

THE INSTITUTIONALIZATION OF SEX EDUCATION IN ONTARIO PUBLIC
SCHOOLING

THE INSTITUTIONALIZATION OF SEX EDUCATION IN ONTARIO PUBLIC

SCHOOLING:

A STUDY IN TECHNOCRATIC POLICY-MAKING, 1955–1988

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Abstract

This dissertation argues that mid-century liberalism provided the philosophical rationale and basis for sex education, and that sex education was cumulatively institutionalized as part of Ontario public schooling between 1955 and 1988 as the result of incremental, technocratic policy-making. School-based sex education – an extension of the welfare state – was a technocratic solution to socio-sexual problems such as venereal disease and teenage pregnancy. Sex education was conceptualized as a program of disease prevention and health promotion with the added objective of promoting sexual responsibility amongst students. While school-based sex education was ostensibly a form of sexual regulation, it also conformed to the purpose of liberal education: the development of the critical autonomous capacity of each and every individual student. The sex education that students received, therefore, was a medico-scientific study of sex that stressed prevention and early treatment, but which also emphasized the centrality of individual choice in place of the imperatives of a single standard of behaviour or morality.

Sex education policy was shaped by a succession of incremental changes to better remedy both longstanding and emerging socio-sexual problems. When AIDS education was mandated for the 1987–88 school year in response to the AIDS crisis, sex education was further institutionalized. This decision, however, was only reached as a result of the past three decades worth of technocratic policy-making. Social scientific studies had provided evidence, albeit limited, of sex education's effectiveness in ameliorating socio-sexual problems and reducing government spending. Moreover, empirical evidence indicated that most Ontarians were accepting of sex education – or at worst apathetic about it. While mandating AIDS education was the result of a catalyst, it did not represent a major shift in sex education policy when looked at over the *longue durée*. AIDS education was largely built upon established policy. By 1988, many

aspects of contemporary sex education policy had been established. Ultimately, the ministry's sex education policy reflected its burgeoning technocratic liberalism amidst an increasingly secular, pluralistic, and sexually permissive society. As a result of incremental, technocratic policy-making between 1955 and 1988, sex education – under conditions of liberal modernity – was institutionalized as part of Ontario public schooling.

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List of Abbreviations

AIDS – Acquired Immune Deficiency Syndrome
AO – Archives of Ontario
CAMPS – Committee against Moral Pollution in the Schools
CARAL – Canadian Abortion Rights Action League
CEA – Canadian Educational Association
CGRO – Coalition for Gay Rights in Ontario
CMAJ – Canadian Medical Association Journal
GATE – Gay Alliance Toward Equality
HIV – Human Immunodeficiency Virus
IODE – Imperial Order of the Daughters of the Empire
MOH – Medical Officer of Health
MP – Member of Parliament
MPP – Member of Provincial Parliament
OHRC – Ontario Human Rights Code
OMA – Ontario Medical Association
OPHEA – Ontario Physical and Health Education Association
OSTC – Ontario School Trustees’ Council
PE – Physical Education
P&HE – Physical and Health Education
RG – Record Group
SERP – Secondary Education Review Project
SIECCAN – Sex Instruction Education Council of Canada
STD – Sexually Transmitted Disease
STBBI – Sexually Transmitted Blood-Borne Infection
TAC – Therapeutic Abortion Committee
VD – Venereal Disease

Introduction

By the 1986–1987 school year, increasing numbers of Ontario secondary school students were exposed to sex education. Physical and Health Education (P&HE), in which sex education featured prominently, was no longer to be an optional subject. One credit in P&HE had become a requirement for graduation. The following school year, Liberal Minister of Education Sean Conway announced that AIDS education would be mandatory in all Ontario schools. A mandatory unit of study on AIDS was made part of the health education program in Grades 7 and 8, and a second mandatory unit on AIDS was included in the secondary school health education program as part of the compulsory credit required for diploma purposes. While sex education's institutionalization was aided by this public health crisis, the Ministry of Education had been gradually institutionalizing sex education as a part of health courses since the late 1950s. Despite the numerous controversies surrounding sex education, the ministry continued to defend and promote it with varying degrees of success. Even with increased public scrutiny and the attendant negative publicity, as well as the possibility that sex education could become a political issue and pressure groups could become blocs of irate voters, sex education remained part of public schooling throughout the second half of the twentieth century.

Its institutionalization was not inevitable. While sex has been a concern of educational administrators in Ontario since the last half of the 19th century, school-based sex education is a relatively recent phenomenon.¹ Moreover, the sex instruction which students received prior to 1950 bore little resemblance to the sex education which Ontario students received in the decades

¹ Bruce Curtis argues that official sexual politics in Ontario in the second half of the 19th century aimed at the repression of a widespread popular knowledge and precocious sexual practice. See Bruce Curtis, "Illicit' Sexuality and Public Education, 1840–1907," in *Sex in Schools: Canadian Education and Sexual Regulation*, Susan Prentice (ed.) (Montreal: Our School/Our Selves Education Foundation, 1994), 107.

after. While there has been little historical research on school-based sex education in Ontario, a notable exception is Christabelle Sethna's unpublished PhD dissertation "The Facts of Life: The Sex Instruction of Ontario Public School Children, 1900–1950." In her dissertation, Sethna explores how a coalition of sex reformers – educators, physicians, feminists, sexologists, social workers, and public health officials – raised their voices in favour of incorporating sex instruction into Ontario public elementary and secondary schools. Sethna argues that children's sex education was predicated upon the post-1885 social purity movement's emphasis on the moral approach to sex reform. This moral approach involved a two-fold undertaking: training the child's will in favour of sexual self-control and imparting rudimentary information on sexual physiology. Reflecting the concerns of the reformers, the sex education that children received was "classed, gendered, racialized, and sexualized."² Sethna asserts that sex education between 1900 and 1950,

had less to do with teaching children about sexual anatomy, biology, physiology, and psychology and much more to do with channelling Canadians toward compulsory heterosexuality, reproducing the patriarchal nuclear family, maintaining the hegemony of the Anglo-Saxon race, building a healthy, patriotic citizenry and protecting the nation state from harm.³

The failure of the Toronto Board of Education to implement a Family Life Education program for Grades 7 and 8 in 1948 was due to the fact that it was perceived as too heavily dependent on straightforward physiological information for children and insufficiently infused with the moral lessons first espoused by the post-1885 social purity movement. The historical context was not yet conducive to the emergence of a biologically and physiologically accurate sex education for students. "The vestigial influence of the social purity movement's moral approach to sex reform,"

² Christabelle Sethna, "The Facts of Life: The Sex Instruction of Ontario Public School Children, 1900–1950." Unpublished PhD Dissertation, University of Toronto, 1995, 2.

³ Ibid.

Sethna writes, “not only survived into the 1950s, it received a new infusion of energy from the moral conservatism of the Cold War era.”⁴

While sex education was used during the first half of the twentieth century to promote patriarchal values and socialize children to adhere to gender norms or heterosexual gender identity, these were not the predominant themes of sex education by 1987. The long-term decline of religion has stripped patriarchy and heterosexism of their main cultural defences. The rise of the liberal state has given weight to generalizable claims of equality.⁵ Moreover, the sexual revolution saw hegemonic sexual norms in flux and sexual taboos being challenged. Sex education after 1960 reflected an increasingly secular, pluralistic, and sexually permissive society.⁶ While the Toronto Board of Education’s failure to implement its Family Life Education program was a serious defeat for school-based sex instruction, it did not put an effective end to formal sex education in Ontario. Sex education became an ever-more-prominent part of health education in the following decades, and it included topics such as oral, vaginal, and anal sex; STDs; birth control and family planning; homosexuality; teenage pregnancy; and premarital and extramarital sex.

⁴ Ibid., 307–308. Other scholars have argued that the “conservatism” which characterized children’s sex instruction during the immediate Cold War era was attributable to moral and social regulation to create a normalized ideal for postwar Canada, one which was focused on preserving democracy and promoting responsible sexual citizenship in the face of concerns over national security and social stability. See Mary Louise Adams, *The Trouble with Normal: Postwar Youth and the Making of Heterosexuality* (Toronto: University of Toronto Press, 1997) and Mona Gleason, *Normalizing the Ideal: Psychology, Schooling, and the Family in Postwar Canada* (Toronto: University of Toronto Press, 1999).

⁵ R.W. Connell, “The state, gender, and sexual politics: Theory and Appraisal,” in *Theory and Society* Vol. 19 (1990): 533.

⁶ Michelle Grondin, however, argues that the sexual instruction offered in schools countered the changing social climate by promoting traditional sexual roles through abstinence and heterosexuality. This dissertation argues that the Ministry of Education conceptualized sex education as an ongoing program of disease prevention and health promotion that reflected the changing political, legal, and socio-cultural terrain, which resulted in a gradual but decisive shift away from the patriarchal and heteronormative orientation of earlier sex education curricula. See Michelle Grondin, “More Than Plumbing: The History of Sexual Education in Ontario, 1960-1979,” Unpublished PhD Dissertation, The University of Western Ontario, 2015, 5.

This study examines the emergence and institutionalization of school-based sex education in the second half of the twentieth century. The sustained controversy over sex education allows for an examination of the critical aspects of politics and education that have shaped, and continue to shape, sex education in Ontario. Due to its less-than-innocuous nature, sex education is a prime candidate for a study of educational policy-making and curriculum.⁷ There are many questions which this study seeks to address: Why was sex education necessary? Why has the ministry remained committed to sex education? Who has determined the form and content of sex education? How significant was the influence of the educational bureaucracy? How have pressure groups influenced curriculum and policy? The answers can help us understand the intentionality and strategic thrust of sex education policy.

A single thread can help connect many of these aforementioned questions. An irate parent concerned with how sex education was taught wrote to Education Minister Thomas Well and

⁷ Most of the work on educational policy development is theoretical in nature and focused on testing “models” to explain the policy-development process. While the real world does not conform neatly to the categories constructed by scholars (and there are points of contention within the literature) the use of models has put the policy-making process in sharper focus. Any policy-focused history of education must consider the fundamental questions which they have raised. See: Steve N. Odynak, “The Alberta Teachers’ Association as an Interest Group,” unpublished Ph.D. thesis, University of Alberta, 1963; Ian E. Housego, “How a Decision was Made: a study of the teacher training issue in Saskatchewan, unpublished PhD thesis, University of Alberta, 1964; Ian E. Housego, “Democratic Decision-Making in Education,” *The Canadian Administrator* Vol. 4, No.8 (1965): 29–32; John A. Riffel, “Co-operative Decision-Making in Education: A Study of the Division Proposal in Saskatchewan,” Unpublished M.Ed. thesis, University of Saskatchewan; John A Riffel and Ian E. Housego, “Co-Operative Decision Making in Education,” *The Canadian Administrator* Vol. 7, No. 2 (1967): 5–8; Ian E. Housego, “Pluralist Politics and Educational Decision-Making” in *School Boards and the Political Fact: a report on the conference, ‘The Politics of Education: some main themes and issues,’* Peter J. Cistone (Ed.) (Toronto: OISE, 1972) 13–23; John J. Stapleton, “The Politics of Educational Innovations: A Case Study of the Credit System in Ontario,” unpublished PhD thesis, University of Toronto, 1975; John J. Stapleton, “The Department of Education as a Policy-Maker: The Case of the Credit System in Ontario,” in *The Politics of Canadian Education: 1977 Yearbook of the Canadian Society for the Study of Education*, Vol. 4 June, 1977, J.H.A. Wallin, ed. (Edmonton: University of Alberta, 1977); Eric Ricker, “Teachers, Trustees and Policy: The Politics of Education in Ontario, 1945 – 1975, unpublished Ph.D. thesis, University of Toronto, 1981; and Eric Ricker, “The Influence of Interest Groups: A Reassessment” in *What’s So Canadian about Canadian Educational Administration*, R.G. Townsend and S.B. Lawton, (eds.) (Toronto: OISE and ON School Trustee’s Council, 1981), 131 – 141. For a study on educational policy over the *longue durée*, see Ronald Manzer, *Public Schools and Political Ideas: Canadian Educational Policy in Historical Perspective* (Toronto: University of Toronto Press, 1994).

claimed that, “for a Conservative (small c) government, you run a very liberal show.”⁸ The letter writer had a point. This study is situated within the wide body of work undertaken by historians who have exposed how liberalism influenced public education in Canada. Liberalism is a political, economic, and ethical logic or philosophy, which has as its focus the autonomy and liberty of the individual. Nineteenth-century adherents to liberalism held sacrosanct the idea of freedom, and they sought to establish a sphere of freedom (the public sphere) in which all citizens could be safe from interference and liberated from the hierarchical bonds of traditional society. In Ontario during the mid-nineteenth century, liberalism motivated the earliest proponents of public education, and their liberal values are embedded in its earliest policies and institutions.

While the earliest work by educational historians was Whiggish in tone, uncritically celebrating the achievements of schools and educators, a generation of historians during the 1960s and 70s examined education in a more analytical fashion. These latter historians utilized different scholarly approaches and styles in their respective works, as well as new theoretical insights from the sociology of education to further enrich their work.⁹ Prominent scholars who have examined public education in Ontario include Alison Prentice, Susan Houston, Bruce Curtis, R.D. Gidney and W.P.J. Millar. They all have noted the impact of nineteenth-century liberalism on public education. Liberalism and its corollary, liberal political economy (capitalism), shaped Upper Canadian society and left an indelible mark on the educational system. Nineteenth-century liberalism – emphasizing free speech, free press, free trade, free

⁸ Robert Schwarz to Thomas Wells, 5 May 1975. RG 2–82–1 Curriculum guideline development files, B131691 Box 11, Sex Education (Physical Education and Health) (Prog Service).

⁹ For a brief overview of the development of Canadian educational historiography, see Marvin Lazerson, “Canadian Educational Historiography: Some Observations” in *Egerton Ryerson and His Times*, Neil McDonald and Alf Chaiton (Eds.) (Toronto: Macmillan Co. of Canada Ltd., 1978), 3–8; Eric Ricker, “Historians and the Study of Educational Policy: An Overview,” in *Historical Perspectives on Educational Policy in Canada: Issues, Debates and Case Studies*, Eric Ricker and B. Anne Wood (Eds.) (Toronto: Canadian Scholars Press, 1994), 3–24.

markets, freedom of religion or belief, etc. – informed what students were taught. The protection of civil and political rights (especially the right to own property) was paramount. Even the form of schooling – tax-supported, public schools run by a centralized bureaucracy – can be traced to a liberal belief in the ability of rational management and administration to ensure the stability and advancement of society.

In *The School Promoters*, historian Alison Prentice examines the school promoters in the context of the stress of the 1837–38 Rebellions in Upper and Lower Canada, and the dislocations experienced in local commercial and political patterns as Great Britain moved to free trade and British North America to responsible government and Confederation.¹⁰ Prentice focuses on class relations and she employs a social control model in her work. As a result, Prentice views the expansion of the public school system in Upper Canada as a project undertaken primarily by the middle classes. Bourgeois reformers sought to make schools the institutions of democratic capitalism, and the purpose of schooling was to perform the necessary functions such as training and disciplining a workforce.¹¹ These school promoters viewed the middle class state as genuinely representative of society, and schools therefore “could not help but reflect these social and political biases.”¹²

This view of state schooling as a middle-class response to economic upheaval is again offered by Susan Houston and Prentice in their collaborative work, *Schooling and Scholars in Nineteenth Century Ontario*. They argue that the ultimate danger confronting Ontario was a political one.¹³ Hunger, poverty, and displacement made many people receptive to new ideologies and governance. After the Rebellions of 1837–38, both Tories and Reformers agreed

¹⁰ Prentice, *The School Promoters* (Toronto: McClelland and Stewart Ltd., 1977), 45.

¹¹ *Ibid.*, 184.

¹² *Ibid.*

¹³ Susan Houston and Alison Prentice, *Schooling and Scholars in 19th Century Ontario* (Toronto: University of Toronto Press, 1988), 103–104.

that the safety of property as well as social peace demanded a population that could be governed, all of which necessitated schooling. For the sake of Peace, Order and Good Government, schooling would be used to inculcate a certain worldview, which included respect for private property and political order.

Sociological historian Bruce Curtis also pays attention to the context of political conflict and its impact on the designs of nineteenth century reformers. In *Building the Educational State*, Curtis argues that the creation of the educational system was a process complementary to the formation of the Canadian state. Much like Prentice, Curtis views the building of the educational state as a bourgeois project. The educational system reflected the views and goals of its creators, and the educational state builders “had an explicit conception of their own class interests and defined the good of society in keeping with them.”¹⁴ The expansion of the educational state was part of the political struggle of the day. Curtis, however, rejects the ‘social control’ model employed by Prentice, arguing that is unilateral and does not pay enough attention to the agency of those under control. According to Curtis, this model falsely portrays history as the unfolding of the will of one social class. Curtis does not view the state as solely concerned with its own class-based interests, and set in opposition to the population.

In his “historical sociological” analysis, Curtis examines how the state and the educational system engages with the population to govern them and make possible the spread of bourgeois hegemony. Curtis employs Marxist and Foucauldian theory to examine political “self-making, subjectification and subordination; with anchoring the conditions of political governance in the selves of the governed; with the transformation of rule into a popular psychology.”¹⁵ Curtis is concerned with questions of governance, but he does not just focus on

¹⁴ Bruce Curtis, *Building the Educational State: Canada West, 1836–1871* (London: The Athlone Press, 1988), 14.

¹⁵ *Ibid.*, 15.

the power of the state. He examines the power of other disciplinary institutions that worked to create knowledge internalized by individuals to make them self-governing. According to this approach, Curtis argues that state schooling was a “means” to reconstruct the “political subjectivities” of citizens for the sake of nation building. Education was seen as a means for the remaking of popular culture and character to protect political authority, property relations, and Christian religion. State schooling was not politically neutral; it was implicated in political struggles. Schools, however, did not end but framed political conflict and set it on a new terrain and changed some of its terms.¹⁶ While state schooling became hegemonic, it was still contested. With the rise of state schooling, “Explicit political struggle over the social form of education became practical struggle over involvement in and management of the dominant form.”¹⁷

The impression from these scholars is that liberal values were overwhelmingly imposed on a percentage of the population through both overtly coercive measures and more subtle means of persuasion. R.D. Gidney, D.A. Lawr, and W.P.J Millar, while still revisionist in their approach compared to earlier Whiggish histories, offer a counterpoint to the aforementioned historians. During the middle of the nineteenth century, the rationalization and modernization of government administration occurred in the wake of the Durham Report of 1839, and education was no exception. In a series of articles they examine how a highly centralized Department of Education was the result of a centre-periphery give-and-take, with local communities increasingly turning to provincial authority. While state-run public education may have become hegemonic, these historians note that there was early widespread support for it at its inception

¹⁶ *Ibid.*, 14.

¹⁷ *Ibid.*, 17. See also: Bruce Curtis, *True government by choice men? : Inspection, education, and state formation in Canada West* (Toronto: University of Toronto Press, 1992) and Bruce Curtis, *Ruling by schooling Quebec: conquest to liberal governmentality : a historical sociology* (Toronto: University of Toronto Press, 2012).

amongst a diverse and numerous middle class.¹⁸ Many segments of society believed in a liberal education for the gradual improvement of individual well-being as well as that of society.

Education offered the chance of social advancement, and wealth and education were linked in the minds of many. They did not have to be coerced or persuaded; they saw the benefits which they could use to their own advantage. While bureaucratization increased, it was not just due to the unilateral action of the government. It was a response to the wishes of most Ontarians.

Gidney and Lawr masterfully demonstrate how centralization of power was preferred in many local communities as numerous educational problems could not be resolved internally. Local trustees, parents, and elected township officials had to seek help from outside authorities, usually ones at a higher level of government. As central authority responded to local demands, especially in rural communities, it forced the pace of bureaucratization at the centre.¹⁹ Gidney and Lawr successfully argue that what people wanted was,

fair, lawful and efficient solutions to the particular problems they faced. [...] such demands were also demands for what we now define as the classic modes of bureaucratic procedure – for the delineation of explicit, written rules of procedure; for the routinization of responsibility and an orderly administrative officers; for universalistic rather than particularistic criteria for rule-making; and for a style of decision-making which consists of applying general rules to particular cases.²⁰

Bureaucratization was spurred on by increasing demands made by the population, and support for centralization was generated “from below” as a way to address these demands. Gidney and Lawr conclude that “routinized and public arbitration procedures, universalistic criteria, the invocation of expertise and professionalism – they are not inherently unjust or oppressive innovations. Indeed, they may provide the mechanisms which bind a small community or a

¹⁸ R.D. Gidney and W.P.J. Millar, *Inventing Secondary Education*, 8.

¹⁹ R.D. Gidney and D.A. Lawr, “Bureaucracy vs. Community? The Origins of Bureaucratic Procedure in the Upper Canadian School System,” *Journal of Social History*, Vol. 13 No. 3 (1980): 441.

²⁰ *Ibid.*, 448.

larger society together in just and equitable ways.”²¹ Their work demonstrates that liberal values and state schooling were not just imposed, but emerged as elements in a complex process not characterized by domination or subordination.²²

Gidney has even argued that such a desire for a strong centralization of educational power was the result of “Tory” or conservative principles. While liberal values influenced all political factions, the vast majority of society, fearful of “mobocracy,” mistrusted the republican liberty of the United States. Not only was public education to support legitimate authority, but education should also overcome the excesses or ignorance of local opinion. The historical experience of Upper Canadian society was that there were few qualified individuals to be entrusted with education. The appointment of superintendents or boards of education should be in the hands of the government.²³ Gidney concludes that,

men like Bishop Strachan and Egerton Ryerson shaped the kind of institution we have inherited. Neither man was an enemy of the people [...] Their belief that education belongs in the hands of educated people, that it should not be left to the excesses or ignorance of local opinion, remains a part of the Ontario tradition. So does the faith in achieving efficiency and public accountability through centralization. Reformers were wrong in thinking this to be a Prussian conspiracy to oppress the people. It was, rather, to become the mainstream of nineteenth century administrative reform: bureaucratization and centralization in the name of both efficiency and justice were the wave of the future, and the *liberals* who believed that the state was the chief enemy of liberty, and local democracy its bulwark, were a dying breed, though the rhetoric lingered on.²⁴

²¹ *Ibid.*, 454.

²² See also R.D. Gidney, “Who Ran the Schools? Local Influence on Educational Policy in Nineteenth Century Ontario,” *Ontario History* Vol. 72, Issue 3 (1980): 131–43.

²³ R.D. Gidney, “Centralization and education: The Origins of an Ontario Tradition,” *Journal of Canadian Society* Vol. 7, Issue 4 (1972): 34.

²⁴ *Ibid.*, 46. The emphasis on liberal is my own, and it is meant to highlight that liberal values were not just articulated by one faction. Reformers, Tories, and even Radicals all drew selectively on liberal ideas. There were no formal political parties in early-mid 19th century Ontario until John A. Macdonald’s Liberal-Conservative Party. The name reveals the diffuse influence of liberalism, as well as signals it was a coalition of diverse but not inimical interests.

State schooling eventually supplanted local initiative and voluntary effort, but again, this was not simply imposed, nor was it unwelcomed, especially by parents.²⁵

Liberalism clearly influenced both the form and the content of schooling, but its impact was felt on all aspects of nineteenth century life. Recently, historian Ian McKay has suggested the Canada itself should be viewed as a historically specific liberal project of rule. McKay's work has garnered a great deal of attention,²⁶ with historian of education Rosa-Bruno Jofré claiming that its relevance and its implications for the history of Canadian education should not be underestimated.²⁷ In his seminal article, "The Liberal Order Framework: A Prospectus for a Reconnaissance of Canadian History," McKay argues that Canada,

should henceforth denote a historically specific project of rule, rather than either an essence we must defend or an empty homogenous space we must possess. Canada-as-project can be analyzed through the study of the implantation and expansion over a heterogeneous terrain of a certain politico-economic logic – to wit, liberalism. A strategy of reconnaissance will study those at the core of this project who articulated its values, and those 'insiders' or 'outsiders' who resisted and, to some extent at least, reshaped it.²⁸

McKay notes that this liberal order had its basis in the writings of Locke, Smith, Mills and Bentham, and encourages a belief in the epistemological and ontological primacy of the category of individual. While acknowledging that the term liberalism simultaneously suffers from semantic overabundance and poverty, McKay defines the historical form of liberalism in Canada through a hierarchical ensemble of three ideological principles: Liberty – the basic affirmation of an individual's right to liberty, which encompasses a subset of liberties such as free labour, free

²⁵ R.D. Gidney and W.P.J. Millar, "From Voluntarism to State Schooling: The Creation of the Public School System in Ontario," *The Canadian Historical Review*, Vol. 66, No. 4 (1985): 443–473.

²⁶ Papers discussing and critiquing McKay's work during a Canadian Historical Association panel have been collected in *Liberalism and Hegemony: Debating the Canadian Liberal Revolution*, Jean-François Constant and Michel Ducharme (Eds.) (Toronto: University of Toronto Press, 2009).

²⁷ Rosa Bruno-Jofré. "History of Education in Canada: historiographic 'turns' and widening horizons" in *Paedagogica Historica*, Vol. 50, No. 6, (2014), 779–780.

²⁸ Ian McKay, "The Liberal Order Framework: A prospectus for a reconnaissance of Canadian history," in *The Canadian Historical Review* Vol. 81, No. 4 (Dec 2000): 621.

trade, free press, etc.; Equality – subordinate to individualism, and focused on equality of opportunity rather than equality of outcome; inequalities will be a part of life, but they stem from the exercise of each's individual's liberty; and Property – the individual's right to hold property as well as one's property in oneself, which is a precondition of liberty.²⁹ Property is at the top of the hierarchy, and equality is at the bottom, according to McKay.³⁰

A study of Canada as a liberal project of rule would examine the history of power relations in order to map across northern North America both the grids of power (penitentiaries and criminal codes, schools and legislatures) through which a liberal order was constructed and centred, effectively becoming hegemonic, as well as the forces that resisted and could even effect changes to the project itself. The nation-state of Canada “would be treated as an extensive projection of liberal rule across a large territory and an intensive projection of liberal rule across a large territory and an intensive process of subjectification, whereby liberal assumptions are internalized and normalized within the dominion's subjects.”³¹ From the perspective of an educational historian, Canada as a project can be viewed as an attempt to teach the philosophical assumptions, and the related political and economic practices, of a liberal order which is centred on the trinity of property, liberty and equality.

McKay's framework outlines how a liberal order was established in Canada, and also aids in explaining distinctive features of “Canadian” education. McKay notes that in order for a liberal order to become hegemonic, liberals had to be willing to compromise on certain issues. However, these were less accommodations or compromises than they were “bargains with liberal

²⁹ *Ibid.*, 625.

³⁰ McKay's liberalism has a certain economic bias, and it remains to be seen if the ethical questions of Smith and Mill can be integrated in a more obvious way into his framework. See: Michel Ducharme and Jean Francois Constant, “Introduction: A Project of Rule Called Canada – The Liberal Order Framework and Historical Practice,” in *Liberalism and Hegemony: Debating the Canadian Liberal Revolution* (Toronto: University of Toronto Press, 2009), 3–34.

³¹ McKay, “The Liberal Order Framework,” 624.

hegemony.”³² Signs of bargaining are quite apparent when one looks at education. Provincial control of education and provision for religious education was a necessity for a liberal order to be established, and the continuing impact of this “bargain” is felt today. Liberalism had an ideological rival, Catholic communitarianism. For Catholics there was a tension between the demands of their faith and the claims of liberal individualism.³³ While liberals believed that non-denominational public schools could avoid or at least restrain the violent religious conflicts of the time, an exception had to be made for Catholic education. In their eyes, Catholicism was inherently illiberal, as religious precepts were reinforced by a hierarchical Church to which subordination was expected. The concept of *laissez faire* applies not only to liberal political economy, but to liberalism’s moral or ethical values. It was up to individuals to choose paths to happiness and make their own decisions in matters of personal choice and belief. Private desires were not to be subject to community compulsion.³⁴ In order to contain the Catholic communitarian critique of liberal order, liberals were (to a point) willing to compromise on the separation of church and state (a liberal belief meant to ensure freedom from despotism and authoritarianism), as evidenced in the publicly-funded Catholic separate school system.³⁵ Liberalism can be viewed as a totalizing philosophy or secular religion, and it was seen as a threat by ultramontanes and many Catholics. The ongoing conflict between religious education and liberal education in Ontario public schooling has stemmed from the differing emphases on the individual and the community, as well as religious precepts governing personal thought and behaviour.

³² *Ibid.*, 639.

³³ *Ibid.*, 626.

³⁴ Ian McKay, “Canada as a Long Liberal Revolution: On Writing the History of Actually Existing Canadian Liberalisms, 1840s–1940s” in *Liberalism and Hegemony: Debating the Canadian Liberal Revolution*, Jean-Francois Constant and Michel Ducharme (Eds.) (Toronto: University of Toronto Press, 2009), 354.

³⁵ *Ibid.*, 644.

Until the late twentieth century, however, Catholic schools were only publicly funded to grade 10. Grades 11, 12, and 13 received no funding at all. These grades were supported by tuition fees, subsidies by parishes, and the voluntary work of religious orders; therefore, they were not subject to the authority of the Minister of Education or the oversight of the department.³⁶ While Catholic schools had to adhere to the legal requirements established by the *Education Act*, these grades did not have to follow the Ontario Curriculum. Even though the ministry was ushering in a more comprehensive and thorough sex education for secondary students throughout the mid-to-late twentieth century, Catholic schools did not complain because they were free to teach sex education however they saw fit in these grades. Moreover, between the years of 1965 and 1975, they could easily “opt out” of teaching sex education in the earlier grades due to the ministry’s policy of decentralization. For the Catholic separate school system, sex education only became a problem after 1984 when Catholic high schools started to receive the same funding as public high schools (which helps explain why the Catholic school system does not feature prominently until later in this study).

Victorian liberalism also affected understandings of sexuality, which had profound consequences for many within this emerging Liberal Order. Some individuals and institutions were unwilling to recognize fully women’s aspirations as individuals as they did not meet the requirements of propertied individualism. As McKay emphasizes, “Women, tied as mothers or mothers-to-be by nature and society both to their bodies and to wider networks of family and kin,

³⁶ In Ontario, public funding was refused to Catholic high schools on the grounds that such institutions did not exist at the time of Confederation. The Department of Education was therefore not obliged to fund Catholic schools that were not established in law at the time of the passage of the BNA Act as stipulated in Section 93. However, limited funding was granted to Catholic high schools as Catholic separate common schools (elementary schools) prior to 1867 did deliver some of the curriculum that could be classified as grade nine and ten. For a concise history of separate schools in Ontario, see Robert M. Stamp, *The Historical Background to Separate Schools in Ontario* (Ontario: Ministry of Education, 1985).

were also often excluded from individualism in this order.”³⁷ Women were biologically tied to nature and hence allegedly incapable of exerting a rational domination over it. They were not considered liberal individuals as “a true individual was he who was self-possessed – whose body and soul was his alone; only those human beings who met the criteria of true self-possession were ‘true individuals.’”³⁸ Individual freedom and social equality were not extended to women, but solely to “rational men,” whose rationality was linked to the ownership of property.³⁹ Women’s sexual identity led many mid-Victorian liberals in Canada to limit the right to vote for women on the grounds of gender. This liberal approach to ordering gender also marked out homosexuals as “Others.” Homosexuals, perceived as suffering from a “disease of the will,” were also not considered as rational individuals.⁴⁰ Ultimately, the individual was defined according to gender and sex criteria – so the rigorous application of the “rights of the individual” meant a consistent denial of equal treatment to those human beings who, whether by legal definition or social convention, were excluded.⁴¹ This exclusion was often in accordance with the interests of those at the core of this liberal project.

Nineteenth-century liberalism was situated within a set of assumptions which saw liberal freedoms radically circumscribed. However, the denial of citizenship to women is a historical, not a contemporary, feature of liberalism. Furthermore, the criminalization of homosexuality is

³⁷ McKay, “The Liberal Order Framework,” 626.

³⁸ *Ibid.*, 625.

³⁹ *Ibid.* On this point McKay cites Mary Dietz, “Context is All: Feminism and Theories of Citizenship,” in Chantal Mouffe, ed., *Dimensions of Radical Democracy: Pluralism, Citizenship, Community* (London: Verso, 1995), 63–85.

⁴⁰ As Gary Kinsman argues in *The Regulation of Desire*, heterosexism – an ideology which proclaims lesbians and gays to be “sick” and heterosexuals to be normal – has historically played an important part in state formation in Canada. Medicine, psychology, and criminology are some of the traditions identified by Kinsman which have created the “problem” of homosexuality, defining gays and lesbians as sick, abnormal – even criminal – while defining heterosexuality as normal. Kinsman concludes that these socially organized forms of knowledge have been crucial to the construction of heterosexual hegemony. See Gary Kinsman, *The Regulation of Desire: Sexuality in Canada* (Montreal: Black Rose Books, 1987), 15.

⁴¹ Ian McKay, “Canada as a Long Liberal Revolution: On Writing the History of Actually Existing Canadian Liberalisms, 1840s–1940s,” in *Liberalism and Hegemony: Debating the Canadian Liberal Revolution* (Toronto: University of Toronto Press, 2009), 351.

no longer a defining feature of state regulation of sexuality, and discriminatory laws regarding sexual orientation have increasingly been struck down. Why? Liberalism is not only an ideology of power, but an ideology of reform.⁴² Liberalism contains an internal logic which those outside of the liberal project used to successfully challenge the very terms of their exclusion. It was characteristic of first wave feminists that their political language was deeply marked by the liberalism they both implicitly and explicitly questioned.⁴³ They utilized the political language of liberalism to question the contradictions inherent in liberal thought. However, it was not just first wave feminists who questioned the circumscription of their own rights. During the mid-late twentieth century, rights-based, equality-seeking gay and lesbian groups also utilized liberal arguments to challenge the very terms of their exclusion.⁴⁴ Liberalism is not simply about constraint, as this would undermine its very goal: the liberation of the individual, whose freedom should be limited only by voluntary obligations and the rules necessary for the equal freedom of others.⁴⁵

Nineteenth-century liberalism also led to the secularization of Canadian society. Ramsay Cook noted that late-Victorian era Christianity faced the challenge of social criticism and the decay of traditional religious belief. The religious crisis provoked by Darwinian science and the historical criticism of the Bible led religious people to attempt to salvage Christianity by transforming it into an essentially social religion. Sociology, the science of society, displaced theology.⁴⁶ Cook's secularization thesis was further developed by David Marshall in

⁴² Constant and Ducharme, "Introduction: A Project of Rule Called Canada – The Liberal Order Framework and Historical Practice," 20.

⁴³ McKay, "The Liberal Order Framework," 635

⁴⁴ Miriam Smith, *Lesbian and Gay Rights in Canada: Social Movement and Equality Seeking, 1971–1995*, (Toronto: University of Toronto Press, 1999), 92.

⁴⁵ McKay, "The Liberal Order Framework," 623.

⁴⁶ Ramsay Cook, *The Regenerators: Social Criticism in Late Victorian English Canada* (Toronto: University of Toronto Press, 1985), 5.

Secularizing the Faith. Marshall, however, points to the 1840s and 1850s as the first decades in which there were clear signs of secularization pressures.⁴⁷

The early to mid-twentieth century saw Canadian society become increasingly secular. This continued through the 1960s and 70s. In *Losing Control*, political scientist Tom Warner explains that the ties between church and state began to further loosen in the 1960s, and that the transformation of the staunchly Christian state of Canada accelerated in the 1970s and 1980s with the advent of human rights legislation. Secularism and the assertion of the primacy of civil liberties and human rights became central to discourses within the public, political, and judicial realms.⁴⁸ While secular values – generated by the liberal pluralism of society – had long challenged religious precepts, they replaced them to a greater extent than ever.

Warner notes the emergence of a social conservative movement, highlighting Christian fundamentalists such as evangelical Protestants and Roman Catholics “as the foot soldiers of this movement.”⁴⁹ He examines their unrelenting campaign to impose (or reimpose) their religious beliefs and moral values on the state and state institutions. Warner characterizes the movement as an angry, reactionary, and intolerant response to the revolution in social and sexual attitudes that swept across Canada since the late 1960s, concluding that they “have fought mightily in a

⁴⁷ David B. Marshall, *Secularizing the Faith: Canadian Protestant Clergy and the Crisis of Belief, 1850–1940* (Toronto: University of Toronto Press, 1992), 19. The secularization thesis and its impact upon society has been the subject of much debate. See David B. Marshall, “Canadian Historians, Secularization and the Problem of the Nineteenth Century,” in *Canadian Catholic Historical Association Historical Studies*, Vol. 60, No. 2 (1993–1994): 57–81.

⁴⁸ Tom Warner, *Losing Control: Canada’s Social Conservatives in the Age of Rights* (Toronto: Between the Lines, 2010), 2. McKay suggests that the somewhat strained and inconclusive debate over secularization could be sharpened and clarified if, on the basis of his study and others, it could be transformed into a debate over liberalization. McKay, “The Liberal Order Framework,” 627 n.16. This thesis suggests that secularization follows in the wake of a liberal, pluralistic society.

⁴⁹ Warner believes that evangelicalism rather than fundamentalism more accurately describes their religiosity. David Marshall, however, uses the terms ‘conservative evangelical’ and ‘fundamentalist’ interchangeably. I will utilize the term ‘fundamentalist,’ as it characterizes the reactionary nature of these groups in an increasingly secular society, and distinguishes them from more liberal or reform-minded denominations (the modernists as Marshall calls them). More importantly, the term ‘fundamentalist’ was used by policymakers and educational administrators to refer to these religious groups.

concerted holy war, a righteous counter-revolution dedicated to protecting and in some instances restoring Judeo-Christian morality and values as the foundations of Canada's laws and public policy."⁵⁰ This movement was motivated by fears of losing control of the moral agenda.

Adamantly opposed to the secular humanism of Canadian society, Christian fundamentalists have long objected to liberalizing religious theology to accommodate it. These aspects of their moral agenda extended to the schools. In their attempt to restore Judeo-Christian values as the defining values of Canada, fundamentalist Christians – Protestants and Roman Catholics alike – have engaged in protracted warfare in the public school systems of the country. Warner explains that these social conservative groups have consistently argued that schools should teach religious and spiritual values to ensure the proper indoctrination of children and that these values should reflect those of their parents.⁵¹

In Ontario, self-styled evangelical Ken Campbell waged his own war to impose Judeo-Christian values in schools. Ideological conflict with the ideas being taught in public education motivated his crusade against sex education, as reported in a 1974 *Toronto Sun* article:

[Ken Campbell] doesn't blame teachers or administration. He points the accusing finger at the government and its bureaucracy. It has imposed a "new state religion." By government design, Campbell said, Christianity's discipline and theology have been replaced in Ontario schools by atheism and libertinism.⁵²

⁵⁰ *Ibid.*, 4.

⁵¹ *Ibid.*, 190.

⁵² "Evangelist sets sights on school cleanup," *Toronto Sun*, Monday 4 March 1974. Ministry of Education. Archives of Ontario, Record Group 2-82-4, Curriculum Services Branch administration files, B189232, Box 2, Sex Education (Physical & Health Education) 1974.

Campbell's insights are quite astute. They alert us to the fact that the educational state can formulate and pursue goals that are not simply reflective of the demands or interests of social groups, classes, or society in general.⁵³

Organizationally coherent collectivities of state officials, especially collectivities of career officials such as civil servants, can make autonomous state contributions to policy-making. Relatively insulated, they are capable of exerting considerable influence. Civil servants who are engaged in diagnosing societal problems and framing policy alternatives can oftentimes make more important intellectual contributions to policy development than political parties or pressure groups.⁵⁴ They can also elaborate upon established policies, acting relatively continuously over long stretches of time.⁵⁵ Based on his study of the Saskatchewan Department of Education between 1956 and 1963, Ian E. Housego posits that it is the Department of Education – “the official interest group” – rather than the provincial legislature, that is the locus for decision-making: “Indeed, it may true to say that legislators are very little involved in determining the content of education policy decisions, which is developed rather by the ‘invisible politics’ of select unofficial interest groups presided over by officials of the department of education.”⁵⁶

Moreover, John Stapleton has argued that the department of education is not a unified body, but rather a complex organization whose different parts negotiate to produce policy. Based on his study of the credit system policy in Ontario public schools circa 1965, Stapleton suggests that, “in some cases, the internal negotiations within a department of education are more

⁵³ Theda Skocpol, “Bringing the State Back In: Strategies of Analysis in Current Research,” in *Bringing the State Back In*, eds. Peter B. Evans et al. (Cambridge: Cambridge University Press, 1985), 9.

⁵⁴ *Ibid.*, 11.

⁵⁵ *Ibid.*, 9.

⁵⁶ Housego, “Pluralist Politics and Educational Decision-Making,” 15.

important determinants of policy than are the external negotiations with interest groups.”⁵⁷

Similarly, Eric Ricker’s work suggests that bureaucratic hegemony, not pressure group politics, might be the most influential factor affecting policy-making. Based on his examination of the Hall-Dennis committee, Ricker asserts that the committee largely dismissed the concerns of many of the groups which had submitted briefs in favour of the Department of Education’s view. Owing to the considerable influence of the department on the committee and the close linkages between them, the committee’s final report reflected the views of the bureaucrats themselves.⁵⁸ While the ministry is a key access point for pressure group demands, it is also an autonomous actor – yet it is not a monolithic entity and there can be internal divisions and disagreements over policy.

While the Ministry of Education may be the locus for policy-making, civil servants are directed by the governing political party, which makes understanding the relationship between the provincial legislature and the civil service important. Frank Mackinnon contends that educational administrators in Canada circa 1960 were by far the most powerful among civil servants in general and within the educational system itself. These educational officers possessed an imposing list of powers, “without parallel in any other activity in the modern state.”⁵⁹ Moreover, they enjoyed the unusual privilege of speaking in public for both the government and the schools – violating a fundamental rule of government that civil servants should be anonymous.⁶⁰ Ministers of Education – especially new and untried members of the Cabinet – who lacked the technical and procedural knowledge about the department and educational

⁵⁷ Stapleton, “The Department of Education as a Policy-Maker,” 44. See also Stapleton, “The Politics of Educational Innovations.”

⁵⁸ Eric Ricker, “Teachers, Trustees and Policy: The Politics of Education in Ontario, 1945 – 1975, unpublished Ph.D. thesis, University of Toronto, 1981, 484–486.

⁵⁹ Frank MacKinnon, *The Politics of Education: A Study of the Political Administration of the Public Schools* (University of Toronto Press, 1960), 29.

⁶⁰ *Ibid.*

system, were extremely reliant on their Deputy Ministers, Superintendents, and Directors of Branches, all of whom were in a position to exert a regular and pervasive influence on the workings of government. Since the Department of Education recommended policy decisions to the Minister and Cabinet, Housego has suggested that the role of elected politicians was limited to ratification or rejection of policy.⁶¹ While the Minister of Education may not have been overly involved in policy formulation, preferring to leave the “content” or “substance” of policy to the bureaucracy, the policy-direction set by the Minister of Education and Cabinet nonetheless established the parameters within which civil servants operated. The Minister of Education sets the policy direction; officials are obliged to carry out the policies of the elected government – but they can have considerable leeway with respect to implementing them.

Liberalism may have been the state religion, but the faith underwent profound changes during the mid-twentieth century. Political theorist Michael Freeden has argued that liberalism was transformed from within as liberals confronted the acute problems of their time such as dire poverty, unemployment, and disease. Liberal theorists such as J.A. Hobson and L.T. Hobhouse were preoccupied with these social problems, and these concerns served as a catalyst “for a remarkable synthesis of political ideas which ensured the survival of the liberal tradition.”⁶² Liberals selectively borrowed ideas from Socialism and British Idealism, as well as other political traditions, to provide solutions to the critical socio-political problems of the times. They did not just simply adopt them; they assimilated and transformed them with the aim of making them compatible with liberal fundamentals.⁶³ While Freeden argues that the reconciliation of new ideas with liberal principles was a more complex issue than simply moving from a negative

⁶¹ Ian E. Housego, “Pluralist Politics and Educational Decision-Making,” 15.

⁶² Michael Freeden, *The New Liberalism: An Ideology of Social Reform* (Oxford University Press, 1978), 4

⁶³ *Ibid.*, 255.

to a positive concept of liberty,⁶⁴ this binary does help illustrate the differences between Victorian era liberalism and the new liberalism of the twentieth century.

The negative liberty of classical liberalism was focused on the removal of restrictions from human activity, whereas positive liberty was focused on providing individuals with the capacity to achieve their desires, values, and goals – realizing the “good life” – whatever that may be. The turn to positive liberties “pushed liberalism away from a fascination with the protection of the individual from the evils of excessive intervention towards an account of the welfare of the individual that stressed the importance of a stable social context and a functioning economic order.”⁶⁵ New Liberals consequently adopted significant legislation in the form of health and unemployment insurance and graduated income tax. Such social legislation, intended to equalize as far as possible the life chances of individuals, was to serve as the foundation of welfarism (welfare liberalism is a pejorative term for this new liberalism). The turn to positive liberties greatly influenced Canadian society and led to the creation and expansion of the welfare state.⁶⁶

The creation of the welfare state, beginning in the 1940s and largely culminating in the 1960s, was based on an ideology of social (and even gender and sexual) reconciliation and extended citizenship. Since the modern liberal state aimed to provide a comprehensive system of social insurance “from cradle to grave,”⁶⁷ sex became a major realm of state policy. The liberal

⁶⁴ *Ibid.*, 6.

⁶⁵ Michael Freeden and Marc Stears, “Liberalism,” in *The Oxford Handbook of Political Ideologies*, Michael Freeden and Marc Stears, eds. (Oxford: Oxford University Press, 2013), 335.

⁶⁶ For studies on the impact of new liberalism and positive liberties upon Canadian society, see James Struthers, *No fault of their own : unemployment and the Canadian welfare state, 1914–1941* (Toronto: University of Toronto Press, 1983), James Naylor, *The New Democracy: Challenging the Social Order in Industrial Ontario 1914–25* (Toronto: University of Toronto Press 1991), Penny Bryden, *Planners and politicians : Liberal politics and social policy, 1957–1968* (Montreal: McGill-Queen’s University Press, 1997).

⁶⁷ This phrase is taken from the British government’s report *Social Insurance and Allied Services* (Cmd. 6404). More commonly known as the Beveridge Report (after its author William Beveridge), it was published on 1 December 1942 and laid the foundations for the welfare state.

state had the capacity to regulate sexuality and had shown an active interest in doing so. As

Robert Connell notes, its activities included:

Family policy, population policy, labour force and labour market management, housing policy, regulation of sexual behaviour and expression, provision of childcare, mass education, taxation and income redistribution, the creation and use of military forces – and that is not the whole of it.⁶⁸

To this list one might add immigration, age of sexual consent laws, criminal sexual assault legislation, and health policy (especially insofar as it concerned reproductive health). State regulation of sexuality spanned “from the womb to the tomb.” As Jeffrey Weeks explains, “at the heart of welfarism was a clear concern with the conditions of reproduction – both in its widest social sense, of producing a healthy workforce in the context of comprehensive social security and full employment; and in its narrow, biological sense, of improving the conditions of parenthood and childbirth.”⁶⁹ This concern led to a more concerted state interventionism than ever before, “guided, it was fervently hoped by theorists of welfarism, by the new insights of social scientific knowledge.”⁷⁰

The interrelation of states and social knowledge had profound implications for policy-making. Interventionist social policies made life more systematic, enumerable, and quantifiable. Increasingly complex social legislation required centralized decision making by specialists. This resulted in the emergence of technocratic politics. Favoured by operations researchers, policy analysts, welfare economists, management scientists, and statisticians, technocracy denotes rule by technique, mode of analysis, and calculation.⁷¹ Technocrats (those who exercise authority by virtue of their technical competence) hoped to share in the aura of the sciences. They associated

⁶⁸ Connell, “The state, gender, and sexual politics,” 531.

⁶⁹ Jeffrey Weeks, *Sex, Politics, and Society: The Regulation of Sexuality Since 1800* 4th Ed. (Routledge: Abingdon, 2018), 251.

⁷⁰ *Ibid.*, 252.

