Analysis:
Ontario Health & Physical Education Curriculum
More Controversial than Anticipated

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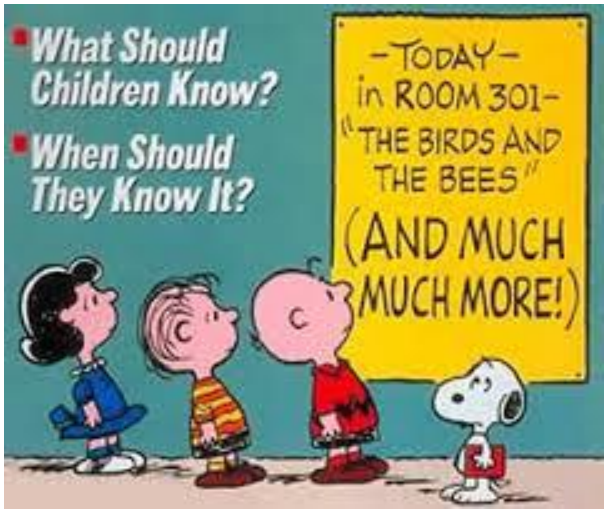
Guiding Through the Sex Ed Confusion



There has been much information circulating since the public release of the curriculum on February 23rd, 2015. The revised curriculum is expected to be delivered in classrooms beginning in September 2015. It is important to note that this curriculum is divided into three strands:

- Active Living
- Movement Competence, and
- Healthy Living

The majority of the curriculum is good. What has attracted so much attention is the Human Development and Sexual Health component of the Healthy Living strand (herein referred to as sex education).

It is important to remember that the sex ed curriculum component is based upon Comprehensive Sex Education (CSE). CSE is a rights based approach that seeks **to <u>equip young people</u> with the knowledge, skills, attitudes and values they need <u>to determine and enjoy their sexuality</u> – physically and emotionally, individually and in relationships.**

Developed in the West, primarily in the United States, CSE is now being implemented in most countries around the world.

Comprehensive sexuality education programs seek to change society by changing sexual and gender norms and teaching youth to advocate for their sexual rights. Most CSE programs promote acceptance of diverse sexual identities and orientations and enlist youth in combating "homophobia" and "heterosexism." These CSE programs have an almost obsessive focus on sexual pleasure, instructing children and youth at the earliest ages on how to obtain sexual pleasure in a variety of ways. Some programs even encourage sexual exploration for children as young as age five.

Planned Parenthood, one of the largest purveyors of CSE programs in the United States explains on its website that sexuality education addresses **"values exploration, safer sex, sexual attitudes and values, sexual orientation, and sexual pleasures".**

This is what the Ontario curriculum is built upon.

CSE providers claim that this approach leads to reduced teen pregnancies and reduced sexually transmitted infections. However there is not one implementation of a CSE program that has resulted in statistically significant reductions. As a matter of fact the contrary is the norm. In New Brunswick implemented CSE in 2004/05 and between 2006 and 2010 teen pregnancies increased 40% and teen STI rates increased 38% - when the teen pregnancy rates in the rest of the country were decreasing.

New Jersey and Oregon have implemented CSE the longest (1980 and 1984). Between 2007 and 2011 teen STI rates increased 25.3% and 38% respectively(Centre for Disease Control), however states like Hawaii, that do not have any mandatory sex education had only a 5% increase in teen STI rates over the same period.

For more information on CSE programs you may get a full report at the following link
http://peaceontario.com/wp-content/uploads/2015/03/Special_Report_on_CSE_Revised_cover.pdf

Curriculum leads to increased confusion – does not tell you what will be taught

We have provided a summary of most of the controversial components of the curriculum. When reading the document, it is important to distinguish between curriculum 'specific expectations' and 'teacher prompts' & 'student responses' – all of which can be found throughout the new curriculum. These are prescribed at every grade level from 1 to 8.

- **'specific expectations'** are required to be taught
- but **the examples** (provided in brackets) are illustrations only, and are NOT requirements – hence you are not sure what specifically is being taught… that is to be decided by the teacher and those influencing the actual lesson plans.
- ***teacher prompts*** provide 'suggestions' on the type of questions that could take place to address the expectation, However do not mandate any upper or lower limit on content – that is up to the teacher, public health presenters, and the future lesson documents that may be written and recommended by university projects, public health agencies, OPHEA, advocacy groups, etc.
- ***student responses*** represent sample kinds of answers that would be consistent with meeting the expectations, but once again **do not provide any upper limit on sensitive content**.
- (see pg. 20 of the curriculum)

Throughout the document, there are no upper and lower limits on what is appropriate.

