Sexual Health Education (SHE) in Ontario: Exploring a Sample of the Public Discourse Surrounding the 2015 Update to Ontario’s Human Development and Sexual Health Curriculum

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Abstract

In an increasingly hypersexualized culture, Canadian youth face challenges (e.g., increased risk for unwanted pregnancy and sexually transmitted infections, social ostracization and bullying, and mental health challenges) associated with sexuality and sexual health (Brady & Halpern-Felsher, 2007; Drouin, Ross, & Tobin, 2015; Public Health Agency of Canada [PHAC], 2008) on their way to adulthood. The need for relevant sexual health education that helps youth make healthy and informed choices is well established (Bourke, Boduszek, Kellher, McBride, & Morgan, 2014; Frappier et al., 2008; Reis, Ramiro, Matos, & Diniz, 2011). Ontario, as part of its ongoing comprehensive curricular review and revision processes, updated the Human Development & Sexual Health curriculum, a central component of the province’s Health and Physical Education curriculum. The comprehensive revision to the Human Development & Sexual Health curriculum released initially in 2010, and again in 2015, was met with both support and controversy. The purpose of this research study was to explore a portion of the public discourse surrounding the province of Ontario’s 2015 update to the Grades 1 through 8 Human Development & Sexual Health curricula. Specifically, the research investigated documentation from six key stakeholder groups: i) news organizations; ii) parents; iii) field-related professionals; iv) non-governmental organizations; v) lobby groups; and vi) the provincial government. Using qualitative document analyses techniques, data sources were described and analyzed. An identification and summary of main themes are offered. Finally, implications for future educational policy reforms and recommendations for future research are addressed.
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CHAPTER ONE: INTRODUCTION TO THE STUDY

The focus of this thesis is twofold: i) first, the study explores the public discourse surrounding the province of Ontario’s 2015 update to the Grades 1 to 8 Human Development and Sexual Health (HD & SH) curriculum; and ii) second, it analyzes and describes said discourse utilizing content analyses methods.

Definition of Terms

This study routinely employs the terms listed below. Therefore, each warrants specific definition prior to delving into the topic under exploration further.

Human Development and Sexual Health (HD & SH) Curriculum

Referred to as HD & SH curriculum throughout this document for brevity, human development and sexual health curriculum refers to the component of Ontario’s Health and Physical Education (HPE) curriculum that covers aspects of knowing how to be personally safe and healthy. This includes topics such as hygiene, healthy relationships, identity, affection and pleasure, contraception and disease prevention, and online safety, amongst others (Ontario Ministry of Education [OME], 2015).

Public Discourse

Public discourse refers to a means of understanding the values and opinions that individuals and groups in a society hold regarding publicly relevant issues through various forms of communication. In brief, this communication forms the public opinion (Adolphsen, 2014).

Sexual Health Education

Abbreviated in this study to SHE, sexual health education refers to curriculum and classroom instruction on issues related to topics of sex and sexuality.
Healthy Informed Choice

In the context of this study, a *healthy informed choice* is a decision that one makes about their sexual health in order to maximize their physical, mental, and social well-being (World Health Organization [WHO], 2019). This decision is made after understanding the advantages and disadvantages of all possible options, in accordance with one’s beliefs (Jepson, Hewison, Thompson, & Weller, 2005).

**Background of the Problem**

Contemporary youth now grow up in a *hyper-sexualized* culture; that is, sex and sexuality are normalized aspects of their lives. The roots of hyper-sexualized culture stem from a period of sexual liberation in the 1960s and 1970s, where ideologies of sex and sexuality began to challenge and extend beyond the traditional views of rigid gender roles that adhered to heterosexual, monogamous relationships. The 1960s and 1970s were a period of social change where individuals, specifically youth, began to reject such traditional gender and family roles; consequently, these decades saw an increased tolerance of sex outside of monogamous relationships (Hutchinson Grondin, 2015). In 1969, Canada’s Prime Minister – Pierre Trudeau – legalized the distribution of contraceptives and birth control, which further contributed to the shifting values surrounding sexuality of the time (Hutchinson Grondin, 2015). In turn, a wider acceptance of premarital sex, differing sexual orientations, alternative forms of sexuality, and the legalization of abortions, contraception, and the birth control pill accompanied the sexual revolution.

Prior to this shift in social and cultural attitudes of sexuality, understandings stemmed from traditional Christian values, such as nuclear family structures, traditional gender roles, and heteronormative sexual norms. The trend of sexual liberation that shattered these traditional
values has continued into the present day, where various forms and expressions of sex and sexuality continue to become more widely accepted.

This cultural shift towards sexual liberation has undoubtedly helped advance the rights of marginalized groups in society. However, in turn, it has also enabled the media to expose youth to increasingly unprecedented amounts of sexual imagery – which are readily available to children and youth regardless of their interest or invitation. Both the media, as well as peer relationships, heavily influence the social sexualization of youth (Tolman & McClelland, 2011); they each play a significant role in the development of youths’ understandings of the cultural and societal norms surrounding sex and sexuality. In turn, youth frequently access both as primary sources of sexual health information. For instance, many youth report informal sources, such as their best friends and peers, as being more useful when seeking out sexual health information, as opposed to more formal SHE (Whitfield, Jomeen, Hayter, & Gardiner, 2013).

Despite the increased visibility of sexuality and young people’s attempts at seeking out information through various channels, barriers still remain that hinder most young people from obtaining sexual health information that is relevant to their personal experiences (Frappier et al., 2008). Due to some of these channels providing unreliable information to youth in their quest to explore sex and sexuality, sexual health knowledge gaps exist – and continue to persist. For instance, young adults are increasingly likely to: believe that there is a cure for AIDS, and be unfamiliar with HIV blood testing (Boyce, Doherty, Fortin, & MacKinnon, 2003); be uncertain about proper condom use (Boyce et al., 2003); believe that the birth control pill protects against some sexually transmitted infections (STIs) (White, Kelly, Oliver, & Brotman, 2007); and have inaccurate information about emergency contraception (Kumar, Rodrick, Langford, Seabrook, Speechley, & Lynch, 2013). These are but a few of the knowledge gaps that may render young
people vulnerable to experiencing the adverse effects of sexual behaviours including pregnancy, STIs, and negative emotional and psychological outcomes such as guilt, shame, and interpersonal conflict (Brady & Halpern-Felsher, 2007; Public Health Agency of Canada [PHAC], 2008). In addition, the period of sexual liberation in the 1960s and 1970s introduced a cultural shift that contributed to an increased urgency amongst parents, educators, health professionals and organizations, and the government for SHE that is both relevant and effective in order to address the sexual health knowledge gaps recognized in children and youth (Hutchinson Grondin, 2015).

With education in Canada being publicly funded, an implicit social contract exists, indicating that the public places value educating youth – ultimately, in order to facilitate their ability to contribute to, and progress, society as they develop into citizens. Traditionally, the social contract of education has been teaching students to be contributing members of society and to promote democracy; however, a social shift in the contract now also emphasizes the healthy development and well-being of students (Froese-Germain, 2012). Providing SHE in the classroom that is evidence-based both has the potential to reinforce and contribute to this new social contract, as it provides students with an equal opportunity to access information about their healthy sexual development. Public schools have been recognized as the cornerstone of SHE (PHAC, 2008): schools are the only formal public institution that have meaningful and mandatory contact with children and youth, meaning that what students learn in the classroom has the potential to have a lasting impact on them through their development of knowledge, skills, and attitudes. Thus, schools are in a unique position to help instil the skills, knowledge, and attitudes that are necessary for youth to make healthy and informed decisions that promote their sexual health (PHAC, 2008).
In general, incorporating SHE into schools is widely supported amongst teachers, parents, and students (McKay, Byers, Voyer, Humphreys, & Markham, 2014). However, there remains controversy as to the content, nature, and timing of SHE in schools (Weaver, Byers, Sears, Cohen, & Randall, 2002). Sex and sexuality are socially constructed, and underpinned by issues of morality, religion, and social norms; that is, ideologies of sex and sexuality are not universal, and each individual experiences and perceives this aspect of life in unique ways. As such, there is disagreement surrounding the sexual health information that a government-mandated curriculum should disseminate to students. Some believe that school-based SHE should be limited, for instance, to the biological facets of sex including human anatomy and physiology, reproduction, and STIs, and emphasize messages of abstinence, while others are in favour of a more comprehensive, “sex-positive” approach to sex including issues of gender, healthy relationships, and sexual orientation (Ketting & Winkelmann, 2013).

**Statement of the Problem**

The following section will outline four crucial components that contextualize and explain the problem explored in this study:

i) Curriculum in Ontario;

ii) SHE in Canada;

iii) Trends in SHE in Ontario; and

iv) Controversy over the HD & SH curriculum.

**Curriculum in Ontario**

Educational curriculum has a variety of interpretations and connotations that ultimately impact its development, implementation, and reception by educational stakeholders including administrators, teachers, students, parents, and the public at large. There are three commonly
recognized levels of curriculum: The *planned curriculum* refers to the knowledge that is deemed worthy of disseminating to students, and is described through goals and objectives of a curricular document; The *enacted curriculum* refers to the interpretations and judgements that professionals make about the planned curriculum through its implementation; and the *experienced curriculum* refers to what happens in the classroom and the impact it has on students (Marsh, 2009).

For the purpose of this study, Ontario’s revised Grade 1 to 8 HD & SH curriculum refers to the *planned curriculum* that is set out by policy-makers. The educational curriculum in Ontario, including the HD & SH curriculum, is developed by the OME (2017) by making use of a curriculum review cycle. The curriculum review cycle includes the following five steps: i) research; ii) analysis and synthesis; iii) revision and feedback consultation; iv) editing and publication; and v) training and implementation. This review process is in place to ensure students receive the most up-to-date, evidence-based knowledge that is relevant to their lives, and that the content taught is developmentally appropriate for all students (OME, 2017). The curricula that the province develops are a means of holding teachers and administrators accountable for what educators teach in the classroom, ultimately to ensure that the messages delivered to students remain as consistent as possible across the province (OME, 2017). In short, the curricula act as a guideline for teachers to follow by outlining the specific goals and objectives that they must meet.

**SHE in Canada**

In Canada, the landscape of SHE varies across the country. Each province or territory is responsible for setting out curricular decisions – including those surrounding SHE (Robinson, MacLaughlin, & Poole, 2019). As such, there is a variance across the country in terms of the instructional time dedicated to SHE, as well as the content that is delivered to students. It was
suggested by Robinson et al. (2019) that Quebec and New Brunswick currently offer the least comprehensive SHE curriculum to students, while British Columbia, Yukon, Manitoba, and Ontario were referenced as provinces offering SHE that balanced all aspects of what is regarded as ideal components to effective SHE. Overall, there was a general acceptance and consistency for introducing topics such as valuing healthy relationships, skills and health for well-being, and human growth and sexual development (Robinson et al., 2019). Conversely, aspects of sex and sexuality such as diverse relationships, violence and staying safe, and values, rights, culture, and sexuality are underrepresented in many SHE curricula across the country (Robinson et al., 2019).

The 2015 update to Ontario’s HD & SH curriculum reflected areas of SHE that were typically underrepresented in Canadian classrooms. Despite the controversial nature of some of the proposed topics, they had been implemented in some elementary schools. For example, the HD & SH curriculum in Ontario requires Grade 6 students to identify the effects of stereotypes including gender roles, homophobia, and sexual orientation – a topic not previously addressed in Ontario’s 1998 curriculum (Ophea, 2013). Other provinces have already implemented these requirements in their sexual health curriculum, such as Manitoba and Alberta in 2002, and New Brunswick in 2001 (Ophea, 2013). Moreover, some provinces address these topics in their curricula as early as Grade 4 (Ophea, 2013). These topics had been implemented in classrooms in other provinces for more than 10 years prior to the 2015 iteration of Ontario’s HD & SH curriculum being implemented. Regardless of other provinces’ approaches to school-based SHE, however, Ontario’s HD & SH curriculum continues to be a controversial topic across the province for administrators, policy-makers, educators, parents, students, and the public at large.
Trends in Sexual Health Education in Ontario

In 2010, under the leadership of then Premier Dalton McGuinty, the OME introduced an update to the Grades 1-8 HPE curriculum that included a different approach to the HD & SH component. The HD & SH curriculum strived for a more comprehensive approach to SHE in an effort to account for the diversity seen in Ontario schools. Prior to the release of this update, teachers used a curriculum document from 1998 – one that focused mainly on the biological underpinnings of sex and sexual health, potentially leaving gaps in students’ desired sexual health knowledge. For example, results from the Toronto Teen Survey indicate that students wanted more information on healthy relationships, positive views of sexuality, and the Lesbian Gay Bisexual Transgender and Queer (LGBTQ) community – all of which the elementary version of the 1998 curriculum did not address (Larkin et al., 2017). Additionally, with the rise in the widespread use of smartphones, topics of sexuality in a world driven by technology were also not incorporated into the planned HD & SH curriculum from 1998 for elementary students (Larkin et al., 2017). These discrepancies are indicative that the 1998 iteration of HD & SH curriculum may not have aligned with the millennial youth culture.

Controversy in Human Development and Sexual Health Curriculum

The revised HD & SH curriculum, slated for implementation in 2010, introduced sexual health topics that provided a more comprehensive and inclusive view of sex and sexuality. Inclusive SHE recognizes the diversity amongst the target population, and accounts for the varying health needs of these different groups, such as students who identify as a sexual minority or students of various cultural or social groups who do not traditionally see their practices or beliefs reflected in the curriculum (PHAC, 2008). Topics such as sexual orientation, anal and oral sex, and the effects of homophobia, gender roles and expectations, and other stereotypes
were introduced in the updated curriculum (Ontario Physical and Health Education Association [Ophea], 2013). Teaching such topics and information, however, is in stark contrast to merely emphasizing the biological underpinnings of sex and sexuality and abstinence-centred SHE, which the 2010 iteration of the HD & SH did after Dalton McGuinty withdrew the proposed updates. As such, the new curriculum aroused controversy among parents and other educational stakeholders who favoured a biological perspective rooted in traditional understandings of sex and sexuality (Larkin et al., 2017). Consequently, due to public pressure, Premier McGuinty retreated on the policy and went forth with updates to all other areas of the HPE curriculum except for that concerning sexual health – thus leaving the HD & SH strand unchanged, with the expectations from the 1998 iteration intact (Howlett & Hammer, 2010).

In 2015, however, under the leadership of Premier Kathleen Wynne, an update to the HD & SH curriculum was reintroduced, and its implementation in classrooms made it the first update in 17 years since the 1998 revision (Ophea, 2013). The released HD & SH curriculum was comprised of topics that are nearly identical to those initially proposed in the 2010 revision. Yet again, however, the release of the updated HD & SH curriculum was met with criticism from some parents (Larkin et al., 2017). Despite the controversy, the Ontario provincial government proceeded with the release of the updates to the HPE curriculum, including the HD & SH component.

There were, again, conflicting views regarding the appropriateness of the new topics included in this curriculum, however, both in terms of the content covered as well as the age range for which students were to learn certain information (Lopez, 2015b). For instance, parents

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1 See Appendix A for a summary of the different topics by grade that were included in the revised HD & SH curriculum introduced in 2015.
and various lobby groups, such as the Campaign Life Coalition (CLC) and the Parents’ Alliance of Ontario for Better Education (PAOBE), voiced disapproval of the new curriculum, as it conflicted with their stated values and beliefs regarding premarital sexual relationships, family structures and gender identity, and the appropriate developmental stages in which discussions about sexual health should occur (Lopez, 2015b). Parents also voiced concern about the degree to which the parents of students were involved in the development of the curriculum (Mitchell, 2014). For instance, though consultations with parents were held by the OME in the development process for the new curriculum, some parents felt it was not comprehensive enough. The consultations held by the OME for the revised HD & SH curriculum began in 2007 and included the input of parents, health care professionals and experts, students, teachers, and leaders from cultural and religious groups (People for Education, 2015). The OME also held full-day consultations, where they consulted with 70 health organizations and 2,400 individuals (People for Education, 2015). Another round of consultations occurred in 2014 when a parent representative from each of Ontario’s 3,900 publicly funded elementary schools participated in an online survey about the curriculum (People for Education, 2015). While it is widely recognized that stakeholder engagement is a necessary aspect of curriculum development (Smith, 2003), there is no clear indication of the degree of consultation that can be deemed as ‘adequate’ consultation. In the context of Ontario’s HD & SH curriculum, there was contention on whether or not the parent consultations that occurred were satisfactory.

**Purpose of the Study**

The purpose of this thesis is twofold. First, the study explores the public discourse surrounding Ontario’s update to the Grades 1-8 HD & SH curriculum in 2015. Second, it analyzes and describes said discourse utilizing content analyses methods. The HD & SH
Sexual Health Education (SHE) in Ontario

Curriculum is an integral component of the Healthy Living strand within the revised Grades 1-8 HPE curriculum from 2015. Over the past number of years, school-based SHE in Ontario has generated much conversation and public debate (Larkin et al., 2017), particularly surrounding the elementary (Grades 1-8) curriculum. As this was the case, this thesis addresses the public discourse surrounding the elementary curriculum as opposed to the secondary curriculum. While there are various opinions regarding the most effective way to implement SHE in schools – and, in turn, regarding Ontario’s HD & SH curriculum – the intention of the curriculum is to prepare children and youth to make healthy and informed choices for themselves to lead healthy lives and promote healthy, active living (OME, 2015).

In order to achieve this overarching goal, it is necessary for all stakeholders to have an accurate understanding of the content and objectives of the HD & SH curriculum. This study provides a greater degree of clarity of how different stakeholder groups understand and value the Grade 1-8 HD & SH curriculum across Ontario, including policy-makers, school boards, teachers, and the general public. Through data collection and analyses, this study may serve as a means of clarifying the discussions surrounding the HD & SH curriculum that are occurring in the public forum, to help develop an understanding of diverse opinions about the curriculum. In order to accomplish this, this study aims to identify and describe the public discourse surrounding the updating and release of Ontario’s revised Grade 1-8 HD & SH curriculum between the years of 2010 and 2015 by leveraging various reports from media sources, policy-makers, and lobby groups. This data was analysed utilizing content analyses research techniques and describes and discusses the findings in detail.

Research Questions

This study addresses the following research questions:
i) What sources of information have comprised the public discourse surrounding the release and implementation of Ontario’s 2015 Human Development and Sexual Health (HD & SH) curriculum?

ii) How do members of the public come to interpret, understand, and value Ontario’s 2015 HD & SH curriculum, as expressed through the underlying themes in the discourse?

**Rationale**

In June 2018, Ontario elected the Progressive Conservative (PC) party into power under the leadership of Doug Ford, who has vowed to revisit and repeal the sexual health curriculum introduced in 2015 by the Wynne administration – once again, opening up the possibility of curriculum reform. As SHE is highly politicized, there are multiple barriers that prevent the stable implementation of SHE in Ontario schools. With the aforementioned controversy surrounding Ontario’s HD & SH curriculum, there is the potential that curricular changes may occur through a potential repeal, only three years after its initial implementation in 2015. This lack of stability and consistency in educational policy may hinder the successful implementation of the HD & SH curriculum, as new changes to curricula require time to train teachers and develop resources to support implementation. Without adequate time to do so, it may result in less effective implementation in the classroom. Consequently, an ineffective implementation of this curriculum in particular may hinder the objectives of developing the proper knowledge, skills, and attitudes for students to make informed choices about their sexual health – which can result in an increased risk for some of the adverse consequences associated with sex and sexuality.
The politicization of the HD & SH curriculum results in various stakeholders having influence over what is being taught in classrooms; thus, policy-makers, parents, and the general public each have input regarding the curricular content that is taught in public school classrooms. Though this is the case, with the education curriculum set out by the governing political party, any curriculum is subject to reflect the values and ideologies of that particular party. An exploration and analysis of the various sources contributing to the discourse and rhetoric surrounding Ontario’s sexual health curriculum may provide insight into the public’s opinions, values, and knowledge of comprehensive SHE in Ontario schools. In turn, this research may guide policy-makers in their proactive efforts to create curricula and messaging that serve the greater good and ensure that teachers of HPE curriculum can support their students in making evidence-based and informed healthy choices.

**Theoretical Framework**

*A theoretical framework* in qualitative research serves as a conceptual guide for the research process by describing concepts and relations that can help create an explanation for the phenomenon being studied (Corbin & Strauss, 2007). It provides a lens through which the data is analyzed, and can help frame the findings from the analysis (Corbin & Strauss, 2007). This research was conducted using a social constructivist theoretical framework. *Social constructivism* acknowledges that knowledge is constructed through the interactions that individuals have with each other, as well as their environment (Andrews, 2012; Kim, 2001). At the onset of the research, I made the choice not to ground my work against an established theoretical framework. Early on, I felt doing so would help me avoid approaching the analysis process with a narrow lens, allowing an inductive approach to be taken when analyzing the data for codes, categories, and themes (Corbin & Strauss, 2007). However, the further I moved into
my research preparations, the realization that the nature of sex and sexuality is underpinned by issues of morality, religion, and social norms became explicit. An individual’s perception and knowledge about sex and sexuality is subjective and unique to their personal experiences – not necessarily rooted in scientific fact – and there is no singular truth to how it is experienced. This aligns with Bateson’s (1984) description of knowledge existing on a continuum referred to as facticity; that is, the extent to which something is more or less rooted in factual evidence (as cited in White, 2004). Thus, as morality, religion, and social norms are factors that influence one’s understandings of sex and sexuality, there is a lesser degree of facticity in this construction of knowledge. I considered that applying a social constructivist lens when analyzing the data could allow for the major themes in the discourse surrounding the HD & SH curriculum to be understood in such a way that explores and respects all of these interpretations and opinions of the curriculum.

**Scope of the Research**

The scope of this research was restricted to news pieces, reports, and public documents from a variety of stakeholders including journalists, policy-makers, lobby groups, and the general public in the province of Ontario. The documents included in this study were limited to those published between the years 2010 up to, and including, 2015. These dates were selected as 2010 was the year in which the HD & SH curricular reform was initially introduced, and 2015 was the year in which it was first implemented in schools. Though it is important to acknowledge the role social media plays in shaping public discourse and acting as a medium in which people obtain and share information about social issues, the sheer volume of social media posts shared extend well beyond the scope of this study. Thus, the conversations surrounding the 2015 HD &
SH curriculum that occurred through various social media platforms, such as Twitter, Facebook, Instagram, and Reddit, were not included in this research.

**Researcher Positioning**

As sex and sexuality are underpinned by morality, religion, and social values, it is necessary that I position myself within my research. With my educational background being in Public Health and Education, I strongly value health promotion efforts within the context of the school, in order to promote healthy living amongst youth. I am in favour of proactive, preventative approaches to health that aim to address the underlying social determinants of various health issues. As such, my personal values and understandings of issues of sex and sexuality lead me to have a positive perception of the 2015 updates to Ontario’s HD & SH curriculum as a tool to promote the sexual health of the diverse youth in Ontario’s public education system.

**Outline of the Remainder of the Study**

The following chapters provide a summary and description of the research undertaken in this study. Chapter Two is a review of the literature that informed this study; it describes connections between sexual health and school-based health policy, discusses SHE in schools, and identifies the roles of various stakeholders in educational curriculum development. Chapter Three outlines the methodology and procedures used for the data analysis. In particular, this chapter will describe Qualitative Document Analysis (QDA) as the means of analyzing the data in this study. Chapter Four addresses the findings from such data analysis. This chapter discusses the major themes that emerged from the qualitative data that this study collected and analyzed. Lastly, Chapter Five includes a discussion of the main findings from the analysis in the context
of the current literature associated with SHE, the implications of the findings from Chapter Four, and the limitations of the study.
CHAPTER TWO: REVIEW OF THE LITERATURE

This chapter presents the relevant literature on SHE in schools. First, the inclusion of SHE in schools is broadly addressed, exploring the necessity, outcomes, acceptance, and barriers to implementing SHE in the classroom. Next, this chapter examines the process of developing and writing a publicly funded curriculum, and concludes with addressing factors that affect the implementation of such curriculum.