⁷¹ Ernest Sternberg, “Incremental Versus Methodological Policymaking in the Liberal State,” *Administration & Society*, Vol. 21, No. 1 (1989): 58.

themselves with, and wanted others to see in their work, “the application of an irrefutable reason and a scientific precision to public affairs.” Technocratic policymaking carried with it its own characteristic form of decision making – quantitative reason.⁷² Technocratic liberalism budded in the 1930s and reached its full flowering in the 1960s, bringing an unprecedented analytic rigour to policy-making.

Ontario’s Ministry of Education was not immune from these pressures. In an increasingly systematized and quantifiable world, a technocratic approach to policy-making appeared to be the most appropriate and sensible strategy for bureaucratic action. It offered a seemingly efficacious paradigm for administrative choice.⁷³ The belief that technocratic expertise would realize a conflict-free, liberal utopia “proved a ‘powerful political aphrodisiac’ for Bill Davis’ Department of Education in 1960s Ontario.”⁷⁴ As Josh Cole explains:

These liberal technocrats believed in an early iteration of the ‘end of ideology’ thesis – that a truly modern society was one in which technical reason had replaced class conflict, and those who were its agents [...] became the new drivers of social and economic progress. For the intellectuals of the Peaceable Kingdom, consensus, derived from a purportedly apolitical rationality, was the path to a better world. Anything else smacked of pre-modernity.⁷⁵

Such an approach suited Ontario’s Ministry of Education, and “more and more authority [was] inhered in [Ministry of Education] bureaucrats who claimed expertise in specific areas and who were securely lodged in their positions of authority.”⁷⁶ Consequently, the educational state brought its technocratic expertise to bear on many educational and social problems. The sexual

⁷² *Ibid.*, 60.

⁷³ Sternberg, “Incremental Versus Methodological Policymaking in the Liberal State,” 55.

⁷⁴ Josh Cole, “Experts and exiles: organic intellectuals, education, and the ‘Indian Problem’ in postwar Ontario, Canada,” *Pedagogica Historica* Vol. 55, No.2 (2019): 212.

⁷⁵ *Ibid.*, 211.

⁷⁶ Josh Cole, “Children, Liberalism and Utopia: Education, Hall-Dennis and Modernity in Ontario’s Long 1960s,” Unpublished PhD Dissertation, Queen’s University, 2015, 63.

health of students was no exception. The state was (and continues to be) amongst the most important sites for the regulation of sex, with schools a decisive site.

This dissertation argues that mid-century liberalism provided the philosophical rationale and basis for sex education, and that sex education was cumulatively institutionalized as part of Ontario public schooling between 1955 and 1988 as the result of incremental, technocratic policy-making. The Ministry of Education, acting on the basis of “enlightened” expert knowledge, progressively introduced sex education in order to help ameliorate socio-sexual problems throughout the mid-late twentieth century. Sex education – a technocratic solution to such socio-sexual problems as venereal disease and teenage pregnancy – was seen as the “rational” application of “neutral, objective, and value-free” scientific knowledge across the student body.⁷⁷ Technocratic policymaking – which intertwined policy formulation with the empirical aspects of socio-sexual problems – allowed policymakers to produce defensible policies to ameliorate concrete (i.e. quantifiable) problems.

While sex education was largely seen as a technocratic solution to socio-sexual problems, the educational state was not of one mind. What emerges from the numerous internal memos, briefs, minutes of meetings, and departmental letters is that intra-ministerial conflict and

⁷⁷ Liberal technocrats believed that only knowledge derived from the scientific process, which had met to a significant degree professional standards for verification, was valid knowledge. Despite their conviction that empirical and rational analysis would lead towards scientific solutions of policy problems, the question as to whether or not science can be objective or value-free is up for debate. For studies of scientific knowledge and its use in policy-making – including epistemological questions related to empiricism, values, and objectivity – see Max Weber, *Methodology of the Social Sciences*, Edward A. Shils and Henry A. Finch (eds.) (New Brunswick: Free Press, 1949); Gresham Riley (ed.) *Values, objectivity, and the social sciences* (Reading: Addison-Wesley Pub. Co., 1974); Carol H. Weiss, *Using social research in public policy making* (Lexington: Lexington Books, 1977); Charles E. Lindblom and David K. Cohen, *Usable Knowledge: Social Science and Social Problem Solving* (New Haven: Yale University Press, 1979); David Collingridge and Colin Reeve, *Science speaks to power: the role of experts in policymaking* (London: Pitner, 1986); Helen E. Longino, *Science as social knowledge: values and objectivity in scientific inquiry* (Princeton: Princeton University Press, 1990); Dietrich Rueschemeyer and Theda Skocpol (eds.), *States, social knowledge, and the origins of modern social policies* (Princeton: Princeton University Press, 1996); and Heather E. Douglas, *Science, policy, and the value-free ideal* (Pittsburgh: University of Pittsburgh Press, 2009).

compromise affected policy-making, especially with respect to curriculum.⁷⁸ Civil servants differed on issues such as age-appropriate topics of study, how descriptive and/or prescriptive the curriculum guidelines should be, and the perceived needs of students. Civil servants were also concerned with how sex education would be received by Ontarians; school-based sex education was essentially an intrusion into what had long been a private and familial affair.

Without an adequate social knowledge base, it was difficult to answer these questions.

Factionalism and differences of opinion were not uncommon. When civil servants disagreed on objectives or means, they had to negotiate a solution amongst themselves. Incrementalism was a rational response.⁷⁹ Incrementalism allowed policymakers to pursue needed reforms gradually and expand the knowledge base with the help of socio-scientific expertise.⁸⁰ Sex education policy was not made once and for all; it was made and re-made. Sex education was shaped by a succession of incremental changes to better remedy both longstanding and emerging socio-sexual problems.

The ministry's incremental, technocratic approach to sex education generated opposition. Civil servants were part of a liberal empiricist tradition and they were decidedly positivistic in their assumptions and attitudes. Fundamentalist religious groups, however, rejected the educational state's empirical knowledge base and reflexivity. Dismissive of the possibility that

⁷⁸ Curriculum guidelines are policy statements about the nature of studies to be undertaken. They provide information about the curriculum itself (what students should know and be able to do) and how it connects to Ministry of Education policies, programs and priorities.

⁷⁹ Incrementalism as a theory of public policy was first developed in the 1950s by American political scientist Charles E. Lindblom. See Lindblom, "The Science of 'Muddling Through'" in *Public Administration Review* Vol. 19, No. 2 (Spring 1959): 79–88; David Braybrooke and Charles E. Lindblom, *A Strategy of Decision: Policy Evaluation as a Social Process* (New York: Free Press of Glencoe, 1963), and Charles E. Lindblom, "Still Muddling, Not Yet Through," in *Public Administration Review* Vol. 39, No. 6 (Nov.–Dec. 1979): 517–526.

⁸⁰ As Lindblom notes, "A fast-moving sequence of small changes can more speedily accomplish a drastic alteration of the status quo than can an only infrequent major policy change. Incremental steps can be made quickly because they are only incremental [...] They do not rock the boat, do not stir up the great antagonisms and paralyzing schisms as do proposals for more drastic change." Lindblom, "Still Muddling," 520.

knowledge could be derived from empirical research, they were adamantly opposed to any teaching of human sexuality divorced from theology. An empirical approach highlighted the differences (as well as commonalities) in human sexual behaviour and experience. It revealed the pluralistic nature of society and the need for sex education policy which upheld liberal values such as individual self-determination and tolerance of individual and group differences in behaviour and belief.

While the educational state claimed that sex education was “value-neutral,” liberalism provided the philosophical basis for sex education policy. It promoted a particular moral framework with its commitment to individual freedom and autonomy.⁸¹ Sex education, as part of a liberal education, emphasized the centrality of individual choice (within the rule of law) in place of the imperatives of a single standard of behaviour or morality. Fundamentalist religious groups, however, were unwilling to countenance anything that was not contained within their value system; they had little tolerance for individual choice or values which did not align with their own. These groups contested the terms of liberal pluralism or outright rejected the liberal context in which sex education was researched and taught.

In order to realize sex education and maximize its benefits (as an ongoing process in response to emerging health problems), the educational state had to minimize opposition and disruption. It accomplished this through bargains struck with liberal hegemony. While liberal technocrats became increasingly confident that an objective and value-neutral approach to sex education would be acceptable to most, some individuals and groups held differing ideas on the body and sex than those of the liberal state. The educational state respected the need to protect

⁸¹ Liberalism’s commitment to individual autonomy is itself morally significant. Communitarian scholars have noted that the liberal state places individual freedom and autonomy at the top of society’s normative hierarchy. For more on liberalism’s moral framework and the communitarian critique see Michael Freeden and Marc Stears (eds.) *The Oxford Handbook of Political Ideologies* (Oxford : Oxford University Press, 2013).

civil liberties such as freedom of conscience and belief; therefore, ministry policy allowed students to be excused from sex education at the behest of their parents or guardians on the grounds of religious belief. If students were of age they could excuse themselves.

Incrementalism allowed for sex education policy to be tailored to a wide variety of interests through the interest-group adjustment process – but there were limits to compromise.⁸² Due to the vociferous opposition of religious groups, the controversial topic of abortion was not included in the P&HE curriculum, which somewhat undermined sex education's objectives of disease prevention and health promotion. The educational state even compromised on the issue of religious communitarianism in order to realize some form of AIDS education in the Catholic separate school system. Sex education policy was marked by both incrementalism and compromises with liberal hegemony.

Policymakers utilized medical expertise and social scientific knowledge to formulate policy. For technocratically-minded policymakers, the sciences were an instrument of social problem solving which made possible the more effective use of knowledge about society to guide society. Moreover, it provided proof of policy effectiveness (or lack thereof). Sex education was institutionalized to a greater extent when it was discovered that sex education could help remedy socio-sexual problems as well as rising health care costs. Policymakers, on the basis of empirical proof, increasingly believed that health education was a form of preventative healthcare. Social scientific studies had provided evidence, albeit limited, of sex education's effectiveness in ameliorating socio-sexual problems and reducing government spending. When the opportunity presented itself in the 1980s after localist policy was no longer

⁸² For when decisions are only incremental – closely related to known policies, it is easier for one group (in this case, the “official” interest group a.k.a the ministry) to anticipate the kind of moves another might make and easier too for it to make correction for injury. Lindblom, “The Science of ‘Muddling Through,’” 86.

operative, sex education was institutionalized as part of a compulsory secondary school credit in Physical and Health Education required for graduation.

When AIDS education was mandated for the 1987–88 school year in response to the AIDS crisis, sex education was further institutionalized at the secondary school level as well as at the elementary school level. The decision to mandate AIDS education, however, was only reached as a result of the past three decades worth of technocratic policy-making. Sex education – as a technocratic solution to socio-sexual problems – had been proven effective. Moreover, empirical evidence indicated that sex education was supported by most Ontarians prior to this public health crisis. While mandating AIDS education was the result of a catalyst, it did not represent a major shift in sex education policy when looked at over the *longue durée*. AIDS education was largely built upon established policy. It was the cumulative result of over three decades worth of incremental, technocratic policy-making.

Ultimately, mid-twentieth-century liberalism generated the conditions in which sex education emerged and was institutionalized. The ministry's sex education policy reflected its burgeoning technocratic liberalism amidst an increasingly secular, pluralistic, and sexually permissive society. School-based sex education – an extension of the liberal interventionist state – was a technocratic solution to socio-sexual problems. Sex education was conceptualized as a program of disease prevention and health promotion with the added objective of promoting sexual responsibility amongst students. While school-based sex education was ostensibly a form of sexual regulation, it also conformed to the purpose of liberal education: the development of the critical autonomous capacity of each and every individual student. The sex education which students received, therefore, was a medico-scientific study of sex that stressed prevention and early treatment, but which also emphasized the centrality of individual choice in place of the

imperatives of a single standard of behaviour or morality. As a result of incremental, technocratic policy-making between 1955 and 1988, sex education – under conditions of liberal modernity – was cumulatively institutionalized as part of Ontario public schooling.

Chapter 1 examines the tentative steps the Department of Education took to address the incidence of venereal disease during the mid-1950s. Even with the onset of the sexual revolution, the Department of Education was cautious when responding to inquiries made about the place of sex education within the curriculum. Nonetheless, liberal technocrats in the department – encouraged by changing societal attitudes about public health and the role of the state – worked to realize a medico-scientific study of sex for intermediate and senior secondary school students. While sex education had been introduced to Ontario, its longevity was far from assured.

Chapter 2 explores how sex education’s institutionalization was aided by the “permissiveness” of the mid-to-late 1960s. Canadians expressed more liberal attitudes towards sex throughout the decade with changes in sexual behaviour paralleling the increasing incidence of VD during the mid-1960s. The department believed that sex education was needed more than ever and that it was too important to be left to parents; however, the mid-to-late 1960s ushered in an era of “participatory democracy” in education in Ontario. Many of the powers and responsibilities – including curriculum development – formerly held by the Department of Education were devolved to local schools. The decision to incorporate sex education, as well as to what extent, lay solely with local authorities. The implementation and teaching of sex education was ad-hoc and of varying quality throughout the province, and for some communities it resulted in heavily publicized opposition.

Chapter 3 examines two Ministry of Education initiatives – the *VD Teaching Kit* for teachers (1973) and the 1973 Intermediate Physical and Health Education curriculum – which

helped reassert the centrality of the department and highlighted the benefits of “top-down” education. These two initiatives impressed upon the department, notably a collectivity of Physical and Health Education Program Consultants, the need for greater departmental leadership in sex education – especially when it could have a measurable impact upon public health. This chapter also explores how the Ministry of Education co-opted various groups to help support its sex education endeavours.

Chapter 4 focuses on the Ministry of Education’s response to the numerous groups who recommended that the topic of family planning/birth control be included as part of the health curriculum. While these groups gave considerable support to sex education – and were willing to sacrifice local autonomy to accomplish their aims – the ministry’s continued commitment to localist policy precluded action on many of their recommendations. The publication of Dr. Edward S. Herold’s two-part study *Sex Education in Ontario Schools*, however, presented a strong case for greater ministerial leadership in sex education. The revision process of the 1975 interim Senior Physical and Health Education Curriculum highlighted the ongoing tension between current policy which emphasized community participation and decentralization and the program consultants’ preference for centrally created and disseminated standardized programming in sex education.

Chapter 5 analyzes how the changing social and economic context of the late 1970s and early 1980s paved the way for sex education’s further institutionalization. Sex education was believed to be a remedy for socio-sexual problems such as teenage pregnancy and abortion as well as certain aspects of government spending. Policymakers hoped that sex education’s emphasis on prevention could reduce health care and social services spending. The topic of abortion, however, proved a contentious issue for the ministry. The end of decentralization and

local autonomy in curriculum development provided the opportunity to make health education a compulsory course for all students. Ultimately, starting in the 1984 –1985 school year, one of the compulsory credits required for graduation was Physical and Health Education.

Chapter 6 explores the educational state's response to the AIDS crisis of the 1980s. The AIDS crisis generated widespread public support for sex education and reinforced the necessity of school-based sex education. Beginning with the 1987–1988 school year, a mandatory unit of study on AIDS was made part of the health program in Grades 7 and 8, and a second mandatory unit on AIDS was included in the secondary school health education program as part of the compulsory credit needed for graduation. However, AIDS education – particularly the topics of contraception and homosexuality – posed a serious problem for the Catholic separate school system. While sex education was further institutionalized in the public schools, Catholic schools – in a bargain with liberal hegemony – only reluctantly embraced sex education.

Chapter 1

‘Not Sex Education Per Se:’ The Sexual Revolution and Ontario Schools

While the incidence of venereal disease had begun to rise during the mid-1950s – especially amongst teenagers and young adults – the Department of Education only took tentative steps to address this problem. Sex education was essentially a “private” and “familial” matter. Civil servants were concerned that state intrusion into this sphere would not be well-received. Even with the onset of the sexual revolution, the Department of Education was cautious when responding to inquiries made about the place of sex education within the curriculum. Despite more open discussion about sexual and reproductive health in Canadian society, the department was reluctant to clarify its position. Nonetheless, liberal technocrats in the department – encouraged by changing societal attitudes about public health and the role of the state – worked to realize a medico-scientific study of sex for intermediate and senior secondary school students. Director of the Physical and Health Education Branch, Gordon Wright, and his successor, Jack Ross, were committed to providing students with a biologically and physiologically accurate sex education when it came to human reproduction and disease transmission. The Department of Education turned to the Department of Health for guidance, resulting in the establishment of an Inter-Departmental Committee to revise the health curriculum in order to provide greater clarity about what could be taught.

Sex education policy was marked by caution. The trinity of school, home, and church was frequently invoked in sex education debates. Concerns about the “mores of the community” raised the question as to whether or not a value-neutral sex education would be acceptable. There was no guarantee that consensus could be achieved amongst the three. The recommendations

solicited from various medical groups and associations, however, were in favour of the department assuming a larger role in the field of sex education (naturally with their assistance). These groups persuaded the department to provide students with straightforward information about sexual organs and reproduction. The revised curriculum ultimately permitted the teaching of human reproduction and VD, but the department did not mandate sex education as part of health courses. Their policy left the incorporation of sex education topics up to the discretion of principals and schoolboards in consultation with the local community. For those students who were permitted to learn about human sexuality, they would receive a medicalized study of sex. While sex education had been introduced to Ontario, its longevity was far from assured.

The years between 1919 and 1957 brought about a profound change in attitudes on how to deal with health problems. Health came to be seen as a community affair in which the state must play a key role. Health evolved from a private, and in some instances, local concern in which the public had only the most limited expectations of government action into a central pillar of the welfare state. The responsibility for health care shifted away from the individual and towards the government, and the provision of health services moved from local to provincial and federal levels. Beginning in 1919, the federal government took a more active role in public health, standardizing and coordinating initiatives of the provincial health ministries. While questions of provincial-federal jurisdiction at times presented a stumbling block, there was greater cooperation between the two levels of government, which culminated with the adoption of the federal Hospital Insurance and Diagnostic Services Act in 1957. This shared-cost program was jointly financed by the federal government and the provinces, and it was intended to make hospital services available to everyone. Between 1957 and 1961, all Canadian provinces joined

the program. The influence of the medical profession grew and medical associations flourished, with many launching public health campaigns encouraging Canadians to defer to the prestigious medical profession.⁸³ The medical profession, in collaboration with various levels of government, brought about more effective control of infectious diseases and improvements in living conditions.

Sexual health was no exception. Venereal disease had long been a threat to public health, and the Ontario Department of Health had established a Venereal Diseases Control Division in 1939 in an effort to control it.⁸⁴ While VD rates had steadily declined since 1947 with the mass production of penicillin – the definitive anti-venereal drug (and a major scientific breakthrough) – they were on the rise by the mid-1950s, especially amongst the 20–24 age group (those who had recently left high school.) Greater state involvement in public health, coupled with changing attitudes about health – attributable to the influence of the medical profession upon public opinion – paved the way for school-based sex education. While penicillin could cure syphilis and gonorrhea rapidly, treatment still had to be promoted.

Syphilis and gonorrhea posed many health risks. Late stage syphilis attacked the central nervous system, causing blindness, paralysis, deafness, and insanity, as well as heart disease, rupture of arteries, and tumors. Gonorrhea caused extreme pain and sterility, as well as arthritis and heart disease. The hereditary effects of VD were also severe. Syphilis had a latency period of 5 to 20 years, which raised the possibility that syphilitic mothers could infect their unborn child. Approximately 25% of infected fetuses died before birth and approximately 25% died after birth. Of untreated children who survived, 40% developed late congenital syphilis, which resulted in

⁸³ Jacques Bernier, *Disease, Medicine, and Society in Canada: A Historical Overview* – CHA Historical Booklet No. 63 (Ottawa: Canadian Historical Association, 2003).

⁸⁴ For a fascinating account of the history of venereal disease in Canada, see Jay Cassel, *The Secret Plague: Venereal Disease in Canada, 1838–1939* (Toronto: University of Toronto Press, 1987).

malformed teeth, blindness, deafness, mental deficiencies, and bone destruction. *Gonococcal conjunctivitis ophthalmia neonatorum* could also cause blindness in infants. Moreover, 10–15% of males infected with gonorrhoea were asymptomatic, making it easier for them to spread disease to others. VD, if left untreated, posed a threat to public health.

In this changing social environment, educators ostensibly felt that the schools had a role to play in providing young adults with the requisite sexual knowledge. In a 1955 memo to Dr. John G. Althouse, Chief Director of the Department of Education, from Gordon A. Wright, Director of the Physical Education Branch, plans were made to introduce the subject of venereal disease for secondary school instruction.

The Ontario Department of Health's Division of Venereal Disease Control had recently revised a pamphlet for health courses in high school, which the Department of Education wanted to use for Grades 10 and 12.⁸⁵ *Venereal Diseases: A Manual for Secondary School Teachers* was meant to be a source of factual information for teachers and was approved for distribution to teachers by the Department of Education. A rationale for the teaching of sex education was even included in its introduction. The manual stated that “statistics point out that the age group 20–24 contains the highest numbers of persons infected with venereal disease. As this represents the age group who have recently left high school, it is important that students, above all people, should be made aware of the importance of venereal disease early in their high school careers.”⁸⁶

This fifteen-page manual was up-to-date with the most current factual information concerning VD. It detailed the aetiology, manifestation, treatment, and transmission and

⁸⁵ Memo to Dr. J.G. Althouse, Chief Director of the Department of Education, from G.A. Wright, Director of the Physical Education Branch, RE: Plan for Secondary School Instruction on the subject of venereal disease. 17 April 1955. AO RG 2–92 Correspondence Files of the Director of the Physical and Health Education Branch, Chief Director to March 31, 1958, B244241, Box 1.

⁸⁶ Ontario Department of Health, Division of Venereal Disease Control, *Venereal Diseases: A Manual for Secondary School Teachers on Venereal Diseases and their Control* (Toronto: Department of Health, 1955) 2.

communicability of syphilis and gonorrhea. The manual even included information about public health services at the municipal, provincial, and federal levels for the prevention and control of VD. Public education was championed as an essential part of the strategy to prevent VD. The manual stressed that,

the effectiveness of any venereal disease control programme depends upon the education which is associated with it. Public education concerning these communicable diseases, which includes information as to their nature, means of spread and how they can be avoided, together with direction as to how and where treatment can be obtained when infection exists, will tend toward a reduction of incidence.⁸⁷

It even included information about other resources prepared by the Ontario Department of Health that teachers or students could consult, such as the pamphlets, *Take Care of Yourself: VD Information for Teenagers* and *Information About Two Serious Diseases*.

Wright, however, suggested the introduction to the manual be revised. It currently advised readers that “this manual contains information having a factual basis and will assist teachers in preparing lessons on the subject of venereal disease.” Wright suggested that the wording be changed to read “ – this manual contains information having a factual basis which will be of assistance to teachers who find that there is an interest in or a need for information on the subject of venereal disease.”⁸⁸ As head of the Physical Education Branch, Wright acknowledged the need for teaching about disease, but his actions indicate that he was wary of imposing its implementation. He felt it would be best left to the teacher, based on their knowledge of the diseases and the needs of the community, to decide whether or not information about diseases should be taught. “The teacher who does not recognize the need and who does not

⁸⁷ Ibid., 14.

⁸⁸ Memo to Dr. J.G. Althouse, Chief Director of the Department of Education, from G.A. Wright, Director of the Physical Education Branch, RE: Plan for Secondary School Instruction on the subject of venereal disease. 17 April 1955. AO RG 2–92 Correspondence Files of the Director of the Physical and Health Education Branch, Chief Director to March 31, 1958, B244241, Box 1.

know the facts,” he wrote, “can do a great deal of harm.”⁸⁹ Nonetheless, Wright was concerned about the incidence of venereal disease amongst youth and young adults. He strongly recommended that the pamphlet be forwarded to secondary school teachers at a time when VD rates continued to rise (see **Tables 1 and 2**).⁹⁰

Table 1			
Gonorrhoea 1956 – 1960			
Age Group	Year	No. of Cases	Rate per 100,000 pop.
15 – 19	1956	261	75
	1957	273	74
	1958	364	94
	1959	372	92
	1960	419	99
20 – 29	1956	1,168	149
	1957	1,099	135
	1958	1,194	145
	1959	1,158	141
	1960	1,352	164
30 – 39	1956	396	47
	1957	351	40
	1958	421	47
	1959	394	43
	1960	500	55
40 – 49	1956	108	17
	1957	91	13
	1958	109	15
	1959	110	14
	1960	139	18

Table 2			
Syphilis 1956 – 1960			
Age Group	Year	No. Cases	Rate per 100,000
15 – 19	1956	1	.3
	1957	4	1.1
	1958	1	.2
	1959	7	1.7
	1960	13	3.0

⁸⁹ Ibid.

⁹⁰ Memo to G.A. Wright, Director, Physical and Health Education Branch, from Dr. S.E. Acres, Venereal Disease Control Section, 28 June 1961. AO RG 2–92 Correspondence Files of the Director of the Physical and Health Education Branch, Inter-Departmental Committee on Health #2, B244242, Box 2.

20 – 29	1956	7	.9
	1957	11	1.3
	1958	21	2.5
	1959	33	4.0
	1960	80	9.7
30 – 39	1956	1	.1
	1957	7	.8
	1958	14	1.5
	1959	24	2.6
	1960	51	5.6
40 – 49	1956	–	–
	1957	1	.1
	1958	9	1.3
	1959	12	1.6
	1960	16	2.1

Notably absent from the Department of Health’s literature was any mention of prophylaxis. This was due to the historical context. The sale and distribution of contraceptives was still technically illegal (even though the practice of ‘family planning’ was widespread). Although these sections of the Criminal Code were rarely enforced, as Angus McLaren and Arlene Tiger McLaren have explained, “their very existence made a mockery of justice.”⁹¹

A Toronto pharmacist was jailed as late as 1960 for selling condoms, and this case directly led to the establishment of the Planned Parenthood Association of Toronto in 1961 for the purposes of amending the Criminal Code. Doctors were amongst those lobbying for the removal of references to contraception from the Criminal Code, as they regarded family planning as part of preventive medicine.⁹² The emergence of a new feminist movement – often called Second Wave feminism – also challenged the draconian laws surrounding sexuality. Feminism gained strength and began to be recognized as a movement during the 1960s, and women’s control of their bodies’ reproductive capacities had been at or near the centre of this struggle from early on. Many women in Canada wanted to legally obtain information on, or prescriptions

⁹¹ Angus McLaren and Arlene Tiger McLaren, *The Bedroom and the State: The Changing Practices and Politics of Contraception and Abortion in Canada, 1880–1997* (Toronto: Oxford University Press, 1997), 132

⁹² *Ibid.*, 135.

for, artificial birth control, both of which were outlawed by the Criminal Code.⁹³ The contraceptive pill, which had been tested in the late 1950s and had been available in Canada since 1961, was a symbol of the movement. The “sexual revolution” encompassed many changes in social and sexual behaviour, but centred on the collapse of social authority surrounding premarital chastity for women, leading to the critique of other taboos and changing social mores and values.⁹⁴

Despite the onset of the sexual revolution, the Department of Education moved slowly (and cautiously) in the field of sex education. In response to inquiries made by local schools and school boards regarding the appropriateness of sex education, a 1960 numbered memo was sent out to principals of secondary schools, principals of inspected private schools, and secretaries of secondary school boards. “Sex education” it noted, “is not included as a topic in either of the printed courses [Physical Education Curriculum I:5 Intermediate Division, and Physical Education Curriculum S.29 Senior Division]. Teachers are advised to “exercise care in dealing with topics of the course of study which may be construed erroneously as sex education.”⁹⁵ The department adopted a noncommittal position on sex education, making a fine distinction between “information relating to sex” which may naturally arise in relation to some topics of study in health courses, and “sex education” as its own topic of study.

This position was established department policy. In a 1955 memo, Gordon Wright, Director of the Physical and Health Education Branch, clarified for the Assistant Superintendent

⁹³ Ruth Roach Pierson, “The Politics of the Body,” in *Canadian Women’s Issues Volume 1: Strong Voices* (Toronto: James Lorimer & Company, 1993), 98–99.

⁹⁴ Douglas Owsram, *Born at the Right Time: A History of the Baby-Boom Generation* (Toronto: University of Toronto Press, 1996), 249.

⁹⁵ Memo to Principals of Secondary Schools, Principals of Inspected Private Schools, Secretaries of Secondary School Boards, from S.D. Rendall, Superintendent of Secondary Education. 28 Oct. 1960. AO RG 2–92 Correspondence files of the Director of the Physical and Health Education Branch, Interdepartmental Committee on Health, B244242, Box 2.

for Secondary Education the Department of Education's cautious stance on sex education.

Wright explained that while "sex education 'per se'" was not part of the Ontario school curriculum, various aspects of what could be considered sex education could be taught as part of subjects such as Home Economics, Social Studies, Science, and Physical and Health Education. Wright stated the department would not attempt to isolate the various aspects of sex education; rather, they were to be taught as a natural part of those subjects which contributed to the "development of good attitudes and habits."⁹⁶ Wright gave an example of how sex education could be incorporated into Health and Physical Education. Wright suggested that in the Physical and Health Education Curriculum, under the section headed,

'Building and Maintaining a Healthy Body,' and under the sub-headings 'Early Growth and Development' and 'The Effect of the Glands on the Action of the Individuals,' certain questions could be used to incorporate sex education. Questions such as, 'how does human life begin?' 'What is the significance of the social diseases to the young adult?', 'What do we mean by successful marriage?' and 'how can the young adult prepare for parenthood?' were already included in the Course of Study in Grades XI, XII, and XIII and teachers could incorporate sex education if teachers so wished.⁹⁷

While information about sex could be included in any course, the Department of Education favoured the inclusion of information related to sex in health courses. The outlines in the health curriculum lent themselves well to topics related to sexual health.

In the Intermediate Division (Grades 7–10) Physical Education Curriculum (Curriculum I:5), students would learn about the normal functions of the body and physiological changes, such as the change in body structure and the effect of glands on appearance and bodily function. Students also learned about changes in interests and activities, such as their attitudes toward the

⁹⁶ Memo to C.W. Booth, Assistant Superintendent for Secondary Education, from G.A. Wright, Director, Physical Education Branch, RE: Sex Education. 29 Sept. 1955. AO RG 2–92 Correspondence Files of the Director of the Physical and Health Education Branch, Secondary Education to March 31, 1958. B244243, Box 3.

⁹⁷ Ibid.

opposite sex.⁹⁸ Health education during these grades was focused on the changes students were experiencing as they went through puberty; however, there was one distinction between the boys' and girls' programs in health. The course outlines explicitly mentioned that girls would learn about menstruation and its meaning, purpose and hygiene. The course outline even recommended Walt Disney's film, "The Story of Menstruation."⁹⁹ While separate instructional periods for boys and girls would avoid the traditional embarrassment over discussing menstruation in mixed company,¹⁰⁰ the department nonetheless decided that boys did not need to know about menstruation at this age.

The Senior Division (Grades 11–13) Curriculum could also be used to incorporate sex education as well. In the Senior Division Physical Education Curriculum (Curriculum S.29), male students in Grade 11 would learn about "Early Growth and Development" and cover topics such as the beginnings, early development, and maturation of their bodies. Male students in Grade 12 would address questions relating to the topic of "Growing into Maturity" such as: "is going steady desirable?", "What do we mean by a successful marriage?", "What traits do we like in the opposite sex?" and "What is the significance of social diseases to the young adult?". They would also learn about "Community Health at the Local Level" and the various health services available to them in the local community. Students would also learn about "Modern Health Problems" by examining the main problems affecting Canadians, including "what sensible precautions [could] be taken by the average person in order to keep healthy."¹⁰¹ The girl's health

⁹⁸ Ontario Department of Education, *Intermediate Division, Grades 7, 8, 9, 10, Physical Education Curriculum I:5 Outline of Course for Experimental Use* (Toronto: Department of Education, 1952) 21, 30, 55.

⁹⁹ *Ibid.*, 67.

¹⁰⁰ This decision most likely perpetuated the embarrassment many felt when discussing menstruation in mixed company. See Christabelle Sethna, "Cold war and the sexual chill: freezing girls out of sex education," *Canadian Woman Studies* Vol. 17, No. 4 (Dec. – Mar. 1997): 57–61

¹⁰¹ Ontario Department of Education. *Senior Division, Grades 11, 12, and 13, Physical Education Curriculum S.29*. (Toronto: Department of Education, 1960) 33–41.

program was similar, but more traditionally focused on marriage and child-raising. Female students in Grade 11 would learn about physical, mental and emotional needs and how they affected all stages of development – infancy, childhood, adolescence, and adulthood. Female students would also learn about heredity and environment, common problems in getting along with boys, and factors that tended to make for a successful marriage. In Grade 12, female students focused on “Understanding Children,” the “Child as a Growing Person,” and “Helping the Child Grow.”¹⁰² The outlines of the health program were quite vague, which raised questions as to what could exactly be taught within them.

There was confusion over the department’s policy because sex education could be construed in a variety of ways. What exactly could or could not be taught? In 1961, the principal of Geraldton High school wrote to the department seeking clarification on what “sex education” actually entailed. Charles Booth, the Deputy Minister, bluntly stated that courses of study – including the Senior Physical Education course of study S.29 – made no reference to sex education. “When ‘sex education’ is isolated from other phases of human relations,” he explained, “it has a tendency to assume unnatural proportions in the minds of youth.” He acknowledged, however, that the department understood the importance of providing guidance and education to youths in this area, but that it was far better to handle the physical, emotional, and social aspects of sex within a framework which contributed to the development of all healthy attitudes and habits, such as the Senior Physical Education course of study.¹⁰³ Sex education was not to be taught as a separate subject, but topics related to sex could be incorporated into PE.

¹⁰² Ibid., 63–68.

¹⁰³ Letter to E.J. Morgan, Principal of Geraldton Highschool, from Charles W. Booth, Deputy Minister, 3 June 1959. AO RG 2–92 Correspondence files of the Director of the Physical and Health Education Branch, Deputy Minister to March 1961, B244241, Box 1.

Booth went on to provide examples of how topics considered “sex education” could be discussed within existing courses, similar to what Wright recommended. Booth warned the principal that “such teaching requires a maturity of experience which some teachers do not have. Great care should be exercised in choosing the topics to be discussed so that the following are considered; local needs and interests of the pupil; time available; teachers’ ability in this phase of the course.”¹⁰⁴ Booth provided the names of six qualified teachers who had experience and could help, and told the principal that if he should require further help, he should get in touch with Wright. Booth’s answer reveals the cautious reluctance of the department to even clarify what topics constituted an appropriate sex education.

It was only natural that teachers and administrators would look to the Department of Education for guidance. The Department of Education, overseen by the Minister of Education, its political head, played a central role in policy-making and the supervision of schools. It set out what was to be taught in the provincial curriculum, and sent out a corps of inspectors to see that it was done.¹⁰⁵ The department handled the politics of education. Whatever the department sanctioned would have political clout behind it. While the department was the lynchpin which held the entire educational system together, localism was a strong influence with which it had to contend.

Despite decades of piecemeal innovation designed to accommodate the school system to a changing social and economic order, its origins in an agrarian society were still evident. By the

¹⁰⁴ Ibid.

¹⁰⁵ Public or separate school inspectors visited the schools on a regular basis to advise and supervise trustees, principals, and teachers. They had two main functions: 1/ to offer guidance in the provision of instruction and in the maintenance of standards, and 2/ to provide assistance to school systems with respect to such external as finances, legal requirements, and physical facilities. They were needed to ensure academic and professional standards, as well as public accountability. In an unfortunate decision, subject inspection ceased as of 1 September 1967, and provincial inspection ceased entirely as of 31 December 1968 (except for private schools). For a history of the school inspectors, see W.G. Flemming, *Ontario’s Educative Society Vol. II – The Administrative Structure* (Toronto: University of Toronto Press, 1971).

late 1940s, there were over 4,000 school boards.¹⁰⁶ Some boards were responsible for elementary and secondary schools, others for high schools or elementary schools alone. There were even boards responsible for only a village, a township, or a single school.¹⁰⁷ The organization of local school administration had resulted in strong ties between local educational authorities and the communities they served. Many schools, however, were ill-equipped, and many school boards lacked an adequate tax base for economies of scale. A student's educational opportunities may have been hampered by where he or she lived. Nonetheless, the schools and schoolboards at mid-century were considered an integral part of the local community. Such sheer numbers of schools, coupled with local sentiment and attachment to the schools, almost guaranteed that there would be some degree of discontent over any department policy regarding sex education. Despite the centrifugal nature of public education, the department was wary of recalcitrant school authorities or community opposition. Such considerations would affect its approach to sex education.

Local communities and their teachers could also be divided when it came to sex education. The Cobalt-Coleman Township Public School Board's decision to suspend United Church minister Reverend H.W. Wipprecht from teaching religion demonstrates that sex education was a contentious issue even without the department's involvement. In April 1958, Wipprecht sent his Grade 7 students home with three questions for their parents to answer before he would explain the Seventh Commandment – thou shalt not commit adultery – to them. The questions he sent home were: How does a baby start growing? What does the term sex relations mean? What should I know about the biological side of life? Wipprecht discussed the incident in a *Globe and Mail* article. He mentioned that the Seventh Commandment was a "ticklish" subject which he didn't know how to approach. He sent the children home with the three questions to

¹⁰⁶ Gidney, *From Hope to Harris*, 10.

¹⁰⁷ *Ibid.*

make certain “the children had the fundamental knowledge any Grade 7 student should have from their homes, before enlarging on the Seventh Commandment.” Wipprecht wanted to leave the fundamentals to parents and “go ahead and explain the commandment along ethical lines.”¹⁰⁸ Wipprecht’s rationale for his actions seemed sound. It appears though that many parents thought discussion of sex was incongruent with the Seventh Commandment. He was suspended following 16 parent complaints about his teaching of sex to their children.¹⁰⁹

Following his suspension, a bizarre series of events unfolded. The school principal claimed Mr. Wipprecht had come to the school twice after his suspension and embarrassed him, the pupils, and the staff. At his hearing for reinstatement, Wipprecht denounced Cobalt as a place where barnyard morals prevailed. He said he supposed that 50 per cent of the population favoured adultery. He was even warned by the chairman of the public school board about twisting the truth. Perhaps stung by his treatment, Wipprecht decided to air his grievances with the community (and newspaper). Wipprecht now proclaimed that sex education should be brought into the open. This led to a division amongst staff. Reverend George S. Johnston, pastor of St. James Anglican Church and a member of the school board, spoke out in opposition; conversely, Lieutenant D. Burse of the Salvation Army, who also taught religion in the school, favoured Wipprecht’s stand. Wipprecht was reinstated after he agreed not to combine sex with religion. It was not easy to determine what was – or was not – acceptable at the local level. Departmental involvement could either help or hinder the implementation of sex education by schools or school boards.

Prompted by the continuing confusion over its sex education policy, the Department of Education began to revise the health curriculum. It would create more prescriptive course

¹⁰⁸ “Cobalt Parents Balk at Quiz About Sex,” *Globe and Mail*, 29 Apr. 1958.

¹⁰⁹ “Minister Denounces Cobalt as Peyton Place,” *Globe and Mail*, 12 May 1958.

outlines for teachers and administrators to provide clarification on what could be taught. The department would not act alone; it would collaborate with the Department of Health in revising the curriculum. An Inter-Departmental Committee on Health Education was formed between the two departments, with Gordon Wright as the Chairman. The committee stemmed from a meeting attended by Charles Booth, Deputy Minister, with Dr. W.G. Brown, the Deputy Minister of Health, along with Dr. F.S. Rivers, for the further provision of suitable information for students in the fields of public and personal health. Both the Minister of Education and Minister of Health agreed to future collaboration.¹¹⁰

The first organizational meeting was held on 4 December 1959. The committee had met 23 times by 16 November 1961.¹¹¹ The committee reviewed the subject of health from the viewpoint of education and examined the health curriculum from Grades 1–12. Members interpreted “health” in the broadest possible way. While they were focused on more than just sex education, it featured prominently in their discussions. The committee recommended that the curriculum in health education for Grades 1–12 be rewritten, with particular attention to sex education.¹¹² The committee agreed that while the preparation of material on sex education was the responsibility of the Department of Education, the Department of Health could help and give advice. The committee passed a motion that the Department of Health and Department of Education be requested to prepare a list of pamphlets and films suitable for use in sex education, and that the list be added to the Department of Health’s Resource Reference Supplement to the

¹¹⁰ Memo from Charles Booth, Deputy Minister, RE: Special Health Committee, 30 Sept. 1959. AO RG 2–92 Correspondence files of the Director of the Physical and Health Education Branch. Interdepartmental Committee on Health, B244242, Box 2.

¹¹¹ Interdepartmental Committee on Health Education – Minutes, 16 Nov. 1961. AO RG 2–92 Correspondence files of the Director of the Physical and Health Education Branch. Interdepartmental Committee on Health, B244242, Box 2.

¹¹² *Ibid.*

Health Education Material catalogue.¹¹³ Suitable sex education resources for teachers to use were needed while a new curriculum was prepared.

After their preliminary research was completed, the Inter-Departmental committee on Health Education recommended that a curriculum committee for health be established. The curriculum committee was tasked with drafting new courses in health for Grades 1 to 12 and would take into consideration the suggestions of the Interdepartmental Committee.¹¹⁴ The revision of the health courses would not begin until a year later, but its cost was factored into the department's budget, along with an estimated timeline for revisions.¹¹⁵ The course of study in Physical and Health Education for Grades 7–10 was supposed to be finished by 1961–1962, with the revised course of study for Grades 11–13 finished by 1962–1963.¹¹⁶ This process would take longer than expected.

During the years it took for the Curriculum Committee to revise the health curriculum, the media occasionally highlighted the uncertain status of sex education in schools. In a 1961 *Globe and Mail* article, J.R. McCarthy, Superintendent of Curriculum, clarified the department's policy on sex education. In response to a newspaper article proclaiming, "Ontario Bans Sex Education," he stated that, "sex education [was] not being stricken from the curriculum of

¹¹³ Interdepartmental Committee on health Education – Minutes, 14 Apr. 1961, and Interdepartmental Committee on Health Education – Minutes, 23 Nov. 1960. AO RG 2–92 Correspondence files of the Director of the Physical and Health Education Branch, Interdepartmental Committee on Health, B244242, Box 2.

¹¹⁴ Memo to Dr. S.D. Randall, Superintendent of Secondary Education, Mr. G.A. Pearson, Superintendent of Elementary Education, Mr. J.R. McCarthy, Superintendent of Curriculum, from G.A. Wright, Director, Physical and Health Education Branch, RE: Health, 25 Nov. 1961. AO RG 2–92 Correspondence files of the Director of the Physical and Health Education Branch, Curriculum, B289590.

¹¹⁵ Memo to J.R. McCarthy, Superintendent of Curriculum, Department of Education, from J. Ross, Director, Physical and Health Education Branch, RE: Curriculum Committee to study Revision of Health course, 5 Nov. 1962. RG 2–92 Correspondence files of the Director of the Physical and Health Education Branch, Curriculum, B289590.

¹¹⁶ Memo to Chief Director from G.A. Wright, Director, Physical Education Branch, RE: Course of Study (revision), 3. AO RG 2–92 Correspondence files of the Director of the Physical and Health Education Branch, Administration – Physical Education from April 1, 1957, B244241, Box 1.

Ontario secondary schools for simple reason that it was never on it.”¹¹⁷ McCarthy based this assertion on the numbered department memo issued in 1960. A 1963 *Globe and Mail* article further highlighted the uncertain status of sex education – and the ministry’s slow response: “The Ontario government, embarrassed by the subject which has become surrounded by confusion, timidity, and controversy, has set up a committee to study curriculum, including sex education,” the writer stated.¹¹⁸ Jack Ross, the new Director of the Physical and Health Education Branch, was also quoted in the same article: “there seems to be a need for some kind of added information to go to the pupils. We feel we could contribute, and there seems to be a feeling that the problem of sex information can be presented in a satisfactory, organized, and scientific fashion.”¹¹⁹

Sex education was plainly a hot item in the news. But the committee responded cautiously to it. The minutes of the curriculum committee reveal that members were asking themselves if they had enough information on sex education. Had teachers said too much or too little about menstruation in boys’ classes; sex relationships and boy/girl friendships; parenthood; human embryo development; “social diseases” like prostitution; pregnancy and childbirth; courtship and marriage; primary and secondary sex characteristics; and that controversial topic, family planning?¹²⁰ Despite clarifying topics for each grade, there was still one problem holding the curriculum back. At one point, Ross commented that “the hold up in the Health course should be temporary, and is related more to method than content.”¹²¹ A letter written by Maxwell

¹¹⁷ “No Ban Needed, Sex Education Off Curriculum,” *Globe and Mail*, 7 Mar. 1961.

¹¹⁸ “Course is Health – No Sex Text for Teachers,” *Globe and Mail*, 3 June 1963.

¹¹⁹ Ibid. Ross had replaced Gordon Wright, who had accepted the position of Director of Fitness and Amateur Sport for the Department of National Health and Welfare in Ottawa.

¹²⁰ Meeting of the Curriculum Committee – Health, 7 Jan 1965. AO RG 2–92 Correspondence files of the Director of the Physical and Health Education Branch, Curriculum – Revision of Health Courses, B289590. This must have been a tricky subject to tackle, the sale and distribution of contraceptives was still technically illegal.

¹²¹ Memo from J. Ross, Assistant Superintendent, Curriculum Division, RE: Enclosed memo, 31 Aug. 1965.

Parnall, Superintendent of the Curriculum Division, reveals that the department was still split on how to approach sex education: “there appears to be three possible interpretations of the term ‘sex education;’ the biological facts by the Science approach, the development of normal, acceptable attitudes in the family situation and boy-girl relationships, [and] information on birth control techniques, etc.”¹²² Parnall admitted that these different interpretations often present problems when the topic is discussed. However, he mentioned a recent department memo which condemned the third interpretation and its methodology as it was not in “keeping with the mores of the community.”¹²³ Whether or not birth control was condoned by society, the department was very reluctant to sanction a practice which was still technically illegal.

Parnall’s distinctions may seem arbitrary, but his letter reveals that “sex education” could comprise a whole range of topics and diverse attitudes shaped by a diversity of forces: “responsibility for education in its broadest terms must continue to be a role of the church, the school and the home. We feel, however, that with particular reference to sex education, the school must define more clearly its area of participation. The church and the home will then have a firm basis on which to build.”¹²⁴ This trinity of school, home, and church was and is frequently invoked in sex education debates. That it was characterised by unity was not evident. Nor was the department.

The committee finished an outline for Grades 7–10 in 1965 and was expected to begin on a Grade 11 outline (despite noting that they were uncertain of what to include in a Grade 12

AO RG 2–92 Correspondence files of the Director of the Physical and Health Education Branch, Inter-Office Correspondence.

¹²² Letter to Mrs. Billesberger, from M.B. Parnall, Superintendent, Curriculum Division, 29 Mar. 1965. AO RG 2–92 Correspondence files of the Director of the Physical and Health education branch, Curriculum, B289590. See also Memo to J. Ross from M.B. Parnall, RE: Letter to Mrs. J.C. Billesberger, 19 May 1965. AO RG 2–92 Correspondence files of the Director of the Physical and Health Education Branch, Inter-Office Correspondence, Box 1, B244241

¹²³ Ibid.

¹²⁴ Ibid.

course). While not all the aforementioned topics made it into the revised Physical and Health Education Curriculum (the name change signifying the more prominent place of health education) the course outline presented a more thorough study of sex education for students. In Grade 7, students would learn about how hormones affected growth and development at puberty. It was noted that while girls would learn about menstruation, boys would not (but as we will see in Chapter 2, students often learned more than what was outlined in the curriculum). In Grade 8 students would learn about changes associated with puberty. Students learned about distribution of hair, voice changes, changes in body contour, weight gain, and growing interest in the opposite sex. In Grade 9, the expressed intent of sex education was to give students a simple explanation of human reproduction. Under the heading of “Understanding Changes Which Lead to Maturity and Parenthood,” discussion of the male and female reproductive system and the normal birth process (fertilization of an ovum, development of the baby, and the normal birth process) was included. Finally, in Grade 10 students would learn about hormones and their effects, which included information on the pituitary gland and the sex glands. While in the draft version of the curriculum the teacher was explicitly directed to “confine himself to the areas outlined. Class discussion with Grade 9 students of such areas as contraception, venereal disease and prostitution should not be introduced,”¹²⁵ this restriction was removed from the final version. This opened up the possibility, however slight, that these topics could be discussed. (Venereal disease was covered in Grades 10 and 12). Yet, when asked by a *Globe and Mail* reporter if contraception should be taught in schools, Parnall replied “certainly not. Nor will we touch upon

¹²⁵ Revised Health Course – Semi-final Draft No. 2, Grades 7,8,9,10, 27 May 1965. AO RG 2–92 Correspondence files of the Director of the Physical and Health Education Branch, Curriculum, B289590.

perversion. We in effect will stick to how babies come into the world.”¹²⁶ Sex education could be very selectively introduced in health courses; it could also be avoided altogether.