. The content of teacher prompts and student responses are provided to "suggest" the depth of the expectation, but are only illustrations and NOT requirements – therefore what is taught is subject to the teachers interpretation and the instructions he/she has been given by those who influence (unions, OPHEA, Public Health, liberal university educators, etc).

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. Some of the most controversial sex education teacher prompts and student responses provided in the new curriculum include:

- gender identity (taught directly in grade 3 – 8 … beginning on p. 124)
- sexual orientation (taught directly in grade 3 – 8 , beginning on p. 124)
- dating in Grade 4 (when your feelings go beyond friendship - p. 141)
- masturbation (for the purpose of investigating what you like sexually - p.175)
- anal & oral sex (Gr, 7 & 8 p. 196), and
- planning for sexual activity (p. 215).

Grade 1

. **C1.3 identify body parts, including genitalia *(e.g., penis, testicles, vagina, vulva)*, using correct terminology [PS]**

The body parts listed is not a required, nor an exhaustive list. Listed are examples. Teachers choose the details. Some jurisdictions include nipples, clitoris, anus, scrotum, urethra)

Concerns expressed in other jurisdictions include:

- discomfort with charts of naked, labelled children on the walls, reduces modesty
- increased interest in differences between genders, and interest in investigating such
- this also fits within a "rights based approach to sexuality – where children are encouraged to determine their sexuality and express such. Knowing the names of the sexual organs early in life, develops interest in the differences and why

In past, it was explained that boys and girls are different and the private parts that are different are what is covered by a bathing suit. It is not appropriate for someone to touch those parts. This effort attempted to maintain modesty – which seems to no longer apply.

Possible SOLUTION – limit labelling to basics & help parents to teach the children, then the parent becomes the trusted adult, posters that foster interest in the differences that leads to children revealing themselves are not on the walls, etc.

Grade 2

C1.4 outline the basic stages of human development *(e.g., infant, child, adolescent, adult, older adult)* and related bodily changes, and identify factors that are important for healthy growth and living throughout life [PS]

> ***Teacher prompt:*** "When we look at growth and change throughout life, we can consider teachings from different cultures, including First Nation, Métis, and Inuit cultures, about the cycles of birth, life, and death. Different First Nations have different teachings and ceremonies for each life stage, and about growing and changes in roles and responsibilities at each stage. For example, the Anishinabe People teach about seven stages of life, and believe that at each stage, learning traditional teachings, such as the seven grand- father teachings, from family, community, and elders contributes to healthy growth and living."

Once again the depth of detail with respect to human development is not clear. Some teachers will go into details with respect to body change or emotional changes that are not necessary at this time.

Re: Teacher Prompt - examination of different cultures, may be in conflict with other cultures. Interesting to note that we can talk about native spirituality- 'cycles of birth', and 'ceremonies for native cultures' - but not about teachings of other faith cultures that are dominant in the community.

NOTE – the curriculum objectives state that children are to see themselves in the curriculum. This should also apply to the traditional faith cultures.

Grade 3

. C3.3 describe how visible differences *(e.g., skin, hair, and eye colour, facial features, body size and shape, physical aids or different physical abilities, clothing, possessions)* and invisible differences *(e.g., learning abilities, skills and talents, personal or cultural values and beliefs**, gender identity, sexual orientation**, family background, personal preferences, allergies and sensitivities)* make each person unique, and identify ways of showing respect for differences in others [PS, IS]

Although not openly stated in grades 1, & 2, the concept of different families based upon sexual orientation, and introduction to gender identity will, likely be introduced prior to grade 3. This has happened in previous grades through story time and supports the equity requirements of the curriculum.

Instruction in gender identity, gender fluidity. This is a theory that gender has little to do with your physical anatomy and more to do with the clothes you wear, music you listen to, and the activities you participate in. Children at an early age are encouraged to consider whether they want to be a boy or a girl.

There is great concern this teaching will lead to increased sexual confusion in the minds of children, and is in conflict with the teachings of many faith groups – further reason why parents need to be involved and help children to understand how this information applies to them as people of faith.

This is too complex for an 8 year old. At this age we respect the choices children make without encouraging experimentation – ie stories such as Morris Wickwite and the Tangerine Dress.

Often Equity department activities focus on gender identity and LGBT issues, and undermine other people's choices. We have no problems with the expectation that we need to learn to respect everyone – but the application is often not balanced (eg Pink shirt day), nor presented in a way that respects the choices of others.

Grade 4

Personal Safety

C1.2 identify risks associated with communications technology *(e.g., Internet and cell phone use, including participation in gaming and online communities and the use of text messaging)*, and describe precautions and strategies for using these technologies safely [IS]

C1.3 describe various types of bullying and abuse *(e.g., social, physical, verbal)*, including bullying using technology *(e.g., via e-mail, text messaging, chat rooms, websites)*, and identify appropriate ways of responding [IS]

. ***Teacher prompt:*** "What is an example of social bullying? Physical bullying? Verbal bullying?"