Schools as Sites for Health Promotion

Research and development in the area of health promotion acknowledge the critical importance of early intervention, as childhood and adolescence are optimal developmental periods in which to initiate and maintain healthy behaviours – which, in turn, can translate into all areas of one’s life aside from purely their physical health (Philippas & Lo, 2005). In response to the increasing advancements made globally in the field of public health, WHO facilitated and hosted the Ottawa Charter, the first international conference on health promotion, with the goal of, “achieving health for all by the year 2000” (1986, p. 1). WHO’s Ottawa Charter proposes that,

Health is created and lived by people within the settings of their everyday life; where they learn, work, play, and love. Health is created by caring for oneself and others, by being able to make decisions and have control over one’s life circumstances, and by ensuring that they society one lives in creates conditions that allow the attainment of health by all its members. (1986, p. 3)

Consequently, schools serve as key spaces for health promotion to occur, as they, “exist in all communities, are attended by nearly all children, provide safe environments, and often have facilities, equipment, and trained personnel” (Sallis & McKenzie, 1991, p. 173, as cited in
McKenzie & Kahan, 2008). Schools are also one of the only institutions that have meaningful and mandatory contact with the majority of youth in Canada, positioning classrooms as unique locations to provide students with the knowledge, understanding, skills, and attitudes necessary to make informed choices about their health (PHAC, 2008). The extensive period of time in which the majority of students are required to attend school also serves to maximize the health outcomes of health promotion efforts, as children who attend school regularly are more likely to lead healthier lives in the future (Zimmerman & Woolf, 2014). The Comprehensive School Health framework, for instance, recognizes that schools can greatly influence the health behaviour of students; therefore, this framework stresses that it is important to incorporate health into different facets of the school and learning (Joint Consortium for School Health [JCSH], 2016).

With the recognition that schools are optimal sites for health promotion – and, with 95% of Ontario’s youth being educated in the public school system (People for Education, 2018a) – the OME developed the Foundations for a Healthy School framework. This framework can help shape and guide school policies and initiatives to develop a comprehensive approach to learning – in other words, one that considers student development from a holistic perspective (OME, 2014). The framework recognizes the interconnectedness of five areas: i) curriculum, teaching, and learning; ii) school and classroom leadership; iii) student engagement; iv) social and physical environments; and v) home, school, and community partnership (OME, 2014). The framework emphasizes that, through an integrated approach aimed at supporting the five aforementioned areas, schools can facilitate students’ healthy development, thereby placing students in an optimal position to achieve educational success and maintain a healthy future (OME, 2014).
Defining Sexuality and Sexual Health

As alluded to in Chapter One, different people – both as individuals and as groups – can define and understand sexuality and sexual health in a variety of different ways. However, WHO (2006) provides widely accepted, working definitions for both. Sexuality is defined as,

a central aspect of being human throughout life [and] encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practices, roles and relationships. While sexuality can include all of these dimensions, not all of them are always experienced or expressed. Sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, ethical, legal, historical, religious and spiritual factors. (para. 5)

Conversely, sexual health is defined as,

a state of physical, emotional, mental, and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected, and fulfilled. (para. 4)

Clearly, the understanding of sexuality and sexual health proposed by the WHO transcends strict biological and clinical viewpoints, and presents one that is both holistic and adaptive by various factors. It also acknowledges that sex and sexuality are experiences that are unique to each individual. Thus, sexuality is, “a complex, fluid, and dynamic set of forces that are integral to an individual’s sense of identity, social well-being, and personal health” (PHAC,
Such a recognition that sexual health is an integral part of one’s overall health and well-being works in conjunction with the increased need for positive outcomes of SHE; consequently, the demand for school-based SHE has increased drastically in recent years (Hutchinson Grondin, 2015).

**Sexual Health Education**

In light of such vast and, sometimes, conflicting definitions and perceptions of sexuality and sexual health, SHE presents itself as a conduit for educating youth about healthy, informed decisions that can be made regarding their own sexuality and sexual behaviours. The following section will review:

i) The necessity of SHE in schools;

ii) The outcomes of SHE in schools;

iii) The acceptance of teaching SHE in schools; and

iv) The barriers to implementing SHE in schools, including both student and teacher perspectives.

**The Necessity of SHE in Schools**

Inherently, sex is not an unhealthy practice; however, individuals expose themselves to risks when they engage in unsafe sexual behaviours or make uninformed decisions regarding their sexual health and sexuality. When engaging in risky sexual activity, individuals increase their risk of not only physically adverse consequences, such as pregnancy or STIs (PHAC, 2008), but they also expose themselves to psychological consequences such as feelings of guilt or regret, as well as social shaming (Brady & Halpern-Felsher, 2007). Youth, in particular, render themselves vulnerable to risky sexual behaviours including a high number of risky sexual partners, engaging in sexual behaviours while intoxicated, and failing to use contraception
Research demonstrates that the prevalence of STIs is a significant health risk to Canadian youth; for instance, the rates of various STIs including syphilis, gonorrhoea, and chlamydia have been steadily rising since 2000, and rates are highest amongst youth ages 15 to 24 (PHAC, 2014). When left untreated, STIs can pose other health threats such as pelvic inflammatory disease (PID), infertility, increased susceptibility to HIV, and ectopic pregnancy (PHAC, 2014). The increasing prevalence of STIs and unintended pregnancy amongst Canadian youth may be attributed to, in part, teen condom use and engaging with multiple sexual partners. Statistics Canada (2015) indicated that in 2009/2010, one-third of sexually active youth aged 15 to 24 reported having multiple sexual partners. Additionally, 32% did not use condoms the last time they had sexual intercourse (Statistics Canada, 2015). A Canadian survey also indicated that 20.4% of sexually active youth aged 15 to 19 did not use any form of contraception, despite having stated desires to avoid pregnancy (Dunn, Xiong, Nuernberger, & Norman, 2019).

In conclusion, then, providing SHE in schools can help reduce these negative physical consequences by providing information to youth not only about the consequences of risky sexual behaviours, but also the means by which they can overcome these risks.

In addition to the physical consequences of risky and uninformed decisions regarding sex and sexuality, there is mounting concern regarding the social, psychological, and emotional consequences of such behaviour, as well. Again, SHE can provide youth with the knowledge needed to make healthy decisions about their sexual activity, thereby reducing such negative consequences. Unfortunately, SHE tends to be taught in a primarily heterosexual context, thereby disregarding the unique needs of students who identify as LGBTQ (Sex Information and Education Council of Canada [SIECCAN], 2015). In the majority of Canadian classrooms, there will be at least one student who does not identify as heterosexual or cis-gendered (SIECCAN,
LGBTQ youth are vulnerable to bullying, discrimination, and stigmatization. In a Canadian national survey, 64% of LGBT students indicated that they feel unsafe in their schools, while 21% had been physically harassed or assaulted because of their sexual identity (Taylor et al., 2011).

Healthy relationships, communication, and consent are also mounting health concerns that could be addressed by SHE in classrooms. In Canada, sexual assault is the only violent crime that is not decreasing in prevalence (Canadian Women’s Foundation [CWF], 2016). Canadian youth between the ages of 15 and 24 are more likely to experience sexual assault; in fact, the rate of assault for Canadians in this age group is 18 times higher than that of Canadians aged 55 and older (CWF, 2016).

In addition, the media exposes youth to messaging saturated with sexual imagery and issues of sexuality. Media and technology platforms do, however, have the potential to be utilized positively as a tool in SHE, working to promote positive ideas and values of sexuality when paired with thoughtful, critical dialogue (Neustifter, Blumerb, O’Reilly, & Ramirez, 2015). However, in the absence of a critical deconstruction of the messages portrayed, media that depicts sexual content can be associated with harmful outcomes for youth sexual health. For instance, teens with more sexual content exposure through television, movies, music, and magazines are more likely to have earlier initiation of sexual intercourse and other sexual behaviours than those who do not (Brown, L’Engle, Pardun, Guo, Kenneavy, & Jackson, 2006). Additionally, researchers have linked such exposure to an increase in pregnancy amongst youth (Brown et al., 2006). Youth develop an understanding of the sexual health outcomes of particular sexual behaviours they see in the media, as well as how others perceive these behaviours (Martino, Collins, Kanouse, Elliot, & Berry, 2005); through media exposure, then, youth are able
to see themselves as either more or less likely to engage in similar behaviours (Martino et al., 2005).

In the same vein, the proliferation of technology use amongst youth, including texting and various social media platforms, has also contributed to a growing prevalence of engaging in sexual behaviours via these mediums. Using these mediums to send nude, sexually explicit, or sexually suggestive photos, commonly referred to as sexting, has become increasingly normalized. A recent Canadian study of 800 youth ages 16 to 20, for instance, reveals that 41% of participants have sent a sext, and 66% have received a sext (Johnson, Mishna, Okumu, & Daciuk, 2018). Sexting is associated with other high-risk behaviours such as unprotected sex, multiple sexual partners, and substance misuse (Benotsch, Snipes, Martin, & Bull, 2013).

The act of, or participation in, sexting may also render youth vulnerable to sexting coercion, in which one partner is forced to send these explicit photos or videos against their will (Drouin, Ross, & Tobin, 2015). Drouin et al. (2015) identify sexting coercion as a manifestation of intimate partner violence that can result in negative mental health outcomes such as depression, anxiety, and trauma-related symptoms. Sexting also holds the potential to translate into instances of non-consensual pornography, commonly recognized as revenge porn, which is the distribution of sexually explicit photos without the sender’s consent (Citron & Franks, 2014). A Canadian study of youth sexting behaviours found that 43% of youth participants aged 16 to 20 received third-party sexts: that is, sexts that someone other than the original sender distributed (Johnson et al., 2018). Falling victim to non-consensual pornography is associated with numerous negative consequences such as public shame and humiliation, difficulties finding or maintaining employment, and online and offline stalking – all of which can contribute to poor mental health outcomes such as anxiety, depression, and panic attacks (Citron & Franks, 2014).
Consequently, SHE provided in classrooms that addresses various aspects of sexuality, including those that occur in the digital realm, could help youth understand the vast, negative consequences that risky sexual behaviours can have, while also developing the knowledge, skills, and attitudes necessary to engage in these behaviours in safe ways.

In sum, then, in a culture that is rife with media influences and technological progression, youth are thus at an increased risk for not only the physical repercussions of risky sexual behaviours and attitudes, but also the negative social, emotional, and psychological ramifications, as well.

**The Outcomes of SHE in Schools**

The overall goals of SHE are:

i) For students to acquire knowledge relevant to their specific sexual health needs;

ii) To help students develop the motivation and personal insight to act on this knowledge; and

iii) To help students acquire the skills necessary to enhance their sexual health and avoid negative sexual health outcomes (PHAC, 2008).

The literature demonstrates the ability of SHE to address the sexual health concerns of today’s students, and to achieve these three-fold pedagogical objectives.

Generally, SHE in schools take one of two perspectives. The first is an abstinence-based approach that stresses students delay initiation of sexual activity until later in life, and the second is a more comprehensive approach that introduces safe sex practices – including the use of contraceptives. The literature demonstrates that SHE that includes discussions on contraception may be more effective in yielding positive health outcomes amongst youth (Carter, 2012).

Comprehensive SHE that addresses topics such as condom use, contraception, and abstinence is
associated with a lower prevalence of youth pregnancy and STI contraction than among those who receive abstinence-only SHE (Carter, 2012). Additionally, discussing contraception use with youth is not associated with and increased engagement of sexual activity or contraction of STIs, while discussing only abstinence did not reduce the likeliness of engaging in sexual behaviours (Kohler, Manhart, & Lafferty, 2008).

Taking a more comprehensive approach, SHE in schools yields positive effects in promoting healthy sexual behaviours among students including fewer sexual partners, engaging less in sexual behaviour under the influence of drugs and alcohol, contracting fewer STIs, and a reduction in unplanned pregnancy (Reis et al., 2011). With exposure to SHE in the school context, there is also a positive correlation to protective sexual behaviours, knowledge, skill, and motivation (Reis et al., 2011). For instance, students who receive SHE before their first sexual experience are more likely to delay the onset of sexual behaviours, and are more likely to use contraception upon sexual initiation (Bourke, Boduszek, Kellher, McBride, & Morgan, 2014; Reis et al., 2011). Receiving SHE in schools is also related to positive sexual health behaviours later in adulthood, with individuals who have received SHE being more likely to have a history of STI testing (Bourke et al., 2014). Overall, then, studies demonstrate that introducing SHE in schools has positive effects on the overall sexual health and well-being of students who engage with a sexual health curriculum.

The Acceptance of Teaching SHE in Schools

Teaching SHE in schools is widely supported amongst teachers, parents, and students (McKay et al., 2014). While it is widely acknowledged that SHE is a necessary component of the provincial HPE curriculum, the implementation of, and the value placed on, SHE has been and continues to be problematic (Helmer, Senior, Davison, & Vodic, 2014) – even in spite of the
positive outcomes described above. In essence, issues of morality, religion, and beliefs underscore the topics of sex and sexuality in schools; as such, the SHE content taught in classrooms is highly controversial.

Braeken and Cardinal (2008) acknowledge three generally accepted approaches to SHE that determine the content emphasized in each approach. The *morality approach* connects to ideologies of sexual morality and religion. In this approach, people believe there are right and wrong choices regarding sexual decisions. The *health approach* focuses on the biological aspects of sex and sexuality. Specifically, this approach to SHE emphasizes the protection of reproductive and physical health from unwanted pregnancy and STIs. The *rights-based approach* is a more comprehensive understanding of sex and sexuality, addressing issues such as healthy relationships, agency, and pleasure in order to emphasize equality, social inclusion, and empowerment.

In addition to the varying preferences people hold for the content of SHE taught in schools, the timing of such delivery is also a debated discussion. Generally, parents believe that the most appropriate age to initiate conversations centring around sexual health in schools is during the middle school years, or Grades 4 to 6 (Eisenberg, Bernat, Bearinger, & Resnik, 2007; Kantor & Levitz, 2017). However, these beliefs differ widely based on the sexual health topic taught. Though the middle school years are generally accepted as the time at which SHE should occur, some parents believe that certain topics, such as puberty and abortion, are better suited for the elementary school years and high school years, respectively (Eisenberg et al., 2007). Despite the wide acceptance for school-based SHE, then, controversy still exists around the timing, content, and nature of these topics in the classroom. This controversy may, in turn, contribute to some of the barriers associated with the implementation of SHE in the classroom.
The Barriers to Implementing SHE in Schools

Due to the multitude of debates surrounding SHE in schools, the implementation of a SHE curriculum is not always a straightforward process. The literature demonstrates that there are many barriers experienced in the classroom that prevent SHE from being effectively implemented to maximize the health outcomes of students. The literature review presented in this chapter of the study will look at such barriers from both a student-focused and teacher-focused lens.

Students. Beginning first with student-focused barriers to effective SHE implementation, many youth demonstrate that curricular relevance is lacking. Students indicate, for instance, that much of the information regarding sexuality and sexual health that their schools deliver to them does not align with what they identify to be their sexual health needs (Larkin et al., 2017). Much of their SHE has a clinical and biological focus on sex, with an emphasis on negative health outcomes like pregnancy and STIs (Helmer et al., 2014; Phillips & Martinez, 2010). Students indicate that overall, there is a moderate level of satisfaction with their SHE experiences; however, when asked what sexual health topics they deem as being important in their lives, many were absent from the HPE curriculum (Meaney, Rye, Wood, & Solovieva, 2009). Instead, students indicated instead that they want SHE to have a more comprehensive approach, focusing not only on the biological aspects of sex and sexuality, but also including discussions about healthy relationships, negotiating sexual behaviours with partners, and referrals to additional resources and health care providers for further information (Helmer et al., 2014).

In addition to the relevance of the SHE curriculum to today’s students, youth also indicate that there must be a shift in the pedagogical approaches used to facilitate SHE – one that
allows students to be involved in their learning and moves away from a fear-based approach towards a more positive one (Helmer et al., 2014). Conclusively, the literature illuminates a disjunction between both the sexual health information students receive and what they want to receive, and some dissatisfaction with how teachers implement SHE in the classroom from a pedagogical standpoint, thus highlighting two key barriers to the effective implementation of SHE from a student perspective.

**Teachers.** Teachers, too, face many barriers that can prevent them from feeling comfortable teaching SHE, and this directly affects how valuable students find the SHE that they receive. Three key factors influence teachers’ ability to confidently implement SHE in the classroom: i) pre-service training; ii) personal beliefs and biases; and iii) parental backlash.

**Teacher training.** Firstly, a commonly noted barrier that educators face when implementing SHE is their lack of comfort teaching SHE; this, in turn, affects how teachers deliver SHE information to their students. Primarily, teachers identify that there is little to no pre-service or in-service training available to prepare both novice and senior educators to teach SHE, and this translates into a discomfort discussing these concepts with students in the classroom (Eisenberg, Madsen, Oliphant, & Sieving, 2010). This is particularly true for teachers who are not trained primarily in HPE – these teachers typically report lower levels of awareness, self-efficacy, and perceived support when implementing SHE into their classrooms (Peskin et al., 2011). Consequently, teachers’ discomfort causes them to feel restricted, thereby resorting to discussing only those topics explicitly assigned to their specific grade level by the curriculum (Bryce, 2017). In doing so, this may lead teachers to keep a strict fidelity to the curriculum, and fail to address any topics that emerge from conversation that lie outside of their grade level, or are unfamiliar and uncomfortable for them to teach (Bryce, 2017). Therefore, a lack of training
negatively affects teachers’ comfortability facilitating SHE in the classroom, and can cause them to become robotic, in a sense, in prescriptively following the curriculum and failing to confidently address any discussion points that arise which fall outside of that scope.

**Personal beliefs and biases.** Secondly, teachers’ personal beliefs and biases about sexual health and the topics that should – or should not – be covered within the curriculum also may influence their approach to SHE, including how educators approach their lessons, what topics they address, and to what extent they discuss these topics. For instance, it is suggested that teachers are more likely to teach topics that they personally find value in, while dismissing or avoiding topics that they find controversial, often cited as sexual orientation, diversity, and masturbation (Cohen, Byers, Sears, & Weaver, 2014). Moreover, teachers’ personal experiences shape their beliefs about sexual health education; for example, Morgan and Bourke (2008) explored teachers’ comfort with teaching physical education, and noted that teachers who had negative personal experiences with their own physical education were less likely to feel confident teaching physical education to their students. These findings could also be understood in the context of sexual health, as well: teachers who had negative experiences with SHE may also lack the confidence needed to teach SHE effectively in their own classrooms. In sum, then, teachers’ perceptions about important and controversial information regarding sex, sexuality, and sexual health, in addition to their own experiences with SHE, can act as a barrier that influences their ability to teach SHE effectively in their classroom.

**Parental backlash.** Lastly, however, part of the discomfort that teachers experience in facilitating SHE in their classrooms can stem from a fear of parental backlash (Bryce, 2017). A study from Peskin et al. (2011) indicated that 43% of teachers perceived that parents were not at all or only somewhat supportive of them implementing SHE. Upon the introduction of the 2015
sexual health curriculum, some parents expressed their disapproval of the content that teachers had to deliver, and actively protested for the removal of the curriculum from schools (Lopez, 2015b). Parents argued that certain topics were inappropriate for children to be learning, as it was contrary to their family values and beliefs; some even opted to remove their children from the classroom during SHE facilitation (Lopez, 2015b). With parents being a significant driving force in the controversy surrounding the 2015 HD & SH curriculum, teachers may fear that if they are to address topics beyond what the curriculum requires for their grade, they may face resistance and disapproval from parents (Bryce, 2017). Teachers may then feel as though they need to choose between providing students with the SHE they are seeking and find valuable, even if their inquiries fall outside of the curriculum expectations, and staying within the boundaries of the content which they are expected to teach to appease parents (Bryce, 2017).

**Important Actors in SHE in Ontario**

Moving forward from students and teachers, other important actors influence the development and facilitation of SHE in Ontario schools. The following section summarizes and describes the varying roles that different actors or social groups have in the realm of SHE, including:

i) Parents as sexual health educators;

ii) Stakeholders in publicly funded education; and

iii) Governmental role in educational policy.

**Parents as Sexual Health Educators**

This study has articulated a variety of the questions and hesitations parents and other educational stakeholders have about the appropriateness of certain SHE topics. These questions and hesitations encompass a larger debate about whether teachers or parents are better suited for
disseminating sexual health knowledge to students. Robinson, Smith, and Davies (2017) determined that while 65% of parents believe that SHE should be a shared effort between the school and home, about 35% believe that parents should have the sole responsibility for SHE.

Unfortunately, limited literature discusses the effectiveness of parents as academic educators in comparison to teachers in this role. However, in the context of SHE, in order to maximize its effectiveness, it is acknowledged that both teachers and parents should work in collaboration with one another to deliver sexual health information to students (Byers et al., 2003). In particular, when provided with adequate resources, parents and their children increase dialogue about sexual health matters (Turnbull, van Wersch, & van Schaik, 2011). With open dialogue between parents and their children, there exists a potential for children to delay sexual initiation and have an increased knowledge on contraception (Campero, Walker, Atienzo, & Gutierrez, 2011).

While parents possess the ability to act as sexual health educators, there are a number of barriers that may interfere with this communication. Malacane and Beckmeyer (2016) acknowledge four common barriers to parent-adolescent communication about sex and sexuality: i) parents having limited sexual health knowledge; ii) parents believing that their child is not ready to discuss sex; iii) parental discomfort with sexual health discussions; and iv) demographic factors such as culture, gender, and religion. These barriers to communication may, in turn, hinder a parent’s ability to effectively act a sole sexual health educator for their child. For instance, almost half (49%) of mothers did not intend on discussing sexual health issues with their child within the next six months in a study by Byers and Sears (2012). Moreover, only 38% and 42% of parents provided excellent or very good sexual health information to their children, according to parents and students, respectively (Byers et al., 2003; Weaver et al., 2002).
Additionally, when parents speak to their children about sexual health, the topics covered largely depend on their knowledge, comfort, attitudes, and self-efficacy (Byers & Sears, 2012). Most parents focus on the biological aspects of sexual health, abstinence, sexual coercion, and sex in the media and on the internet, with few focusing on masturbation, homosexuality, birth control and safe sex, and sexual decision-making (Byers & Sears, 2012). This demonstrates that as the sole sexual health educators for their child or children, parents may not be taking a comprehensive approach to SHE.

Despite this, however, parents are undoubtedly key players in the early learning and development of their children. Educational literature thoroughly establishes, for instance, the multitude of benefits from parental involvement in their child’s education, particularly in the early years. It is widely recognized that parents and teachers are in a partnership for educating and raising the younger generations; in order to maximize the growth and development of children and youth, parents and educators must share the responsibility of adopting a comprehensive approach to learning (Barnes, Guin, Allen, & Jolly, 2016). However, the research provides caution regarding parents who do not hold expertise or training in certain topics that the curriculum covers, thus deeming such parents as less than ideal educators for their child in these areas. For instance, Ramaekers and Suissa (2011) argue that with an increased expectation that parents should ‘double’ as educators, there is an expectation that parents should be educated in order to step into this role for their children. Thus, some researchers posit that parents should hold a limited role in acting as an educator of their child in the academic context – unless, however, those parents receive the proper professional development (PD) to do so (Ramaekers & Suissa, 2011).
Stakeholders in Publicly Funded Education

In Ontario, SHE is integrated into the HPE curriculum, under the HD & SH strand. As such, SHE is a publicly funded endeavor in the province, falling under the jurisdiction of the Ontario government. In publicly funded education, a variety of individuals and groups make and influence curricular and policy decisions regarding schools; in Ontario specifically, numerous stakeholders hold unique roles with varying degrees of influence in the sphere of education (see Appendix B).