A memo from Parnall at the beginning of the curriculum document clarified the department’s policy. Sex education – more specifically human reproduction – could be tackled in a permissive section of the Grade 9 course entitled, “Understanding Changes Which Lead to Maturity and Parenthood.” The memo, however, acknowledged that there was no public consensus concerning the most effective means of presenting this information, and “for that reason, the decision as to whether topics such as those in this section should be treated by the school or by parents, church, other agencies, or a combination of any of them, should be made at the local level.”¹²⁷ The department decided that it would be best not to make sex education compulsory or issue directives on what should or should not be taught. It recommended that the inspector and the principal consult with the local school board and secure the approval of the policy to be adopted with respect to this section of the course. The policy even allowed schoolboards to opt-out of sex education altogether when the curriculum was finally implemented.¹²⁸ William Davis, the Minister of Education, defended this decision. He candidly admitted that his department did not pretend to know the best way to handle the subject and that it wanted to benefit from the local boards’ insights.¹²⁹ It seemed to be a wise decision in the absence of widespread consensus. This decision would spare the department from any potential controversy associated with mandating sex education against the wishes of local school boards

¹²⁶ “Just the Bare Facts in Ontario,” *Globe and Mail*, 18 Feb. 1967.

¹²⁷ Ontario Department of Education, *Physical and Health Education Intermediate Division, Curriculum I–29* (Ontario Department of Education, 1966), 2. The memo dates August 1966.

¹²⁸ No doubt due to the unexpectedly lengthy revision process, the memo from M.B. Parnall stated that while the course outline could be used for the 1966–67 school year, “It was not expected that the Health course be implemented in the school year 1966–67 but rather that teachers and department heads might use it in the development of their programs for 1967–68.” *Ibid.*

¹²⁹ “Building slowdown is hinted by Davis,” *Globe and Mail*, 3 Dec. 1966. Davis would reiterate this position a few months later, “Davis seeks opinions: Predicts sex education as part of curriculum,” *Globe and Mail*, 26 May 1967.

and communities while allowing it to learn from the experiences of those who broached the subject.

Firm believers in science and medicine as agents of reform and enlightenment, the senior civil servants in the Department of Education and especially its Physical and Health Education Branch established closer ties with the Department of Health. For their part, some professional groups also reached out to the department to urge a greater emphasis on sex education during the revision of the curriculum outlines. These pressure groups offered their knowledge and professional expertise in an attempt to shape the form and content of sex education. What they all had in common was that they considered sex education a part of their professional responsibility, with the less altruistic consideration that it allowed them a chance to assert or reinforce their own professional standing.

One of the earliest groups with which the Physical and Health Education Branch liaised was the Health League of Canada, an organization headed by Dr. Gordon Bates. The Health League was dedicated to improving the health of the Canadian public, yet it was predominantly provincial in its focus and work. Dr. Bates had been instrumental in the push for the inclusion of information on venereal disease in public education prior to 1950. He continued to demonstrate a profound interest in VD. The Health League began in 1919 as the Canadian National Council for Combating Venereal Disease, and in 1922 it changed its name to the Social Hygiene Council. This name change reflected its widespread commitment to improving public health, which encompassed more than fighting venereal disease, for the fluoridisation of water, the pasteurization of milk, and diphtheria immunization also numbered among its causes. It was renamed the Health League of Canada in 1936, but its social hygiene roots were long evident.¹³⁰

¹³⁰ Catherine Carstairs, Bethany Philpott and Sara Wilmshurst, *Be Wise! Be Healthy! Morality and Citizenship in Canadian Public Health Campaigns* (Vancouver and Toronto: University of British Columbia Press, 2018), 6.

So close were the connections tying the League to the department that senior educationist Gordon Wright was a member of the League's Executive Committee until 1952.¹³¹ The connection established between Gordon Wright and the League ensured that the League would continue to be influential in shaping education during the 1950s. The League offered educational resources to help teachers observe National Health Week in 1956. One of the social hygiene pamphlets they provided was titled *What are the Venereal Diseases?* During the Second Canadian Health Forum held in Toronto 13–15 March 1963, questions of health education (including VD) were aired, and on the last day, a symposium on Prevention and Responsibility was featured. Dr. James Bell, Assistant Medical Officer of Health of the East York – Leaside Health Unit gave a lecture on the medical aspects of venereal disease. Bates followed up with a lecture on the moral aspects of VD.¹³² Bates was one of the last stalwarts of the social hygiene movement, and while he promoted the inclusion of venereal disease in health education, he included a healthy dose of moralizing which focused on the health of the Anglo-Saxon 'race' as well.

The Ontario Medical Association also promoted sex education in schools. The OMA, the provincial division of the Canadian Medical Association, was a membership organization which represented (and continues to represent) Ontario physicians and medical graduates. Its major objectives were to cultivate the sciences of medicine and surgery, to promote public health, to raise the standard of medical education, to assist in the advancement of medical legislation, to

¹³¹ Wright voluntarily submitted his resignation in 1952. He believed that because of his irregular attendance, it was not quite right to be a member of the Executive. However, he stated that he enjoyed working with League officials and offered to assist the work the League was doing. His services could be called upon if required. Letter to W.E. Hanna, Secretary, Health League of Canada, from Gordon Wright, Director, Physical and Health Education, 7 Apr. 1952. AO RG 2–93 External organization liaison files of the Physical and Health Education Branch, Health League of Canada, B289608, Box B3.

¹³² Letter to Jack Ross, President, CAPHER, from Gordon Bates, M.D., General Director, 27 Feb. 1963. AO RG 2–93 External organization liaison files of the Physical and Health Education Branch, Health League of Canada, B289608, Box B3.

improve and standardize hospital services, and to serve humanity and the medical profession by investigation, study, and research in all matters in which the profession could properly interest itself. The OMA would be active in examining health education in Ontario schools during the early-to-mid 1960s, and its activities were highly publicized.

Gordon Wright first wrote to the OMA asking if its Committee on Public Health had made any suggestions for the department's consideration in developing courses on health in Ontario schools. Wright informed the OMA's leaders that the inter-departmental committee had already been established, and that they would welcome a letter outlining the suggestions of the OMA Committee.¹³³ The OMA Committee on Public Health had recently conducted a study on the health program in the elementary and secondary schools of Ontario. It urged that all students attending elementary and secondary schools should receive adequate training in basic facts pertaining to health. It was also prepared to enlighten the Department of Education.¹³⁴

By 1965, the OMA had clarified its stance on sex education. The OMA submitted a brief to the Committee on Aims and Objectives of Education in the Schools of Ontario. It recommended that sex education might be introduced in Ontario schools at the Junior level (4–6) as part of a course in biology. It also suggested that adult education classes be made available to parents to assist them in instructing children about sex in general and puberty in particular. The association also said it wanted “specially qualified individuals employed to teach the psycho-social and emotional aspects of sex education.”¹³⁵ While the committee members wanted more qualified teachers to teach sex education, they no doubt saw themselves as “specially qualified

¹³³ Letter to Dr. J.C. Allison, Assistant Secretary, OMA from G.A. Wright, Director, Physical and Health Education Branch, 8 Jan 1960, Canadian Medical Association (Ontario Division). AO RG 2–93 External Organization liaison files of the Physical and Health Education Branch, B289607, Box 2.

¹³⁴ Letter to Gordon Wright, Physical and Health Education branch, from Dr. J.C. Allison, Assistant Secretary, OMA. Canadian Medical Association (Ontario Division). AO RG 2–93 External Organization liaison files of the Physical and Health Education Branch, B289607, Box 2.

¹³⁵ “Medical group backs junior sex education,” *Globe and Mail*, 18 Dec. 1965.

individuals” who could assist the process. The OMA was in a powerful position to shape sex education.

By far the most vocal group pushing for the inclusion of sex education in public schooling was the Sex Information and Education Council of Canada (SIECCAN). It was a relatively new group, having met for its first time in September 1964. At its first meeting, Dr. Stephen Neiger, the council’s secretary, helped clarify SIECCAN’s purpose:

Sex misinformation and guilt permeate normal society at all levels and are responsible for attitudes that have profound implications on many other fields [...] legislators attempting to modernize and humanize outdated laws governing conduct from censorship to contraception, abortion, homosexuality and variations in marital intercourse have found themselves blocked by public opinion which in turn is shaped by deficient sexual information and guilt.¹³⁶

SIECCAN’s task, therefore, was to rectify this situation. Neiger bluntly stated that home and school had been passing the responsibility for sex education back and forth for years without results. He acknowledged that while teaching – or the dissemination of information – enjoyed a high status amongst professional groups, most had been too fearful to broach the subject of sexual education. He believed that a small, elite group such as SIECCAN, which possessed objective and understandable sexual information, had an obligation to society to ensure this information’s general availability. They alone were responsible for educating the general public and combating sexual ignorance, misinformation, and personal guilt.¹³⁷ The Department of Education sent a representative to attend SIECCAN’s first meeting.

The second meeting was once again well attended. The attendees came from diverse backgrounds. There were doctors, psychiatrists, lawyers, social workers, a sociologist, psychologists, employees of the Canadian Mental Health Association, employees of the Young

¹³⁶ Minutes of initial meeting, 30 Sept. 1964. AO RG 2–93 External Organization liaison files of the Physical and Health Education Branch, SIECCAN, B483274, Box 6.

¹³⁷ *Ibid.*

Men's Christian Association. The department once again sent its representative. During the second meeting, the council passed a motion to give the organization a stated purpose.

SIECCAN was “to collect and assess existing information reliable to sexual behaviour; to initiate research reliable to sexual behaviour; and to make information relative to sex behaviour available to those individuals and organizations who may ask for it.”¹³⁸

There was some disagreement between those who favoured moralizing in sex education and those who would not countenance such an approach. Reverend Fowlie moved that the statement include mention of “spiritual values.” “The youngsters under my care already have plenty of sexual information and lots of sexual behaviour. What they need is moral values,” he opined.¹³⁹ Most of the committee members did not share his sentiments. Nieger rhetorically asked if any three people in this group could agree on the same set of values. It was agreed that the organization should focus on providing (what they deemed to be) objective information, and it would be up to groups to do what they pleased with the information they received, including adding “values.”¹⁴⁰

SIECCAN created a Youth Committee to examine sex education in Ontario public schools, and adopted a clear position on sex education. At the third general meeting, the committee proposed that it gather and validate data for a comprehensive curriculum on sex education in schools.¹⁴¹ The minutes of this meeting would be received by the Curriculum Division of the Department of Education. SIECCAN's Youth Committee was not reticent about highlighting problems associated with sex education or sharing its vision for sex education. The

¹³⁸ Minutes of Second Meeting, 25 Nov. 1964. AO RG 2–93 External Organization liaison files of the Physical and Health Education Branch, SIECCAN, B483274, Box 6.

¹³⁹ Ibid.

¹⁴⁰ Ibid.

¹⁴¹ The committee was comprised of Dr. John Rich (Chairman), Reverend A. Fowlie, Mr. H. Thomas, Mrs. J. Waite, Mrs. J. White, and Mr. E. Wybourne. Minutes of Third Meeting, 23 Feb. 1965. AO RG 2–93 External Organization liaison files of the Physical and Health Education Branch, SIECCAN, B483274, Box 6.

committee identified a few areas of concern, such as “teaching teachers.” Members believed that material had to be devised which would stand alone in case the teacher, for moral or emotional reasons, found the subject difficult to teach. The committee also believed that sex education should be tied into the curriculum in general, not treated as a separate subject.¹⁴² The committee offered a preliminary survey of the core elements of sex education. They identified its seven key areas. These areas were anatomy, physiology, psychology, anthropology, sociology, ethics, and pathology. They all agreed at present it was just anatomy and physiology being taught.¹⁴³ The committee wanted a more thorough sex education, including birth control information, than was presently being taught in schools. All of its identified areas should be taught, in varying ways, from elementary school through high school.¹⁴⁴

The ties among the Physical and Health Education Branch and these various groups demonstrate that the branch favoured those groups that possessed medical expertise and knowledge. Why? Students, thanks to modern mass schooling, were considered rational subjects who would defer to those most rational in society.¹⁴⁵ In the field of sexual health, it was the medical profession. Through guidance and education, students could “calculate” the impact of their sexual behaviour and avoid negative health outcomes. While these pressure groups were successful in promoting sex education and obtaining curriculum revisions, not all of their recommendations were heeded – especially those aimed at introducing sex education at the elementary level. Some of the content of the revised Intermediate Health Curriculum bears similarities to what they recommended, but the more controversial topics which the groups supported as an integral part of sex education were avoided. Nonetheless, their liberal, health-

¹⁴² Minutes of SIECCAN Youth Committee meeting held 17 June 1965. AO RG 2–93 External Organization liaison files of the Physical and Health Education Branch, SIECCAN, B483274, Box 6.

¹⁴³ Ibid.

¹⁴⁴ Ibid.

¹⁴⁵ Cole, “Children, Liberalism and Utopia: Education, Hall-Dennis and Modernity in Ontario’s Long 1960s,” 41.

promotion approach to sex education proved lastingly influential. Henceforth, many students would receive a sex education which emphasized biological facts, free from overt moralizing.

Yet even in the face of pressure groups demanding a more thorough sex education, the department proceeded to move slowly in curricular innovation. When the department revised the health curriculum and provided more comprehensive course outlines from which teachers could build lesson plans, it allowed local school authorities to decide whether to incorporate sex education at all. Cautious about backlash from local communities and mindful of the fact that parents were regarded as the primary educators in sexual matters, the department deferred many decisions to local educational authorities who ostensibly had a better understanding of the needs of the community and the wishes of parents. This policy decision raised the possibility that students could graduate without receiving any school-based instruction in sex education – an outcome which would not help reduce the high rate of VD amongst teenagers and young adults. The radical sixties, however, would constitute a dramatic departure from this pattern of caution and evasion.

Chapter 2

‘Community Approval and Involvement’: Participatory Democracy and Sex Education

Sex education’s institutionalization was greatly aided by the “permissiveness” of the 1960s. Canadians expressed more liberal attitudes towards sex throughout the decade with changes in sexual behaviour paralleling the increasing incidence of VD during the mid-1960s. The department believed that sex education was needed more than ever and that it was too important to be left to parents. While the department revised the Senior Division Health Education Curriculum (S.29A), its attempt to create an integrated K–12 health program was thwarted. The mid-to-late 1960s ushered in an era of “participatory democracy” in education in Ontario. Many of the powers and responsibilities – including curriculum development – formerly held by the Department of Education were devolved to local schools. Schools were expected to be leaders in program planning and creating instructional resources in order to be more responsive to the needs of their students and community.

The implications for sex education were profound. To emphasize “localism,” the department introduced a policy to approve innovative or experimental courses submitted by schools. Some schools created their own health courses which included sex education topics, while others continued to adhere to the Revised Health Curriculums (I–29 and S.29A). The decision to incorporate sex education, as well as to what extent, lay solely with local authorities. The impact of decentralization upon sex education was decidedly mixed. Approving experimental and innovative courses was a costly and time-consuming process. While some well-designed courses which included sex education were approved, few students were exposed to them. Even though downplaying the risks involved in implementing sex education to the

schools and boards provided political cover for the Minister of Education, it still drew the department into controversies at the school level. Religious fundamentalist groups in particular took advantage of localist policies to protest sex education at the school level. The implementation and teaching of sex education was ad-hoc and of varying quality throughout the province, and for some communities it resulted in heavily publicized opposition. While the turn to localized, school-level decision-making was undoubtedly welcomed by some within the department, technocrats concerned with disease prevention would grow increasingly disenchanted with localist policies.

VD rates in 1960 were the highest reported since 1954. By 1964 the incidence was 57 cases per 100,000 population. While the incidence temporarily declined to 51.7 cases per 100,000 population the following year, the upsurge of syphilis was a source of concern to the Department of Health. Syphilis continued to be reported at levels considerably above those reported in recent years (notably amongst those 40–60+). VD rates remained consistently high – especially for the 20–29 year age group (see **Figures 1 and 2**).

Figure 1

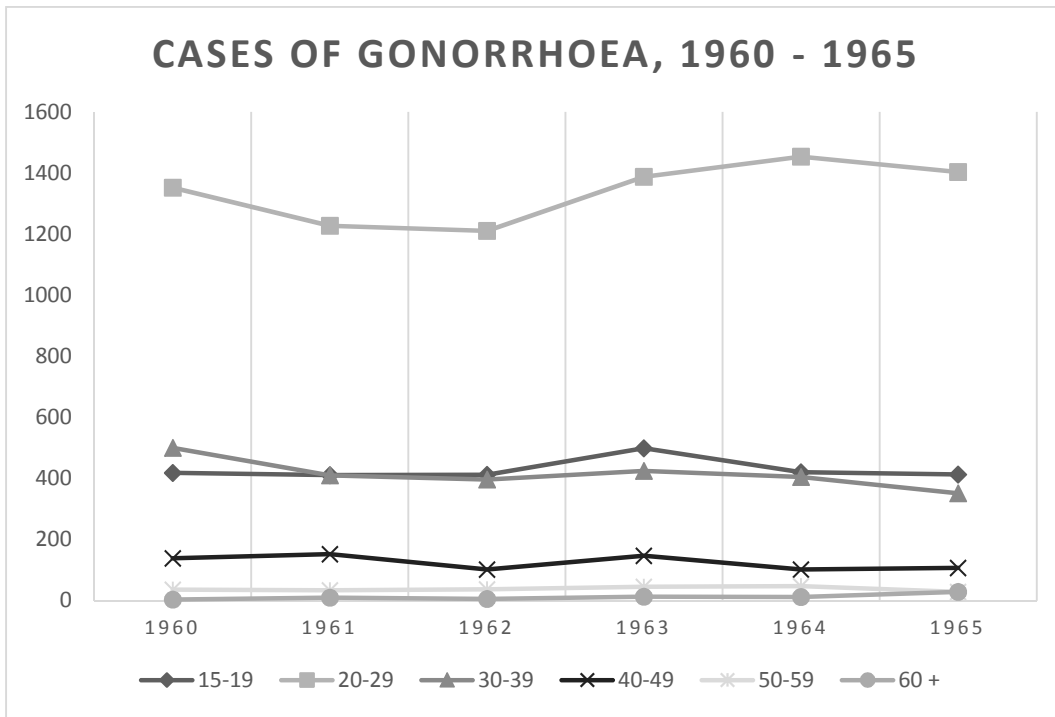
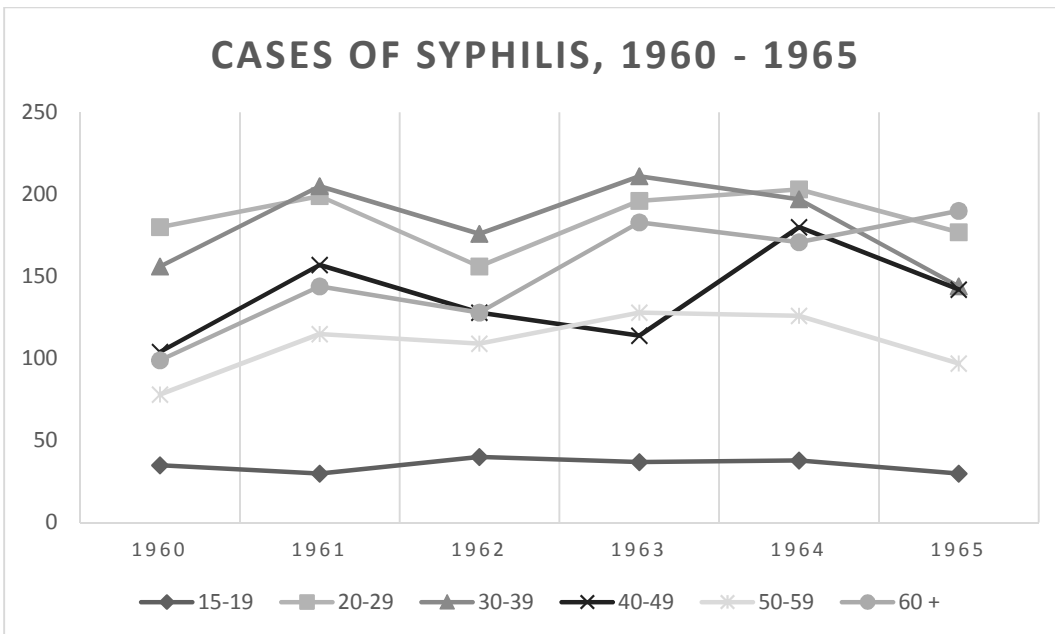


Figure 2



Information taken from the Annual Reports of the Ontario Department of Health, 1960 – 1965.

In many respects, this was attributable to the changing sexual attitudes and behaviours of Canadians. In a 1965 Gallup poll, 66.3% of Canadians approved of using birth control. They did not find it morally wrong.¹⁴⁶ The introduction of the birth control pill, which had been available in Canada since 1961, was a factor which contributed to the rise of VD. Many youths and couples no longer used condoms, yet they offered the best protection against certain venereal diseases.¹⁴⁷ Canadians, however, were split on the issue of premarital sex. In a 1970 poll, 406 respondents said they believed that sex before marriage was morally wrong, 222 believed it was not wrong, and 87 were undecided.¹⁴⁸ In a 1975 poll, 489 respondents (56.4%) believed that premarital sex was not wrong.¹⁴⁹ VD rates during the 1960s told a slightly different story. Young adults, it seems, were more accepting of premarital sex.

The liberalism and permissiveness of the age was best symbolized by Trudeau's declaration that "the state has no business in the bedrooms of the nation" and the passage of Bill C-150 into law in May 1969.¹⁵⁰ First introduced by Pierre Trudeau when he was Minister of Justice in 1967 then modified and reintroduced by John Turner, *The Criminal Law Amendment Act, 1968-69* legalized the advertising and sale of birth control and decriminalized homosexual acts between two consenting adults if they were twenty-one years of age or older. While abortion was also decriminalized – ending the total ban on abortions – it was only permissible under specific circumstances. The act thus seemed to permit a differentiation of law from morality

¹⁴⁶ Canadians also expressed more liberal attitudes towards abortion. 71.5% of Canadians approved of legalizing abortion to preserve a mother's physical or mental health even if her life was not at stake. See Canadian Institute of Public Opinion, Gallup Poll, June 1965 #312, q.16 & q. 17 (Gallup Canada Inc.).

¹⁴⁷ Edward S. Herold, *Sexual Behaviour of Canadian Young People* (Markham: Fitzhenry & Whiteside Ltd., 1984), 140-141.

¹⁴⁸ Canadian Institute of Public Opinion, Gallup Poll, January 1970, #339 q.4 (Gallup Canada Inc.).

¹⁴⁹ Canadian Institute of Public Opinion, Gallup Poll, February 1975, #373 q.5 (Gallup Canada Inc.).

¹⁵⁰ This statement has been disputed by scholars who have pointed out that the state has taken a more active interest in numerous aspects family planning and population control. See McLaren, *The Bedroom and the State*, and Gary Kinsman, *The Regulation of Desire: Sexuality in Canada* (Montreal: Black Rose Books, 1987).

when it came to such issues as abortion, contraception, and homosexuality.¹⁵¹ However, many regarded the 1969 liberalization of the law as an incomplete victory, because abortion and homosexuality were only partially decriminalized.¹⁵²

In order to combat the high rates of VD and promote sexual responsibility, school-based sex education was increasingly championed. Students (a captive audience) were prime targets for early intervention. The Department of Health continued to support school-based sex education in an attempt to reduce the incidence of VD amongst teenagers and young adults. While the department produced a new pamphlet entitled *Information about Venereal Diseases* for educational purposes, the department realized that more formal education was necessary. In 1967, the department developed two exhibits for use at large fairs and medical conventions. One was shown at the Canadian National Exhibition while the other was shown at the Central Canada Exhibition in Ottawa. Commenting on these information programs, the department remarked: “it was evident, from the questions asked at these exhibitions, that only about one-third of the visiting teenagers had ever received any venereal disease education.”¹⁵³

The general public, recognizing the importance of sex instruction for students, also supported sex education. In a 1964 Gallup poll, 75.9% of respondents approved of sex education courses in high schools.¹⁵⁴ School-based sex education continued to receive a high degree of support. In a 1969 poll, 75.2% of respondents approved of sex education courses in schools.

¹⁵¹ Angus McLaren and Arlene Tigar McLaren, *The Bedroom and the State: The Changing Practices and Politics of Contraception and Abortion in Canada, 1880–1997 2nd Ed.* (Toronto: Oxford University Press, 1997), 135.

¹⁵² For recent articles discussing the *The Criminal Amendment Act* and its complex legacy, see Stuart Chambers, “Pierre Elliot Trudeau and Bill C-150: A Rational Approach to Homosexual Acts, 1968–69,” *The Journal of Homosexuality* Vol. 57, No. 2 (2010): 249–266; Katrina Ackerman and Shannon Stettner, “The Public Is Not Ready for This”: 1969 and the Long Road to Abortion Access,” *The Canadian Historical Review*, Volume 100, Number 2 (June 2019): 239-256; Tom Hooper, “Queering '69: The Recriminalization of Homosexuality in Canada,” *The Canadian Historical Review* Volume 100, Number 2 (June 2019): 257-273.

¹⁵³ Ontario Department of Health, *Forty-fourth Annual Report of the Ontario Department of Health*, 1968 (Toronto: Department of Health), 50.

¹⁵⁴ Canadian Institute of Public Opinion, Gallup poll, February 1964, #306. q.13 (Gallup Canada Inc.).

While 2.9% claimed that it should be offered in high school only, the majority of those in favour approved of sex education at either the elementary or secondary level. Moreover, 76.6% approved discussion of birth control in these courses, with 3.6% indicating that it should only be taught in the “higher grades.”¹⁵⁵ While these polls indicated a healthy degree of support, there was still ambiguity surrounding these statistics. What topics could be included in sex education courses? How should they be taught? What was the ideal grade to introduce each topic? These questions preoccupied policymakers in Ontario’s Department of Education.

The department allowed the Health Curriculum Committee to continue its work as part of the newly formed Curriculum Branch.¹⁵⁶ The committee attempted to revise the Senior Health Curriculum, but it struggled to create an outline for what could be taught in Grades 11–13. It was having difficulties deciding on content for a Grade 12 health course. The department hired an outside consultant for help with its revisions. Minister of Education William Davis reached out to Dr. Percy Vivian, to try and obtain his services as a part-time consultant to work with the staff of the Department of Education. Vivian, based in Port Hope, had wide experience in public health instruction and service, having served 18 years as Professor and Chairman of the Department of Health, Social Medicine, at McGill University. He also could boast of considerable experience in the field of education, having served as the full-time Medical Consultant to the Protestant School Board of Greater Montreal between 1963 and 1968.¹⁵⁷ Vivian, however, was no political “outsider.” Vivian had been elected as a member of Ontario’s

¹⁵⁵ Canadian Institute of Public Opinion, Gallup poll, July 1969, #336 q.13a & q.13b (Gallup Canada Inc.).

¹⁵⁶ The Physical and Health Education Branch was consolidated into the newly formed Curriculum Branch in 1965. The Curriculum Branch was tasked with promoting new teaching methods, material and techniques, recommending text books and other curriculum material for use in the classroom, preparation of Circular 14 which listed approved text books, and maintaining contact with school authorities and others interested in curriculum development.

¹⁵⁷ Memo to Division, Branch, Section Heads, Regional Superintendents and Assitant Superintendents, from J.R. McCarthy, Deputy Minister of Education, RE: Consultant, Health Education, 19 Feb. 1968. AO RG 2–81–3, General Curriculum Correspondence files, Health Consultant Dr. R.P. Vivian 1968–1969, B289576, Box 2.

Legislative Assembly in 1943 for the Progressive Conservative party. From 1943 to 1946, he had served as Minister of Health and Public Welfare under Premier George A. Drew.

Vivian was appointed a Departmental Consultant in Health Education on 19 February 1968. Davis requested that the Minister of Health, Dr. Matt Dymond, meet with Vivian, so that he could have the benefit of their views on matters in which both the Department of Health and Department of Education had a common interest.¹⁵⁸ Davis clearly believed that the only way to develop an effective health curriculum was to draw upon the expertise and authority of the medical profession, and he was keen to continue the partnership between the departments.

Vivian proved to be helpful. He had a thorough knowledge of both medicine and pedagogy. In an early meeting with J.F. Kinlin, the Superintendent of Curriculum, Vivian surprised Kinlin with his astute analysis of the problems surrounding health education. Kinlin wrote to the Deputy Minister of Education: “I was amazed at the insight into education revealed by these questions – and I told him so!”¹⁵⁹ Vivian had raised three questions which cut right to the heart of the problems surrounding health education. He asked:

Is it possible to consider a course outline in health where grade-level divisions would be eliminated, for example, a course outline which would have possible content for Grades 10, 11, and 12, to be chosen according to need and taken to a depth dependent on need and maturity? Is there any practical way to arrange the integration of health topics into English, Science, Social Studies, etc., rather than to have it timetabled into a certain period of the week? Would it be possible to obtain from different localities some sample copies of the teacher’s course of study, for say, Grade 10, which he or she has prepared from the Department’s course outline – in order to get a picture of the depth to which some of the delicate topics are treated?¹⁶⁰

¹⁵⁸ Letter to M.B. Dymond, M.D., Minister of Health, from William G. Davis, Minister of Education, 5 Feb. 1968. AO RG 2–81–3, General Curriculum Correspondence files, Health Consultant Dr. R.P. Vivian 1968–1969, B289576, Box 2.

¹⁵⁹ Memo to Dr. J.R. McCarthy, Deputy Minister of Education, from J.F. Kinlin, Superintendent of Curriculum, RE: Dr. R.P. Vivian, 4 Mar. 1968. AO RG 2–81–3, General Curriculum Correspondence files, Health Consultant Dr. R.P. Vivian 1968–1969, B289576, Box 2.

¹⁶⁰ *Ibid.*

Vivian argued that a rigid, lock-step curriculum might not work. Some students might not be mature enough to handle some of the topics it contained. His third question, which mentions ‘delicate’ topics – most likely referring to sex education – gestures to this reality. Perhaps aware or informed of the political risks of a more explicit and direct approach, Vivian adhered to the department’s practice of including sex education in existing subjects.

Vivian also realized that many students were not even likely to take a health course, hence his question as to whether health topics could be included in other courses. Physical and Health Education was not a required subject for high school students. In 1968 the department made the decision to institute a “credit system” in some secondary schools on an experimental basis for the 1969–1970 school year, preparatory to making it mandatory across the province a few years later. Students had to obtain a certain number of credits in order to graduate and each course they took had an assigned credit value.¹⁶¹ This decision loosely stemmed from one of the recommendations of the Hall-Dennis Committee that the department should “eliminate lock-step systems of organizing pupils, such as grades, streams, programs, etc., and permit learners to move through the school in a manner which will permit continuous progress.”¹⁶² The rationale for this change was given by Minister of Education Bill Davis: “Each student should have a program suited to his individual needs and aspirations. A school, therefore should be student centred; its main aim is the development of each boy and girl to the maximum of his or her potential.”¹⁶³ The credit system was focused on the individual student and it was up to the student to elect to take a P&HE course.

¹⁶¹ For a thorough study of the credit system, see: John Stapleton, “The Politics of Educational Innovations: A Case Study of the Credit System in Ontario,” Unpublished PhD Dissertation, University of Toronto, 1975.

¹⁶² *Living and Learning*, 180.

¹⁶³ The Honourable William G. Davis, Minister of Education, Address to the Ontario Secondary School Headmasters’ Council at the Park Plaza Hotel, Toronto, 17 Mar. 1969 as cited in Stamp, 209.

When the department had finished revising the Senior Division Health Education Curriculum, Vivian submitted his comments on it. The curriculum document included two main areas of study, “Growing into Maturity in a Changing World” and “Family Health in a Changing World,” as well as a sub-topic, “Venereal Disease.” While the department included information about VD in the curriculum document, the general introduction stated that the curriculum document allowed the teacher the freedom to develop a course of study to fit the needs of the class, and to decide the extent to which each unit is to be studied, which raised the possibility that teachers would skirt the issue entirely. Vivian nevertheless found that this approach was “sound in principle.”¹⁶⁴ He also commented on the detail of the content under the headings and subheadings, noting that it was more descriptive in order to provide contextual information to teachers, familiarize them with the sources used, and assist them in planning units and lessons.¹⁶⁵ Vivian, however, had lingering concerns about the topic of venereal disease: “This is a particularly difficult area. It is also a very important one as students, or others should have as clear a presentation of substantial fact as can be done in a limited publication. The result of this review is that I have re-written this part of the proposed curriculum in the hope that both teachers and students will have a clearer understanding of these diseases.”¹⁶⁶ The changes he proposed were approved. Revision of the Senior Health Curriculum was completed in December 1968.

The Senior Curriculum presented students with a thorough introduction to syphilis and gonorrhea, and teachers were given some flexibility when deciding when to introduce the topic in their Grade 11 or 12 courses. According to the curriculum document, “the age level at which this sub-topic might be introduced will depend upon the needs of the students and the

¹⁶⁴ Memo to Dr. J.R. McCarthy, Deputy Minister, from R.P. Vivian, M.D., RE: Senior Health Curriculum, 18 Dec. 1968. AO RG 2–81–3 General Curriculum Correspondence files, Health Consultant Dr. R.P. Vivian 1968–1969, B289576, Box 2.

¹⁶⁵ *Ibid.*

¹⁶⁶ *Ibid.*

community.”¹⁶⁷ It listed several considerations – the maturity of students, the expressed interest of students, the climate of the community, and the stance of officials. The information students received (if the topic of VD were introduced) focused on the diseases’ causes, agents, and symptoms, as well as on diagnosis and treatment. Through an exploration of statistics, social factors, and public health campaigns, students could further their understanding about VD. The curriculum also listed *Information about Venereal Disease* by the Department of Public Health as a useful reference.¹⁶⁸ The curriculum presented students with clear and precise technical information about VD.

The curriculum demonstrated a marked preference for a liberal, health promotion approach to sex education. It even cautiously promoted the ethics of choice and tolerance of individual differences in behaviour. Students would develop an understanding of human sexuality not only as a means of reproduction, but also as an aspect of individual personality. They would learn to appreciate that sex is a natural drive of individuals – one that came with related responsibilities.¹⁶⁹ Teachers were informed that discussion should develop around the concept of “range of normal,” which was defined as the limits acceptable to society, the social sub-group, and individual wellbeing. The curriculum confidently concluded that the concept of “range” “would emphasize the idea of individuality, and the acceptance of individual differences in others.” This concept promoted sexual responsibility as well as respect and tolerance for individual choice within the rule of law. For the concept to work, teachers were warned against lecturing, pontificating, or moralizing when discussing what was acceptable.¹⁷⁰ The revised curriculum, however, did not explicitly incorporate more controversial topics such as birth

¹⁶⁷ Ontario Department of Education, *Growing into Maturity in a Changing World and Family Health in a Changing World: Senior Division Health Education, Curriculum S.29A* (Toronto: Department of Education, 1969), 18.

¹⁶⁸ *Ibid.*, 19.

¹⁶⁹ *Ibid.*, 10.

¹⁷⁰ *Ibid.*, 3.

control, abortion, and homosexuality. It largely focused on reproductive sex, biological development, marriage, parenthood and family life.

Despite the efforts of the Curriculum Committee and Vivian, their work was cut short. The emergence of “participatory democracy” and “localism” in public education thwarted their efforts to design a complete K–12 health program. The sweeping changes in favour of decentralization (including the decision to switch to the credit system), altered the traditional functions of the department and the Curriculum Branch. Schools and school boards became the innovators in programs and courses. While the Curriculum Committee was initially supported in its efforts to produce a guideline for “Human Growth and Development” (Health) for Grades K–12, this approach had fallen out of fashion by 1970.¹⁷¹ According to Gerry MacMartin, Assistant Superintendent of Curriculum, “the pattern of producing guidelines for K–12 Health as the result of a group of consultants seems to be unacceptable now.”¹⁷² No longer, as a result of the department’s decision to retreat from its traditional curriculum functions, could Physical and Health Education Program Consultants be used to develop guidelines. While the revised I–29 and S.29A curriculums would be used by schools, further work from the committee was not supported.

The emergence of localism stemmed from the report of the Provincial Committee on Aims and Objectives of Education, *Living and Learning* (1968). The committee was the result of Minister of Education Bill Davis’ desire to have a comprehensive statement regarding the aims

¹⁷¹ Memo to Program Consultants, Physical Education, and Dr. R.P. Vivian, Medical Consultant, from G.M. MacMartin, Assistant Superintendent, Curriculum Section RE: Curriculum Committee for K–12 Guidelines in Human Growth and Development (Health), 14 Jan 1970. AO RG 2–81–4, Curriculum implementation and development files, Curriculum Program Consultants (Physical Education) General 1970, B291932, Container Number 27.

¹⁷² *Ibid.*

of kindergarten, primary, and secondary education in a rapidly changing post-war world.¹⁷³ The resulting report, popularly known as the Hall-Dennis Report after its co-chairs, emphasized community control as a way to meet the needs of students and communities. It warned that,

the principle of local participation in the conduct of education can be seriously jeopardized through centrally disseminated programming, created by a limited number of individuals, however able and well-intentioned. At the very least, a pattern of regional centres for the involvement of teachers and the adapting or production of programs to meet local needs is necessary.¹⁷⁴

While the report emphasized more democratic control of education by championing local involvement in educational affairs against institutional conformity imposed from above, it was not championing power to the community or even the school community, but rather power to the principals.¹⁷⁵ Nonetheless, localist policy implemented in the wake of the report pitted two policy-making paradigms against each other: one supported participation and decentralization, and the other favoured centralized decision-making by specialists.

¹⁷³ The Hall-Dennis Report has been the subject of much scholarly debate over its 'progressive' ideological thrust. Hugh Stephenson has suggested that the philosophical foundations of the report are key to understanding it as a progressive moment. He saw it as a triumph of progress in education over a traditionally conservative educational system. See Hugh A. Stephenson, "Crisis and Continuum: Public Education in the Sixties," in *Canadian Education: A History*, J. Donald Wilson et. al., eds. (Scarborough: Prentice-Hall of Canada, 1970), George Tomkins has argued that Ontario led the neo-progressive revival in Canada, as it was in Hall-Dennis that "neo-progressivism came to be epitomized." See George Tomkins, *A Common Countenance: Stability and Change in the Canadian Curriculum* (Scarborough: Prentice-Hall Canada Inc., 1986), 302–306. The progressivism of Hall-Dennis was also critiqued by Paul Bennet in his article on James Daly, who along with like-minded allies, fought against progressive education's "deleterious influence" on Ontario education during the 1960s. See Paul Bennett, "Up Against 'Edutopia': Dr. James Daly's Crusade against the Spectre of Progressive Education, 1968–1983," *Historical Studies in Education* 23,1 (Spring 2011), 1–21. More recently, Josh Cole has explored how Hall-Dennis revealed not only the high ambitions of liberal utopianism, but how its proponents sought to tame the forces of radicalism and maintain the pre-existing socioeconomic order under the circumstances of high modernity. In this context, modernity in the world of education, i.e. progressivism, was a complex response to postwar socio-economic changes. As Cole explains, "Liberalism, progressivism, romanticism and utopia were thus all tightly bound together in the zeitgeist that shaped Hall-Dennis and that Hall-Dennis in turn attempted to transform." See Josh Cole, "Children, Liberalism and Utopia: Education, Hall-Dennis and Modernity in Ontario's Long 1960s," unpublished PhD Dissertation, Queen's University, 2015, 352.

¹⁷⁴ The Provincial Committee on Aims and Objectives of Education in the Schools of Ontario, *Living and Learning* (Ontario Department of Education, 1968), 15.

¹⁷⁵ The report stressed the "evident truth" that "[t]he tone of a school is largely set by the principal." As Josh Cole explains, "The principal [was] a romantic hero, driven by his or her subjective identification with the great task at hand. As the *primum inter pares* in the democratic school, he or she was to plan schools in conjunction with teachers." Cole, "Children, Liberalism and Utopia," 393.

The report recommended that decision-making related to curriculum design and implementation be located at the school board level and in particular at the individual school level. To help achieve the principle of local participation, it recommended that the Department of Education should prepare and present curriculum guides as broad statements and make the design of detailed curriculum programming the responsibility of the teachers in the schools. The department should confine itself to providing aids for curriculum design and planning to assist teachers in the development of their programs.¹⁷⁶ While *Living and Learning* mentioned that new “trends” such as sexual ethics necessitated a curriculum which could demonstrate new ways of helping young people to meet such contemporary challenges, it offered no concrete recommendations. The nostrum that teachers might “employ, as needed, competent people to aid teachers in curriculum matters dealing with sexual ethics, physical and emotional growth, alcohol and drug addiction, and other areas of specific concern”¹⁷⁷ was no exception. Instead of the proposed new K–12 program with its promise of modernity and clarity, it would be up to teachers to determine to what extent they should address the shift towards a “new morality.”

The Curriculum Branch and the program consultants would turn their attention to other tasks, including one of its more time-consuming tasks during this era of decentralization: approving innovative and experimental courses for use in particular schools. While the department was to encourage innovation, its policy stated that “the initiative for a change in course content must come from the schools. An experiment must not be recommended to the schools by Program Consultants or other Curriculum Staff.”¹⁷⁸

¹⁷⁶ The Provincial Committee on Aims and Objectives of Education in the Schools of Ontario, *Living and Learning* (Ontario Department of Education, 1968), 187.

¹⁷⁷ *Living and Learning*, 182.

¹⁷⁸ Course Content Experimentation. AO RG 2–63 Department of Education approval for innovative courses and text book permission files, Permissions – Procedures for new Experimental Courses and Texts, B240952, Box 10.

The process to get a course approved in 1970 was not an easy one. Teachers had to first prepare a course outline, and submit it to their principal (or higher official in the Board) who would decide if it was worth pursuing. Letters requesting course approvals were to be submitted to Regional Offices, which were to be directed by the Section Chairman to the appropriate Assistant Superintendent (for either Courses or Textbooks) who would reply in a memorandum for the signature of the Superintendent of Curriculum. The memo then went back to the Group Chairman, then the Section Chairman.¹⁷⁹ If a request came from a teacher or a department head it would be returned by the Regional Director of Education to the originator. Similarly, if a request came to the department, it would be sent back to the appropriate Regional Office. There were many conditions which had to be met if a request was to be forwarded to the Curriculum Section. In the letter sent from the school board, the course request had to explain why the course was considered to be outside the rationale of the Department of Education guidelines, and it had to be clear about the topics or themes in the course, as well as its objectives. Course requests also had to state the level at which the course was to be given, the number of class periods per week and per year, and the proposed credit allotment.¹⁸⁰ The program consultants would also send comments on the course and a recommendation, including their reasons for endorsing or not endorsing the proposed course, as well as a statement of any conditions which might be considered as part of an endorsement of a proposed course.¹⁸¹ While courses could be initially denied, consultation and discussion with program consultants could lead to their modification

¹⁷⁹ Memo to All Staff, from J.K. Crossley, Superintendent of Curriculum, 30 July 1970. AO RG 2–62 Department of Education approval for innovative courses files, Curriculum Permissions – Policy on Permission May 1970, B240938, Box H1.

¹⁸⁰ Ibid. See also: Memo to H.B. Henderson, R.G. Rist, and D. Young, from Noel Bennet-Alder, Educational Officer, Curriculum Development Branch, RE: Innovative Courses, 16 Oct. 1972. AO RG 2–62 Department of Education approval for innovative courses files, Permissions – General File, B289695, Box 1.

¹⁸¹ Ibid.

and approval. This policy, while time-consuming, was necessary in order to vet the content and pedagogical purpose of courses being submitted.

If there was a silver lining, it was that the actions of the Robarts Progressive Conservative government had reduced the total number of schools and school boards in Ontario. In an attempt to modernize provincial funding and extend equality of opportunity, Premier Robarts implemented the Ontario Foundation Tax Plan in 1964, which vastly increased provincial educational grants and introduced a new method of distributing provincial grants. The plan called for large units, comparable in their tax base, in order to ensure that boards could meet the needs of their students. The impact of the grant plan involved a substantial increase in the commitment of provincial resources to elementary and secondary education.¹⁸² Larger units of administration, however, meant the end of rural school boards.

In February 1964, Minister of Education Bill Davis introduced legislation which would make every Ontario township a school area as of 1 July 1965. This was done to “provide for more broadly based financial support through wider assessment, all of which is available to assist in the education of every child in the area.”¹⁸³ Within a two-year period between 1965 and 1967, the number of one-room schools shrank from 1,463 to 530, and by 1975, only twenty of them remained in Ontario, all in isolated regions of the North.¹⁸⁴ Emboldened by the relative absence of public opposition to township boards (which reflected the continued rural to urban shift of the province), it was announced in November 1967 that the basic unit would become the county, or in Northern Ontario, the district. This act passed in 1968 and took effect on 1 January 1969.¹⁸⁵

¹⁸² For a comprehensive study of educational finance during the 1960s, see David M. Cameron, *Schools for Ontario: Policy-making, administration, and finance in the 1960s* (Toronto: University of Toronto Press, 1972).

¹⁸³ Robert M. Stamp, *The schools of Ontario: 1876–1976* (Toronto: University of Toronto Press, 1982), 208.

¹⁸⁴ *Ibid.*, 208–209.

¹⁸⁵ Bill 44, ‘An Act to Amend the Secondary Schools and Boards of Education Act.’ For more information, see Cameron, *Schools for Ontario*, “County school districts,” 228–245.

The combined result of the legislation of 1964 and 1968 was to reduce the total number of administrative units in Ontario from approximately 3,500 to 230. The vast majority of Ontario's schools and students were now under the jurisdiction of 126 boards, most of which were county- or district-wide. Only the very largest urban municipalities were left with their own boards: Windsor, London, Hamilton, Ottawa, and Toronto.¹⁸⁶

Nonetheless, it was found that the department's policy for course approval was an administrative nightmare. J.K. Crossley, Superintendent of Curriculum, noted in a memo that the files for course approvals were becoming increasingly voluminous and it was difficult to maintain consistency in policy.¹⁸⁷ A flow sheet for course requests was designed in 1972 to help facilitate this process and handle requests, saving time, labour, and paper. These flow sheets standardized course requests and would constitute a "master file" which had the advantage of "easy availability of specialized data."¹⁸⁸ However, there were still concerns noted about the policy within the Curriculum Branch. As one educational officer exclaimed,

the whole question of innovative course approval procedures should be reviewed. As presently handled, the routines require an undue amount of time, effort, and record-keeping, with minimum benefits to the Ministry. I would venture that less than 1% of all courses approved have provided any feedback.¹⁸⁹

The department was vainly hoping to use innovative and experimental courses generated by the schools to create curriculum that could be utilized by school boards across the province. Instead, the vast majority of approved courses did not provide any feedback to the department. Nor did

¹⁸⁶ Gidney, 48–49.

¹⁸⁷ Memo to All Staff, from J.K. Crossley, Superintendent of Curriculum, 30 July 1970. AO RG 2–62 Department of Education approval for innovative courses files, Curriculum Permissions – Policy on Permission, May 1970 B240938, Box H1.

¹⁸⁸ Memo to H.B. Henderson, Region 6, R.G. Rist, Curriculum Services Branch, D.A. Young, Region 7, from N. Bennet- Alder, Educational Officer, Curriculum Development Branch, RE: Innovative Courses and Non-Approved Textbooks, 4 Dec. 1972. AO RG 2–62, Department of Education approval for innovative courses files, Permissions – General File 1972, B289695, Box 1.

¹⁸⁹ Memo to D.A. Penny, from R.H. Goddard, RE: Flow sheet for Innovative Courses and non-Approved Texts, 12 Dec. 1972. AO RG 2–62, Department of Education approval for innovative courses files, Curriculum Permissions – General File 1972, B289695, Box 1.

the department have enough time to send employees to schools to obtain feedback on every experimental or innovative course. Lacking sufficient data on a given course's success or failure, the department had little basis for the creation of a sound curriculum.