. ***Student:*** "Social bullying could include leaving someone out of the group, refusing to be someone's partner, spreading rumours in person or online, or totally ignoring someone. Physical bullying could include pushing someone, pulling hair, or knocking a person down. Verbal bullying could include **name calling, mocking, teasing about appearance, including weight, size, or clothing, and making sexist, racist, or homophobic comments in person or online**. Any of these kinds of bullying could cause emotional pain." **-• • • • •**

Teacher prompt: "In cases of abuse, it is not uncommon for the person being abused to know the person who is abusing them. If a friend told you that she had a secret and that she was being abused, how could you help?"

Student: "I would tell my friend to ask an adult that she trusts so that she can get help. I would listen and be there to support my friend."

In the list of reasons for bullying, there is an **omission of religious bullying**. Religiously motivated persecution is the second most common form of hate crime / bullying (29%, Stats Canada), only surpassed by racially motivated hate crimes (54%)

Children learn that social bullying includes making homophobic comments. The curriculum defines homophobia as " a negative bias, which may be overt or unspoken and which may exist at an individual and/or a systemic level, towards people who are lesbian, gay, bisexual, or transgender (LGBT)".

In other words, if I believe that homosexuality is not the healthiest lifestyle, and the medical, psychological, sociological evidence supports that then, I am homophobic. Even if I respect and accept people who are gay treat them fairly. The message in school will be, "if you have any other values, even if they are supported by evidence, and you respect the choices of these people, you are wrong." This curriculum is not equitable, and does not respect the varied cultures and worldviews of the province.

Human Development and Sexual Health

- **C1.5** describe the physical changes that occur in males and females at puberty *(e.g., growth of body hair, breast development, changes in voice and body size, production of body odour, skin changes)* and the emotional and social impacts that may result from these changes [PS]

- ***Teacher prompt****:* "What can change socially as you start to develop physically?"
- ***Student:*** "Relationships with friends can change, because sometimes people start being interested in different things at different times. **Some people start 'liking' others. They want to be more than 'just friends' and become interested in going out**. Sometimes people treat you as if you are older than you actually are because of how you look. Sometimes classmates, friends, or family make comments or tease you about the changes."

- ***Teacher prompt:*** "Some cultures have **traditions associated with puberty that mark the transition from childhood to adulthood**. Can you give me some examples of these?"
- ***Student:*** "**In Judaism, a bar mitzvah or bat mitzvah is celebrated at age thirteen, when a boy or girl comes of age, according to religious law, and can now participate as an adult in the religious life of the community. Many Aboriginal societies have rites of passage that signal that adolescent boys and girls are ready to take on adult roles in society."**

Liking other, more than just friends: Beginning in grade 4 (age 9)to discuss 'liking' others who want to be more than just friends, become interested in going out. In a non-discriminatory classroom this would include discussion related to liking people of the same and different gender.

In light of the vision of Comprehensive Sex Education – to help children to determine and express their sexuality, this should be of concern.

Traditions associated with puberty: Different cultures have different guidelines and values.
If we are going to talk about 'puberty traditions' associated with groups that barely exist in our public schools (Judaism) we need to address puberty traditions in Islam, various Christian cultures, Budhism, etc.

Grade 5

Human Development and Sexual Health

. C1.3 identify the parts of the reproductive system, and describe how the body changes during puberty [PS]

. C1.4 describe the processes of menstruation and spermatogenesis, and explain how these processes relate to reproduction and overall development

Personal Safety and Injury Prevention

C2.2 demonstrate the ability to deal with threatening situations by applying appropriate living skills *(e.g., personal skills, including self-monitoring and anger management; interpersonal skills, including conflict resolution skills; communication skills, including assertiveness and refusal skills)* and safety strategies *(e.g., having a plan and thinking before acting; looking confident; being aware of their surroundings and of people's body language, tone of voice, or facial expressions; seeking help; drawing on cultural teachings, where appropriate, to analyse situations and develop responses)* [PS, IS, CT]

Teacher prompt: "What strategies could you use in a situation where you were being harassed because of your sex, **gender identity**, **sexual orientation, gender expression**, body shape, weight, or ability?"

Teacher prompt: **"**How might the **medicine wheel concept,** which is used in some First Nation teachings, help you to consider strategies for personal safety?"

Student: "The four elements of the medicine wheel can help me think about my safety and well-being in terms of my physical, emotional, spiritual, and mental health."

Students are learning about the process of reproduction, but fetal development is nowhere to be found in the curriculum.