Decision-makers are individuals or groups who make decisions about the content taught in the classroom, based on their professional status or position (Marsh, 2009). In Ontario, the primary decision-makers in education are the MOE and the Education Quality and Accountability Office (EQAO) (People for Education, 2018b). Stakeholders, however, are those who have a right to have input on school programs, which would, in some way, directly influence or affect them (Marsh, 2009). These stakeholders may or may not hold authority to ensure that their inputs are acted upon (Marsh, 2009), and include the Ontario College of Teachers (OCT), school boards, Directors of Education, and parents (People for Education, 2018b). Finally, influencers are those who hold common interests and work to persuade authorities to make certain changes (Marsh, 2009). These influencers include lobby groups or special interest groups, which hold particular agendas and push to see their ideologies reflected in publicly-funded schools.

Over the years, an increasing need for policy reform has emerged – a reform that diverse voices and groups can inform, influence, and be reflected in (Smith, 2003). From the development to evaluation phases, engaging the many educational stakeholders throughout the entire policy process helps to not only meet this demand for diversity, but also serves to enhance
the efficacy of the policy itself (Smith, 2003). Specifically, when those with a stake are included in decisions about educational policy, individuals can better understand complex issues about teaching and learning from a variety of perspectives, ultimately leading to the development of a more successful solution to the problem the policy intends to remedy (Smith, 2003). Including educational stakeholders in the policy process also helps to: i) prioritize issues so that scarce resources can be effectively allocated, thus increasing fiscal responsibility (Smith, 2003); ii) enhance public knowledge, awareness, and understanding about various issues (Smith, 2003); and ii) allow stakeholders to understand the range of views on issues via the broad information sharing that occurs. As part of a publicly funded system, then, education lives within a democracy. Accordingly, public participation in the policy process contributes to the democratic process and establishes legitimacy (Smith, 2003).

**Provincial Governmental Role in Educational Policy in Ontario**

As education in Ontario is under the provincial government’s jurisdiction, the government holds a critical stewardship role in policy reform (Pan Canadian Joint Consortium for School Health, 2010). In Ontario, the OME oversees all aspects of public and early childhood education systems. The Ministry operates under Ontario’s *Education Act*, where it outlines the roles and responsibilities of the OME. The *Education Act* acknowledges that the government is responsible for allocating funds to each school board (OME, 2018). The government distributes this based on varying factors, including the number of students in the board, the number of schools in the board, the percentage of students with English as their second language or special needs, and a board’s geographical needs (People for Education, 2018c).

Along with providing funding to school boards, the government also sets policies, mandates, and guidelines for boards (People for Education, 2018c), in addition to being
accountable for setting provincial teaching standards. The OME, for instance, sets the expectations for what students in publicly funded schools are to learn through mandated curricula (OME, 2018). To supplement the curricula implemented in schools, the government provides supplementary teaching materials and resources to support teachers in teaching the curriculum, including approved textbooks (OME, 2018). Additionally, the Ontario government also sets the standards and guidelines for the assessment, evaluation, and reporting for all students in the public and private school systems (OME, 2018).

**Educational Policy Development and Implementation**

The process of educational policy development, as alluded to above, is important within the realm of SHE as the curriculum is a government-mandated standard for teaching which can be influenced, both in its development and implementation, by a variety of different stakeholders and actors. The purpose of educational policy development is, in essence, to respond to and address issues that are widespread concerns, that hold the potential to have a significant impact on the classroom, or that have been an issue for an extended period of time (Smith, 2003). Under the jurisdiction of the government, curriculum development is a key area of educational policy; it determines what, when, and how students learn in the classroom.

The International Bureau of Education (IBE, 2017) recognizes that the process of curriculum development includes five stages: i) evidence gathering; ii) preparation; iii) development; iv) implementation; and v) monitoring and evaluation. Prior to the development of any curriculum, the needs of that curriculum must be determined through rigorous and extensive research in the *evidence gathering* stage – as evidence grounds any strong curriculum to provide a clear reasoning for its necessity. Once evidence has been gathered in support of a curriculum, policy-makers will enter the *preparation* stage; here, questions regarding how the curriculum
will be developed, the length of time development will take (including resource creation), and what challenges may arise and how to counter them are posed and answered. Next, curriculum development involves a series of planned activities, such as stakeholder consultations, briefings with the Minister of Education for the approval of drafts, and piloting significant ideas or proposals to address what is to be included in the curriculum. Once approved, administrators implement the curriculum across the education system, for teachers to facilitate in classrooms. The final stage in the curriculum development process involves monitoring and evaluating not necessarily the learning outcomes of the curriculum, but the processes used in the previous stages to determine their effectiveness and efficiency (IBE, 2017).

The Facilitation of Successful Curriculum Development

Three primary elements underpin the effective facilitation of the curriculum development process, as explained below, including: i) stakeholders; ii) curriculum flexibility; and iii) being future-focused. These elements are important to consider for the development of SHE curriculum specifically due to its contested nature, as explained in Chapter One.

Stakeholders. One of the most notable facilitators of successful curriculum development is the involvement of appropriate stakeholders. As explained in the previous section of this chapter, recently, there is a growing recognition that diverse sources – particularly, those who are involved with or affected by the policy – must inform policy development (Smith, 2003). When administrators grant diverse stakeholders input into the content taught in schools, it is more likely that there will be a higher degree of public investment and support for the curriculum put forth (Smith, 2003) due to the curriculum reflecting a wider range of the interests and ideas of the general population. In the context of SHE, this could, then, include stakeholders such as parents of students and the students impacted by the curriculum, for instance.
Under this same stakeholder umbrella, cross-sector efforts are also critically beneficial when developing a new curriculum. By drawing on a range of expertise from various stakeholders that is relevant to the topics covered by a new curriculum, the expectations in that curriculum will undoubtedly match its overall goals and objectives more closely. In other words, then, stakeholders from outside the field of education – but still connected to the field being addressed in the curriculum – should be included in the development process of educational curricula. The subjects taught in schools intersect with other subjects, too, at various points in the classroom lifecycle; thus, this is also an important consideration to make when outlining curricular content (IBE, 2017). Since curricular content does not fit neatly into certain confines of traditional subjects, a successful curriculum is one that fuses cross-subject knowledge to enhance its relevance and meaning to students – a goal that can ultimately be achieved by consulting with and including diverse stakeholders in the development process.

Curriculum flexibility. Secondly, when considering the objectives and goals for a curriculum, they should provide some flexibility in terms of how the stated objectives and goals are met (IBE, 2017) for both teachers and students alike. Through this flexibility, the curriculum positions teachers in a space – the classroom or the school – that makes it easy to provide high-quality, relevant learning opportunities to students (IBE, 2017). For example, having minimum instructional time allocations allows teachers to use discretion in the classroom regarding the amount of time spent on a subject to best suit the needs and interests of students (IBE, 2017). Sinnema and Aitken (2013) associate this kind of flexible curriculum with a higher level of teacher autonomy; here, the curriculum gives educators a sense of control over their classroom, thus translating into a commitment to and a satisfaction with the curriculum. In turn, then,
flexible curriculum can provide teachers with the comfort level needed to implement a relevant, effective SHE program for their students.

**Future-focused.** Lastly, recent educational rhetoric calls for educational reform to better prepare students for the uncertainties of the future. Increasingly, students are confronted with a quickly evolving world that recognizes multiple, fragmented ways of knowing (Anderson & McCune, 2013). As such, a curriculum should not only focus on content, but also character development that will help students develop the confidence and self-efficacy needed to navigate the uncertainty of today’s world (Anderson & McCune, 2013). Through current pedagogical strategies, teachers can foster traits such as resilience, humility, criticality, and courage in students to better equip them in this way (Anderson & McCune, 2013). This is important when considering policy development for SHE, as certain issues of sex and sexuality, such as gender identity, sexual orientation, and consent, that are covered in the classroom acknowledge diverse ways of knowing. This may not only help students develop their own sense of identity, but also develop a respect and appreciation for the diversity seen in today’s society. Having a future-focused approach to curriculum development can also better serve teachers in the implementation stage of the curriculum process. Concurrent with curriculum writing, decision-makers should have considerations for developing supplementary materials that can support teachers in the adoption of a new curriculum (IBE, 2017). Simply put, forethought into what educators need in the classroom to enact a new curriculum can promote their success in doing so.

**The Barrier to Successful Curriculum Development**
Unfortunately, despite stakeholder involvement, curricular flexibility, and future-focused design approaches, one significant barrier to successful curriculum development exists which can undermine all of these aforementioned efforts: the lack of a curricular framework.

When writing educational curriculum, the failure to utilize a curriculum framework can severely hinder its efficacy. A *curriculum framework* outlines the content of a curriculum in systematic ways, as it, “sets parameters, directions, and standards for educational policy and practice” (IBE, 2017, p. 6). Without this structure, however, there is the potential for pragmatic gaps to emerge. For example, the absence of a curricular framework can prevent the clear articulation of intended curriculum objectives (Ministry of Training, Colleges, and Universities [MTCU], 2011). In turn, this may affect the implementation of the curriculum, as teachers will not interpret and follow the curriculum as intended by the Ministry. Unclear objectives can also hinder the transparency of what the curriculum delivers to the public (MTCU, 2011). With Ontario’s publicly funded education system, it is especially important that policy-makers remain accountable to the public. A curricular framework, then, helps to present curriculum in a way that is easily accessible to, and understood by, diverse audiences (MTCU, 2011). In conclusion, even with the inclusion of diverse stakeholders in the development of curriculum, and with leveraging a flexible and future-focused approach to such development, failing to use a curricular framework to guide the design of educational objectives, policies, and objectives can undermine the entire process.

**The Facilitation of Successful Curriculum Implementation**
Following the development and design of curriculum, it must be also be implemented effectively in classrooms. Two factors – curriculum legitimacy and resources – can help facilitate the successful implementation of curriculum, as described below.

**Curriculum legitimacy.** Firstly, to successfully implement a new or reformed curriculum – such as the SHE curriculum in Ontario – administrators and policy-makers must ensure that the curriculum holds legitimacy to the stakeholders impacted by the curriculum itself. *Legitimacy*, in this sense, means that the curriculum is appropriate, just, and provides a strong rationale for the changes (May, 2015). Curriculum can garner legitimacy by grounding the rationale for the curriculum in evidence, as well as ensuring diverse perspectives are included in the development process. A strong justification for a new curriculum, in conjunction with its appropriateness, can promote a wider acceptance from stakeholders – and thus, stronger fidelity to the implementation of the goals and objectives outlined in that curriculum. When the perceived need and relevance of the curriculum is high, there is a better chance for more effective implementation, particularly for those who are the enactors and direct receivers of the policy – teachers and students, respectively (Altrichter, 2005).

**Resources.** Secondly, attaining and maintaining both tangible and intangible resources to support curriculum implementation also contributes to its successful enactment in the classroom. That is, when presented with a new curriculum, it is necessary for administrators to present educators with supplementary teaching materials, textbooks, and other resources to help guide them through the implementation process (Chaudhary, 2015). Sufficient teacher training, PD, and the ability to consult with experts can also help drive effective curriculum implementation (Altrichter, 2005), as it provides educators with the knowledge and skills they need to enact new material in the classroom.
A new curriculum – such as the revised SHE curriculum in Ontario – likely presents educators with significant changes to their pedagogy and classroom practice. As such, in addition to providing resources and training, allowing adequate time for educators to adapt to, and prepare for, any changes to occur is incredibly important when considering the success of a new curriculum (Altrichter, 2005).

**Barriers to Successful Curriculum Implementation**

Similar to the factors leading to successful curriculum development, there are also factors that can greatly undermine the successful implementation of curriculum. These barriers include: i) context; ii) a lack of adequate resources; and iii) a variety of external factors.

**Context.** Beginning with context, during the policy development process, policy-makers often assume that policy implementation occurs in ‘ideal’ environments – an assumption that may not accurately reflect the realities of schools (Braun, Ball, Maguire, & Hoskins, 2011; Massouti, 2018). Curriculum implementation may be misaligned – and sometimes, even contrary to – the intentioned goals and objectives of school and educational policies for numerous reasons, the most widely acknowledged barrier being context (Braun et al., 2011; Massouti, 2018).

School demographics are diverse; therefore, what is a fitting policy change for one school may not hold the same value in another (Braun et al., 2011). In addition, educator and administrative biases can interfere with the effective implementation of a curriculum. Teachers may, for instance, have varying levels of commitment to a policy change due to their personal value system or their own experiences (Braun et al., 2011). Similarly, the values of an institution may also differ from those of the curriculum (Braun et al., 2011; Cooper, 2017). Consequently, the way in which teachers interpret curricular goals and objectives to exist in practice may also
differ from the intended outcomes of the curriculum policy itself (Ball, 2015). In turn, then, various interpretations of a single curriculum document can result in students receiving inconsistent knowledge and information.

**Lack of adequate resources.** Secondly, a lack of both material and human resources can also significantly impair the successful translation of curriculum policy into practice. Upon curriculum reform, the government responsible for the redesign of the curriculum should, in theory, provide adequate resources to educators to support them in their implementation, as previously articulated. Without the proper course materials and resources, teachers may struggle to enact the curriculum as intended (Cooper, 2017). Again, considering context, the provincial government allocates educational funds differently amongst schools based on numerous factors; unfortunately, the schools that lack adequate funding, in turn, are disadvantaged in the resources they receive. Without textbooks, teaching supplements, and proper infrastructure, the government hinders the effective implementation of new curriculum across the province (Chaudhary, 2015).

Moreover, human resources – including adequate staff (Braun et al., 2011) and proper training for staff about the new policy (Cooper, 2017) – are also necessary in order to ensure that the educators enacting the curriculum are knowledgeable and comfortable with the new content and objectives.

**External factors.** Lastly, numerous external factors can hinder the successful implementation of curriculum in classrooms and schools. Firstly, community members and parents may exert pressure and expectations on teachers and school administrators regarding classroom teaching (Braun et al., 2011). Similar to teacher bias, families and community members all hold their own personal values, and may wish to see these values reflected in their
child’s education. Chapter One evidences this, as many parents and community organizations voiced their concern over the revised SHE curriculum when it was introduced.

Secondly, formal, mandatory assessments administered to schools – such as EQAO in Grades 3, 6, and 9 – can increase the pressure on teachers to focus on subjects that are considered ‘academic’ – namely, reading, writing, and mathematics (Chaudhary, 2015). There is tremendous value that the government and the public place on these formal assessments, so there is consequently a greater push to focus on certain subjects and curricula at the expense of others that hold lesser-perceived value – for instance, the SHE curriculum.

**Future Research**

A glaring gap in the literature remains: a gap which, when filled, can attempt to help myself, as the researcher, understand the impact that the public discourse of policy issues has on the curriculum development process. In particular, there is a limited understanding in educational scholarship of how the discourse surrounding Ontario’s highly debated HD & SH curriculum affects its development and implementation in schools. What themes emerge from Ontarians’ opinions, values, and beliefs about the 2015 iteration of the HD & SH curriculum? How does this discourse reflect in policy decisions about this aspect of student health and wellbeing? These questions remain largely unanswered in the literature. Overall, there is strong support for school-based SHE. From a Canadian perspective, research focusing on a comprehensive approach to school-based SHE is greatly needed, especially at the provincial level, in order to clarify and legitimize its necessity in publicly funded schools. Consequently, this thesis contributes to the literature by attempting to analyze the discourse of Ontario’s HD & SH curriculum.

**CHAPTER THREE: METHODOLOGY**
The purpose of this thesis is twofold. First, the study explores the public discourse surrounding Ontario’s update to the Grades 1-8 HD & SH curriculum in 2015. Second, it analyzes and describes said discourse utilizing content analyses methods. This study employed a qualitative methodology to explore the underlying themes present in the public discourse regarding the updating and release of the 2015 HD & SH curriculum. Qualitative research methodologies recognize that the construction and understanding of different social phenomena are unique to individuals (Yilmaz, 2013). Thus, qualitative research tries to develop insight into how people create and give meaning to these phenomena (Yilmaz, 2013).

Specifically, qualitative document analysis (QDA) was the method used in this research project. QDA is a systematic method for interpreting documents in order to elicit meaning and understanding about a particular social context (Bowen, 2009). Here, the term documents can refer to a breadth of items including diaries and journals, books, maps and charts, newspapers, radio and television scripts, public records, and organization reports (Bowen, 2009). Documents are acknowledged as, “social facts” (Atkinson & Coffey, 1997, p. 47, as cited in Bowen, 2009, p. 27); that is, they often reflect the behaviours and values of people in a particular context so they can be used as a means for social meaning-making. As this research explored the discourse surrounding the implementation of the 2015 HD & SH curriculum in Ontario, which initiated in 2010, using documents allows for the retrieval of this data directly from the time period in which these developments in the curriculum were being made.

**Rationale**

Bowen (2009) recognizes that QDA is a beneficial method for data collection and analysis, as documents are often widely available for public retrieval, particularly when aided by the use of technology. The 2015 revision of the HD & SH curriculum was released via the
Ontario government’s Ministry of Education (OME) website, which is publicly accessible. Moreover, the documents used in this research which are related to the public discourse in question are also all publicly available and easily accessible; together, they provide an image of the public’s response to the HD & SH curriculum at the time of its release.

The ease of access to a variety of publicly available electronic data sources and documents from various geographical regions across Ontario allowed for the collection of a substantial amount of data. Substantial access to data, in turn, opened up the possibility of obtaining a comprehensive understanding of the public discourse related to the HD & SH curriculum – a comprehensiveness that may have proved to be more challenging to achieve through other qualitative research methods, such as interviewing. Employing this approach to data selection and analysis enabled me to draw upon a large quantity of sources, reflect on a variety of perspectives, and provide access from different geographical locations across the province.

In addition to the ease of obtaining documents, Bowen (2009) also identifies that QDA involves a lack of obtrusiveness and reactivity. When the researcher engages with participants during the data collection process – for example, in interviews or observations – there is the inherent potential for this presence to influence the ways in which participants interact or communicate, thereby influencing the findings and interpretations of the research (Bowen, 2009). This concern is mitigated in QDA, as acknowledged by Savin-Baden and Howell Major (2013), who explain that, “the behaviour that documents capture occurs in a natural setting, generally prior to the research project and generally without the intention of serving as data” (p. 410). Within the context of this study, the 2015 iteration of Ontario’s HD & SH curriculum is controversial in nature, with Ontarians holding strong opinions both in favour of and against it.
Drawing on documents allowed me to analyze these opinions in a way that is free from external influences.

**Social Constructivism**

As outlined in Chapter One, a social constructivist lens was applied when analyzing the data. The main premise of social constructivism is that knowledge is constructed through social interactions (Andrews, 2012), taking into account the importance of context and culture (Kim, 2001). According to Goodman (1986), social constructivism recognizes that knowledge creation is not an individual experience, but is constructed through the, “dialectical interplay of multiple minds” (p. 545); different perspectives and experiences are brought together and synthesized to build a collective understanding of a social phenomenon. Through this process, ideas and concepts are continuously shaped and refined to develop a deeper understanding, becoming more widely recognized and socially accepted (Goodman, 1986).

A key aspect of social constructivism is the roles that language and discourse play in this construction of knowledge; it is a means through which people can structure their experiences in a context (Andrews, 2012). Discourse is a way of meaning-making; individuals work to make sense of their world through their engagement with others and the environment (White, 2004). Social constructivism recognizes that because knowledge is subjective and based on an individual’s experience, instances may arise where competing discourses exist within a context (White, 2004). Competing discourses allows for negotiation, described by Prawat and Floden (1994) as a means of bringing to light areas of contention and agreement. This challenges the assumption that there is one single ‘truth’ (White, 2004), and that opposing views are not to be disregarded, but become options to be explored – giving validity to all ways of knowing (Prawat & Floden, 1994).
The documents analyzed in this research are, in a sense, a form of social interaction; they are written in response to another’s ideas. For example, an individual writing a letter to the editor in response to a reporter-written article in a newspaper, or a lobby group writing an article in response to the content of the curriculum put forward by the provincial government. These interactions create the space for the negotiations previously discussed, in order to further develop meaning and understanding of the 2015 HD & SH curriculum, and to determine the dominant discourse while also exploring and accounting for alternative ways of knowing that fall outside of the more widely agreed upon knowledges.

Data Analysis Process

This section provides an overview of the components involved in the data analysis process, including the: i) data selection; ii) key search parameters; and iii) coding process.

Data Selection

Beginning first with data selection, I examined various public documents to explore and analyse the discourse surrounding Ontario’s 2015 HD & SH curriculum revision. Selecting these particular documents enabled me to explore the opinions, values, and beliefs of various educational stakeholders including the parents of students, experts in the field of sexual health, the media, the public at large, and the provincial government. The documents that were analysed in this study originated from various sources including newspapers, non-governmental organization websites, and government documentation. Bowen (2009) emphasizes that QDA, “requires data selection, instead of data collection” (p. 31), as data selection identifies specific data types and sources that are appropriate to the research question. Thus, the data for this research was intentionally selected based on a number of parameters to achieve an understanding of the public discourse surrounding the 2015 update to Ontario’s HD & SH curriculum.
With qualitative research, it is challenging to achieve a comprehensive representation of an entire population – and, in particular cases, is not desirable to do so. Qualitative work often aims, then, at gaining an understanding of specific contexts; therefore, studies select participants and data based on particular demographics or traits to encourage data collection that is conducive and authentic to the research question (Marshall, 1996). In an effort to achieve a comprehensive understanding of the discourse surrounding the 2015 HD & SH curriculum in Ontario, I collected a judgement sample, or purposeful sample, described by Marshall (1996) as the active selection of, “the most productive sample to answer the research question” (p. 523). In the context of this research, this sampling technique was beneficial to me, as I was able to include a broad range of documents and various perspectives that reflected the unique experiences and expertise of diverse individuals (Marshall, 1996). Incorporating a vast array of document types and sources based on predetermined parameters was crucial to achieve comprehensiveness and to avoid biased or partial perspectives in this study. The following is a discussion of the criterion set in place for document selection for this study.

**Geographical region.** Firstly, I selected newspapers from various geographical regions in Ontario for data collection. I endeavoured to achieve a comprehensive understanding of the public’s opinion about the HD & SH curriculum revision by sampling from differing regions from across the province. I selected these regions based on the results of the 2014 provincial election: areas electing leaders from the Liberal party, New Democratic Party (NDP), and the Progressive Conservative (PC) party are all included in the selection of the geographical regions. The goal of including these particular regions is to mitigate potentially biased or one-sided viewpoints in data selection. For instance, selecting geographical regions with strong Liberal support may generate a different understanding of the public discourse regarding SHE in Ontario
than would the selection of geographical regions with a strong support of the PC party. In addition to selecting geographical regions based on the 2014 provincial election, regions were selected to reflect northern, southern, eastern, and western areas of Ontario. This was done in an effort to include various perspectives from across the province.