The Department of Education, renamed the Ministry of Education in 1972, further devolved its powers in an attempt to respond more efficiently to requests for experimental courses, and free up time and resources to focus on the main tasks of the Curriculum Branch.¹⁹⁰ In Fall 1974, the policy of approving experimental courses was changed. The policy placed approval with the Regional Directors of Education, assisted by their regional staff – especially the program consultants.¹⁹¹ The ministry also clarified what its role would be. Whether through action initiated by the Curriculum Branch or the appropriate Regional Office, it reserved the right to require an evaluation of an approved course at any time by its own personnel or by board supervisory officials. It might also place a limit on the duration of an approved course.¹⁹² Final copies of approved or rejected courses were also required to be sent to the Curriculum Branch after processing in the Regional Office. The Curriculum Branch's functions included analyzing courses for possible changes to criteria for Experimental Course Approval, analyzing their

¹⁹⁰ In April 1972, during a wide-ranging reorganization of the Government of Ontario, the Department of Education became the Ministry of Education. The Curriculum Branch was split into the Curriculum Services Branch and the Curriculum Development Branch. The Curriculum Services Branch interpreted and implemented curriculum guidelines, assisted teachers and school administrators in the development of educational programs, assisted in the professional development of teachers. The Curriculum Development Branch was responsible for identifying the educational needs and concerns of students and society in Ontario, developing curriculum guidelines, stimulating the preparation of curriculum materials, evaluating curriculum materials for use in schools, and publishing Circular 14, which listed books approved for use in Ontario schools.

¹⁹¹ Memo to Regional Directors of Education, from HK Fisher, Assistant Deputy Minister, Subject: Approval of Experimental Courses and/or Unauthorized Textbooks, 24 Sept. 1974. Memo to Regional Directors of Education, from HK Fisher, Assistant Deputy Minister, Subject: Approval of Experimental Courses and/or Unauthorized Textbooks, 10 Oct. 1974, AO RG 2–63 Department of Education approval for innovative courses and text book permission files, Correspondence, B293027, Box 1. Memo 1974–75: C to Directors of Education, Superintendents of Separate Schools, from HK Fisher, Assistant Deputy Minister, Subject: Procedure for Approval of Experimental Courses and/or Unauthorized Textbooks, 17 Oct. 1974, AO RG 2–63 Department of Education approval for innovative courses and text book permission files, Innovative Courses 1974, B293027, Box 1.

¹⁹² Suggested Procedure – Approval of Experimental Courses, Seventh Draft, 23 Sept. 1974. AO RG 2–63 Department of Education approval for innovative courses and text book permission files, Innovative Course Proposals 1974, B293027, Box 1.

potential as the basis for new curriculum guidelines, as well as cataloguing courses for statistics purposes and circulate information.¹⁹³ This “regional centralization” indicated that a clear, hierarchical administrative structure was needed, as the ministry found itself overwhelmed by the numerous requests from schools and could not undertake its necessary functions.

Despite the administrative headaches over the policy, schools made good use of it. No fewer than 1,350 courses were submitted for approval between 1971 and 1972, and 1458 were submitted for approval between 1972 and 1973. Of these, 35 were Physical and Health Education proposals.¹⁹⁴ Sex education occupied a prominent place in some of these proposed courses. A recommendation made by Program Consultant Betty Boyd best describes how the department might be expected to respond. When deciding whether to recommend if a course should be approved, Boyd stipulated that “approval of the sex education part of the course [be] left to the discretion of the principal, in consultation with the local schoolboard. Some of the subject content of the course strongly points to the need of community approval and involvement.”¹⁹⁵ The ministry would not approve sex education as part of a course if it felt the course did not have the support of local administrators or the local community. While the policy for innovative or experimental courses was undoubtedly welcomed by those well-qualified and enthusiastic teachers, the policy did not lead to widespread inclusion of sex education within courses. Sex education across the province was ad-hoc and dependent upon the initiative of teachers and local school staff. The content of courses differed from school to school. Some of these individually

¹⁹³ Suggested Procedure – Approval of Experimental Courses, Fifth Draft, 15 July 1974. AO RG 2–63 Department of Education approval for innovative courses and text book permission files, Experimental and Innovative Course Proposals, B203144, Box 1.

¹⁹⁴ Innovative Courses Submitted for Approval, School Year 1972–1973. AO RG 2–62 Department of Education approval for innovative courses files, Curriculum Permissions – General File 1972, B289695, Box 1.

¹⁹⁵ Report to H Gillies, Regional Director of Education, from Betty Boyd, RE: Approval of course and text for Family Life Course at Fellowes High, 12 Aug. 1971. AO RG 2–62 Department of Education approval for innovative courses files, School Course Permissions Renfrew County Board of Education 1971, B240938, Box H1.

approved courses expanded upon the ministry's medicalized study of sex, and incorporated the social, cultural, and legal dimensions of sex to a greater extent.

One of the earliest approved courses was a Family Living Education course submitted by Lambton Central Collegiate Vocational Institute in Petrolia. This Grade 12 course was prepared by a Mr. P. Allen, Assistant Head of the Physical Education Department. Originally only offered as a half-credit course, it was expanded into a full credit course and approved for use in May 1971.¹⁹⁶ Created with input from the Ontario Medical Association and the local Health Unit, the course was well designed.¹⁹⁷ Sex education topics were integrated throughout the course. In Unit III, Boy-Girl Relations, information about dating, “going steady,” and “sex drives” were included, as well as information on “petting,” “necking,” premarital sex and VD. In Unit IV, Preparation for Parenthood, students would learn about pregnancy, prenatal development and birth. They also received information about abortion as well as contraception and sterilization. The latter two were discussed in the context of “Planning Parenthood.” In Unit VII, Situations Within the Home, students would learn about “The Generation Gap.” It seems as if this unit was geared towards students' immediate home life, and allowed them a chance to explore controversial topics and differing attitudes towards them. Students would learn about promiscuity, sexual abnormalities, prostitution, abortion, and artificial insemination.¹⁹⁸ It seems as if the department did not have a problem with approving courses which included sex

¹⁹⁶ Memo to D.W. Scott, Regional Director of Education, from J.K. Crossley, Director of Curriculum, 17 May 1971 and Letter to E.H. Brohman, Superintendent of Program, Lambton County Board of Education, from D.W. Scott, Regional Director of Education, 20 May 1971. AO RG 2–62 Department of Education approval for innovative courses files, Curriculum Course Permissions Lambton County Board of Education, B240941, Box H4.

¹⁹⁷ Letter to D.W. Scott, Regional Director of Education, from EH Broman, Superintendent of Program, Lambton County Board of Education 17 Apr. 1971. AO RG 2–62 Department of Education approval for innovative courses files, Curriculum Course Permissions Lambton County Board of Education, B240941, Box H4.

¹⁹⁸ Course Outline enclosed in Letter to D.W. Scott, Regional Director of Education, from EH Broman, Superintendent of Program, Lambton County Board of Education 17 Apr. 1971. AO RG 2–62 Department of Education approval for innovative courses files, Curriculum Course Permissions Lambton County Board of Education, B240941, Box H4.

education if there was local support. The program consultant, Jack Long, noted that “the Principal of the School stands strongly behind the content, and believes that Family Living Education has a place in the educational pattern of his school.”¹⁹⁹

In Toronto, Western Technical-Commercial School’s Physical Education Department Head, Joan Leeder, submitted a course for approval that dealt with sex education in 1972. It was a Grade 12 health course designed for girls only, and was ultimately approved by the Department of Education.²⁰⁰ The course proposal even stated that the needs of the students could be better met with their health course instead of Curriculum S.29 A:

Our grade twelve graduate has a future unlike the grade twelve student in a collegiate. Most of our girls view grade 12 as their final year of formal education. Some are engaged to be married (indeed some are already married), and many will marry within one or two years of graduation. In addition some students are trying to live on their own. These situations make our subject material extremely relevant and interesting for the now. Since these students will be part of our labour force and dealing with people in a new environment, they also are eager to learn more of the ‘adult’ work and ‘adult’ issues before they are confronted by them.²⁰¹

The structure of the course was derived from its purpose: to prepare each student to assume realistically her future roles as woman, wife, parent, and member of society.²⁰²

The course would provide female students with an in-depth study of the family, including a historical look at the family unit through the ages, a review of the functions of a family unit, and the dominance or power patterns possible in families. Different types of marriages from

¹⁹⁹ Letter to D.W. Scott, Regional Director of Education, from J.R. Long, Program Consultant, Subject: Course of Study – Family Living Education – Lambton Central C.V.I. 3 May 1971. AO RG 2–62 Department of Education approval for innovative courses files, Curriculum Course Permissions Lambton County Board of Education, B240941, Box H4.

²⁰⁰ Letter to Dr. R.E. Jones, Director of Education, Toronto Board of Education, from Donald Young, Regional Director of Education, 13 Sept. 1972. AO RG 2–62 Department of Education approval for innovative courses files, Curriculum Course Permissions Toronto Board of Education, B240880, Box 9.

²⁰¹ Course Outline enclosed in a letter to Mr. A.L. Millloy, Superintendent of Secondary Schools, Toronto Board of Education, from Mr. Taylor, Acting Principal, 10 May 1972. AO RG 2–62 Department of Education approval for innovative courses files, Curriculum Course Permissions Toronto Board of Education, B240880, Box 9.

²⁰² Ibid.

other societies, such as polygamy, would also be considered. Students would also be provided with an in-depth study of marriage in society, which included discussion on dating and partner selection, and the motivation behind heterosexual relationships or lack of them. When studying the male-female relationship, students would pay particular attention to how the sex drive affects behaviour. As part of this relationship, students would also learn about family planning, including reasons for its use and methods available. Time was also devoted to the topics of sterilization, abortion, and venereal disease.²⁰³ The course demonstrated a feminist awareness of gendered power dynamics and reflected the sexual health concerns of the movement. The department looked favourably upon the course. The regional Program Consultant noted that “Mrs. Leeder [the teacher] is providing excellent service for her students and she is to be commended.”²⁰⁴ It was noted by the program consultant that the course proposal expanded “only slightly upon the content suggested in Curriculum S.29A.”²⁰⁵ This was somewhat disingenuous, as nowhere in Curriculum S.29A (Senior Health Education) did it explicitly mention abortion, polygamy, or sterilization. Indeed, a teacher would have been hard-pressed to fit these issues into existing guidelines.

Another particularly good course proposal incorporating sex education topics such as sexuality, venereal disease, and abortion came from Victoria Park Secondary School, part of the North York Board of Education. “Health Education 322 – Understanding Yourself and Others” was a Grade 11 class which aimed to “have students learn from reliable sources, to air their views, and thereby assist them in making personal decisions in light of the current and

²⁰³ Ibid.

²⁰⁴ Letter to D. Young, Regional Director of Education, from Jake Rogers, Program Consultant, 16 Aug. 1972. AO RG 2–62 Department of Education approval for innovative courses files, Curriculum Course Permissions Toronto Board of Education, B240880, Box 9.

²⁰⁵ Ibid.

controversial health problem areas.”²⁰⁶ The proposal was detailed, clearly outlining each topic within the course and connecting it back to the aims of the course, as well as connecting its stated purpose with the resources and reference materials listed. Numerous aspects of sex education were included throughout the course. In the first topic, “The Nature of Needs,” sexual intercourse and its physical and psychological aspects were identified. It was explained to students that sexual needs determined an individual’s behaviour. In the third topic, Looking Forward to Marriage and Parenthood,” the development of a healthy sexuality, sexual reproduction, pregnancy and prenatal development, the birth process, and family planning were all included as areas of study. With regards to developing a healthy sexuality, students were to examine how they learned their sexual role, as well as how they learned what constituted “masculine” or “feminine” behaviour. Students would also examine premarital sexual standards and “the new permissiveness.” Another possible area of study for students was “sexual deviations” and why some people developed unhealthy attitudes towards sexuality. Possible class debates were also listed: common-law marriage, unwed mothers, and difference between love and the sex drive. In topic four, “Current Health Problems,” information about venereal disease and abortion were included. With respect to the delicate issue of abortion, the outline indicated that students would learn about its current legal status, as well as have the chance to explore their “personal attitude development” as they discussed the issue.²⁰⁷ Health Education 322 was a well-thought out and well-designed course. Once again, it got the Ministry of Education’s approval.

²⁰⁶ Letter to J.W. Storey, Assistant Regional Director of Education, from D.R. Hewgill, Administrative Assistant to the Superintendent of Schools, 24 Nov. 1972, and Memo to D.R. Hewgill, Administrative Assistant to the Superintendent of Schools, from J. Tovell, Principal, RE: Application to Introduce an Innovative Course, “Appendix B.” AO RG 2–62 Department of Education approval for innovative courses files, Curriculum Course Permissions North York County Board of Education 1973, B130507, Box 3.

²⁰⁷ Memo to D.R. Hewgill, Administrative Assistant to the Superintendent of Schools, from J. Tovell, Principal, RE: Application to Introduce an Innovative Course, “Appendix B.” AO RG 2–62 Department of Education approval for innovative courses files, Curriculum Course Permissions North York County Board of Education 1973, B130507, Box 3.

As teachers became more familiar with the requirements of the ministry's policy, course proposals became more elaborate and ambitious. Sex education became an increasingly prominent theme. A course submitted for approval for the 1973–1974 school year outlined, in far greater detail, the sex education which students would receive. A Senior Health Education Course, "Family Life Education," was prepared by Robert Morrison, Head of Physical and Health Education, of La Salle Secondary School in Kingston. The course aimed to provide students with sound information about personal growth and development and human reproduction in order to promote a "wholesome" understanding of sexual behaviour. This would be accomplished by developing students' respect for a mature and responsible sexual life within marriage. Discussion centred on the personal and social difficulties inherent in the use of sex for exploitation or solely for self-gratification without regard for other parties or social consequences.²⁰⁸ Marriage and the nuclear family were the framing device for the course. It was unclear as to how certain topics mentioned within the outline, such as the "alternate lifestyles" of homosexuality and lesbianism or alternatives to traditional marriage like common law relationships and cohabitation, would be presented.

Information about abortion, family planning, and contraception was included. Students would discuss how decisions for family planning could be made, and why some couples might desire children, and others not. Also included was information about different methods of contraception – chemical, mechanical, or surgical (foams, diaphragm, vasectomy, etc.) Students were provided with knowledge of the mechanics and effectiveness of each method.²⁰⁹ Without a doubt, this was one of the most ambitious course outlines submitted. Its frank discussion of

²⁰⁸ Course proposal enclosed in letter to J.B. Slack, Director of Education, from H.J. Henderson, Principal, 19 April 1973. AO RG 2–62 Department of Education approval for innovative courses files, Curriculum Course Permissions Frontenac County Board of Education 1973, B130506, Box 1.

²⁰⁹ Ibid.

contraception did not put off department or board officials. While the course outline noted that students could opt out of the family planning and contraception section, it was deemed “very worthwhile and [met] a definite student need in the school.”²¹⁰ This course outline was even adopted by another school within the same Board. The health course “Human Sexuality” at Loyalist Collegiate and Vocational Institute was based on the bulk of the content of the course at La Salle Secondary School, according to Program Consultant John Metcalf.²¹¹

In a health course prepared for the East York Collegiate Institute, homosexuality and masturbation were included in addition to information about contraception, venereal disease, and abortion. With regards to masturbation, students considered it from a sociological, medical, and psychosocial perspective. Information about masturbation was contained within Topic II – The Adolescent in a Changing World. Students would receive information about how masturbation was practiced, its sociological background, its incidence and frequency in males and females, its relation to psychosexual development, attitudes towards it, arguments against it, and the role of “fantasy” in self-pleasure. Did masturbation pose a danger of mental retardation?²¹² Homosexuality was discussed under the topic of “Mental Health and Psychotherapy.” It was considered “the most common adult sexual deviation.” Students would be taught about its supposed causes in men and women as well as early signs of homosexuality. The program

²¹⁰ Program consultant report included in letter to J.K. Crossley, Director, Curriculum Development Branch, from R.W. Froats, Regional Director, 1 May 1973. AO RG 2–62 Department of Education approval for innovative courses files, Curriculum Course Permissions Frontenac County Board of Education 1973, B130506, Box 1.

²¹¹ Comments enclosed in a letter to W.E.P. Fleck, Director, Curriculum Development Branch, from R.W. Froats, Regional Director, 7 Mar. 1974. AO RG 2–63 Department of Education approval for innovative courses and text book permission files, Curriculum Course Permissions – Frontenac County Board of Education, B203144, Box 1

²¹² ‘You and Your Changing World’ – Request for an Approval of an Innovative Course, AO RG 2–63 Department of Education approval for innovative courses and text book permission files, Curriculum Course Permissions – East York County Board of Education, B203144, Box 1.

consultant highlighted the wise use of resources in connection with this topic.²¹³ Gays and lesbians, however, would find much to oppose. With respect to VD, the course utilized the Department of Health's materials for instruction about the diseases, and included an audio tape interview about them given by Dr. Marion Powell of the Scarborough Board of Health. Dr. Powell was even listed as a guest speaker. While not too many of the courses clearly outlined their pedagogical approach, the consultant's report noted that the course utilized a "values clarification approach" and associated instructional techniques. Students were to clarify their own values in light of the information they received in order to "more clearly understand themselves and their relationships with their world."²¹⁴

Course proposals were of varying quality. In a Senior Health Education course submitted for Georgian Bay Secondary School of the Grey County Board of Education, Program Consultant Margaret Jones highlighted the problems with its development. The Human Growth and Development course had been approved twice before with one-year clauses built in. While the course had improved each year, Jones continued to be critical of its value judgements, ambiguities, and some lack of expertise.²¹⁵ She thought the ambitious course's value judgements and ambiguity might harm a student's developing understanding of the differing attitudes and beliefs surrounding sex. In Unit IV, From Marriage to Family Living, the content focused on factors to consider in family planning, why some people advocated family planning, and others opposed it. The objectives of this unit were to promote a desire to seek advice about family

²¹³ Program Consultant's Report enclosed in 'You and Your Changing World' – Request for an Approval of an Innovative Course. AO RG 2–63 Department of Education approval for innovative courses and text book permission files, Curriculum Course Permissions – East York County Board of Education, B203144, Box 1.

²¹⁴ 'You and Your Changing World' – Request for an Approval of an Innovative Course. AO RG 2–63 Department of Education approval for innovative courses and text book permission files, Curriculum Course Permissions, East York County Board of Education, B203144, Box 1.

²¹⁵ "Comments regarding 'Human Growth and Development' course submission for a half credit in Physical and Health Education to be taught September 1974," AO RG 2–63 Department of Education approval for innovative courses and text book permission files, Curriculum Course Permissions Grey County Board of Education 1974, B203144, Box 1.

planning methods from reliable sources, to obtain knowledge about contraceptive methods, their effectiveness and possible side effects, to become aware of the reasons for and against family planning, and to grasp abortion's pros and cons. Two of the listed learning activities were a class debate on family planning and an examination of the work being done by the Planned Parenthood Clinic in Owen Sound.

This course did not appear to be value-neutral. Students were to be made “aware that indulgence in sex relations outside of marriage may result in severe suffering mentally and emotionally as well as physically.”²¹⁶ Was this a matter of scientific fact or an imposition of values? Jones found the abortion component especially troubling. The outline stated that the learning activities were to make students “realize that abortion is a failure of other reasonable methods of birth control.”²¹⁷ A question mark was printed next to the statement by Jones, highlighting her sense that the statement was contentious. A guest speaker was also slated to come in from the area's Pro Life Committee to discuss the topic – another area in which students might receive “value judgements.” Despite Jones' continuing reservations, she noted that the course had improved each year with the increasing experience of the teachers, and that there was growing awareness of its relevance. She ultimately recommended it be approved again in 1974.²¹⁸

Georgian Bay Secondary School forwarded another questionable course. “Current Health Problems” was designed for the Senior Grades and explored health challenges in the seventies.

²¹⁶ ‘Human Growth and Development’ – Georgian Bay Secondary School Proposal for Innovative Course and/or Non-Approved Textbook. AO RG 2–63 Department of Education approval for innovative courses and text book permission files, Curriculum Course Permissions Grey County Board of Education 1974, B203144, Box 1.

²¹⁷ Ibid.

²¹⁸ “Comments regarding ‘Human Growth and Development’ course submission for a half credit in Physical and Health Education to be taught September 1974.” AO RG 2–63 Department of Education approval for innovative courses and text book permission files, Curriculum Course Permissions Grey County Board of Education 1974, B203144, Box 1.

The course included sex education in its discussion of venereal disease. Students would learn about syphilis and gonorrhea and how they were acquired.²¹⁹ In her critique of the course, Margaret Jones noted that the course had been approved for the 1973 school year only and it needed much improvement. When it was re-submitted for approval the following year, no changes had been made and she initially turned it down. Jones worked extensively with the teacher who prepared it, and ultimately recommended that it be approved. Her main criticism was that the proposal's writer was very opinionated. Still, in the teacher's defence, students were given research projects to accept or reject the arguments given to them.²²⁰ While Jones was not yet pleased with the results, she noted the improvements made, and the course was once again approved for 1974–75.²²¹

The dangers of teachers providing incorrect information or presenting “value judgements” was a real one. It may have been a factor leading to numerous memos regarding the use of resource material for sex information in health education courses. J.F. Kinlin, Assistant Deputy Minister, reminded principals to carefully review the printed information and other resource material to be used as part of the curriculum. Some pamphlets and brochures had been printed and distributed by groups whose approach to sex education reflected “the views of a particular segment of society.”²²² While the purpose and objectives of the course were the criteria according to which materials were to be judged, not all material was created equally. The use of material developed by the Ministry of Education or Ministry of Health was always

²¹⁹ ‘Current Health Problems’ – Georgian Bay Secondary School Proposal for Innovative Course and/or Non-Approved Textbook. AO RG 2–63 Department of Education approval for innovative courses and text book permission files, Curriculum Course Permissions Grey County Board of Education 1974, B203144, Box 1.

²²⁰ Ibid.

²²¹ Memo to R.T. Rornhold, Regional Director, from WEP Fleck, Director, Curriculum Development Branch, 23 Jan 1974. AO RG 2–63 Department of Education approval for innovative courses and text book permission files, Curriculum Course Permissions Grey County Board of Education 1974, B203144, Box 1.

²²² Memo 1970–71:36 to Regional Directors, Directors, Superintendents, Principals, from J.F. Kinlin, Assistant Deputy Minister, 9 Mar. 1971. AO RG 2–82–1 Curriculum Development Files, Sex Education (Family Planning) 1974, B131689, Box 5.

encouraged, but the use of other material had to be considered carefully to make sure it did not represent the agenda of a particular group. A balanced approach to topics related to sex education was necessary. Otherwise it would not be possible for students to understand the complexities surrounding sex, or develop their own philosophy and values. The individuality of budding citizens of a liberal order would be impeded.

Ultimately, only 35 Physical and Health Education courses approved, and not all of them contained sex education. Some courses focused only on Physical Education; some health courses did not incorporate sex education.²²³ That only 35 requests from local schools – out of a total of approximately 567 secondary schools – arrived in Toronto suggested the very limited adoption of sex education in the province. Moreover, because many schools continued to use the Senior Physical and Health Education Curriculum (S.29A) and the Intermediate Health and Physical Education Curriculum (I-29) to develop courses, this led to variation in sex education. Sex education in Ontario was markedly different from place to place. A student's experience with sex education in public schooling was largely dependent upon where he or she went to school.

Despite ministry approval of course outlines, much of the information they contained could be considered controversial (and there were undoubtedly those teachers who used S.29A and I-29 and decided to incorporate topics beyond what was included even though they did not have departmental or regional office approval to do so). Some pressure groups objected to any discussion of sex in public education. A clash over sex education in Scarborough reveals early pressure group opposition to sex education, as well as problems with “participatory democracy.” When the curriculum design process was opened up to the local school, it invited challenge. In

²²³ Innovative Courses Submitted for Approval, School Year 1972–1973. AO RG 2–62 Department of Education approval for innovative courses files, Permissions – General File, B289695, Box 1.

April 1971 Minister of Education Robert Welch received a letter from Reverend H.F. MacEwen, Chairman of the Committee against Moral Pollution in the Schools (CAMPS).

CAMPS originated from one Toronto trustee's campaign against sexual descriptions in literature, before solidifying into CAMPS in 1971. The group was province-wide in its membership. It found fertile ground in Markham, and some spots in Halton, Peel, and Lincoln Counties. Its aim was to combat "irregular sex education" and pornography in the public school system.²²⁴ MacEwen wrote to Welch claiming that CAMPS had recently submitted briefs to the Toronto and Scarborough School Boards against sex education as currently practiced, and requested an interview with Welch to present a brief and speak with him on these matters.²²⁵

CAMPS had included an information sheet in its letter to Welch, clearly outlining the organization's motivations and goals. These "info-sheets," addressed to parents and taxpayers, were geared for wide-spread distribution. The sheets highlighted its belief that,

sex education is being taught in the public schools apart from moral standards [...] Venereal disease nevertheless is on the increase, so is illegitimacy, permissiveness and pornography. Sex education without moral standards cannot stop this, but will rather increase moral laxity. Apart from the Biblical standards you can expect more sex immorality, perversion, illegitimacy, and venereal disease.²²⁶

CAMPS alleged that sex education in the elementary grades was far too vivid and advanced for the various age groups, and it would promote "inevitable laxity in sex matters and behaviour

²²⁴ Brief to Robert Welch, Minister of Education, from H.F. MacEwen, CAMPS Chairman, 6 July 1971. AO RG 2-81-4 Curriculum Implementation and Development Files, Curriculum Reports – Brief from the Committee Against Moral Pollution 1971, B240935, Box G6. Report – C.A.M.P.S., W.G. Mitchell, Assistant Superintendent, to D.H.M. Dunn, Group Chairman, 24 Sept. 1971. AO RG 2-81-4 Curriculum Implementation and Development Files, Curriculum Reports – Brief from the Committee Against Moral Pollution 1971, B240935, Box G6.

²²⁵ Letter to Robert Welch, Minister of Education, from H.F. MacEwen, CAMPS Chairman, 23 Apr. 1971. AO RG 2-81-4 Curriculum Implementation and Development Files, Curriculum Reports – Brief from the Committee Against Moral Pollution 1971, B240935, Box G6.

²²⁶ "Stop Moral Pollution," CAMPS. RG 2-81-4 Curriculum Implementation and Development Files, Curriculum Reports – Brief from the Committee Against Moral Pollution 1971, B240935, Box G6.

with possible sex offences.”²²⁷ It argued that the inclusion of birth control and abortion as a subject for instruction was “medically, pedagogically, and morally wrong,” and that schools should be “teaching chastity as the best precaution against pregnancy and venereal disease.”²²⁸ Perhaps most revealing is CAMPS’s concern with the Sex Information and Education Council of Canada, which highlighted the difficulty in reconciling opposing pressure group interests. CAMPS argued that the “powerful syndicate, known as the SIECAN” was behind the promotion of sex education.²²⁹ SIECAN, as previously discussed, was dedicated to making information relative to sex behaviour available to interested individuals and organizations. CAMPS did not adhere to the clinical and “value-neutral” approach of SIECCAN and was wary of its influence on sex education.

Robert Welch decided to meet with the representatives from CAMPS on 6 July. The following day he submitted the brief he had received to J.K. Crossley, the Superintendent of the Curriculum Branch, requesting it be analyzed so that he could prepare a reply.²³⁰ The info-sheet’s claims were designed to arouse feelings of incredulity and hostility towards sex education, but CAMP’s arguments became more nuanced and complex in the brief. While still maintaining that Grade 1 was too young to teach students about sex, the brief suggested that a more mature age might be suitable for introducing some topics. In addition, while still condemning teaching about birth control and abortion even in the higher grades, the brief argued that such lessons might not only facilitate extra-marital sexual relations, but also give students

²²⁷ Ibid.

²²⁸ Ibid.

²²⁹ Ibid.

²³⁰ Memo to J.K. Crossley, Superintendent of Curriculum, from Robert Welch, Minister of Education, 7 July 1971. AO RG 2–81–4 Curriculum Implementation and Development Files, Curriculum Reports – Brief from the Committee Against Moral Pollution 1971, B240935, Box G6.

the impression that the school condoned them. The brief noted that such information could always be given by physicians to married people.²³¹

Sex education, according to CAMPS, should be designed to conform to the moral standard of the Judeo-Christian, Biblical ethical tradition, not SIECCAN-style secularism. CAMPS's view on sex education, informed by its religious values, was diametrically opposed to that of SIECCAN. CAMPS was astute enough to cite the Schools Administration Act, 1967 to bolster its argument in favour of religiosity. Section 22, for example, declared that: "it is the duty of a teacher to inculcate by precept and example respect for religion and the principles of Christian morality and the highest regard for truth, justice, loyalty, love of country, humanity, benevolence, sobriety, industry, frugality, purity, temperance and all other virtues." If Christianity was to regulate behaviour and thought in education, was not secular sex education incompatible with public schooling in the province? Religious "values" or "morals" were never particularly well defined in the brief, nor were the principles of Christian morality defined well in the Schools Administration Act. Such ambiguity had evidently allowed the ministry to de-emphasize it altogether.

When J.K. Crossley submitted his report, he highlighted the brief's inaccuracies, and also its variance from the department's philosophy. Crossley clarified what he believed to be the main "principle of Christian morality," i.e. "to love one another in the manner of the Good Samaritan. Such an act of love given in the Bible as a model of morality transcends the denominational aspect of formal religion and is an attitude that the schools are encouraged to develop in the most

²³¹ Brief to Robert Welch, Minister of Education, from H.F. MacEwen, CAMPS Chairman, 6 July 1971. AO RG 2-81-4 Curriculum Implementation and Development Files, Curriculum Reports - Brief from the Committee Against Moral Pollution 1971, B240935, Box G6.

effective manner possible.”²³² Crossley utilized the parable of the Good Samaritan to stress that everyone shares a common humanity. Perceived differences are outweighed by real bonds of compassion. Denominational divisions based on distinct doctrines or practices were to be overcome, and children helped to transcend them: “Children should not be taught to follow the dicta of legitimate authority unthinkingly or unlovingly but should incorporate its advice intelligently into their lives.”²³³ While certain religious communities might demand obedience, this was in conflict with the philosophy of liberal education – the development and autonomy of the individual.

According to those within the Curriculum Branch, it was up to the individual student to decide what he or she valued and believed in. According to Crossley: “teachers are encouraged to help students formulate their own solutions to problems in light of their own goals and philosophy within the context of the goals and values of their homes and communities.”²³⁴ Students were not to be indoctrinated with a certain set of beliefs; rather, they were to clarify their own philosophy upon which they could depend as they solved life’s problems. By mentioning “homes and communities,” Crossley acknowledged the larger society in which schools were situated. Nonetheless, community values or needs were secondary to those of the individual.

Crossley also highlighted some of the brief’s inaccuracies. Sex education programs did not in fact generate vast new expenditures. Boards of education were free to put sex education on their list of priorities, or exclude it. Nor did sex education courses encourage a lax morality:

“There is no evidence there is a causal relation between a responsibly developed sex education

²³² Report to Robert Welch, Minister of Education, from J.K. Crossley, Director of Curriculum, RE: The Brief from the Committee against Moral Pollution, 13 Jun 1971. AO RG 2–81–4 Curriculum Implementation and Development Files, Curriculum Reports – Brief from the Committee Against Moral Pollution 1971, B240935, Box G6.

²³³ Ibid.

²³⁴ Ibid.

course such as those supported by the department and the laxity in sex matters referred to in the brief.”²³⁵ Moreover, Crossley opined that examining the merits of different moral positions was an appropriate focus of study for senior students who chose to do so with their parents’ consent. Regarding abortion, Crossley reiterated that that this was an area for personal decision making: “The fact that abortion legislation does exist in Canada cannot be disputed. Whether it should continue to exist or whether it should have been enacted in the first place is a question each individual must answer for himself.”²³⁶ This applied to all “controversial” sex education topics. Birth control, family planning, and chastity were all considered appropriate topics of study for senior students. They were areas of personal decision-making.²³⁷ He even stated that artificial birth control as a means of eliminating pregnancy resulting from pre-marital intercourse should be a topic of study. He qualified his statement, however, by claiming that this topic should only be for students whose parents supported such a course. He reiterated that sex education courses should be totally optional and prepared with the help of teachers, students, parents, and appropriate community resources.

As head of curriculum, Crossley did not recommend what should be taught. Perhaps Crossley was simply acknowledging the local, decentralizing tendencies of the decade, or downloading the risks involved in implementing sex education to the schools and boards. Perhaps he was simply content to report on the brief and not commit to any specific course of action. The Assistant Superintendent of Curriculum was less evasive. W.G. Mitchell rejected CAMPS’s calls for censorship in his report of the brief:

I firmly believe to deprive children of the opportunity for mature, rational discussion of complex contemporary problems is to do them a grave disservice. We are, after all, in the business of education. To act as the Lincoln County

²³⁵ Ibid.

²³⁶ Ibid.

²³⁷ Ibid.

letter suggests will not likely lead to an Augustinian City of God, but far more likely to lead to a Hitlerian Auschwitz.²³⁸

Mitchell realized that CAMPS's goals could not be accommodated by the department. Any such accommodation would undermine the aims of liberal education. More importantly, it would undermine sex education as a technocratic solution to VD. If discussion of prophylaxis or the importance of early treatment was excluded, it could not help reduce the incidence of VD amongst youths and young adults. While sex education included discussion of abstinence, this was not the whole range of human sexual behaviour. In an increasingly secular and sexually permissive society, it was sheer folly to believe that the teaching of Biblical standards and chastity alone would best prevent unwanted pregnancy and venereal disease.

CAMPS was not the only religious group trying to block sex education. Ken Campbell of the Campbell-Reese Evangelistic Association (and future leader of the Renaissance Committee of Halton) was also motivated by religious theology. In February 1974, Milton mayor Anne MacArthur received a letter from Campbell. He threatened to withhold his education taxes, “to protest against the ‘moral pollution’ to which high school students are being irresponsibly and indiscreetly exposed in our public educational system.”²³⁹ Campbell was the father of two high school-aged girls at M.M. Robinson School in Halton County. He had become increasingly alarmed at the “filthy” literature in the Halton High School library. His final straw was the visit of four representatives of a university gay liberation group to his fifteen-year-old daughter's class. According to Campbell, two homosexuals and two lesbians visited the Grade 12 health class, which was studying human sexual compatibility. This was unconscionable to him: “to foist

²³⁸ Report – C.A.M.P.S., W.G. Mitchell, Assistant Superintendent, to D.H.M. Dunn, Group Chairman, 24 Sept. 1971. AO RG 2–81–4 Curriculum Implementation and Development Files, Curriculum Reports – Brief from the Committee Against Moral Pollution 1971, B240935, Box G6.

²³⁹ Letter to Mrs. Anne MacArthur, Mayor, from Ken Campbell, RE: Intention to Withhold Taxes, 25 Feb. 1974. AO RG 2–82–1 Curriculum Development Files, Sex Education (Family Planning) 1974, B131689, Box 5.

such twisted sexual styles on fifteen year old grade 12 students is too much!” After all, “human sexuality cannot be taught in the moral vacuum that exists in such a classroom.”²⁴⁰ Campbell’s reaction stemmed from his religious beliefs:

As Christian parents we seek to teach our children to love – not just tolerate all others made in the image of God. At the same time we recognize that there are those whose perversions of man’s noble role in God’s universe is of such a twisted nature that as the Scripture warns, ‘it is a shame even to speak of the things they do secretly.’²⁴¹

Campbell refused to pay another cent of his property taxes in support of the educational system until it made some “radical improvements.”

When Campbell’s letter reached the Ministry of Education, Gerry MacMartin of the Curriculum Development Branch systematically addressed Campbell’s arguments for W.E.P. Fleck, the Director of the Curriculum Branch, and MacArthur. With regards to homosexuality, MacMartin’s comments were very revealing about its treatment in public education. MacMartin acknowledged that homosexuality should be identified as one variant of human sexuality. In a classroom setting, teachers were expected to inform students about how “very little” was known about homosexuality and discuss some views about it. According to MacMartin, students were expected to develop “an appreciation and respect for (but not a support of) the positions held by people who react to their sexuality in the various ways that existed in our society and others. Implicit in this is the development of respect for the persons themselves who live their lives as they do.” MacMartin concluded by stating that, “All of this is designed to give students as complete a picture of the situation as possible in order to assist them to make decisions on these matters in the light of their own goals and philosophy within the context of the goals and values

²⁴⁰ Ibid.

²⁴¹ Ibid.

of their homes and community.”²⁴² Since students were taught to be accepting of differences, homosexuality was to be neither condemned nor endorsed – merely understood within an unacknowledged heteronormative framework.

MacMartin also exposed some willful misrepresentation in Campbell’s letter, which hinted at an agenda in Campbell’s actions. He noted that the “incident” alluded to by Campbell had allegedly happened in a Grade 12 health class, but his daughters were in fact in Grades 10 and 11. “Such second hand reports,” he wrote, “are not likely able to provide information about such aspect as: the learning experiences which preceded the introduction of the homosexuals; the atmosphere that was established in the classroom; the planned follow up in the course.”²⁴³ Campbell’s own daughters did not even view the presentation, but Campbell seemed willing to bet that most parents would be upset with it. Did he in fact speak for the majority? MacMartin did not believe so: “[Campbell] assumes that the school’s communication pattern is ineffective since the learning experiences constitutes a kind of moral education that the community does not want. The opposite assumption is equally possible.” According to MacMartin, education should be more pluralistic: “parents and other groups are encouraged to assist in the development of school courses that touch the philosophy and mores of the families and community so closely.”²⁴⁴ Campbell truly would not be placated with anything less than the censorship of material he found offensive, MacMartin argued.

If Campbell, or any parent, found the material objectionable, then their child did not have to take the course. MacMartin emphasized that students – thanks to the credit system – were free

²⁴² Memo to W.E.P. Fleck, Director, Curriculum Development Branch, from G.M. MacMartin, Educational Officer, Curriculum Development Branch, Subject: Comments Related to the Letter of Mr. Ken Campbell to Mayor Anne MacArthur, 28 Feb. 1974. AO RG 2–82–1 Curriculum Development Files, Sex Education (Family Planning) 1974, B131689, Box 5.

²⁴³ Ibid.

²⁴⁴ Ibid.

to choose a Physical and Health Education course. Students, however, could also be excused from lessons which they or their parents objected to on religious grounds. It had been department policy since at least 1957 that “exemption from the classes in Health would be granted to pupils where parents or guardians make written application for the same on the ground that the instruction given conflicts with the religious beliefs of the pupils concerned.”²⁴⁵ MacMartin noted that students could leave a class with the teacher’s permission if the subject of homosexuality was one that the parent did not want his or her child to discuss.²⁴⁶ Campbell, however, did not simply want to remove his daughters from classes where the material contravened his religious beliefs – he wanted to impose his morality and beliefs upon public education.

Campbell’s crusade against sex education won widespread attention in the major daily newspapers. As a *Toronto Star* article put it, Campbell’s crusade to bar the “Gay Lib lobby” from the high school “had blossomed into a full blown campaign to restore discipline and ‘the theistic view’ to the province’s education system.” Campbell saw himself as “spokesman of the

²⁴⁵ A student who did not participate fully in the health component would still be eligible to graduate, but their Ontario Secondary School Diploma would bear the annotation: “Without Physical Education.” The policy changed when the credit system was introduced. Up to $\frac{3}{4}$ of a credit could be granted to students who only took the physical education portion of the course, and up to $\frac{1}{4}$ of a credit could be granted to students who took only the health portion. The health component of P&HE was 25% of the total course, hence $\frac{1}{4}$ credit. See Memo to J.R. Thomson, Assistant Superintendent of Secondary Education, from J. Ross, Director, Physical and Health Education Branch, RE: Physical and Health Education programmes at Nickel District Collegiate and Vocational Institute Sudbury, 4 June 1965. AO RG 2–92 Correspondence Files of the Director of the Physical and Health Education Branch, Secondary Education, B244243, Box 3; Memo to J.R. Thomson, Assistant Superintendent of Secondary Education, from J. Ross, Director, Physical and Health Education Branch, RE: Physical and Health Education programmes at Nickel District Collegiate and Vocational Institute Sudbury, 4 June 1965. AO RG 2–92 Correspondence Files of the Director of the Physical and Health Education Branch, Secondary Education, B244243, Box 3; and Memo to Regional Directors of Education, Directors of Education, Superintendents of Secondary Schools, and Principals of Schools, from J.F. Kinlin, Assistant Deputy Minister, RE: Credits in Physical and Health Education, 20 Dec. 1971. AO RG 2–82–5 Curriculum Branch Administration Files 1976 – 1984, Physical Education – Compulsory 1978, B127420, Box 11.

²⁴⁶ Memo to W.E.P. Fleck, Director, Curriculum Development Branch, from G.M. MacMartin, Educational Officer, Curriculum Development Branch, Subject: Comments Related to the Letter of Mr. Ken Campbell to Mayor Anne MacArthur, 28 Feb. 1974. AO RG 2–82–1 Curriculum Development Files, Sex Education (Family Planning) 1974, B131689, Box 5.

great majority of parents who wish to regain control of the education system from the hands of arrogant educational technocrats.” It was reported that Campbell “did not blame teachers or administration. He points the accusing finger at government and its bureaucracy. It has imposed a ‘new state religion.’ By government design, Campbell said, Christianity’s discipline and theology have been replaced in Ontario’s schools by atheism and libertinism.”²⁴⁷ The ensuing media frenzy revealed the depth and tenacity of a model of liberal education.

Many local school authorities revealed their deeper liberalism. In an interview, Keith Craig, the principal of M.M. Robinson, clarified that the presentation given by the two “homosexuals” and two “lesbians” actually came from substitute speakers for McMaster University psychiatrist Dr. Joel Walker. When Walker could not make it, the school was referred to the McMaster Sexual Education Centre, which in turn agreed to arrange for a speaker or speakers to come and discuss interpersonal relations, including the interpersonal relations of homosexuals and lesbians. Craig stated that he was glad he did not interfere with the presentation, and that while the decision to allow it may have been questioned by Mr. Campbell, it was quite wrong to attribute it to moral corruption.²⁴⁸ The Halton Director of Education also took offence at Campbell’s attempts to censor education and spoke of the difficulties of meeting the demands of fundamentalist denominations.²⁴⁹ Campbell’s campaign, however, continued to gather steam. A newly organized Renaissance Committee in 1975 continued to denounce the ministry’s “dogmatic secularism” and “literary sewage.”²⁵⁰

Campbell and his followers did not want to acknowledge the sexual diversity of society. Some behaviours contravened their ethical worldview. Consequently, they sought to impose their

²⁴⁷ “Evangelist sets sights on school cleanup,” *Toronto Star*, 4 Mar. 1974.

²⁴⁸ “No ‘Sales Pitch’ by Homosexuals Principal Replies,” *Hamilton Spectator*, 27 Feb. 1974.

²⁴⁹ “Evangelist Draws Fire of Director,” *Hamilton Spectator*, 27 Feb. 1974.

²⁵⁰ “Moral Pollution Charge Rejected,” *Toronto Star*, 1 March 1974.

belief system and values, in effect contesting the terms of liberal pluralism. While CAMPS and Renaissance tried to enforce sexual norms through censorship, MacMartin, Crossley, and Mitchell mounted a staunch defence of liberal education. Students were to be presented with a “complete picture” and expected to develop their own values in light of the information they received. The ministry was not receptive to the demands made by these groups because it would undermine the foundation of liberal education. Students would not be able to clarify their personal values on complex issues, or develop a personal philosophy which would guide them in their lives.

In conclusion, in this era of participatory democracy in education, the implementation of sex education was ad-hoc and of varying quality throughout the province. While some local schools took advantage of the ministry’s policy for innovative and experimental courses, not many health courses were approved, and not all of them contained sex education. The localist emphasis meant little could be done to ensure that most Ontario students received a thorough sex education, especially with regards to VD. Even the Curriculum Branch was hampered in its ability to create curriculum. Due to the permissiveness of the age, sex education was needed more than ever, but the educational fads of the time militated against providing a thorough sex education for all students. In addition, the conflict over sex education revealed the challenges facing “participatory democracy.” Opening up the curriculum creation process at the school level encouraged pressure groups mobilizing at the local level to make their demands known.

The early-to-mid-1970s saw the ministry continue to provide support and assistance to school boards with regards to sex education. Venereal disease continued to be a pressing public health problem and its reduction a government priority. Acting upon a Ministry of Health initiative, the Ministry of Education collaborated with it to help prepare a resource for teachers to

ensure they were knowledgeable about VD and could effectively impart this information to students. The Curriculum Branch – tasked with the creation of instructional resources – played a crucial role in tackling the rising incidence of VD. Civil servants, however, were split on the means required to achieve a reduction in VD rates.

Chapter 3

‘Living Dangerously’: Interdepartmental Collaboration and Sex Education

The report of the Department of Health’s 1970 Task Force on Venereal Diseases revealed that VD rates were once again on the rise. In order to address this public health concern, the Department of Health, in collaboration with the Department of Education, created the *VD Teaching Kit* for teachers in 1973 – an unprecedented experiment in interdepartmental collaboration. As a technocratic solution to VD, the kit was designed to shape students’ sexual behaviour and change their attitudes by removing guilt and fear from discussion of VD in order to promote treatment. Various aspects of human sexuality and sexual behaviour were discussed in the kit, such as premarital and extramarital sex, as well as homosexuality and bisexuality, all of which were presented in strictly clinical terms free from moral judgement. There was one civil servant, however, who did not embrace the technocratic emphasis on clinical objectivity. He favoured a “moral” approach to sex education in order to reduce VD. Operating under the assumption that sex education would inevitably lead towards sexual activity, especially if paired with contraceptive knowledge, he prevented the inclusion of a condom as a medical component in the kit. While references to condoms were made in the printed material, these passages were isolated and enigmatic. Aware that he was at odds with his department’s technocratic approach to sex education, he came dangerously close to undermining the Department of Health’s attempts to reduce VD amongst youths.

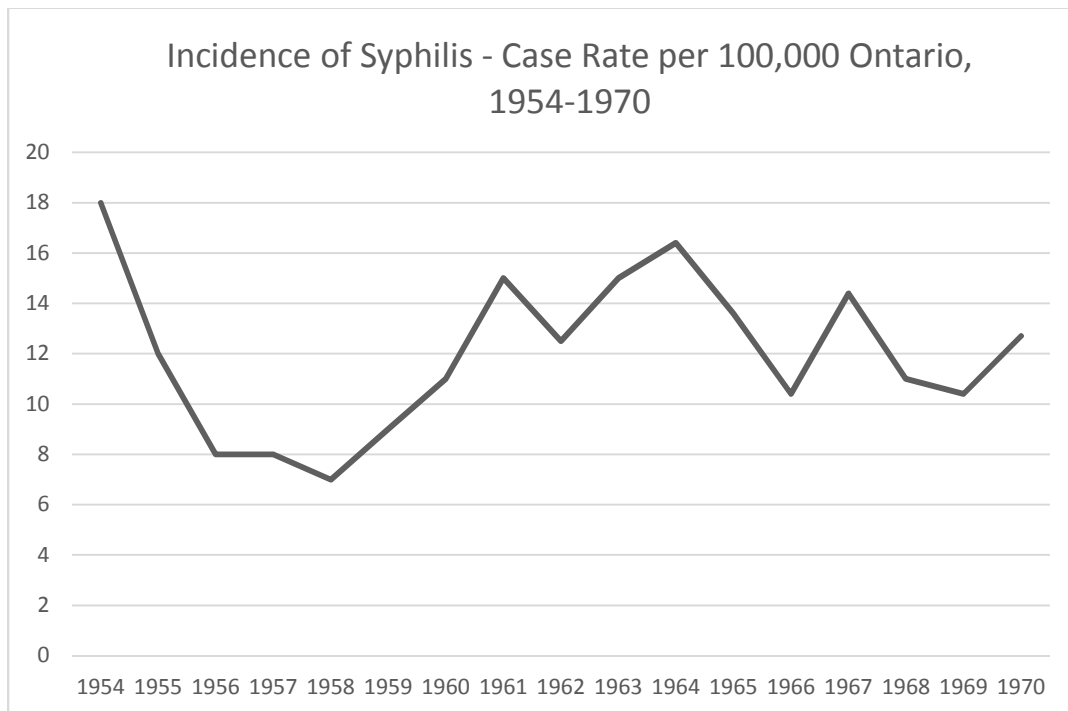
While the medical profession had a profound influence on the department when it came to shaping sex education (with one of the OMA’s representatives sitting in on the curriculum design process of the Intermediate Physical and Health Education Curriculum), intra-ministerial

conflict and compromise affecting internal decision-making was just as important to curriculum creation. During the revision of the Intermediate Physical and Health Education Curriculum, a group of Physical and Health Education Program Consultants formed an ad-hoc committee to change certain aspects of the revised Intermediate Curriculum because of their dissatisfaction with the original approved document, delaying its publication. The committee wanted comprehensive guidelines that provided greater clarity and direction for teachers so that they could better address the sexual health needs of students. The program consultants' recommended changes, however, were at odds with the department's position that curriculum documents only describe an area of study in general terms. Nonetheless, they prevailed and the Curriculum Branch adopted their more descriptive and prescriptive guidelines. Ultimately, the Ministry of Health, the OMA, and the program consultants helped pave the way for a more comprehensive – but by no means complete – sex education. The success of their endeavours not only reasserted the centrality of the department and reflected the benefits of the “top-down” nature of education within the province, but it also impressed upon them the need for greater departmental leadership in sex education – especially when it could have a measurable impact upon public health.

