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History 3510

Religious Influence on Sex Education (Ontario 1960 to Present Day)

Sex education has been called many things over the last century and half; it has morphed from a social movement into mandatory curriculum in schools. It can be traced back as early as 1880’s during the Social Purity Movement, which began in England and quickly took hold in Canada[[1]](#footnote-1). The Social Purity Movement was meant to eradicate “prostitution, the double standard of sexual morals and their dreaded corollary, the venereal diseases”[[2]](#footnote-2). The advocates of this movement targeted children and parents part of the white, middle-class Christian Evangelicals. To accomplish the desired outcomes the purist advocates pushed the ‘abstinence agenda’ which “promoted heterosexual conventions such as chastity before monogamous marriage, procreative marital sex and sound parenthood thereafter”[[3]](#footnote-3). By the 1900’s the venereal disease outbreak had become a threat to the public therefore the need for sex education became dire. The question which followed was where, who and when would sex education be taught to children? Social purist produced the books which then became purity education, with hope that the children who read them would adopt the abstinence agenda.[[4]](#footnote-4) This was the first time that scientific knowledge was adopted to teach reproduction to children. These books used the reproduction systems from plants and animals to explain the life cycle and how reproduction happened. Following World War I the Social Hygiene Movement took off. Like the Social Purity Movement, it was focused on ridding society of all those with no morality and to fight the spread of venereal diseases. Children were again the target of this information as there was angst over “the spiritual and moral well-being of young people”[[5]](#footnote-5). During the Social Hygiene Movement the dangers of masturbation were medicalized, it was meant to instill fear and guilt in young boys to deter them from indulging ‘self pollution’[[6]](#footnote-6). The Social Hygiene Movement advocates believed that the use of science of plants and animals to deliver the knowledge about reproduction would give children enough insight to be able to apply it to themselves. During this era adults believed that children’s vulnerability must be protected through ignorance and fear[[7]](#footnote-7). The Social Hygiene Movement carried on for a few decades, leading all the way up to 1937 when a reform was called upon. In Ontario during the year of 1937, the Department of Education required Christianity to be infused into curriculum as there was a “moral decline” during World War II[[8]](#footnote-8). Christianity was seen commonly in instruction. 1950 was the year sex education was rebranded as Family Life Education; the school board proposed a revamp following World War II of the health curriculum to help aid in training and controlling citizens after the chaos of war. The curriculum embodied Christian values and idolized parenthood and marriage. It was meant to train children to put all their sexual energy towards a monogamous, family-focused marriage[[9]](#footnote-9). Sex education in Ontario over the next 50 years did progress as science advanced, but not timely with children’s development. Religion influenced what information was deemed appropriate and limited many students’ knowledge about their own bodies and future experiences. A lot of necessary information was either not delivered, or it was skewed to fit a religious ideal. The curriculum was either taught from a moral or scientific perspective or used science with traditional values as the core. There were guidelines and policies dictating what topics were appropriate to teach, and much reliance was put on parents to teach their children values and convey information about sex as they felt it was their right.

