

A PARENT'S GUIDE: HUMAN DEVELOPMENT AND SEXUAL HEALTH IN THE HEALTH AND PHYSICAL EDUCATION CURRICULUM

GRADES
7-12

In Ontario, the curriculum identifies what students should know and be able to do by the end of each grade or course.

The curriculum supports students to develop the skills and knowledge to:



Understand themselves
and others



Think critically, make and
promote healthy choices



Develop and maintain
healthy relationships



Be safe, physically
and emotionally

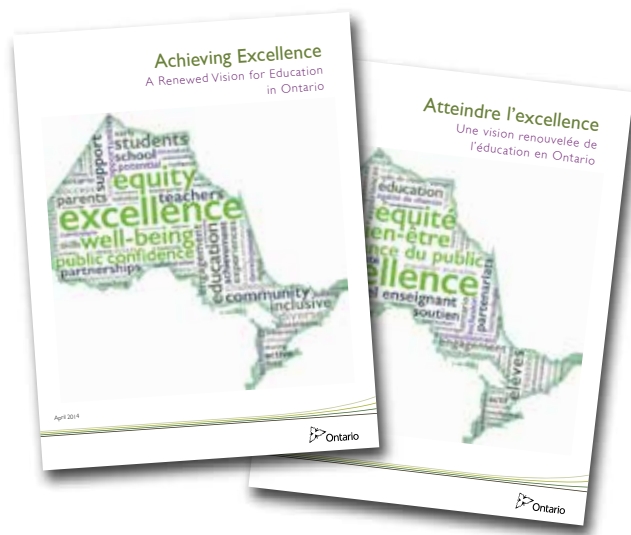


Be physically active
for life and thrive

In this guide, you will find:

- Information about the knowledge and skills related to human development and sexual health that are included in the curriculum in the intermediate and senior divisions (grades 7–12)
- Samples from the curriculum to show what teachers use to plan their teaching about human development and sexual health
- Ideas about how parents can work in partnership with schools to support their children's learning
- Where to find more information.

Helping students develop the knowledge and skills to be safe and healthy is part of *Achieving Excellence: A Renewed Vision for Education in Ontario*. Learn more at ontario.ca/eduision.





LEARNING ABOUT HUMAN DEVELOPMENT AND SEXUAL HEALTH

Learning about human development and sexual health is one part of overall health. It starts at birth.

Human development and sexual health education involves much more than simply learning about body parts and reproduction.

In today's complex and fast-paced world, there is much more that children and youth need to know to be safe and healthy. Human development and sexual health includes learning about healthy relationships, hygiene, reproductive health, identity, including gender identity, affection and pleasure, mental health, abstinence, contraception and disease prevention, sexual orientation, online safety, consent and much more.

In addition to learning about human development and sexual health, as part of health education, students learn about healthy eating, personal safety and injury prevention, and substance use and addictions. The focus is on getting accurate information and learning skills to make healthy choices for students' everyday lives. Students do not learn health information in isolation. For example, students will learn about making healthy and safe decisions by learning to think in advance, consider the potential result and reflect after a choice is made. They can apply those skills in a variety of situations such as making food choices, staying safe and setting fitness goals.

In all parts of the Health and Physical Education curriculum, students learn "Living Skills." These are skills that help students develop self-awareness and social skills, communicate effectively in relationships, cope with challenges and think critically to make decisions, set goals and solve problems.

Research shows that:

- **Teaching about sexual health and development does not increase sexual behaviour, and can actually prevent risky sexual activity.¹**
- **87 per cent of Ontario parents support sexual health education for their children.²**
- **About 11 per cent of grade 10 students with cell phones and 14 percent of grade 11 students with cell phones say they have sent a sext.³**



PARENTS, SCHOOLS AND COMMUNITIES WORK IN PARTNERSHIP

Education is most effective when parents, schools and communities all work together to support students' learning about human development and sexual health. Students need reliable and accurate information to make safe and healthy choices.

Parents help their children form values about relationships and behaviours and their sexual health.

Schools provide safe, caring and inclusive learning environments for all students to learn. Students need to have a sense of belonging as they learn about themselves and where they fit in the world around them.

Community partners, like public health and mental health organizations, help parents and schools round out the supports that are available to children and youth.

In consultations, parents and students indicated that they want schools and parents to work together to support students.



GRADES 7-12

Students need information and skills to make sound decisions about their health and well-being before – and not after – they face a situation. In a recent Ontario study, about 22 per cent of Grade 9 and 10 students reported having had sexual intercourse.⁴

In a 2011 Canadian survey*, almost two thirds (64 per cent) of lesbian, gay, bisexual, and transgender (LGBT) students and 61 per cent of students with LGBT parents reported that they felt unsafe at their high school.⁵

Rates of reported cases of some sexually transmitted diseases have been rising since the late 1990s.⁶

During consultations about the curriculum, students said they valued being able to learn and talk about things that impact their well-being with teachers in different subject areas and classes.

