

The Evolution of Sexual Health Education in Ontario, 1960s until Present-day

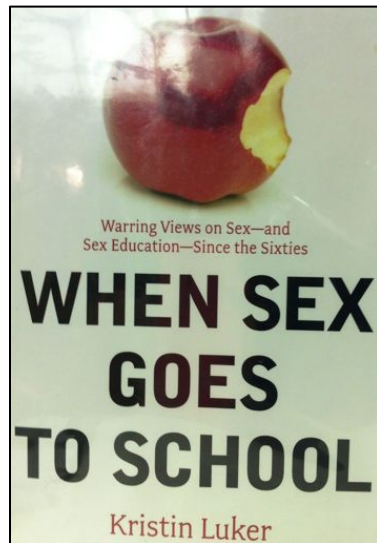
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1. Introduction

Since the inception and formalization of sexual health education into the Ontario curriculum during the 1960s, sexual health education has continuously evolved into the current state, which is taught in Ontario classrooms today. The teaching materials and curriculum expectations have developed to coincide with an increasingly progressive society that consistently faces new issues. Conversely, many of the same items of contentions such as religious beliefs continue to dominate the development of the sexual health education program. The earlier inceptions of the program would be considered archaic when evaluated against the societal standards of twenty-first century Canada, especially when one examines the newest version of sexual health education that will enter Ontario schools in the fall of 2013.

What follows here is an analysis of the evolution of sexual health education over the last five decades. The research question that frames this discussion is: how has the curriculum and teaching of sexual health education in Ontario evolved within the public school boards from the 1960s to the present day? The historical thinking concepts will be used to organize our discussion and findings. Accordingly, this research paper will examine the development, formalization and subsequent evolution of sexual health education in Ontario public school boards from 1960s until present-day. We will establish the historical significance of sexual health education through our discussion of the context of education in Ontario in order to identify causes for changes and its associated consequences. We will take multiple perspectives by comparing the Ontario approach to its American counterpart. We will use primary source

evidence, particularly the curriculum documents in order to identify change and continuity. Lastly, we will examine the ethical dimensions of our findings on the evolution of sexual health education in Ontario.



This image helps to frame the following discussion. Sexual health education has always been a contentious debate in North America. There have already been strong reactions from religious groups. During the 1960s opposition came from predominantly Protestant and Catholic groups. In the twenty-first century, opposition has arisen from various ethnic groups. Canada has changed over the last fifty years, and the changing mosaic of Canadian society has influenced the development of the sexual education program.

Image Source: Luker, 2006.

2. What is Sexual Health Education?

Characteristically, sexual health education is the teaching of matters surrounding human sexuality. This includes fundamental areas from sexual intercourse and reproduction to the anatomy of human sexuality. The overall health of the human reproductive system and the emotional aspect in reference to healthy relationships are also discussed. In addition, rights and responsibilities including the forms and issues concerning birth control, abstinence, sexual safety, and preventative care from Acquired Immunodeficiency Syndrome (AIDS), Human Immunodeficiency Virus Infection (HIV) and other sexually transmitted illnesses are presented to students. Lastly, issues relating to abortion such as morality and pre- and post-abortion counseling are introduced as well. In Canada, it is the responsibility of schools to provide students with “the knowledge and skills they will need to make and act upon decisions that promote sexual health throughout their lives” (Health Canada, 2003). It is from this perspective

that the formalization of sexual health education was conceived during the 1960s in Ontario.

The development of sexual health education is not a new idea, as many individuals might perceive. In fact since the turn of the twentieth century, the movement for the creation of sexual health education programs have been prevalent in both Canada and the United States (Imber, 1982). Various social organizations spanning from Social Gospellers to purity groups to social hygiene reformers lobbied the government for the establishment of sexual health instruction within the educational system. In particular, the Social Gospel Movement used Christian ethics to respond to social problems. The Social Gospellers sought to alleviate problems such as poverty and alcoholism of which they viewed these as moral vices, which lead to the deterioration of Canadian society. These individuals sought to use the education system in order to teach youth of the physical and moral dangers associated to venereal diseases, that is, sexually transmitted illnesses. Accordingly, the purpose of sexual health education was to impress upon students the importance of how knowledge led to goodness while ignorance resulted in sin (Imber, 1982). There was a belief that sexual health education would, in turn, enable society to correct its immoral ways. This was the goal of the social reformers.

We can see the significant impact of the Social Reform Movement in Canada and its influence on the development of sexual health education. At the turn of the twentieth century, Health and Physical Education was not a formalized course as we now conceptualize it in present-day Ontario. Aspects of this course could be found in other courses of study such as Physiology, Temperance and Agriculture (Hogeboom, 1968). An analysis of the Public School Daily Register for Programs of Studies demonstrates that elements of sexual health education were incorporated into Ontario classrooms (Hogeboom, 1968). The purpose was to inform students of the dangers of alcoholism and venereal diseases. Ideas of Victorian womanhood, that

is, gender roles, were reinforced through health education. Students were shown images in which smoking and alcohol contributed to the moral perversion of society.

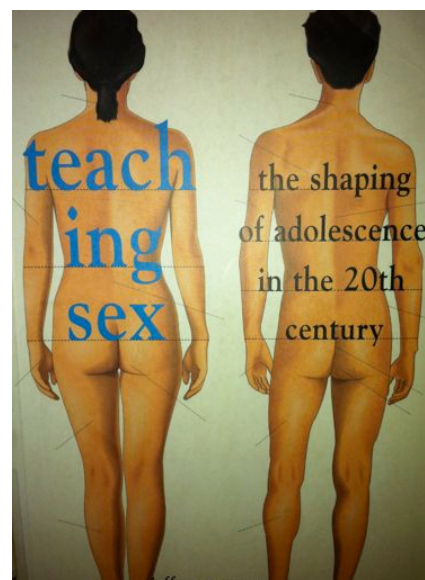
However, the issue of whether science or morality should be the central focus in sexual health instruction quickly arose. With new scientific discoveries the supremacy of religion was challenged in the Western world. It was held that “early instruction could lead to...[the] loss of innocence, but undue delay risked the onset of unhealthy experimentation caused by exposure to dangerous misinformation” (Imber, 1982). Here lies the root of the debate between the scientific approaches to sexual health education in comparison to the ethical or moral perspective. There was debate about whether sexual health instruction should occur in a school setting, that is, in the public sphere, or if it was a matter that should be addressed within the confines of the private sphere.

Gender roles continued to change during the *Roaring Twenties* and the *Dirty Thirties* as a result of women entering the workforce during the First World War. There was a new social consciousness that was developing as women were empowered by their wartime experiences. During the Second World War, historian Christabelle Sethna (2009) argued that female juvenile delinquents were viewed as synonymous with “the amateur prostitute who infected soldiers and civilians thereby compromising allied war aims at home and abroad” (p. 57). It is interesting to note how the nineteenth century values of Victorian womanhood continue to be perpetuated, yet under a new guise. The concept of morality as evidence by one’s sexual conduct was still valued highly. At the turn of the century, prostitution was associated to the moral decay of North American society, and as such, so too was sexual licentiousness during the war linked to betrayal.

During the post-war period with an increase in juvenile delinquency and sexual activity, ideas of Victorian womanhood continued to be perpetuated in Canadian society. Sexual licentiousness was negatively viewed and became a tremendous groundswell of support for the inclusion of sexual health education in the school curriculum (Sethna, 1998). While the ideas of progressivism, which originated from John Dewey, influenced the incorporation of sexual health instruction, the ways in which sexual health education was discussed illustrated the moral values of the 1950s. For example, Christabelle Sethna (2009) elucidates that the subject of pubertal changes were often discussed in association with the topic of dating manners. It was only in the 1960s that the development of more formalized sexual health education programs were considered as the social landscape was changing with the rise of Second Wave Feminism. This was in response to increased sexual activity among youth as a result of the commercialization of birth control, which brought about sexual liberalization for women. The mass distribution and the now legal access to birth control and female contraceptive devices, in addition to the liberalization of divorce laws, greatly influenced the content of sexual health education (Connell, 2005). During the 1970s and 1980s, special interest groups continued to lobby the Ontario Ministry of Education in order to change the curriculum expectations and content materials of the sexual health education program. As we can identify from this short description of the evolution of the sexual health education program in Ontario, many societal influences have come and will continue to shape the development of sexual health education.

After the Second World War, there was a shift in the classification of gender roles. Women were no longer expected to remain in the private sphere. Likewise, the development of adolescence was a new conceptualization. With prosperity in North American society, children were given a longer period to develop. Instead of having to enter the workforce to support the family, children were given opportunities to explore other endeavors that would not have been possible before the Second World War.

