

Appendix C – Extracts From 2015 Ontario Curriculum Grades 1-8, Health and Physical Education

	<p style="text-align: center;">By Ending the Opt-out Clause Bill 10 is Anti-Morality and Anti-Religious Values. Bill 10 Throws Faith-based Schools Along with Their Students and Parents Under a Public Education Bus Labeled “21st Century” (New Age!) Sexual Health Best Practices.</p>
<p>Grade 1 (Age 6): C1.3 identify body parts, including genitalia (<i>e.g., penis, testicles, vagina, vulva</i>), using correct terminology</p>	
<p>Grade 2 (Age 7): C1.4 outline the basic stages of human development (<i>e.g., infant, child, adolescent, adult, older adult</i>) and related bodily changes, and identify factors that are important for healthy growth and living.</p>	
<p>Grade 3 (Age 8): C3.3 describe how visible differences (<i>e.g., skin, hair, ... clothing, possessions</i>) and invisible differences (<i>e.g., learning abilities, personal or cultural values and beliefs, gender identity, sexual orientation, family background, personal preferences, and sensitivities</i>) make each person unique, and identify ways of showing respect for differences in others.</p>	
<p>Grade 4 (Age 9): C1.3 describe various types of bullying and abuse... Verbal bullying could include name calling, mocking, teasing... and making sexist, racist, or homophobic comments in person or online. C1.5 describe the physical changes that occur in males and females at puberty (<i>e.g., growth of body hair, breast development, changes in voice and body size, production of body odour, skin changes</i>) and the emotional and social impacts that may result from these changes</p>	
<p>Grade 5 (Age 10): C1.3 identify the parts of the reproductive system, and describe how the body changes during puberty. Teacher prompt: “Female body parts that mature and develop as a part of puberty include the vagina, cervix, uterus, fallopian tubes, ovaries, endometrium, and clitoris. Male body parts that mature and develop during puberty include the penis (with or without the foreskin), scrotum, urethra, testicles, prostate gland, seminal vesicles, and vas deferens. These changes occur as people become capable of reproduction. What are some physical changes that happen during puberty?” Student: “During puberty, girls will develop breasts and get their periods for the first time... The penis and testicles will grow larger. Both boys and girls will grow hair under their arms, on their legs, and in their pubic area. The rate at which these changes occur will vary for each individual.” C1.4 describe the processes of menstruation and spermatogenesis, and explain how these processes relate to reproduction and overall development Teacher prompt: “Menstruation is the medical term for having a ‘period’ and is the monthly flow of blood from the uterus. This begins at puberty. Not all girls begin menstruation at the same age. Generally, every month, an egg leaves one of the ovaries and travels down one of the fallopian tubes towards the uterus. In preparation, the walls of the uterus develop a lining of extra blood and tissue to act as a cushion for the egg in case fertilization occurs. When an egg is fertilized, it attaches itself to the lining of the uterus and begins to develop into a baby. If fertilization does not occur, the lining of the uterus is no longer needed and is discharged through the vagina. This is the monthly flow of blood. The whole process is called the menstrual cycle. Can you summarize its purpose?” Student: “It is how the female body gets ready for pregnancy.” Teacher: “The testicles are glands within the scrotum that produce sperm and hormones, beginning at puberty. After sperm develops in the testicles, it can travel through the epididymis until it reaches the vas deferens where it is stored until ejaculation occurs. During ejaculation, the prostate gland releases a liquid that mixes with the sperm from the vas deferens to make semen, which then leaves the body through the urethra. Fertilization can occur when the penis is in the vagina, sperm is ejaculated, and the sperm and egg connect. Babies can also be conceived by having the sperm and egg connect using assisted reproductive technologies. What is the purpose of sperm production?” Student: “Sperm is needed for fertilization. When the sperm from the male and the egg from the female join together, pregnancy occurs.” Teacher: “We’ve described what menstruation and spermatogenesis mean from a physical point of view. How do these changes affect you in other ways?” Student: “Not everyone experiences these changes at the same time and in the same way, so teasing people about these changes isn’t right. It can be very hurtful.” “In my culture and my family, becoming an adult is a cause for celebration.” “We don’t talk about it in my family. What I see in the media and online is a bit confusing, so it’s good to know what these changes in my body</p>	

actually mean. The more I know, the better I can take care of myself.”

C2.2 demonstrate the ability to deal with threatening situations by applying appropriate living skills...**Teacher prompt:** “What strategies could you use in a situation where you were being harassed because of your sex, gender identity, race, religion, sexual orientation, gender expression, body shape, weight, or ability?”

