

Addressing Human  
Development and Sexual  
Health within the  
Ontario Health and Physical  
Education Curriculum



This statement of principles was developed by Ophea and the Ontario Association for the Support of Physical and Health Education (OASPHE), the Ontario subject associations for Health and Physical Education (H&PE).

#### **ABOUT OPHEA**

Established in 1921, Ophea has a long and credible history related to health promotion in Ontario schools and communities. Ophea is frequently sought out by government, non government and private sector organizations to address needs pertaining to school health, curriculum and health-specific topics. Ophea champions healthy, active living in schools and communities through quality programs and services, partnerships and advocacy and is led by the vision that all children and youth value and enjoy the lifelong benefits of healthy, active living.

For more information visit [www.ophea.net](http://www.ophea.net)



#### **ABOUT OASPHE**

OASPHE provides a strong voice to advocate for the development and delivery of quality curriculum in Health and Physical Education. In addition to this, OASPHE has a mandate to provide support and leadership for Health and Physical Education leaders with the aim to provide students with opportunities to develop the skills to make a lifelong commitment to daily physical activity and make healthy lifestyle choices.

For more information visit [www.oasphe.ca](http://www.oasphe.ca)



#### **ACKNOWLEDGEMENTS**

This document was developed with the assistance of the Sex Information and Education Council of Canada (SIECCAN).

## THE CURRENT STATUS OF THE HUMAN DEVELOPMENT AND SEXUAL HEALTH COMPONENT OF THE ONTARIO HEALTH AND PHYSICAL EDUCATION CURRICULUM

Sexual health is a fundamental component of overall health and well-being. As such, health education programs should address sexual health. The goals of such education should be to contribute to the attainment of positive outcomes (e.g., positive self-image, respect for self and others, informed reproductive choices) and avoidance of negative outcomes (e.g., STI/HIV infection, unintended pregnancy, sexual exploitation/coercion). As part of health education programs, not only do students require clear, reliable and accessible health information, they have a right to the opportunities to develop skills to make healthy choices in ways that meet their needs and reflect their lives.

The youth of Ontario are currently taught the Human Development and Sexual Health component of Health and Physical Education (H&PE) using a curriculum released in 1998. This curriculum is out-dated and obsolete. The world has changed in fundamental ways with respect to important issues that relate to and affect the sexual and reproductive health of Ontario youth. Newer information technologies have transformed the ways in which youth are exposed to sexual content and imagery and the ways in which youth communicate with each other in private and sometimes not so private ways.

In 2010, an updated and revised elementary H&PE curriculum was introduced. However, the Human Development and Sexual Health component of the elementary curriculum was withdrawn shortly after its introduction and the entire secondary H&PE curriculum was withheld. We believe that the updated 2010 curricula were the subject of an often misinformed and ideologically charged debate that misrepresented their content and intent.

Issues related to sexual and reproductive health need to be treated with sensitivity, yet at the same time, as normal and natural components of healthy development. Beliefs related to sexuality are diverse, drawn from a range of individual, family, cultural, and religious values. Thus, it is important that we move forward with curriculum implementation in a way that is respectful of the diverse values of the community, respects the important role of parents in their child's education, and provides youth with the health education necessary to protect and enhance their health.

Ophea and OASPHE have developed the following statements which are principled criteria for sexual health education based on fundamental values which we believe should guide discussion and consideration of the curriculum. These Principles are consistent with the Canadian Guidelines for Sexual Health Education and the Fundamental Principles for Health and Physical Education, Ontario curriculum (Health and Physical Education).

# Ophea and OASPHE's Joint Statement of Principles on the Human Development and Sexual Health Component of the Ontario Health and Physical Education Curriculum

1

Students have a right to receive, through health education programming provided as part of the school curriculum, the necessary educational opportunities that enable them to avoid preventable health problems and to be in a state of good health presently and throughout their lives.

1. A basic goal of H&PE curricula is to enable youth to understand the factors that lead to healthy development and life-long health as well as a sense of personal responsibility to themselves and others with respect to health. At a more specific level, it is important that school health curricula address and help students see connections between factors and issues that are specifically relevant to the health of students, now and in the future. These

include, for example, nutrition, physical fitness, tobacco, alcohol, and drug use, cyber-bullying, media literacy related to body image and health, as well as a range of other issues that are specifically relevant to health.

2

Sexual and reproductive health is a fundamental part of overall health and well-being. Therefore, the right to health education includes the right of youth to receive education that enables them to be informed about these important aspects of health and to avoid sexual and reproductive health problems.