Image Source: Moran, 2000.



3. Discussion and Analysis of Sources

3.1 Primary Sources

Beland, K. (1986). *Talking about touching II: Personal safety for preschoolers*. Seattle, WA, United States: Committee for Children.

This resource provides unit and lesson plans for educators' instruction of personal safety for elementary aged children. Issues that are discussed surround the topic of sexual abuse. Students are expected to learn how to identify sexual abuse, to recognize the dynamics of child sexual abuse and to understand the consequences of child sexual abuse.

Health Canada (2003). *Canadian guidelines for sexual health education* (Ottawa, Health Canada).

This source provides information regarding the Canadian government's perspective in regards to the purpose of sex education. This guide also entails specific information regarding content areas of sex education. Accordingly, this source demonstrates a good summary of what sexual health topics are approved by the federal government.

Kirby, D. (1984). *Sexuality Education: A handbook for the evaluation of programs*. Santa Cruz, US: Mathtech, Inc.

While this is a study regarding the sex education programs in the United States, there are many applicable conclusions that were adopted in Canada. The goals of the study were (1) to identify the long term effects of sexuality education; (2) to understand the affects of students' attitudes and behaviours; (3) to recognize whether sex education reduces unwanted pregnancy and sexually transmitted diseases; (4) to identify whether sex education improves communication with parents; and (5) to recognize the topics that are the most important to students in sex education courses.

Ontario Ministry of Education (1975). *The Ontario Curriculum: Education in Primary and Junior Divisions*. 1975.

This government document was in use by elementary teachers in Ontario from 1975 until 1995 when the common curriculum was developed. There is no mention of sexual health education in this curriculum document. Instead, the focus is on developing an understanding of the similarities and differences between plants, animals and humans. In addition, aids in recognizing the dangers of substance abuse and the necessity of good nutrition. The analysis of this document will help to portray the societal values of the mid-1970s.

Ontario Ministry of Education (1975). *The Ontario Curriculum, Senior Division: Grades 11, 12, and 13: Physical and Health Education*.

This government document focuses on human families, sexuality, values and valuing, venereal diseases, and the individual as part of the sexual health education program. It will be used to give insight into curriculum standards during the period of the 1970s.

Ontario Ministry of Education (1978). *The Ontario Curriculum, Intermediate Division: Physical and Health Education*.

This government document is significant because it illustrates the societal norms and beliefs of the late 1970s in regards to sexual stereotypes and normative gender roles. Students also were required to develop First Aid skills, which is no longer an expectation in present-day Health and Physical Education courses. It is interesting to note that during the 1970s, the curriculum document was entitled “Physical and Health Education” denoting the greater emphasis would be given to physical development in the course, rather than on the health education.

Ontario Ministry of Education (1987). *Materials for Use in the Mandatory Health Education Units. Education About Aids*.

This government document was introduced in 1987 to supplement the Ontario Curriculum’s treatment of Sexual Education and Health, which up to the point had not incorporated the study of HIV and AIDS into its documents. The series of pamphlets gives strong insight into the fear of HIV and AIDS at the time, while also espousing the need for sensitivity and care when dealing with such a controversial topic.

Ontario Ministry of Education and Training (1995). *The Common Curriculum: Policies and Outcomes Grades 1-9*.

This government document is significant because it is unique compared to the other curriculum documents examined in this study. Unlike the curriculum documents from the 1970s, for example, this curriculum document was produced as an amalgamation of all separate study areas in the Ontario curriculum. As such, it is overly confusing, which is why the Ontario Ministry of Education did away with this format and returned to the curriculum format that we see today (the change back occurred in the late 1990s).

Ontario Ministry of Education (1998). *The Ontario Curriculum, Grade 1-8: Health and Physical Education*.

This document provides information with regards to what content is to be covered in the Healthy Development strand of the sexual health education program. This document indicates what age range children are exposed to ideas of sexual health.

Ontario Ministry of Education (1999). *The Ontario Curriculum, Grade 9 and 10: Health and Physical Education*.

This government document provides information regarding the course outlines, curriculum expectations and unit breakdowns. Specific interest for this research project is in regards to the “Healthy Development” strand.

Ontario Ministry of Education (1999). *The Ontario Curriculum, Grade 11 and 12: Health and Physical Education*.

This document provides the overall and specific curriculum expectations that are to be delivered in all Health and Physical Education courses at the senior level of secondary school. Again, it is the “Healthy Development” strand that is of particular interest for the purview of this research paper.

Ontario Ministry of Education (2010). *The Ontario Curriculum, Grades 1-8, Interim Edition. Health and Physical Education*.

This is the newest version of the Health and Physical Education curriculum document. While it is only an interim edition, this document still provides much information when compared against the previous curriculum documents in regards to what content materials had changed.

3.2 Secondary Sources

AVERT. “HIV/AIDS Education and Young People.” Retrieved on October 31, from
<<http://www.avert.org/aids-young-people.htm>>.

AVERT is an international HIV and AIDS charity that works to avert HIV and AIDS worldwide through education, treatment and care. It provides a variety of important information in a grand attempt to educate people about this subject matter. Being one of the most visited AIDS and HIV information websites in the world, AVERT describes all the aspects associated with having AIDS specializing in areas aimed at the youth of today.

Blackwell, T. (1998). Abstinence but not condoms in Ontario sex ed guide. *Canadian Press NewsWire*. Retrieved on October 11, 2012, from
<<http://search.proquest.com.proxy.queensu.ca/docview/359582428>>.

This article illustrates the public response to changes to the curriculum during the late 1990s. It appears that Ontarians are satisfied that students are only learning about abstinence and there is

little discussion about contraception. In addition, it appears that students are not learning about homosexuality and the continuum of sexuality.

Brown, L. (2012). Ontario slammed for outdated sex ed. and mental health curriculum. *Toronto Star*. Retrieved on October 3, 2012, from
<<http://www.thestar.com/news/canada/article/1272563--ontario-slammed-for-outdated-sex-ed-and-mental-health-curriculum>>.

This is a newspaper article that concisely summarizes the debate over the implementation of a new Health and Physical Education curriculum. It is interesting to note that similar issues are still being debated and little has changed since the formalization of the sex education program in the 1960s.

Bumsted, J.M. (2011). *A history of the Canadian peoples*. Oxford University Press.

This textbook provides a good summary of the key events in Canadian history. It gives an overview of the major events, the important people and includes an abundance of primary and secondary sources.

Connell, E. (2005). Desire as interruption: Young women and sexuality education in Ontario, Canada. *Sex Education* 5(3), 253-268.

This is an interesting article that discusses the objectives of the sex education in Ontario during the 1990s. Connell illustrate that the omission of the topic of desire from the curriculum contributes to the perpetuation of certain systemic societal perspectives regarding sexual abuse and sexual assault. Connell also identifies that the curriculum is enforcing gender roles, while attempting to instruct students, specifically female students on the the development of healthy sexual relationships.

Graydon, M. (2011). “Kids not rights, is their craving”: Sex education, gay rights and the threat of gay teachers. *Canadian Review of Sociology*, 48(3), 313-339.

This article gives a good historical summary of the events that contribute to the creation of sex education program in Ontario schools. Graydon illustrates the societal concerns of the decades in order to create a seamless narrative of the slow evolution of sex education program in regards to the inclusion of homosexuality.

Grossman, Miriam, M.D (2009). *You’re Teaching My Child What? A Physician Exposes the Lies of Sex Education and How They Harm Your Child*. Washington, D.C.: Regnery Publishing, Inc.

Miriam Grossman’s work is a valuable source for this study because it offers an American perspective on the current state of sex education in the United States. Although not directly focused or related to sex ed in Ontario, *You’re Teaching My Child What?* Analyzes issues in today’s society that sex ed must pay more attention to than ever before, such as HPV and other STIs. Grossman’s work also includes research on the policies of teaching sex ed. in the United

States and illuminates how the program does not reach nearly as many students as one would expect.

Guttmacher Institute. (2009). State Sex and STI/HIV Education Policy, State Policies in Brief. Retrieved on November 4th, 2012, from < <http://www.guttmacher.org/>>.

Guttmacher conducted a study in 2009 that surveyed sexual health education in the United States. The findings were surprising, as many states have not mandated sexual health education as part of the curriculum.

Herold, E.S., and Benson, R.M (1979). Problems of teaching sex education: A survey of Ontario secondary schools. *Family Coordinator*, 28(2), 199-203.

This article summarizes the climate of sex education during the 1970s. The study conducted by Herold and Benson provides many insights into the status of the teaching of sex education in Ontario school districts. The authors discovered that maturity, degree of knowledge, student embarrassment and lack of resources created barriers to effective teaching of healthy sexual relationships.