Venereal disease continued to be a pressing problem for the Department of Health and the Department of Education. In November 1969, the Minister of Health appointed a Task Force on Venereal Disease to study and make recommendations concerning all the aspects of prevention, diagnosis, treatment and control of venereal disease. Chaired by J. Stewart Bell, the task force included representatives of the Ontario Medical Association, the Ontario Public Health Association, the Ontario Division of the College of Family Physicians, and the directors of Special Treatment Clinics. Its report was submitted on 6 April 1970. The report indicated that

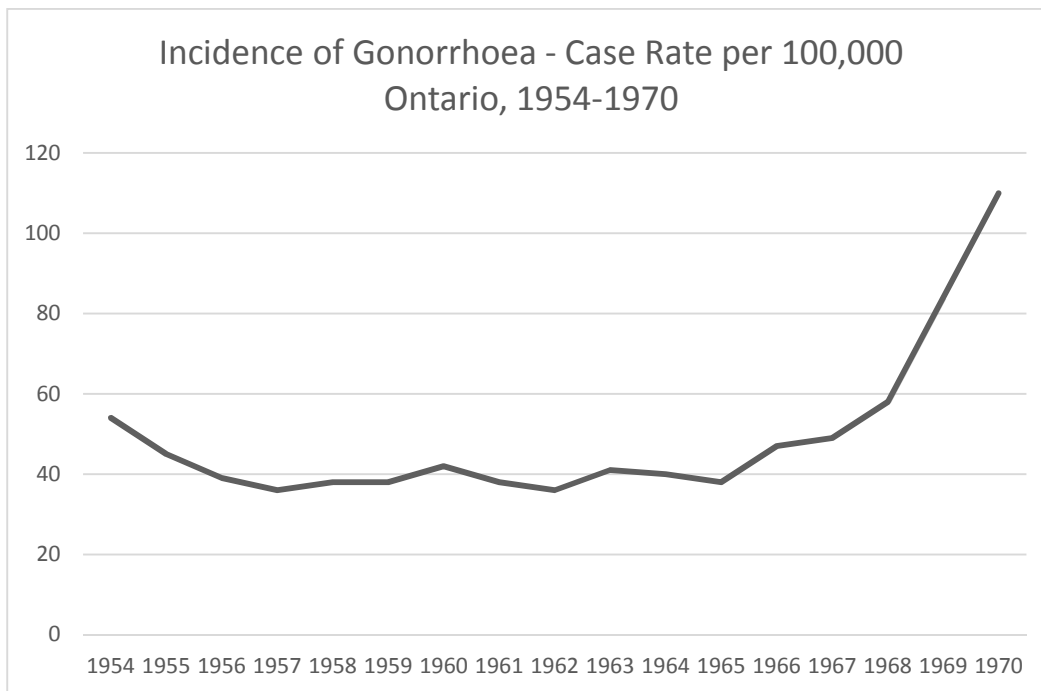
there was a continuing annual increase in the reported incidence of venereal disease in Ontario. From a low of 34 cases per 100,000 in 1957, such diseases had risen to a high of 84 cases per 100,000 per population in 1969 (see **Figures 1 and 2**). The report stated, however, that it was generally accepted that the incidence was much higher than the statistics indicated.²⁵¹ Venereal disease amongst youth and young adults was especially problematic. In the department's annual report for 1970, it noted there was a 60% increase in infectious syphilis cases reported, and the greatest increase of these cases was in the 15 – 24 age group. While this age group contributed to 19% of the syphilis cases reported, the same group was responsible for 58% of reported gonorrhoea cases.²⁵²

Figure 1



²⁵¹ Report of the Task Force on Venereal Diseases (Department of Health, 1970), 1 AO RG 2-81-4 Curriculum implementation and development files, Venereal Diseases (Arts) Health Education 1971, B240945, Container 3.

²⁵² Ontario Department of Health, *Forty-sixth Annual Report of the Ontario Department of Health, 1970* (Toronto: Department of Health), 63.

Figure 2

Information taken from the Annual Reports of the Ontario Department of Health, 1954 – 1970.

As a result of its examination, the task force was convinced that the entire populace of the province, not just students, required continuing educational programs about venereal diseases and their control.²⁵³ The report recommended that “continuing educational programs be instituted and/or reinforced for professional groups, elementary and secondary school students, and the general public.”²⁵⁴ It also recommended that elementary and secondary students receive “continuing education [...] by well-informed instructors, and venereal diseases as a topic be incorporated into the health curriculum by the time the average student reaches grade 7 or its equivalent.”²⁵⁵ This was a dramatic departure from what the Department of Health had previously recommended. The department had recommended that the topic of venereal disease

²⁵³ Report of the Task Force on Venereal Diseases (Department of Health, 1970), 1 AO RG 2–81–4 Curriculum implementation and development files, Venereal Diseases (Arts) Health Education 1971, B240945, Container 3, 14.

²⁵⁴ *Ibid.*, 14.

²⁵⁵ *Ibid.*, 15.

be incorporated into the health curriculum for the secondary schools; it was now calling for it to be introduced at an earlier grade and age.

The Department of Education took a similar interest in rising rates of VD. In March 1970, Assistant Superintendent of Curriculum, Gerry MacMartin, sent a memo to the program consultants noting the rising incidence of VD:

The rising incidence of venereal disease among our young people highlights the need to do even more in our service to schools in this matter. One of the aims of courses should be to form positive attitudes which will result in a style of life among our students which is such as to avoid exposure to V.D. While cognitive input is not the only solution in combatting this problem, yet it is essential to realizing our objective.²⁵⁶

MacMartin contacted the Department of Health in order to obtain further assistance for educators. He initially contacted Health Consultant John Keays at the Department of Health, but was referred to Medical Officer in Charge of the V.D. Control Section, Dr. Ralph Persad.²⁵⁷

While the two departments had worked together in the past, they would work in closer partnership than ever before. As a result, Keays jokingly asked MacMartin if the two of them were establishing a significant breakthrough in interdepartmental collaboration or just living dangerously. The two departments would ultimately collaborate on a *VD Teaching Kit* for use in schools. Both departments would be “living dangerously” as the project was an ambitious undertaking without precedent, and it could either be a complete success or a resounding failure. The kit, as we will see, demonstrated the benefits of a “top-down” approach to sex education. It helped teachers better address the topic of VD during this era of decentralization by providing

²⁵⁶ Memo to Program Consultants from G.M. MacMartin, Assistant Superintendent of Curriculum. RE: Venereal Disease in the Health Education in the Schools, 4 Mar. 1970.

²⁵⁷ Letter to John Keays, Health Consultant, Department of Health, from G.M. MacMartin, Assistant Superintendent of Curriculum, 9 Mar. 1970. AO RG 2–81–4 Curriculum implementation and development files, Curriculum Venereal Diseases (Physical Education) (Arts) 1970, B230671, Container 3. Memo to Program Consultants from G.M. MacMartin, Assistant Superintendent of Curriculum. RE: Venereal Disease in the Health Education in the Schools, 4 Mar. 1970.

greater clarity on what could be taught as well as when and how it should be taught. The VD kit and its subtle directives impressed upon schools and school boards the need to address this provincial public health concern.

MacMartin also inquired about the assistance which program consultants were giving schools and boards regarding VD education in order to ascertain the needs of schools and boards, as well as determine how the department could best be of assistance. In a reply from program consultant Helen Gurney, the pressing need for instruction on VD was highlighted.²⁵⁸ Gurney had felt for several months that the rapid increase in the incidence of VD, particularly among secondary school students, was “creating very grave concerns for parents and educators.”²⁵⁹ Gurney singled out Region 7 (Simcoe, Dufferin, Peel, Halton) and Region 8 (Metro Toronto, York, Ontario, Durham, Victoria) as areas where the pressures related to “social health” problems usually seemed to occur first.

Gurney provided MacMartin with a concise overview of her work since September 1969. Secondary school health education workshops were held in Etobicoke and Scarborough, four meetings were held to consider developing an integrated K–12 health curriculum for York County, a session on the need for a curriculum committee to develop an integrated health program which included VD was held in Ontario County, and a five-hour seminar was held in East York for developing an integrated K–12 health curriculum which included the presentation of materials and methods regarding the teaching of VD. Gurney also held two meetings in Region 7, one with the Regional Council of Directors of Education and the other with Guidance Co-ordinators, to discuss creating an integrated K–12 health curriculum which included VD.

²⁵⁸ Letter to GM MacMartin, Assistant Superintendent of Curriculum, from Helen Gurney, Program Consultant, 2 Mar. 1970 AO RG 2–81–4 Curriculum implementation and development files, Curriculum Venereal Diseases (Physical Education) (Arts) 1970, B230671, Container 3.

²⁵⁹ *Ibid.*

Gurney also met with OMA personnel, who continued to take an active interest in sex education. Gurney met with representatives to familiarize them with the S.29A outlines, as well as to consider the ways which OMA members could assist health teachers. She also attended a meeting at the request of Dr. Persad to discuss venereal disease education in Regions 7 (Simcoe, Dufferin, Peel, Halton) and Region 8 (Metro Toronto, York, Ontario, Durham, Victoria) with a committee of doctors.²⁶⁰ These meetings signalled the possibility that local school authorities would be receptive to assistance from the department to help address the rising incidence of VD.

Based on Gurney's report, it appears that there was a greater need for VD education in Regions 7 and 8. The Toronto School Board was not idle in the face of this challenge. It developed curriculum and aids for teachers to help them teach about VD. In 1971, the Toronto Board released a curriculum for its health classes entitled *Venereal Disease: Health Education*.²⁶¹ Prepared by the board with help from the Toronto Department of Health, the venereal disease clinic at the Women's College Hospital, OMA personnel, and Persad, the curriculum likely originated from one of Gurney's meetings. The curriculum would be taught in Grades 9–12 starting that year.²⁶² As a large, modern urban school board, Toronto had the funding, resources, and personnel, to create curriculum and aids. Smaller school boards were more reliant on the ministry.

Armed with the knowledge Gurney provided, MacMartin sent a memo to the special projects group responsible for the *VD Teaching Kit*. In the memo, the Department of Education's educational considerations were highlighted. The department wanted reference to "the sex act" to

²⁶⁰ Ibid.

²⁶¹ Located in AO RG 2–245 Physical and health education curriculum files, Venereal Diseases 2, B328109, Box 3D.

²⁶² Trustees were split on the necessity of VD education, and the ensuing debate was reported on in Toronto daily newspapers. For a quick overview, see: "Fast Course on VD urged for schools," *Toronto Star*, 21 April 1971; "Quiz on venereal disease given to Toronto students," *Toronto Star*, 24 April 1971; "Sex Education: Rapid progress in Metro schools," *Toronto Star*, 20 May 1972.

be limited to its relation to the transmission of disease. It also wanted the Ministry of Health to differentiate between VD information that could be included as background resource material and the actual process of VD education. The Department of Education believed that the latter implied valuing and moralizing, which was for the schools to do if they chose.

The Department of Education wanted VD information produced by the Department of Health to harmonize with its own view on the inclusion of VD in the curriculum. According to the Department of Education, information about VD should be: an integral part of a course in healthy human growth and development; optional for boards of education and separate school boards; supported by the parents of the students; related to educational programs planned for the community beyond the school; in various media and in formats perceived to be relevant by student; available from the local Medical Officer of Health (MOH), physically separated from any material from the Ministry of Health about contraception and abortion; and suitable for students in the Intermediate and Senior Divisions.²⁶³ While this reflected localist policy, how did it jibe with the Department of Health's insistence on compulsory instruction on venereal disease for all Ontario students?

The dictate that information about VD be separated from information about contraception seemed a throwback to another age. The *Criminal Law Amendment Act, 1968–69* had finally made discussion of contraception in the classroom possible. Moreover, there was a high degree of support for sex education which included birth control. The distinction between VD information as value-neutral and the process of VD education as value-laden also stood at odds with the ministry's technocratic approach to sex education. These aspects, however, were

²⁶³ Memo to P.F. Wiseman, Group Chairman – Pure and Applied Sciences, from G.M. MacMartin, Subject: The Curriculum Branch and the special project group re: V.D. of the Department of Health, 20 July 1971. AO RG 2–81–4 Curriculum implementation and development files, Curriculum Venereal Diseases (Physical Education) (Arts) 1970, B230671, Container 3.

attributable to MacMartin's involvement and his own moral position. MacMartin, as we will see, was critical of "value-neutral" sex education and even advocated a moral education program in schools.

While the personal or professional reasons influencing MacMartin's approach to sex education may never be known, it shaped the content of the VD Kit. In a draft outline of the *Teacher's Guide* for the kit, MacMartin demonstrated that there were limits to his sexual realism. MacMartin's comments and edits suggest that he was trying to avoid the impression that he was encouraging sexual activity amongst students. Under the heading of "Why Venereal Disease Education among Students?" it was suggested that students be informed about VD because "youth, with their changing lifestyles and freedom to choose their own value systems, are not as inhibited sexually as they were in the past. Therefore, the risk of catching VD exists among them."²⁶⁴ MacMartin circled the word "inform" and drew an arrow to the passages about students not being as inhibited sexually. According to MacMartin, the purpose of VD education was to inform students about the transmission of disease and alert them to the dangers it posed – not condone sexual activity. This was reinforced in the next section which listed the objectives of a VD education. While it was currently written that a VD education would "tell [students] how to reduce the chances of contracting such diseases," MacMartin crossed the sentence out and rewrote it as, "tell them how to reduce the incidence of VD."²⁶⁵ It seems that MacMartin did not want to promote the idea of sexual activity amongst students. Clinical details about VD took precedence over any description of the activities that led to it.

The most severe change he made was to the content of the *VD Teaching Kit*. The kit was to contain audio-visual aids, printed materials, and medical components. The medical

²⁶⁴ Draft outline for *Teacher's Guide*. AO RG 2–245 Physical and health education curriculum files, Venereal Disease, B328109, Box 3D.

²⁶⁵ *Ibid.*

components were to include lab testing kits to detect syphilis, a penicillin container for injections, silver nitrate, and a condom. Underneath the word “condom,” MacMartin scrawled “NO.”²⁶⁶ This was very problematic. Condom usage aided in diminishing VD, and omitting discussion of proper condom usage would not give students the information they needed to know in order to protect themselves from disease. Would withholding technical advice about how to use condoms help the VD situation?

When MacMartin met a representative from the Department of Health to discuss the work being done by the special project group, he offered suggestions to make the material more complementary to the Department of Education’s approach to sex education.²⁶⁷ He made his opinions on the draft outline known shortly thereafter:

Some specific observations after my cursory viewing of some of the materials intended for the kit might be helpful. The medical components section gives me some concern. The idea of including a condom should be dropped and the inclusion of a penicillin container for injections would not contribute significantly to the total impact of the kit [...] references to information telling the students ‘how to reduce the chances of contracting such diseases’ might be rewritten to read ‘how to reduce the incidence of VD.’²⁶⁸

MacMartin claimed that he wanted to make sure that the kit was in line with department’s approach to sex education, which as Assistant Superintendent of Curriculum, he had shaped. The condom was not included in kits, but reference to prophylaxis remained in the instructional material. Students were informed that “simple precautions, with hygienic solutions and condoms, help. But they are no guarantee.”²⁶⁹ They were told that “a condom will not give the user

²⁶⁶ Ibid.

²⁶⁷ Letter to A.T. Carnahan, Branch Chairman, from G.M. MacMartin, Assistant Superintendent, “Liaison with the special project group on V.D. established by the Department of Health,” 12 Aug. 1971. AO RG 2–245 Physical and health education curriculum files, Venereal Diseases 2, B328109, Box 3D.

²⁶⁸ Letter to Dr. R.L. Persad, Venereal Disease Control Section, Department of Health, from G.M. MacMartin, Assistant Superintendent of Curriculum, 12 Aug. 1971. AO RG 2–245 Physical and health education curriculum files, Venereal Diseases 2, B328109, Box 3D.

²⁶⁹ Ontario Ministry of Health, *VD Teaching Kit Part 10 – VD in Ontario*, “No guarantees of prevention, but some things help a little” (Toronto: Ministry of Health, 1973).

complete protection, but [it] does assure some measure of protection, especially from gonorrhoea.”²⁷⁰ But these passages were enigmatic, and above all, isolated. Condoms were effective in reducing the transmission of disease (and preventing pregnancy), but the kit reflected MacMartin’s emphasis on moral methods to prevent VD (and failing that – early treatment), rather than prophylaxis.

Nonetheless, the finished kit would greatly assist teachers to educate students about VD. The kit contained 23 transparencies, a National Film Board film strip and record – *The Facts About VD*, research articles, sample gonorrhoea and syphilis diagnostic kits, press clippings, a list of reference sources, a film list, and a test on syphilis and gonorrhoea. These components provided students with information regarding statistics on venereal disease, their signs and symptoms, how they are spread, probability of infection, medical detection and treatment, as well as addressing their frequently asked questions. The kit also included a four page mock newspaper – *VD in Ontario* – containing informative articles on various aspects of VD. Moreover, the kit also listed the addresses of VD resource personnel who could be of service to schools. If teachers or students wanted further information (or if they sought treatment) the contact information for VD clinics in Ontario was included.²⁷¹

All the materials were designed with the Ontario Ministry of Education curriculum in mind. While it was noted that VD should be studied in detail at the senior grades of high school, teachers were subtly prompted to teach the information in earlier grades: “the 1970 Task Force on VD in Ontario made the strong recommendation that VD information be introduced to

²⁷⁰ Ontario Ministry of Health, *VD Teaching Kit Part 1: Teacher’s Guide – Sexually Transmitted Diseases VD – Transparency 7a/b/clear “Probability of Infection”* (Toronto: Ministry of Health, 1973), 8.

²⁷¹ For a list of the VD Teaching Kit contents see: Ontario Ministry of Health, *VD Teaching Kit Part 1: Teacher’s Guide – Sexually Transmitted Diseases VD* (Toronto: Ministry of Health, 1973), 2.

students at a much younger age.”²⁷² The multitude and variety of aids contained in the Kit allowed for VD education to be incorporated in health courses at different grade levels. Repetition had to be avoided lest students be “turned off.” Teacher’s notes were included to provide ideas on when and how to utilize the various components of the kit, which would help teachers when creating courses and lessons.

Since the kit was the work of the Department of Health, it displayed the medical profession’s liberal belief in medicine and science as agents of reform and enlightenment. The kit presented students with evidenced-based, factual information free from moral judgements.

The *Teacher’s Guide* proclaimed:

Because venereal diseases (named for Venus, the Goddess of Love) are sexually transmitted you will find that much of the teaching and classroom discussions will go beyond the information level and into the realm of attitudes and values [...] Fear and guilt are major factors in adding to confusion in this area. Fear and guilt have no place in the classroom if instruction is to have positive and lasting effects on people’s behaviours.²⁷³

VD was not associated with sin or immorality. If the goal was to educate people and encourage them to seek treatment if infected, then guilt worked against these aims. As the mock tabloid newspaper had it, in an article entitled “No Lectures at Clinic, Just Early Treatment,”

Doctors and nurses at Ontario’s 17 provincially supported VD treatment clinics regard gonorrhoea and syphilis as diseases and nothing more. Dr. E.V. Abbot, medical officer of health for the Borough of Scarborough in Metro Toronto and head of [its] clinic calls VD ‘an illness...not a disgrace, and that’s what it should be to everyone. We’re too busy at the clinics caring for everyone who has VD or thinks they have VD, to waste time giving moral lectures.’²⁷⁴

If a reduction in VD rates was to be achieved, then early diagnosis and treatment had to be promoted.

²⁷²Ontario Ministry of Health, *VD Teaching Kit Part 1: Teacher’s Guide – Sexually Transmitted Diseases VD* (Toronto: Ministry of Health, 1973), 2.

²⁷³ *Ibid.*

²⁷⁴ Ontario Ministry of Health, *VD Teaching Kit Part 10 – VD in Ontario, “No Lectures at Clinic, Just Early Treatment”* (Toronto: Ministry of Health, 1973).

Other aspects of human sexuality were also included that were free from moral judgements, such as premarital or extramarital sex and homosexuality, all of which were presented in strictly clinical terms. Students were alerted to the possibility that during extramarital sexual relations, a woman might infect a husband – and therefore his wife and their newborn child. They were also told that an unmarried man could also potentially transmit a disease to a single or married woman. A homosexual might infect another male, and he might infect other homosexuals in turn. A lesbian could also potentially transmit the disease to another woman. The kit even made reference to bisexuality, when it informed students that a male “hetero-homosexual” could transmit the disease to a married or unmarried woman. Moreover, the association between prostitutes and disease was challenged: “prostitutes in North America are not responsible for any large percentage of syphilitic or gonococcal infection.”²⁷⁵ The common presumption that VD was carried and spread primarily by infected prostitutes was labelled “An ‘Old Wives’ tale.”²⁷⁶

The kit made it very clear that venereal disease was a health problem which affected everyone regardless of gender, ethnicity, socio-economic class, occupation, or sexual orientation. While it identified youths and homosexuals as high risk groups, it acknowledged that VD was “so widespread that it is idle to brand any persons or group of persons as the chief instigators of infection.”²⁷⁷ Nonetheless, these groups were targeted because they were not likely to seek out treatment and divulge contacts. One of the transparencies informed students that “homosexual contacts are significant because of the infected person’s fear of exposure, reluctance to name contacts and because physicians may accept the patient’s word that there was only heterosexual

²⁷⁵ Ontario Ministry of Health, *VD Teaching Kit Part 1: Teacher’s Guide – Sexually Transmitted Diseases VD – Transparency 6a/b “The Spread of VD”* (Toronto: Ministry of Health, 1973), 7.

²⁷⁶ Ontario Ministry of Health, *VD Teaching Kit Part 10 – VD in Ontario*, “Numbers can be misleading, and so can partners” (Toronto: Ministry of Health, 1973).

²⁷⁷ *Ibid.*

contact.”²⁷⁸ Fear and guilt were reasons many people did not seek out treatment, especially those with special reason to dread public exposure. Stigma surrounding homosexuality made many reluctant to seek out treatment, and in many cases, they reported the infection as being heterosexual in origin, which made it non-traceable. Identification of contacts was essential to breaking the chain of infection. Students – also a targeted group – were informed that those charged with tracing the contacts of VD patients could not legally divulge the name of the VD patient to contacts.²⁷⁹

While school-based sex education was largely focused on reproductive sex within the context of monogamous relationships, the kit touched upon non-reproductive sex and premarital sex. Transparency 7 – Probability of Infection – highlighted that VD could be transmitted through anal sex. It obliquely referred to the sex act when it told students that “anal-rectal infections can be asymptomatic and so not diagnosed.”²⁸⁰ The kit also did not shy away from premarital sex and the permissiveness of the decade. The same transparency also prompted teachers to discuss emerging patterns such as “casual sexual behaviour.” Students, teachers were told, might enjoy debating whether the “new morality” and the freedom of sexual relationships caused the increased amount of VD. Students could also debate the belief held by some that society “would pay heavily for this new permissiveness.”²⁸¹ Even though the goal was disease prevention, the kit did not advocate a single standard of behaviour for students. It addressed the

²⁷⁸ Ontario Ministry of Health, *VD Teaching Kit Part 1: Teacher's Guide – Sexually Transmitted Diseases VD – Transparency 6a/b “The Spread of VD”* (Toronto: Ministry of Health, 1973), 7.

²⁷⁹ Ontario Ministry of Health, *VD Teaching Kit Part 10 – VD in Ontario*, “Nurses, contact tracers, display patience of Job” (Toronto: Ministry of Health, 1973) and Ontario Ministry of Health, *VD Teaching Kit Part 1: Teacher's Guide – Sexually Transmitted Diseases VD – Transparency 10a/b “The Responsibility is Yours”* (Toronto: Ministry of Health, 1973), 12.

²⁸⁰ Ontario Ministry of Health, *VD Teaching Kit Part 1: Teacher's Guide – Sexually Transmitted Diseases VD – Transparency 7a/b/clear “Probability of Infection”* (Toronto: Ministry of Health, 1973), 8.

²⁸¹ *Ibid.*

permissiveness of the age, but demonstrated that there were many different attitudes and responses towards this ‘new morality.’

The kit was thus shaped by the medical profession’s insistence that fear and guilt had no place in medicine; premarital, extramarital, and gay sex were phenomena, not sins. The message conveyed to students through the *VD Teaching Kit* was that for any rational individual – one who could consider and value the consequences of their actions upon their sexual health as well as the health of others – a medicalized study of sex was all that was necessary to avoid negative health outcomes.²⁸² Early diagnosis and treatment and the identification of contacts were essential to preventing the spread of disease.

In June 1973 the kits were ready for use. The Ministry of Health (renamed in 1971) used its budget of 14,000 dollars to create the VD kit, and planned on distributing one free to each school board; additional copies could be purchased for about \$50.²⁸³ It was planned to have them in schools for use in the fall, and the kits were to be distributed to the local Medical Officers of Health (MHOs). The MHOs were anxious to have the help of the program consultants assist them in their task of bringing the kit to school boards, so they were advised on those they should contact in September.²⁸⁴ By 16 October 1973, 71 schoolboards across the nine regions had a kit

²⁸² Michelle Grondin argues that statements made within the VD kit exemplified classism, heterosexism and racism. She points to the inclusion of a single *MD of Canada* article that described the history of VD in Western societies. The article stated that during the Italian wars, Ferdinand V’s troops “sent out their whores to spread syphilis among the enemy.” While this was part of the resource material included with the kit, the kit nonetheless challenged the assumption that VD was primarily carried and spread by prostitutes and made clear that anyone – regardless of sexual orientation – could contract and transmit VD. See Grondin, “More Than Plumbing,” 75.

²⁸³ Letter to A.T. Carnahan, Branch Chairman, from G.M. MacMartin, “Liaison with the special project group on V.D. established by the Department of Health,” 12 Aug. 1971. AO RG 2–245 Physical and health education curriculum files, Venereal Diseases 2, B328109, Box 3D.

²⁸⁴ Memo to Physical and Health Education Program Consultants, from Helen Gurney, Student Leadership Programs, Educational Exchange, and Special Projects Branch, Subject: VD Kit produced by the Ministry of Health, 11 June 1973. AO RG 2–245 Physical and health education curriculum files, Venereal Diseases 2, B328109, Box 3D.

in their possession.²⁸⁵ Ultimately, 128 out of the 130 public school boards requested and received the kit. The initial response to the kit was so favourable that the Ministry of Health prepared another 250 kits and delivered them to school boards using the formula of one kit for every five thousand secondary school students. These were also provided at no cost to school boards. However, if a school board wanted to purchase more kits, they would be available at the cost of 110 dollars each.²⁸⁶

In 1974, the ministry learned something of the kits' reception in schools. In the Eastern Ontario Region, former Program Consultant John Metcalf reported that Peterborough County Board of Education trustees supported the use of the kit in schools. The Physical and Health Education department heads in Northumberland and Durham counties were favourably impressed with it. Metcalf had explained its purpose to the Frontenac County school board in two school-board-sponsored winter courses, where it too was favourably received. In the Niagara Region, former program consultant Ruth Gorwill noted that the teachers believed the kit to be of value, but it was hard for each school to plan a health program around it when its availability was uncertain. For the Etobicoke Board of Education, Health Education consultant R. Simons reported that Board Office officials and the MOH had used their two kits as fully as possible. Officials from the Toronto Board of Education also revealed that the kit was in constant use. Finally, the Health Education consultant for the London Board noted that all ten secondary

²⁸⁵ Memo to Program Consultants in Physical and Health Education, from M. Pattenden, Health Education Consultant, Communications Branch, Ministry of Health, RE: VD Teaching Kits located with Boards of Education, 16 Oct. 1973. AO RG 2-245 Physical and health education curriculum files, Venereal Diseases 2, B328109, Box 3D.

²⁸⁶ The kits cost more than was originally intended, which was probably due to the variety of aids and material included. Response to W.E.P. Fleck, Director, Curriculum Development Branch, from G.M. MacMartin, Educational Officer, "Response to the VD Kit prepared by the Ministry of Health in co-operation with the Ministry of Education, 2 Dec. 1974. AO RG 2-82-1 Curriculum guideline development files, Health Education – Venereal Diseases 1974, B128941, Box 6.

schools in the system had used the kit.²⁸⁷ Even though the use of the *VD Teaching Kit* was optional at the local level, it was well received and widely used across the province. It even caught the attention of the four Western Canadian Directors of Curriculum, of whom each requested a copy of the kit after a spring 1975 meeting in Victoria.²⁸⁸ The *VD Teaching Kit* was a modest success.

MacMartin, however, was critical of the kit's "value-neutral" approach to sex education. MacMartin was so convinced that moralizing should be a part of sex education that he obstinately believed that VD kit was ultimately ineffective. MacMartin wrote in his report to J.K. Crossley, Director of the Curriculum Branch, that "our experience shows that VD education programs or drug education programs that are predicated mainly on the provision of information are, in the main, ineffective." MacMartin accused the Department of Education and Ministry of Health of "pumping" this material into schools regardless of its effectiveness because it allowed them to respond to inquiries from citizens about what they were doing to address the rising incidence of VD. MacMartin inferred that "the logical assumption that would be made by citizens who make such requests is that the experts are giving the necessary information to our children and, therefore, the situation is well in hand." MacMartin argued that offering these kits to schools would not help reduce the incidence of VD. The only way to achieve this objective was to change the attitudes and behaviours of people in relation to this disease.²⁸⁹

²⁸⁷ Memo to W.E.P. Fleck, Director, Curriculum Development Branch, from G.M MacMartin, Educational Officer, "Further information regarding the use of the Teachers' VD Kit in the schools as requested by the Minister," 12 Dec. 1974. AO RG 2-82-1 Curriculum guideline development files, Health Education – Venereal Diseases 1974, B128941, Box 6.

²⁸⁸ Memo to Western Provinces Directors of Curriculum, from W.E.P. Fleck, Director, Curriculum Development Branch, RE: Venereal Disease Kits, 29 May 1975. AO RG 2-82-1 Curriculum guideline development files, Health Education – Venereal Disease (Arts) 1975, B128941, Box 6.

²⁸⁹ Memo to J.K. Crossley from G.M. MacMartin, Educational Officer, "Comments on the VD Article in the Globe and Mail, Mar 13 1973," 19 Mar. 1973. AO RG 2-82-1, Curriculum guideline development files, Venereal Diseases (Health Education) 1973, B128930, Box 2.

Dismissive of the doctors' emphasis in the kit on clinical objectivity, MacMartin argued that moralizing should be a part of education: "while accurate information is necessarily a valuable aspect of venereal disease education, the most effective thing that the schools can do in this matter is, in my opinion, the development of a moral education program in the schools that works."²⁹⁰ MacMartin, seemed, falsely, to assume that education about sex would inevitably lead towards sexual activity, especially if paired with contraceptive knowledge. But would the kit promote sexual activity? True, the kit emphasized steps which could help protect against infection (as well as promoted guilt-free treatment). But the kit was primarily designed to alert people to the potential risk of infection – a risk which could have severe consequences.

MacMartin's views on sex education did not go unchallenged. A *Globe and Mail* article questioned why venereal disease was included in curriculum guidelines, but birth control was not. "One might ask how one subject can be taught without the other; venereal disease, after all, is not brought by the stork, it involves sexual contact," pondered the editorial. MacMartin's response? "We don't deny that fact, but we don't savour it like a glass of wine." MacMartin acknowledged that sexual activity "is an appropriate area for instruction" but "we do not support pre-marital sex." While he believed it was a responsible position the ministry was taking (or rather, he was taking), the *Globe and Mail* disagreed: "every adolescent and every adult should [...] be in possession of the information on what causes pregnancy and what can be done to prevent pregnancy. No one is telling him or her to put it to use."²⁹¹

MacMartin continued to defend moralizing within sex education. The Local Board of Health for the Borough of York sent a letter to Thomas Wells stating that it recently had passed a motion "demanding that the teaching of venereal disease treatment and prevention be made

²⁹⁰ Ibid.

²⁹¹ "Knowing the Facts of Life," *Globe and Mail*, 17 April 1974.

mandatory in the schools in Grades 9 to 12.”²⁹² In his reply, MacMartin informed them of Department policy and how instruction about VD could be incorporated into the health curriculum. As he noted, “we know that studying about venereal disease will not of itself alter the behaviour of young men and women that leads to the transmission of venereal disease.”²⁹³ The York Board of Health wrote back, stating that they disagreed with MacMartin’s statement and wished to reaffirm their original recommendation.²⁹⁴ When the York Board of Health responded, MacMartin turned to Crossley and Kinlin to help draft a reply for the signature of Thomas Wells. While his colleagues did not refute his original statement (most likely as a professional courtesy) they tempered his originally expressed opinion. The letter stated that,

while information about venereal disease is necessary, research and experience has shown that a student’s behaviour is changed by other factors as well as by the receipt of accurate information. This change in attitude can be furthered if the student can develop a sense of life that will facilitate the acquisition of a sense of responsibility to himself and others. The family, the school, and appropriate elements of the community have an important role to play in this regard.²⁹⁵

It is highly doubtful that the “research and experience” they referred to was available.

The sexual knowledge, attitudes, and behaviours of Canadian youth were not subjected to scrutiny and analysis until the late 1970s (as discussed in Chapter 5). It was most likely standard ministerial “boiler-plate” and included to bolster MacMartin’s original assertion.

²⁹² Letter to Thomas Wells, Minister of Education, from H.G. Courtman, Borough Clerk and Secretary, Local Board of Health of the Borough of York, 8 Jun. 1973. AO RG 2–82–1, Curriculum guideline development files, Venereal Diseases (Health Education) 1973, B128930, Box 2.

²⁹³ Letter to H.G. Courtman, Borough Clerk and Secretary, Local Board of Health of the Borough of York, from G.M. MacMartin, Educational Officer, Curriculum Development Branch, 12 Jun. 1973. AO RG 2–82–1, Curriculum guideline development files, Venereal Diseases (Health Education) 1973, B128930, Box 2.

²⁹⁴ Letter to Thomas Wells, Minister of Education, from C. Townsend, Chairman, Local Board of Health of the Borough of York, 21 Jun. 1973. AO RG 2–82–1, Curriculum guideline development files, Venereal Diseases (Health Education) 1973, B128930, Box 2.

²⁹⁵ Letter to Mr. Townsend, Chairman, Local Board of Health of the Borough of York, from Thomas Wells, Minister of Education, 10 July 1973. AO RG 2–82–1, Curriculum guideline development files, Venereal Diseases (Health Education) 1973, B128930, Box 2.

Moreover, the ministry's letter asserted that not every adolescent would be taught about venereal disease. Parents were primary educators, and some parents did not want their children to take part in sex education. The letter provided clarification on their respective roles – “the objective of the secondary school is to prepare a program for each student in the development of which he and his parents are actively involved [...] the Ministry agrees that any parent has the right to choose not to have his child take Physical and Health education.”²⁹⁶ The values taught at home may or may not have been reflected in school. Exemptions had to be made for parents and their children who held differing views on the body and sex than those of the liberal state. Parents could not be compelled to have their children take part in sex education. Such compulsion would undermine freedom of conscience or belief.

While the Ministry of Health believed that a clinical, value-neutral approach to sex education would be acceptable to most Ontarians, MacMartin advocated for a moral education program as part of sex education. While he never wrote about what such a program would look like, perhaps his view on sex education was shaped by the vestigial influence of the social purity movement and the importance which latter sex reformers attached to the conjugal marriage. Regardless, he believed it could ensure the appropriate behaviour and attitudes to prevent VD. Perhaps behaviour and attitudes that promoted abstinence and monogamy and shunned pre- or extra-marital sex might have satisfied MacMartin. But this does not constitute the entire range of human sexual behaviour. Moreover, the kit did not give short shrift to abstinence or monogamy. Abstinence was said to be “the only method of assuring complete freedom from VD [...] particularly in pre-marital and extra-marital situations.”²⁹⁷

²⁹⁶ Ibid.

²⁹⁷ Ontario Ministry of Health, *VD Teaching Kit Part 1: Teacher's Guide – Sexually Transmitted Diseases VD – Transparency 7a/b/clear “Probability of Infection”* (Toronto: Ministry of Health, 1973), 8.

Sex education was supposed to be value-neutral yet it did not stop pressure groups from advocating a value-laden education. The Health League of Canada was once again motivated by the threat posed by VD, and it raised the issue of moralizing in sex education. As mentioned in Chapter 1, Dr. Gordon Bates was one of the last champions of the social hygiene movement. While Bates had been actively involved in venereal disease education since the First World War, he failed to adapt to changing times. His emphasis on sex education and moralizing to protect ‘racial health’ was a product of his time, but it had since become antiquated. Bates’ views became increasingly conservative in light of the sexual revolution of the 1960s, and he became increasingly out of touch with a Canada that was adopting new ideas about morality, citizenship, and the role of the state.²⁹⁸ Nonetheless, Bates continued unabated in his crusade against VD.

The Health League had contacted the ministry because it wanted to promote Canada’s 28th National Health Week –12 to 18 March, 1972 – and emphasize the threat posed by VD. The League contacted the Ministry of Education to urge it to respond to the “shocking increase in the incidence of venereal disease amongst the younger age groups.”²⁹⁹ “Instead of attacking this problem as predominantly a medical problem,” the League argued, “we must, before we attain any significant degree of improvement, deal with this disease as a moral and medical problem, and put the emphasis on the moral side.”³⁰⁰ The League indicated that they wanted to make the moral side of the fight the focus of the year’s campaign, and they asked the Ministry to disseminate the message by whatever means the ministry deemed fit, whether it be in publications, or in communications to Directors and Boards of Education.

²⁹⁸ Catherine Carstairs, Bethany Philpott, and Sarah Wilmshurts, *Be Wise! Be Healthy! Morality and Citizenship in Public Health Campaigns* (Vancouver and Toronto: UBC Press, 2018), 16 – 17.

²⁹⁹ Letter to Robert Welch, Minister of Education, from Murdoch McIver, Secretary, National Health Week Division, 26 Nov. 1971. AO RG 2–81–4 Curriculum implementation and development files, Curriculum Physical Education and Health (General) (Arts) 1971, Barcode B240944, Box 3.

³⁰⁰ *Ibid.*

It seems that the ministry was uncertain how to address the moral thrust of the League. Before officials drafted a reply to its entreaties, they did some research on the group in order to ascertain how it could help or hinder the work the ministry was already doing. MacMartin spoke to Jim Bain, Director of the Communications Branch of the Department of Health, about how his branch reacted to the League's campaign. In MacMartin's report to the Ministry of Education, he noted that Bain had indicated that the League was in effect a one-man operation, overseen largely by Bates, its 84-year-old founder. Its influence in the field of health was said to be miniscule. The Department of Health would continue its policy of not reacting to the League's campaign material in any particular way.³⁰¹ Bain's comments did not shape MacMartin's own views on the League. He drew his own conclusions about the group. In MacMartin's report, he noted that the department had supported the League's health campaign in the past by including a paragraph in a numbered memorandum, but it was the first time that he knew of that the League intended to attend to the problem of VD. He also highlighted their intent to approach the matter from their perception of the moral point of view.³⁰²

MacMartin was not as dismissive of the League as was Bain. Apparently his own personal beliefs aligned with those of the League. MacMartin wrote in his report that,

while my personal beliefs support this position, the closest this Department has come to it is a statement that has been included in letters for senior officials along the lines that health education '...is concerned with providing the student with accurate health facts and opportunities to make responsible personal decisions about solutions to problems that affect his health in the light of his own goals and philosophy within the context of the goals and values of his home and community.' We would be in a tricky new ball game if we approved of this moral thrust of the League.³⁰³

³⁰¹ Report to D.H.M. Dunn, Group Chairman – Arts, from G.M. MacMartin, Assistant Superintendent of Curriculum, "Canada's 28th National Health Week – March 12–18th, 1972," 3 Dec. 1971. AO RG 2–81–4 Curriculum implementation and development files, Curriculum Physical Education and Health (General) (Arts) 1971, Barcode B240944, Box 3.

³⁰² Ibid.

³⁰³ Ibid.

MacMartin recommended that a terse statement should be included in a numbered memorandum. The League received a reply which stated that Welch was pleased to support the work of the Health League of Canada and that it was hoped that health education courses which included the study of VD, combined with the efforts of the League, would contribute to a reduction in the incidence of VD.³⁰⁴ A memorandum was drafted which highlighted the League's efforts to combat VD while remaining consistent with established ministry policy. It reiterated that courses that included the study of topics such as VD could be approached in many ways, but that "these courses should provide accurate information and should help each student make responsible decisions about problems that affect his health in the light of his own goals and philosophy within the context of the goals and values of his home and community."³⁰⁵ The memo promoted the work of the League and bolstered the ministry's own efforts in the field of VD education. It also revealed the difficult tightrope the ministry had to walk. Unity between the school, home, and community was not easily maintained.

While a premium was placed on medical knowledge and expertise, a pressure group which did not share the same educative aims of the ministry could not hope to successfully shape sex education. The Health League of Canada possessed technical knowledge about the diseases, but their moral thrust was at odds with the value clarification approach of sex education. While MacMartin himself sympathized with the League's aims, its approach to public health had fallen out of favour since 1945.³⁰⁶ Nonetheless, it could still be used to support the ministry's own

³⁰⁴ Letter to Murdoch McIver, Secretary, Health League of Canada, from Robert Welch, Minister of Education, 1 Dec. 1971. AO RG 2-81-4 Curriculum implementation and development files, Curriculum Physical Education and Health (General) (Arts) 1971, Barcode B240944, Box 3.

³⁰⁵ "Item for inclusion in a numbered memorandum." AO RG 2-81-4 Curriculum implementation and development files, Curriculum Physical Education and Health (General) (Arts) 1971, Barcode B240944, Box 3.

³⁰⁶ When Dr. Gordon Bates died in November 1975, the League had no succession plan, and the organization withered away.

work. The ministry's critical appraisal of the Health League of Canada reveals how it vetted pressure groups and pursued its own interests in responding to them.

While technical expertise was valued, the department was not dismissive of lay groups. Groups that made demands that could be reconciled with the ministry's policies and philosophical approach to education were political allies and assistants. They could be used to publicize the work already being undertaken by the Ministries of Health and Education. Such was the approach taken with the Imperial Order of the Daughters of the Empire (IODE.) The IODE came into existence in 1900 as a patriotic and philanthropic organization for Canadian women. VD might seem an unlikely subject for them. Yet, as a philanthropic organization concerned with community, the IODE believed that VD threatened public health and safety. During the 1970s, the IODE wanted to institute a venereal disease health education program in schools to reduce the rate of incidence. An enthusiastic MacMartin wrote a report to J.K. Crossley about the prospects of a potential meeting with the lay organization.³⁰⁷ A meeting was scheduled and attended by the Executive Committee of the IODE Ontario Chapter, Dr. Ralph Persad, MacMartin, and Peter Hill of the Research and Planning Branch of the Ministry of Community and Social Services.³⁰⁸ The Executive Committee presented its plan to combat VD. The IODE had learned of a program in New York State to combat VD which involved a van that travelled to schools to present information about VD. The IODE requested a similar program for Ontario. It offered to contribute money and requested that the OMA produce appropriate materials for it. MacMartin wryly pointed that the IODE's request for a VD van placed a heavy

³⁰⁷ Memo to JK Crossley, Director, Curriculum Branch, from GM MacMartin, Assistant Superintendent of Curriculum, "IODE program to reduce the incidence of VD," 25 May 1972. AO RG 2-81-4 Curriculum implementation and development files, Curriculum Venereal Disease (Health Education) (Arts) 1972, B240882, Box 27.

³⁰⁸ Letter to E.F. MacKay, President, IODE Provincial Chapter of Ontario, from Robert Welch, Provincial Secretary for Social Development, 11 July 1972. AO RG 2-245 Physical and health education curriculum files, Venereal Disease, B328109, Box 3D.

burden on the government in comparison to its own involvement. MacMartin wrote that he, “got the impression that the ladies’ hearts were in the right place, but they were not anticipating a very extensive involvement. I believe this because the President, Mrs. MacKay, indicated that she hoped the government would supply the van, operator, maintenance, and most of the material, and the IODE ladies would serve coffee and cookies to those who came!”³⁰⁹ It soon became apparent that the IODE was not well-informed about existing strategies to combat VD. MacMartin wrote in one report that, “the extent of the ladies’ knowledge of the VD state of affairs was indicated by the question whether the VD centres attended to the educational or medical needs of the clients of the centres.”³¹⁰ The IODE exemplified an earnest but out-of-touch lay group.

MacMartin did not dismiss the requests of the IODE. He channelled their commitment to diminishing VD into activities more appropriate for their organization. As MacMartin explained, “parents were a potential source of strength to the school in this matter and that the most fruitful focus for the interest and effort of the IODE ladies lay in this direction.” Drawing a parallel with concerns voiced by such organizations as the Red Cross and the several Home and School Associations, he suggested an alliance that was “centred on the school that could make a lasting impression on the growth and development of children.”³¹¹ MacMartin noted that “since most of them were mothers, it was in this role supported by their Order that the best hope for service lay. I do not think the ladies viewed the day-by-day and roll up your sleeves aspect of this kind of involvement with as much favour as the coffee and cookies approach that they first had in

³⁰⁹ Report to J.K. Crossley for the attention of J.F. Kinlin, from G.M. MacMartin, “Meeting with IODE and representatives from the Ministries of Education, Community and Social Services, and Health re: VD,” 1 Aug. 1972. AO RG 2–245 Physical and health education curriculum files, Venereal Diseases 2, B328109, Box 3D.

³¹⁰ *Ibid.*

³¹¹ *Ibid.*

mind.”³¹² Ultimately, the IODE reconsidered its request after the meeting, and decided to publicize the work of the Ministry of Health and the Ministry of Education instead.³¹³ The ministry did not outright dismiss the concerns of lay groups, especially those who could be allies and assistants. Face-to-face meetings, continued communication, and ministerial statements, however perfunctory, suggested how much the department worked to build rapport with them. It seemed a good strategy to have supporting groups with community legitimacy that could support the ministry’s policies when controversy arose.

By 1971, the Intermediate Physical and Health Education Curriculum was under revision. The ministry began a systematic revision of the Intermediate Curriculum after having done the same for the Primary and Junior Divisions.³¹⁴ The task of revising the curriculum fell to the newly created Curriculum Development Branch. The Curriculum Branch had been split into the Curriculum Services Branch and the Curriculum Development Branch in 1972. The Curriculum Services Branch interpreted and implemented curriculum guidelines, assisted teachers and school administrators in the development of educational programs, and assisted in the professional development of teachers. The Curriculum Development Branch was responsible for identifying the educational needs and concerns of students and society in Ontario, developing curriculum

³¹² Ibid.

³¹³ MacMartin reported that the IODE had planned four regional conferences and that the Ministry of Health would be supplying materials that would be used to explain to the delegates what was being done in Ontario to combat VD. 7,000 dollars would be available for the conferences, but 3,000 to 5,000 would be designated to pay for a display that was to be designed from ideas and research that had already been done by the Ministry of Health. This display was to be shown in shopping centres. Ibid.