Being a controversial public issue, the HD & SH component of Ontario’s revised HPE curriculum generated much media attention. In particular, there was a significant amount of coverage in print newspapers. As such, from each of the geographical regions included in the data analyses, I analysed the content of local newspapers. Specifically, the newspapers selected from each region are the primary newspapers distributed daily to those communities. Being the more prominent newspapers in the region, there may be more coverage of public issues, and people may be more likely to contribute to these them in editorials or letters (since they may reflect their personal opinion on such public issues). For the majority of the geographical regions, I selected one newspaper. In the cases of the Greater Toronto Area (GTA) and Ottawa regions, I selected multiple newspapers (three and two, respectively); these regions have a high population density, so including more local newspapers allowed for a more representative sampling of the public documentation addressing the HD & SH curriculum in these regions. Table 1 below provides summary of the newspapers used in the data collection process in this study, including the geographical region that each newspaper covers.

Table 1

Geographical Regions and Corresponding Newspapers
<table>
<thead>
<tr>
<th>Region</th>
<th>Local Newspaper</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bruce-Grey-Owen Sound</td>
<td>Owen Sound Sun Times</td>
</tr>
<tr>
<td>Sarnia</td>
<td>The Sarnia Observer</td>
</tr>
<tr>
<td>Hamilton</td>
<td>The Hamilton Spectator</td>
</tr>
<tr>
<td>Kitchener-Waterloo</td>
<td>The Record</td>
</tr>
<tr>
<td>Niagara Falls</td>
<td>The Niagara Falls Review</td>
</tr>
<tr>
<td>Ottawa</td>
<td>The Ottawa Citizen</td>
</tr>
<tr>
<td></td>
<td>The Ottawa Sun</td>
</tr>
<tr>
<td>Thunder Bay</td>
<td>The Thunder Bay Chronicle</td>
</tr>
<tr>
<td>Toronto</td>
<td>The Toronto Sun</td>
</tr>
<tr>
<td></td>
<td>The Toronto Star</td>
</tr>
<tr>
<td></td>
<td>The Globe and Mail</td>
</tr>
</tbody>
</table>

**Newspaper content.** Newspapers include a wide variety and typology of articles and information, each with different goals and target audiences. For this research, I selected specific
types of articles from the aforementioned newspapers, including reporter-written media, editorial board submissions, and letters to the editor. Firstly, *reporter-written* media are articles written by journalists. As a part of journalism, the goal of the writer is to approach these articles from a place of objectivity and without bias, achieved by performing research on the topic written about. Though there is an aim of objectivity, these articles are prominent in newspapers, and reporters hold a potentially powerful voice – one that may resonate with people and may influence public opinion. For this reason, reporter-written media that addresses SHE in Ontario was included as a source of data for this research project. Secondly, an *editorial board* consists of a group of professionals or experts in a particular field. These boards publish submissions that may be reflective of the board’s views on the topic of interest. Submissions made by editorial boards about Ontario’s HD & SH curriculum contribute to the public discourse and are valuable to the scope of this research. Lastly, *letters to the editor* are submissions made by the general public; they are an opportunity for members of the community to publicly express their opinion on various social issues, and thus are important media to include in this study. These three types of newspaper submissions are all means of communication that this study utilized to examine the public discourse surrounding Ontario’s 2015 HD & SH curriculum revision, thereby providing rich data sources for the scope of this research.

**Non-governmental organizational publications.** Next, a number of organizations hold a stake in SHE in Ontario; consequently, these organizations produced reports, statements, and other documentation in response to the 2015 update to the HPE curriculum. For the purpose of this research, this study retrieved and analyzed the documents from two organizations. First, I chose Ophea as an organizational body that published information on Ontario’s SHE curriculum to include in this study. Ophea (2018) works to, “champion healthy, active living in schools and
communities through quality programs and services, partnerships and advocacy” (para. 2). They support health and wellness initiatives, with a large focus on Ontario’s elementary and high schools. In addition to Ophea, the Ontario Association for the Support of Physical and Health Educators (OASPHE) is another organization that plays a prominent role in health education in Ontario. This organization advocates for the development and delivery of quality HPE curriculum, and provides support and leadership for HPE educators (OASPHE, 2017). These organizations were selected for inclusion in this study, as they are both champions of school-based health education in Ontario, and each contributed to the discussion of the HD & SH curriculum. Both Ophea and OASPHE posted publications, articles, and advocacy pieces to their respective websites that highlighted their position on SHE in Ontario, making these documents readily available to the public at large.

**Lobby groups.** Thirdly, lobby groups use various forms of advocacy in order to influence public opinion or public policy (Marsh, 2009). In the context of Ontario SHE, numerous lobby groups publicly voiced their opinions regarding the HD & SH curriculum in 2015, many of which were protesting its implementation in schools. These groups advocated via public protests, and published blogs, reports, and articles to various online platforms. With their ability to influence public policy and opinion, lobby groups play a central stakeholder role in shaping the public discourse around the HD & SH curriculum; thus, the publications from these groups are also valuable to this research study.

This research draws on documents published by four lobby groups that were prominent in the media for their advocacy either for or against the HD & SH curriculum in 2015. The lobby groups included in this research include the following organizations summarized below. I
selected these four lobby groups for inclusion in the research study as they encompass various perspectives on SHE in Ontario.

*Campaign Life Coalition.* Campaign Life Coalition (CLC) is a nationally recognized pro-life organization. They started a movement shortly after the implementation of the 2015 HD & SH component of the HPE curriculum, advocating against the content that was included in the new document.

*Parents Alliance of Ontario for Better Education.* Ontario parents created the Parents Alliance of Ontario for Better Education (PAOBE) in direct response to the 2015 HPE curriculum. They seek to lobby the provincial government to suspend the HD & SH piece of the curriculum, and to reclaim the rights of parents teaching sexual health to their children (Parents Alliance of Ontario, 2015).

*Parents as First Educators.* Parents as First Educators (PAFE) initially began in 2010 in response to changes to the Catholic school system in Ontario that contradicted Catholic teachings. Since then, however, it has expanded to become a leader in the fight against the HD & SH curriculum implemented in 2015 (PAFE, 2016).

*Ontario Coalition Supporting Health Education.* Finally, various organizations and individuals who support the 2015 revision to the HD & SH curriculum comprise the Ontario Coalition Supporting Health Education (OCSHE).

*Government documentation.* Lastly, government documentation was also a key source of data in this research study. Upon the release of the 2015 iteration of the HD & SH curriculum, the OME provided public reports and supplementary material to support its implementation. These resources included supplemental teaching materials to support educators in curriculum implementation and resources for parents that outline the content and learning expectations of
the curriculum. The provincial government is responsible for creating and disseminating all curricula documents taught in schools. Consequently, the government is responsible for making decisions regarding the curricula for the greater good. In this sense, the government holds a role similar to that of an authoritative figure and a knowledge producer; with this power, the government has the ability to influence and direct public discourse. Because of the government’s contribution to public discourse, the reports, resources, and other documentation supporting the implementation of the HPE curriculum published are relevant to this research.

**Key Search Parameters**

For this study, I retrieved the public documents selected for analysis in this study from the websites of the aforementioned newspapers, organizations, and lobby groups. Key search words and phrases used to identify the articles, reports, submissions, and publications included *sex ed, sexual health, sexual health education, health and physical education, and health curriculum*. The search period spanned a five-year period from 2010 to 2015: 2010 was the year in which a comprehensive approach to SHE in Ontario was initially proposed, and 2015 was the year in which its implementation was concrete. As such, 2010 and 2015 host the vast majority of the data published, with some documents published in the years between. When accessing the documents from each of the aforementioned sources, I went to the official website of each source and in the website’s search bar, I entered each key search words and phrases. From the results from these searches, I manually filtered each article to collect only those published within the five-year period between 2010 and 2015. These documents were saved for later analysis.

**Coding Process**
QDA involves the coding, categorization, and thematization of data extracted from documents through content analysis (Lubuschagne, 2003, as cited in Bowen, 2009). While there are numerous options available for software-assisted QDA that code content, I opted to manually code the documents selected for this research. To achieve a level of trustworthiness in the research, I chose to follow a QDA framework outlined by Schreier (2012).

I took both a deductive and inductive approach when developing the codebook. First, I determined a set of a priori codes at the onset of data analysis; these codes were determined based on my own previous foundational knowledge of the research context. Some of these overarching themes include the age-appropriateness of the content, issues of values, morality, and inclusiveness surrounding the content, and the extent to which parents were involved in the development of the curriculum. However, as qualitative data is so rich, the coding process often reveals codes and themes that the researcher does not initially anticipate (Schreier, 2012); consequently, taking an inductive, data-driven approach to coding was necessary to accommodate for this uncertainty.

Once the codebook was developed, I underwent a pilot test, which provided the opportunity to uncover any shortcomings of the codebook before I applied it to all of the data in the study (Schreier, 2012). The pilot test consists of three stages: i) trial-coding; ii) checking for consistency; and iii) adjusting the codebook (Schreier, 2012). For the trial-coding phase, I selected at least one publication from each of the different document types, described above, for the pilot test. This ensured that the codebook is applicable to all of the different document types, as they offer diverse perspectives and span a five-year time period (Schreier, 2012). I also selected numerous documents for the pilot phase to ensure that the entire codebook was relevant.

Following the issue at the time of its occurrence, I hold background knowledge in some of the common arguments both for and against the updated HD&SH curriculum.
to the data. By doing so, the accuracy of the definitions and phrasing of the categories can be evaluated (Schreier, 2012).

Next, when checking for consistency, Schreier (2012) acknowledges that solo researchers should apply their codebook twice, with a significant gap of time in between applications, to ensure that the codes are applied consistently to the data. Under this recommendation, I tested the codebook twice, leaving a ten-day period in between each application. Once the trial coding was complete and I checked the codebook for consistency, I then made the necessary adjustments before proceeding with the main analysis phase.

During the main analysis phase, the researcher applies the codebook to all of the data in the study in a similar manner as in the pilot phase. When applying the codebook in this project, I focused on selective aspects of the data, following the data reduction process as outlined in Cho and Lee (2014), where the data that is selected and used fits with the research question. Through this process, some of the data that existed in the documents was not included in the coding and thematic analysis, as it did not fit with the research questions (Cho & Lee, 2014). Coded pieces of data were translated to an Excel sheet, where they could be categorized into codes, sources, or documents with ease. This made the process of categorizing and thematizing the data much simpler, as it was easy to see the relationships between the codes. Once I coded the data, comparisons of codes took place to analyze larger categories and the overarching themes that emerged (Schreier, 2012). A sample document from The Record (Kitchener-Waterloo) that was coded for this research is provided in Appendix C. Here, it is demonstrated how the codebook was applied to the data.

Additionally, the data analysis process had a quantitative element. Upon completion of the data coding process, I tallied the number of times each code was assigned in order to
highlight which ideas and perceptions more frequently emerged in the portion of the public discourse analyzed in this research. From these codes, I determined which ones reflected positive perceptions of the HD & SH curriculum, and which ones reflected more negative perceptions of the curriculum to determine the frequency of each viewpoint. Table 2 is a summary of the different sources used for data selection, the number of documents that fit within the inclusion criteria and used as data, and the number of times the source was coded.
Table 2

**Summary of Sources**

<table>
<thead>
<tr>
<th>Source</th>
<th>Type of Source</th>
<th>Number of Documents Retrieved from Source</th>
<th>Number of Times Coded</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Government of Ontario</td>
<td>Government</td>
<td>6</td>
<td>26</td>
</tr>
<tr>
<td>OPHEA</td>
<td>Non-Government Organization</td>
<td>14</td>
<td>64</td>
</tr>
<tr>
<td>OASPHE</td>
<td>Non-Government Organization</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Campaign Life Coalition</td>
<td>Lobby Group</td>
<td>4</td>
<td>46</td>
</tr>
<tr>
<td>Parents Alliance of Ontario for Better Education</td>
<td>Lobby Group</td>
<td>17</td>
<td>98</td>
</tr>
<tr>
<td>Parents as First Educators</td>
<td>Lobby Group</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Ontario Coalition Supporting Health Education</td>
<td>Lobby Group</td>
<td>4</td>
<td>25</td>
</tr>
<tr>
<td>Owen Sound Sun Times</td>
<td>Newspaper</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>The Sarnia Observer</td>
<td>Newspaper</td>
<td>4</td>
<td>22</td>
</tr>
<tr>
<td>The London Free Press</td>
<td>Newspaper</td>
<td>50</td>
<td>164</td>
</tr>
<tr>
<td>The Hamilton Spectator</td>
<td>Newspaper</td>
<td>94</td>
<td>185</td>
</tr>
<tr>
<td>The Record</td>
<td>Newspaper</td>
<td>89</td>
<td>226</td>
</tr>
<tr>
<td>The Niagara Falls Review</td>
<td>Newspaper</td>
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</tr>
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<td>The Ottawa Citizen</td>
<td>Newspaper</td>
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<tr>
<td>The Ottawa Sun</td>
<td>Newspaper</td>
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<td>The Thunder Bay Chronicle</td>
<td>Newspaper</td>
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<td>The Toronto Sun</td>
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<td>The Toronto Star</td>
<td>Newspaper</td>
<td>110</td>
<td>431</td>
</tr>
<tr>
<td>The Globe and Mail</td>
<td>Newspaper</td>
<td>74</td>
<td>208</td>
</tr>
</tbody>
</table>
Trustworthiness and Rigor

A central component in qualitative research is to determine the trustworthiness of the data and analysis. Four key aspects help researchers achieve trustworthiness in qualitative research. These include credibility, dependability, transferability, and confirmability (Guba, 1981, as cited in White, Oelke, & Friesen, 2012). Researchers can achieve credibility, or the truth and accuracy of the findings, through triangulation. In this study, I employed two types of triangulation techniques to strive towards trustworthy findings. First, investigator triangulation is the participation of multiple researchers in the project to obtain various perspectives and conclusions (Carter, Bryant-Lukosius, DiCenso, Blythe, & Neville, 2014). While I performed the coding and thematic process of the data analysis, my Supervising Committee at Brock University (consisting of knowledgeable faculty members) reviewed and confirmed the initial findings. The second triangulation method included data source triangulation. In this study, I collected the documents used for analysis from a variety of sources, authored by different individuals and groups (Carter et al., 2014). This ensured that this study included multiple perspectives data sources to obtain a comprehensive understanding of the public discourse surrounding SHE in Ontario.

Transferability refers to the ability of the researcher to demonstrate that the findings of a study are generalizable to other populations and contexts (White et al., 2012). In this study, my decision to include a diverse selection of documents from groups and individuals across Ontario may allow for the generalization of the findings to the Ontario population as a whole. However, as this research context is restricted to the highly debated HD & SH curriculum in Ontario, the findings from this study may not be easily generalized to populations and contexts outside of the province.
Moving on from trustworthiness, establishing *rigor* in qualitative research refers to the process followed during the collection, presentation, and interpretation of data (White et al., 2012). Following specific guidelines and a meticulous procedure demonstrates transparency, logic, and critically (White et al., 2012). In order to establish rigor in this study, I attempted to achieve a high level of transparency and detail when describing the processes followed, which included adopting a QDA framework outlined by Schreier’s (2012) work. Creating rigor in this research subsequently ensures both its *dependability* and *confirmability* – the extent to which similar interpretations would be achieved upon replication of the study, and the neutrality in the researcher’s findings, respectively (White et al., 2012). By adhering to the clearly specified research process as outlined previously in this chapter, this research could potentially be replicated and garner similar interpretations. Additionally, it allows for a level of transparency that acknowledges the decisions made by myself as the researcher, thus mitigating potential researcher bias.
CHAPTER FOUR: RESULTS AND ANALYSIS

This chapter will present the overall findings of the data analysis of various documentation written about Ontario’s 2015 update of the HD & SH curriculum. The findings from this analysis aim to answer the research questions outlined in Chapter One:

i) What sources of information have comprised the public discourse surrounding the release and implementation of Ontario’s 2015 Human Development and Sexual Health (HD & SH) curriculum?

ii) How do members of the public come to interpret, understand, and value Ontario’s 2015 HD & SH curriculum, as expressed through the underlying themes in the discourse?

As described in Chapter Three, QDA was the method used to analyze the content of the data sources selected for this investigation in order to better understand the public discourse surrounding Ontario’s 2015 HD & SH curriculum. The documents used in this research were sourced from Ontario newspapers from various geographical regions, provincial government publications, non-governmental organizations, and lobby groups from the year 2010 through to 2015. Documents were coded for analysis, and the major themes are reported in this chapter.

Filtered through a social constructivism lens, this analysis acknowledges the multiple and unique ways that the individuals contributing to these documents have come to understand, interpret, and value the HD & SH curriculum. By incorporating all of the codes when determining the make-up of the major themes of the 2015 HD & SH curriculum, I attempt to align this analysis with a social constructivism framework, as I aim to recognize and respect the various ways that people create knowledge about sexuality and a comprehensive, school-based sexual health curriculum in relation to their personal social context and interactions with others.
With SHE being highly controversial and politicized, it is necessary to acknowledge that as a result, the data collected and used in this research is also political in nature. As such, through the analysis and discussion of this data, I aim to address each perspective and belief about the 2015 iteration of the HD & SH curriculum in such a manner that respects the diversity found within the studied portion of Ontario’s public discourse.

The understanding and value that people have for this curriculum is generally polarized: those who contributed to the documents used for analysis had strong opinions either in favour of, or against, the curriculum. As social constructivism acknowledges that people’s unique experiences and interactions with their social environment play a role in how they build an understanding about certain phenomena (Andrews, 2012), this analysis generated numerous justifications, arguments, and understandings either for, or against, Ontario’s 2015 update to the HD & SH curriculum. In turn, the various understandings and interpretations became the codes to which the data were assigned. In this analysis, while some of the emergent themes were more prominent than others, all codes and themes are described, as each contributor’s way of knowing and understanding the curriculum is valuable in determining the make-up of public discourse regarding the HD & SH curriculum.

The codes were counted, and a graph demonstrating the frequency of distribution of the codes was created (Figure 1). The red bars indicate codes that are reflective of negative views of the curriculum, while the green bars represent codes that reflect positive understandings of the curriculum. While this graph acknowledges that all codes hold merit in the construction of the knowledge about the 2015 HD & SH curriculum, as demonstrated by them being coded multiple times, there were a number of codes that dominated the discourse in the documents analyzed.
Figure 1. Distribution of frequency amongst the coded data.
Respect, knowledge for safety, hypersexualized culture, quality and accuracy, relevant to society, and inadequate parent consults, for instance, were the most frequently coded during the analysis process, with each being coded at minimum 80 times. Interestingly, of the codes that occurred in the highest frequencies, all but one (inadequate parent consults) were associated with positive understandings of the HD & SH curriculum, thereby demonstrating an overall support from the public for the 2015 revised curriculum. Figure 2 compares the negative codes with the positive codes; through this comparison, the positive codes accounted for 58% of the coded data, while the negative codes accounted for 42%. This may indicate that from the documents analysed in this project projected public discourse that demonstrated mixed values and perspectives about the 2015 iteration of Ontario’s HD & SH curriculum.

In addition, the source of the documents was related to the overall views of the HD & SH curriculum, meaning that some sources has predominantly supportive or predominantly oppositional views of the revised curriculum. For example, documents from the Government of Ontario and organizations such as Ophea and OASPHE demonstrated strong support for the content, timing, and development of the curriculum. On the other hand, most of the lobby groups (PAFE, CLC, and PAOBE), voiced strongly their opposition to the curriculum. The source of the opinion pieces, reporter-written articles, and editorial articles published in the newspapers used for data collection, on the other hand, tended to reflect the values of their publication company. TorStar Corporation, which publishes The Toronto Star, The KW Record, The Hamilton Spectator, and The Niagara Falls Review, operates under editorial principles that reflect a progressive intellectual framework that focuses on social justice and responsibility, thereby aligning with liberal ideologies (TorStar Corporation, 2011). Generally, the newspapers published under this company reflected more liberal views, with a significant portion of the
articles indicating support for the curriculum. In contrast, newspapers published by Postmedia 
(The Ottawa Sun, The Toronto Sun, and The London Free Press) generally published articles that were in opposition of the curriculum, thereby reflecting more conservative values.

The remainder of this chapter will describe the major themes that arose from the analysis of the documents chosen for inclusion in this study, which report on the 2015 iteration of Ontario’s HD & SH curriculum. The themes were organized into two sections:

i) Interpretations and understandings of the curriculum that are positive and demonstrate support, including:
   a) Providing students with knowledge helps them stay healthy and safe;
   b) The curriculum promotes acceptance and respect for diversity;
   c) The curriculum addresses the realities of youth sexual culture;
   d) Schools provide quality and accuracy;
   e) The curriculum fills gaps that parents leave; and
   f) The opposition is driven by misinformation; and

ii) Those that are negative in nature and are in opposition of the curriculum, including:
   a) The curriculum is a tool to promote liberal ideologies;
   b) Parents know what is best for their child;
   c) Topics of sex and sexuality are introduced too early; and
   d) The curriculum teaches against some religious and cultural values.

The following analysis is an elaboration and discussion of each of the above themes. Each theme is first described, and then will be further broken down into subthemes. The subthemes are related to one another under the overarching theme, but explore different facets of the theme that were commonly cited in the analysis of the public discourse surrounding the 2015
Discourse Reflecting the Support of the 2015 HD & SH Curriculum

To begin, the following section reviews the overarching discourse that reflects support of the 2015 HD & SH curriculum within the public realm, including six themes – each with associated subthemes.

Providing Students with Knowledge Helps Keep Them Healthy and Safe

The understanding that a comprehensive approach to SHE, like the one reflected in the HD & SH curriculum, may improve sexual health outcomes is reflected in the public discourse, with many individuals and organizations supporting the curriculum’s design as a means to provide students with the information they need to develop the knowledge, skills, behaviours, and motivation to make sexually healthy choices. The two main subthemes that emerged from the data within this overarching theme are: i) knowledge empowers students; and ii) students have a right to sexual health knowledge.

Knowledge empowers students. The most commonly cited reason for supporting the 2015 HD & SH curriculum is that it provides students with the knowledge and skills necessary to make safe choices about their sexual health. Particularly, people view this curriculum as a means for student empowerment. One individual suggests that, “each step of the way, the revised sexual health curriculum gives children power: it teaches them fundamental biological understandings of their bodies as well as giving them tools to cope with the enormous emotional changes they are going through” (Sommerfeld, 2015, para. 7). Another indicates that the curriculum, “provides[s] [students] with the information, self awareness, communication, and decision-making skills they need to make informed decisions about their sexual health” (Ophea, 2015a,
para. 4). Here, the understanding is that the knowledge provided by the revised curriculum presents a solid foundation upon which students are granted the authority and autonomy to make the best choices for themselves, in order to, in turn, maximize their sexual health outcomes throughout their life. The shift from a more biological approach to SHE, as depicted in the 1998 iteration of the HD & SH curriculum, to one that is more comprehensive, is understood to these individuals as providing a more well-rounded SHE for students. Their belief is that presenting not only the biological perspective, but also the social and emotional aspects of sex and sexuality gives students a more complete understanding in order to equip them to address their personal needs as they see fit. From this, the curriculum is viewed as a tool that positively promotes students’ sexual development.

Some individuals also criticize those who protest the new curriculum, as they believe it perpetuates a culture of silence around sexuality – which may be viewed as detrimental to the health of young students. When discussing those opposed to the curriculum, one individual who disagreed with others who wish to remove their children from sex education for cultural and religious reasons claimed that living in, “a culture of shame and silence is more dangerous” (Bhandari, 2015, para. 3). Another individual stated simply that without an updated curriculum that arms children with factual knowledge, students, “are prey” (Sommerfeld, 2015, para. 5). Both statements recognize that without providing thorough discussions about sexuality with students, they may not have the tools necessary to make their own healthy choices or seek out resources that may help them do so, thus leaving them vulnerable to adverse health effects. Providing students with ample sexual health knowledge challenges the perspective that the curriculum encourages students to experiment with sexual behaviours and, in fact, achieves the opposite. Supporters of the HD & SH curriculum state that research has demonstrated that
providing students with well-rounded SHE actually delays the onset of sexual activity, and encourages students to engage in less risky sexually behaviours.

