientation and gender identity detailed the types and harms caused by “**conversion therapy**” practices in his recent report. In particular, the report noted that “conversion therapy” disproportionately impacts young people: 4 out of 5 people experiencing “conversion therapy” are under 24 years old, half of whom are under the age of 18.[[35]](#footnote-35) These practices, which often include rape or torture, violate the rights to privacy and bodily autonomy and are premised on the idea that parents, communities, or other leaders have the right to dictate a child’s identity, including their gender identity and/or expression. The impacts of these practices may be lifelong with long-term consequences for people’s health, well-being, and identity. Without policy interventions that prevent harmful practices, children and young people will be left in a position to advocate for their own rights without the support or protection from the State.
2. In addition, laws that **criminalize certain aspects of adolescent sexuality** undermine the benefits of CSE. Criminalization may include specific sexual acts, such as same-sex sexual activity, or the prohibition of specific sexual health services, such as abortion without parental consent. These laws are often rooted in racial and gender stereotypes and are implemented in ways that further entrench inequalities.[[36]](#footnote-36) In addition, when laws set a higher age of consent for same-sex sexual activity, it deepens stigma and policing of certain communities, which may deter lesbian, gay, or bisexual adolescents from seeking care.[[37]](#footnote-37) The criminal law – especially when applied to children and young people – is a blunt instrument that is ill-equipped to balance the State’s responsibility to protect young people from harm “with their obligations to respect, protect and fulfil adolescents’ rights to realise their sexual development without unjust interference and punishment.”[[38]](#footnote-38)
3. Finally, since **education systems** play a critical role in the delivery of CSE, States must invest in developing and supporting equitable education systems. An equitable education system would be one that, at a minimum, takes a rights-based approach to education; eliminates disparities between rich and poor school districts; decolonizes curricula and pedagogy; removes gender stereotyping and bias from curricula and pedagogy; protects the safety of all, including but not limited to students and educators.

1. A/HRC/RES/38/1 and A/HRC/RES/40/5, for example. [↑](#footnote-ref-1)
2. See for example Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, with a focus on early childhood. A/70/213. Paragraph 86. Or Statement of the Committee on the Elimination of Discrimination against Women on sexual and reproductive health and rights: Beyond 2014ICPD review. [↑](#footnote-ref-2)
3. See, for example, Committee on the Rights of the Child, General Comment 14 on the right of the child to have his or her best interests taken as a primary consideration. [↑](#footnote-ref-3)
4. Committee on the Rights of the Child, General Comment 7 on implementing child rights in early childhood. Paragraph 17. [↑](#footnote-ref-4)
5. Committee on the Rights of the Child, General Comment 20 on the implementation of the rights of the child during adolescence. Paragraphs 42-43. [↑](#footnote-ref-5)
6. Amnesty International. *Body Politics: A Primer on Criminalization of Sexuality and Reproduction*. 2018. Page 62. [↑](#footnote-ref-6)
7. Working Group on the issue of discrimination against women in law and in practice. “Women’s Autonomy, Equality and Reproductive Health in International Human Rights: Between Recognition, Backlash and Regressive Trends.” [↑](#footnote-ref-7)
8. For a detailed listing of international agreements relevant to CSE, see *International Technical Guidance on Sexuality Education: An Evidence-Informed Approach*, pages 116-122. [↑](#footnote-ref-8)
9. Committee on the Rights of the Child. General Comment No. 20. Paragraph 61. [↑](#footnote-ref-9)
10. ITGSE. Page 16. [↑](#footnote-ref-10)
11. The ITGSE specifically names the following sexual and reproductive health issues, though its list is not exhaustive: “sexual and reproductive anatomy and physiology; puberty and menstruation; reproduction, modern contraception, pregnancy and childbirth; and STIs, including HIV and AIDS.” In addition, CSE delivered in line with the ITGSE will also improve the “analytical, communication and other life skills” of children in relation to: “sexuality, human rights, a healthy and respectful family life and interpersonal relationships, personal and shared values, cultural and social norms, gender equality, non-discrimination, sexual behaviour, violence and gender-based violence (GBV), consent and bodily integrity, sexual abuse and harmful practices such as child, early and forced marriage (CEFM) and female genital mutilation/cutting (FGM/C).” Page 16. [↑](#footnote-ref-11)
12. ITGSE. Page 17. [↑](#footnote-ref-12)
13. ITGSE. Page 16-17. [↑](#footnote-ref-13)
14. YouthCo. *Sex ed is our Right*. 2018. Page 7. [↑](#footnote-ref-14)
15. ITGSE. Page 17. [↑](#footnote-ref-15)
16. ITGSE. Page 17. [↑](#footnote-ref-16)
17. ITGSE. Pages 95-96. [↑](#footnote-ref-17)
18. Sex ed is our Right. Page 12. [↑](#footnote-ref-18)
19. ITGSE. Pages 86 and 90. [↑](#footnote-ref-19)
20. Action Canada for Sexual Health and Rights. *The State of Sex-Ed in Canada*. 2020. Page 71. [↑](#footnote-ref-20)
21. The State of Sex-Ed. Page 73. [↑](#footnote-ref-21)
22. Amnesty International. Page 136. [↑](#footnote-ref-22)
23. ITGSE. Page 56. [↑](#footnote-ref-23)
24. ITGSE. Page 50. [↑](#footnote-ref-24)
25. The State of Sex-Ed. Page 8. [↑](#footnote-ref-25)
26. A/HRC/40/63. Paragraph 70. [↑](#footnote-ref-26)
27. ITGSE. Pages 49-52. [↑](#footnote-ref-27)
28. The State of Sex-Ed. Page 39. [↑](#footnote-ref-28)
29. Sex ed is our Right. Page 13. [↑](#footnote-ref-29)
30. ITGSE. Page 90. [↑](#footnote-ref-30)
31. UNESCO. *Global Education Monitoring Report Gender Review: Meeting our Commitments to Gender Equality in Education*. 2018. Page 53. [↑](#footnote-ref-31)
32. ITGSE. Page 96. [↑](#footnote-ref-32)
33. CRC. General Comment No. 20. Paragraph 59. [↑](#footnote-ref-33)
34. CRC. General Comment No. 20. Paragraph 60. [↑](#footnote-ref-34)
35. A/HRC/44/53. Paragraph 36. [↑](#footnote-ref-35)
36. Amnesty International. Page 139. [↑](#footnote-ref-36)
37. A/HRC/32/32. Paragraph 84. [↑](#footnote-ref-37)
38. Amnesty International. Page 137. [↑](#footnote-ref-38)