Hogeboom, Alice E. (1968). Chalk Dust: History of Kingston Township Schools. Kingston, Ontario.

This is an interesting resource that discusses the development of education in Kingston. Included in the monograph are primary documents, such as the public school daily register for programs of studies from the beginning of the twentieth century.

Imber, M. (1982). Toward a theory of curriculum reform: an analysis of the first campaign for sex education. *Curriculum Inquiry* 12(4), 339-362.

Imber illustrates that the roots of sex education emerged at the turn of the 20th century. Social hygienists were joined by anti-vice groups in order to campaign for educational reform. There was a sentiment that the spread of venereal diseases was associated to the lenient stance against prostitution. Many difficulties arose in the creation of sex education as philosophies and goals had to be combined into specific expectations. While this article focused on the development of sex education in the United States, the differing agendas of social hygiene and purity groups can be witnessed in the development of sex education programs in Ontario.

Laycock, Dr. S.R. (1967). *Family Living and Sex Education: A Guide for Parents and Youth Leaders*. Toronto: Mil-Mac Publications Ltd.

Dr. S.R. Laycock was one of the foremost experts on sexuality and sex education in Canada during the 1960s. His work, *Family Living and Sex Education*, displays a mix of progressive ideas on sexuality for his time, as well as some beliefs that are clearly outdated (especially in regards to homosexuality). Given Dr. Laycock's credentials and his contributions to the field during the 1960s, his book is a very valuable source. Moreover, it encapsulates many characteristics of the 1960s, including the senses of transition and confusion that were so

prevalent during the decade.

Luker, K. (2006). *When Sex Goes to School*. New York, London: W.W. Norton & Company.

This text broadly covers topics such as the role politics plays in sexual education, The birth of sex education, as well as the sexual revolution in the sixties. The author is a noted sociologist who delves into the war surrounding sexual education ideals and values. It is a valuable collection of sexual histories and tackles such questions as who should teach sex education? where? should homosexuality be included? what about birth control and contraception?

Marsman, J., and Herold, E.S. (1986). Attitudes toward sex education and values in sex education. *Family Relation*, 35(3), 357-361.

This is a great article to use when examining the parental values of the 1980s to present-day concerns of parents in regards to sex education. Marsman and Herold conducted a study during the early 1980s in order to survey the mothers of school children in grade 6, 9 and 12 in regards to sexual education programs offered by Ontario school districts. The authors discovered that the majority of mothers supported the teaching of sex education. However, there was disagreement over what values in sex education should be taught. The authors discovered it is important for educators to be aware of what values parents find acceptable for discussion in the classroom.

McGinn, D. (2012). Kids turning to porn for sex education: study. Globe and Mail. Retrieved on September 28, from <<http://www.theglobeandmail.com/life/the-hot-button/kids-turning-to-porn-for-sex-education-study/article542927/>>.

This article describes the current milieu of sex education in Western countries. According to Australian researchers, children by the age of 11 will have watched porn. The researchers argue that what children know about sex is from their experiences of watching porn. "One explanation is that children turn to pornography because the education they receive in school often avoids explicit explanations and discussions of pleasure, the kinds of things kids are probably most curious about to begin with."

Meaney, & G.J., Rye, B.J, Wood, E., Solovieva, E. (2009). Satisfaction with school-based sexual health education in a sample of university students recently graduated from Ontario high schools. *The Canadian Journal of Human Sexuality*, 18(3), 107-125.

This is an interesting article which assess the satisfaction of first year university students with the Ontario high school sex education program. The authors note that students in general were satisfied with the delivery of the material. However, students indicated that certain topics should be addressed earlier on in their educational career, such as menstruation and masturbation. This article provides an accurate evaluation of present-day sex education programs. Resources mentioned in the article include Healthy Living Strand of the Elementary Curriculum (2005) and Healthy Growth and Sexuality strand of the Health and Physical Education Curriculum Document.

Moran, J. P. (2000). *Teaching Sex: The shaping of adolescence in the 20th century*. Cambridge, Massachusetts: Harvard University Press.

This source addresses the issues of solely teaching the biological aspects of sexual education. Moran (2000) instead argues that sexual health education must incorporate the social aspects (such as feelings, relationships, gender) in order for students to fully understand the values associated with healthy social and sexual relationships.

OPHEA. Healthy Schools, Healthy Community. Retrieved on November 2, 2012, from <<http://www.ophea.net/>>.

OPHEA is a website that provides resources to assist elementary and secondary school teachers on the topics of Health and Physical Education and Daily Physical Activity. The media resources that are provided by OPHEA support the Ontario Health and Physical Education curriculum.

Pinker, S. (2012). Sex education is too important to be left to parents. *Globe and Mail*. Retrieved on October 1, from <<http://www.theglobeandmail.com/commentary/sex-education-is-too-important-to-be-left-to-parents/article4189285/>>.

This article discusses the consequences of enabling parents to withdraw children from sex education on the grounds of religious or moral arguments. The arguments presented in this article illustrate the significant impact sexual education continues to have in the lives of Canadians. Since its formalization in 1960s in Ontario, many of the same issues that are raised in opposition to sexual education have remained the same.

Scale, P. (1981). Sex Education in the 70s and 80s: Accomplishments, obstacle, and emerging issues. *Family Relations*, 30(4), 557-566.

This article focuses on sexual health education in the 1970s and early 1980s. It identifies key issues relating to the focus on sex education during these decades. It will be used in conjunction with curriculum documents to identify the themes being taught and discussed within sexual health education during the 1970s and 1980s.

Sears, J. (1992). *Sexuality and the Curriculum: The politics and practices of sexuality education*. New York, New York: Teachers College Press.

This source includes a collection of essays that challenge the current status of education while offering new perspectives on educating students about their sexuality. It will be used to address the goals of sexual education in schools in 1991, comparing how these goals have changed over the years.

Sethna, C., (1998) The cold war and the sexual chill: freezing girls out of sex education. *Canadian Woman Studies*, 17(4), 57-61.

This is an article that examines the origins of sex education. According to Sethna, the inclusion of sex education was in response to increase sexual activity among the youth during the post-war

era. It is interesting to note the slow evolution of sex education from its discussion in home economic classes as a basis to encourage the development of nuclear families to the present-day understandings.

Sex Information and Education Council of Canada. (2010). Sexual health education in the schools: Questions and answers: 3rd Edition. Retrieved on October 29, 2012, from <http://www.sieccan.org/pdf/she_q&a_3rd.pdf>.

This source is significant as it offers insight into how successful sexual health education is doing in schools. It also sheds light on the significance of sexual health education in schools as well as how willing parents and students are to receive this information. It will be used to evaluate the popularity and success of sexual health education in schools today.

Walters, M., (2005). *Feminism: a very short introduction*. Oxford University Press.

This book provides a concise summary concerning feminism. Walters traces the roots of feminism to the 18th century and provide a good discourse on the predominant ideas and values embraced by feminists through the centuries.

Yee, J. (2009-2010) Sustainable justice through knowledge transfer: sex education and youth. *Canadian Woman Studies*, 28(1), 22-26.

This article provides a critical analysis of the plight of First Nations' people in relation to the standardized Ontario Health and Physical Education curriculum expectations. Resources mentioned in Yee's article are Sexual health Education and Pleasure Project (<http://shepptoronto.com/index.html>) and Native Youth Sexual Health Network (<http://www.nativeyouthsexualhealth.com/>). Native Youth Sexual Health Network is an organization that predominantly works with First Nations' youth on issues such as sexual and reproductive health. The organization strives to empower youth, encourage cultural safety, promote reproductive justice, emphasize sex positivity and educate youth about healthy sexuality.

4. Context of Education in Ontario

As discussed earlier, sexual health education was not a new idea that was implemented in the 1960s. Its evolution was gradual. Elements of sexual health education can be identified since the turn of the twentieth century. Yet, the idea to formalize school-based sexual health education originated from the rise of venereal diseases and an increase in juvenile delinquency during the Interwar Years (Sethna, 1998). It was in 1944 that the Ontario Secondary School Teachers' Federation decided to endorse compulsory venereal disease testing for all high school

students (Sethna, 1998). This action led to the changes in the 1944 curriculum. As part of these changes, students would now study about the effects of venereal diseases and other communicable diseases. This new branch of health education would occur in single-gender classrooms and required parental permission (Brown, 1945). The initial focus of the social hygiene course, which was one of the earlier inceptions of the present-day Health and Physical Education course, was created in order to teach students about healthy development. The topics of discussion included sexual chastity, marriage, and childrearing. The goal was to instruct students on sexual morality, and not sexual physiology, which is the purpose of the present-day mandatory Grade 9 Health and Physical Education course.