What had been learning about sexual reproduction has become SEX ACTIVITY EDUCATION. Once again we talk about the sexual activity, but not development within the reproduction process. WHICH IS HOW THE SPECIES CONTINUES TO EXIST – but it appears there is an intentional avoidance of this topic.

Gender identity, gender expression - To be able to answer, children will need to have been taught gender expression. This is a theory, taught as fact. Once again leading to potential sexual confusion

Medicine wheel concept - native spirituality is legitimized…. but other faiths are ignored when it comes to helping them to connect their faith to the learning expectation

Grade 6

Human Development and Sexual Health
C2.5 describe how they can build confidence and lay a foundation for healthy relationships by acquiring a clearer understanding of the physical, social, and emotional changes that occur during adolescence *(e.g., **physical:** voice changes, skin changes, body growth; **social:** changing social relationships, increasing influence of peers; **emotional:** increased intensity of feelings, new interest in relationships with boys or girls, confusion and questions about changes)* [PS]

Teacher prompt: "Things like wet dreams or vaginal lubrication are normal and happen as a result of physical changes with puberty. **Exploring one's body by touching or masturbating is something that many people do and find pleasurable**. **It is common and is not harmful and is one way of learning about your body."**

MASTURBATION

Once again we live in a multi-cultural, multi-worldview society where there is a range of beliefs about issues such as masturbation. Some very traditional orthodox conservative faiths have learned through experience that this, practice can be very negative. It can lead to interference with intimacy, it can lead to addictions that are very difficult to address. This group does not try to impose their position on others, but they have found that from experience this is best discouraged, and chooses to embrace this as part of their teachings. It would seem that sex education is not flexible to respect the choices made by these groups that are based upon sexual life-experience.

- It is interesting that we say there is not problem with masturbation, but even Ask Men ezine (ca.askmen.com/dating/dzimmer_100/145_love_answers.html) and other webpages indicate that masturbation can become an addiction that can interfere with school, work, intimate releationships, etc.
- Edwina Revese, Sexual Addictions Therapist, Hawaii, shared that as we affirm masturbation, more children will use this as a way of dealing with stress and this will lead to increased addictions.

A clear yes is a signal of consent – the concept and practice of consent for sexual relations is being established.

C2.6 make informed decisions that demonstrate respect for themselves and others and help to build healthier relationships, using a variety of living skills *(e.g., personal and interpersonal skills; critical and creative thinking skills; skills based on First Nation, Métis, and Inuit cultural teachings, such as medicine wheel teachings connected to the four colour or seven grandfather teachings, or other cultural teachings)* [IS, CT]

- ***Teacher:*** "What communication skills can help you send information, receive information, and interpret information in an effective way in a relationship?"
- ***Student:*** **"Being respectful but clear about your ideas and feelings; listening actively; interpreting body language, tone of voice, and facial expressions; respecting signals of agreement or disagreement and consent or lack of consent; and negotiating – all these are important skills. A clear "yes" is a signal of consent. A response of "no", an uncertain response, or silence needs to be understood as no consent."**

- ***Teacher:*** "**What should you consider when making any decision regarding a relationship**?"
- ***Student:*** "My comfort level, my personal and family values, my personal limits, and the limits and comfort of others are some of the things I should consider."

- ***Teacher:*** "**Changing or ending relationships** can be difficult. What are some ways to deal positively with changing or ending relationships?"
- ***Student:*** "Talk about how you feel with someone you trust. Think about what you can learn from the situation that you can apply in the future. Remember that although the hurt feelings can be very intense at the beginning, you will start feeling a little better over time. If you are the one ending the relationship, treat the other person with respect and consider how they may be feeling. Try to explain how you feel. Ending a relationship over the phone or online may not be a sensitive approach."

Things to consider when making a decision about a relationship - There is not even consideration of the goal of long term, monogamous relations. This is not even a desire.

Changing or ending relationship - As a matter of fact, students are being counseled on how to "end relationships amicably'. Are we preparing our children for serial relationships throughout life.

C3.3 assess the effects of **stereotypes, including homophobia and assumptions regarding gender roles and expectations, sexual orientation, gender expression**, race, ethnicity or culture, mental health, and abilities, on an individual's self-concept, social inclusion, and relationships with others, and propose appropriate ways of responding to and changing assumptions and stereotypes [PS, CT]

Teacher prompt: "Can you give examples of some stereotypes that might have a negative effect on a person's self-concept and social inclusion? What can we do to change stereo- types and discrimination?"