There has always been much debate on what approach was the right one when it came to teaching health education. Due to much debate between parents and the school board about who should be the one to educate the children and how it should be presented, sex education was informal up until the 1960’s when guidelines were created. Eventually it was agreed that there should be sexual health education of some sort implemented; there was and still is much scrutiny from the parents towards the school board about what should be taught and how to instill the right values in children[[10]](#footnote-10). The school board had to create a curriculum that would cover what topics were thought to be necessary while emulating the values from society throughout the years. The 1960’s and 1970’s were the years of the “sexual revolution” due to the legalization of birth control which was believed to promote “youths to engage in sexually promiscuous behaviour”[[11]](#footnote-11). In response to that educators, parents, and social experts wanted to enforce traditional values such as heterosexuality and chastity before marriage. Throughout much of the 1960’s and 1970’s the “Physical and Health Education” (PHE) were incorporated into the senior grades during other classes such as biology. Guidelines were created by the government, but it was up to local school boards whether they wanted incorporate that curriculum into classes or not[[12]](#footnote-12). The PHE curriculum of 1966 shows how health topics such as reproduction were presented in a scientific manner utilizing mammals and plants. This curriculum also states “the differences between families of animals and humans [is] marriage and the family unit as the central core of our society”[[13]](#footnote-13). It is key to note this as family and marriage are seen as the most important outcome attached to reproduction since the 1800’s during the Social Purity Movement. The health curriculum of 1978 is a little more in depth outlining what should be discussed, but the information that was recommended to be taught had no specific teaching method attached to it; this in turn allowed the teacher to decide how it would be taught and how much time would be spent teaching it. Under the “sexually transmitted diseases” section it specifies that social and value considerations should be discussed[[14]](#footnote-14). Thus, you can assume that whatever the values during that time by society which were seen acceptable would be pushed upon the class. Due to the controversial nature of sex education there was no mandatory curriculum until 1987 prompted by the AIDs epidemic[[15]](#footnote-15). Teachers had a difficult task trying to devise a plan to educate students in the appropriate way in a conservative climate during much of the later half of the 20th century[[16]](#footnote-16). The curriculum which was created and implemented in 1998 references to inclusion many times over as well as “effective sexual health”, there is no definition as to what that means nor to what “positive sexual health” or “negative sexual health” outcomes are[[17]](#footnote-17). The problem with the curriculum is the reader can speculate and insert their own assertations as to what ‘negative’ and ‘positive’ means in this document. Because sexual health education is a touchy subject for many people including: teachers, parents, students and policy makers, it made it hard to create a program which would include all those people’s beliefs and cover their needs. Due to the large influence of individual beliefs, sex education was not compulsory until 30 years ago. When it was taught, minimal information was explained using science and typically supported the traditional values of a nuclear family and gender-specific roles which all stemmed from the conservative perspective of the white, middle-class, Judeo-Christians.

Policies regarding sex education for many years did not exist, and once created were very lackadaisical. The Ontario government wanted to avoid conflict between parents and the local school boards, but also had an obligation to educate the students. To avoid tension between both parties, guidelines were created. Guidelines were problematic as they were only guidelines, it was still up to each local school board if they felt they wanted to implement them and how they would implement them. Looking at a survey taken in 1987 sent to all school boards across Ontario there is great discrepancy between time spent teaching, how it was incorporated into class, and if they followed the provincial guideline or if they created their own based off previous years or other sources. A comparison of hours spent on instruction can be seen in the chart below:

**Hours of Instruction Yearly (1987)[[18]](#footnote-18)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Province | K-3 | 4-6 | 7-8 | 9-10 | 11-12 |
|  |  |  |  |  |  |
| Ontario (Public)  | 0.5-90  | 1-90  | 2-30  | 3-30 | 6-20 |
| Ontario (Separate)) | 0.5-30 | 0.5-40 | 4-40 | 5-110 | 5-115 |

A disparity in hours spent teaching can be related to how the school board measures time spent instructing: if incorporated into another course, did they count all hours spent on the whole course or the hours spent on just sex ed? Sex education also varied on how it was incorporated or discussed in class: “very seldom are students taught merely the bald biological facts of life”[[19]](#footnote-19). Because of this it could have been taught in a Health or Religion course, if it was taught in a health course it would only be one topic on top of others such as drug and alcohol use, proper diet, and physical fitness. If it was included in a religion class, students would learn about feelings and dating related to ethics and religious values[[20]](#footnote-20). This means the content and discussion around the same subject would change depending on what class the student was taking. Schools were not all public either, and many of which were private (part of the separate school boards) were religiously founded actively practicing religion and thus embodying the values. Of the school boards which did have guidelines for sex education (72%), commonly called Human Growth and Development had been created locally and only 50% of those public boards had written policy regarding the content and instruction of this course[[21]](#footnote-21). This lack of direction left schools to choose how they would tackle the subject matter if they even had a guideline, this caused major variance in the level of education that the students were receiving. Sources used for creating guidelines by school boards varied: some used the Ontario Ministry curriculum, others borrowed from other school boards, libraries, local resource persons, etc. Multiple separate school boards created their own Family Life Education sponsored by the Ontario Conference of Catholic Bishops and others used church documents and secular resource materials “where appropriate”[[22]](#footnote-22). Religious influence had a major hindrance on consistency of sexual health curriculum throughout all school boards. Even the schools which were not apart of the Separate School Boards still offered religious classes where sex ed would be taught. This may have led to conversations being closed off if they didn’t fit the morals and values of that religion. Policies clearly lacked leaving curriculum up to interpretation at the local level. In some schools they completely removed the curriculum if it wasn’t compulsory within their district. Even as recent as 2010, there was still discrepancies between schools:

Schools with religious affiliation, such as those under the Catholic school board and private schools, can supplement the existing sexual health education with information in courses of their own design. The ability of school systems to teach their own additional sexual health curriculum allows for variation in the sexual health information that students in Ontario are exposed to. Apart from the "formal" school system, youth may also receive faith-based sexual health education from youth groups or religious groups and/or non faith-based education from community youth organizations[[23]](#footnote-23)

Policies and guidelines implemented left many students with inadequate knowledge on important topics that were very relevant to their development, this led to an increase in teen pregnancy and spread of venereal diseases.