Sexual deviancy was considered a moral vice, and issues such as homosexuality were swept under the proverbial rug since it was a social taboo. The introduction of the concept of homosexuality into mainstream Canadian society was associated with the rise of Communism, which occurred during the 1950s, that is, the height of the Cold War period (Sethna, 1998). Sexual liberalization was considered an attack on the traditional values of Canadian society, and the threat of Communism and its promotion of atheism were simultaneously presented as serious moral threats to Protestant vitality. The perversion of Canada's Protestant societal framework was considered assaulted by the rise of the new political ideology. Accordingly, the curriculum was developed around the ideas of "being attractive," "entertaining the opposite sex," and "love" (Ontario Department of Education, 1944). Thus, the goal of this modified health education during the 1950s served a similar purpose to its early incarnations; that of preparing students for matrimony. There was little, if any, mentioning of homosexuality in the earlier incarnation of sexual health education for the predominantly reason that during the 1950s, homosexuality was inappropriate to be discussed in the classroom setting. Education was the tool for the government

for socialization its citizens against the Red Threat.

According to sociologist Michael Grayon (2011), there was also a fear that sexual health education would drive a wedge between parents and their children, of which the Communists would utilize this opportunity to pervade the minds of innocent youth. This fear of left-wing movements influenced the perception of sexual conduct that deviated from the normative standard of heterogeneous relationships. It is interesting to see how the sexual health education program in Ontario was influenced by the political musings of the period. The sexual health education curriculum illustrated the importance of moral development or content-based knowledge.

4.1 The Nineteen Sixties (1960s)

The sixties were a time that changed the world forever. The once strict gender roles that dictated social norms become more relaxed. Sexual liberalization and the protest movements, that is the anti-war and civil rights movement, influenced the development of education in Ontario. Instead of “hanging their heads in shame”, young girls who became pregnant actually continued attending their classes, which was heavily frowned upon in earlier times, as mentioned earlier (Luker, 2006). Initially, sexually active young girls who were “caught” being sexually active, that is pregnant, were not seen as fit to attend class or be seen at school (Luker, 2006). Luker (2006) discusses that many pregnant students attended football games with the other students, challenging the notion that cheerleaders, who were pregnant, were not decent role models. She states that premarital sex became more common for young people throughout the 1960s. However, public attitudes toward homosexuality and adultery did not change as fast as attitudes surrounding teenagers, who were pregnant. Many of the culture wars today stems from the events of the sixties. These culture wars include sex, and all that sprouts from issues such as

teen pregnancy, clothing, family values and the rights of homosexuals (Luker, 2006). The 1960s was a momentous time in Ontario. Change was happening. Individuals sought to create a more progressive society.



This image illustrates some of the challenges that sexual health education brought in Ontario. Education was considered important in order for children and youth to receive the correct socialization on sexual issues. However, there was much despite regarding the content of sexual health education. Many parents were not comfortable exposing their children to such information in the classroom. This debate of whether parents can withdraw their children from sexual health education stems from the 1960s.

Image Source: King, 1996.

Until the 1960s there was formalized sexual health education program in Ontario. As a result of the increased sexual activity of youth, there was a correlated increase in teen pregnancy with the commercialization of birth control. This was one of the sparks that propelled government officials, health care professional, and educators to address the curriculum gaps in regards to developing a sexual health education program (Marsman & Herold, 1986). In addition, there was also a lack of sexual health education in the private sphere. According to Christabelle Sethna (2009), various topics of sexual health education were incorporated into other courses of study such as health education, science, social studies, home economics, family living, and guidance. While parents were supportive on the decision to incorporate sexual health education into the curriculum, there was disagreement in regards to the content and values, be in moral, ethical or religious, that would be discussed.

Dr. S.R. Layock (1967), a renowned professor at the University of British Columbia, who wrote extensively on sexual education and sexuality in Canada during the 1960s, recognized the

need for sexual health education in schools. He explained that parents had failed to adequately educate their children on sex, gender roles, and other issues related to sexual health education, thereby validating the need for the program (Laycock, 1967). Laycock (1967) argued that between the ages of six and twelve, children should begin to build a wholesome attitude towards sex. He argued that it was also important for children to understand the physical differences between men and women, and that each gender should learn to respect their own body (Laycock, 1967). From Laycock's work we can identify a shift in the purpose of sexual health education from moral instruction to raising awareness.

Though Laycock's work is a useful commentary on the state of sexual health education in the 1960s, his views towards homosexuality are quite outdated in comparison to those in the twenty-first century. On the question of what contributed to the development of homosexuality, Laycock (1967) simply stated that more research was needed and that there was no marked physical difference between homosexual and heterosexual individuals. However, Laycock (1967) went on to opine that: "it is extremely doubtful that any teenagers should ever be labeled as a homosexual without referring them to a specialist for diagnosis and advice" (p. 114). He argued that parents should not display emotional responses to children exhibiting homosexual tendencies, stating instead that they should promote masculinity amongst males and femininity amongst females. Furthermore, Laycock (1967) argued that professional help was completely acceptable for any attempts to curtail possible homosexuality amongst children (Laycock, 1967). Despite his expertise in the field at that time, Laycock's views on homosexuality would have no place in Ontario schools today. The 1960s was a decade of great social change and the formalization of the sexual health education program in Ontario schools is a manifestation of how the desire of social change influences political governance.

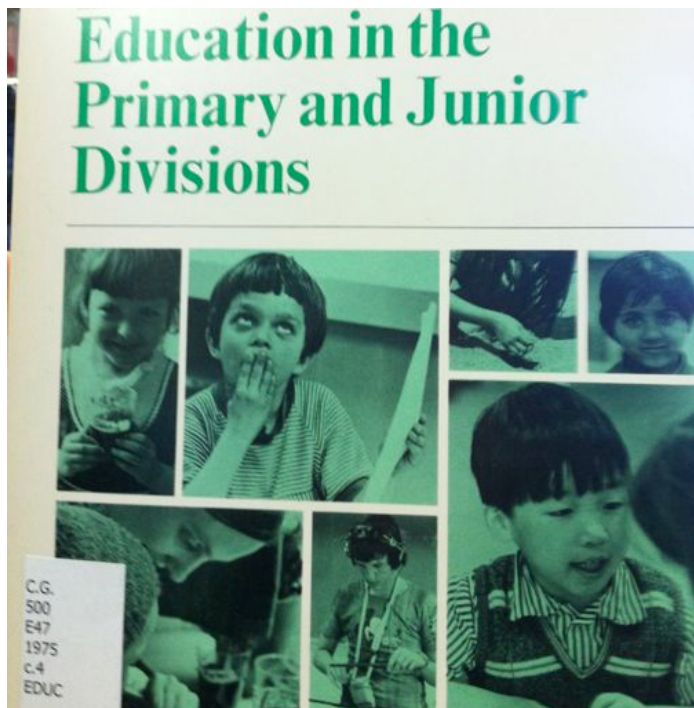
4.2 The Nineteen Seventies (1970s)

The 1970s is predominantly characterized as the *Post-Sexual Revolution* period. During this time, sexual health education programs were beginning to change significantly. The impact of the social movements of the 1960s can be evidenced in the sexual health curriculum. The sexual education program for the primary and junior divisions focused on developing respect for “being male and being female” (Physical and Health Education, 1978). Students learned during the Human Growth and Development strand about the physical similarities and differences between males and females, in addition to physical, mental and social patterns of development during the Human Growth and Development strand (Physical and Health Education, 1978). We can see a definite shift from the early view that sexual health education was for the purpose of moral instruction and socialization.

Students gained perspective on sexuality through such topics such as the nature of love, gender identity, changing male and female behaviour, roles and expectations, human sexual responses, standards of sexual behaviour and sex and the law (Ontario Ministry of Education, 1975). It is also interesting to note that the content of the 1975 Ontario Physical and Health Curriculum documents focuses on reinforcing gender roles and stereotypes. For example, the topics discussed included human families, which involve the examination of courtship marriage, and the family. Students would study the “factors in successful marriages, problems of a parent raising children alone, family planning, marriage breakdown and divorce” (Physical and Health Education, 1975, p. 4). This is evidence of the perpetuation of the normative standard of heterogeneous relationship that once were prominent in North American society. There is no mention of homosexuality or any issues of family related to this topic. It is also interesting to note that sexual transmitted diseases are referred to as venereal diseases in these documents.