Students: "Stereotypes are usually formed when we do not have enough information. We can get rid of a lot of stereotypes just by finding out more about people who seem different. By being open-minded, observing and listening, asking questions, getting more information, and considering different perspectives, we can work to change stereotypes. We can **understand people's sexual orientations better, for example, by reading books that describe various types of families and relationships**. Not everyone has a mother and a father – someone might have two mothers or two fathers (or just one parent or a grand- parent, a caregiver, or a guardian). We need to make sure that we **don't assume that all couples are of the opposite sex, and show this by the words we use**. For example, we could **use a word like 'partner' instead of 'husband' or 'wife'**. We need to be inclusive and welcoming." …

Use words like partner instead of husband or wife - Agreed, we need to be respectful of others, however this is working to change the structure of family, and many, even those in broken relationships, question the merit in this approach.

There is significant research demonstrating the importance and relevance of the family – undermining this important social structure is disrespectful of so many cultures.

Grade 7

Human Development and Sexual Health

C1.3 Explain the importance of having **a shared understanding with a partner** about the following: **delaying sexual activity until they are older (*e.g., choosing to abstain from any genital contact; choosing to abstain from having vaginal or anal intercourse; choosing to abstain from having oral-genital contact*)**; the reasons for not engaging in sexual activity; **the concept of consent and how consent is communicated; and, in general, the need to communicate clearly with each other when making decisions about sexual activity in the relationship**

Teacher prompt: **"The term *abstinence* can mean different things to different people. People can also have different understandings of what is meant by having or not having sex. Be clear in your own mind about what you are comfortable or uncomfortable with. Being able to talk about this with a partner is an important part of sexual health. Having sex can be an enjoyable experience and can be an important part of a close relationship when you are older. But having sex has risks too, including physical risks like sexually transmitted infections – which are common and which can hurt you – and getting pregnant when you don't want to. What are some of the emotional considerations to think about?"**

Personal Safety and Injury Prevention

C1.1 describe benefits and dangers, for themselves and others, that are associated with the use of computers and other technologies *(e.g., **benefits:** saving time; increased access to information; im- proved communication, including global access; **dangers:** misuse of private information; identity theft; cyberstalking; hearing damage and/or traffic injuries from earphone use; financial losses from online gambling; potential for addiction)*, and identify protective responses

Teacher prompt: "**Sexting –** or the practice of sending explicit sexual messages or photos electronically, predominantly by cell phone – is a practice that has significant risks. What are some of those risks**? What can you do to minimize those risks and treat others with respect?"**

Students: "Photos and messages can become public even if shared for only a second. They can be manipulated or misinterpreted. If they become public, they can have an impact on the well-being of the persons involved, their future relationships, and even their jobs. There are also **legal penalties for anyone sharing images without consent.**" "**You shouldn't pressure people to send photos of themselves. If someone does send you a photo, you should not send it to anyone else or share it online, because respecting privacy and treating others with respect are just as important with online technology as with face-to-face interactions."**

Sexting - The message…sending sexual pictures of oneself (sexting) is ok, but recipient should not forward them without permission, respect the person.

Shared understanding with a partner – The entire section is affirming any sexual activity that a couple choose, as long as they consent.

- school is affirming various sexual activity if the child so chooses. No boundaries are being reinforced including for high risk anal sex. .

Abstinence – the definition is up to you, and that can change depending on you and your partner.

But in the end it still affirms – have sex if you are ready!

How does a 12 year old know if they are ready? Neurological research demonstrates children do not make decisions based on information but emotion – there is little else that is more emotional than sex.

C1.5 identify **ways of preventing STIs, including HIV, and/or unintended pregnancy**, such as delaying first intercourse and other sexual activities until a person is older and using con- doms consistently if and when a person becomes sexually active

Teacher prompt: "**Engaging in sexual activities like oral sex, vaginal intercourse, and anal intercourse means that you can be infected with an STI.** If you do not have sex, you do not need to worry about getting an STI. (By the way, statistics show that young people who delay first intercourse are more likely to use protection when they choose to be sexually active.) **If a person is thinking of having sex, what can they do to protect themselves?"**

Student: "They should go to a health clinic or see a nurse or doctor who can provide important information about protection. **People who think they will be having sex sometime soon should keep a condom with them so they will have it when they need it.** They should also talk with their partner about using a condom before they have sex, so both partners will know a condom will be used…..' If you do have sex, it is important that you use a condom every time, because condoms help to protect you against STIs, including HIV, and pregnancy." **-••••**

Teacher prompt: "**HIV (Human Immunodeficiency Virus) is a serious viral infection that can be controlled with treatments. HIV attacks the cells in the body that help to fight infections until they are no longer able to do their job. With treatment, the damage that HIV does to the body's immune system can be slowed or prevented. But HIV infection cannot be cured**. The only way to know if you have HIV is to get an HIV test. Today, when people get tested for HIV early in the infection and access HIV treatments, they have the opportunity to live a near-to-normal lifespan. HIV can lead to AIDS (Acquired Immune Deficiency Syndrome), a state of health in which a person's immune system has been weakened by HIV and the person can no longer fight other infections. It is common for a person with AIDS to develop other infections, such as pneumonia or some kinds of cancer. **HIV can be transmitted whether or not someone has symptoms of the infection. However, HIV treatment can reduce the amount of HIV in someone's body to the point where it is much less likely that HIV will be transmitted.** HIV transmission results from specific activities and does not occur through everyday contact with someone living with HIV/AIDS. What are some of the ways a person can be infected with HIV, and what can be done to prevent the transmission of HIV?"