2. It is important that students understand information and factors affecting sexual and reproductive health to achieve and maintain overall health. For example, sexually transmitted infections, including HIV, and unintended pregnancy present serious threats to the health and well-being of Ontario youth. All youth require the relevant information and skills to avoid sexuality related exploitation and harm (e.g., cyberbullying, internet luring, homophobic

and gender related bullying, sexting).

3

The health curriculum is a logical and appropriate way to provide sexual health education because schools are the only formal educational institution to have meaningful contact with all students.

3. The H&PE curriculum is a recognized and accepted part of the overall school curriculum for grades 1-12. Providing students with education that enables them to protect and enhance their health is an appropriate function of the school because it reaches over 2 million students. Furthermore,

sexual and reproduction health are fundamental components of overall health, therefore are a fundamental component of the H&PE curriculum.

4

Education related to sexual and reproductive health should be a shared responsibility between parents/guardians and schools.

4. Parents and guardians are the primary educators and role models for their children in regard to their overall health and wellbeing. Parents and guardians have both a right and a responsibility to communicate their values and expectations regarding sexuality and sexual health to their children. As with all learning in school, the appropriate role of school-based health curricula is

to compliment the teaching of parents and guardians by providing accurate and sufficiently complete information upon which students can make fully informed decisions related to sexual health in conjunction with their values, the values of their families, and their religious traditions.

5

Sexual health education should be delivered in a developmentally appropriate manner, structured so that it meets the learning needs of children at different ages and stages of development.

5. Information relevant to sexual and reproductive health should be provided within the H&PE curriculum beginning in the early elementary grades and continuing through to the end of high school. For example, children in the early elementary grades should learn the proper names for, and functions of, the different parts of the male and female bodies, including their physical organs. Another example is that as children approach puberty, it is important

that they learn about the physical, emotional, and social changes that occur during puberty. In all grades, in addition to learning about physical changes in their bodies, sexual health education includes learning about respecting and caring for themselves, others and the skills for healthy relationships. These skills develop as students grow and relationships develop and change.

6

Sexual health education curricula should present balanced and complete information about sexual health.

6. For example, a balanced curriculum for adolescents will provide information on the benefits of delaying the initiation of sexual activity as well as information on the importance of condom use for STI/HIV prevention and contraception to prevent unintended pregnancy for those who are or will become sexually active. Curricula that are balanced in this way, not only respect the right of youth to make informed decisions in conjunction with

their own values, they are more effective because they present complete information that students can utilize to protect their health and wellbeing. It is recognized that Catholic schools will meet the expectations of provincial curricula and will present such information through their particular perspectives.

7

Sexual health education curricula should reflect and be informed by the principle of informed decision making.

7. All people, young and old alike, should have the right to complete and unbiased information related to their health. For example, youth should be provided with information that is medically and scientifically accurate and

is relevant to their age-specific needs so that they may make fully informed decisions about their sexual and reproductive health.

8

Sexual health education curricula should reflect and be informed by the principles of non-discrimination and respect for others.

8. Ontario is a diverse society and this attribute should be acknowledged and respected in all curricula, including the Human Development and Sexual Health component of the H&PE curriculum. Therefore, the philosophy and content of the curriculum should not discriminate on the basis of race, religious and cultural background, ethnicity, physical/cognitive ability or

other such differences. It is equally important that the health curriculum does not discriminate on the basis of individual differences related to sexuality such as gender, gender identity, and sexual orientation. Students should be encouraged to respect the dignity and rights of those who are different from themselves.



### THE CURRICULUM: A POWERFUL TOOL THAT ALIGNS GOVERNMENT POLICIES

The H&PE curriculum is a powerful tool for boards of education, school administrators and educators to implement a number of government policies and strategies, including:

- Aboriginal Education Strategy
- Ontario's Safe Schools Strategy
- Bullying Prevention and Intervention
- Accepting Schools Act
- Ontario's Equity and Inclusive Education Strategy
- School Food and Beverage Policy
- Aligns with the Canadian Guidelines for Sexual Health Education
- Progressive Discipline and Promoting Positive Student Behaviour
- Daily Physical Activity
- Provincial Code of Conduct and School Board Code of Conduct

These policies and strategies are less actionable in the absence of supporting curriculum and education.