Education in Primary and Junior Divisions was the curriculum document for elementary teachers in Ontario for over twenty years until the development of the *Common Curriculum* in 1995. There is a brief section on health included in this curriculum document. The focus of the program was to use health issues such as diet to enable students to make observations from concepts such as “interdependence and basic needs” to the “rights of the individual versus societal [sic] concerns” (Ontario Ministry of Education, 1978, p. 99-100).

Accordingly, the suggested topics of discussion surround the processes of life, the relationship between development and abilities and between attitudes and behaviours, the major parts of the body, the necessity of good nutrition, the use, misuse, and abuse of ability and mood modifiers and environmental conditions (Ontario Ministry of Education, 1975).



It is interesting to note that the health strand is incorporated into Environmental Studies. Thus, the focus of health is to help students recognize the physical changes in human development. Yet, there is no mention of sexual health education. Instead, the curriculum alludes to the use of a biological approach in describing puberty.

In the 1978 Physical and Health Education Curriculum, the topics of instruction included anatomy and physiology, human growth and development, sexually transmitted diseases, human families, sexuality, and emotions and feelings (Ontario Ministry of Education, 1978). With regards to the human growth

and development, students would learn about the physical, emotional, and social changes associated with puberty (Ontario Ministry of Education, 1978). Sexuality, according to the curriculum document, should assess “the validity of various contemporary concepts of maleness and femaleness” to emphasize the uniqueness of individuality; instead, gender-role or sex-role stereotypes are reinforced (Physical and Health Education, 1978, p. 33). Another interesting part of this curriculum document is the analysis of the language used to describe students. Under the goals sections, the document uses “he” and “she” to describe students. For example, “each individual must be encouraged to acquired and achieve these basic skills to the limit of his or her individual physical, mental and emotional capacities” (Physical and Health Education, 1978, p. 4). This is significant, as it indicates that the curriculum only acknowledged the existence of heterogeneous individuals.

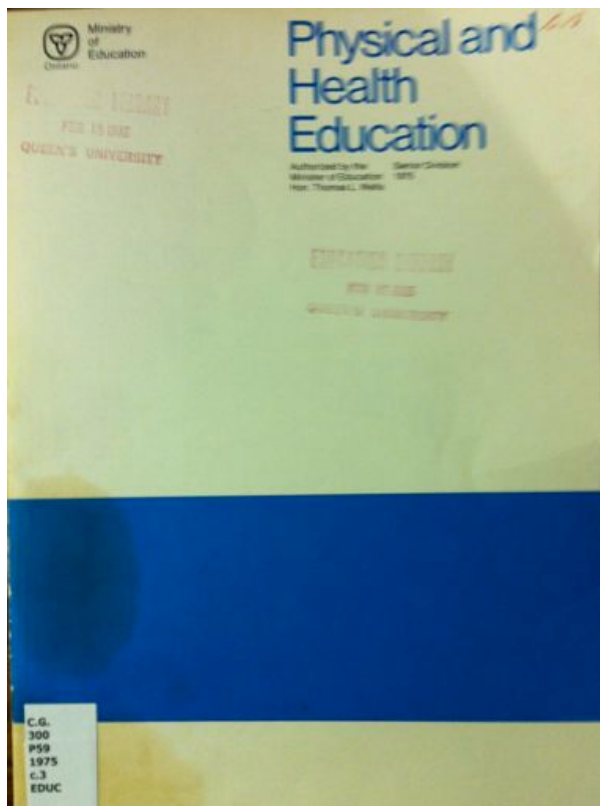


Image Source: Ontario Ministry of Education, 1975

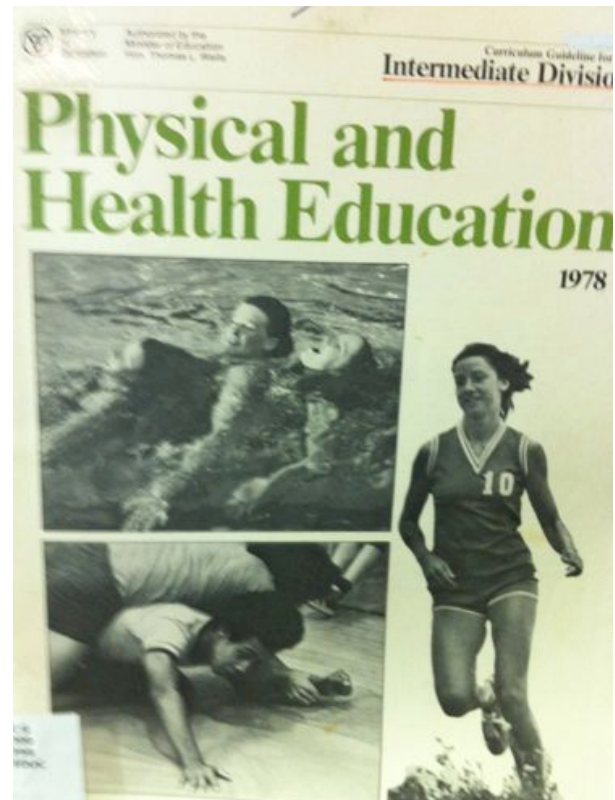


Image Source: Ontario Ministry of Education, 1978

From the analysis of the images included on the Physical Health and Education Curriculum documents, we can identify that there was an important emphasis placed on the physical health component of the course. Yet, we can acknowledge that throughout the 1970s, views towards sexual health education continued to evolve as evidence by the changing curriculum documents.

Sexual health education was to be taught by Home Economic teachers. The majority of the teachers were female, with the majority holding marital status (Herold & Benson, 1979). This is an interesting fact since the curriculum focused on the discussion of developing healthy sexual relationships. Research by Herold and Benson (1979) indicates that teachers also started to identify the problems associated with having co-ed health classrooms. There was also a lack of specific guidelines provided by the Ministry of Education. This resulted in a lack of continuity between schools (Herold & Benson, 1979). According to Herold and Benson (1979), the materials provided by the government were viewed as promoting traditional gender role stereotypes of the time. It was during the 1970s that researchers recognized the problems associated with co-ed health classrooms. There was an identified reluctance to honesty in regards to responses to personal questions that pertained to sexuality. In addition, shyness and embarrassment were other major factors inhibiting thoughtful discussion (Herold & Benson, 1979). There was also a lack of maturity and knowledge amongst students. There has been little change from the findings of this report in regards to finding a solution to alleviate the sensitivity surrounding the discussion of sexual health. The variability of students' knowledge and maturity and student shyness and embarrassment are still one of the main barriers towards sexual health education. There still exists a value conflict in regards to what context should be covered by the sexual health education programs. Ontario's changing cultural dynamic, especially in the large city-centers influenced the role of sexual health education in the lives of youth.

4.3 The Nineteen Eighties (1980s)

The content of sexual health education continued to evolve in the late 1970s and early 1980s. The discovery of the Human Immunodeficiency Virus (HIV) and Acquired Immunodeficiency Syndrome (AIDS) during this decade contributed to changes witnessed in the Ontario Physical and Health Education curriculum documents. The focus was more about the prevention of ill health, such as teen pregnancy and sexually transmitted diseases, rather than the promotion of good health or wellness (Scale, 1981). While topics such as contraception, homosexuality, abortion, masturbation, decision making and communication skills, self esteem, and discussion of personal values and emotions received less classroom time in comparison to information on the menstrual cycle, venereal disease, and reproductive anatomy (Scale, 1981). It was highly regarded that educating youth on the consequences of sexually transmitted disease would contribute to a decrease in what was considered highly dangerous sexual behaviours.

By educating young people about topics like AIDS and the HIV virus, teachers were enabling students to actively protect themselves from contraction and infection (AVERT, 2012). There was significant ostracism and rejection directed towards individuals who suffered from AIDS and HIV. It was believed that youth were especially exposed to such illnesses and it had been proven that gaining knowledge on such issues greatly reduced their risk. Accordingly, the purpose of AIDS education was to reduce the stigma and discrimination surrounding the disease by disposing of the false information contributing to the fear and hysteria that permeated Canadian society (AVERT, 2012). Stigma and fear create situations in which individuals are reluctant to get tested for AIDS/HIV, and this in turn made it much more likely that they would pass on the infection to their partners (AVERT, 2012). Thus, education on sexually transmitted illnesses was seen as a way to combat ignorance.

The Ontario Curriculum for sexual health education did not immediately change after the discovery of the HIV virus in 1981. By 1987, the Ministry of Education finally realized the scale of the epidemic and introduced a five part series on the study of AIDS to sexual education and health (*Ontario Ministry of Education, 1987*). After Sean Conway, the Minister of Education at the time, announced the change to the curriculum on January 27th, 1987, education on HIV and AIDS was formally introduced for the 1987-88 school year. The five part series consists of pamphlets that cover General Information, General Teaching Strategies, Teaching Strategies – Grade 7 or 8 Physical and Health Education, Teaching Strategies – Compulsory Credit in Physical Health and Education, and Transparencies. These sections are listed from A to E in the same order given above.