³¹⁴ The reviews of the Primary/Junior and Intermediate Divisions came to grief because of conflicts that proved irreconcilable throughout the 1970s between the views of people with elementary and secondary school backgrounds. The competing pedagogies of progressivism and traditionalism shaped their views and led them to take opposing stances on many aspects of program development. See Gidney, *From Hope to Harris*, 81.

guidelines, evaluating curriculum materials for use in schools, and publishing Circular 14 which listed books approved for use in Ontario schools.³¹⁵

Due to its ongoing work with the ministry, the OMA became interested in taking a more active role in the curriculum-making process. In a letter to the Deputy Minister's Office in December 1972, the OMA formally made its interest in curriculum known.³¹⁶ It wanted the health curriculum to be accurate and relevant, and expressed concern regarding the preparation of teachers to teach health and the availability of suitable resources for them. Members of the OMA's Advisory Council on Health Education felt that the OMA should be of assistance to the Ministry of Education in the teaching of health education teachers and the development of health curricula for the schools.³¹⁷ A meeting between the OMA and the ministry was scheduled for 25 February 1972.

The Ministry of Education's reaction to the OMA's curriculum concerns was favourable. MacMartin was pleased that a list of OMA M.D.'s who could serve teachers with greater frequency was being prepared. The ministry agreed that it would continue to include a representative of the OMA on committees revising curriculum guidelines in physical and health education. During the meeting, "it was indicated that the Department hoped that because of such representation, the concerns of the OMA would be reflected in the guidelines, and that the OMA

³¹⁵ Circular 14 was a publication produced by the Ontario government and provided to school boards from 1887–1996. It listed the textbooks that had been reviewed and authorized for use in K–12 classrooms. With the exception of its early years, the circular was published annually in January. From the years 1952 to 1991, two supplements – Circular 14A, released in the spring, and Circular 14B, released in the fall – were sent out to provide updated listings. See James Fraser, "The Circular 14 Story – Approved Textbooks in Ontario," *Orbit* Vol. 10 No. 4 (Oct. 1979), 8–9.

³¹⁶ Letter to T.H. Houghton, Deputy Minister's Office, from Ronald E. Brownridge, Assistant Secretary, OMA, 14 Dec. 1971 and letter to G.M. MacMartin, Assistant Superintendent of Curriculum, from Ronald E. Brownridge, Assistant Secretary, OMA, 14 Dec. 1971. AO RG 2–81–4 Curriculum implementation and development files, Curriculum Physical and Health Education (General) (Arts) 1972, B240882, Box 27.

³¹⁷ Letter to T.H. Houghton, Deputy Minister's Office, from Ronald E. Brownridge, Assistant Secretary, OMA, 14 Dec. 1971. AO RG 2–81–4 Curriculum implementation and development files, Curriculum Physical and Health Education (General) (Arts) 1972, B240882, Box 27.

in turn would understand the philosophy of the guidelines and the operational implications of their philosophy.”³¹⁸ This agreement revealed the privileged position which the OMA continued to have in the curriculum design process, as well as the trust the ministry placed in its professional expertise. It was also a subtle reminder to the OMA that its recommendations had to be in line with ministry policy. Concerns about “philosophy” and “operational implications” indicate that there were limits to what the OMA could propose. In the end, Dr. Marion Powell of the OMA’s Advisory Committee served on the Curriculum Committee to revise the Physical and Health Education guidelines for the Intermediate Division.

The Ministry of Education’s Curriculum Committee was composed of representatives from the ministry, the teaching and the medical professions, teacher education personnel, and even parents. While it is not clear who these parents were or what role they had, it is the first time that the ministry included them in the health curriculum design process. By May 1972, the Curriculum Committee had completed its work for preparing material for a curriculum guideline in Physical and Health Education in the Intermediate Division.³¹⁹ When the curriculum document was finished, it was sent out for evaluation, which was a routine process for the Curriculum Development Branch. Seventeen confidential copies were sent out to various medical personnel, faculties of education, and teachers’ colleges for review.³²⁰ As part of the

³¹⁸ Report to D.H.M. Dunn, from G.M. MacMartin, “Meeting with the Advisory Council on Health Education of the OMA 25/2/72,” 29 Feb 1972. AO RG 2–81–4 Curriculum implementation and development files, Curriculum Physical and Health Education (General) (Arts) 1972, B240882, Box 27.

³¹⁹ Letter to Dr. R.C. Goode, University of Toronto, from G.M. MacMartin, Educational Officer, 4 May 1972. AO RG 2–81–4 Curriculum implementation and development files, Curriculum Guidelines (Physical and Health Education) (Arts) 1972, B240882, Box Number 27.

³²⁰ Memo to T.P. Weafer, Supervisor, Office Services, from G.M. MacMartin, Educational Officer, 4 May 1972. AO RG 2–81–4 Curriculum implementation and development files, Curriculum Guidelines (Physical and Health Education) (Arts) 1972, B240882, Box Number 27.

validation process, the curriculum document was also sent to the Ontario Federation of Home and School Associations and the Advisory Council on Health Education of the OMA.³²¹

By December 1972, the curriculum document had been approved by the Deputy Minister of Education, Dr. E.E. Stewart. However, there was still discontent within some circles in the ministry concerning the curriculum. All but one of the program consultants had expressed dissatisfaction with the document. Despite the record of approval already being signed for the curriculum document's printing, the Curriculum Development Branch would not take further action until the Director of the Curriculum Development Branch and the Director of the Curriculum Services Branch, J.K. Crossley and R.G. Rist, met to discuss the matter.³²² In order to help Crossley understand the situation, MacMartin provided him with some information related to the concerns which the program consultants had raised. MacMartin noted the program consultants' reactions to the document: the alleged forced marriage of health education and physical education; the meagre treatment of health education; the "nebulous" nature of the document; the gap between where teachers were and where the ministry wanted them to be; the allegation of ministerial deafness to rank-and-file teachers; the absence of a unifying philosophical principle; and the absence of any concrete guidance for teachers.³²³

Most of the program consultants' concerns stemmed from a lack of specificity in the curriculum and the inadequate teaching of health in the classroom. These of course were ongoing

³²¹ Memo to J.K. Crossley, Director, from G.M. MacMartin, Educational Officer, "Consultation with Curriculum Services re Validation of the Intermediate Document in PHE," 6 June 1972. AO RG 2-81-4 Curriculum implementation and development files, Curriculum Guidelines (Physical and Health Education) (Arts) 1972, B240882, Box Number 27.

³²² Memo to R.G. Rist, Director, Curriculum Services Branch, from J.K. Crossley, Director, Curriculum Development Branch, RE: Intermediate Division Physical and Health Education Guideline, 18 Dec. 1972. AO RG 2-81-4 Curriculum implementation and development files, Curriculum Guidelines (Physical and Health Education) (Arts) 1972, B240882, Box Number 27.

³²³ Report to J.K. Crossley, Director, from G.M. MacMartin, "The current situation regarding the study document in Physical and Health Education for the Intermediate Division," 20 Dec. 1972. AO RG 2-81-4. Curriculum implementation and development files, Curriculum Guidelines (Physical and Health Education) (Arts) 1972, B240882, Box Number 27.

problems. Not only were more descriptive and prescriptive guidelines needed, so too were ministry-approved resources and teaching aids. A lack of clarity on what and how to teach could result in teachers landing in hot water. The program consultants believed that teachers, governed by a sense of uncertainty and lacking sufficient knowledge and experience, needed direction. Without more prescriptive and descriptive guidelines, teachers could not effectively address the sexual health needs of their students. The program consultants' approach to sex education, however, was at odds with current localist policy. The position of the program consultants not only delayed the printing of the Intermediate Curriculum, but posed potential challenges for the revision of the Senior Curriculum.³²⁴

The program consultants organized their own ad-hoc committee meeting to review the guidelines and make changes. For two weeks, Audrey Bayles, David Keyho, Jan Vallance, John Metcalf, and Jack Long collaborated to produce a new draft of the curriculum which included the changes they felt were necessary. They submitted their revised curriculum document to Rist and Crossley in February 1973.³²⁵ While the committee allowed them to consolidate their thoughts and present a unified position, they were not confident that their proposed changes would be accepted. They provided a list of individuals that included members of Faculties of Education, principals, and teachers in a position to validate their work. They also reminded Rist and Crossley that “we have requested permission to meet again if the document is edited. We feel this is essential so that we may be sure that editing changes have not altered our original intent

³²⁴ Ibid.

³²⁵ Memo to J.K. Crossley, Director, Curriculum Development Branch, and R.G. Rist, Director, Curriculum Services Branch, from ad hoc committee: Physical and Health Education Program Consultants, Subject: Physical and Health Education Curriculum Guideline, 9 Feb. 1973. AO RG 2–82–1 Curriculum guideline development files, Guidelines (Health & Physical Education) 1973, B128930, Box 2.

and meaning.”³²⁶ While they had quickly finished their draft and it was now in the hands of the Directors of Curriculum, the review process would still take roughly four months.

The delay in publishing the document stemmed from having to reconcile the different approaches within the Curriculum Branch towards Health Education. Upon receiving the program consultants’ draft, Crossley and Rist indicated to them that the new version required considerable discussion. Their initial opinion was that, “it appears that a great deal more than the seven substantiated points has been rewritten. In fact, at first reading, the guideline appears to have too much specificity. We are not going to be able to meet the March 1 release of the document.”³²⁷ The program consultants received feedback on their proposals during meetings held on 6 and 7 March 1973. Rist and Crossley indicated that the recent submission was closer to a course of study than a guideline. The two also thought that the committee’s intention was to renovate the curriculum based on seven points which the committee had presented, whereas the committee felt that they had a free hand to re-write the entire presentation.³²⁸ There was a failure to communicate. The directors were blindsided by what they received.

Rist elaborated on his initial reaction. It was reported in the minutes of the meeting that Rist “spoke of the document as not being a guide for planning. It was pointed out that one of the prime responsibilities of program consultants was to get ‘plugged into’ current educational philosophy. He felt that the group was making a fetish of one way of ‘getting at’ teachers when there were many.” “Is specificity helping the teacher?” he asked.³²⁹ Rist, in light of current

³²⁶ Memo to D. Rose, from Audrey, Jan, Jack, John, Dave, Subject: I.29 February Edition, 9 Feb. 1973. AO RG 2–82–1 Curriculum guideline development files, Guidelines (Health & Physical Education) 1973, B128930, Box 2.

³²⁷ Memo to Physical and health Education Consultants, from J.K. Crossley and R.G. Rist, “Physical and Health Education Guideline,” 20 Feb. 1973. AO RG 2–82–1 Curriculum guideline development files, Guidelines (Health & Physical Education) 1973, B128930, Box 2.

³²⁸ Minutes of Meetings of Program Consultants Physical and Health Education, March 6 and 7, 1973. AO RG 2–82–1 Curriculum guideline development files, Guidelines (Health & Physical Education) 1973, B128930, Box 2.

³²⁹ *Ibid.*

policy, was opposed to centrally created, standardized programming. Perhaps he also wanted to adhere to the ministry's historical approach to health education. The program consultants' insistence on specificity likely originated from their first-hand knowledge of the problems which teachers faced in the classroom. As demonstrated earlier in this chapter, program consultants had a greater understanding and appreciation of the problems which teachers faced due to their close contact with them in schools. It was decided that nothing more was to be done until further word from ministry personnel and the whole original curriculum committee.³³⁰

The program consultants' curriculum was reviewed with an eye to reconciling their recommendations for "specificity" with current ministry policy. Crossley requested that the Curriculum Development Branch analyze and compare the program consultant's curriculum with the original version, and provide a summary of comparison points, as well as a recommendation for a solution if possible.³³¹ MacMartin answered Crossley's request and analyzed their proposed curriculum and offered alternatives for action. At the 6 March meeting of the Standing Committee on Guidelines, he presented different possible courses of action for consideration. The proposals included printing the approved document as originally planned, printing the program consultants' document as presented, printing both documents as separate documents and letting local schools decide which one to use, or cutting and pasting different sections from each document into one new document.³³² The Curriculum Committee arrived at the consensus that they would print the approved document without its "Some Suggestions for Lesson

³³⁰ Ibid.

³³¹ Note to Jean McConnell, Education Officer, Curriculum Development Branch, from J.K. Crossley, Director, Curriculum Development Branch, 5 Mar. 1973. AO RG 2-82-1 Curriculum guideline development files, Guidelines (Health & Physical Education) 1973, B128930, Box 2.

³³² Memo to Jean McConnell, Educational Officer, Curriculum Development Branch, from G.M. MacMartin, Educational Officer, "Input from the PC's in PHE for the Curriculum Guideline for the Intermediate Division in PHE," 6 Mar. 1973. AO RG 2-82-1 Curriculum guideline development files, Guidelines (Health & Physical Education) 1973, B128930, Box 2.

Planning” section. In place of this small section, they would adopt the program consultants’ more specific guidelines. They would not add the philosophical parts of the program consultants’ curriculum.³³³ The Standing Committee on Guidelines also suggested that the approved document and the program consultants’ document be made into a new document, “using the philosophical thrust of the former, and the more specific detail of the latter.”³³⁴

It was not until March 1974 that the curriculum was finally ready to be sent to schools, but it remained to be seen if the finished product was worth the delay, or if it helped solve some of the persistent problems surrounding sex education. In the front matter of the Intermediate Physical and Health Education Curriculum document, some suggestions for aims of a health education course of study were included, with the two most important being: “to make students aware of current health problems through a study of the processes of life, movement, attitudes and behaviour, the structure and function of the body, human needs, and the factors affecting growth and development such as diseases related to man’s behaviour” and “to give the student the knowledge, attitudes, values and habits that contribute to healthy living.”³³⁵ While teachers could pursue their own aims when creating a course of study, these were pertinent suggestions. More importantly, the curriculum revealed the philosophical basis which governed the ministry’s approach to health education. It was stated that,

while knowledge still plays a large role, Health Education experiences should be geared primarily towards the development of attitudes, values and behaviours [...] the basic objective of Health Education is to aid and support the student to develop (a) independence and a sense of responsibility, (b) an understanding of

³³³ Memo to J.K. Crossley, Director, Curriculum Development Branch, from Jean McConnell, Educational Officer, Curriculum Development Branch, “Interim Study Document for Intermediate Physical and Health Education,” 9 March 1973. AO RG 2–82–1 Curriculum guideline development files, Guidelines (Health & Physical Education) 1973, B128930, Box 2.

³³⁴ Memo to J.K. Crossley, from Jean McConnell, Educational Officer, Curriculum Development Branch, “Intermediate Division PHE,” 11 April 1973. AO RG 2–82–1 Curriculum guideline development files, Guidelines (Health & Physical Education) 1973, B128930, Box 2.

³³⁵ Ontario Ministry of Education, *Physical and Health Education Intermediate Division, 1973* (Toronto: Ministry of Education), 1.

human sexuality, and (c) a personal value system. The course should help the student to achieve a positive self-image, that is, an understanding of who he is, what he is, and where he is going.³³⁶

References to a personal values system or a positive self-image were not vague rhetorical flourishes. A commitment to liberal education permeated all aspects of health education. While the ministry had long displayed a commitment to individual development in its internal memos and correspondence, here its philosophy was finally and openly stated clearly for teachers, administrators, and parents.

As far as the content of sex education within the curriculum, the guidelines provided more detail about which topics could be covered. It was stated that the intermediate student should already have a basic understanding about human growth and development, which included knowledge about physical differences between men and women, patterns of development (mental, emotional, social), menstruation (basic physiology and hygiene), conception, pre-natal development, normal birth process, multiple births, and breastfeeding. In addition, students were also expected to know some of the facts about human sexuality, such as what it meant to be male and female, and sex roles/gender stereotyping.³³⁷ Intermediate students would learn more about human growth and development as they studied changes associated with puberty, early and late maturation, male and female anatomy, ovulation and menstruation (which was to be taught to both boys and girls), fertilization, pre-natal development (foetus and embryo), kinds of births, population problems and control, pre-marital pregnancies, and births.³³⁸ While many of the general areas and specific topics were the same, they would be taught with increased sophistication, specificity, and depth of treatment. The curriculum was also somewhat

³³⁶ *Ibid.*, 6.

³³⁷ *Ibid.*

³³⁸ *Ibid.*, 7.

more prescriptive, offering suggestions to teachers on how to teach sex education topics. It was stated that,

the study of maturation and of his own developing sex characteristics is of great interest and value to the adolescent. The teacher might begin with the basic structure of the cell, leading to the reproductive systems, development of a baby, and the normal birth process. The effects of the student's sexual growth on the development of his feelings and of his responsibilities to others should be pointed out. The implications of unwanted pregnancies and venereal disease, for example, are topics that relate to responsible behaviour.³³⁹

It was also suggested that students learn about venereal disease within the context of the community's health and safety policies.

While the curriculum was a step towards liberal modernity, there were still telling lacunae – such as homosexuality, contraception, and abortion. There were a few ways, however, teachers could incorporate these topics. Information about homosexuality could be included when students learnt about various aspects of human sexuality such as boy-girl relationships and “different types of love.”³⁴⁰ While human sexuality was largely presented in a heteronormative manner, discussion could theoretically move beyond the male/female binary. Information about contraception and birth control might have been touched upon when discussing “population problems and control.” While these topics might have been broached in the classroom, they were not explicitly addressed in the curriculum. Teachers had been historically reluctant to teach something not clearly sanctioned by the ministry.

The success of the VD kit, coupled with the release of the new Intermediate Physical and Health Education Curriculum, would lead to greater scrutiny of sex education in the schools. Major daily newspapers would publicize the VD kit, as well as the current status of sex education within schools. Sex education occupied a more prominent part in public discourse.

³³⁹ *Ibid.*, 6.

³⁴⁰ *Ibid.*, 7.

Furthermore, issues such as birth control, abortion, and homosexuality continued to be hotly debated in public life throughout the mid-1970s. This would result in the ministry assessing its own work in sex education, as well as galvanizing members of the Curriculum Branches to provide further assistance to schools.

None of this necessarily meant the end of local autonomy. While the release of the VD Kit helped reassert the centrality of the ministry and highlighted the benefits of a “top-down” approach to education, the ministry and the Curriculum Development Branch and the Curriculum Services Branch continued to address public health issues and issues related to sex education within the context of the ministry’s localist policy. There was no widespread disillusionment over decentralization and localism – yet.

Chapter 4

Between the ‘Methuselahs and the Messiahs’: Competing Ministry Factions and the Interim Senior Physical and Health Education Curriculum

During the mid-1970s, “family planning” was a hot topic for the Ministry of Education. The 1973 Ministry of Health Task Force on Family Planning, the 1974 Ontario Status of Women Council, and Planned Parenthood Ontario pressed the ministry to include birth control as part of the health curriculum and ensure a comprehensive sex education program in the schools. They envisioned a more central role for the Ministry of Education in sex education, and were willing to sacrifice local autonomy to accomplish their aims. While these groups gave considerable support to sex education, the ministry’s continued commitment to localist policy precluded action on many of their recommendations. The publication of Dr. Edward S. Herold’s two-part study *Sex Education in Ontario Schools*, however, presented a strong case for greater ministerial leadership in sex education. This exhaustive, empirical study highlighted just how haphazard and ad-hoc sex education was across the province, and it provided evidence of the many problems school boards and teachers faced as they tried to implement sex education. For the Physical and Health Education Program Consultants, it was proof of the inability of schools and teachers to be leaders in sex education. This study galvanized them to once again push for more prescriptive and descriptive guidelines – a utilitarian solution in light of many of the problems Herold identified.

There was factious activity within the curriculum branches which led to a protracted revision process of the interim Senior Physical and Health Education Curriculum. The revision process highlighted the ongoing tension between current policy which emphasized community

participation and decentralization and the program consultants' preference for centrally created and disseminated standardized programming in sex education. Even though changes were made to the program consultants' curriculum document – which was once again closer to a program of study – the approved 1975 Senior Physical and Health Education curriculum showed signs of incremental gains. The guidelines included new topics such as family planning, sex and the law, and standards of sexual behaviour alongside expanded topics such as sexually transmitted diseases. The approved curriculum guidelines were a product of calculated rationalism. While the decision to adhere to established localist policy somewhat undermined the purpose of issuing more comprehensive guidelines, the program consultants' centralized, utilitarian approach to sex education would characterize sex education policy in the years to come.

Birth control became an important instrument of policy with the creation of the Family Planning Division of the national Department of Health and Welfare in 1972. While direct action by the federal government was limited (since health matters were under provincial jurisdiction), federal ministers cajoled the provinces into supporting birth control services.³⁴¹ Consequently, provinces established task forces and committees in order to devise and implement their own family planning policies. At the request of the Social Development Policy Field,³⁴² the Ontario Ministry of Health sponsored a task force to prepare a position paper on family planning. Established in November 1973, the task force examined all aspects of family planning in the

³⁴¹ McLaren & McLaren, *The Bedroom and the State*, 136.

³⁴² In 1972, the ministries of the government, with a few exceptions, were grouped into three common areas of interest called policy fields. The three policy fields established were the Justice Policy Field, the Social Development Policy Field and the Resources Development Policy Field. Cabinet Committees were established for each field, and they were chaired by a Provincial Secretary who was given Cabinet Minister status. Each committee was responsible for co-ordinating and developing policies for the various ministries which formed that policy field. The Cabinet Committee on Social Development was responsible for co-ordinating and developing policies for the Ministries of Education, Colleges and Universities, Community and Social Services, Citizenship and Culture, and Health.

province. Its work had profound consequences for the Ministry of Education. Since family planning was perceived by the task force as a comprehensive program of medical, social, and educational services to enable people who so desired to control conception, the task force was comprised of personnel from the various government ministries. After some initial confusion, Education Officer Anne Lawson was appointed to represent the Ministry of Education. She was once again working alongside Dr. John Keays of the Ontario Ministry of Health, who was also the committee chairman.³⁴³ The task force identified many deficiencies in family planning services in Ontario, such as the inadequate preparation of health, education, and social service personnel in family planning and human sexuality; lack of integration of family planning services provincially and locally into the existing or proposed health, education and social service systems; as well as insufficient public education or information about family planning programs and services in relation to individuals, families and the community.³⁴⁴

The task force's recommendations for the Ministry of Education centred on preparing courses and curriculum which included human sexuality and family planning, as well as preparing teachers to teach these programs. The task force recommended that the following responsibilities be assumed by the Ministry of Education:

³⁴³ Letter to R.G. Rist, Director, Curriculum Services Branch, from G.K. Martin M.D., D.P.H., Executive Director, Community Health Standards Division of the Ministry of Health, 30 Nov. 1973; Letter to Dr. E.E. Stewart, Deputy Minister of Education, from S.W. Martin, Deputy Minister of Health, 19 Dec. 1973; Memo to G.H. Waldrum, Assistant Deputy Minister of Education, from R.G. Rist, Director, Curriculum Services Branch, Subject: Appointment of Miss A. Lawson to act as a resource person to a Ministry of Health Committee on Family Planning, 28 Dec. 1973; Memo to R.G. Rist, Director, Curriculum Services Branch, from R.A.L. Thomas, Executive Assistant to the Deputy Minister Subject: Ministry of Education Representation on Ministry of Health Task Force on Family Planning, 8 Jan. 1974; Letter to G.K. Martin M.D., D.P.H., Executive Director, Community Health Standards Division from R.G. Rist, Director, Curriculum Services Branch, 17 Jan. 1974. AO RG 2-82-4 Curriculum Services Branch administration files, Committees – Family Planning: Inter-Ministerial Task Force (S.A.F.) MA 100 1974, B189232, Box 2.

³⁴⁴ Position Paper on Family Planning Services in Ontario prepared for the Social Development Policy Field by the Task Force on Family Planning, Comprising the Ministries of Health, Community and Social Services, Education, and the Colleges and Universities. AO RG 2-82-1 Curriculum guideline development files, Sex Education & Family Planning (Arts) 1974, B131689, Box 5.

- 1) Develop and distribute teacher's guides and resource materials on human sexuality to include information on the principles, purposes, and methods of birth control.
- 2) Provide human sexuality and family planning courses for all teachers.
- 3) Provide consultation services to encourage boards of education to set up curricula and courses in the area of human sexuality.³⁴⁵

At the request of J.F. Kinlin, Assistant Deputy Minister, Gerry MacMartin studied the Policy Paper's recommendations and submitted his comments to acting Deputy Minister Harry Fisher. MacMartin noted that many of the recommendations made to the Ministry of Education were in conflict with the current educational trends of the day. He noted that it was not the policy of the Ministry of Education to develop resource materials for the curriculum, as this role has been assumed by the private sector and other private and governmental agencies. MacMartin highlighted that curriculum guidelines that included family planning had already been developed and distributed by the Ministry of Education to great effect: "They, combined with the work of Program Consultants have been instrumental in the development of courses of study that include Family Planning and that adequately meet local needs."³⁴⁶ While, he said, the ministry did not produce resources or textbooks (a questionable statement), they could shape the resources being used in schools as the *VD Teaching Kit* clearly demonstrated. Furthermore, MacMartin's assertion that the curriculum guidelines included family planning was debatable, as nowhere in the 1973 Intermediate Physical and Health Education Curriculum document did it include the words "family planning," "birth control," "contraceptives," and/or "abortion." While "population problems and control" were mentioned under the topic of Human Growth and Development, and it is likely that discussion of family planning and birth control was included with this topic, this vagueness was problematic and it led the task force and other pressure groups to demand greater clarity on what could be taught.

³⁴⁵ Ibid.

³⁴⁶ Ibid.

The task force astutely summarized the problem facing family planning in the schools. It noted that it had been suggested to them that “guidelines for elementary and secondary schools should be more explicit in their delineation of content for family planning and birth control and the stages for its presentation.” But it acknowledged that local school officials, responding to local views and concerns, had the final choice as to which sex education topics would be presented to students.³⁴⁷ While the task force believed that the existing guidelines were “sufficient,” this was hardly a ringing endorsement. Many groups (as well as the program consultants) wanted more explicit guidelines in terms of content as well as presentation, but localist policies somewhat defeated the point of issuing more descriptive and prescriptive guidelines. Expanded guidelines, however, might increase the possibility that schools and teachers would include family planning as a topic of study. MacMartin noted in his report that the Curriculum Committee currently revising the Senior Physical and Health Education Curriculum had presented more specific content suggestions in this area than ever before.³⁴⁸

MacMartin did not place much emphasis on the task force’s recommendation that the ministry provide human sexuality and family planning courses for teachers. MacMartin noted that the ministry still provided winter and summer courses of varying lengths, but he highlighted the fact that in 1969, “when sex education and family planning matters were very much in their heyday in relation to the curriculum,” the Ministry of Education offered a two-week course that included modern health problems such as family planning and human sexuality. The offer was withdrawn because of only eleven applicants. As a result, MacMartin – on the basis of one

³⁴⁷ Position Paper on Family Planning Services in Ontario prepared for the Social Development Policy Field by the Task Force on Family Planning, Comprising the Ministries of Health, Community and Social Services, Education, and the Colleges and Universities. AO RG 2–82–1 Curriculum guideline development files, Sex Education & Family Planning (Arts) 1974, B131689, Box 5.

³⁴⁸ Memo to H.K. Fisher, Deputy Minister, from G.M. MacMartin, Educational Officer, Subject: Comments on the Position Paper re Family Planning Services in Ontario, 25 June 1974. AO RG 2–82–1 Curriculum guideline development files, Sex Education & Family Planning (Arts) 1974, B131689, Box 5.

cancelled course five years before – argued that these components of the curriculum did not have the same priority as other aspects of the curriculum.³⁴⁹

The task force's recommendations caused the ministry to reflect on its policies and what it had accomplished. This process of self-reflection would continue as the ministry responded to inquiries from the Ontario Status of Women Council. In 1974 this Council was convened and it explored the numerous socio-economic issues facing women within the province. It provided a forum for numerous pressure groups taking an interest in women's issues – the gendered nature of women's work, sexual health, access to birth control and abortion, and sex education, among other things. During the Council's fifth meeting, a brief from Planned Parenthood was submitted. Focused on providing women with reproductive healthcare, it urged implementation of a comprehensive sex education program in the schools. Planned Parenthood stressed that "adolescents needed to know how to control their fertility so that children will be produced at a time when they are wanted and can be properly cared for."³⁵⁰ They recommended that any program on human sexuality should begin in the primary grades and continue through high school, and that program pamphlets containing factual information on different contraceptive methods be readily available in schools.

The Council submitted its own brief to the Family Planning Task Force in March 1974, and they also sent a copy to the Ministry of Education. In its brief, the Council recommended that the Ontario government,

should assume a leadership role in the provision of family planning information and services to all regardless of sex, marital status, and socio-economic status. Local autonomy should not be allowed to interfere with this aim. Education and immunization are examples of programs that are mandatory but the implementation is left to local initiatives. In the same way, the provision of

³⁴⁹ Ibid.

³⁵⁰ Minutes of the Fifth Council Meeting, AO RG 2-82-2, Ontario Status of Women Council #1 1974, Curriculum Development Branch administration files, B244216, Box 14.

family planning services should be mandatory and cover all aspects...medical, education, information, counselling and motivation... allowing access to family planning to anyone wishing this information and service while in no way infringing on the rights of those who do not wish it. The principle of free choice should be the operative one.³⁵¹

Like many other organizations and groups, the Council advocated a unified approach to the health issues facing the province. It was willing to sacrifice local autonomy to accomplish its aims, and also presented one specific curriculum-focused recommendation for the Ministry of Education. The Council recommended that the Ministry of Education provide curriculum guidelines for family planning and sexuality programs in the schools with programs from kindergarten throughout school life. The implementation of these programs should be actively encouraged as a regular part of the existing curriculum, using material from the resource centre, professionals trained in family planning, and voluntary organizations as resource people to provide speakers and additional materials.³⁵² In a letter appended to this brief, the council highlighted that while it used the term “Family Planning” since it was the designation of the task force, it strongly urged that the term “Birth Control” be used instead to “avoid the impression that these services are limited to persons in a family situation.”³⁵³

The council’s recommendations concerning family planning education were similar to those presented in the task force’s position paper. Once again, Gerry MacMartin prepared a ministry response for the council. MacMartin began his letter by informing the council that its proposal that the ministry provide curriculum guidelines for family planning and sexuality programs in the schools with programs from kindergarten throughout school life was already a

³⁵¹ Brief to the Task Force on Family Planning, March 1974. AO RG 2–82–2, Ontario Status of Women Council #1 1974, Curriculum Development Branch administration files, B244216, Box 14.

³⁵² Ibid.

³⁵³ Submission to Task Force on Family Planning from Marjorie Penny, Executive Officer, Secretariat of Social Development – Ontario Status of Women Council, 15 Mar. 1974. AO RG 2–82–2, Ontario Status of Women Council #1 1974, Curriculum Development Branch administration files, B244216, Box 14.

reality. He let the council know that the cyclic review of the guidelines in the Primary and Junior Division would soon produce a document, that the ministry had just released the Intermediate Physical and Health Education Curriculum, and that a Curriculum Committee had just completed its report for the revision of the Senior Curriculum.³⁵⁴ In truth, there was no carefully designed and logically sequenced program that included family planning for K–12. There was no explicit mention of birth control or family planning in the 1973 Intermediate Curriculum. There was also no guarantee that the Primary and Junior or the Senior Curriculum document guidelines would include birth control/family planning as a topic of study.

Even if the topic was included, it might well be treated in ways that would not satisfy the council. It was a very real possibility. MacMartin told the council that, “too often the title ‘Family Planning Services’ or ‘Birth Control Services’ are used to describe assistance to married couples who wish to plan their families as they see fit, as well as to sexually experienced young people who do not wish to conceive or to contract venereal disease, or to women who seek abortions. We seem therefore, to be talking of four different things: family planning information and service, conception control, abortions, and venereal disease control.” MacMartin drew extremely fine distinctions among the four, arguing that, “The inclusion of education about conception control in the curriculum of the secondary school is predicated on the assumption that the information will be utilized by the students when they enter into the relationship of

³⁵⁴ Letter to Mrs. Marjorie Pinney, Executive Officer, Secretariat for Social Development Ontario Status of Women Council, from G.M. MacMartin, Educational Officer, Curriculum Development Branch, 27 March 1974. AO RG 2–82 –2, Ontario Status of Women Council #1 1974, Curriculum Development Branch administration files, B244216, Box 14.

marriage.”³⁵⁵ It seems that MacMartin was echoing the early-twentieth-century social purity movement’s call for a “(white) life for two.”³⁵⁶

MacMartin warned the council that inclusion of conception control should in no way be construed as the ministry’s acceptance of premarital sexual intercourse. Discussion of conception control was to assume the context of marriage. Adamant on this point, he once again advocated that information related to sexual intercourse be kept separate from discussion of VD.

MacMartin also informed the council that teachers were encouraged to be very precise in the terms that they used: “For example, if the subject being discussed is conception control it is hoped that that phrase would in fact be used. If the matter relates to miscarriages or abortions, than those terms should be used. The ministry believes that these distinctions are crucial to a valid approach to the study of all matters related to human sexuality.”³⁵⁷

This was in stark contrast to what the Council recommended. The Council interpreted “family planning” in the broadest possible terms and it wanted family planning information and services available to all who wished to control conception. Could the four areas MacMartin identified – with the possible exception of abortion – not be included under the conceptual aegis of birth control or conception control? MacMartin, however, was reluctant to countenance the fact that young people had premarital sex and that they wanted and needed information on contraceptives to prevent venereal disease or unwanted pregnancies. He also did not want to imply that the ministry accepted premarital sex amongst youths. MacMartin’s position, which

³⁵⁵ Ibid.

³⁵⁶ James G. Snell, “‘The White Life for Two’: The Defence of Marriage and Sexual Morality in Canada, 1890–1914, *Histoire sociale–Social History*, Vol. XVI, No 31 (May 1983): 111–28. During the inter-war period, however, sex reformers emphasized the “conjugal” or “companionate” family in place of the traditional patriarchal family, and both pro- and anti-birth control advocates eroticized marital lovemaking. See Sethna, *The Facts of Life*, 184.

³⁵⁷ Letter to Mrs. Marjorie Pinney, Executive Officer, Secretariat for Social Development Ontario Status of Women Council, from G.M. MacMartin, Educational Officer, Curriculum Development Branch, 27 March 1974. AO RG 2–82 –2, Ontario Status of Women Council #1 1974, Curriculum Development Branch administration files, B244216, Box 14.

was not necessarily shared by all his colleagues, stood at odds with the Council's recommendations.

Communication between the Ministry of Education and the Council was ongoing, culminating in two meetings in April 1974. It provided the ministry a chance to address Planned Parenthood's submission and the Council's recommendations for curriculum. In order to ready W.E.P. Fleck, Director of the Curriculum Branch, and the other ministry representatives for the meeting so they could effectively address some of the most pressing issues, the Curriculum Development Branch prepared a report on the council's fifth meeting. It revealed many of the continuing problems surrounding sex education/family planning to date. In a somewhat defensive tone, the report stated:

The Family Planning comments in these minutes seem to imply that Family Planning is not a part of any school programs. This is not accurate. Family Planning is a part of many 'Human Growth and Development Programs.' It is not, and should not be, an isolated program in its own right. Because of our current (Regional) methods of operation it is very difficult to estimate the exact extent of programs across the Province with any great degree of accuracy. However, programs of sex education, family life education, and human sexuality are an integral part of most school programs in this Province. They are probably among the most rapidly developing programs in the schools, and in the vast majority of cases they do begin in the primary grades.³⁵⁸

While family planning was a prominent topic of study in some innovative or experimental health courses (as explored in Chapter 2), the Physical and Health Education curriculum documents did not include the terms "family planning" or "birth control." Many understandably thought birth control was not included in the curriculum guidelines. While family planning was a part of some health courses, the ministry could not offer more information in its report. This was yet another

³⁵⁸ Memo to G.H. Waldrum, Deputy Minister, from Gladys R. Munnings, Special Assistant to the Deputy Minister, Subject: Report on the Minutes of the Meeting of the Ontario Status of Women Council held on February 14 1974, 8 April 1974. AO RG 2-82-2, Ontario Status of Women Council #1 1974, Curriculum Development Branch administration files, B244216, Box 14.

problem which decentralization posed: the ministry could not clearly say what was being taught in its own schools.

The report offered some information on existing courses with which the ministry was familiar. The report mentioned several school boards that had approved Family Planning as an integral part of their curricular health education programs, some of which had even produced their own study guides. The “most outstanding examples” which the ministry singled out were the City of London and City of Toronto programs. *Family Planning: an instructional guide for teachers* was first printed by the London Board in September 1972. It was a collaboration between the London Board’s Department of Physical and Health Education, the London Academy of Medicine, and the Department of Medical Services for the London Board of Education. The family planning unit was introduced in the senior division. It was seemingly popular, as it was printed a second time in February 1973, and then a third time in February 1974. The City of London program was said to be widely used throughout the province of Ontario, and it was apparently even promoted and distributed across the country through the auspices of the federal government.³⁵⁹

The Toronto Board of Education also created a Family Planning Guide for secondary school teachers. Released in April 1972, *Human Sexuality: Family Planning, Birth Control, Abortion* was prepared with help from the teaching and medical profession. Personnel from the University of Toronto, the Toronto General Hospital, the Ontario Department of Health, and even representatives from Ortho Pharmaceutical (Canada) Ltd., had input in its creation. The following year, the Physical and Health Education Department of the Toronto Board also released a pamphlet, *Health Education Teaching Aids*. It included procedures for teachers to

³⁵⁹ Ibid.

order the aids they needed from the PHE Department or the Teaching Aids Department.³⁶⁰ Both London and Toronto were large, urban and well-funded schoolboards. They had the time, resources, and personnel to develop family planning curriculum for their schools.

These were outstanding examples of family planning education, but these two examples were not indicative of the quality or extent of sex education across the province. While other schoolboards may have used the London Board of Education's Curriculum, the ministry did not know the extent of its use. Moreover, the decision to include sex education and family planning lay with schools and school boards. Owing to localist policies, the ministry could not provide much information on sex education's implementation. It candidly admitted that,

there is no way of estimating the percentage of schools where Family Planning is part of the program – largely because of the quiet patterns of introduction. For example, although there is no specific county program for Frontenac County, our Program Consultant for Physical and Health Education in the Eastern Ontario Region believes that Family Planning is taught in the majority of the secondary schools in Frontenac County at the present time. There are also some local educational jurisdictions (Leeds-Grenville Counties for example) where the teachers have presented a Family Planning program for approval, but where the Board of Education and/or senior administrative officials have seen fit to defer or reject it.³⁶¹

³⁶⁰ London Board of Education, *Family Planning: an instructional guide for teachers* (The London Free Press, 1972), located in AO RG 2-82-2, Ontario Status of Women Council Booklets on Family Planning and Health Education #3 1974, Curriculum Development Branch administration files, B244216, Box 14; *Human Sexuality: Family Planning, Birth Control, Abortion* (Physical and Health Education Department, Toronto Board of Education: 1973), located in AO RG 2-82-2, Ontario Status of Women Council Booklets on Family Planning and Health Education #3 1974, Curriculum Development Branch administration files, B244216, Box 14; *Health Education Teaching Aids* (Physical and Health Education Department, Toronto Board of Education: 1973), located in AO RG 2-82-2, Ontario Status of Women Council Booklets on Family Planning and Health Education #3 1974, Curriculum Development Branch administration files, B244216, Box 14.

³⁶¹ Memo to G.H. Waldrum, Deputy Minister, from Gladys R. Munnings, Special Assistant to the Deputy Minister, Subject: Report on the Minutes of the Meeting of the Ontario Status of Women Council held on February 14 1974, 8 April 1974. AO RG 2-82-2, Ontario Status of Women Council #1 1974, Curriculum Development Branch administration files, B244216, Box 14.

While it was undoubtedly heartening for the ministry to hear that controversy did not always follow the implementation of sex education, the ministry still had to address the problem of local schools which, for one reason or another, did not incorporate family planning in sex education.³⁶²

Contraception remained controversial. But Planned Parenthood Ontario pursued multiple avenues to increase the distribution of the group's message. The group established close ties with the various government ministries, leading to a conference being held at Queen's Park 1–4 October 1974. The first Ontario-wide birth control and sex education conference, "Directions for the Future: Needs and Priorities," had the support and funding of the Family Planning Division of the National Department of Health and Welfare. The ministry's Curriculum Development Branch assisted the Planning Committee, and two representatives of the ministry attended the conference.³⁶³

At the end of the conference, resolutions were passed, and a copy of the resolutions was mailed to the Ministry of Education. The resolutions reiterated the demands Planned Parenthood made of the ministry in their submission to the Task Force on Family Planning. Resolution #6 was directed in its entirety towards the Ministry of Education. It was recommended that the Ontario Ministry of Education develop and implement programs on human sexuality and birth control, as well as family life programs, for Grades 9–12. These programs were to be part of the core curriculum and be co-educational. Furthermore, it was recommended that the Ontario Ministry of Education develop and implement family life programs from Kindergarten through Grade 8 – grades which the ministry had not prioritized with regards to sex education. Planned

³⁶² Ibid.

³⁶³ "Directions for the Future: Needs and Priorities Program" enclosed in letter to Thomas Wells, Minister of Education, from Eleanor M. McDonald, Planned Parenthood Provincial Co-Ordinator Chairperson, Conference Planning Committee, 12 Sept. 1974. AO RG 2–82–1 Curriculum guideline development files, Sex Education & Family Planning (Arts) 1974, B131689, Box 5.

Parenthood also recommended that the ministry supervise and develop “controls” over these programs. All of these recommendations were to be developed within two years.³⁶⁴

The ministry was asked to comment on these resolutions. On behalf of Thomas Wells, Gerry MacMartin drafted a reply. The response was evasive:

Unless a school has received specific permission to do otherwise, the program in the various subjects is based on curriculum guidelines issued by the Ministry of Education. From these guidelines, teachers in each school develop specific courses to meet the needs of the students for whom they are responsible. The sex education part of the Health Education course is developed in this way and the depth of treatment of such matters as conception control and family planning is left to the principal in consultation with the local schoolboard, staff members, students, and parents. In view of the concern of your organization, may I suggest that your members contact the principals of their local schools and request that they be put in touch with the teachers or board officials best able to inform them of the details of the courses that are being taught?³⁶⁵

This response of course ignored the possibility that the ministry could issue more descriptive guidelines which included these topics so that teachers might address them within the context of a well-planned, comprehensive course of study derived from ministry guidelines. The ministry side-stepped the issues on the grounds that action would infringe upon local autonomy and contravene current policies promoting decentralization.

Much like the Ontario Status of Women Council and Planned Parenthood, some civil servants – notably the Physical and Health Education Program Consultants – began to believe that ministerial leadership in the field of sex education was necessary. Their belief was only reinforced by the publication of Dr. Edward S. Herold’s two-part study, *Sex Education in Ontario Schools*. This exhaustive, empirical study highlighted just how haphazard and ad-hoc sex education was across the province, and it provided evidence of the many problems school boards and teachers faced as they tried to implement sex education. For the program consultants,

³⁶⁴ Ibid.

³⁶⁵ Ibid.

it was proof of the inability of schools and teachers to be leaders in the field. Herold's study galvanized them into action, and they pushed the Curriculum Development Branch to take a more proactive role.

Herold was an Assistant Professor in the Department of Family Studies at the University of Guelph, and his work was sponsored by a Family Planning Grant by the National Department of Health and Welfare. The first part was mailed to Thomas Wells on 5 December 1974 by Herold, the week he was to present the results of this study at the Annual Meeting of the Ontario Educational Research Council. He expected to have results of the second part of the survey available in January, and he promised to send Wells a copy. He hoped that Wells or the officials of his department might be able to make use of his results.³⁶⁶

The objective of his survey was to determine the contemporary status of sex education in the schools of Ontario. The first part focused on the elementary schools, and the second focused on the secondary schools. For the first part of the survey, elementary school principals were asked to report on the teaching of sex education at their schools. Seven hundred and fifty public school principals and 275 separate school principals took part. In the second part of the survey, health teachers, home economic teachers, and guidance teachers were asked to report on their own involvement in sex education. They were chosen because earlier studies had indicated that they were the most likely to be involved in sex education.

Table 1 indicates that sex education in the elementary grades for both school systems was similar. There was only one area of study – Population Problems – which received more

³⁶⁶ Letter to Thomas Wells, Minister of Education, from Edward S. Herold, University of Guelph, 5 Dec. 1974. AO RG 2-82-4 Curriculum Services Branch administration files, Sex Education (Physical & Health Education) 1974, B189232, Box 2.

attention in the public school system. Sex education in both school systems was far from comprehensive and there was considerable variation amongst schools.³⁶⁷

Table 1

	Sex Education Topics Covered in Elementary Schools in Ontario			
	K – 6 Public Schools	K – 6 Separate schools	K – 8 Public Schools	K – 8 Separate Schools
Menstruation	61%	71%	82%	74%
Human Reproduction	45%	57%	72%	72%
Prenatal Development and Birth	25%	47%	48%	51%
Population Problems	19%	7%	41%	25%
Birth Control Methods	>1%	0%	13%	3%
Abortion	2%	4%	11%	20%
Venereal Disease	3%	5%	~50%	~50%
Masturbation	5%	11%	31%	27%
Homosexuality	1%	0%	14%	10%

Herold emphasized that the quality or intensity of instruction had not been evaluated, and noted that several respondents indicated that topics frequently were not taught on a formal basis but ‘incidentally’ as the need arose. There were no details on what was exactly taught and how well.

³⁶⁷ Edward Herold, *Sex Education in Ontario Public Schools Part I: The Elementary Schools*, Dec. 1974.

A divide between the two school systems, however, was apparent in some of the responses of the elementary school principals. The divide was attributable to the influence of Catholic theology upon sex education. While a larger proportion of the separate schools (62%) than public schools (46%) reported that they had a consultant for sex education, the name they attached to this person – “family life education specialists” – suggested their philosophical differences with the public system. As Herold remarked:

Three fourths of separate school respondents indicated that their consultants were called family life education specialists whereas only 4% of the public school respondents stated this. Two thirds of the public school respondents stated that their consultant was a physical education or health person while only 2% of the separate school respondents stated this. Thirteen per cent of the separate school respondents stated that their consultants were known as religious consultants while none of the public school respondents indicated this.³⁶⁸

The designation of sex education as “family life” reveals how separate schools emphasized human sexuality within the context of (heterosexual) marriage, which placed it at odds with groups like Planned Parenthood and the Ontario Status of Women Council.

There was also a large difference between the two school systems regarding external speakers. Thirty nine percent of the separate school respondents reported that a religious spokesperson had been at their school, compared to only 2% of public schools respondents. Also, 9% of the separate schools, but none of the public schools, reported that an anti-abortion speaker had been at their school.³⁶⁹ Even the principal’s own beliefs reflected the school system in which they operated. In both systems principals supported sex education. There the unanimity stopped. Herold reported that more separate school respondents (48%) than public school respondents (28%) agreed that an important objective of sex education was to discourage pre-marital intercourse. Birth control was another issue which divided principals. Herold found that 64% of

³⁶⁸ *Ibid.*, 9.

³⁶⁹ *Ibid.*, 8–9.

public school respondents agreed that schools should inform teenagers about different methods of birth control compared to 37% of the separate school respondents.³⁷⁰

Both school systems, however, experienced opposition to sex education programs. Slightly more separate school respondents (34%) than public school respondents (27%) noted that there had been opposition, although some thought it had been minor. According to one – fourth of the respondents, the leading source of opposition was parents, but they noted that the majority of parents supported it. Others stated that they while they had experienced some resistance when the program was first introduced, there was none at present. Several suggested that opposition had been minimal because the program had been explained to parents, and several principals urged that parents be included in any sex education program. While a few respondents reported that the extent of resistance to sex education was exaggerated because it was usually given a great deal of publicity, one respondent reported that the sex education program at his school had been suspended as a result of it.³⁷¹ Community opposition, while not widespread, was real. The publicity generated by such opposition had a chilling effect on sex education, making teachers, principals, and other educational authorities reluctant to include it in courses.

The Planning and Research Branch of the Ministry of Education received Herold's study of the Secondary Schools by May 1975. It should be noted that Ministry of Education officials had been consulted to help construct the questionnaire which was sent to secondary school teachers. Ministry officials undoubtedly used this opportunity to shape the questions in order to obtain information which they could use to improve sex education. Much like the first part of the survey, the second part revealed similar problems facing sex education. While physical

³⁷⁰ It should be noted that only one fourth of both public and separate school principals agreed with the statement that the homosexual is not given enough acceptance in society. *Ibid.*, 13.

³⁷¹ *Ibid.*, 16.

education, guidance, and guidance teachers were questioned, it became clear that physical education teachers were the most actively involved in teaching sex education, and guidance counsellors were considerably less involved, as most guidance counsellors did not teach in the classrooms.