Providing information to students may also serve as a means for them to think critically about what constitutes ‘healthy’ and ‘unhealthy’ sexual activity in order to recognize when they may be in danger or in need of support. SHE that addresses aspects of sexuality such as consent, healthy relationships, and sexual abuse, for example, may help identify and differentiate between safe and unsafe sexual relations, how to address them, and how to seek out support (Gordon, 2011). This is recognized by an individual who suggests that, “in addition to being taught what is right, they also don’t know what’s wrong unless informed, so what is wrong with informing them?” (“Sex Ed Does Kids a Favour,” 2010, para. 1). With sex still being taboo in today’s society, what is deemed to be ‘appropriate’ and ‘healthy’ sexual behaviour may be misunderstood or unclear. Providing comprehensive SHE to students, then, is understood by some to be a logical way to help students navigate this confusion in order to help promote healthy sexual development.

A professional in sexual education also acknowledged the importance of giving students the tools they need to address situations that may not be healthy for them. She suggests that, “kids who are comfortable talking about their bodies are more likely to be able to disclose when something worrisome or uncomfortable is happening to them” (Bielski, 2015, para. 3). In this sense, the curriculum’s comprehensive nature is suggested to have the potential to work to break down its perceived taboo nature by opening dialogue between peers, teachers, and parents. Here, it is understood that the curriculum may give students the ability to not only recognize when issues of sexuality are problematic, but also give them the power and skills to be able to address these issues to protect themselves from harm.
Students have a right to sexual health knowledge. With the understanding that providing knowledge to students about sexuality may help keep them safe, some people also believe that this knowledge is, therefore, a right for all students to obtain – thus comprising the second subtheme. Of those who support this notion, larger organizations, as well as the provincial government, stress its importance. For instance, Ophea’s (2015b) stance is that, “students have a right to receive the necessary educational opportunities to enable them to avoid preventable health problems” (para. 5) while the Ontario Coalition Supporting Health Education (OCSHE; 2015) reinforces these ideas, stating that, “public policy should be that every student deserves access to sex education, an education that just so happens to protect those equipped with the knowledge”. With sex having the potential to expose students to a number of potential physical, psychological, emotional, and social adverse effects (Brady & Halpern-Felsher, 2007; PHAC, 2008), those who share similar perspectives deem it both logical and necessary to give students the information to avoid these issues. Those in support of the curriculum who argue that students have a right to access this knowledge share similar discourses of organizations such as WHO, which suggests that all people have the right to achieve the highest standard of sexual health, seek out and receive sexual health information, and have access to sexuality education (PHAC, 2008). In this sense, it is viewed by some Ontarians as a public responsibility to give students the tools they need to avoid the very preventable adverse effects of sex and sexuality.

The Curriculum Promotes Acceptance and Respect for Diversity

The second theme which arose regarding public support of the HD & SH curriculum update represents that the curriculum is a means of promoting respect for one another, regardless of difference. In this section, I discuss the ways in which different stakeholders view the curriculum as a tool for recognizing difference and encouraging mutual respect between peers to
work towards a more inclusive and accepting society. This manifested through three different
subthemes: i) diverse sexual needs are addressed; ii) respect and healthy relationships; and iii)
opposing topics of gender identity and sexual orientation is an issue of intolerance and bigotry.

**Diverse sexual needs are addressed.** Comprising the first subtheme, the inclusion of
sexual orientation, family structures, and gender identity within the new HD & SH curriculum
was acknowledged by the public as better accommodating the diverse sexual needs of students,
thereby ensuring that they feel valued in the classroom. For instance, an opinion piece authored
by a woman and published in *The Hamilton Spectator* indicates that, “as a gay woman who went
through heterosexist sex ed, years ago, all humanity was assumed to be straight. That is hard on
somebody making efforts to learn to accept herself” (Soule, 2014, para. 1). Similar experiences
were discussed in an article published by *The Globe and Mail*, where the contributor suggests
that, “if I had learned about it in school before I had to deal with it, I feel like it would have been
a lot easier to come to terms with my own sexuality and accept myself” (Fatima, 2015, para. 3).
Each of these individuals’ anecdotes highlight their contentment with the additions of sexual
orientation and gender identity to the curriculum. As the 1998 iteration of the HD & SH
curriculum is taught from a heteronormative perspective (SIECCAN, 2015), and it did not
include content that discussed the sexual health needs of students who fall outside of the
heteronormative understanding of sex and sexuality, sexual needs of students and families who
do not identify as heterosexual, cis-gendered, or male or female may have been excluded from
SHE in schools. The aforementioned experiences of the newspaper contributors indicate,
however, that the topics of gender identity and sexual orientation within the 2015 HD & SH
curriculum are more inclusive of diverse students and will help those who identify as part of the
LGBTQ community to be better able to develop a strong sense of self, as their needs and experiences will be legitimized through the curriculum.

**Respect and healthy relationships.** Transitioning into the second subtheme, it is also acknowledged that teaching difference will help develop empathy amongst students, and thus may promote greater health and well-being outcomes for people who identify as LGBTQ or a non-binary gender. With LGBTQ students facing higher rates of bullying (Taylor et al., 2011), some individuals suggest that incorporating discussions of sexual orientation and gender identity into the classroom will allow, “heterosexual individuals [to] have a greater understanding and acceptance of those who are not like them, and this will lead to more inclusion and less bullying” (Simpson, 2015, para. 3). Another contributor acknowledged, in a similar vein, that, “sex-ed will save lives by teaching tolerance . . . without teaching children about the variety of families that exist, we cannot and will never reduce the victimization of gay and lesbian children, families, and individuals” (Jahn, 2010, para. 7). Both of these perspectives indicate that teaching both about and for sexual minorities is key to promoting inclusion and acceptance. They believe that the goal of the updated curriculum is to increase the visibility and understanding of these groups to foster respectful relationships amongst all students – regardless of difference. By doing so, this will then help reduce the stigmatization, victimization, and bullying that sexual minorities face at much higher rates than heterosexual individuals. Conclusively, the individuals and organizations that believe the 2015 HD & SH curriculum will contribute to more respectful interactions between people within society have a shared knowledge that diversity exists within our society – and it is something that all individuals not only need to become aware of, but also accept and respect.
Moreover, the inclusion of consent in the context of the revised HD & SH curriculum is praised by some as being a necessary addition. Conversations about consent starting in young grades is seen as a fundamental piece to promoting the development of knowledge and skills that will help students maintain healthy relationships. This is exemplified in an article in *The Globe and Mail* acknowledging that, “kids in grade 1 begin learning about emotional communication and healthy relationships . . . it’s a curriculum geared toward raising better people who are better at relating to each other” (Molotkow, 2015, para. 3). Through this perspective, teaching about consent in the classroom is viewed as a way to build students’ abilities to be able to recognize and empathize with others’ emotions. Having the ability to empathize and relate to other’s experiences is also noted as being an attribute in high-quality and healthy relationships (Boele et al., 2019) – and this understanding is shared by these advocates for the curriculum.

Interestingly, in discussions about fostering respect for the diversity seen in Ontario’s society, some indicate that the conversation extends beyond sex education. Individuals reference that the inclusion of sexual orientation, gender identity, and consent in the HD & SH curriculum is not a matter of sex, for instance, but a basic respect for human rights. For example, an opinion piece published in *The Hamilton Spectator* states that, “issues surrounding sexual orientation, gender and family structures are all crucially based on respect, not sex” (Sommerfeld, 2015, para. 7). When referring to the curriculum broadly, another article from *The Hamilton Spectator* says the curriculum, “is not about teaching kids to have sex. It’s about something bigger than that . . . it’s about healthy relationships” (Prete, 2010a). Additionally, there was reference in the discourse made to human rights, with one individual stating that, “the curriculum is a reflection of the Canadian Charter of Rights and Freedoms. It promotes the diversity and inclusiveness protected by our laws” (Calabrese, 2015, para. 5). Tony Pontes, Superintendent of the Peel
District School Board (PDSB), reflected similar views by publicly stating that students would not be able to opt-out of discussions regarding sexual orientations and gender identity, as it is in direct conflict with the *Ontario Human Rights Code*. With this understanding, it is implied that topics of gender identity, sexual orientation, and consent are not components of the curriculum that can be negotiated, as they align with the basic human rights that are foundational to Ontario as a province. Reiterating the discussion regarding the right to access SHE, it is also acknowledged that sexual health embraces human rights and, in order to exercise these rights, people need to be respectful to the rights of those they interact with (PHAC, 2008). That is, the topic of sex is not the sole focus and goal of the HD & SH curriculum, but rather, it is centered around building an inclusive society where people are treated with respect and dignity.

**Opposing topics of gender identity and sexual orientation is an issue of intolerance and bigotry.** For those individuals who expressed support for the inclusion of topics such as gender identity and sexual orientation in the 2015 iteration of the HD & SH curriculum, there was a notion that those who opposed these topics were intolerant of diversity and working to impose their own values on the education system. Some believed the opposition towards these topics was driven by hate and fear, with no denying that there were undertones of homophobia. Even Kathleen Wynne, Premier of Ontario at the time of implementation, indicated that there was a strong element of homophobia in the oppositions to the inclusion of sexual orientation in the curriculum. When referring to those who protested the curriculum because of a disconnect between the content and their religion, some supporters of the curriculum stated that,

[The religious fundamentalists’] goal is not simply to protect their right to believe what they wish . . . but to see the eradication of secularism” and that “they are not merely trying to keep their kids out of sex-ed classes. They already have the right – rightly or
wrongly – to deprive their children of [the] curriculum . . . what these parents are fighting for is a veto on all other children benefiting from updated sex-ed classes. (Regg Cohn, 2015a, para. 7)

Within this theme, it was commonly noted that those who were in opposition to topics of gender identity and sexual orientation were of religious groups whose faith was in disagreement with same-sex relationships and non-binary gender identity. In this sense, these individuals believe that Ontario is a secular society, leaving no room for religious value systems to have influence on what is taught in the classroom. There is a shared understanding amongst some supporters of the HD & SH curriculum that SHE needs to be inclusive in order to meet the needs of all students in Ontario, not just those who are a part of the dominant group. From this quote, it suggests that those who disagree with the perceived strong religious voice in the HD & SH curriculum debate acknowledge that people are permitted to abide by whichever cultural and religious values they choose; however, they feel that in the public education system, the curriculum needs to be free of these impositions, and instead must reflect and value the diverse society in which we live. Conclusively, a disagreement with secularism in the education system was viewed by supporters of the revised curriculum as an intolerance towards various sexual minorities.

The Curriculum Addresses the Realities of Youth Sexual Culture

The third prominent theme in the public discourse that supports Ontario’s 2015 HD & SH curriculum is that the updates to the curriculum are more reflective of the realities of the lives of youth. Many documents supporting an updated curriculum reference the irrelevance of the 1998 iteration to Ontario’s changing society and culture, commenting that it is, “dangerously out of date,” (Outhit, 2015a, para. 8) “long overdue,” (Zettel, 2015, para. 2) and, “behind the times”
(Pike, 2014, para. 4). The analysis reveals that since 1998, there was an advancement in technology, with smartphones being invented, the legalization of homosexual marriage, and the issue of consent being a legal standard in Canada – all of which the 1998 iteration of the HD & SH curriculum fails to cover. The following is a discussion on the emergent subthemes within this theme: i) students live in a hypersexualized culture; ii) the proliferation of technology; and iii) age-appropriate timing of the curriculum.

Students live in a hypersexualized culture. One of the prominent subthemes that supports the 2015 HD & SH curriculum due to its acknowledgement of the realities youth live is that the curriculum acknowledges that today’s sexual culture has changed since the most recent update to the curriculum back in 1998. Today, sexuality is portrayed to youth in various ways and through different mediums and, in the absence of a critical deconstruction of these messages, youth are increasingly likely to engage in sexual intercourse and other sexual behaviours earlier than those who are able to analyze these messages (Brown et al., 2006). The mass media plays a strong role in this exposure, as indicated by a contributor to The Hamilton Spectator who said, “not just porn, but music videos, movies, games, advertising, are all sexifying our kids” (Thompson, 2014, para. 12). The notion that the mass media encourages a hypersexualized culture was echoed by a contributor to The Niagara Falls Review, who suggests to,

> look at any magazine rack in this country and you will find a wall of images featuring digitally enhanced, scanty [sic] clad women all wearing that shocked, come-hither look on their faces . . . These are not pornographic magazines. These are magazines about fashion, politics, and celebrities. (LaFleche, 2015, para. 4).

Youth’s interaction with these messages are perceived to shape their understanding and knowledge of sex, regardless of the messages’ accuracy. When asked where students learn about

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issues that are not covered in school, sexual health educator Stephanie Baptist indicates that they will seek out this information, “online, from their misinformed friends, from movies and raunchy music videos and Calvin Klein jeans ads” (Davis, 2015, para. 19). This information is also sourced from peers, where students, “hear it among their classmates, who are picking it up from their older siblings, who in turn pick it up online” (Regg Cohn, 2013, para. 7). Both of these assertions share this same understanding, thus positioning themselves under the notion that while students are likely to seek out sexual health information from the media and their peers, they may not be a sufficient source of sexual health knowledge, since students lack the skills to deconstruct the messages that they see.

**The proliferation of technology.** A second subtheme acknowledging that the revised HD & SH curriculum respects the realities of today’s youth – and should therefore be supported – is that the proliferation of technology use among youth contributes to the current culture of hypersexualization. Many of the documents analyzed in this project referred to the exponential increased use of the internet, cellphones, and social media by youth, and the role they play in contributing to youth sexual culture. This widespread access to technology has contributed to the increased prevalence of cyberbullying, sexting, and non-consensual pornography (Citron & Franks, 2014; Johnson et al., 2018). Since the 1998 update of Ontario’s HD & SH curriculum, “newer information technologies have transformed the ways in which youth are exposed to sexual content and imagery and they ways in which youth communicate with each other in private and not so private ways” (Ophea, 2015c, p. 3). Ophea – amongst others – recognizes that these new technologies have become central to how youth access sexual health information, engage in new forms of sexual behaviours such as sexting, and see different portrayals of relationships. Of those who identified the role of technology in the lives of youth as being a
factor supporting the need for an updated curriculum, there was a shared understanding that without the proper tools to navigate these new technologies that are addressed in the curriculum’s updates, youth may be left vulnerable to misinformation, consequently leading to adverse effects on their health.

A sex therapist who contributed to *The Globe and Mail* said, for instance, that they have seen, “far more casualties since the dawn of the Internet age” because it, “has become the major source of ‘how to do it’ information for youth . . . a modern sex ed curriculum must tackle this reality” (Sommers, 2015, para. 1). Similarly, a contributor to *The Toronto Star* highlights the negative role the Internet can play in youth sexuality. She says,

you don’t need me to tell you about how the internet can negatively impact the ways your child understands (or acts out) their sexuality: the endless supply of explicit images and videos, all kinds of misinformation on all kinds of unreliable sites, and a nearly infinite range of ways to get into trouble through apps and social media. (Healey, 2015, para. 7)

Those who share these perspectives on youth sexual culture suggest that students prefer to seek out sexual health information from their peers and the media in order to fill in their personal knowledge gaps. There is an shared understanding amongst these individuals that technology has the potential to skew the realities of sexuality and thus, the HD & SH curriculum revised in 2015 works to help students navigate what they are exposed to every day in order to make safe and healthy choices. Similar to the sexual messaging students are exposed to through media channels, people believe that engaging with technologies can shape how youth come to understand their sexual realities. Engaging with today’s increasingly interconnected and technology-driven society may have shaped how some of these individuals and organizations perceive youth are impacted by this social change with regards to their sexuality. As such, some
of the public believe that the curriculum is not only reflective of the realities youth face today, but helps them navigate the mass of information they are granted access to.

**Age-appropriate timing of the curriculum.** As a result of youth living in a hypersexualized world with easy access to a wealth of information, youth are now exposed to messages of sexuality earlier than before. This fact encompasses the third subtheme supporting the revised curriculum due to its acknowledgement of the realities of today’s youth. For instance, some of the supporters of the 2015 iteration of the HD & SH curriculum believe that the content of the curriculum is introduced at age-appropriate points in students’ development. They also identify that the topics within the curriculum need to be taught before students encounter them in their daily lives in order to prepare them for when they choose to engage in sexual behaviours. For instance, one contributor states that, “the key is to provide them the information before most kids get sexually active . . . if we wait until after they are sexually active, we are missing a key opportunity” (Prete, 2010b, para. 10). Organizations and professionals who specialize in HPE and SHE also stress the importance of early exposure to SHE. In a document of support of the HD & SH curriculum, Ophea (2015d) states that,

> the curriculum as a whole is based on a continuum, helping students to build on the skills they’ve acquired as they move through the elementary grades and on to secondary education. To help achieve this continuum, topics have been shifted between grades to improve developmental appropriateness and ensure that students have the opportunity to learn and practice skills before they are required to apply them. (para. 8)

Research demonstrates that students who engage in sexual behaviours at a young age report having less knowledge about reproductive health and contraceptive methods than those who initiate sexual behaviours at an older age – thus rendering them vulnerable to some adverse
effects of sexual activity (Shu et al., 2016). In both cases, the central idea is that the earlier students are immersed in SHE in their classrooms, the more likely they will acquire the necessary skills, attitudes, and behaviors to make healthy and informed decisions regarding their sexual health before they are exposed to sexual messages and situations. Under this interpretation, the revised curriculum is a proactive measure – one that approaches youth sexual health from a prevention perspective. By introducing the curriculum in earlier grades than that of the previous iteration, the goal of the 2015 HD & SH curriculum is to prevent students from experiencing the adverse effects associated with sexual health.

While this implies that providing early SHE to students may be a means of preventing adverse effects of sexual health, this understanding is not widely supported by parents. Rather, it is acknowledged that, though dependant on various factors, parents generally believe that discussions about sexuality should occur only when students are entering their middle school years (Grades 4-6) (Eisenberg et al., 2007). This is acknowledged in the analysis, with this subtheme being coded only 26 times; thus, the public commentary included in this research generally did not cite many positive dimensions regarding the curriculum being age-appropriate

**Schools Provide Quality and Accuracy**

Understanding that youth are constantly exposed to sexual imagery and information, it is also acknowledged in the public discourse that both the comprehensiveness of the 2015 HD & SH curriculum, as well as its controlled implementation in a classroom, is a necessary mechanism to ensure that students can navigate these messages with proper information. Under this theme, three subthemes will be explored: i) accurate information; ii) teachers are trained to teach the HD & SH curriculum; and iii) schools offer safe environments.
Accurate information. To begin, many of those in support the updated HD & SH curriculum view it as a means of delivering sexual health information to students that is accurate and grounded in evidence. With the widespread access to sexual health information (as discussed in the previous section), students may not always obtain information that is true or an accurate reflection of reality. A mandated SHE curriculum is widely understood in the public discourse as a way of helping students navigate the mass amounts of information they can access in order to make sense of it all. This is evident in newspaper contributions stating that parents “can’t necessarily control what their kids are seeing and [the curriculum gives] good, accurate information to counteract that” (“Wynne says new sex-ed curriculum will be online 'in weeks'”, 2015, para. 15). Similarly, Alex McKay of SIECCAN indicates that the curriculum is, “a corrective to the false and distorted information [students] pick up from the outside world” (Gordon, 2010, para. 10). Both of these quotes indicate that with the updates to the HD & SH curriculum, students are no longer left on their own to find sexual health information, thus mitigating the risk of being guided by incorrect information or misinterpreting the messages that they see. The curriculum provides the opportunity for students to contextualize the sexual messaging they are exposed to, and to think critically about it in order to support their ability to make healthy and informed choices. Simply put by one article: “life introduces ideas to children. Education should help organize them” (Southey, 2015, para. 19).

The wide consultation process implemented with the design of the HD & SH curriculum contributed to the public support of the curriculum as being an accurate source of information. During discussions about the curriculum, for instance, the Government of Ontario cited the 2015 iteration of the HD & SH curriculum as having undergone, “the most extensive curriculum consultation process ever undertaken” (OME, 2015a, para. 4). In public policy, the legitimacy of
policy is influenced by the degree to which relevant stakeholders are consulted with and included in its development – a more well-rounded and thorough consultation process, for instance, generates greater public support for the policy (Smith, 2003). The provincial government, various organizations, and some authors of newspaper contributions support the extent to which appropriate stakeholders were involved in the consultations process for the revised HD & SH curriculum, thus improving its legitimacy – at least from their perspective. For instance, one member of the public indicated that,

the new curriculum has been researched to the moon and back, parents and health experts have been consulted up the wazoo and the curriculum is supported by everyone from the Ontario Public Health Association to the Institute for Catholic Education. (Rubinoff, 2015, para. 30)

From this perspective, the consultation process used to develop the revised curriculum – which included a variety of professionals and experts in diverse fields including education and health, as well as consultation with parents, students, and educators – provides a well-rounded, comprehensive approach to SHE that reflects the wide range of opinions and ideas from various stakeholders, but is also evidence-based. In some, individuals and organizations in support of the consultation process find value in a curriculum that is evidence-informed and widely consulted on from various stakeholders.

**Teachers are trained to teach the HD & SH curriculum.** Secondly, in addition to the curriculum being evidence-informed through wide stakeholder engagement, some supporters of the curriculum indicate that teachers have the proper training and understanding of the curriculum in order to effectively support its implementation. Toronto District School Board (TDSB)’s Health and Physical Education Coordinator, for instance, stated that teachers are
equipped with ample professional development (PD) opportunities to build their confidence in implementing the updated HD & SH curriculum. Teachers, he acknowledges, “know the curriculum and the expectations they need to deliver on, as outlined by the Ministry of Education” (Kelly, 2015, para. 9). Another individual supported the abilities of teachers when they said, “just as much as I trust our competent teachers to address mathematics, reading and so on, I trust them to address these concerns in an equally competent fashion” (Schafer, 2015, para. 5). For those who believe that schools are ideal places to implement SHE, some therefore identify that teachers have the proper training and access to resources to best support their dissemination of the curriculum as intended in their classrooms – just as they would be with any other curriculum.

Alongside teacher training, teachers are noted as caring individuals who are sensitive to the sometimes-controversial nature of the HD & SH curriculum. This was highlighted by an educator who stated,

no teacher I have met in those 43 years [of teaching] would approach any of these delicate sex education topics without preparing themselves adequately . . . teachers are dedicated professionals who will do the right thing by this new curriculum.

(Cunningham, 2015, para. 4)

A parent of a Kindergarten student also referred to teachers as being able to adequately implement the curriculum. With the controversy that accompanied the 2015 iteration of the HD & SH curriculum, he suggests that, “the fact that so much attention has been paid to this topic . . . teachers will be more careful and more sensitive in the ways they deliver the curriculum” (Rushowy, 2015, para. 16). Of those who find teachers to be qualified sexual health educators, they acknowledge that educators are aware of the diverse needs of their classroom and prioritize
the success of all students in all facets of life – including leading sexually healthy lives. From the data analysis, there is a sense of trust from this section of the public in both the public education system, as well as the teachers within it, to deliver quality SHE to their students – one that cannot be achieved through other sources, such as peers, media, and the internet. Here, the public is confident that though controversial, public school teachers are capable of navigating these conversations in effective ways with their students. Teachers’ training on the HD & SH component of the curriculum, in conjunction with their relationships with their students, makes them credible (to some) as being effective sexual health educators.