The pamphlets did an exceptional job of describing the sensitivity and humanity teachers and students alike should demonstrate when learning about AIDS and examining those suffering from the terrible affliction (*Ontario Ministry of Education, 1987*). Teachers were compelled to emphasize how individual who suffered from AIDS should not be seen as lepers or social deviants. Considering that HIV had been discovered less than a decade before these documents were released, not to mention that many still viewed AIDS as a “gay disease,” the Ministry of Education deserved to be commended for its careful treatment of such a delicate topic. The documents approach the study of HIV and AIDS with dignity to ensure that the stigmas and misconceptions of the disease that were so prevalent at the time did not make their way into the classrooms.

Section A of *Education About AIDS* examined the following: the scale of the AIDS epidemic; the social impacts of AIDS, the transmission and incurability of the disease, and some general facts about the disease (*Ontario Ministry of Education, 1987*). Section B aimed to raise

awareness about the disease and discuss ways to prevent or treat it. The importance of parental involvement for further education at home is also stressed, and the reader is provided further resources on the subject, including books, pamphlets, videos, audiotapes, conferences, and organizations (*Ontario Ministry of Education, 1987*). Sections C and D provided teachers with different approaches to cover the subject. These two sections were broken down into three different lessons: an informational approach characterized by question and answer periods; a “Living-skills” approach that values awareness and decision making; and a case-study approach that offers scenarios regarding the disease and asks students the best ways to cope with such scenarios (*Ontario Ministry of Education, 1987*). The final section contained more information about AIDS and illustrates the difference between a healthy immune system and one affected by the HIV virus. Charts showing the distribution of AIDS in Canada and the world as a whole are also included (all information is from 1987 or before) (*Ontario Ministry of Education, 1987*). Until the criteria for Sexual Health Education was changed in 1995, the *Education About AIDS* series was the main resource for teachers to use in their classrooms on this subject.

This approach that was taken to teaching sexual health education is directly linked to the effects on youth. Sexual health education had a central focus on abstinence, which is the belief that encouraging students not to engage in sexual intercourse unless they are married, is the single best preventative action against HIV infection (AVERT, 2012). While this was true, students were not provided with the proper protective information that would be essential when deciding to have sexual intercourse. For this reason alone, it was highly important that schools provided detailed sexual education.

Parental opposition in the eighties to sexual health education was not related to church attendance but to the desire of teaching conservative values (Marsman & Herold, 1986).

Religious affiliation does not affect parental support for sex education. However, conservative values did influence the context of sexual health education. According to Marsman and Herold (1986), “Mothers who are more religious are less willing to have their children exposed to sexual attitudes which differ from their own” (p. 361). The influence of religious organizations on the content of sexual health education programs developed by the government led to certain topics which are considered taboo to be less likely discussed in the 1980s.

While religious arguments continue to impact the content material of the sexual health education programs in Ontario, there was discussion in the 1980s as to the length of these programs. How much time should be allocated to sexual health education? According to ‘Talking about Touching II’ (1986), it appears that there was a rise in the awareness of sexual abuse among children during this decade. As a result there were changes in the content of Sexual health education programs. The units included in this teaching resource illustrate the increase of instructing children on personal touching and feeling safe. Furthermore, according to a study completed by Douglas Kirby (1984) in the United States, it appears that more comprehensive programs regarding sexual health education have a more significant impact on students. Students also are able to develop a sense of trust and this can create a more honest environment for discussion (Kirby, 1984). Kirby (1984) identified that short structured courses, which would occur over the span of several weeks, were less likely to impact the attitudes and behaviours of students. During the 1980s, we can recognize that the development of the concept of appropriate touch in relation to the push from religious organization shape the development of the sexual health education programs.

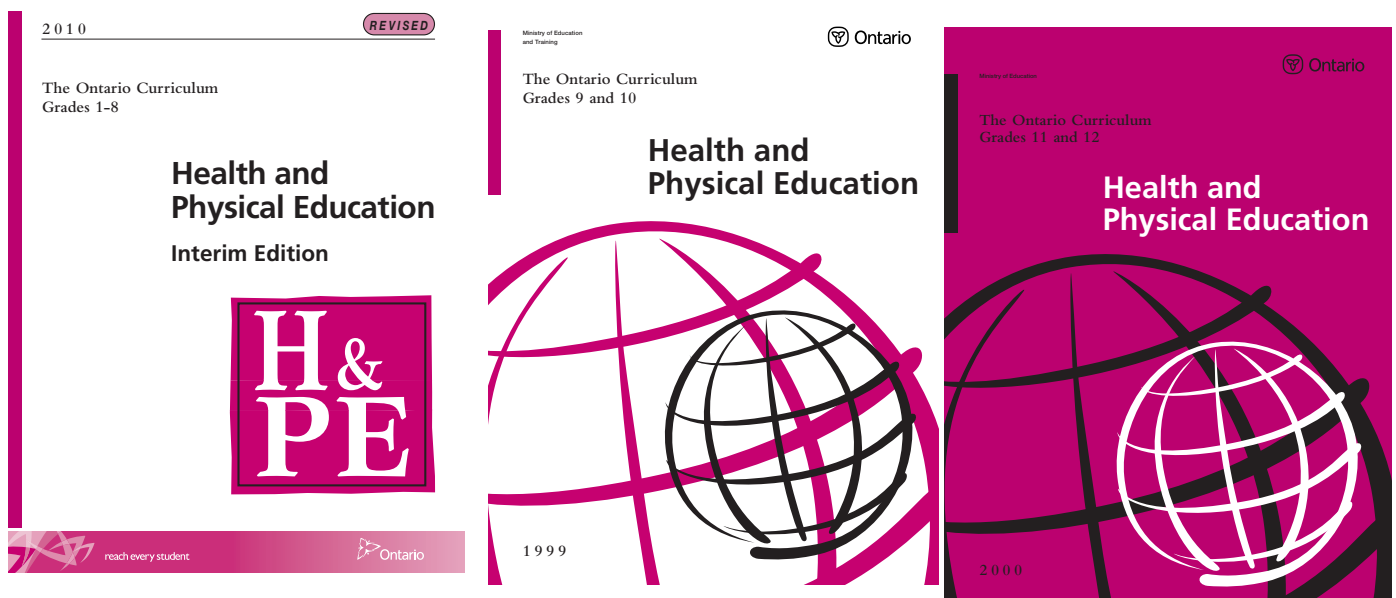
4.4 The Nineteen Nineties (1990s)

During the 1990s, biologically determined sex roles were replaced with more flexible, socially constructed gender roles, emphasizing female/male similarities rather than differences. Intercourse was presented as one of the many possible forms of sexual expression. In addition, it became necessary to establish common standards of sexual behaviour and responsibility for both sexes; accordingly, providing education about violence that applies to both potential victims and perpetrators (Sears, 1992).

The Common Curriculum that was developed in 1995 highlighted important aspects of sexual health education for grade 3, grade 6, and grade 9. In grade 3, students were merely expected to understand elements of sexism, and also be able to recognize things like inappropriate touching (Ontario Ministry of Education and Training, 1995). By grade 6, students began to address physical changes during puberty, which would be particularly pertinent information given that most students would be entering puberty at this grade level. Instruction on the male and female reproductive systems was also covered (Ontario Ministry of Education and Training, 1995). In grade 9, students would be expected to continue learning about mature themes such as contraception, AIDS, other sexually transmitted diseases, and ethical questions in relationships (Ontario Ministry of Education and Training, 1995). Discrimination based on gender and sexual orientation was also addressed. This was an important step made by the Ontario Ministry of Education to ensure students recognized the importance of not discriminating against homosexuals, transgendered individuals, and that the establishment of equality and inclusion were essential components of creating a safe learning community (Ontario Ministry of Education and Training, 1995).

Children were taught that abstinence was the key to the sexual health education

program and there was little discussion surrounding condoms or homosexuality. Then, education minister Dave Johnson indicated that the curriculum required that children learn about reproductive facts and sexually transmitted infections, but the important concept to convey was abstinence. This predominant focus on abstinence, which is described as the pinnacle of healthy sexual relationships, is illustrated in The Ontario Curriculum Grades 1-8: Health and Physical Education, The Ontario Curriculum Grades 9 and 10: Health and Physical Education, and The Ontario Curriculum Grades 11 and 12: Health and Physical Education.