Student: "**HIV is transmitted through contact with bodily fluids – semen, blood, vaginal or anal fluid, and breast milk**. HIV cannot live outside the body. For you to be infected, the virus must enter your bloodstream. That can happen through the sharing of needles as well as **through unprotected sexual intercourse, which is the most common method of infection**. **To prevent the transmission of HIV, avoid behaviours associated with greater risks of HIV transmission, like vaginal or anal intercourse without a condom** and injection drug use. It is **very important that you use a condom if you do have sex.** Avoid sharing drug use equipment or using needles that have not been sterilized for any purpose, including piercing, tattooing, or injecting steroids. **One of the best things you can do to stop HIV is to stop the stigma that is associated with having the infection.** Gossiping about someone with HIV or avoiding everyday contact with them makes it more challenging for people to tell others that they have HIV or to get tested for HIV. These things make it easier for HIV to spread."

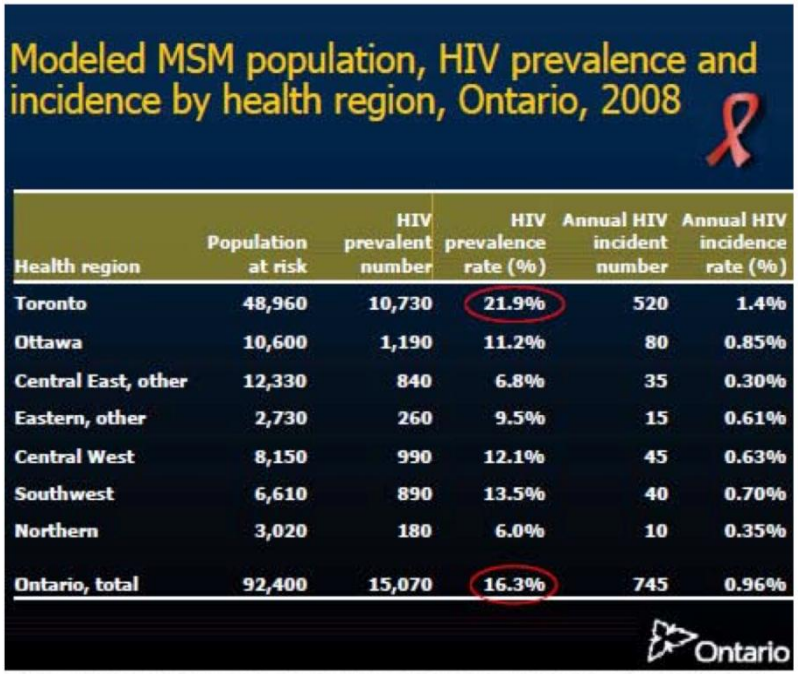
Preventing STIs – presents a false sense of security regarding condom use.

- Students are NOT told:
- that HPV and HSV can be transmitted even with a condom.
- the failure rate of condoms with anal sex.
- Increase in HPV of the throat, increase in throat cancer in teens.
- HPV is incurable. That you will have to have the genital warts frozen off every so many months, etc. – and that it wrecks your sex life later because your spouse fears getting it.
- 40% of college students have HPV
- 50% of all STI infections are 15 – 24 year olds
- CDC says that 92.8% of all male teen (13 – 19 year old) hiv infections in the USA were as a result of male anal sexual activity. But we cannot tell children this because it is discriminates against a sexual orientation for which this activity is common
- To do so is deemed discriminatory – but it is medically accurate information.

RE: HIV & Anal Sex

We are giving children false hope – HIV is controllable with treatments. What about costs, etc.. The comments suggest a false sense of security if you use a condom

Anal intercourse should be seriously discouraged. It is the most efficient way of transmitting HIV. Epidemiologosts predicts that 50% of men who have sex with men will contract HIV The Ontario government publishes an HIV report every 4 years. The 2008 report found that in Toronto 1 in 4 men who have sex with men (homosexual or bisexual) are HIV positive. The incident increase of the infection rate indicates that by 2012 almost 1 in 3 in the MSM population will be HIV positive. This is a serious health risk. And the reason it is not shared in curriculum is because it would be deemed offensive information for those who engage – and could lead to discrimination – ie students choosing not to engage.