C2.4 describe emotional and interpersonal stresses related to puberty (*e.g., questions about changing bodies and feelings, adjusting to changing relationships, crushes and more intense feelings, conflicts between personal desires and cultural teachings and practices*), and identify strategies that they can apply to manage stress, build resilience, and enhance their mental health and emotional well-being (*e.g., being active, writing feelings in a journal, accessing information about their concerns, taking action on a concern, talking to a trusted peer or adult, breathing deeply, meditating, seeking cultural advice from elders*)

Student: “Things I can control include whether I have a positive or negative attitude about things, how I show respect for myself and others, whether I ask for help when I need it, whether I am involved in activities at school and in my community, actions I take, whether I am open to new ideas, and whether I make my own decisions about things or let myself be influenced by others. Things I cannot control include where I was born, who is in my family, how much money my family has, and personal characteristics such as my skin colour, hair colour, whether I am male or female, my gender identity, sexual orientation, and overall body shape and structure. I could have a learning disability, a physical disability, or a health issue. All of these things are a part of who I am. I cannot control these things, but I can control what I do and how I act.”

Teacher prompt: “As you enter adolescence, you may begin to develop new kinds of relationships and new feelings that you have not had before. Your relationships with your peers can become more stressful. Understanding how to respond to these new feelings and situations can reduce some of the stress that goes with them. For example, if you feel you ‘like someone in a special way’, what are some appropriate ways of sharing that information with someone else and what are ways that are inappropriate?”

Student: “You can show that you like someone by being extra nice to them, talking with them more, spending time with them, or telling them that you like them. Ways of showing that you like someone that are inappropriate include touching them without their permission, spreading rumours about them to others or online, and making fun of them in order to get attention. Sharing private sexual photos or posting sexual comments online is unacceptable and also illegal.”

C3.2 explain how a person’s actions, either in person or online, can affect their own and others’ feelings, self-concept, emotional well-being, and reputation (*e.g., negative actions such as name calling, making homophobic or racist remarks, mocking appearance or ability, excluding, bullying, sexual harassment [including online activities such as making sexual comments, sharing sexual pictures, or asking for such pictures to be sent]; positive actions such as praising, supporting, including, and advocating*)

Grade 6: C1.3 identify factors that affect the development of a person’s self-concept (*e.g., environment, evaluations by others who are important to them, stereotypes, awareness of strengths and needs, social competencies, cultural and gender identity, support, body image, mental health and emotional well-being, physical abilities*)

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

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

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

Teacher prompt: “Assumptions about different sexual orientations or about people with learning disabilities or mental illness or about people from other cultures are harmful in similar ways. Everyone needs to feel accepted in school and in the community. Why do you think these stereotyped assumptions occur? What can be done to change or challenge them?”

Students: “Stereotypes are usually formed when we do not have enough information. We can get rid of a lot of stereotypes just by finding out more about people who seem different. By being open-minded, observing and

listening, asking questions, getting more information, and considering different perspectives, we can work to change stereotypes. We can understand people's sexual orientations better, for example, by reading books that describe various types of families and relationships. Not everyone has a mother and a father – someone might have two mothers or two fathers (or just one parent or a grandparent, a caregiver, or a guardian). We need to make sure that we don't assume that all couples are of the opposite sex, and show this by the words we use. For example, we could use a word like 'partner' instead of 'husband' or 'wife'. We need to be inclusive and welcoming." "If we have newcomers from another country in our class, we can try to find out more about them, their culture, and their interests." "If we hear things that are sexist, homophobic, or racist, we can show our support for those who are being disrespected."

Grade 7: Overview - No longer children but not yet adults, adolescents are beginning to face life decisions that may have major consequences for them as well as others... individual student characteristics will vary depending on the child's age, sex, gender identity, body size, experience, and background. Because the developmental characteristics and needs of students in these grades cover such a wide range, awareness of individual needs is critically important at this level.

The human development and sexual health expectations recognize that students at this age are developing their sense of personal identity, which includes their sexual identity. Students may already be involved in or contemplating sexual activity or dealing with relationship issues that affect their self-concept and sense of well-being. Consequently, there is an emphasis on developing the skills needed for maintaining healthy relationships and acquiring the knowledge and skills needed to make informed decisions about their sexual health. Key topics include delaying sexual activity, preventing pregnancy and disease, understanding how gender identity and sexual orientation affect overall identity and self-concept, and making decisions about sexual health and intimacy.

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

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

Student: "It's best to wait until you are older to have sex because you need to be emotionally ready, which includes being able to talk with your partner about how you feel, being prepared to talk about and use protection against STIs or pregnancy, and being prepared to handle the emotional ups and downs of a relationship, including the ending of a relationship, which can hurt a lot. Personal values, family values, and religious beliefs can influence how you think about sexuality and sexual activity. A person should not have sex if their partner is not ready or has not given consent, if they are feeling pressured, if they are unsure, or if they are under the influence of drugs or alcohol."