Much has changed since the initial formalization of sexual health education in Ontario. Originally, sexual health education was interspersed into various required courses of studies such as home economics and biology. However, from the 1970s until present-day, the change in the title of the course from Physical and Health Education to Health and Physical Education illustrate the shift in the importance of health instruction in Ontario classrooms.

Image Sources: The Ontario Ministry of Education, 2010 (L), 1999 (C), 2000 (R)

Sociologist Erin Connell (2009) has identified that sexual health education promotes the perpetuation of certain societal stereotypes. Connell (2009) states that individuals who practice abstinence “demonstrate their trustworthiness and self-control and maintain/re-establish

their self-esteem” and “it is only sexually active females who ‘lose’ their self-esteem and reputation” (p. 258). This illustrates how the sexual health education program developed by the Ontario Ministry of Education failed to recognize the need to address the more systemic issues related to sexual abuse and sexual assault. The primacy of abstinence overshadows the discussion over equally important issues such as victimization and individual morality. According to Connell (2009), the predominant focus of sexual health education in Ontario is on the issues of “danger, responsibility and self-control” (p. 259). Consider this example: Dawn has been dating an older boy from another school for almost two months. He is very popular and has a reputation for being sexually active with many girls. Dawn knows that they are at a point in their relationship when she has to make a decision regarding whether she wants to be intimate with him. (Case study, Grade 9 Course Profile, 1999). Illustrated here is an example from the Health and Physical Education Grade 9 Course Profiles, and it clearly enforces gender-stereotypes and an imbalance of power. A framework is presented in which it appears that agency is solely the responsibility of the female to prevent sexual abuse and assault.

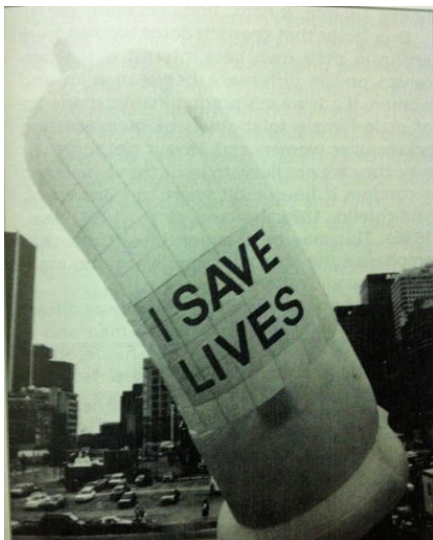
There is also little discussion about the spectrum of sexuality. Connell (2009) further argues that “abstinence” (from penile–vaginal sex), consequences (of penile–vaginal sex) and gendered emphasis, the Ontario curriculum supports a (hetero-) sex education” (p.262). If this is the case, what changes should the Ontario sexual health education program embrace in order to educate students on the diversity of sexuality? Connell (2009) argues that there are six areas for improvement: (1) educators should encourage adolescents to explore non-goal-oriented sex (and sexual self-exploration within their experiences, needs and limits); (2) discussion is needed in the areas of love and lust; (3) there should no longer be a taboo surrounding the topics of “orgasms, pleasure, thoughts, feelings, sexual expectations and desires”; (4) the recognition of

“sociocultural forces” must be acknowledged in regards to the ways in which these forces “shape and constrain sexuality and sexual subjectivity”; (5) the deconstruction of “gender, gender expectations and gender roles” will enable the establishment of “the subjectivity and agency of both adolescent females and males”; and (6) educators should “challenge compulsory heterosexuality in order to recognize the lived realities” of youth (p. 264). From this discussion we can identify that many societal forces were at work during the 1990 decade, which influenced the development of the sexual health education program in Ontario. There is more discussion regarding how to implement course content on the sexuality continuum and this shift continues to dominate health education curriculum development in the twenty-first century.

4.5 The Twenty-First Century (2000s to present-day)

The manifold purposes of the sexual instinct - its role in creating and organizing society as well as its central part in fostering personal fulfillment and adjustment - could not be conveyed solely through a biology course (Moran, 2000). This realization triggered change in the current sexual health education curriculum. As the sexual health education program continued to develop into the twenty-first century, the goal is to provide young people with information on a wide range of sexual health topics: puberty, reproduction, healthy relationships, sexual abuse,

STDs/AIDS/HIV prevention, contraceptives, and abstinence
(Sex Information and Education Council of Canada, 2010).



The sexual health education program has undergone much change. The discussion of contraception has evolved from abstinence to teaching students how to become educated decision-makers.

Image Source: King, 1999

In the primary and junior teaching divisions, the focus of sexual health education is the identification of different parts of the body, and to understand changes in the body during puberty. By the end of their high school careers, students are expected to graduate with sufficient knowledge to make sound judgments with regards to the pursuit of healthy sexual relationships (Meaney, Rye, Wood & Solovieva, 2009). The problem is that after Grade 9, students are no longer mandated to take Health and Physical Education courses. According to Meaney et al. (2009) students would like sexual health topics, such as menstruation, to be introduced earlier in their education. In 2010 for the first time, the words “sexual orientation” “homophobia” and “gender identity” appeared in curriculum. This marks a significant change in the perception of sexuality in Canadian society.

In addition, the Catholic schools have been slow to incorporate sexual abuse awareness and safer-sexual behaviors (Meaney et al, 2009). Meaney et. al (2009) also identified that teachers in Canada are not required to receive formal training in sexual health during pre-service training. This is a problem that must be addressed by the Ontario Ministry of Education. Furthermore, teachers may not have experience dealing with these issues in a classroom setting, and hence need specialised training and education themselves in order to comfortably discuss these topics without bias, or letting their personal beliefs “conflict with the health needs of the students” (AVERT, 2012).

There is a connection between sexual assault and healthy relationships. What values are taught in sexual health education? The exclusion of sexual assault from the curriculum is a result of “gendered racism, systemic discrimination, and lateral violence” which is referred to as “internalized colonialism” (Yee, 2009-2010). The inclusion of different ethnicities and cultures must occur when the discussing how to make healthy sexual choices. Yee (2009-2010) states that

the “culturally-insensitive, ‘one-size-fits-all’ approaches fail to use relevant traditional knowledge in teaching Indigenous and other youth about their own bodies” (p. 23). There are certain socialized responses of “women-blaming” that are not addressed in the sexual health education curriculum, such as, “date rape” drugs. How can we change the minds of young people and society at large (Yee, 2009-2010, p. 25)? “How can they understand that a woman can dress any way she chooses and has the right not to be assaulted when teachers blatantly question that right in front of their students?” Lack of information and awareness has enormous consequences for youth and has everything to do with fundamental issues of empowerment and access to justice” (Yee, 2009-2010). Yee (2009-2010) discusses the necessity of incorporating different cultural conceptions of healthy relationship into the existing sexual health education curriculum. Yee (2009-2010) raises a poignantly point of contention over the issues of single-gendered health classrooms. The discussion of healthy relationship requires the participation of both genders.

In summary, in the twenty-first century, the Ontario sexual health education program has met resistance as a result of its seeming promotion of heterogeneous relationships. We can identify that many special issues groups are lobbying the government to incorporate different ethnic and cultural perspectives on the sexuality continuum.



What topics are still not discussed in twenty-first century Ontario classroom? While the sexual health education embodied many changes since the 1960s, there are still many issues that are excluded.

Image Source: King, 1999

5. Broader Social, Political, and Economic Context

5.1 In Ontario

Ontario Education Ministers, 1960s until Present-day

Names	Year(s) in Office	Party
John Robarts	1959-1962	Progressive Conservative
Bill Davis	1962-1971	Progressive Conservative
Robert Welch	1971-1972	Progressive Conservative
Thomas Wells	1972-1978	Progressive Conservative
Bette Stephenson	1978-1985	Progressive Conservative
Keith Norton	1985	Progressive Conservative
Larry Grossman	1985	Progressive Conservative
Sean Conway	1985-1987	Liberal
Christopher Ward	1987-1989	Liberal
Marion Boyd	1990-1991	NDP
Tony Silipo	1991-1993	NDP
Dave Cooke	1993-1995	NDP
John Snobelen	1995-1997	Progressive Conservative
David Johnson	1997-1999	Progressive Conservative
Janet Ecker	1999-2002	Progressive Conservative
Elizabeth Witmer	2002-2003	Progressive Conservative
Gerard Kennedy	2003-2006	Liberal
Sandra Pupatello	2006	Liberal
Kathleen Wynne	2006-2010	Liberal
Leona Dombrowsky	2010-2011	Liberal
Laurel Broten	2011-Present	Liberal

(Table was generated from the *Report of the Minister of Education, Ontario*, 1959 until 2011)

By analyzing this list of education ministers in Ontario, it is interesting to note that it was under the governance of the Progressive Conservative (PC) Party in which sexual health education was formalized. This is an interesting phenomenon since it would be assumed that a more progressive party such as the New Democratic Party would instigate change in the educational curriculum. Yet, the PC government reacted accordingly to increasing pressures for change in the sexual health education program.