Modeled MSM population, HIV prevalence and incidence by health region, Ontario, 2008

Health region	Population at risk	HIV prevalent number	HIV prevalence rate (%)	Annual HIV incident number	Annual HIV incidence rate (%)
Toronto	48,960	10,730	21.9%	520	1.4%
Ottawa	10,600	1,190	11.2%	80	0.85%
Central East, other	12,330	840	6.8%	35	0.30%
Eastern, other	2,730	260	9.5%	15	0.61%
Central West	8,150	990	12.1%	45	0.63%
Southwest	6,610	890	13.5%	40	0.70%
Northern	3,020	180	6.0%	10	0.35%
Ontario, total	92,400	15,070	16.3%	745	0.96%

Ontario

The epidemiology of HIV infection among MSM in Ontario:
The situation to 2009 Robert S. Remis, Juan Liu , Ontario HIV Epidemiologic Monitoring Unit Dalla Lana School of Public Health University of Toronto

Grade 7

Human Development and Sexual Health

C1.**4 identify and explain factors that can affect an individual's decisions about sexual activity** *(e.g., previous thinking about reasons to wait, including making a choice to delay sexual activity and establishing personal limits; perceived personal readiness; peer pressure; desire; curiosity; self-concept; awareness and acceptance of gender identity and sexual orientation; physical or cognitive disabilities and possible associated assumptions; legal concerns; awareness of health risks, including risk of STIs and blood-borne infections; concerns about risk of pregnancy; use of alcohol or drugs; personal or family values; religious beliefs; cultural teachings; access to information; media messages)*, **and identify sources of support regarding sexual health** *(e.g., a health professional [doctor, nurse, public health practitioner], a community elder, a teacher, a religious leader, a parent or other trusted adult, a reputable website)* [PS]

Teacher prompt: **"How would thinking about your personal limits and making a personal plan influence decisions you may choose to make about sexual activity?"**

This discussion intentionally affirms all sexual relations, homosexual, bisexual, heterosexual, etc. It will not include affirmation of any relation that is healthiest – no matter the medical, social, psychological, data. It completely disregards the evidence that waiting for a committed relationship leads to a stronger, healthier life long relationship, as discriminatory – yet CSE claims to be evidence based.

This discussion will require equal consideration for all dating relationships, all sexual orientations.
Affirms all behaviours – does not place boundaries. Children (and adults) need boundaries. The reference to how this relates to your personal values seems good …

C1.**5 demonstrate an understanding of gender identity** *(e.g., male, female, two-spirited, transgender, transsexual, intersex)***, gender expression, and sexual orientation** *(e.g., heterosexual, gay, lesbian, bisexual)*, **and identify factors that can help individuals of all identities and orientations develop a positive self-concept** [PS]

Gender Identity conflicts entirely with our experience that there are males and females. We accept that that some males have interests that may be typically female in nature, and females may have interests that are typically assigned to males. We accept and respect this - but our children are discouraged from actually embracing the role of their non-biological gender.

We believe that although this is accepted by some people, the science does not yet prove this is the healthiest position. Our faith is based upon experience – which is supported by the science.

Political correctness of gender identity is not based upon medical, psychological, sociological evidence that this leads to a stronger society.

We are not opposed to parent who believe their child's gender is different – we merely ask to have our position respected as well. This is not discrimination; it is a healthy position to wait for the evidence.

Human Development and Sexual Health

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.**"

NOTE – due to the fact that the curriculum cannot discriminate due to sexual orientation – children will not be told the high risks (e.g. 4000% higher risk of HIV infection for males if they engage in anal sex) because to do such is in offensive/discriminatory.

NOTE – this is referring to sexual activity. Therefore is affirming sexual activity for our children. No boundaries are even being recommended – it is all up to the child.

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Note – although the document states parents are the primary educators (stated elsewhere in document) there is nowhere in the document where students are to engaged with their parents on this issue – it is always up to the child!!! Who is being influenced by the adults at school.

This will also be applied to all sexual situations for our children.