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

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

Student: "They should go to a health clinic or see a nurse or doctor who can provide important information about protection. People who think they will be having sex sometime soon should keep a condom with them so they will have it when they need it. They should also talk with their partner about using a condom before they have sex, so both partners will know a condom will be used. If a partner says they do not want to use a condom, a person should say, 'I will not have sex without a condom.' If you do have sex, it is important that you use a condom every time, because condoms help to protect you against STIs, including HIV, and

pregnancy.”

Teacher prompt: “HIV (Human Immunodeficiency Virus) is a serious viral infection... HIV can lead to AIDS (Acquired Immune Deficiency Syndrome), a state of health in which a person’s immune system has been weakened by HIV and the person can no longer fight other infections... What are some of the ways a person can be infected with HIV, and what can be done to prevent the transmission of HIV?”

Student: “HIV is transmitted through contact with bodily fluids – semen, blood, vaginal or anal fluid, and breast milk.

That can happen through the sharing of needles as well as through unprotected sexual intercourse, which is the most common method of infection. To prevent the transmission of HIV, avoid behaviours associated with greater risks of HIV transmission, like vaginal or anal intercourse without a condom and injection drug use.

C2.2 assess the impact of different types of bullying or harassment, including the harassment and coercion that can occur with behaviours...

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

Student: “Using homophobic or racist language is discriminatory

C2.4 demonstrate an understanding of physical, emotional, social, and psychological factors that need to be considered when making decisions related to sexual health (*e.g., sexually transmitted infections [STIs], possible contraceptive side effects, pregnancy, protective value of vaccinations, social labelling, gender identity, sexual orientation, self-concept issues, relationships, desire, pleasure, cultural teachings*)

Teacher prompt: Can you explain what is meant by a moral consideration?”

Student: “A moral consideration is what you believe is right or wrong. It is influenced by your personal, family, and religious values. Every person in our society should treat other people fairly and with respect. It is important to take this into account when we think about our relationships, sexual behaviour, and activities.”

C3.3 explain how relationships with others (*e.g., family, peers*) and sexual health may be affected by the physical and emotional changes associated with puberty (*e.g., effect of physical maturation and emotional changes on family relationships, interest in intimate relationships and effect on peer relationships, risk of STIs and/or pregnancy with sexual contact*)

Grade 8: C1.4 identify and explain factors that can affect an individual’s decisions about sexual activity (*e.g., previous thinking about reasons to wait, including making a choice to delay sexual activity and establishing personal limits; perceived personal readiness; peer pressure; desire; curiosity; self-concept; awareness and acceptance of gender identity and sexual orientation; physical or cognitive disabilities and possible associated assumptions; legal concerns; awareness of health risks, including risk of STIs and blood-borne infections; concerns about risk of pregnancy; use of alcohol or drugs; personal or family values; religious beliefs; cultural teachings; access to information; media messages*), and identify sources of support regarding sexual health (*e.g., a health professional [doctor, nurse, public health practitioner], a community elder, a teacher, a religious leader, a parent or other trusted adult, a reputable website*)

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

Teacher prompt: “Gender identity refers to a person’s internal sense or feeling of being male or female, which may or may not be the same as the person’s biological sex. It is different from and does not determine a person’s sexual orientation. Sexual orientation refers to a person’s sense of affection and sexual attraction for people of the same sex, the opposite sex, or both sexes. Gender expression refers to how you demonstrate your gender (based on traditional gender roles) through the ways you act, dress, and behave. Gender identity, gender expression, and sexual orientation are connected to the way you see yourself and to your interactions with others. Understanding and accepting your gender identity and your sexual orientation can have a strong impact on the development of your self-concept. A person’s self-concept can develop positively if the person understands and accepts their gender identity and sexual orientation and is accepted by family and community. It is harder to develop a positive self-concept, however, if the way a person feels or identifies does not meet perceived or real societal norms and expectations or is not what they want, or if they do not feel supported by their family, friends, school, or community. A person’s self-concept can be harmed if a person is questioning their gender identity or sexual orientation and does not have support in dealing with their feelings of uncertainty. What kind of support do people need to help them understand and accept their gender identity and sexual orientation?”

Student: “Having role models that you can relate to – for example, people of similar ages or cultures – is important. So is having all gender identities and sexual orientations portrayed positively in the media, in

literature, and in materials we use at school. Family, school, and community support are crucial. Additional help can come from trusted adults, community organizations, and school support groups such as gay-straight alliances.”

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

Teacher prompt: “Intimate behaviours can include holding hands, hugging, kissing, touching bodies and genitals, and engaging in sexual intercourse. When considering the level of intimacy that is appropriate for their relationship, what does a couple need to think about?”

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

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