### THE COST OF INACTION: THE BURDEN OF PREVENTABLE SEXUAL AND REPRODUCTIVE HEALTH PROBLEMS ON THE PROVINCE OF ONTARIO

Preventable sexual and reproductive health problems constitute a significant threat to the health and well-being of individuals and families in Ontario. Many of these problems disproportionately affect youth and young adults. Beyond the negative personal and social outcomes, preventable sexual and reproductive health problems result in substantial economic costs to the province in the form of health care and other expenditures.

In 2010, approximately 9,000 young women under the age of twenty become pregnant in Ontario. Over half resulted in abortion, indicating that a substantial proportion of these pregnancies were unintended.

According to the Ontario Burden of Infectious Disease Study, of the ten most burdensome infectious agents in Ontario in terms of morbidity and mortality, three are sexually transmitted: Human papillomavirus (HPV), Hepatitis B virus (HBV), and Human immunodeficiency virus (HIV/AIDS).

According to the Ontario Ministry of Health and Long-Term Care, there were 775 newly diagnosed cases of HIV in the province in 2012. In addition to the loss of life, personal suffering, and lost productivity, the Canadian AIDS Society estimates that each case of HIV infection results in \$250,000 in health care costs.

Of cases of reportable disease in the province of Ontario, nearly two thirds (64%) involve sexually transmitted infections.

The burden is significant. Given the negative health and personal consequences of preventable sexual and reproductive health problems, access to high quality sexual health education in schools is the right of all youth. Given the broader social and economic costs of these problems, sexual health education in schools serves the public interests of the people of Ontario.

### THE OPPORTUNITY

Finalizing, releasing and supporting the implementation of the revised curriculum has the potential to lay the foundation for learning that will impact the health and well-being of 2.1 million students in Ontario's 5,000 schools. With an understanding that learning about human development and sexual health is an important component of overall health and well-being, this revised curriculum is a critical first step for supporting the social, emotional, cognitive and physical development of Ontario's children and youth.

# Government and Health Professional Organization Documents Supporting Balanced Broadly-Based Sexual Health Education in the Schools

Public Health Agency of Canada. (2008). *Canadian Guidelines for Sexual Health Education*. Ottawa, ON: Public Health Agency of Canada.

Society of Obstetricians and Gynaecologists of Canada. (2004). SOCG Policy Statement. School-based and school-linked sexual health education and promotion in Canada. *Journal of Obstetrics and Gynaecology Canada*, 146, 596-600.

Sex Information and Education Council of Canada. (2010). *Sexual Health Education in the Schools: Questions and Answers (3rd Ed)*. Toronto, ON: Sex Information and Education Council of Canada (SIECCAN). <http://www.sieccan.org>

Ministry of Health and Long-Term Care. (2011). *Open Minds, Healthy Minds: Ontario's Comprehensive Mental Health and Addictions Strategy*. Toronto, ON: Queen's Printer for Ontario.

American Medical Association. Policy Statement. H-170.968 Sexuality Education, Abstinence, and Distribution of Condoms in Schools. Accessed 21 April 2013, <http://www.ama-assn.org/resources/doc/PolicyFinder/policyfiles/HnE/H-170.968.HTM>

American Academy of Pediatrics. (2001). Sexuality education for children and adolescents. *Pediatrics*, 108, (2), 498-502.

American Public Health Association. (2006). Policy Statement. Abstinence and U.S. abstinence-only education policies; ethical and human rights concerns. Policy Statement Database. <http://www.apha.org/advocacy/policy/policysearch/default.htm?id=1334>

## REFERENCES

McKay, A. (2012). Trends in Canadian national and provincial/territorial teen pregnancy rates: 2001-2010. *The Canadian Journal of Human Sexuality*, 161-175.

Statistics Canada. (n.d.). CANSIM Table 102-4503. *Live births, by age of mother, Canada, provinces and territories*. <http://www5.statcan.gc.ca/cansim/a26>

Ontario Agency for Health Protection and Promotion/ Institute for Clinical and Evaluative Sciences. (2010). *Ontario burden of infectious disease study*. Summary. An OAHPP/ICES Report, December 2010.

Public Health Ontario. (2013). *Monthly infectious diseases surveillance report*. 2, (4), April 2013.

Canadian AIDS Society. (2011). *The economic costs of HIV/AIDS in Canada*. Ottawa, ON: The Canadian AIDS Society.

Ministry of Health and Long-Term Care. (2009). *Sexually transmitted infection case management and contact tracing best practice recommendations*. Toronto, ON: Ontario Ministry of Health and Long-Term Care, Public Health Division, Provincial Infectious Diseases Advisory Committee.