**Classrooms are safe environments.** Thirdly, the idea of the revised curriculum facilitating safe and engaging learning environments also emerged through the data analysis component of this project when analysing the theme of schools providing quality and accurate information. Ophea (2015e), for instance, stresses that the classroom is a mediated environment in which students are free to explore the sexual health topics that are most relevant to them. They state that,

> the updated sex ed curriculum . . . helps create an environment where sex can be talked about in a safe place. What one person might view as a sensitive topic, another might not. It’s important to create an environment where, regardless of their backgrounds and experiences, students can feel safe asking questions and expressing opinions. (para. 3)

Ophea acknowledges that the classroom environment is a place where students have access to, “complete and unbiased information related to their health” (2015c, p. 4). An editorial published in *The Ottawa Citizen* added to this notion by articulating that the updated curriculum, “allows students to hear each other’s points of view in a mediated environment where acceptance and inclusiveness will be modelled” (Ward & Feder, 2015, para. 6). Here, then, there is a shared
understanding that the updated HD & SH curriculum can help foster the ideal environment to
open up dialogue about gaps in relevant sexual health knowledge. Cultivating an accepting and
inclusive environment to discuss sexual health matters facilitates student engagement and
permits them to have their sexual health questions answered in ways that are unbiased and free
from judgement or ridicule – making the most of their SHE experience in the classroom (Pound
et al., 2017).

**The Curriculum Fills Gaps that Parents Leave**

Within this fifth theme that emerged from the data analysis showing public support for
the revised HD & SH curriculum, two subthemes arose: i) parents leave knowledge gaps; and ii)
parent collaboration with schools.

**Parents leave knowledge gaps.** Firstly, some of the support for the comprehensive 2015
HD & SH curriculum being implemented stems from the public belief that parents are not
effective as the sole sexual health educators for their children – mirroring the previous subtheme
just explored. The perceived barriers to parental involvement in SHE emerged as a prominent
public understanding in the data analysis for this project, as well. It was acknowledged by some,
for instance, that the 2015 iteration of the HD & SH curriculum was necessary as it addressed the
knowledge gaps that parents leave their children when teaching issues of sexuality. One
proposed reason for this is that parents and children lack the comfort required to communicate
effectively with one another about these topics. One opinion article acknowledged this by
stating, “if kids today are anything like I was, they’d rather poke their eyes out than discuss
masturbation with their parents” (Wente, 2010, para. 5). A parent also expressed the desire to be
relieved of the responsibility of being a sexual health educator, as they, “would rather not be the
adult who has to [teach my kids about oral sex] . . . so it’s a good thing we have the schools to do
it for us” (Wente, 2015, para. 8). As sexuality is still a sometimes taboo and intimate topic, it is suggested that some students and parents do not want to engage in these conversations with one another due to the potential discomfort. As a result, students, then, need to source their sexual health information elsewhere.

Additionally, some parents identify themselves as lacking the proper knowledge to be effective educators on sexual health. As one parent indicates, “just as parents often are not equipped to teach math and sciences they are not able to adequately inform children about this sensitive component of their bodies” (Guagliano, 2015, para. 1). A second parent also recognized his inability to teach SHE due to his own lack of sexual health knowledge. He explains that, “when it comes to explaining sensitive subjects to my offspring, I’m as inept as everyone else. Oral sex? Wet dreams? Contraception? Um . . . er . . . let me look it up on the internet” (Rubinoff, 2015, para. 10). Both of these statements suggest that parents do not believe they are always capable of providing accurate sexual health knowledge to their children, as they hold their own knowledge gaps about sex and sexuality. Because of the perceived barriers parents face in providing comprehensive and quality SHE to their children, then, the updated curriculum is welcomed by some, as it fills in these gaps and provides students with the information they need.

Lastly, some individuals believe that parents should not be solely responsible for SHE because of their own personal biases and beliefs about sex. One contributor suggests that, a parent’s prejudice could impede [sexual health] instruction. Consider parents who are homophobic or misogynist, or parents from cultures where women have limited or no rights, or where homosexuality is not accepted - this would make for very concerning scenarios. (Fisher, 2015, para. 1)
A number of other contributions to the newspapers analyzed in this project also echoed similar beliefs. From this perspective, students from certain cultural or religious groups may sometimes be imparted with the value system that sexuality is a taboo subject and, in these circumstances, they may not be comfortable bringing up questions about sexuality to their parents (Walker & Milton, 2006). This may, then, leave them with knowledge gaps that may negatively impact their sexual health. The HD & SH curriculum is therefore seen by some as a means of supporting students who may not be able to access the relevant sexual health information at home due to cultural or religious barriers. The revised curriculum thus provides equitable opportunities for all students to receive the tools they need for healthy sexual development.

Parent collaboration with schools. Secondly, though some believe that parents are ill-suited to be primary sexual health educators, it is noted in the literature that they still play a partial role in their child’s healthy sexual development. In order to maximize the healthy development of youth, there needs to be a partnership between parents and teachers in a child’s education (Barnes et al., 2016). This also translates to the context of SHE, where the collaboration between parents and teachers is necessary to maximize the effectiveness and, in turn, the sexual health outcomes for students (Byers et al., 2003). From the data analysis, many experts and organizations, including the provincial government, stress the importance of the collaboration between schools and parents. The Government of Ontario released a Parent’s Guide to help support parents in navigating the updates of the 2015 iteration of the HD & SH curriculum, as they acknowledge that, “education is most effective when parents, schools and communities all work together to support students’ learning about human development and sexual health. Parents help their children form values about relationships and behaviours and
their sexual health” (OME, 2015b, p. 2). Additionally, Ophea (2015c) voiced similar values that parents and schools each hold a unique, yet valuable, role in SHE:

parents and guardians have both a right and a responsibility to communicate their values and expectations regarding sexuality and sexual health to their children . . . 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. (p. 4)

The belief that the school’s role in SHE is to provide accurate information – and that, then, parents supplement this learning with their own familial values and beliefs – helps students develop into sexually healthy individuals. There is a political understanding that the goal of the updated curriculum is not to discount the parent’s role in SHE and disregard the moral underpinnings of sexuality, but rather, to complement and enrich the lessons which they are learning at home. As previously mentioned, supporters of the revised HD & SH curriculum value the role that the public education system plays in educating students on sexual health matters, while additionally recognizing the value that parents add as a supportive, secondary sexual health educator.

**The Opposition is Driven by Misinformation**

The final theme that emerged from the discourse that supports the HD & SH curriculum updates was that oppositional beliefs to the new curriculum were misinformed, and did not fully grasp what the curriculum was intended to facilitate. It was often stated that the opposition to the curriculum was rooted in misinformation, unchecked facts, and manipulations of the content, which are all indicative of this understanding. Some believe, for instance, that the spread of
misinformation stemmed from a small group of individuals and organizations – particularly, those of strong religious and cultural beliefs. As one individual suggests, “leading the charge against sex-ed is an amalgam of anti-abortion and anti-gay groups that have demonized and distorted the research from public servants, teachers and other experts trying to modernize the curriculum” (Regg Cohn, 2015b, para. 12). Those who question the validity of the opposition’s beliefs suggest that many did not take the time to read the curriculum for themselves, simply latching on to the vocal minorities’ interpretations and fear-mongering efforts. In a sense, those who believe that some of the opposition is misinformed negate the validity of the fears and concerns of these individuals, as it does not align with their positive interpretation of what is being taught in the curriculum.

**Negative media influence.** It is widely documented in the literature that the media holds influence over public opinion. In the context of Ontario’s 2015 iteration of the HD & SH curriculum, the spread of misinformation about the HD & SH curriculum is attributed to the media giving a platform to those who are considered to be attempting to fear-monger. A reporter for *The Kitchener-Waterloo Record*, for instance, criticized the media for feeding into the spread of misinformation when they said, “to some extent, I blame the media . . . for the specious, misleading debate now taking place. As cultural gatekeepers, we have a responsibility to exercise critical judgement, to avoid the kind of false equivalence that enables the ignorant and intolerant to justify their prejudice in a public forum” (Rubinoff, 2015, para. 28). In the same vein, they go on to suggest that, “it is time for the media to stop giving a platform to a misguided vocal minority whose energy would be better spent searching for a portal back to the 14th century” (Rubinoff, 2015, para. 36). Again, these statements imply that the protested parts of the revised curriculum do not hold credence or value. These statements imply that they believe that
media has successfully ‘soured’, in a sense, the discourse surrounding the HD & SH curriculum. There is an undertone of inferiority for the opinions, values, and experiences of those who protest the curriculum; in dissonance with social constructivism, the ways of understanding sex education which counter the perspective of the revised curriculum are seen as having little value in the public debate. In turn, it is believed that these voices should not be considered as a part of the discussion, and thus, the media has a responsibility to exclude these understandings.

**Discourse Reflecting the Opposition of the 2015 HD & SH Curriculum**

The data analysis of this project also explored the public discourse that negatively viewed the revised HD & SH curriculum, within which four themes – each with associated subthemes – emerged.

**The Curriculum is a Tool to Promote Liberal Ideologies**

The first broad theme that emerged from the data analysis – without any salient subthemes, as well – is political in nature: that the goal of the revised curriculum is not to promote the sexual health of children, but rather, to impose on them liberal ideologies and a radical sexual agenda. Some individuals believe that the underlying objective of the curriculum is not to promote the sexual health of students, but to mold them into citizens who conformed to liberal ideologies. One individual, for instance, stated that through the implementation of the updated HD & SH curriculum, “the teaching of sexual practices to children is only one part of a broader agenda by the institutionalized left to indoctrinate young people into their illiberal ideology of ‘diversity’ and ‘inclusiveness’” (Hutchinson, 2010, para. 1). Campaign Life Coalition also extends this notion and articulates that the government’s inclusion of topics such as gender identity and sexual orientation, “uses three principle Trojan horses to sneak the Ministry’s agenda of sexual revolution into the classroom: 1. Diversity, 2. Equity, 3. Inclusive
education” (CLC, 2015a, para. 6). The use of the term “indoctrinate” and “Trojan horses” in these two statements, as well as other commonly used terms from the CLC (2015a) such as “social engineering” (para. 43) and “thought control” (para. 43), imply that the HD & SH curriculum is the government’s way of using students as pawns to manipulate them into adopting a liberal value system. Those who share these particular opposing views of the new curriculum express that some of the content to be taught to students are masked as positive steps towards incorporating inclusivity in the classroom when in fact, there is an ulterior motive behind its inclusion. It is implied from these statements that there is a distaste for Ontario’s Liberal leadership and the political values that they hold. Based on these individuals’ and groups’ more traditional understandings of sex and sexuality, the perceived liberal ideologies that are included in the curriculum are perceived to be a threat to what they believe are societal values and interests. Individuals believe that this value system is being imposed on under the guise of creating a safe and inclusive society, and that a comprehensive approach to SHE is in dissonance with a moral and responsible approach to sex education (di Mauro & Joffe, 2007).

The curriculum lacks a scientific foundation. Those who question the intentions of the Liberal government’s HD & SH curriculum also suggest that a sexual health curriculum needs to be grounded in science – and did not feel as though it was. Some thought, for instance, that the curriculum, “omits and misrepresents proven medical and scientific facts” (PAOBE, 2015b, para. 3) and, “should be scientific, not opinion” (Weidner, 2015, para. 10). CLC (2015b) also asserts that, “the 2015 version [of the curriculum] also has a new, controversial and very flawed theory that would be taught to elementary school children, called ‘gender expression’” (para. 8). Despite the increasing recognition that sexual health encompasses biological, emotional, social, and mental aspects (PHAC, 2008), some individuals value the biological perspective of sexuality as
legitimized by science, while other perspectives are discounted as ‘ideology.’ Specifically, certain topics in the curriculum that extend beyond the biological perspective of sex and sexuality, such as gender identity and sexual orientation, are deemed to be illegitimate because they are viewed as theoretical as opposed to scientific.

Additionally, some believe that the content on HIV in the curriculum downplays the severity of adverse consequences. PAOBE (2015b) states that the curriculum offers, “incomplete and misleading teachings” that, “normalise high risk of sexual behaviours and equalises homosexual and heterosexual acts in the young minds. It fails to mention that anal sex greatly increases the risks of HIV infection and people could die of HIV/AIDS” (para. 2). The perceived minimization of the severity of HIV and STI contraction is suggested as a way of further pushing a liberal agenda of sexual freedom and revolution. From this quote, it is also implied that by downplaying the adverse effects of what is interpreted as a homosexual act, the curriculum encourages ideologies that do not align with everyone’s personal beliefs or value systems. Conclusively, some of the individuals who share similar viewpoints bring into question the validity of the contents of the updated curriculum as they do not perceive it to be rooted in scientific, biological fact.

Parents Know What is Best for their Child

Secondly, one of the most noted themes that emerged from the data that questions the legitimacy of revised HD & SH curriculum is the extent to which parents were consulted on the topics included within it. More specifically, some parents believe that they should hold a greater role in the SHE of their children than they perceive the HD & SH curriculum grants them. Under this theme, two subthemes were identified in the discourse: i) parents are responsible for their child’s SHE; and ii) lack of parent involvement in curriculum consultations.
Parents are responsible for their child’s SHE. A primary outcome of the data analysis highlighted that parents in opposition to the revised curriculum felt as though SHE is primarily their responsibility, as they were the ones who know what is best for their children. Parents are widely recognized as being crucial influences on a child’s development; in particular, parents help facilitate the moral development of their children through their instruction on expectations, rules, and responses to social interactions (Smentana, 1999). From the public discourse, some parents echoed this sentiment, believing that, “it’s up to [them] to teach their children about sexual health matters as they are the ones better able to determine whether their child is ready to learn certain sexual issues” (Bakaj, 2015, para. 1), and that they are confident in their abilities to act as the primary sexual health educator for their children. Sexuality was often described as a “sensitive,” “private,” and “personal,” and some parents believe that these discussions should happen in the privacy of their home. Being the primary sexual health educators for their children gives some parents a sense of control over these personal matters, which are understood in unique and complex ways, to better align conversations with their personal beliefs.

A few people also cited the updated HD & SH curriculum as a, “one size fits all” approach, which is argued to “not fit at all” (Watson, 2015, para. 3); that is, everyone has different belief systems by which they abide, and the curriculum fails to account for all of these ways of knowing. Thus, as parents acknowledge that they are best aware of their child’s needs and readiness to engage in SHE, as well as their desire to teach sexuality within the context of their personal beliefs, they believe that they are better suited than the public education system to introduce topics of sex and sexuality to their children at the appropriate time and in the appropriate way. Through this perspective, parents should be the ones who are responsible in deciding both the timing and the content of the SHE for their child, as they are best aware of both
what their child is developmentally ready for and how they want to introduce these topics, if at all, to their children.

In the same vein, some parents feel as though their right to teach their children these issues in the context of what they believe is being stripped from them. Parents cite sexual health education as, “[their] right as a parent to decide when [they’re] ready for this conversation” (Simpson, 2015, para. 1). Similarly, the updated curriculum is seen by some as, “a sort of infringement on parents” (Hammer & Howlett, 2010, para. 7) as they are not able to control what is being taught to their children. The curriculum itself is also understood to be ‘anti-parent’; that is, the curriculum prioritizes other individuals and organizations over parents as being more valuable resources for sexual health information. A parent who read the curriculum, for instance, noticed that she, “could not find the word ‘parent’ as a support until Grade 8 and even then, they were listed fourth” (Watson, 2015, para. 10). The omission of the term “parent” from the curriculum is viewed as discouraging students from reaching out to their parents for sexual health information. Here, these parents feel as though they are treated as a secondary source of information, mitigating their role in their child’s healthy sexual development where they believe they should hold a prominent role.

With this perspective, it was also perceived that the government was working to adopt the role of ‘parent’ through the dissemination of certain sexual values and morality, as depicted in the 2015 HD & SH curriculum. Particularly, the two provincial Premiers who were in office at the time of the initial attempt at implementation in 2010 and again in 2015, Dalton McGuinty and Kathleen Wynne, were identified as the ones who were stripping parents of their right to guide their child’s moral development. At the time of the initial implementation in 2010, one individual said, “we understand that Dalton McGuinty believes that he knows best what is best
for our kids . . . [but] we believe parents do” (Howlett, 2010, para. 15). While in 2015, protests against the curriculum had people chanting, “Kathleen Wynne, we will not co-parent with you” (Ferguson & Brennan, 2015 para. 2). Though SHE is the most effective when there is collaboration between the parents and the school (Byers et al., 2003), these ideas suggest that some felt as though the Liberal leadership was overstepping their boundaries when working to implement the updated curriculum, as parents no longer felt as though they had control over how to raise their children in the context of sexual morality and values.

**Lack of parental involvement in curriculum consultations.** A second subtheme which emerged when investigating how parents felt they knew what is best for their children – and should consequently be their sexual health educators – is in regards to the perceived lack of parental involvement in the design of the revised curriculum. With parents believing that they are the best-suited for determining when their child is ready for SHE and what content is appropriate in that kind of an education, part of the opposition to the 2015 HD & SH curriculum stems from some of the public feeling that parents were not consulted in a sufficient and meaningful way. The provincial government stressed that 4,000 parents, who were heads of parent councils, were consulted on the curriculum; however, many felt as though this was not adequate. People voiced concern that the parents who were invited to comment on the curriculum were, “hand-picked” and that, “one parent does not represent the cultural diversity of a school community” and, “ordinary parents had no way to express their opinions” (D’Amato, 2015, para. 8). These parents felt as though the selection of parents asked to comment on the curriculum was biased, in that the Liberal government intentionally selected those who would align themselves with the new curriculum. Thus, an accurate representation of what parents envisioned for the updated curriculum is better achieved through a wider consultation process, in which any parents who
wish to participate are able to. One individual drew comparisons between consulting parents on SHE and parents having to provide consent to schools for other, seemingly less-sensitive activities. They say, for instance, that, “quite simply, as parents if we are required to sign consent forms for pizza . . . then why does the government completely disregard us by not asking for our consent for consultation on the topic of sex?” (Yanchus, 2015, para. 11). As previously articulated, in order to maximize the legitimacy of public policy, such as educational curriculum, as well as promote stakeholder buy-in, said public policy needs to be consulted on by various stakeholders (Smith, 2003). It emerged through the discourse in the QDA for this project, however, that some parents felt as though their voices and perspectives were not accounted for in the consultations that the government facilitated during the curriculum development process. The desire for more parent consultations implies a lack of trust in the government to make decisions that work to benefit all people, as these individuals feel like their voice is excluded from the democracy.

The way in which the consultations were facilitated was also interpreted as being a biased process. One individual looking for more parent consultation suggested the government, “put the proposed curriculum on a website and let all parents take a look and comment on it – not just those parents with a pre-approved stamp of political correctness” (Blizzard, 2014, para. 26). A number of other parents opposing the consultation process understood that parents were not able to see the curriculum before completing the seemingly biased survey. PAOBE (2015c) stated, for instance, that, “only 4000 parents were ‘consulted’ with ‘concealed’ contents” (para. 23), while a protest organizer echoed these ideas, saying parents were, “surveyed on a curriculum they never saw. The questions were vague and designed to give the results the Premier wanted” (Lopez, 2015a, para. 10). Both of these statements suggest that the government’s consultation process
lacked transparency – which is necessary in public education. This, then, was viewed as a means for the government to do their due diligence of consulting parents in a way that would not actually have impact on their agenda, rather than authentically respecting the role parents have in their child’s education as it should.

**Topics of Sex and Sexuality are Introduced Too Early**

Another commonly cited area of contention with the updated curriculum is that it begins too early, at a time in which students are not developmentally prepared for sexual health information. The curriculum is commonly cited in the discourse as being taught “too young” or “too early,” and is “age inappropriate”, which juxtaposes the previously discussed findings that some of those in support of the curriculum view it as a health promotion measure that takes a proactive approach to promoting sexual health by addressing certain topics before students encounter them in their lives. The age at which the updated curriculum was intended to be introduced (Grade 1) was contextualized with other activities that were common at this developmental stage to emphasize its inappropriateness. PAFE (2015) released a document that suggested the HD & SH curriculum was inappropriate for six-year-olds because, “by six, the human eye has not even fully developed” (para. 9). Additionally, Progressive Conservative (PC) leader Tim Hudak criticized the curriculum pushing, “sex education classes with six year olds who are just learning to tie their shoes” (Regg Cohn, 2014, para. 12). By highlighting that SHE begins at a time when a child’s body is not fully developed and they are still learning basic skills, these statements indicate that some find it is too early to be introducing topics of sex and sexuality to students at such a young age.

**The HD & SH curriculum exploits childhood innocence.** Additionally, the early introduction of SHE proposed by the revised curriculum is believed to be exploitative of young
children’s innocence; that is, the curriculum starts students’ thinking about sex before they would have normally. One newspaper contribution stated that by, “imposing this information on our children, we are condoning behaviour that is outside children’s sphere of interest, involvement, understanding, and maturity level. Let them have their innocence” (Apel, 2010, para. 3). They continue on to say, “why should [children] care about these things? Who gets hurt by withdrawing this information? Very, very, very few” (Apel, 2010, para. 4). The understanding here is that elementary children are at a point in their life where they have very little – if any at all – exposure to sexuality; therefore, having a curriculum that draws attention to these issues is unnecessary and premature. In these cases, some believe that students do not need this information until they are at the point of development in which they start experiencing these issues.

Further, introduction to sexual health information in elementary-aged students not only exposes them to this information before they are ready, but is believed to also encourage them to engage in these behaviours earlier. One person stated that the curriculum is, “going against nature, in waking up sexual interest. We’re opening the gates of hell” (Outhit, 2015b, para. 7). From this, it can be interpreted that the curriculum is going to be detrimental to students, as it exposes them to what this individual considers to be ‘evil’ ideologies – as expressed through his reference to the “gates of hell”. In particular, certain topics in the curriculum – such as masturbation, anal, and oral sex, and even homosexuality – were cited as particular aspects of sex and sexuality that students were believed to be more likely to experiment with should they be taught at the ages in which they were proposed in the updated curriculum. PAOBE (2015a) stated, for instance, that the ways in which the curriculum addresses masturbation, “legitimize and even encourage this activity” (para. 6) while the CLC (2015a) questions whether or not,
“participation in such a group or school event actually increase his or her confusion, and become the catalyst for experimentation with homosexuality?” (para. 21). It is clear that the topics of masturbation and homosexuality are areas of contention for these lobby groups, and they believe that it is wrong to expose young children to these ideas on the basis of their belief that the curriculum encourages children to actively experiment with what they are learning.

The perspective of the curriculum encouraging students to engage in sexual behaviours earlier is also understood to be associated with rendering students vulnerable to the adverse effects of such activities; this is in spite of the fact that the literature suggests that comprehensive SHE at younger ages before students become sexually active may have the opposite effect, actually promoting safer sexual health practices amongst youth (Carter, 2012; Shu et al., 2016). For instance, PAOBE (2015b) suggested that the curriculum promotes, “promiscuity which only result[s] in STIs, HIV/AIDS, pregnancies, cancer and self-destruction”, as well as “psychologically and physically damaging” (para. 1). These ideas support the understanding that rather than keeping children safe from the potential negative consequences of engaging in sexual behaviours, it does the opposite – and, in fact, places them at a higher risk of experiencing these adverse effects. Organizations that support this notion, such as PAOBE and the CLC, have values rooted in Christianity – which may suggest that these beliefs about the curriculum are driven by more conservative and traditional understandings of sex and sexuality, which do not include the early onset of sexual behaviours.

The Curriculum Teaches Against Some Religious and Cultural Values

Lastly, opponents to the revised HD & SH curriculum widely cited the fact that the curriculum is not aligned with some religious and cultural values. This perception will be discussed, as it arose from the data analysis of the current project, within two subthemes below
regarding misalignment with both conservative faiths and cultures and the Catholic faith, specifically.