Ontario Premiers, 1949 until Present

Name	Year(s) in Office	Party
Leslie Frost	1949-1961	Progressive Conservative
John Robarts	1961-1971	Progressive Conservative
Bill Davis	1971-1985	Progressive Conservative
Frank Miller	1985	Progressive Conservative
David Peterson	1985-1990	Liberal
Bob Rae	1990-1995	NDP
Mike Harris	1995-2002	Progressive Conservative
Ernie Eves	2002-2003	Progressive Conservative
Dalton McGuinty	2003-Present	Liberal

It is interesting to note that both Premier John Robarts and Bill Davis had previously served as Minister of Education. It was also during both Robarts and Davis' governments that the sexual health education was formalized. This suggests that there was continuity in the challenges to the sexual health education program.

5.2 In Canada

List of Prime Ministers, 1957 until Present-Day

Name	Year(s) in Office	Party Affiliation
John Diefenbaker	1957-1963	Progressive Conservative
Lester B. Pearson	1963-1968	Liberal
Pierre Trudeau	1968-1979	Liberal
Joe Clark	1979-1980	Progressive Conservative
Pierre Trudeau	1980-1984	Liberal
John Turner	1984	Liberal
Brian Mulroney	1984-1993	Progressive Conservative
Kim Campbell	1993	Progressive Conservative
Jean Chretien	1993-2003	Liberal
Paul Martin	2003-2006	Liberal
Stephen Harper	2006-Present	Conservative Party of Canada

Major Canadian Events Chart

Year	Event
1961	National Indian Council is founded
1962	Quiet Révolution (Jean Lesage - Maitre chez nous)
1964	New Canadian Flag
1965	Student Union for Peace Action is founded.
1967	Canadian Centennial Year The Montreal Expo
1969	The Criminal Code is amended in regards to abortion and homosexuality
1970	Royal Commission on the Status of Women(recognition that women faced in crease areas the adverse effects of discriminatory practices, the care of children is the responsibility of the mother and the father; FLQ Crisis
1976	Montreal Olympics
1977	Quebec passes Bill 101
1980	Quebec referendum
1982	Repatriation of Canadian constitution
1987	Meech Lake Accord
1989	Ecole Polytechnique (14 female engineering students are gunned down in Montreal)
1992	Charlottetown Accord
1994	NAFTA
1995	Referendum

(This chart was developed from *A History of Canadian Peoples*)

From this chart, we can see certain national events, such as the Quiet Revolution, that had an impact on the formalization of sexual health education in Canada. In addition after the horrendous murders carried out at Ecole Polytechnique, the inclusion of discrimination against women has slowly been introduced. The Ontario sexual health education is reactive rather than proactive, as it changes in response to national events.

5.3 In the World

5.3.1 American Comparison

How has the development of sexual health education programs in the United States influenced and shaped the development of Ontario Health and Physical Education course content?

The Majority of Sexually Active Teens (Age 12-19) Wish They Had Waited Longer Before Beginning Sexual Activity

Wish They Had Waited Longer Before Starting Sexual Activity	All Sexually Active Teens	Sexually Active Boys	Sexually Active Girls
Yes	60%	52%	69%
No	33%	38%	24%

Note: 10% of boys and 8% of girls don't know or refused to answer the question.

Source: National Campaign to Prevent Teen and Unplanned Pregnancy 2007 (U.S.) (Grossman, 2009, p. 104)

“Teens are repeatedly taught that STDs are nearly inevitable for any sexually active person” (Grossman, 2009, p. 108). This statement comes from Dr. Miriam Grossman and her work in the United States. Students are told that to decrease their risk, they should use condoms, get tested regularly, and be honest with their partners (Grossman, 2009). Grossman goes on to say that it is preposterous to say all will get STDs, or that lifelong celibacy is the only way to avoid infection. In regards to the HPV virus, Washington State University found that 37% of those who used condoms consistently while sexually active still contracted Human Papilloma Virus (HPV) within the first year. For those who rarely used condoms, 89% of these people contracted HPV (Grossman, 2009). What does this information tell us about sexual health education in the twenty-first century? There are still many misconceptions that are prevalent and this is a result of the regulation of certain topics that are covered under sexual health education are still considered

taboo. It is the responsibility of the parents to remind their children that characters like those on *Sex and the City* and *Grey's Anatomy* are fictional. Individuals who exercise that level of promiscuity will probably contract an STI in their lifetime, and thus this type of behaviour should be discussed within the safe parameter of sexual health education (Grossman, 2009). From Grossman's finding, what is the state of sexual health education policies in the United States?

Sexual health education is not mandated in 27 states, including Arizona, California, Colorado, Connecticut, Washington D.C., Illinois, Massachusetts, Michigan, New York, Ohio, and Pennsylvania. Sexually Transmitted Illness and HIV education is not mandated in 12 states of which includes Arizona, Arkansas, Colorado, Washington D.C, Idaho, Illinois, Louisiana, Massachusetts, Mississippi, Texas and Virginia. This information is surprising since the top 20 most populous states include California, Texas, New York, Illinois, Pennsylvania, Ohio, Michigan, Virginia, Massachusetts and Arizona (Guttmacher Institute, 2009). It appears from this study of sexual health education in the United States, the Ontario sexual health education curriculum is one of progressiveness when compared to its American counterpart.

5.3.2 Second Wave Feminism

The 1960s is known as a decade of the New Left. Students joined resistance movements in order to fight against the Establishment. Women were participated in the Civil Rights Movement, the Black Movement and Students for a Democratic Society felt regulated to performing traditional gender-roles of "tea-makers" (Walkers, 2005). One of the most important concerns of the Second Wave of Feminism was a woman's right to her own body. Historian Margaret Walters (2005) argues that women had to fight for the right to better health care access, gynecological advice, access to contraception, and more importantly, the right to abortions.

6. Relation or Significance for Education in Ontario Today

School based programs are an essential avenue for providing sexual health education to young people (Sex Information and Education Council of Canada, 2010). The primary goals of sexual health education are to promote individuals with the necessary information, motivation, and behavioural skills to avoid negative sexual health outcomes and to enhance sexual health (Sex Information and Education Council of Canada, 2010). This enlightens youth about their own reproductive systems, birth control, and sexually transmitted diseases. It also exposes them to gender and family roles, body image, sexual expression, intimacy, and marriage relationships. Sexual health education can be used to promote critical thinking, decision making skills, values assessment, communication skills as illustrated by the links to the curriculum expectations.

According to the article written by Leslie Brown, an educator reporter for the Toronto Star, even in twenty first century Ontario, there is opposition to the discussion of homosexuality, masturbation, and anal or oral sex. The primary goal is to engage students into deep critical and democratic conversations geared towards unraveling multiple informed frames of their worlds (Sears, 1992). It opens doors for students to know about and to ask questions, to critique, as well as to decide what is appropriate and safe (Sears, 1992). The evolution and development of sexual health education programs in Ontario illustrates how the development of critical thinking skills are the most important tools educators can give students. While it is important to present students with a wide variety of differing opinions and perspectives, critical thinking skills enables students to practice good decision-making and problem-solving skills. Ensuring the expansion of the sexual health education content to include the sexuality continuum is a necessity step toward instruction students on inclusivity. Ontario's sexual health education is moving towards presenting students with a good foundation.

7. Conclusion

The external influence of special interests groups continues to engage the Ontario Ministry of Education to re-evaluate its sexual health education program, just as the social reforms challenged the government at the turn of the twentieth century. In addition, teachers and other educators working with youth must have the skills and strategies needed to inform and support students learning about relationships and sex. It is not uncommon for teachers to get slightly nervous in the face of inquisitive students on such subject matter. However, there are strategies to aid in dealing with subject matter of such a sensitive nature and to build professional confidence.

Through the establishment of the historical significance of sexual health education in Ontario, we have identified the changes and the continuity that remain in the Health and Physical Education curriculum document. We examine multiple perspectives through a detailed comparison with the American sexual education system. We have identified the causes for changes such as the sexual liberalization of the 1960s to the rise of HIV and AIDS during the 1980s. Therefore, the evolution and development of sexual health education in Ontario has changed over the past fifty years and will continue to be shaped by the changing societal expectations.