Human Development and Sexual Health

C3.3 analyse the attractions and benefits associated with being in a relationship (*e.g., support, understanding, camaraderie, pleasure)***, as well as the benefits, risks, and drawbacks, for themselves and others, of relationships involving different degrees of sexual intimacy (***e.g., hurt when relationships end or trust is broken; in more sexually intimate relationships, risk of STIs and related risk to future fertility, unintended pregnancy, sexual harassment and exploitation; potential for dating violence)* **[IS, CT]**

Teacher prompt: "There are pros and cons to being in a relationship, and when you are in a relationship, there are positive things and drawbacks associated with different levels of intimacy. All of them are important to think about. **There is a range of intimate behaviours that people can use to show caring and connection in a relationship, and different levels of risk associated with different levels of intimacy. Intimate behaviours can include holding hands, hugging, kissing, touching bodies and genitals, and engaging in sexual intercourse. When considering the level of intimacy that is appropriate for their relationship, what does a couple need to think about?"**

Student: **"Both individuals need to consider their own values and beliefs and treat each other's choices and limits with respect.** If one partner chooses to abstain from a sexual activity – for example, a person might want to kiss but not want to have any genital contact – the other partner needs to respect that decision. Both partners need to have the confidence and comfort level to talk about how they can show their affection while respecting each other's decisions."

Teacher: **"Being intimate with someone includes having a good understanding of the concept of consent. What are some of the important things that we need to understand about consent?"**

Student: **"Consent to one activity doesn't imply consent to all sexual activity. It is import- ant to ask for consent at every stage. Consent is communicated, not assumed. You can ask your partner simple questions to be sure that they want to continue: 'Do you want to do this?' or 'Do you want to stop?' A 'no' at any stage does not need any further explanation."**

This approach provides unrealistic, inaccurate confidence in condoms to prevent STI's Unfortunately HPV and HSV are not preventable with a condom.

1. **Condoms have failure rates that end in HIV infections and cannot be fully relied upon to prevent AIDS.**
    - A study by the Allan Guttmacher Institute found that in the prevention of pregnancy, condoms failed 25.8 percent of the time over a two-year period when used by children under the age of 18**.**
    - Approximately one in five teens who are sexually active and use condoms becomes pregnant in one year
2. **Please note:** The two studies above measured condom failure ending in pregnancy, not a sexually transmitted infection. Pregnancy can only occur during 5 to 7 days of a woman's 28-day cycle, but an STD/HIV infection can occur at any time
3. during a woman's cycle. In other words, the rate of condom failures resulting in STDs such as HIV would likely be much higher than the pregnancy rates, but only pregnancy rates were measured in these studies.
4. Condoms failed to prevent the transmission of HIV 15 to 31 % of the time.

Student are not told that they can become infected with HPV and Syphilus even if they wear a condom. '

Teachers are not able to share that anal sexual activity leads to a 4000% increase in HIV infection rates, nor about the breakage rate of condoms because to do so is perceived as discrimination against a sexual orientation.
By Gr. 8 students are to develop their own sexual activity plan/guideline. The approach has no limitations or boundaries. No encouragement/recommendations to students to delay sexual activity. To do so would be discriminatory of family situations where those limits are not practiced. This is directly/indirectly affirming sexual activity by authorities.

Parents must realize that students are affirmed to respond to feelings of same sex /bisexual attractions.

DANGER – when students are this age, most of their friends tend to be of the same gender. At times there may be attractions of feelings that may go beyond friends. In the past we were able to encourage children to wait, to see if these feelings pass. Now they are being encouraged to act on these feelings declaring themselves homosexual, or bisexual at an early age – this could be very detrimental. But teachers are told they must honor the feelings expressed and not to interfere – even with logical counselling encouraging the child to wait to determine if these feelings/attractions continue.

Consent is very clearly explained. Children are being coached on negotiating for sexual activity.

Students are being told to consider the level of intimacy that is appropriate for them. There is no connection to the home, parents, faith,

You are telling kids, it is up to them when they get emotionally involved, but then be sure to control yourself … adults have difficulty with this. Is this a realistic message for 12 and 13 year olds?

Students, and adults, need boundaries – there are no boundaries provided for our children in this curriculum – only what a child decides.

Bottom Line

Our children will be exposed to sexual information; often at an early age.

Our question should be, who should be guiding them.

What does scripture say?

Proverbs 22:6 Train up a child in the way he should go; even when he is old he will not depart from it.

Ephesians 6:4 Fathers, do not provoke your children to anger, but bring them up in the discipline and instruction of the Lord.

Proverbs 13:24 Whoever spares the rod hates his son, but he who loves him is diligent to discipline him.

Proverbs 29:15 The rod and reproof give wisdom, but a child left to himself brings shame to his mother.

Deuteronomy 6:6-7 And these words that I command you today shall be on your heart. You shall teach them diligently to your children, and shall talk of them when you sit in your house, and when you walk by the way, and when you lie down, and when you rise.

What does secular research say…
American Academy of Child and Adolescent Psychiatry states that the healthiest place for a child to learn about sexual health is from a parent with proper resources. Resources are needed to overcome the sensitivities. Children who learn this from home significantly delay sexual activity.

The P.E.A.C.E. approach is to assist the church to empower parents with the resources to disciple their children.