**Misaligned with conservative faiths and cultures.** The goal of a comprehensive approach to SHE curriculum is to address the needs of diverse audiences in a way that acknowledges and respects their unique sexual health needs (PHAC, 2008); however, some individuals, particularly those with strong religious and cultural affiliations, felt as though the revised SHE curriculum catered only to specific ideologies. These individuals criticized the updated HD & SH curriculum in this sampling of the public discourse, as they believed the content of the curriculum did not align with – or even reflect – the values of traditional faith and cultural groups. Many people who shared this understanding commented that they wanted to be able to teach their children issues of sex and sexuality in a way that aligned with their faith. One individual expanded this idea, stating,

> in such a richly multicultural city, where so many families are immigrants and first-generation Canadians of diverse, often conservative faiths and cultures, it was demanding a great deal for parents to accept invasive sex instruction in the schools at complete variance with ethics taught at home. (“Sex ed: Why Dalton flip-flopped”, 2010, para. 11)

Again, families of cultures and faiths that value traditional understandings of sex and sexuality feel as though the curriculum does not fit in with their value system, as evidenced here. Specifically, parents expressed concern that their children would be conflicted with the messages about sexuality they received, both from home and at school. One contributor to *The Kitchener-Waterloo Record* stated, for instance, that students, “are getting one message at home and they’re getting another message at school and it’s contradicting what the parents say” (Weidner, 2015, para. 8), while another contributor to *The Chronicle Journal* suggested that this contention is,
“not fair for [their] religion and it’s not fair for [their] child” (Jones, 2015, para. 10). These parents argue that this dissention between values in the home and the perceived values reflected in the updated HD & SH curriculum causes their children moral confusion, and may hinder the child in their sexual development. The second parent also implies that it is unfair for the government to impose a HD & SH curriculum that does not align with traditional values.

The sense of unfairness stems from what some view as dissonance between the HD & SH curriculum and traditional values as a complete exclusion of these beliefs from the education system. In particular, certain traditional values such as love, marriage, and couples are cited as being mentioned rarely, if at all, in the 2015 iteration of the curriculum – and this is seen as an exclusion of familial values. When discussing the failure to mention love in the curriculum, one individual asked, “when did that word become unmentionable? The curriculum refers to sex as a way of showing ‘affection’. That’s too beige. Children know what love is . . . don’t take love out of their education” (Calabrese, 2015, para. 13). Additionally, another individual questions the use of the word ‘partner’ as a replacement for the word ‘couple.’ They state, for instance, that,

The word ‘couple’ shows up only twice, while the word ‘partner’ is used hundreds of times in connection with sex. Partner reminded [him] of how children are constantly told to pair up for gym, or arts and crafts, and it’s the wrong word to use at school when talking about sex. It’s open to more than one person, and it’s very much a temporary, ad-hoc kind of arrangement that can change at any time. (Ross & Fatima, 2015, para. 20)

The concepts of love and marriage are extremely important to some of the public, as evidenced in this commentary, and some feel as though these topics cannot be removed from the conversation of sexuality. From their perspective, they see the failure to mention these topics as
deeming sexuality and sexual relationships more casual, when conservative value systems deeply
devalue connection and commitment within these relationships.

Finally, the exclusion of traditional values and teachings is considered to be a failure to respect people of faith on the provincial government’s behalf. In particular, some people’s perspective is that all other values in the province are accommodated for, except for their own. One individual supports this idea when they state that they, “constantly question why Ontario’s liberal urban elites are willing to tolerate every perspective and philosophical orientation except the Judeo-Christian values the Ontario public education system was built on” (Simpson, 2015, para. 6). Another individual expressed similar concerns, stating that the revised curriculum, “calls on people of faith to abandon the beliefs that we consider sacred, all in the name of political correctness” (Leslie, 2011, para. 10). There are undertones of irony in these statements, as this group of individuals question why their personal beliefs do not have room under the umbrella of inclusiveness that the government strives to achieve. Multiple values, beliefs, and perspectives are embedded into the 2015 HD & SH curriculum; however, some believe that religion and conservative values do not hold a place in this narrative.

**Misaligned with Catholic school teachings.** Secondly, with the understanding that the curriculum conflicts with conservative faiths and cultures, some question how the Catholic school board is expected to teach the updated curriculum in their schools in accordance to their religious beliefs. In the Catholic school system, the Fully Alive program exists in attempts to examine aspects of human life, including sexuality, through a Catholic lens (Assembly of Catholic Bishops of Ontario [ACBO], 2014). However, some of the public does not believe that this is enough to keep sexuality within the boundaries of Catholicism, as these schools are still required to touch on all of the concepts in the curriculum. One individual recognized this by
stating, “although Catholic schools will implement a modified curriculum that teaches the same concepts in a faith-based context, many parents are unhappy about the inclusion of such topics as same-sex relationships and masturbation” (Fatima, 2015, para. 8). Additionally, the CLC (2015b) stated that,

> It is unclear how Catholic schools can implement teaching on birth control, abortion, the idea that being male or female is a social construct, gender expression, and the 6-gender theory, even if retrofitted with a ‘Catholic lens’. Catholic moral teaching forbids abortion and the use of artificial contraception as grave evils. The theory of gender identity, gender expression and the idea that there are more genders than just male and female directly contradict Christian anthropology of the human person. (para. 10)

These statements directly express concern for how topics introduced by the revised HD & SH curriculum that are in direct contrast with Catholic values have the ability to be contextualized within a Catholic framework. Similar to the previous section, some of those who are involved in the Catholic school system feel as though their values are not being acknowledged or respected with the implementation of the updated curriculum, as the content does not align with the teachings of this religion.

**Conclusion**

From the analysis, it is clear that very polarized views on the revised HD & SH curriculum emerged in the public discourse. There was rarely a middle-ground; people, groups, and organizations were either strongly in support of or strongly opposed to the updated curriculum. With the curriculum being so polarized, this is indicative of Ontario’s SHE program persisting as a highly politicized and controversial issue. Both sides of the controversy build their understanding of the revised curriculum through their own personal experiences and interactions.
in their social worlds – whether it be related to religion, personal experiences with sexuality, education, or cultural beliefs. Falling in line with social constructivism, each understanding holds merit and contributes to the overall discourse.

For those who voiced support for the revised curriculum, there seems to be a perceived overall value in providing knowledge that is accurate and evidence-informed to students that opens up dialogue about difficult, yet important, subjects. Supporters of the revised curriculum perceive the world to be a place in which sexual imagery is the norm, and subsequently, they support research-informed information and pedagogy to help students navigate the vast messaging they are receiving. Overall, there is a strong sense of trust among supporters in the provincial government to take on the role of primary sexual health educators, thereby providing students with the sexual health information they need to develop into sexually healthy beings. Supporters trust the process in which the government developed the curriculum, believing that there was adequate consultation with all stakeholders and the proper research was conducted, consequently placing the best interests of students at the forefront.

On the other hand, those who criticized the curriculum seem to hold stronger traditional religious and cultural values that do not align with what was proposed in the revised curriculum. As such, these individuals held a preference that parents were better-suited as educators of SHE, as they could filter their knowledge through their religious or cultural lens. With this understanding, there was an implied distrust in the government to adequately provide SHE to students. The process of curricular development was seen as misguided, incomplete, and illegitimate – as the traditional values, held so tightly by some, were excluded from the conversation.
Regardless of whether individuals and organizations support or disapprove of the 2015 iteration of Ontario’s HD & SH curriculum, it is clear that the construction of knowledge surrounding it is supported by their own interactions with their social environments. Understandings of sexuality, sexual health, and its relevance to students’ lives are shaped by various factors such as culture, religion, political affiliation, and perceived social norms. As such, regardless of where these perspectives stem from, each individual can find justification in their belief. Simply put, the various ways of knowing and understanding the updated curriculum, as demonstrated in this study, are legitimate and justified interpretations. As such, the unique perspectives emerging from this study are able to coexist in a way that does not interfere with each other. With education being publicly funded in the province of Ontario, each of these perspectives should be valued and accounted for in the public discourse so that all voices are reflected in educational policy. The resulting impact of these diverse perspectives is a complex and ever-changing landscape of SHE in Ontario.
CHAPTER FIVE: DISCUSSION AND CONCLUSION

This concluding chapter provides a summary of the public discourse that surrounds Ontario’s 2015 update to the HD & SH component of the HPE curriculum; the findings of this study will be discussed in the context of the current literature associated with SHE. The findings are also discussed and interpreted through a social constructivism lens, which acknowledges that one’s understanding and knowledge of social phenomena is constructed through interactions with the social world (Andrews, 2012). This chapter will further provide suggestions on how the findings from this research project may inform further research – specifically, the ways in which SHE policy development and implementation in Ontario may be impacted by the public discourse that surrounds it. The following chapter is organized into four sections: i) summary and discussion of findings; ii) implications; iii) limitations; and v) conclusion.

Summary and Discussion of Findings

Through QDA, a multitude of discursive data was collected from various sources including newspapers, lobby groups, organizations, and the provincial government; this data reflects the public discourse surrounding the HD & SH curriculum in Ontario. Analysis of this data aimed to address the following research questions:

i) What sources of information have comprised the public discourse surrounding the release and implementation of Ontario’s 2015 Human Development and Sexual Health (HD & SH) curriculum?

ii) How do members of the public come to interpret, understand, and value Ontario’s 2015 HD & SH curriculum, as expressed through the underlying themes in the discourse?
Framed by these two guiding research questions, the following is a summary of the findings from the analysis of the public discourse surrounding the 2015 iteration of Ontario’s HD & SH curriculum.

**Discourse Reflecting the Support of the 2015 HD & SH Curriculum**

Beginning first with the discourse that supports the revisions to the HD & SH curriculum, the following six themes emerged in the data:

a) Providing students with knowledge helps them stay healthy and safe;
b) The curriculum promotes acceptance and respect for diversity;
c) The curriculum addresses the realities of youth sexual culture;
d) Schools provide quality and accuracy;
e) The curriculum fills gaps that parents leave; and
f) The opposition is driven by misinformation.

**Providing students with knowledge helps keep them safe and healthy.** From the analyzed data, one of the most commonly noted themes that emerged was that the content in the 2015 iteration of the HD & SH curriculum provided students with the knowledge necessary to keep them healthy and safe. Aligning with this perspective, comprehensive approaches to SHE have been linked to positive outcomes related to youth sexual health, such as delaying sexual initiation and the increased prevalence of condom use upon sexual initiation (Bourke et al., 2014; Kirby, 2008; Kohler et al., 2008; Reis et al., 2011; Starkman & Rajani, 2004). With the nature of the new HD & SH curriculum taking on a comprehensive approach to sex and sexuality, this was viewed by supporters as a way to help students develop the knowledge, skills, and behaviours necessary to engage in healthy sexual activity to achieve the outcomes acknowledged in the literature. This may reflect an understanding that when students are provided sexual health
information provided in the updated curriculum that includes a wide variety of sexual health practices, prevention methods, and resources and supports, they are granted the tools necessary to make healthy and informed decisions about their sexuality and sexual health.

The discourse also suggests that providing comprehensive sexual health knowledge to students empowers them to recognize sexually healthy and unhealthy practices, support diverse sexual development, and deconstruct the taboo nature of sex that exists in today’s society. In the updates to the HD & SH curriculum, topics such as gender identity, sexual orientation, consent, and healthy relationships were newly introduced; these concepts introduce alternative discourses of sex and sexuality (Grose et al., 2014) to those previously included in the more traditional – and outdated – curriculum, implemented in 1998. By being introduced to discourses of sex and sexuality that extend beyond a heteronormative and gender binary perspective, students may, for instance, develop a respect for diverse sexual narratives, but also may feel more comfortable and safe in positively shaping their sexuality in ways that best suit them (Grose et al., 2014). Additionally, by addressing various aspects of sexuality, it may also help break down the culture of silence that surrounds this aspect of life. Encouraging conversations between students, peers, and teachers, may help students to become more comfortable in distinguishing between interpersonal relationships that are healthy and unhealthy, how to address them, and how and where to seek support (Gordon, 2011). In sum, the portion of the discourse studied in this research believes that opening the dialogue on sexual health may act as a means of helping students navigate the sometimes-blurred lines of problematic sexual behaviours, and empower them to hold control over their sexuality.

Sexual behaviours and expressions of sexuality are tied to potentially damaging physical, psychological, emotional, and social effects (Brady & Halpern-Felsher, 2007; PHAC, 2008).
This, compounded with the wide acknowledgement that sexual health is a right for all individuals (PHAC, 2008; WHO, 2006), suggests that access to sexual health information is a right that students have, as it can help combat some of the adverse health effects associated with risky sexual health behaviours. Comparatively with the public discourse analyzed for this research, some members of the public come with a shared understanding that, for instance, since schools are publicly-funded institutions who serve a wide range of students, there is a public responsibility to provide all students with the relevant information needed to maximize their personal sexual health.

The interpretation that the updated curriculum provides students with a comprehensive understanding of sex and sexuality, as well as it being a tool to empower students through exposure of various narratives and deconstructing the perceived taboo nature of sex and sexuality, aligns with the Information-Motivation-Behaviour (IMB) theory in health promotion. With the HPE curriculum being a tool to promote healthy and active lives amongst students (OME, 2015c), it first works to develop students’ knowledge base of relevant sexual health issues, which is a precursor for behaviour change (DiClemente, Salazar, & Crosby, 2013). Through navigating alternative sexual discourses and reducing the taboo nature of sexuality – which, in turn, will help normalize discussions of various topics of sexuality – may also work to develop positive attitudes and social norms that increase students’ motivation to comply with healthy sexual practices (DiClemente et al., 2013). Finally, the information and motivation developed through the curriculum work in conjunction with one another to promote positive and healthy sexual behaviours amongst students, overall keeping them safe and healthy. This understanding of the HD & SH curriculum aligns with research demonstrating how it may be used as a tool to promote positive sexual health amongst students.
The curriculum promotes acceptance and respect for diversity. Secondly, the analyzed data highlights that some of the public, as well as some organizations, felt strongly that the new curriculum was a helpful tool to help students recognize difference and facilitate an inclusive society through building mutual respect for peers. In particular, aspects of the curriculum that were new additions – such as gender identity, sexual orientation, and consent – were celebrated. As previously discussed, comprehensive SHE breaks away from the typically heteronormative perspective that SHE is taught in (SIECCAN, 2015) and highlights other forms of sexual expression. This acknowledgement not only has the potential to permit all students to have access to the sexual health information that aligns to their needs in order to build a positive self-perception of their sexuality, but also may legitimize aspects of their life experiences for both themselves and their peers. Through the understanding that the updated curriculum reflects various cultures, it can then be argued that the curriculum achieves Ontario’s goal of achieving culturally responsive pedagogy; that is, students’ multi-dimensional social identities are addressed in order to achieve a safe and welcoming environment that allows students to thrive academically (OME, 2013).

Working with the understanding that the curriculum may help legitimize the experiences of the LGBTQ community to peers, some individuals and groups then suggested that the revised curriculum may, in turn, foster a deeper understanding and appreciation for diversity. This was seen as an important component in building respect for others in order to help reduce the increased stigmatization, bullying, and victimization that the community of sexual minorities experiences (Taylor et al., 2011). Additionally, topics of consent and healthy relationships were also perceived to be a necessary component in reducing the increasing prevalence of issues such as sexual assault, harassment, and sexting (CWF, 2016; Johnson et al., 2018). Diversity is
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commonly viewed as a prominent and foundational aspect of society, and needs to be
acknowledged in order to promote positive interactions amongst all individuals (Tropp &
Bianchi, 2006). The revised curriculum, then, is seen by its supporters as a tool to help people
relate to others. Overall, those who value the inclusion of gender identity, sexual orientation,
consent, and healthy relationships in the curriculum come to interpret it as a way to foster the
development of necessary life skills – such as empathy, respect, and compassion – which are
noted as being the building blocks for high-quality and healthy relationships (Boele et al.,
2019). Revealed in this study, there exists the notion that by not providing a comprehensive
approach to SHE in Ontario schools, it is believed by some that it would be a failure to
respecting certain populations. Additionally, those who were not supportive of the inclusion of
topics such as sexual diversity and gender identity were perceived to be imposing a bigoted
intolerance of certain groups – particularly, sexual minorities.

The curriculum addresses the realities of youth sexual culture. Much of the support
for the HD & SH curriculum in the public discourse also focused on the curriculum’s perceived
ability to better address Ontario’s ever-changing landscape of youth sexual culture than the
previous iteration, which was published in 1998. In particular, the increasing prominence of
sexual imagery in the mass media, as well as the technological advances in youths’ lives, were
identified in the public discourse as being more adequately addressed by the new curriculum than
by that from 1998. In current society, youth are bombarded with sexual imagery, with the media
and peer relationships playing a prominent role in youth sexual development and socialization
(Tolman & McClelland, 2011). The literature demonstrates that the reality of today’s culture
reflects that students, in fact, prefer to utilize these mediums as sources of sexual health
information regardless of its accuracy (Frappier et al., 2008; Larkin, 2017; Tolman &
McClelland, 2011). Evidence has suggested that without an understanding of the messages they receive through various sources, youth may be at an increased risk for early sexual initiation in the absence of a deconstruction of these messages (Brown et al., 2006). Through the analysis of the public discourse, it is clear that the public recognizes this, and that new technologies and the media may play a significant role in shaping youth’s understanding of sexuality – in particular, how they access information, engage in sexual behaviours, and see portrayals of relationships.

The shared understanding amongst this portion of the data is that students need the updates made to the HD & SH curriculum in 2015 in order to develop the proper tools and critical thinking skills to navigate the mass amounts of sexual imagery they are exposed to through technology and the mass media in our ever-changing society.

Some of the public also suggested that the timing of the delivery of content through the updated HD & SH curriculum is appropriate, as they will have the proper knowledge and skills necessary to make healthy and informed choices before they are actually required to apply them. This perspective aligns with foundations of health promotion; that is, the curriculum represents a primary level of prevention to forestall the negative health effects of sexual behaviours (McKenzie, Neiger, & Thackeray, 2013). By introducing certain topics earlier, the curriculum is viewed as a proactive measure for promoting youth sexual health. Seeing the early introduction of the HD & SH curriculum as a legitimate health promotion approach is not commonly shared by parents, as demonstrated by some research. There is a general preference amongst parents, for instance, that SHE is not introduced to students until the middle school (Grades 4-6) years (Eisenberg et al., 2007; Weaver et al., 2002).

**Schools provide quality and accuracy.** The data analysis in this study also demonstrated that some of the public viewed schools as the ideal environment in which to help
students navigate the sexual imagery they are exposed to. This is supported by some individuals’ appreciation of the consultation process utilized to develop the curriculum, suggesting that the government did their due diligence in engaging the right stakeholders in the process. The legitimacy of public policy increases when the consultation process is well-rounded and involves relevant stakeholders (Smith, 2003). In the case of those supporting the consultation process for the revised curriculum, then, the inclusion of various professionals and experts in diverse fields, students, parents, and educators was satisfactory enough to presume that the curriculum is grounded in accurate evidence. From this, it can also be acknowledged that the individuals and groups who support the consultation process done by Ontario’s government place value in SHE that is grounded in current research and supported by professionals and experts in the field.

The data also found that supporters of the updated curriculum also believe that teachers are provided with training and PD that others are not, which enables them to provide high-quality SHE to students. Teachers are viewed as professionals who are specially trained to educate students – and sexual health is no exception. However, the understanding that teachers receive appropriate training on the HD & SH curriculum juxtaposes the literature on this topic. Research has found, for instance, that pre-service teacher candidates identify that there is little to no pre-service training on teaching sexual health (Eisenberg et al., 2010); and, when teacher candidates do receive training, they are not fully satisfied with what they receive, therefore indicating that they desire more depth and breadth during training on the topic, and more honest discussion from their professors (Klein & Breck, 2015). Dissatisfaction with pre-service training also leaves teacher candidates uncomfortable with teaching sexual health in their classrooms, as there is a lack of preparedness to address the sometimes-sensitive topics (Peskin et al., 2011).
Although this study found that some of the public have a high regard for teachers’ ability to support the implementation of an updated HD & SH curriculum, there may be a need to better address teacher training relating to SHE – especially with its controversial and highly politicized nature.

Despite literature indicating the barriers faced by educators when implementing SHE in their classrooms, some members of the public believed that teachers ultimately have the best interests of their students in mind – and they are the ones best-suited to understand students’ unique learning needs and contexts, thereby best prioritizing their interests when it comes to SHE. Since the revised HD & SH curriculum was controversial in nature, some of the public discourse represented that teachers would bring heightened sensitivity when addressing these topics. Aligning with a study by McKay et al. (2014) that suggests wide support for teaching SHE in schools, this finding was indicative of a sense of trust in the public education system to provide students with quality SHE. Under the assumption that teachers have the capacity to sensitively discuss sexual health, some individuals and groups believes that classrooms may develop into safe environments in which students are free to explore various perspectives and understandings of sexuality. A safe and accepting environment, in turn, facilitates dialogue between teachers and students, which supports students in finding the answers to the questions most relevant to their lives (Pound et al., 2017).

The curriculum fills gaps that parents leave. Finally, this study found that the public discourse in support of the revised curriculum feels the new curriculum addresses knowledge gaps that parents may leave when discussing sexuality with their child; this is a fact that is also widely supported by research. Specifically, research by Malacane and Beckmeyer (2016), Ramaekers and Suissa (2011), and Walker and Milton (2006) indicate that there are barriers that
exist that prevent parents from being effective sexual health educators for their children. For example, Malacane and Beckmeyer (2016) suggest that parents may have discomfort when discussing sexuality with their children, as it is still commonly viewed as a taboo subject. From this study’s data analysis, some newspaper contributions from parents echoed this discomfort in discussing sexuality with their children and indicated that they were happy to be relieved of that responsibility by the new curriculum. Additionally, Ramaekers and Suissa (2011) propose that teachers are trained professionals, and parents should hold a limited role in their child’s education in the absence of proper training and PD. Through this study’s analysis, it was found that some parents agreed with this sentiment, stating that they did not feel equipped with the proper knowledge needed to be effective sexual health educators – adding yet another element to the perceived parental discomfort in delivering SHE to youth. In these cases, the revised curriculum was viewed by its supporters as a welcomed change, as it relieved parents of the discomfort they may experience explaining sex and sexuality to their children – whether stemming from the taboo nature of sexuality itself, or from parents’ lack of sexual health knowledge.

Another noted barrier to parents delivering effective SHE is observed from a study with families with strong cultural or religious foundations. This study found that such strong cultural or religious devotions may prevent students from feeling comfortable approaching their parents with questions, as sexuality may be viewed as a deplorable topic (Walker & Milton, 2006). There was acknowledgement in the public discourse, too, that parents hold their own beliefs and biases regarding sexuality. When students’ beliefs do not align with their parents’ and they seek out sexual health information from them, students may receive a skewed understanding of sex and sexuality, which may render them vulnerable to significant knowledge gaps. Additionally, if
students are aiming to seek out sexual health information that they know is in contention with their family’s religious or cultural beliefs, they may not feel comfortable seeking out this information for fear of facing consequences from their family. In this sense, the revised curriculum is thus seen as a means of catering to students who may not receive fulsome SHE at home.