WHAT STUDENTS LEARN ABOUT HUMAN DEVELOPMENT AND SEXUAL HEALTH AND WHEN

As students get older and start having different kinds of relationships, what they need to learn about human development and sexual health deepens.

They learn more about:

- Themselves and others, their identity, peer, family and romantic relationships, personal safety and decision-making
- Delaying sexual activity, preventing sexually transmitted infections, and pregnancy prevention
- Factors that influence decisions such as peers, media, curiosity, and access to information
- Sources of support and information related to sexual health such as public health services, community health agencies, reliable and accurate websites.

In secondary school, all students must earn one credit in health and physical education as a requirement of the Ontario Secondary School Diploma (OSSD). Students in secondary school learn about thinking in advance about their values and boundaries and considering what they need to do to be safe and healthy when it comes to sexual health. They do this in the same way they are learning to think about and plan for their overall health (e.g., setting fitness goals, considering healthy eating choices).

Students develop a deeper understanding about themselves. This includes their identity, gender identity and gender expression, and sexual orientation. Accessing information and developing skills, attitudes, beliefs, and values related to identity and relationships are lifelong processes.

WHAT DOES THIS LOOK LIKE IN THE CURRICULUM? SAMPLE EXPECTATION FROM GRADE 7

Personal Safety and Injury Prevention

By the end of Grade 7, students will:

C2.2 assess the impact of different types of bullying or harassment, including the harassment and coercion that can occur with behaviours such as sexting, on themselves and others, and identify ways of preventing or resolving such incidents (e.g., *communicating feelings; reporting incidents involving themselves or others; encouraging others to understand the social responsibility to report incidents and support others rather than maintaining a code of silence or viewing reporting as “ratting”; seeking help from support services; learning skills for emotional regulation; using strategies for defusing tense or potentially violent situations*) [IS, CT]

Teacher prompt: “What are some of the consequences of using homophobic put-downs or racial slurs? How can this hurtful behaviour be prevented?”

Student: “Using homophobic or racist language is discriminatory. It hurts the people who are targeted and it can have harmful consequences for the whole atmosphere in the school. Sometimes, people speak without thinking about what they are actually saying and how they are hurting others. To change this behaviour, everyone needs to take responsibility for the words they use and also to challenge others who make discriminatory comments or put people down, whether in person or online.”

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Teacher prompt: “Inappropriate sexual behaviour, including things like touching someone’s body as they walk by in the hall, making sexual comments, or pulling pieces of clothing up or down, is sexual harassment. Texting someone constantly can also be harassment. What can you do to stop this kind of thing?”

Students: “Don’t do it. Don’t encourage others to do it. Don’t accept it if you see it happening – whether in person or on social media. Tell the person to stop, or report them.” “Online, you can call someone on unacceptable language, but it’s better to have a face-to-face conversation about it afterwards.”

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The first two sample dialogues support teachers in helping students think about the impact of put downs, discrimination and inappropriate behaviour.

The focus of the learning is on helping students learn about prevention of bullying and harassment (including sexting), and learning skills to respond to situations that may arise.

“Living Skills” are incorporated throughout the whole curriculum. These include learning about self-awareness and coping skills; social skills and communication skills for healthy relationships; and ways to solve problems, set goals and make decisions. In this example, the tag, [IS, CT] indicates that the teacher could focus specifically on helping students develop interpersonal skills and critical thinking skills as they are learning.

WHAT DOES THIS LOOK LIKE IN THE CURRICULUM? SAMPLE EXPECTATION FROM GRADE 8

Human Development and Sexual Health

By the end of Grade 8, students will:

C2.4 demonstrate an understanding of aspects of sexual health and safety, including contraception and condom use for pregnancy and STI* prevention, the concept of consent, and matters they need to consider and skills they need to use in order to make safe and healthy decisions about sexual activity (e.g., *self-knowledge; abstinence; delaying first intercourse; establishing, discussing, and respecting boundaries; showing respect; need for additional information and support; safer sex and pleasure; communication, assertiveness, and refusal skills*) [IS, CT]

Teacher prompt: “What do teenagers need to know about contraception and safer sex in order to protect their sexual health and set appropriate personal limits?”

Student: “Teenagers need to know about the benefits and risks of different types of contraception. They need to understand that the only 100 per cent sure way of not becoming pregnant or getting an STI, including HIV, is not having sexual contact. Those who choose to be sexually active also need to know which contraceptive methods provide a protective barrier against disease as well as pregnancy. Condoms provide protection against both pregnancy and STIs – but to be effective, they need to be used properly and used every time. Teenagers need to understand how important it is to talk with their partners about sexual health choices, consent, and keeping safe. They have to develop the skills to communicate their thoughts effectively, listen respectfully, and read body cues in these conversations. This takes practice.”