 The argument about sex education being inadequate can be supported when looking at a survey that was taken in 1972 in Wellington County. Although it isn’t in the area of study, it gives good insight as to what students thought about the current sex ed that was being offered at their schools. Over 95% of girls and 84% of the boys who answered the survey questionnaire favoured more family life education[[24]](#footnote-24). Interestingly 70% of students wanted to learn about the aspects of sex such as reproduction, body differences and menstruation before grade 9, but only half of them had studied any of these topics by then. 70% of students by the end of grade 10 wanted to learn about the attitudes towards premarital sex, unmarried parenthood, abortion and homosexuality[[25]](#footnote-25). Parents and educators believed that teenagers should follow conservative values, therefore the need for contraceptive knowledge was zilch. Students strongly disagreed with this idea and felt they should be taught about contraception[[26]](#footnote-26). Most students wanted to learn about topics earlier in school and felt they needed it sooner.

Parents felt it was their obligation and right to instill values in their children and supply them with the necessary knowledge about sexual health. A prime example of this is when Steve Tourloukis sued his children’s school in 2012 for not informing him that they were going to be educated on marriage, sexuality and family values; he wanted his children to be learning about these topics from a strict Christian perspective either from the church or from himself[[27]](#footnote-27). Unfortunately, often parents fall short when it comes to educating their children, so information is either misleading or inadequate. Children are highly influential and even if no explicit sex talk happened in the home, they easily learn what their parents’ opinion is towards sex. Education can be separated into two categories, “attitudinal” and “informational”, attitudinal refers to the education kids receive everyday through conversation or lack there of. The way parents talk about sex, ex. Referring to it as dirty can cause sex to appear forbidden. Or if they don’t talk about it all ex. Making it a taboo topic in home causing anxieties in children over the subject if they can’t have a conversation about it[[28]](#footnote-28). The problem is many parents give attitudinal education rather than informational, so they push their beliefs/values on their children rather than giving information letting their children decide what their own values are. Children whose parents push anything on them often react with resistance towards whatever it may especially if it such a contentious topic[[29]](#footnote-29). Most people want to be educated on a topic so they can form their own opinion on it, the same goes towards sex education. False beliefs were held that if a child was educated on sex that would drive them toward experimenting, naturally humans at all ages are highly sexual beings; if we normalized sex starting in the home at a younger age it would stop issues related to sex later in life such as. STDs, teenage pregnancy, and unhealthy relationships[[30]](#footnote-30). Parents valued the innocence of children and that was projected by the information they gave. They were ignorant to the fact that giving attitudinal education wasn’t going to prevent their children from having sex or at the very least being curious about it. Instead inadequate information was given, leaving children feeling ashamed of their sexuality or embarrassed to even talk about it. Parents pressing values typically classified as “traditional” were not deterrents, rather unfruitful to the development of their children.

Religion has a wide influence on everyday life in society; it shapes people’s perspective about the world and what is moral and what is not. In the case of education, religion has shaped every milestone over the last century. The key voices which led the reforms all came from highly religious background and were motivated by the values which those religions instilled. Sexual health education was created out of social concern towards venereal disease, as well as social control in regard to the breakdown of the nuclear family and children growing up to be “uncivilized” and “immoral”. Post WWII was when more formal sexual health education was created and implemented in schools. Religion shaped how this information was delivered and what was taught. Parents have disputed with teachers and policy makers on what their children should be taught from the 1900’s all the way to present day. Curriculum has been distorted to fit religious ideals, this resulted in students receiving insufficient or inconsistent information about necessary topics relevant to their growth and development. Students have voiced their opinions about the curriculum claiming that they wish they had learned about topics earlier or more in depth. School boards need to be less concerned about parental opinions on values, and more worried about students’ well-being physically and mentally.

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