Unlike the survey of the elementary schools in which the attitudes of both public school principals and Catholic separate school principals were examined, Herold did not include teachers from Catholic secondary schools in the second part of the survey. Therefore, it is impossible to be certain about how attitudes towards sex education differed between public and Catholic school teachers. This decision stemmed from information he received from officials of the Ontario English Catholic Teachers Federation, which claimed that “the teaching of sex education in Catholic schools is not concentrated in specific disciplines as in public schools.”³⁷² However, this statement is extremely revealing as to how sex education was handled by the Catholic secondary schools. Unlike public schools, Catholic separate schools did not make a concerted effort to integrate sex education into courses. It can be inferred that sex education in Catholic schools was only incidentally discussed, if it was even discussed at all. There may well have been little to no provision for sex education.

The study revealed that sex education was covered more thoroughly at the secondary level than the elementary level. More than 90% of physical education teachers indicated that they discussed the majority of the following topics: human reproduction, prenatal development, menstruation, nocturnal emissions, venereal disease, sex roles, dating problems, marital adjustment, trial marriage, family planning, birth control methods, and abortion. More than 80% indicated they discussed the topics of trial marriage, premarital intercourse, masturbation, and homosexuality, and more than 70% indicated they discussed the topics of world population

³⁷² Edward Herold, *Sex Education in Ontario Public Schools Part II: The Secondary Schools*, May 1975, 4.

problems and impotence and frigidity. There were even differences amongst the three categories of respondents. The home economic teachers tended to focus on relationship issues rather than biological ones with about 90% having discussed the topics of dating problems, sex roles, marital adjustment, trial marriage and population problems. More than 70% discussed the topics of prenatal development and birth, premarital intercourse, family planning and abortion while fewer than 50% discussed the remaining topics.³⁷³ It was noted that guidance teachers only discussed sex education as the need arose when counselling individual students.

It appeared that students were receiving a thorough education, but problems remained. 61% of the sex educators stated they used a curriculum guide, but 39% stated they did not.³⁷⁴ While it was unclear whether the 39% of respondents were using a course which had been approved under the ministry's experimental and innovative course policy, there was the possibility that they were not – which raised the question as to what resources they were using and how they were teaching the particularly controversial topics of birth control and abortion. This situation was made more problematic by the inadequate training provided to teachers. As the report noted, “most of those teaching sex education have had either limited or no specific preparation for teaching in this area [...] only 18% have taken a credit course in human sexuality.”³⁷⁵ Many respondents (70%) wanted more teacher education.³⁷⁶ While some teachers had taken workshops or courses offered through school boards, universities, community colleges, the ministry, as well as other organizations, many of the teachers had a very limited preparation for teaching sex education, and expressed a great desire for further teacher education. Teachers who did not have an adequate knowledge of these topics could do a great deal of harm.

³⁷³ *Ibid.*, 7.

³⁷⁴ *Ibid.*, 8.

³⁷⁵ *Ibid.*, 11.

³⁷⁶ Since physical education teachers were more likely to teach about sex education, three fourths of them expressed an interest as compared with one-half of the home economics and guidance teachers. *Ibid.*, 13.

The survey detailed what teachers desired to learn more about, and based on the evidence provided, the trend towards ever-increasing descriptive and prescriptive guidelines was warranted. Moreover, it disproved MacMartin's assertion that teachers did not want professional development. It was noted that sixty per cent of the respondents indicated specific topics which they felt should be covered in courses or workshops. The topic mentioned most often was human sexuality, especially its social-psychological and developmental aspects. Methods and materials were mentioned next in frequency with special concern expressed over learning how to present material in an effective manner. The topic listed third most frequently was birth control/family planning. The topic of attitudes and values was also a cause for concern, with some respondents expressing their desire for better training to better understand how their own attitudes towards sexuality might affect their teaching of sex education – several respondents suggested that sensitivity training might be used. Several other topics were also suggested including venereal disease, marriage and family relationships, sex role development and normal and deviant sexual behaviour, etc. Some teachers also stated that they needed information on the development and implementation of sex education programs in the schools. In particular, they desired information on how to obtain the cooperation of parents and administrators in establishing such programs.³⁷⁷

Some areas of respondents' concern stemmed from the ministry's localist policy. Since many school boards did not prioritize sex education, it presented problems for teachers. Since many teachers did not have a structured sex education program at their school and they lacked specific guidelines, "there was considerable uncertainty about which topic should be covered and the appropriate depth of coverage."³⁷⁸ Moreover, this resulted in a lack of continuity in the teaching of sex education topics and the problem of overlap of course content between different

³⁷⁷ *Ibid.*, 13.

³⁷⁸ *Ibid.*, 19.

disciplines. While more explicit curriculum guidelines would greatly help, the ministry was still reluctant to make sex education a compulsory part of health education or dictate what topics be included.

The survey also revealed that most secondary school teachers were not aware of much opposition to sex education: “Most respondents reported that they had not been aware of any opposition to the teaching of sex education in their school district. Slightly more of those teaching sex education (30%) than of those not teaching sex education (22%) reported opposition.” Amongst those who reported opposition, several indicated that opposition had been minimal. Others added that opposition had been experienced in previous years but not recently (no information as to when was given). Amongst those teaching sex education, the most frequent source of opposition mentioned was parents (18%). The second most frequent sources of opposition listed were administrators (15%) and school boards (13%). Fewer of those not teaching sex education than of those teaching sex education listed administrators (8%) or school boards (5%). Other teachers were also listed as a source of opposition by eight per cent of those teaching sex education and six per cent of those not teaching sex education. Only two per cent listed students as a source of opposition while another two per cent named religious groups.³⁷⁹

While it must have been heartening for the ministry to know that many teachers were unaware of or did not experience community opposition, the fact remained that some school boards and schools had experienced a significant amount of it. All it took was a few well publicized incidents to make teachers and administrators wary. As the report noted:

Several teachers felt that administrators were often more concerned about potential opposition to programs than with the needs of the students. A few reported that although some administrators were not opposed to the teaching of sex education they were not supportive either. Others mentioned that principals had prevented them from discussing certain topics such as birth control methods.

³⁷⁹ *Ibid.*, 22.

While only limited parental opposition had been reported there was nonetheless a pervasive fear on the part of some teachers that parental opposition could possibly occur and result in controversy. What was particularly disturbing to these teachers was the uncertainty of not knowing which topics were acceptable to the community.³⁸⁰

Community opposition in one region or district did not just affect the school or school board directly involved; it could have a chilling effect on sex education for other schools or school boards.

While the attitudes of Catholic teachers towards sex education were unknown, public secondary school teachers apparently possessed very liberal attitudes towards sex education.

Herold explained that,

the overwhelming majority of the respondents (91% of those teaching sex education and 86% of those not teaching sex education) agreed that parents were not providing their children with adequate information about sex. Almost one half (48% of those not teaching sex education and 40% of those teaching sex education) agreed that adequate information about sex is not being provided by the schools. Thus it is not surprising that most of the respondents (68% of those teaching sex education and 59% of those not teaching sex education) agreed that schools should assume more responsibility for the teaching of sex education.³⁸¹

As far as teacher attitudes towards sex education topics, 89% of the sample disagreed that schools should not discuss sex outside of marriage, and few respondents (14% of those teaching sex education and 18% of those not teaching sex education) agreed that an important objective of sex education was to discourage premarital intercourse. In addition, three-fourths of the respondents disagreed with the statement that the admission of pleasurable feelings associated with sex was not really necessary to include in the curriculum.³⁸² Clearly, teachers were not shying away from discussion of premarital sex or including a discourse of pleasure in sex education. Perhaps influenced by the permissiveness of the age, teachers gave strong support for

³⁸⁰ *Ibid.*, 23.

³⁸¹ *Ibid.*, 15.

³⁸² *Ibid.*

the teaching of birth control. 80% of those not teaching sex education and a staggering 92% of those teaching sex education agreed that schools should inform teenagers about the different methods of birth control.³⁸³ Despite these liberal attitudes, Herold noted that there was a

divergency of opinion concerning the issues of homosexuality and marriage. Whereas 41% of those teaching sex education and 37% of those not teaching sex education agreed with the statement that the homosexual is not given enough acceptance in our society, 22% of the former and 28% of the latter disagreed. When asked whether trial marriage is an acceptable practise for people in love, about one-third of the respondents agreed while a similar proportion disagreed. It is interesting to note that these last two attitude items had the highest percentage of undecided response of any of the statements.³⁸⁴

There were issues which teachers still found hard to reconcile with their liberal beliefs for one reason or another. Herold noted that overall, teachers displayed more liberal opinions than the principals.³⁸⁵

However, there was some concern noted by respondents over bias and teachers' ability to provide value-neutral sex education. While discussing difficulties experienced in teaching sex education, 12% of the respondents mentioned problems relating to the teaching of values. Difficulties centred on the issue of whether teachers should present facts alone or whether they should also be concerned with the development of certain value positions and if so, which ones. Several teachers mentioned the difficulty of trying to be objective by not imposing their own biases on classroom discussions.³⁸⁶ In addition, some teachers expressed concern that their colleagues were "giving highly biased presentations that were based on personal opinions rather than fact. For example, one commented that, 'many teachers will discuss topics like premarital sex, abortion, etc., in a one lesson, off the cuff session with no lead up or follow through and

³⁸³ *Ibid.*

³⁸⁴ *Ibid.*, 16.

³⁸⁵ *Ibid.*, 29.

³⁸⁶ *Ibid.*, 18.

usually based on personal opinion. I feel this is irresponsible.”³⁸⁷ This was a legitimate source of concern. While teachers could expose students to different values and beliefs surrounding sex education, they were not to impose or endorse any values or beliefs, including their own. The ministry could do much more to make it exceedingly clear that sex education was to be value-neutral.

The results of Herold’s survey of sex education in Ontario schools, coupled with the recommendations of the Task Force on Family Planning and the Ontario Status of Women Council, impressed upon the Physical and Health Education Program Consultants the need for greater ministerial leadership in the field of sex education. Centrally created and disseminated standardized programming was a utilitarian solution to many of the problems facing schools and school boards across the province. Moreover, comprehensive curriculum guidelines that provided greater clarity and direction for teachers would allow teachers to better meet the sexual health needs of students. While the program consultants were receptive to the aforementioned recommendations made to the ministry, other civil servants were reluctant to break with current ministry policy *vis-à-vis* decentralization. As a result of these internal disagreements, the curriculum revision process proved arduous.

In August 1973, the Curriculum Services Branch and Curriculum Development Branch re-evaluated the priority list for new guidelines, and decided that revision of the Senior Division Curriculum Guideline for Physical and Health Education should take place immediately. An interim curriculum document was needed to form a study base for the forthcoming Senior Cyclic Review.³⁸⁸ In September 1973, the program consultants gathered to create a proposal for an

³⁸⁷ *Ibid.*, 26.

³⁸⁸ Memo to Regional Directors of Education, from R.G. Rist, Director, Curriculum Services Branch, Subject: Interim Senior Division Guideline – Physical Education and Health, 10 Aug. 1973 and Memo to Program Consultants, Physical and Health Education, from Margaret Jones, Chairman, PHE Consultants, Subject: Program Consultant

interim revision of the Senior Physical and Health Education Division Curriculum document.³⁸⁹

The program consultants highlighted three possible courses of action for the creation of an interim curriculum document, but recommended that they alone prepare the document.

The program consultants highlighted the haste with which the curriculum was to be prepared. The traditional curriculum committee, which included teachers and specialists, would be slow in its deliberations. They thought it pertinent enough to mention that teachers, especially those at the honour graduation diploma level, needed direction. The program consultants also stated that they possessed much information about what teachers needed to develop courses due to their experiences in the field. Program consultants had expended a great deal of time and energy providing information to schools, and they argued that the information teachers needed could be made more readily available in a guideline prepared by themselves.³⁹⁰ They presented a strong case as to why they should prepare the interim curriculum document. The program consultants were committed to this course of action, and surprisingly, they had the support of the Directors of the Curriculum Development and Curriculum Services Branch.³⁹¹ The experience of revising the Intermediate Physical and Health Education Curriculum apparently did not sour the relationship between the program consultants and J.K. Crossley and R.G. Rist.

When approval had been granted, the curriculum committee went straight to work. The committee was comprised of program consultants Audrey Bales, Ruth Gorwill, John Metcalf, Jack Long, and John Rogers, with Bales as chairperson. Meetings were held between October

Meetings September 10 and 11, 1973 regarding the writing of an Interim Senior Division Curriculum Guideline, 10 Aug. 1973. AO RG 2–245, Physical and health education curriculum files, Senior Physical Education 1969–1973, Barcode B328109, Box Number 3D.

³⁸⁹ Memo to J.F. Kinlin, Assistant Deputy Minister, from J.K. Crossley, Director, Curriculum Development Branch, Subject: Curriculum Guideline – Senior Division Physical and Health Education, 17 Sept. 1973. AO RG 2–245, Physical and health education curriculum files, Senior Physical Education 1969–1973, Barcode B328109, Box Number 3D.

³⁹⁰ *Ibid.*

³⁹¹ *Ibid.*

1973 and February 1974.³⁹² The preliminary work of the committee was done throughout October, and the work they had completed was distributed to program consultants for study and comment in November. It was distributed in advance of their regular 13–15 November meeting to allow all program consultants, not just those on the committee, the chance to assist in revising the curriculum.³⁹³ After the meeting and receiving feedback from those present, the committee entered the second phase of its work. By 17 January, they had completed a rough draft of the curriculum guideline. During the weeks of 21 January and 28 January, the committee received feedback from those in the field, and approximately 500 people – teachers, professors, consultants, students, parents, principals, and superintendents – were involved. The committee began to rewrite its rough draft, and they were assisted by further feedback provided by the program consultants during their 12 – 14 February meeting. By 21 February, the penultimate draft was completed and ready to be presented to the Curriculum Development Branch.³⁹⁴

The program consultants had considerable influence over the content of the curriculum at this point. They seemed to have a clear vision for a reformed program of Senior Health Education. Since many health courses were considered innovative because they went beyond what was contained in curriculum guidelines, the program consultants decided to expand the curriculum guidelines, providing greater clarity and specificity. Owing to the comprehensiveness of their curriculum document, they believed that schools would have no reason to go beyond what was dictated in the document. As a result, they recommended specific policy changes to the

³⁹² The cost of travel and accommodations was budgeted for \$4680.00. Memo to J.F. Kinlin, Assistant Deputy Minister, from J.K. Crossley, Director, Curriculum Development Branch, Subject: Curriculum Guideline – Senior Division Physical and Health Education, 17 Sept. 1973. AO RG 2–245, Physical and health education curriculum files, Senior Physical Education 1969–1973, Barcode B328109, Box Number 3D.

³⁹³ Memo to Regional Directors of Education, from R.G. Rist, Director, Curriculum Services Branch, “Interim Senior Division Guideline – Physical Education and Health,” 17 Sept. 1973. AO RG 2–245, Physical and health education curriculum files, Senior Physical Education 1969–1973, Barcode B328109, Box Number 3D.

³⁹⁴ Resume: Senior Division Physical and Health Education Study Document Committee for W.E.P. Fleck, 26 Feb. 1974. AO RG 2–82–1 Curriculum guideline development files, Physical and Health Education Guidelines 1974 B131689, Box 5.

ministry. The committee proposed that Physical and Health Education credit courses and P&HE Honour Graduation credit courses (Grade 13) no longer be considered innovative, and that the latter should only need the principal's approval.³⁹⁵ The committee was confident that their curriculum was so comprehensive that there would be no need to designate PH&E courses as experimental or innovative, as the content of these courses would fall within curriculum guidelines. This policy proposal was also likely made to help ease the burden faced by the ministry in approving innovative and experimental courses, which continued to be a costly and time-consuming process.

The committee was well aware of the problems facing sex education, and gave them close attention when revising the curriculum. It highlighted such sensitive topics as “homosexuality,” “masturbation,” and “sexual deviation.” They noted that these topics comprised a part of some existing health courses in schools but had not been broached in ministry guidelines before.³⁹⁶ The topics of Human Growth and Development, Sexuality, and Venereal Disease outlined what the committee members wanted to be taught in relation to each topic. For the topic of Sexuality, they wanted students to learn about gender identity, human sexual response, standards of sexual behaviour, unisex, and even genetic engineering.³⁹⁷ For the topic of Venereal Disease, they believed students should learn about its epidemiology, treatment, social aspects, individual responsibility and current Ontario laws. The topic of Human Growth and Development presented students the chance to learn about pregnancy and birth,

³⁹⁵ There was no guidelines in the Senior Physical and Health Education Curriculum for Grade 13, thus requiring all courses offered at this grade level to receive administrative approval.

³⁹⁶ Resume: Senior Division Physical and Health Education Study Document Committee for W.E.P. Fleck, 26 Feb. 1974. AO RG 2-82-1 Curriculum guideline development files, Physical and Health Education Guidelines 1974 B131689, Box 5.

³⁹⁷ While it is unclear exactly how ‘genetic engineering’ would have been incorporated into discussion of Sexuality, it probably would have focused on the direct modification of the genome and the direct transfer of DNA from one organism to another, which were scientific breakthroughs in the early 1970s.

masturbation, homosexuality, and sexual deviations and crimes – incest, rape and child molestation. In addition, family planning could be discussed in relation to Human Families. Accommodating the recommendations made by the Council on the Status of Women, the Task Force on Family Planning, and Planned Parenthood required the committee to make the curriculum guidelines more explicit than ever before.

A liberal belief in the primacy and autonomy of the individual was apparent in the document. When discussing sexuality and sexual mores, students were to explore and clarify their own values and exercise personal decision-making in matters pertaining to sex. Nowhere was this stated more clearly than in the section on Methodology:

Students must feel free to examine, and to discuss in depth, all sides of any controversial questions. Where appropriate the teacher should reveal where he stands but this should be done in a non-prescriptive and non-judgemental way. The aim should always be to expose the student to alternatives as a prerequisite to decision making. It should not be to impose a particular point of view.³⁹⁸

Students were to be given value-neutral information from a diversity of perspectives.

The curriculum was submitted in February, but the Curriculum Committee continued to be preoccupied with the document. In May, Audrey Bayles wrote to W.E.P. Fleck, Director of the Curriculum Branch, regarding proposed amendments to it. A concern had arisen in the field, and the committee wanted to submit its decision about the matter to the branch. Two program consultants in the field had reported incidents in their respective regions in which teachers had expressed their own personal beliefs in answer to students' questions, rather than considering a given student's personal needs in teaching controversial topics. The committee agreed that the following statement should be added to the curriculum in order to warn teachers that,

³⁹⁸ Resume: Senior Division Physical and Health Education Study Document Committee for W.E.P. Fleck, 26 Feb. 1974. AO RG 2–82–1 Curriculum guideline development files, Physical and Health Education Guidelines 1974 B131689, Box 5.

much of the content of School Health Education is dynamic and, by its very nature, contains emotional overtones in terms of our society. Teachers should exercise taste, discretion, selectivity and sensitivity in dealing with specific topics in the areas of Human Families, Sexuality, Venereal Disease, and Human Growth and Development. These topics should generally be dealt with in response to student questions and expressed student needs. Teachers should initiate them very carefully, and deal in detail with them only in terms of a total, well planned program. The Department Head, Principal, and Senior Board Officials must be made aware of the content within the expanded course of study for each school. Parents must also be made aware of the general content, and of the purposes of the course.³⁹⁹

Teachers were warned against providing “off-the-cuff” comments open to misinterpretation.

Despite the “emotional overtones” surrounding sex, teachers had to teach sex education in an impartial, objective manner based on student questions and needs. This statement was intended to be a moderating influence on teachers against providing information which was anything other than value-neutral. Fleck received these proposed amendments, and forwarded them to the Curriculum Guideline Committee, where they would be appended to the document and considered along with the rest of it.⁴⁰⁰

The curriculum document with the amendments were given to the Curriculum Guideline Committee for vetting. The program consultants were disappointed with the result. Their work was undermined and their vision compromised. They were given a heavily-edited copy of the document on 5 June 1974. As Audrey Bayles exclaimed to Fleck, “it was both disturbing and discouraging to note the changes that were made.”⁴⁰¹ She made no secret of how irritated she was, asking whether the copy-editor had the authority to editorialize, change meaning and

³⁹⁹ Letter to W.E.P. Fleck, Director, Curriculum Development Branch, from Audrey Bayles, Program Consultant, 15 May 1974. AO RG 2–82–1 Curriculum guideline development files, Physical and Health Education Guidelines 1974, B131689, Box 5.

⁴⁰⁰ Letter to Audrey Bayles, Program Consultant, from W.E.P. Fleck, Director, Curriculum Development Branch, 27 May 1974. AO RG 2–82–1 Curriculum guideline development files, Physical and Health Education Guidelines 1974, B131689, Box 5.

⁴⁰¹ Letter to W.E.P. Fleck, Director, Curriculum Development Branch, from Audrey Bayles, Chairman, Senior Guideline Committee, Physical and Health Education, 7 June 1974. AO RG 2–82–1 Curriculum guideline development files, Physical and Health Education Guidelines 1974, B131689, Box 5.

comment as had been done, or if whether it was the copy-editor's responsibility to simply edit. Bayles stated that many of the changes made in the document changed the meaning or the impact of the focus the committee was trying to create, and were ultimately unacceptable to them.⁴⁰²

For the next eight months, the curriculum went through many drafts as the program consultants tried to protect their original vision. Certain topics related to sex education continued to be contentious issues. With regards to the topic of Human Families the committee felt that the legal aspects (law, female rights, etc.) were very important and should be re-inserted, as well as discussion of “deviations” under the topic of Sexuality.⁴⁰³ The program consultants' continuing displeasure with the edits made was a significant factor contributing to the delay of the curriculum's release. The nine-month delay may have been particularly embarrassing for the Directors of Education in the Curriculum Development and the Curriculum Services Branch.

An earlier memo highlights the root of the problem. In June 1974, R.G. Rist wrote to Assistant Deputy Minister H.K. Fisher, explaining that “it almost seems that our curriculum pulsates back and forth between extreme liberalism to modest conservatism, depending on the ascendancy of factions within our structure. It is about time that we realized a Ministry position that is not the private preserve of either the Messiahs or the Methuselahs.”⁴⁰⁴ While this exchange was about the P&HE curriculum more generally, it touched upon the internal dynamics of the curriculum branches with regards to sex education.

The “messiahs” (those whose views on curriculum reflected an “extreme liberalism”) were arguably the program consultants. They wanted more comprehensive guidelines at all grade

⁴⁰² Ibid.

⁴⁰³ Memo to R.G. Rist for the information as requested of Mr. G.H. Waldrum, from John Metcalf, Curriculum Services Branch, “Senior Physical and Health Education Guideline, 24 Mar. 1975. AO RG 2–82–4 Curriculum Services Branch administration files, Senior Physical & Health Education Guideline 1975, B101476, Box 1.

⁴⁰⁴ Memo to H.K. Fisher, Assistant Deputy Minister, from R.G. Rist, Director, Curriculum Services Branch, Subject: Physical and Health Education, 14 June 1974. AO RG 2–82–4 Curriculum Services Branch administration files, Physical & Health Education – General 1974, B189232, Box 2.

levels to ensure a greater continuum of health education so teachers could better meet the needs of students. Moreover, they wanted to break with localist policy. This collectivity of civil servants believed that if the sexual health needs of all Ontario students were to be met, centrally created and disseminated standardized programming was required. They believed that sex education had to be saved from the inertia of teachers, principals, and administrators, as well as liberated from the more cautious elements within their ranks. The “methuselahs”⁴⁰⁵ were most likely those who were hesitant to provide students with a more explicit sex education (and teachers with directives), lest they alienate parents and local schools. Sex education continued to be a contentious issue and incorporating new topics – which had the potential to spark controversy – made them cautious. The methuselahs, however, could not be faulted for their insistence on curriculum that adhered to current localist policy. They were simply working within the parameters set for them. Rist, no doubt exasperated as a result of the ongoing disagreement over the P&HE curriculum, may have succumbed to hyperbole. But he had good reason to be frustrated. The curriculum branches, if they wanted to avoid controversy and continue to remedy socio-sexual problems, could not afford to be too radical or reactionary.

It took some time to reconcile the opposing positions within the Curriculum Branches. The revision of the curriculum was, in theory, to have proceeded expeditiously; instead, it took over a year for the interim curriculum document to finally see the light of day.⁴⁰⁶ Ultimately, a ministry position between the methuselahs and the messiahs had been adopted for the Interim Senior Curriculum, which adhered to ministry policy but also showed signs of innovation. While

⁴⁰⁵ Methuselah was a biblical figure in the Old Testament who lived to 969 years. The name is a synonym for longevity.

⁴⁰⁶ During this protracted process, Fleck attempted to “resolve differences with the chairman of the committee, Audrey Bayles, through negotiation and discussion, rather than ‘single-handed action.’” Memo to J.F. Kinlin, Assistant Deputy Minister, from W.E.P. Fleck, Director, Curriculum Development Branch, “Senior Physical Education,” 28 Jan 1975. AO RG 2–82–1 Curriculum guideline development files, Physical and Health Education Senior Guidelines (Arts) 1975, B131691 Box 11.

the committee used the words “homosexuality,” “masturbation,” and “sexual deviation” in their curriculum, they were stricken from the final version. Even though these terms were used in some existing health courses, they would not be used in ministry guidelines. Despite this omission, much of the committee’s original work was preserved in the curriculum. The topics of Human Growth and Development, Sexuality, and Venereal Disease remained, but a few changes were made as to what could be taught in relation to each topic. For the topic of Sexuality, not much changed; discussion of “sex and the law” was included, but discussion of “unisex” and “genetic engineering” was removed. For the topic of Human Families, discussion of “family planning” was included, and the committee was able to reinsert discussion of “legal considerations” and “individual rights” related to the concepts presented in this topic. The ministry decided to use the more euphemistic term “family planning” though, instead of “birth control” which was wanted by Planned Parenthood and the Ontario Council on the Status of Women. However, whether deliberate or not, these passages were written in an open-ended manner which allowed for a broad interpretation of family planning. With regards to the topic of Venereal Disease, nothing was changed.

The topic of Human Growth and Development experienced the most change. While students had the opportunity to learn about pregnancy and birth, endocrinology, and the biological male and female, the committee’s proposal that students also learn about masturbation, homosexuality, and such sexual phenomena as incest, rape and child molestation, was not incorporated.⁴⁰⁷ Nonetheless, the content of the curriculum was more prescriptive and descriptive, providing students with a far wider vision of the terrain. It reflected the legal changes of the past few years, and the hard won gains made during the sexual revolution.

⁴⁰⁷ Ontario Ministry of Education, *Senior Physical and Health Education Curriculum*, 1975 (Toronto: Ministry of Education), 4.

The committee's "extreme liberalism" was still apparent in the document. While it was no longer stated verbatim in the curriculum that "students must feel free to examine, and to discuss in depth, all sides of any controversial questions," the curriculum still championed the primacy and autonomy of the individual. In the Introduction, it was noted that one of the curriculum's aims was to "help students clarify their personal values, so that their attitudes, decision-making abilities, and resulting behaviours will contribute to satisfying relationships and will allow them to realize their potential for the betterment of self, family, and others."⁴⁰⁸ Students would still be presented with different sides of controversial questions. The curriculum acknowledged that students would naturally be "seriously questioning, investigating and evaluating cultural stereotypes in such areas of their lives as the nuclear family and alternate lifestyles, codes of morality, and sexuality and sexual mores."⁴⁰⁹ Students were to analyze why certain issues might be "values issues." This analysis would provide students with the opportunity to clarify their own values which would assist them with personal decision-making. The goal, however, was not to debate what values were right or wrong, but to foster tolerance for personal choice (within the rule of law). This curriculum was the most significant advancement in sex education to date. It encompassed a plethora of sex education topics and outlined the ministry's commitment to liberal education.

With the curriculum finally ready, Thomas Wells chose the Health Education Conference at Geneva Park on 24 April 1975 to announce the release of the curriculum document. Once again, his speech revealed that a ministry position between the methuselahs and the messiahs had been adopted. Wells mentioned that "considerable flexibility is provided in the preparation of health education courses. This will permit the study of all aspects of adolescent growth and

⁴⁰⁸ *Ibid.*, 2.

⁴⁰⁹ *Ibid.*, 1.

development including such topics as family planning, alternative lifestyles, and various aspects of nutrition.”⁴¹⁰ The message was clear. The ministry would adhere to the policy of localism. Schools and school boards could approve health education courses which included the aforementioned topics, but they were under no obligation to do so; the ministry would not compel them, and the decision lay solely with local authorities. It was significant that nutrition was mentioned alongside more contentious issues such as family planning and alternative lifestyles. Wells sent a clear message that these topics were legitimate ones for inclusion in health education, and information related to sex was just another aspect which contributed to the improvement of student health and overall well-being. Wells understood the controversial nature of his comments:

Some of these components of a well-rounded health education program are often considered to be hot topics. It’s almost inevitable that a mere mention of the term ‘sex education in schools’ causes many people to worry, sometimes quite vocally [...] But I think that we have our heads in the sand if we stand back and blithely say to ourselves that the schools have no role to play.⁴¹¹

However, this statement has to be viewed in light of the “flexibility” which ministry policy offered to schools. Some schools may have chosen not to play a role in educating students in matters pertaining to sex. In addition, while the curriculum was noted by a curriculum consultant for the Toronto Board of Education to be more descriptive,⁴¹² schools could provide students with a selective education omitting certain topics, defeating the point of including more explicit guidelines.

While the curriculum itself was an improvement over the 1969 Senior Curriculum, there were still topics which did not receive much treatment or were completely omitted from the

⁴¹⁰ Draft of Minister’s speech to be delivered at Geneva Park on April 25, 1975. AO RG 2–82–1 Curriculum guideline development files, Health Education General (Arts) 1975, B131691 Box 11.

⁴¹¹ “New Sex Teaching: Wells unveils curriculum guidelines for Grade 11 and 12 courses,” *Globe and Mail*, 26 April 1975.

⁴¹² *Ibid.*

program consultants' draft version. Should discussion of sexual deviations and crimes including incest, rape, and child molestation have been removed from the Human Growth and Development strand? A 1979 study of sexual offenses against women reveals that these were very real problems. A survey of 103 undergraduate females between the ages of 18 and 24 (mean age 20.3) at a Southern Ontario university found that 9% of the subjects had experienced an attempted rape or other sexual assault before the age of 14. The most common sexual offence after age 14 was being sexually molested (defined as being sexually touched against one's will) with 44% of respondents indicating that this had happened to them. 16% of respondents stated that they had been subject to an attempted rape or other sexual assault. One person in the sample reported rape.

Most victims of attempted rape (59%) were assaulted by a complete stranger, whereas this was true for only 24% who reported being sexually molested. The one person who reported having been raped said the offender was a complete stranger. About one-half of those reporting being sexually molested indicated that the offender was either an acquaintance or a casual date. Offenders listed were neighbor, friend of victim's parents, girlfriend's brother and physician. Many of the women experienced multiple sexual offences. 31% reported more than one attempted rape and 57% reported being sexually molested two or three times. While these results are based on a limited sample, the authors noted that they gave a strong indication that sexual offences were greater in magnitude than was commonly believed.⁴¹³

To what extent the program consultants were informed about the problem of "sexual deviations and crimes" is unknown. It is understandable why, given the impact upon students' physical and emotional well-being, the program consultants wanted to address these topics. The

⁴¹³ Edward S. Herold, Debra Mantle, Olga Zemitis, "Study of Sexual Offenses against Females," *Adolescence*, Vol. 14 No. 53 (1979): 65–72.

inclusion of sex education topics, however, was largely dictated by scientific knowledge and expertise (a topic which will be discussed in Chapter 5). Without an adequate knowledge of the problem, the ministry could not provide any solutions – or defend the inclusion of such questions. Topics such as venereal disease and premarital sex were controversial enough, and there was no guarantee that discussion of rape, child molestation, and incest would be well-received. Without an adequate rationale derived from empirical proof, the explicit inclusion of sexual deviations and crimes was not feasible.

The topic of homosexuality also posed a problem for the ministry's medicalized study of sex. The medical profession was split on its causation and frequently debated the topic. Was homosexuality caused by a genetic "aberration?" Was it a glandular or endocrine "disease?" Could it be an acquired psychological "disorder?" Could it be the result of a combination of two or more the foregoing factors? If so, what was the most significant causative factor? If homosexuality was indeed a psychological disorder, there were still many questions left unanswered. Was its genesis caused by emotional childhood trauma? Environment? Faulty upbringing? Based on the theory one adopted, homosexuals were either "sick" or "maladjusted."⁴¹⁴ While the medical profession's quest for truth never stopped,⁴¹⁵ it increasingly questioned whether homosexuality itself was a disease.

⁴¹⁴ Articles published in the *Canadian Medical Association Journal* between 1950 and 1975 provide insight into changing views on homosexuality. See S.R. Laycock, "Homosexuality – A Mental Hygiene Problem," *CMAJ*, V. 63 (Sept. 1950): 245–250; Marvin Wellman, "Overt Homosexuality with Spontaneous Remission," *CMAJ* Vol. 75 (Aug. 1956): 273–279; P.G. Thomson, "Sexual Deviation," *CMAJ* Vol. 80 (March 1959): 381–389; Herbert Pascoe, "Deviant Sexual Behaviour and the Sex Criminal," *CMAJ* Vol. 84 (Jan. 1961): 206–211; Editorial, "Homosexuality" *CMAJ* Vol. 86 (May 1962): 883–884; Anonymous, "Living with Homosexuality," *CMAJ* Vol. 86 (May 1962): 875–878; Editorial, "Genesis of Homosexuality," *CMAJ* Vol. 93 (Nov. 1965): 1041; Peter Roper, "The Effects of Hypnotherapy on Homosexuality," *CMAJ* Vol. 96 (Feb. 1967): 319–327; Peter Moore, "Homosexual: The Label that Damns," *CMAJ* Vol. 106 (May 1972): 1071–1074.

⁴¹⁵ As Foucault notes, our knowledge of sexuality is connected to the production of the truth about sex, and the *scientia sexualis* with which Western society has equipped itself with has the pursuit of truth as its own intrinsic pleasure. See Michel Foucault, *The History of Sexuality, Volume 1, An Introduction*, ed. Allen Lane, trans. Robert Hurley (London: Penguin Books Ltd., 1971), 71.

These questions had implications for sex education. If homosexuality was not a disease, should it be included in sex education? Did teachers possess enough knowledge of this complex topic to adequately address it? How should the information be presented? There were many discourses surrounding homosexuality. The Coalition for Gay Rights in Ontario (CGRO) wanted to be able to speak for themselves in order to dispel stereotypical and negative ideas about gay people.⁴¹⁶ Gay activists had visited schools to speak on homosexuality as part of sex education classes (as noted in Chapter 2), and these presentations were intended to reveal the “sheer ordinariness of gay people.”⁴¹⁷ The gay and lesbian movement was adopting an increasingly assimilationist, rights-based equality-seeking agenda,⁴¹⁸ and the CGRO was pursuing curricular inclusiveness in tandem with their goal of including sexual orientation in the Ontario Human Rights Code (OHRC).⁴¹⁹

The complexity of homosexuality, and the question as to which discourse should govern the subject – is it a moral issue, legal problem or medical condition? – precluded its inclusion in the 1975 curriculum. A brief from the CGRO to the Ministry of Education a few months after the curriculum’s publication indicates that this was case. The CGRO perceptively noted that the curriculum guideline emphasized “individualization, scientific orientation and humanisation” and argued that if students were to consider a variety of perspectives on sexuality, an honest and

⁴¹⁶ “The Homosexual Minority in Ontario” a Brief Presented by the Coalition for Gay Rights in Ontario. AO RG 2–82–1 Curriculum guideline development files, Homosexuality 1975, B131691 Box 11.

⁴¹⁷ Michael Graydon, “‘Kids, Not Rights, Is Their Craving’: Sex Education, Gay Rights, and the Threat of Gay Teachers,” *Canadian Review of Sociology* 43, no. 8 (2011): 321.

⁴¹⁸ As historian Miriam Smith highlights, the middle class activism and strategies of these groups “reflected the rise of rights talk [...] and focused on the law as a mechanism for the achievement of social change and focuses activism on the courts, with lawyers as the agents of the movements.” See Miriam Smith, *Lesbian and Gay Rights in Canada: Social Movement and Equality Seeking, 1971–1995* (Toronto: University of Toronto Press, 1999), 92.

However, not all gay and lesbian groups were optimistic about rights-based liberalism. Gay and lesbian liberationists did not believe that rights-based discourse could lead to the social change they envisioned. They believed that oppression could only be overcome by a radical and fundamental change to the structure of society. Tom Warner, *Never Going Back: a history of queer activism in Canada* (Toronto: University of Toronto Press, 2002).

⁴¹⁹ Jennifer Tunnicliffe, “‘Life Together’: Public Debates over Human Rights Legislation in Ontario, 1975–1981,” *Social History* 46, no. 92 (2013): 443–470.

accurate presentation of information on homosexuality was required.⁴²⁰ Ironically, homosexuality, even from a scientific standpoint, remained a perplexing – and contentious – topic. While homosexuality itself was not a disease, a medicalized study of sex could not provide students with accurate, fact-based knowledge of this phenomenon.

Even though homosexuality was not explicitly included within the new curriculum, the ministry assured the CGRO that the guidelines were sufficiently broad enough to allow for it to be incorporated into a course of study.⁴²¹ This decision, however, was dependent upon local school authorities. For those teachers and administrators who believed there was a need to address this topic and felt confident enough to handle its complexities, they were able to do so. Of course, one could argue – based on the work of Herold – that the explicit inclusion of homosexuality would contribute to the greater likelihood that it would be included as a topic in courses of study, as well as increase the possibility that “gay people” would be used as speakers in the classroom. The CGRO’s goal of curricular inclusiveness, however, was largely dependent upon adoption of human rights legislation at the federal and provincial levels.⁴²²

The topic of family planning received priority. Not only was its inclusion recommended by various pressure groups and government bodies, but it was also found that there was a pressing need for it. In October 1974, a study of the London Board of Education’s family planning unit was undertaken. The study was a preliminary evaluation of the effects of the family planning unit on students’ knowledge, attitudes and behaviour. The findings, published in 1975,

⁴²⁰ “The Homosexual Minority in Ontario” a Brief Presented by the Coalition for Gay Rights in Ontario. AO RG 2–82–1 Curriculum guideline development files, Homosexuality 1975, B131691 Box 11.

⁴²¹ See Letter to Ian Turner, Provincial Affairs Co-ordinator, GATE, from Thomas Wells, Minister of Education, 1 Dec. 1975. AO RG 2–82–1 Curriculum guideline development files, Homosexuality 1975, B131691 Box 11, and Intra-Ministry memo to John Storey, Director, Curriculum Branch, from R.A.L. Thomas, Assistant Deputy Minister, 9 Sept. 1977. AO RG 2–82–5 Curriculum Branch administration files, Homosexuality, B100599, Box 2.

⁴²² See Brent Brenyo, “Educational Malpractice? Human Rights, Censorship, and the LGBTQ+ Community in Ontario’s Health and Physical Education Curriculum,” *Historical Studies in Education* Vol. 28, no. 2, (Fall 2016): 49–75.

demonstrated that sex education was necessary. A questionnaire on family planning knowledge and attitudes was sent to 2,780 students enrolled in Grades 11–13 at five secondary schools. These schools were chosen because they were representative of all London schools. About 38% of the 2,210 students who responded indicated that they had had sexual intercourse. It was slightly higher for boys (41%) than for girls (35%) and tended to increase with grade.⁴²³ Of those 847 students who had had sexual intercourse, 48% of the boys and 57% of the girls indicated that they had had intercourse with one or more partners during the preceding six weeks.⁴²⁴ Of these students, 47% indicated they “always” used some method of contraception, 20% responded “sometimes,” and 38% used no contraceptive. The data indicated a significant amount of contraceptive risk-taking.

The survey revealed that the family planning unit had the potential to alter student conduct. The study found that students’ knowledge test scores increased systematically with grade level and were higher for students who had been exposed to the family planning unit.⁴²⁵ Moreover, students’ endorsement of birth control tended to increase with grade level. Girls who had the family planning unit were more positive in their attitudes towards birth control than those who had not. The same trend was also evident, though not statistically significant, in the case of boys.⁴²⁶ The report concluded that the family planning unit had a “modest” effect on knowledge, a “minor” effect on attitudes – but no effect on sexual behaviour.⁴²⁷ The survey found no clear difference in contraceptive use between students who had been exposed to the family planning

⁴²³ R.G. Stennett, T.R. Roberts, N. West, *The Family Planning Unit of the Family Living Program: A Preliminary Evaluation* (The Board of Education for the City of London, 1975), 16.

⁴²⁴ *Ibid.*, 19.

⁴²⁵ *Ibid.*, 25.

⁴²⁶ *Ibid.*, 28.

⁴²⁷ *Ibid.*, 3.

unit and those who had not.⁴²⁸ The results, however, raised more questions than they answered. Students in Grades 12 and 13 had fewer sexual partners than those in Grade 11, and students who were not exposed to the family planning unit had fewer sexual partners than those who were exposed to the family planning unit. Students' tendency to employ contraceptives, however, increased with grade level.⁴²⁹ The report noted that further evaluation of the family planning unit was required before a firm assessment of its effectiveness could be made.⁴³⁰ This was particularly true of its effect on student behaviour. The Ministry of Education's Planning and Research Branch, which conducted research and statistical analysis to assist in policy formulation, received the report.

The 1975 curriculum guidelines were a product of calculated rationalism.⁴³¹ The ministry, utilizing empirical data to formulate sex education policy, opted not to include the topics of deviant sexual crimes and homosexuality. Based on the statistics provided by Herold, the latter topic was barely taught and the former not taught at all. Moreover, less than half of teachers agreed with the statement that the homosexual was not given enough acceptance in society – perhaps indicating hostility towards gays and lesbians. The ministry, at the risk of

⁴²⁸ The authors noted that it was not possible to isolate the "independent" effects of the demographic variables (parents' occupation and education, number of children in family, number of schools attended, type of family, religious worship) on the measures of students' knowledge, attitudes and behaviours. However, an assessment of the possible influence of these factors was done. The results? All of the student background characteristics – except number of schools attended – were related to one or more of the outcome measures. The authors concluded that "in general, the student background characteristics are most closely related to measures of attitude and knowledge and least significantly to reported sexual behaviour." *Ibid.*, 21.

⁴²⁹ *Ibid.*, 32.

⁴³⁰ The effect of the family planning unit on student knowledge, attitudes, and behaviour also has to be viewed in light of the comments students made. Student comments about the family planning unit were almost equally positive (46%) and negative (47%) in character. Students indicated that much more detail was needed and that the material which they received was repeated from earlier grades. Interestingly, students approved of the questionnaire, with some indicating that it helped them realize how much they had to learn about family planning. *Ibid.*, 33.

⁴³¹ Methodologies of calculated rationalism, as Sternberg notes, "prospered when public affairs took on the structural character of quantifiability." See Sternberg, "Incremental Versus Methodological Policymaking in the Liberal State," 67.

alienating teachers, decided not to include the more controversial topics. The topic of family planning, for which there was an identifiable and pressing need, received priority.

Even though some topics were omitted from the approved curriculum, the 1975 Senior Physical and Health Education curriculum showed signs of incremental gains. It included new topics and expanded upon previously existing ones, providing greater clarity and direction on what to teach and how to teach it. However, the decision to adhere to established localist policy posed problems for the curriculum's implementation. While the curriculum was both more prescriptive and descriptive, localist policy allowed schoolboards to determine whether and to what extent sex education would be taught. The purpose of issuing more explicit guidelines thus was somewhat undermined. While the ministry sanctioned the teaching of sensitive topics such as family planning, venereal disease, and standards of sexual behaviour, it would not require schools to teach them as this would encroach upon local autonomy.

While there were those within the Curriculum Development Branch and Curriculum Services Branch such as the Physical and Health Education Program Consultants who wished the ministry would take a more proactive role, Thomas Wells remained dedicated to his predecessor's policies. There was no change in policy and the emphasis on localism in education was upheld. However, numerous problems associated with sex education had been identified: the local implementation of sex education was fraught with difficulties, the regional pattern of reporting for sex education made it difficult to determine its extent and nature, and the inability of the ministry to respond to the recommendations of government bodies and Ministries made them appear ineffective. These ongoing problems could not long be ignored.

Chapter 5

‘To Strengthen the Avenue of Early Prevention’: Sex Education and the Return to a Core Curriculum

The changing social and economic context of the late 1970s and early 1980s paved the way for sex education’s further institutionalization. The rising number of pregnancies and abortions amongst teenagers throughout the mid-to-late 1970s became a new source of concern for policymakers. Teenage pregnancy posed health risks to both mother and fetus, but there was also an associated social and economic cost. Sex education was once again seen as a solution, but the particularly explosive issue of abortion posed a challenge to the ministry. While discussion of abortion ostensibly fit within a program of disease prevention and health promotion, its inclusion was vociferously opposed. Moreover, anti-abortion groups falsely equated abortion with birth control in an attempt to prevent discussion of either topic. The ministry ultimately declared that abortion was not a topic specified in curriculum guidelines – relegating its inclusion to approved experimental courses of study only – because it considered abortion a failure of prevention and therefore not appropriate in the context of “Family Planning.” The ministry, however, included an even more thorough study of birth control for younger students in the 1978 Intermediate Physical and Health Education Curriculum under the conceptual aegis of “Conception Control.”

Sex education was believed to be a remedy for socio-sexual problems as well as certain aspects of government spending. Policymakers hoped that sex education’s emphasis on prevention could reduce health care costs specifically and social services spending more generally. The end of decentralization and local autonomy in curriculum development provided the opportunity to make health education a compulsory course for all students. Financial

retrenchment during a period of economic recession, coupled with declining confidence in the public education system, brought about the return to central planning and compulsory courses for secondary school students. The opportunity was eagerly seized. Impetus for sex education's institutionalization as part of P&HE came from the OMA. Its ongoing concern with teenage pregnancy resulted in a PR campaign in which it promoted the necessity of sex education. Moreover, empirical reports and studies had been published which provided evidence, albeit limited, of sex education's effectiveness in ameliorating socio-sexual problems. The Ministry of Health firmly believed that health education would improve public health and reduce health care costs, and it pressed for – and achieved – the inclusion of P&HE as a compulsory course. Starting in the 1984–1985 school year, one of the compulsory credits required for graduation was Physical and Health Education.

Abortion had become a very contentious issue by the mid-1970s, as the decriminalization of abortion became a goal of Second Wave feminism.⁴³² After the 1969 reforms, abortions had to be carried out in a hospital with the consent of a therapeutic abortion committee (TAC), and if they were not, they would continue to be treated as a crime under Section 251 of the Criminal Code. Feminists regarded the 1969 law reform with respect to birth control as an incomplete victory because it left abortion in the Criminal Code, and they demanded laws giving women control over their own bodies and respected their autonomy.⁴³³ These years also saw Montreal physician Dr. Henry Morgentaler charged with performing illegal abortions in Quebec. An enigmatic individual, Morgentaler was “deeply affected by the plight of women in desperate need of ending a pregnancy [and] to provide relief to such desperate women, he began

⁴³² Angus McLaren and Arlene Tigar McLaren, *The Bedroom and the State: The Changing Practices and Politics of Contraception and Abortion in Canada, 1880–1997*, 2nd Ed. (Toronto: Oxford University Press, 1997), 142.

⁴³³ Pierson, “The Politics of the Body,” 99.

performing abortions in a clinic in defiance of the existing law.”⁴³⁴ His case wound its way through the judicial system all the way to the Supreme Court in 1975, where his conviction and eighteen-month prison sentence was upheld. Many groups supporting the liberalization of abortion laws took shape, such as the Canadian Association for Repeal of the Abortion Law which was formed in 1974 to support Morgentaler’s challenge of the 1969 laws. Later renamed to the Canadian Abortion Rights Action League (CARAL), it was joined by other groups such as the Ontario Coalition for Abortion Clinics, which kept the issue before the public.⁴³⁵

The continuing debate over the abortion law resulted in the federal government establishing the Committee on the Operation of the Abortion Law on 29 September 1975. More commonly known as the Badgley Committee after its chairman, Robert F. Badgely, the terms of reference set for the committee was that it was “to conduct a study to determine whether the procedure provided in the Criminal Code for obtaining therapeutic abortions [was] operating equitably across Canada.”⁴³⁶ The committee’s report, submitted in January 1977, was critical of the operation of the abortion law. The report noted that the procedures set out for the operation of the abortion law were not working equitably across Canada:

In almost every aspect dealing with induced abortion which was reviewed by the committee, there was considerable confusion, unclear standards or social inequity involved with this procedure. In addition to the terms of the law, a variety of provincial regulations governed the establishment of a hospital TACs and there was a diverse interpretation of the indications for this procedure by hospital boards and the medical profession.⁴³⁷

⁴³⁴ *Ibid.*, 102.