*STI - Sexually Transmitted Infection

The focus of the learning is on helping students think about their sexual health and develop the skills they need to stay safe.

The concept of consent is specifically included in this expectation and prompt/response, so students are learning about what this looks and sounds like.

AT HOME: SUPPORTING YOUR CHILD'S LEARNING

The following ideas are from parents and experts in human development and sexual health. You may wish to consider these as you support your child's learning about themselves, their healthy development and their sexual health.

Listening

- Listen with full attention.
- If you have concerns about possible issues or problems, listen with your eyes as well as with your ears. Watch body language and be aware of changes in behaviour.
- Listen without judgement, avoid impulsive responses, and think and listen with an open mind.
- Validate your child's experience, and thank them for the conversation.

Creating an open environment and using everyday opportunities to talk

- Initiate a conversation when doing other things, like driving to a practice, washing dishes, making lunches, folding clothes or walking the dog.
- Use opportunities like media stories, TV shows or real-life examples to begin conversations.
- Use simple, straightforward and accurate explanations, and seek more information if needed. Have whole-family discussions and create opportunities where children/youth have time with parents, guardians or other caring adults together and separately.
- Be patient and open to silence. Build confidence in your child by giving them time and space to reflect.

Showing your values by what you do and say

- Your children learn by what they see and hear: how you respond to the media and news, issues at school, family relationships and social interactions.
- Consider your own biases and stereotypes in conversations with your children.

Having more conversation

- Create opportunities where children can ask a question or make a comment. If you can't answer immediately, promise to follow up soon – and do.
- Plan to come back to the conversation more than once to build, reinforce and answer questions.
- Your child might not be eager to talk. Start small. As your child matures, you can talk about more challenging issues.



WHERE TO FIND MORE INFORMATION

This guide includes sample curriculum expectations as examples. See *The Ontario Curriculum, Health and Physical Education, Grades 1–8 and 9–12, 2015* for all of the curriculum expectations. Access the curriculum at:

- Elementary: www.edu.gov.on.ca/eng/curriculum/elementary/health.html
- Secondary: www.edu.gov.on.ca/eng/curriculum/secondary/health.html

For more background information about teaching healthy living and human development and sexual health, see:

- Healthy Living: Human Development and Sexual Health overview on page 38 in the elementary curriculum and on page 42 in the secondary curriculum
- Intermediate Division Overview (grades 7–8) on pages 179–182
- The Appendix on pages 224–225 (grades 1–8) and pages 204–205 (grades 9–12) for an “at-a-glance” look at what students are learning across the grades.

Child and Youth Development

- *Stepping Stones, a resource on youth development* (for youth, ages 12 to 25) www.ontario.ca/steppingstones

Puberty

- Hospital for Sick Children – About Kids Health www.aboutkidshealth.ca

Sexual Health

- A site with information developed by The Society of Obstetricians and Gynaecologists of Canada www.sexualityandu.ca
- An Alberta-based website on teaching and talking about sexual health, with a section for parents, including resources and a blog www.teachingsexualhealth.ca
- The Sex Information and Education Council of Canada’s question and answer resource about sexual health education in schools www.sieccan.org/pdf/she_q&a_3rd.pdf

Check the website for your local health unit www.health.gov.on.ca/en/common/system/services/phu/locations.aspx

References

1. McKay, A., & Bissell, M. (2010). *Sexual health education in the schools: Questions and answers*. Sex Information and Education Council of Canada (SIECCAN). Retrieved from: www.sieccan.org/pdf/she_q&a_3rd.pdf
2. McKay, A., Byers, E. S., Voyers, S. D., Humphreys, T. P., & Markham, C. (2014). Ontario parents’ opinions and attitudes towards sexual health education in the schools. *Canadian Journal of Human Sexuality*, 23(3), 159–166
3. Steeves, Valerie. (2014) *Young Canadian in a Wired World: Phase III: The Trends and Recommendations*, Ottawa: MediaSmarts
4. Freeman, J., King, M., Al-Haque, R. and Pickett, W., *Health and Health-related Behaviours Among Young People: Ontario, 2012*, www.edu.gov.on.ca/eng/healthyschools/HBSCReportJan2013.pdf
5. Every Class in Every School national climate survey 2011, Egale Canada. www.egale.ca/wp-content/uploads/2011/05/EgaleFinalReport-web.pdf, *Note: Students from Quebec were not included in the study
6. Public Health Agency of Canada, *Report on Sexually Transmitted Infections in Canada, Executive Summary*, 2011. www.phac-aspc.gc.ca/sti-its-surv-epi/rep-rap-2011/index-eng.php
7. Public Health Agency of Canada, *Canadian guidelines for sexual health education*, [rev. ed.], 2008, 38)
8. Wight, D., & Fullerton, D. (2013). A review of interventions with parents to promote the sexual health of their children *Journal of Adolescent Health*, 52(1), 4–27