While the public discourse may seemingly criticize the general ability of parents to act as sole sexual health educators for their children, organizations such as Ophea and the OME not only recognize the importance of collaboration between parents and schools in SHE, but encourage it. Healthy childhood development is maximized when there is a partnership between schools and parents (Barnes et al., 2016); in particular, this collaboration, in the context of SHE, has the potential to help maximize sexual health outcomes for students (Byers et al., 2003). Regarding the revised curriculum, for instance, both organizations stressed that parents are a necessary component in the moral dimension of their children’s sexual development. The provincial government, then, seeks to complement and enrich sexual health lessons that students are already receiving at home with the revised curriculum.

The opposition spread misinformation. With the controversy that surrounded the 2015 update to the HD & SH curriculum, there was much public discussion on the topic. Through these discussions, some who agreed with the curriculum updates believed that its most vocal opposition had opinions and understandings which were rooted in misinformation. At the centre of the blame for the spread of misinformation was the media. Some suggested that the media sensationalized negative opinions and inappropriately gave a voice to what they believed to be these misinformed voices. The media holds a significant role in influencing public opinion about social issues through its framing of them (Soroka, Lawlor, Farnsworth, & Young, 2012) and
when these issues are negatively covered, there is an association with increased negative public attitudes and perceptions of the issue (Happer & Philo, 2013). Aligning with this research, those who negatively viewed the media’s influence over how the HD & SH curriculum was framed criticized the publication of the opposing opinions, as they did not believe that these opinions held value in the debate. In a sense, there is some irony in this interpretation, since there were individuals who criticized some cultural and religious groups as being intolerant of worldviews beyond their own (as discussed previously in this chapter), while these accusations may also be interpreted as an intolerance towards conservative and traditional values of sex and sexuality.

**Discourse Reflecting the Opposition of the 2015 HD & SH Curriculum**

This study also illuminated the public discourse that opposed the revisions to the HD & SH curriculum, with four themes emerging in this discourse:

i) The curriculum is a tool to promote liberal ideologies;

ii) Parents know what is best for their child;

iii) Topics of sex and sexuality are introduced too early; and

iv) The curriculum teaches against some religious and cultural values.

**The curriculum is a tool to promote liberal ideologies.** Findings from this study’s data analysis found that opposition to the new curriculum viewed its comprehensive nature as a tool for the promotion of liberal ideologies and to push a radical sexual agenda on youth. The literature has provided support for the effectiveness of comprehensive SHE in promoting positive and healthy sexual behaviours amongst youth when compared to abstinence-based programs (Bourke et al., 2014; Carter, 2012; Ries et al., 2011). In contrast, however, some public opponents to the revised SHE curriculum believe that the new curriculum does not have the best interests of the students in mind. Through descriptions of the curriculum as a form of
indoctrination, social engineering, and thought control, there was a perception, for instance, that certain concepts were included not to support the healthy sexual development of students, but rather, to push them towards a liberal lifestyle.

Sex and sexuality is also acknowledged of extending beyond a biological perspective, and encompasses various aspects such as emotional, social, and mental dimensions (OME, 2016; PHAC, 2008; WHO, 2006). However, there were individuals and lobby groups who opposed the curriculum that felt that by extending beyond the biological perspective of sex, the new curriculum’s legitimacy was questionable – as the opponents viewed these ‘other’ aspects of sexuality as being outside the realm of science. Overall, individuals and groups who share these viewpoints seem to place value on conservative and traditional understandings of sex and sexuality, and oppose that which lies beyond this perspective. From their perspective, SHE needs to be guided by a certain moral and responsible approach, and the updates to the HD & SH curriculum are in direct contrast with this (di Mauro & Joffe, 2007). This dissonance between how these members of the public perceive the curriculum and their personal stand on sex and sexuality may drive their opposition of the curriculum, as it does not accommodate for their personal beliefs.

**Parents know what is best for their child.** Secondly, this study highlighted that much of the opposition to the revised curriculum involved the extent to which parents were involved in the consultation process for its development. Many opponents to the curriculum, for instance, felt as though the parent’s role in their child’s sexual development was hindered by the new curriculum. Parents are recognized as crucial players in their child’s development, particularly their moral development (Smenana, 1999). With sexuality often being strongly connected with morality, some opponents believe that SHE is too sensitive, private, and personal, to be
adequately covered by schools. Stroetinga, Leeman, and Veugelers (2019) suggest that one of the main factors that interferes with parent-school collaboration is a difference in value systems. Thus, for those who believe that the updated curriculum is against their familial values, this, then, interferes with the perceived value of the school in their students’ SHE, rather than enriching it. In the same vein, this study revealed that some opponents even felt as though the new curriculum was removing parental rights to do so, and felt as though the curriculum was promoting an ‘anti-parent’ perspective. Again, this was viewed as an intention to create a gap between parent and child to allow the government to step in and adopt the role of ‘parent,’ thereby imposing certain sexual values and morality on students – some that are in contention with some family values. While some parents want to have primary control over educating their child on sexual health matters, research does demonstrate that parents may not be effective as their children’s sole sexual health educators, potentially leaving significant gaps in their knowledge of sex and sexuality (Malacane & Beckmeyer, 2016).

The data analysis also found that the level of parental consultation in the development process of the HD & SH curriculum was found by its opponents to be neither meaningful nor sufficient. Though the government claimed to have consulted 4,000 parents from across Ontario, some parents felt as though this was not representative of the diverse opinions that parents held on such a sensitive topic, and that the process of obtaining parent opinion was biased. By Canadian standards, stakeholder engagement should ensure openness and balance in consultations by allowing all affected stakeholders to contribute, and transparency through communication of the consulting process (Treasury Board of Canada Secretariat, 2007). In the case of the HD & SH curriculum, many individuals expressed that neither of these standards were upheld because their voices were not heard. By feeling as though the parent consultation
process was not sufficient – in that it did not include enough diverse parents and there was a perceived bias – it decreased the curriculum’s legitimacy in the eyes of these individuals (Smith, 2003). This, in turn, suggested a lack of trust in the government’s ability to effectively develop and implement a legitimate curriculum that accurately reflects the diverse needs and perspectives of the public, and fuels some perspectives that the government is trying to push a certain agenda with the new curriculum. This interpretation is in direct contrast of some supporters of the curriculum, who indicated that the government properly consulted the appropriate stakeholders in the development of the HD & SH curriculum, and who trust in the teachers’ abilities to implement it appropriately, as articulated earlier in this chapter.

**Topics of sex and sexuality are introduced too early.** Third, this study found that opponents of the new curriculum were dissatisfied with when concepts of sexuality were to be introduced to students. Individuals and groups who opposed the new curriculum, for instance, often cited it as being age-inappropriate, and that knowledge was introduced too young or too early. Some who disagreed with the timing of the HD & SH curriculum’s content believe it to be exploitative of the innocence of childhood, and though it would pique students’ interest and curiosity in matters of sexuality well before it should. These opponents understand that an early exposure to sexual health education may not be beneficial for young students’ sexual development and will instead exploit it. However, some of the literature cites that the curriculum can be a way to proactively and preventatively approach sexual health by providing students with the knowledge and tools they need well in advance of when they need to apply them (NCCDH, 2014). Additionally, some research suggests that exposing students to comprehensive SHE before they become sexually active has been demonstrated to promote safer sexual health practices amongst youth, rather than encouraging sexual experimentation as the opponents
believe (Shu et al., 2016). While there is dissonance between these views and demonstrated findings from research, these opponents who suggest the curriculum is implemented too early may earnestly want to protect their child from any perceived adverse effects of SHE by protecting them from its exposure before they are ready.

The curriculum teaches against some religious and cultural values. Lastly, this study found that curriculum opponents with strong cultural and religious affiliations expressed concerns about the curriculum catering only to specific value systems – mostly, those which were liberal in nature. These opponents stressed that they preferred to teach SHE in accordance with their faith, and did not feel as though the curriculum offered the opportunity to do so. This challenges research addressed previously in this chapter, which indicates that parents and schools working in collaboration can help maximize the benefits that students gain from school-based SHE (Byers et al., 2013). Parents expressed concern that receiving contradicting messages of sexuality between home and school would lead to moral confusion, and parents would not be able to facilitate their child’s sexual development through their personal cultural and religion lens. Instead, parents in opposition to the new SHE curriculum feel as though since their religious and cultural values are not acknowledged, they are not able to facilitate this collaboration – which may ultimately hinder students’ learning about sex and sexuality.

The perceived exclusion of certain traditional values such as love, marriage, and couples from the updated curriculum was a point of great frustration for those who value traditional understandings of sexuality. Of those who hold these values, there is a strong valuing of connection and commitment within sexual relationships; some felt as though the curriculum mitigates the role that these conservative values hold in issues of sex and sexuality. With the goal of comprehensive SHE being to value, respect, and address the needs of diverse populations
(PHAC, 2008), there is an implied sense of irony that those from certain cultural or religious groups are not given space in the new curriculum – despite the stated efforts of inclusion that the OME attempts to achieve through the curriculum. Although there may be various sexual discourses embedded in the HD & SH curriculum updates, the ones that reflect traditional and conservative viewpoints are seemingly absent in the eyes of some of its opponents.

Specifically, this study found that families in the Catholic school system echoed similar concerns about their values being excluded by the new curriculum. For instance, some of the public discourse questioned how a comprehensive SHE curriculum could be retrofitted to accommodate a Catholic lens, despite the Catholic schools having the Fully Alive program which attempt to address sexuality through a Catholic framework (ACBO, 2014). It was recognized certain aspects of sexuality being taught in the 2015 HD & SH curriculum are in direct contention with what is taught in the Catholic faith. Similar to previous themes that emerged from the analysis, concerns with the new curriculum acknowledge that individuals send their children to Catholic schools to have them receive an education that is in accordance with their faith or morality; however, with the revised SHE curriculum, opponents to the new curriculum feel that the government is imposing a curriculum that forces Catholic schools to teach outside of the boundaries of religious doctrine, thus excluding Catholicism from the sexual health narrative.

**Implications**

Many positive aspects of school-based SHE are well documented in the literature, including its necessity and acceptance, the outcomes of SHE, and the barriers to its implementation in the classroom. What the literature fails to address, however, is how members of the public come to understand, interpret, and value the introduction of a comprehensive SHE
curriculum that is taught in public schools. In particular, SHE in the province of Ontario remains highly politicized and controversial; people’s knowledge and understanding of sexual health and sexuality is unique and rooted in their personal experiences and social interactions, aligning with the key underpinnings of social constructivist theory (Andrews, 2012). By analyzing the public discourse surrounding the 2015 iteration of the HD & SH curriculum in Ontario, it can help clarify the perceived value it holds in the public education system.

**Development of Policy**

This research may inform future studies in the area of SHE in public schools in Ontario – and, in particular, studies that investigate how public discourse surrounding the HD & SH curriculum contributes to and influences educational policy development. With education in Ontario being publicly funded, the general public shares the right and responsibility to contribute to the education system with other educational stakeholders. Through stakeholder engagement, educational policy development benefits in a number of ways: i) the policy has an increased level of support and legitimacy when widely consulted upon; ii) the policy is better informed and of higher quality; and iii) concerns about the policy are addressed early on in the process to increase the efficiency of the policy (Government of Newfoundland and Labrador, 2014). By understanding, and accounting for, the diverse stakeholder input on the HD & SH curriculum, it can help guide successful curriculum development and implementation.

**Implementation of Policy**

Additionally, the potential exists for this research to inform future studies on the implementation of the HD & SH curriculum in the classroom. Acknowledging that SHE is highly politicized and controversial, this study has the potential to impact the ways in which teachers implement this curriculum in their classrooms. Some of the content that is identified as
more controversial or sensitive may place teachers in a position that forces them to balance the objectives of the curriculum, the needs of students, and the values and beliefs of families. The various understandings of SHE in Ontario public schools provided by this research provides a foundation upon which researchers can investigate how teachers navigate these topics in the classroom to ensure the most positive outcomes for students’ sexually healthy development. Through this research, it was evident that the HD & SH curriculum in Ontario is deeply complex; it is unique and personal, which can provide challenges when it comes to teaching sexuality in a way that is sensitive and respects the diverse needs and values of students.

Revision of Policy

Finally, the findings from this study may help shape the future landscape for SHE in Ontario by shedding light on how people come to value the 2015 iteration of the HD & SH curriculum. Specifically, this research demonstrated that there are aspects of the development and implementation of the curriculum that both gained support from and were challenged by Ontario’s public. The findings from this study may help guide a revision of both the content of 2015 version of Ontario’s HD & SH curriculum, and the ways in which it is developed and disseminated in future, in order to reflect the values and opinions of Ontario’s public. Incorporating an in-depth understanding of some of the public’s perspectives on SHE in schools may promote the legitimacy and acceptance of what is an often-controversial issue.

Limitations

The scope of this research was be restricted to news pieces, reports, and public documents from a variety of stakeholders including journalists, policy-makers, lobby groups, and the general public in the province of Ontario. The documents included in this study were limited to those published between the years 2010 up to, and including, 2015. Though it is important to
acknowledge the role social media plays in shaping public discourse, and respecting its form as a medium in which people obtain and share information about social issues, the sheer volume of social media posts shared about the HD & SH curriculum revision extended well beyond the scope of this study. Thus, the conversations surrounding the 2015 HD & SH curriculum that occurred through various social media platforms, such as Twitter, Facebook, Instagram, and Reddit, were not included in this research.

One type of bias that may have existed in this research was the potential for *publication bias*. Each of the organizations and lobby groups represented in this study hold their own values and objectives within the organization. There is the potential that documents or publications that either fail to align with the organization’s values or are deemed to be controversial or inappropriate may not have been published for public access. This may have resulted in the exclusion of some of the contributions to the public discourse. Each article written for newspaper publication is also subject to bias undertones. The individuals writing these articles may impart their own political preferences and opinions on their work, despite the goals of these types of articles aiming to remain objective. In addition to publication bias, the potential for *participation bias* also existed in this study. Documents – and anecdotes within those documents – that are contributed by certain groups and individuals to these public sources are only reflective of those who are willing and able to participate in the public dissemination of their opinions in these ways. Other discussions surrounding the HD & SH curriculum that were shared through other channels – or, from those who are not strong writers – were, therefore, inherently not included in this study. This may have prevented the development of a comprehensive picture of the public discourse regarding the 2015 HD & SH curriculum in Ontario.
Finally, it is necessary to acknowledge my own personal biases as the researcher. As previously articulated in Chapter Three, QDA is subject to the preconceptions and biases of the researcher. In order to mitigate researcher bias, it was important to achieve a high level of rigor and trustworthiness in the research process and findings. Formerly outlined in the third chapter of this study, this project achieved trustworthiness through both investigator triangulation and data source triangulation. This study also achieved rigor through a meticulous research design that was appropriate and well suited to the objectives of the research project. By taking these steps, I aimed to lessen the subjectivity that often can accompany QDA.

**Conclusion**

This research sought to explore the public discourse that surrounded the 2015 iteration of Ontario’s HD & SH curriculum. In particular, it shed light on the various public perspectives of the curriculum, and how individuals, groups, and organizations came to understand, interpret, and value the curriculum as a whole. Thus, the various constructions of knowledge of the HD & SH curriculum were drawn upon and included in this research. The findings demonstrated that the vast majority of understandings were polarized; that is, the public tended to hold strong opinions either in favour of, or against, the curricular updates – and there were few that held opinions and beliefs in the middle of those two polarities. Of those who supported the curriculum, this study demonstrated that supporters believed:

i) The curriculum provided students with knowledge helps them stay healthy and safe;

ii) The curriculum promoted acceptance and respect for diversity;

iii) The curriculum addresses the realities of youth sexual culture;

iv) Schools provide quality and accuracy;

v) The curriculum fills gaps that parents leave; and
vi) The opposition is driven by misinformation.

In contrast to this, this study also found that opponents of the revised curriculum felt:

i) The curriculum is a tool to promote liberal ideologies;

ii) Parents know what is best for their child;

iii) Topics of sex and sexuality are introduced too early; and

iv) The curriculum teaches against some religious and cultural values.

This study found that SHE, particularly the HD & SH curriculum, persists as being a point of controversy in Ontario’s educational policy landscape. Members of the public, as well as public organizations, hold seemingly polarized views of the curriculum; it is apparent that some are strongly in favour of the curriculum, while others criticize it vehemently. The opinions and standpoints that people hold about the curriculum are unique and often stem from one’s interactions with their social world. Religion, culture, and personal experience all guide how one comes to understand issues of sex and sexuality are constructed and, in turn, are key factors in how one comes to value, interpret, and understand the HD & SH curriculum in Ontario. With education being publicly funded, as well as Ontario being a diverse province, it is necessary to comprehensively understand the public discourse surrounding the HD & SH curriculum in order to make an effort to have all voices reflected in the curriculum and its implementation.

While many members and organizations of the public celebrate the updates made to the HD & SH curriculum, there are some who oppose its proposal and implementation. The main concerns held by those who oppose the curriculum include: lack of meaningful parent consultations, exclusion of the parent role in SHE, and lack of regard for traditional and conservative values. Though these understandings of the HD & SH curriculum are not necessarily widely supported by the literature, they are all legitimate ways of knowing, as
supported by social constructivist frameworks. With that said, being able to balance evidence with other societal values and preferences in a way that prioritizes student needs and grants respect to the diversity seen in Ontario is necessary in developing a highly controversial curriculum. For instance, a wider consultation and more options for students to be accommodated for in the classroom based on their family’s values may facilitate more positive views on an updated HD & SH curriculum.

While the findings from this study are not necessarily generalizable, this research has the potential to help guide educational policy development; that is, these findings may suggest what Ontarians expect out of the HD & SH curriculum and, in conjunction with other factors, may have implications for shaping the nature of SHE in Ontario. Additionally, understanding the public discourse may impact how curriculum implementation is approached in the classroom. Specifically, being able to acknowledge and understanding the unique perspectives that families hold about sex and sexuality may play a role in how teachers and school administration approach teaching SHE in their schools and classrooms.

The findings from this study add to the body of literature by offering a unique perspective into the public discourse that surrounds SHE in the context of Ontario public schools. Specifically, this research acknowledges the various ways in which Ontario’s HD & SH curriculum serves diverse individuals by exploring how individuals and organizations interact with, and value, the curriculum. This unique perspective on SHE research holds merit, as it has the potential to help shape future research and policy decisions for SHE in Ontario’s public schools.
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# Appendix A

## Human Development and Sexual Health Topics By Grade

<table>
<thead>
<tr>
<th>Grade</th>
<th>Understanding Health Concepts</th>
<th>Making Healthy Choices</th>
<th>Making Connections for Healthy Living</th>
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<tbody>
<tr>
<td>Grade One</td>
<td>• Body parts</td>
<td>• Hygienic procedures</td>
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<tr>
<td></td>
<td>• Senses and functions</td>
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<tr>
<td>Grade Two</td>
<td>• Stages of development</td>
<td>• Oral health</td>
<td>• Visible/invisible differences, respect</td>
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<tr>
<td>Grade Three</td>
<td>• Healthy Relationships</td>
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<tr>
<td></td>
<td>• Physical and emotional development</td>
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<tr>
<td>Grade Four</td>
<td>• Puberty – changes; emotional, social impact</td>
<td>• Puberty – personal hygiene and care</td>
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<tr>
<td>Grade Five</td>
<td>• Reproductive system</td>
<td>• Emotional, interpersonal stresses – puberty</td>
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<td></td>
<td>• Menstruation, spermatogenesis</td>
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<tr>
<td>Grade Six</td>
<td>• Development of self-concept</td>
<td>• Understanding of puberty changes, healthy relationships</td>
<td>• Stereotypes and assumptions – impacts and strategies for responding</td>
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<td></td>
<td></td>
<td>• Decision-making in relationships</td>
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<tr>
<td>Grade Seven</td>
<td>• Delaying sexual activity</td>
<td>• Sexual health and decision-making</td>
<td>• Relationship changes at puberty</td>
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<tr>
<td></td>
<td>• Sexually Transmitted Infections (STIs)</td>
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<tr>
<td></td>
<td>• STI and pregnancy prevention</td>
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<td></td>
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<tr>
<td>Grade Eight</td>
<td>• Decisions about sexual activity; supports</td>
<td>• Decision making, contraception</td>
<td>• Relationships and intimacy</td>
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<tr>
<td></td>
<td>• Gender identity, sexual orientation, self-concept</td>
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## Appendix B

### Key Stakeholders in Ontario Education

<table>
<thead>
<tr>
<th>Stakeholder</th>
<th>Roles and Responsibilities</th>
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</thead>
</table>
| **Ministry of Education**                        | • Setting the provincial curriculum  
• Allocating funding for school boards  
• Setting policies and guidelines for school boards  
• Setting requirements for graduation  
• Approving appropriate resources (teaching materials, textbooks) |
| **Education Quality and Accountability Office (EQAO)** | • Developing and administering testing for core subjects (reading, writing, and mathematics)  
• Reporting results to the Ministry of Education  
• Providing recommendations for improving test results |
| **Ontario College of Teachers**                  | • Setting requirements for obtaining a teaching certificate  
• Maintaining a list of registered teachers  
• Investigating complaints against teachers |
| **School Boards**                                 | • Distributing provincial funding across the board  
• Developing local education policies  
• Providing certain programs in schools such as Special Education, French Immersion, and English as a Second Language programs |
| **Principals**                                   | • Overseeing teaching and curriculum in their school  
• Supervising teachers and staff  
• Allocating the school’s budget  
• Maintaining student records  
• Working with school council to encourage parent involvement, develop school-wide policies and guidelines, and make fundraising decisions |
| Teachers | • Running day-to-day classroom activities (lesson planning, teaching lessons, and student evaluation)  
|          | • Communicating with parents about student progress |
| Students | • Creating student councils to advocate for student interests at the school, school council, and school board level |
| Parents/Parent Councils | • Providing school administration with advice on parent engagement  
| | • Communicating with and supporting school councils  
| | • Organizing parent involvement initiatives |

(Parents for Education, 2018b)
Appendix C

Sample Coding

The following is a sample document from the Toronto Star that underwent the data analysis process. The initial comments by the researcher indicate the initial codes, while the indented comments specified the refined codes, as they emerged through the data.

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Sex ed belongs in curriculum

The Toronto Star
April 22, 2010 Thursday

SECTION: EDITORIAL; Pg. A30
LENGTH: 357 words

Ontario’s new sex education curriculum is “irresponsible” and borders on a “criminal” corruption of minors, asserts a coalition of conservative religious groups. Unfortunately, such rhetoric misrepresents the curriculum changes that are to be introduced in elementary schools this fall.

To be clear, the new curriculum is not a how-to sex manual. It does not encourage children to engage in sexual activities. In fact, it talks about delaying sexual activity.

The intent of the new curriculum is to inform students, in age-appropriate grades, about their bodies, what to expect as they go through puberty, and, importantly, the dangers of contracting a sexually transmitted disease from vaginal, anal and oral sex.

While we understand that this subject matter may make some parents uncomfortable, it is information that children need.

And those who argue that such lessons should wait until at least high school are ignoring the statistics, which clearly show that many young people engage in sexual activity long before then. According to one study, one-third of Canadian teens are already engaging in oral sex by Grade 9, some in the mistaken belief that it is “safe.”

The time to teach children about how to protect themselves is before, not after, it is too late.

If there are some parents who feel that for cultural or religious reasons their children should not get these lessons, they may remove them from class the day the material is covered.

But if we don’t ensure children are getting accurate information in class, we are leaving them to cobbled together what they can from their friends, older kids in school, TV and the Internet. Our children deserve better protection than that.

The critics’ contention that teaching 8-year-olds that not all families are the same and some children are raised by two mothers or two fathers is a form of “mind control” is also nonsense. Before they’re even in Grade 3, many children will have figured this out already just by making friends in their daycares, schools and neighbourhoods.

That is one of the new curriculum’s strengths: It rightly reflects the realities of the world our children live in today.