⁴³⁵ For discussion of the OCAC, see Carolyn Egan and Linda Gardner, “Reproductive Freedom: The Ontario Coalition for Abortion Clinics and the Campaign to Overturn the Federal Abortion Law,” in *Without apology: writings on abortion in Canada*, Shannon Stettner, (Ed.) (Edmonton: AU Press, 2016), 131–138. For an overview of changes to the abortion law after Morgentaler’s conviction was overturned, see Karine Richer, *Abortion in Canada: Twenty Years after Morgentaler* (Ottawa: Parliamentary Research and Information Service of the Library of Parliament, 2008).

⁴³⁶ Minister of Supply and Services Canada, *Report of the Committee on the Operation of the Abortion Law* (Ottawa: Supply and Services Canada, 1977), 3.

⁴³⁷ *Ibid.*, 17.

These factors, the report noted, led to sharp disparities in the distribution and the accessibility of therapeutic abortion services; a continuous exodus of Canadian women to the US to obtain the operation; and delays in women obtaining induced abortions in Canada.

The Badgley report had implications for provincial ministries of education. “More money is spent on paying for the treatment and the care of women who have induced abortions than on ways of seeking a reduction in their numbers and in providing more effective programs of family planning and sex education,” the report stated. “Existing sex education courses in schools, the work of public health programs or the efforts of voluntary associations, when considered together, have had little impact on the population as a whole.”⁴³⁸ The report noted that the abortion rate was highest among females between 15–19 years and 20–24 years of age. In 1974, 12,481 abortions were performed for the former group, and 12,081 for the latter. For those under the age of 15 years, 505 abortions were performed.⁴³⁹ When the abortion rate was expressed as the number of abortions per 100 live births by age group, the rate continued to be high among females between 15 and 19 years, but it dropped rapidly to its lowest point among women between 25 and 29 years. Teenagers (and women between the ages of 40 and 44) used induced abortion to terminate unwanted pregnancies more than any other age group.

Teenage pregnancy posed serious health risks to mother and child. Pregnancy in women under the age of 20 was associated with a higher mortality and morbidity for both mother and child. There was also a higher incidence of toxemia and other complications, such as low birth weight and premature births. Moreover, among women who had had therapeutic abortions in 1974, the frequency of reported complications was the highest among the youngest group of females: 9.3% per 100 for women between 10 and 14 years, and 4.1% per 100 for women

⁴³⁸ *Ibid.*, 24.

⁴³⁹ *Ibid.*, 310–311.

between 15 and 19 years. After this age, the ratio remained stable at between 2.3 to 2.8% per 100 until the 45 to 49 age group.⁴⁴⁰

Educational policymakers could not ignore the Badgley report's findings. Provincial ministries of education had an important part to play in reducing the number of teenage pregnancies and the high rate of abortion amongst teenagers. In 1976, the Ontario government approved an annual budget for family planning of \$2,000,000 for distribution to local health units and community agencies. While local health units and community agencies offered counselling services and some clinical services, the Ministry of Education could also provide students with information about birth control and how to access family planning services. It also had the ability to reach students at an early age before they were sexually active.⁴⁴¹ While family planning had recently been introduced as a topic of study in response to recommendations made by the Ontario Council on the Status of Women, the Task Force on Family Planning, and Planned Parenthood, abortion was not explicitly mentioned. Abortion, however, was included in some experimental and innovative courses – usually discussed in conjunction with birth control/family planning. The controversial nature of abortion made the ministry reluctant to broach the topic. It was a divisive subject which elicited heated debate. Nonetheless, the ministry would be forced to clarify whether or not abortion was a valid curriculum topic by the anti-abortion organization, Alliance for Life.

⁴⁴⁰ *Ibid.*

⁴⁴¹ The report noted that there was a slight trend which indicated that sex education received in school by women in the national patient survey led to their greater use of more effective methods of contraception such as the pill, the condom, and the diaphragm when conception occurred (contraceptive failure was the result of insufficient information to effectively use these contraceptive means). However, women in almost equal numbers who were having induced abortions and who had received no instruction used the same types of contraception as the women who had had such instruction in schools. "The findings for these women do not lend support for the usefulness of current contraceptive and family life education programs undertaken at schools across Canada," the report declared. *Ibid.*, 376.

The Alliance for Life was founded in 1968 to coordinate the activity of anti-abortion educational groups across the country. While the Ontario Alliance for Life was not founded until 1989 to co-ordinate groups within the province, chapters had been established in Ontario prior to the formation of the provincial organization. During the 1970s and 80s, it was the principal organizational force of the Canadian movement, and was centred first in Ottawa, and subsequently in Toronto, then Winnipeg. As the national umbrella for all such groups, “the Alliance was responsible for conducting research, disseminating educational materials, formulating political strategy, and in general co-ordinating the varied activities of the movement’s scattered troops.”⁴⁴² Funded entirely by affiliation fees and private donations, it also published the journal *Pro-Life News Canada* six times annually. While most of its members were predominantly Catholic,⁴⁴³ they would make common cause with anyone fighting against abortion who wanted to reinstate Christianity as “the guardian of the nation’s morality.”⁴⁴⁴ The Alliance for Life was quickly characterized by its extremism, which was responsible for its first internal fissure several months after its founding, when in November 1968 Louise Summerhill opened the first Birthright pregnancy centre in Toronto. Birthright reflected Summerhill’s belief that,

the aggressive political posture of the Alliance distracted attention from the economic and emotional plight of many women facing unplanned pregnancies. Birthright, according to her design, would completely disassociate itself from political lobbying and public controversy and function exclusively as a pregnancy help resource.⁴⁴⁵

⁴⁴² Michael W. Cuneo, *Catholics against the Church: Anti-Abortion protest in Toronto, 1969–1985* (Toronto: University of Toronto Press, 1989), 9.

⁴⁴³ By 1975, there was a growing anti-abortion lobby in Canada, fuelled in part by the Catholic opposition to birth control and abortion. See Erika Dyck, “Abortion and Birth Control on the Canadian Prairies: Feminists, Catholics, and Family Values in the 1970s,” in *Abortion: history, politics, and reproductive justice after Morgentaler*, Shannon Stettner et. al., (Eds.) (Vancouver: UBC Press, 2017), 74–94.

⁴⁴⁴ Cuneo, *Catholics against the Church*, 43.

⁴⁴⁵ *Ibid.*, 9.

Birthright, however, was still intensely Catholic, and did not discuss contraceptive practices with clients.

Correspondence between the Alliance and the ministry began with the Bowmanville chapter. In a letter addressed to Minister of Education Thomas Wells, Mrs. Wilma Brink of the Bowmanville Alliance for Life expressed the group's concerns with the rising number of abortions. She rhetorically asked, "why so many abortions? Why so many girls get in trouble? Is there something lacking in our education? Are we giving them the facts of life and after that just let them experiment with it just like a biology test? Why not tell them that premarital sex is a no-no?"⁴⁴⁶ Brink proclaimed that no premarital sex would equal no venereal disease or pregnancy, and this would result in no need for abortion. But this was something students needed to be taught. Brink exemplified the group's earnest belief that by bringing Christian morality back into students' lives they could prevent abortions. It presumed that this could be accomplished by putting prayer and the Bible back in classrooms. Christian teachers could also give students direction in order to conduct themselves. With respect to contraception, the group believed that students "should not be taught how to use it, but know not to use it."⁴⁴⁷ The group preferred students not learn about sex. It believed that sex education would lead to premarital sex, disease, and teenage pregnancy. For the Alliance for Life, ignorance was bliss.

The reply to the group prepared for Wells revealed a subtle distinction the ministry made with regards to what constituted Family Planning:

In Ontario, courses of study are developed by local educational authorities, and by individual schools, within a framework provided by Ministry of Education guidelines. The Physical and Health Education Guidelines allow Family Planning to be part of the school curriculum if it is perceived by the local board authorities as meeting the needs of their students. Abortion is not identified in

⁴⁴⁶ Letter to Thomas Wells, Minister of Education, from Wilma Brink, Bowmanville Alliance for Life, 4 Apr. 1976. AO RG 2-82-5 Curriculum Branch administration files, Physical Health and Education 1976, B101506, Box 1.

⁴⁴⁷ Ibid.

any Ministry Guideline as a valid curriculum topic. However, the topic may be raised by students in class. If you have concerns regarding the specifics of any programs in local schools, may I suggest that you arrange a meeting with the appropriate school principal.⁴⁴⁸

This reply was not entirely forthcoming. While it mentioned that the topic of abortion was not included within curriculum guidelines, the topic had been included – and approved by the ministry – as part of experimental and innovative courses. Its inclusion, of course, was dependant on teachers, principals, and relevant school officials.

The national office of Alliance for Life, which was currently located in Toronto, continued to press the ministry over the teaching of Family Planning. It brought a teaching resource, *Sex Education – A Teacher’s Guide*, to the ministry’s attention. The teacher’s guide, produced by the Department of National Health and Welfare, consisted of six educational booklets. These booklets were designed to provide teachers with accurate information regarding the social, legal, economic and cultural aspects of sex in Canada. The booklets – *Introduction*, *Sexual Activities*, *Family Planning*, *Birth Control & Abortion*, *Misuse of Contraception/VD*, and *Population* – covered a diverse range of topics. Each booklet listed additional resources, learning activities, and discussion points for classroom use. It was not intended to be a “textbook” for students or a course of study itself. While these booklets presented information about human sexuality and sexual behaviour largely in clinical terms, they did not neglect the socio-cultural aspects of sex. The booklets presented multi-faceted views on many sensitive issues and even highlighted competing values. Considerable attention was given to theological arguments concerning sexuality. The booklets attempted to present sex education in an impartial fashion.

⁴⁴⁸ Letter to Mrs. Brink, Bowmanville Alliance for Life, from Thomas Wells, Minister of Education, 20 Apr. 1976. AO RG 2–82–5 Curriculum Branch administration files, Physical Health and Education 1976, B101506, Box 1.

Gwen Landolt, President of the Alliance for Life, wrote to Wells to express the group's "very serious objections to pamphlet number four – *Birth Control & Abortion*." The group believed that the pamphlet "[did] not in any way represent legitimate education but [was] an obvious attempt to manipulate the student into accepting the pro-abortion position." The Alliance included a detailed critique of the abortion section of the booklet to demonstrate why the pamphlet "was totally unacceptable for use in our schools."⁴⁴⁹ The Alliance for Life had many criticisms, but few were well-founded. Its overriding goal was to have sex education conform to Catholic teachings about human sexuality, and it was willing to misrepresent the information contained in the booklets to achieve this goal. The claim that the booklet represented a "pro-abortion" position was a pretense to launch a campaign of censorship. Similar to CAMPS and Renaissance, the Alliance for Life wanted to impose a single standard of morality and behaviour upon students. It rejected the pluralistic liberal context in which sex education was created and taught.

The group took great offence with abortion being equated with birth control in the booklet. The booklet stated that "abortion is one of the oldest birth control measures in the world." Abortion was presented as a "Back-up Method," because "as long as contraceptive methods are not 100% effective and safe, and as long as women wish to control their fertility, requests for abortion can be expected to continue." A listed advantage for abortion was that "once conception has occurred, [it] is the only available method of terminating pregnancy." The booklet, however, declared that Canada "does not consider abortion as an acceptable means of birth control."⁴⁵⁰ While the booklet mentioned that increased availability and use of

⁴⁴⁹ Letter to Thomas Wells, Minister of Education, from Gwen Landolt, President, Alliance for Life, 7 Jan 1977. AO RG 2-82-5 Curriculum Branch administration files, Sex Education and Family Planning #1 1977, B101506, Box 1.

⁴⁵⁰ Minister of National Health and Welfare, *Sex Education – A Teacher's Guide: Introduction* (Ottawa: Department of National Health and Welfare, 1976), 24-25.

contraceptive methods could significantly reduce the incidence of abortion, it was realistic enough to acknowledge that abortion was an option for women should birth control fail, and many would seek it whether it was legal or not.

The presentation of abortion as a “back up method” associated with birth control provided the Alliance for Life with an easy target. Even though the booklet stated that Canada does not consider abortion an acceptable means of birth control, by simply acknowledging that ancient cultures practiced abortion as a birth control measure, it allowed groups such as the National Alliance for Life to allege that the two were being equated. The National Alliance for Life once again deliberately misread what was in the booklet to serve its own ends, which was to denigrate abortion specifically and birth control more broadly. A letter from John Phillips, a member of the National Alliance for Life, to Premier Bill Davis, reveals that the group seized upon this opportunity. The reply to Phillips stated that, “the government of Ontario has never promoted abortion as a form of birth control; preventing conception continues to be the objective of the family planning program.”⁴⁵¹ This reply reaffirmed that while the Physical and Health Education Curriculum included discussion of “family planning” (birth control), it did not include abortion as a topic of study.

After much bureaucratic confusion, a numbered memorandum was finally sent out to Regional Directors of Education, Directors of Education, and Principals of Schools on 14 February 1977 to address the controversy. Under the heading of “Human Growth and Development, Human Families, and Sexuality, in Health Education Courses of Study,” the memo reiterated what while the Senior Division Physical and Health Education Guideline (1975)

⁴⁵¹ Letter to John Phillips, from William G. Davis, Premier of Ontario, 24 Jan. 1977. AO RG 2–82–5 Curriculum Branch administration files, Sex Education and Family Planning #1 1977, B100622, Box 1. See also, Letter to Thomas Wells, Minister of Education, from Graham Watson, Executive Director, Alliance for Life, 23 June 1977. AO RG 2–82–5 Curriculum Branch administration files, Sex Education and Family Planning #1, B10062, Box 1.

allowed for the inclusion of topics in the area of human families, sexuality, venereal disease, and human growth and development, teachers should exercise sensitivity and discretion and introduce these topics carefully in a well-planned total program. It recommended that the department head, principal, and supervisory officials should be made aware of the context of the expanded course of study for each school. Caution was deemed “particularly pertinent” when materials dealing with family planning, conception control, birth control, and abortion were involved. With regards to the booklets, the memo stated:

Sex Education – A Teacher’s Guide, is published by authority of the Minister of National Health and Welfare, Health and Welfare Canada. There has been considerable negative reaction to booklet number four in this series of six, because of its presentation of abortion as a method of birth control. It is recommended that the content of this Teacher’s Guide, and of other similar support materials, should be utilized only with the specific approval of the principal and senior school board officials. It should be noted that the topic of abortion is not specified in [Ontario] Ministry of Education guidelines.⁴⁵²

The Ontario Ministry of Education did not condone this particular resource, but it would not prohibit its use. This decision stood at odds with the position taken by the Ontario Ministry of Health and Ontario Ministry of Community and Social Services to approve the publication as resource material for their professionals and inform their district offices of its availability.⁴⁵³

While local schools and schoolboards could grant approval of its use by teachers, instruction in abortion was not supported by ministry guidelines, making use of the booklet a somewhat moot point.

Even though the ministry had released a policy memo, the controversy over the booklets continued throughout 1977. The Ontario Conference of Catholic Bishops wrote to the ministry to

⁴⁵² Numbered Memo 1976–77:26 to Regional Directors of Education, Directors of Education, Principals of Schools, from R.A.L. Thomas, Assistant Deputy Minister, 14 Feb. 1977. AO RG 2–82–5 Curriculum Branch administration files, Sex Education and Family Planning #2 1977, B101506, Box 1.

⁴⁵³ Letter to Thomas Wells, Minister of Education, from Graham Watson, Executive Director, Alliance for Life, 23 June 1977. AO RG 2–82–5 Curriculum Branch administration files, Sex Education and Family Planning #1, B101506, Box 1.

voice its concerns. Just like the Alliance for Life, the Ontario Conference of Catholic Bishops objected specifically to the booklet on birth control and abortion. In a letter addressed to Wells, General Secretary A.J. MacDougall stated that the Bishops of Ontario had “serious objections to some of the content and the manner of presentation. Indeed, given the fact of a divided Canadian society on the morality of abortion, the Bishops were – as many pro-life organizations have been – genuinely upset by the blatant pro-abortion bias of the text.”⁴⁵⁴

The booklet, however, did not contain a “pro-abortion bias,” as it gave equitable treatment to the diverse points of view on abortion and presented them in an impartial manner. To the Catholic Bishops it appeared as if the booklet had a pro-abortion bias since their theology precluded them from accepting as legitimate any other points of view presented in the booklet. The booklet summarized the Catholic Church’s position quite well:

According to Catholic Church doctrine, the taking of any human life is forbidden, whether it be by suicide or homicide. The stand on abortion comes from a belief that a human being with its divine soul exists in utero from the moment of conception. Any deliberate attempt to do away with the fetus is homicide, a mortal sin.⁴⁵⁵

The booklet added that many people who were not Catholics also shared the belief that abortion is killing a human life. Nonetheless, Catholicism sought to impose a single standard of morality on society to govern peoples’ conduct and behaviour, disregarding other virtues or values which did not align with its own. It should be noted that Catholic high schools in Ontario were not yet publicly funded at this point, making it highly unlikely that this booklet would have made its way into them. Even though this booklet did not affect Catholic students directly, the Catholic Bishops nonetheless denounced it.

⁴⁵⁴ Letter to Thomas Wells, Minister of Education, from A.J. MacDougall, General Secretary, Ontario Conference of Catholic Bishops, 4 Nov. 1977. AO RG 2–82–5 Curriculum Branch administration files, Sex Education, Federal Government 1978, B127420, Box 11.

⁴⁵⁵ Minister of National Health and Welfare, *Sex Education – A Teacher’s Guide: Birth Control & Abortion* (Ottawa: Department of National Health and Welfare, 1976), 35.

The Catholic Bishops casually dismissed the pluralism of society, even though they noted how “divided” Canadians were on the issue. Canadians, it should be noted, were increasingly accepting of abortion – under certain circumstances. In a 1965 Gallup poll, 71% of respondents approved of abortion to preserve a woman’s physical or mental health.⁴⁵⁶ In a 1969 poll, 78.1% of respondents approving of abortion to preserve a mother’s physical or mental health.⁴⁵⁷ Canadians, however, were split on the idea of further revisions to the law to permit an abortion for any reason. In a January 1970 poll, only 47.2% of respondents favoured a law which would permit a woman to go to a doctor to end pregnancy at any time during the first three months.⁴⁵⁸ Similar figures were reported eleven months later with 44.3% indicating that the abortion law should be revised to permit an abortion for all those who wished to have one.⁴⁵⁹

Canadians continued to believe that the decision to have an abortion should be made solely by a woman and her physician, provided that certain conditions were met. In a July 1975 poll, 23.2% of respondents believed that abortion should be legal for any reason, 61% of respondents believed that it should be legal for certain reasons, and 15.7% believed abortion should be illegal. Those who believed that abortions should be legal under certain circumstances agreed that a serious defect in a baby (82.9%), the endangerment of a woman’s health (96.7%), and the inability to afford any more children (34.5%) were reasonable legal grounds for abortion.⁴⁶⁰ Similar results were reported three years later. 16.1% of respondents believed that abortion should be legal under any circumstances, 69.4% believed it should be legal in certain cases, and only 14.5% believed it should be illegal. Those who thought that abortion should be

⁴⁵⁶ Canadian Institute of Public Opinion. Gallup Poll, June 1965, #312 q.17 (Gallup Canada Inc.).

⁴⁵⁷ Canadian Institute of Public Opinion. Gallup Poll, March 1969, #334 q.2 (Gallup Canada Inc.).

⁴⁵⁸ Canadian Institute of Public Opinion. Gallup Poll, January 1970, #339 q.19 (Gallup Canada Inc.).

⁴⁵⁹ Canadian Institute of Public Opinion. Gallup Poll, November 1970, #344 q.9 (Gallup Canada Inc.).

⁴⁶⁰ Canadian Institute of Public Opinion, Gallup Poll, July 1975, #378 q.10a, q.10b, q.10c, q.10d (Gallup Canada Inc.).

legal under certain circumstances indicated that a serious birth defect (41.4%), a risk to a woman's health (60.4%), and a lack of family income (15.9%) were reasonable legal grounds for an abortion.⁴⁶¹ The Canadian Institute of Public Opinion, which conducted the Gallup public opinion polls, estimated on the basis of its usual sampling procedure that there was less than a 5% variation in the accuracy of its findings as they related to the Canadian population.⁴⁶² Its findings usually reflected with considerable accuracy what the total population thought about or was doing relative to a particular issue. Based on the statistics provided, Canadians may not have been as divided on the issue of abortion as the Catholic Bishops believed or let on. Canadians largely accepted abortion in order to preserve a woman's health.

The Catholic Bishops also advanced another argument against the booklets. The Bishops stated that the actions of the federal Department of Health and Welfare constituted an unwarranted intervention into provincial jurisdiction. They took the opportunity when writing to Wells to “deplore this apparent trespassing on provincial autonomy in the field of education [...] Ottawa, in this instance, acted ultra vires in sending this literature unsolicited to the teachers in Ontario schools. Perhaps, sir, you would want to make this point with the federal Minister for Health and Welfare.” The Bishops promised to lodge a formal protest with the federal government. It is understandable that the Catholic Bishops would protest a federal intrusion into provincial affairs, as federal-provincial conflict over religious denominational education had always been an explosive issue, and the Catholic Church had always sought to prevent any disruption which would potentially undermine its historic (and privileged) position. To be fair, the Ontario Ministry of Education also did not take kindly to federal intrusion into provincial affairs. Education was the responsibility and prerogative of the provinces. Sex education was no

⁴⁶¹ Canadian Institute of Public Opinion, Gallup Poll, March 1978, #410 q.3a, q.3b#1, q.3b#2, q.3b#3 (Gallup Canada Inc.).

⁴⁶² *Report of the Committee on the Operation of the Abortion Law*, 11.

exception. The Ontario Ministry of Education largely formulated sex education policy irrespective of what the federal government, or even the other provinces, were doing.

A reply was quickly prepared for Wells, which further clarified the ministry's position on the booklets. The reply stated that,

you refer to the Teacher's Guide as being sent unsolicited to teachers in Ontario schools. However, it has been our understanding from the Family Planning Division of Health and Welfare that the kits are provided only upon request. There has been a newspaper report to the effect that these kits were approved for use in Ontario. This report was in error. Ontario has given no formal support or endorsement to these materials, nor have we encouraged their use in any way. Indeed, an official memorandum to schools last February 14, was in the opposite vein.⁴⁶³

The ministry reiterated that abortion was not included in curriculum guidelines and that it did not support instruction in abortion.

The ministry's position on abortion as a topic of study was made clear. Abortion was not a topic included in curriculum guidelines under the conceptual aegis of "Family Planning" because it constituted a failure of family planning. Abortion, while the only method to terminate pregnancy after conception, was not a substitute for contraception. Since knowledge of birth control was crucial to avoid unwanted pregnancy, the ministry expanded the curriculum guidelines to provide students with a more comprehensive study. The 1973 Intermediate Physical and Health Curriculum was currently being revised, and the ministry took advantage of the opportunity.

In the fall of 1976, the Ministry of Education began to revise the 1973 Intermediate Physical and Health Education Curriculum document. The responsibility for the revision of the older document fell to John Storey, Director of the reformed Curriculum Branch. With a return

⁴⁶³ Letter to Father MacDougall, General Secretary, Ontario Conference of Catholic Bishops, from Thomas Wells, Minister of Education, 23 Nov. 1977. AO RG 2-82-5 Curriculum Branch administration files, Sex Education – Federal Government 1977, B101506, Box 1.

to centralized authority in curriculum policy and practice, however, the curriculum creation process became even more complex.⁴⁶⁴ The composition of committees involved with the revision process was prescribed carefully so as to ensure the representation of the ministries, teachers' federations, trustees, school superintendents, faculties of education, etc.⁴⁶⁵ The P&HE Writing Committee was chaired by John Metcalf, former Program Consultant now Educational Officer in the Student Activities and Special Projects Branch, five teachers, and Alan Robertson – Professor of Physical and Health Education, Faculty of Education, Queen's University.⁴⁶⁶ The Writing Committee was not without help, as an extensive Advisory Committee was also utilized. It included familiar names such as Audrey Bayles, Ruth Gorwill, Helen Gurney, Jack Long, and Margaret Jones, as well as various Physical and Health Education consultants working for the school boards.⁴⁶⁷

A draft version of the curriculum was completed by 16 February 1977, and copies were sent out for a two-week validation process from 21 February to 4 March. Compared to the tumultuous revision process associated with the 1973 Intermediate Physical and Health Education Curriculum and the 1975 Senior Physical and Health Education Curriculum, this 1977

⁴⁶⁴ It also became a more costly process. The total cost budgeted for the revision, minus printing, was \$9,450.00. Moreover, the ministry had to reimburse school boards and Queen's Faculty of Education for the cost of 4,500 dollars – almost half of the total cost. Record of Approval, New Intermediate Division Physical and Health Education Guideline Committee. AO RG 2–82–5 Curriculum Branch administration files, Committee Physical and health Education Intermediate 1977, B438276, Box 4.

⁴⁶⁵ For an overview of changes to policy-making and curriculum at the start of the 1980s, see Andrew S. Hughes, "Curriculum 1980: The Centralization of Authority," in *Curriculum Canada II: Curriculum Policy and Curriculum Development*, Jean-Jacques Bernier and George S. Tomkins, eds. (Vancouver: Centre for the Study of Curriculum and Instruction, University of British Columbia: July 1980), 21–30 and Ian E. Housego, "Administration and Policy-making in Education: The Contemporary Predicament," in *Canadian and Comparative Educational Administration*, R. Faarquhar and I. Housego, (Vancouver: UBC Centre for Continuing Learning), 380–390.

⁴⁶⁶ One of the members, Sandra Smith, was vice-president of the Ontario Physical and Health Education Association (OPHEA). Teachers received letters of permission from their Board's Director of Education to be released from teaching duties. For these letters see: ARO RG 2–82–5 Curriculum Branch administration files, Committee, Physical & Health Education Int., 1976, 289612, Box 12.

⁴⁶⁷ Draft Intermediate Physical and Health Education Guideline, AO RG 2–82–5 Curriculum Branch administration files, Physical and Health Education Intermediate Division Committee 1976, 289612, Box 12.

revision was accomplished relatively smoothly. This was attributable to the fact that the 1975 Senior Curriculum Document provided an exemplary model for new curriculum guidelines. As a status report to John Storey from John Metcalf explained,

validation has been patterned along the successful method used for the Senior Curriculum [...] Basically, the document is being developed along the lines of the Senior Guideline, which has received almost completely positive feedback since its introduction one and a half years ago. In keeping with our new directives the Intermediate guideline will contain considerably more specific directives and prescription in terms of content, processes, and appropriate grade levels.⁴⁶⁸

This acknowledgement was a vindication of the program consultants' efforts to realize a more thorough sex education, as well as issue more prescriptive and descriptive guidelines. Ironically, the ministry's decision to reassert its centrality and issue these guidelines no longer posed a policy problem; indeed, it spared the program consultants much grief.

Only a few changes were made to the draft curriculum document with regards to sex education. The number of participants makes it difficult to pinpoint where and when the changes were made. In addition to the seven-member Writing Committee, there were a total of 29 individual contributors and Advisory Committee members, and 693 educators and others had contributed their ideas and reactions to the initial draft of the curriculum.⁴⁶⁹ The outcome of a widespread consensus, the reformed curriculum provided a more thorough sex education better grounded in liberal values. In a section titled "Developmental Tasks of the Intermediate Student," a task listed in the draft document was "acceptance of a sexual role and heterosexual

⁴⁶⁸ Memo to John Storey, Director, Curriculum Branch, from John Metcalf, Student Activities and Special Projects Branch, 24 Jan. 1977. AO RG 2-82-5 Curriculum Branch administration files, Committee Physical and health Education Intermediate 1977, B438276, Box 4.

⁴⁶⁹ A list of all contributors can be found in the Acknowledgements section of the Curriculum document. See: Ontario Ministry of Education, *Physical and Health Education Curriculum Guideline for the Intermediate Division* 1978 (Ministry of Education), 1.

interests,”⁴⁷⁰ but this was changed to “development of individual sexuality” in the final version.⁴⁷¹ This change was monumental in its importance, as it moved away from the heteronormative orientation of previous Physical and Health Education Curriculum documents, and promoted tolerance and empathy for other people as individuals. In addition, the topics of conception control and premarital pregnancy – not originally listed in the draft document under the area of study “Human Growth and Development” for the Grade 9 and 10 outline – were now included. This was an important addition made to the final version and no doubt reflected the ongoing concern with abortion and teenage pregnancy. Students needed information on contraceptives if they chose to engage in sexual practices, and they needed this knowledge before they became sexually active. Students in Grades 9 and 10 would be around 14–16 years old, and it was deemed a suitable time to teach them about these age-appropriate topics. The final change made to the curriculum document was the replacement of the term “Venereal Diseases” with “Sexually Transmitted Diseases” in order to fit the Ministry of Health’s new terminology.⁴⁷² On 9 November, the revised Intermediate Physical and Health Education Curriculum was sent to Wells for approval. It had been vetted, as well as reviewed by the Research and Evaluation Branch.⁴⁷³ Wells was satisfied with the revised curriculum presented to him, approving it on 28 November. It was ordered to be printed on 19 December 1977.⁴⁷⁴

⁴⁷⁰ Draft Intermediate Physical and Health Education Guideline, AO RG 2–82–5 Curriculum Branch administration files, Physical and Health Education Intermediate Division Committee 1976, 289612, Box 12.

⁴⁷¹ Ontario Ministry of Education, *Physical and Health Education Curriculum Guideline for the Intermediate Division 1978*, (Ministry of Education), 3.

⁴⁷² Memo to Thomas Wells, Minister of Education, from G.H. Waldrum, Deputy Minister of Education, Subject: Intermediate Division Physical and Health Education Guideline, 9 Nov. 1977. AO RG 2–82–5 Curriculum Branch administration files, Committee Physical and health Education Intermediate 1977, B438276, Box 4.

⁴⁷³ The Research and Evaluation Branch was established in July 1976, and it assumed the research function of the defunct Planning and Research Branch.

⁴⁷⁴ Memo to Pat Valentine, Communications Branch, from Sheila Roy, Assistant to the Director, Curriculum Branch. 19 Dec. 1977. AO RG 2–82–5 Curriculum Branch administration files, Committee Physical and health Education Intermediate 1977, B438276, Box 4.

The 1978 Intermediate Curriculum, just like the 1975 Senior Curriculum, provided a more thorough treatment of sex education in its topics and concepts of study and included more prescriptive and descriptive guidelines. It too was meant to address the problems surrounding sex education identified by Herold's study (explored in Chapter 4), and it was quite successful in this regard. Of course, it was based upon the program consultants' work which served as a template and benchmark for further Physical and Health Education Curriculum revisions. The objectives of health education as listed in the curriculum document were to help students develop: a positive attitude towards physical fitness and good health; a personal value system; increased self-awareness and a positive self-concept; independence, interdependence and a sense of responsibility; an understanding of human sexuality; an understanding of appropriate factual information and concepts; and satisfactory relationships with peers.⁴⁷⁵

Like the other curriculum documents, the 1978 Intermediate Curriculum also provided a word of caution to teachers. It reminded teachers that when organizing a health program, they were to “exercise taste, discretion, and sensitivity, in dealing with specific topics in the areas of human families, human growth and development, sexuality, values and valuing, and sexually transmitted diseases. These topics must be dealt with only in the context of a well-planned, total program.” Teachers were also expected to balance many competing interests:

Teachers planning Intermediate Division health education courses should have an empathetic understanding of the students, both as individuals and as a class. Courses should be directed towards the needs of the group, as well as to local needs and student interests. They should be dynamic and relevant, and should emphasize an appreciation of alternatives and consequences related to decisions affecting personal health. Materials included should be sufficiently challenging without being overtly threatening to the student's self-concept.⁴⁷⁶

⁴⁷⁵ Ontario Ministry of Education, *Physical and Health Education Curriculum Guideline for the Intermediate Division*, 1978 (Toronto: Ministry of Education), 26.

⁴⁷⁶ *Ibid.*, 26.

The front-matter of the curriculum also reiterated the necessity of clear communication between teachers and administrators. The ministry wanted teachers to inform both principals and parents about the content of courses. Since pressure groups thrived off miscommunication and confusion, this was a necessary warning. If teachers, principals, and superintendents could clearly and effectively communicate to parents the content, form, and purpose of sex education, it could help reduce the chances that there would be community opposition. However, since pressure groups objecting to sex education tended to distort and twist the facts, it would still be difficult to avoid controversy.

The ministry's concern over groups and individuals opposed to sex education led to the inclusion of the ministry's policy regarding exemption from health classes. It was one of the most important statements in the front matter of the newly revised curriculum, as it indicated that the ministry continued to be wary about potential backlash. On page three it was stated that,

on the written request of a parent or guardian, or of a student who has reached the age of majority, the right to withdraw from any component of a physical education or health education course shall be granted, where such component is in conflict with a religious belief held by the student, guardian, or parent. Where such withdrawal involves a significant portion of the course time, and an alternative component of work in physical and health education cannot be scheduled for the student, the principal shall reduce the credit value of the course for that student.⁴⁷⁷

While memoranda were regularly sent out to remind educators and administrators about this policy, it had never been so publicized. By prominently featuring its exemption policy in the

⁴⁷⁷ *Ibid*, 2. The inclusion of this statement was also brought to Wells' attention. See: Memo to Thomas Wells, Minister of Education, from G.H. Waldrum, Deputy Minister of Education, Subject: Intermediate Division Physical and Health Education Guideline, 9 Nov. 1977. AO RG 2-82-5 Curriculum Branch administration files, Committee Physical and health Education Intermediate 1977, B438276, Box 4.

curriculum,⁴⁷⁸ the ministry wanted to defuse potentially explosive situations and lessen the controversy which had always surrounded sex education.

The outline for Grades 7 and 8 contained certain sections in which sex education was included. Under the area of study “Anatomy and Physiology,” students were to be given a basic understanding of anatomy and physiology which was to be taught in conjunction with the growth and problems associated with puberty. The area of study, “Human Growth and Development,” had students discussing the physical, mental, emotional, and social changes accompanying puberty, early and late maturers, concepts relating to male and female anatomy, ovulation, menstruation, fertilization, pre-natal development, and the normal birth process. For the area of “Sexually Transmitted Diseases,” the main objective of study was to acquaint students with the basic facts of STDs. It was intended to make them aware of the diseases and their consequences, the necessity of recognizing symptoms and seeking early treatment, and the importance of continuing with treatment. It was stated that students should be made aware of locally-available assistance. Value issues should also be considered when discussing this area of study. This was a particularly important topic. The front matter of the curriculum explicitly stated that “increased emphasis [was] given to the need for education about sexually transmitted diseases in Grades 7 and 8.”⁴⁷⁹ Under the area of study “Sexuality,” changes related to puberty were considered, with an emphasis on the individual as well as on the general patterns of change. Teachers were to emphasize the normalcy of both early and late maturers, and include a study of changing boy/girl

⁴⁷⁸ The exemption policy also slightly changed. A student exempt for religious reasons from all or part of the health component of a P&HE credit course would earn a fractional credit – but not less than one-third – for that portion of the course successfully completed. The same applied to a student who, for medical and/or religious reasons, sought exemption from the physical education component of a P&HE credit course. Memo to J.W. Storey, Director Curriculum Branch, from W.C. Campbell, Educational Officer, Curriculum Branch, 14 Nov. 1978. AO RG 2–82–5 Curriculum Branch Administration Files 1976 – 1984, Physical Education – Compulsory 1978, B127420, Box 11.

⁴⁷⁹ Ontario Ministry of Education, *Physical and Health Education Curriculum Guideline for the Intermediate Division*, 1978 (Toronto: Ministry of Education), ii.

relationships as well as a study of basic dating behaviour, which contained a critical analysis of conditioning with regard to social expectations for behaviours of males and females.⁴⁸⁰

The Grade 9 and 10 outline contained the same general areas of study as well as specific topics, but the content differed due to its increased sophistication, specificity, and depth of treatment. This organization would no doubt help teachers to plan health courses as they could more easily understand the expectations at each level and the content which was to be covered. Under the area of study “Human Growth and Development,” students were to review the physical, emotional and social changes associated with puberty in Grade 9. New topics which were to be taught included: pregnancy, birth, multiple births, an introduction to conception control, and premarital pregnancies. The study of “Sexuality” dealt with being a human being who has sexual feelings, responses, and needs. This study included an assessment of the validity of various contemporary concepts of maleness and femaleness, and a discussion of the effects of such ideas on individual self-concept and behaviour.

The area of study which received the most advanced treatment in Grades 9 and 10 was “Sexually Transmitted Diseases.” It was stated in the curriculum that, “Because of the high incidence of syphilis and gonorrhoea, and the significant increase in the incidence of other sexually transmitted diseases such as Herpes Simplex II, Non-Specific Urethritis, ‘Crabs’, Monilia (yeast infection), and Trichomonas, this area of study is very important in Grades 9 and 10.”⁴⁸¹ STDs continued to be a pressing concern for the Ministry of Education and Ministry of Health. In 1977, 43% of all Canadian cases were reported in Ontario.⁴⁸² Young adults who might become sexually active needed information about the dangers posed by STDs, as well as how to best protect themselves should they choose to have sex. Topics covered included statistics,

⁴⁸⁰ *Ibid.*, 30–32.

⁴⁸¹ *Ibid.*, 33–34

⁴⁸² Ontario Ministry of Health, *Annual Report, 1977/78*, (Toronto: Ministry of Health), 15.

symptoms, diagnosis, treatment, prevention, social and value considerations, the preservation of anonymity in treatment, reasons for naming contacts, and current Ontario laws.⁴⁸³

The curriculum guidelines were more descriptive as well as prescriptive than those of the 1973 Intermediate Physical and Health Education Curriculum. Conception control, which was not mentioned in the 1973 curriculum, was now a topic of study for Grade 9 and 10 students. Some may have viewed the exclusion of abortion as a serious omission, but it represented a pragmatic decision on the part of the ministry. Abortion was a controversial topic which elicited vocal opposition. Widespread opposition to sex education – based on the inclusion of a single topic – could put a halt to the inclusion of sex education in health courses at the local level. Moreover, its erroneous association with birth control could make educators wary of tackling the latter topic. If the ministry was to continue to help reduce the rates of teenage pregnancy and prevent venereal disease, the opposition had to be placated. While abortion was excluded, the ministry did not shy away from the topic of birth control as evidenced by its renewed commitment to conception control. This terminology also reflected Planned Parenthood's desire that birth control information and services be presented in ways that included those who were not married. Unlike abortion, birth control had become a more acceptable topic of study. A 1978 Gallup poll revealed strong approval for sex education (79%), as well as for the teaching of birth control (91.6%).⁴⁸⁴ Canadians were increasingly accepting of birth control/conception control.

There was still one avenue available to include abortion in health education. The topic could be taught as part of courses which had received ministry approval through its experimental course policy.⁴⁸⁵ While 149 experimental Physical and Health Education courses (9 Intermediate

⁴⁸³ *Ibid.*

⁴⁸⁴ Canadian Institute of Public Opinion, Gallup Poll, March 1978, #410, q.2a & q.2b (Gallup Canada Inc.).

⁴⁸⁵ The policy experienced a name change circa 1975. 'Innovative' was dropped from the title, as it was felt this referred more to methodology than content. Moreover, all non-guideline courses were now approved for a limited

Courses, 19 Senior Courses, and 121 Honours courses) had been approved by September 1978, demonstrating that some schools were making use of this policy, this was still a very small number.⁴⁸⁶ There were 2,629 public schools, 1,340 Catholic separate schools, and 630 public secondary schools within the province.⁴⁸⁷ It is unclear how many of these Physical and Health Education courses contained abortion. Moreover, it remained to be seen if schools would tackle the topic of abortion in light of recent events.

Teenage pregnancy and abortion continued to concern the Ministry of Health and Ministry of Education. Statistics for the years of 1975–1979 (**Table 1**) indicated that while the 15–19 year old pregnancy rate was decreasing, the 10–14 year old pregnancy rate was fluctuating. Abortions for both age groups continued to rise.⁴⁸⁸

Table 1**Ministry of Health Statistics**

Teenage Pregnancy in Ontario (10 – 19 years of age)

1975 – 1979 by number and age specific rate

Year	Age Group	# of Abortions	# of Live Births	Total Pregnancies	Rate per 1000 female population
1975	10 – 14	261	111	372	0.92
	15 – 19	7286	14039	21325	55.04
1976	10 – 14	293	107	400	1.02

period of two years before they were evaluated and approved indefinitely or rejected. It was felt that this time limit was more consistent with the fact that the course was ‘experimental.’ See memo to J.F. Kinlin, Assistant Deputy Minister, from W.E.P. Fleck, Director of the Curriculum Development Branch, RE “Experimental” vs. “Innovative” Courses, 3 Mar. 1975. AO RG 2–63 Department of Education approval for innovative courses and text book permission files, Curriculum Course Permissions General 1975, B293027, Box 1.

⁴⁸⁶ See memo to J. Clemens, from Freda Ghandour, Liaison Officer, Information Systems, Subject: Experimental Courses, 27 Sept. 1978. AO RG 2–63 Department of Education approval for innovative courses and text book permission files, Experimental Courses and Unauthorized Textbooks: General Correspondence 1977 and 1978, B293027, Box 1.

⁴⁸⁷ Ministry of Education, *Education Statistics Ontario, 1978*, 45–51.

⁴⁸⁸ Ministry of Health Statistics, Teenage Pregnancy in Ontario (10–19 years of age) 1975–1979 by number and age specific rate. AO RG 2–303 Elementary Education Branch operational files, Areas of Study, Medicine and Education 1981, B205140, Box 19.

	15 – 19	7802	13217	21019	53.17
1977	10 – 14	723	81	354	0.93
	15 – 19	8094	12342	20436	50.98
1978	10 – 14	227	93	320	0.88
	15 – 19	8538	11445	19983	49.12
1979	10 – 14	237	118	355	1.03
	15 – 19	8989	10408	19397	48.03

Teenage pregnancy was the primary concern of a medicine and education liaison committee formed in 1980.

Closer cooperation between the Ministry of Health and the Ministry of Education was largely attributable to the influence of Dr. Bette Stephenson, the new Minister of Education. Stephenson had been the Acting Minister of Health before taking over from Thomas Wells in 1978. Stephenson had had an illustrious career as both a physician and a politician, and was able to successfully navigate between the two worlds. Stephenson had attained her medical degree from the University of Toronto in 1946. She served as a member of the OMA Committee on Education (1963–1966), and as Chair of the Special Committee on Mental Health (1971–1973). She was the first woman to serve on the OMA Board of Directors (1964–1973), the first female physician elected president of the OMA (1970–1971), and the first female president of the Canadian Medical Association (1974–1975). Possessing a seemingly indomitable spirit and tireless energy, she also achieved great success in politics. She was elected to the Ontario Legislature in 1975 as MPP for York Mills, and was appointed Minister of Education in 1978.⁴⁸⁹ As Minister, Stephenson was concerned with the health of students, as well as with the lack of participation by physicians in various aspects of the school system. Keen to improve student

⁴⁸⁹ Pina Felletti, “OMA women physician pioneers,” OMA Corporate Information Department, *Ontario Medical Association*, October 26, 2007.

health and stimulate the involvement of the medical profession, she asked the OMA for suggestions to foster closer liaison between medicine and education in 1979.

The association supported her call for collaboration and mutual support. A liaison committee was formed in 1980, and it was made up of representatives from the OMA, the Ministries of Health and Education, and the College of Family Physicians of Canada. The committee considered many different areas in which medical advice to teachers would be appropriate, including delivery of health services in the schools; consultation on the teaching of health subjects; establishing working relations between physicians and the schools through school health services, and guidance on the implementation of programs for the early identification of disorders affecting the student in the learning environment.⁴⁹⁰

The first meeting of medicine and education took place on 5 November 1980. Representatives from the Ministry of Education included R.A.L. Thomas, Executive Director of Curriculum Development, who served as Chairman, and Barbara Johnston, Education Officer in the Elementary Education Branch. From the onset, teenage pregnancy was identified as a serious problem which needed to be addressed. A draft position paper on Teenage Pregnancy was prepared for the consideration of the Ontario Medical Association's Special Committee on Children's Health Services. While the paper acknowledged that there was an increasing reference in the medical literature to the problem of teenage pregnancy, recent studies indicated that intensive counselling services in schools had resulted in a reduction of teenage pregnancies.⁴⁹¹ But more could be done. The paper stressed that sex education should start from

⁴⁹⁰ Memo to H.K. Fisher, Deputy Minister, from R.N. Donaldson, Special Assistant to the Minister, Enclosure: Ron Brownridge, Ontario Medical Review Editorial, 24 April 1981. AO RG 2–303 Elementary Education Branch operational files, Areas of Study, Medicine and Education 1981, B205140, Box 19.

⁴⁹¹ Memo to R.A.L. Thomas, Executive Director, Curriculum Development, from B.A. Johnston, Education Officer, Elementary Education Branch, Subject: Medicine/Education Liaison, 9 Jan. 1981. AO RG 2–303 Elementary Education Branch operational files, Areas of Study, Medicine and Education 1981, B205140, Box 19.

infancy in the family setting, and that parents should be encouraged and supported in this role.

Any sex education programs in the schools should be planned with input and the involvement of parents and the community. Moreover, counselling was crucial to support students:

Teenagers who have chosen not to become sexually active should be supported. Those who are ambivalent about sexual activity need careful counselling – they may lack self-confidence and respect for their own feelings. On the other hand, teenagers who are sexually active must consider the consequences and responsibilities incurred by this choice – counselling and services should be available to them.⁴⁹²

The ministry wished to impart information about sex within the context of sexual responsibility and community health. Moreover, the report recommended that any counselling should include recognition of religious values. References to the primacy of parents and respect for the values taught at home revealed the ministry's continuing concern that sex education could be seen as an unwanted intrusion into private and familial matters.

The saliency of the medicine and education liaison committee's work was highlighted by the publication of Planned Parenthood's report *Adolescent Birth Planning Needs: Ontario in the Eighties* in January 1981. This study, conducted over a four year period between 1975 and 1978, attempted to answer the question as to what was being done around the province to help young people avoid unwanted pregnancy and determine the success or failure of these efforts.⁴⁹³ While the report noted a decline in teenage pregnancies, it expressed alarm that the numbers were still appallingly high.

The report had many recommendations for the development of preventative community resources – including sex education. The report found that sex education's implementation was “spotty and discontinuous” and largely depended upon the initiative of individual teachers and

⁴⁹² Ibid.

⁴⁹³ Maureen Jessop Orton and Ellen Rosenblatt, *Adolescent Birth Planning Needs: Ontario in the Eighties*, (Toronto: Planned Parenthood Ontario, 1981), 1–2.

principals. Based on the information received from 102 boards (representing 53% of boards in the province), only 66 boards taught the concept of family planning and 55 taught about contraception. It was not a “promising picture.”⁴⁹⁴ Recommendations for the ministry included: a special budget to promote the development of education around the key areas of sexuality and birth control/family planning; mandatory sex education courses starting in Kindergarten and continuing throughout high school; the introduction of the concept of family planning in the primary grades and contraception at least by Grade 8; greater ministerial assistance to local boards to develop detailed curriculum outlines; and the provision of teacher training in human sexuality and birth planning.⁴⁹⁵ The report noted that over the four-year period there appeared to be little local liaison between the sectors of health and education.

The report undoubtedly factored into the medicine and education liaison committee’s work. While the Ministry of Education noted the report’s critical tone,⁴⁹⁶ it could hardly be casually dismissed. The report garnered much attention within the province and it was supported by many diverse groups. The ministry received letters of support from the Ontario Association of Professional Social Workers, the Queen’s Women and the Law Association, the Registered Nurses Association of Ontario, the Canadian Abortion Rights Action League, the Federation of Women’s Teachers Associations of Ontario, the Ontario Federation of Labour, and the Family Planning Network of Toronto.⁴⁹⁷ It was also supported by select religious groups such as the

⁴⁹⁴ *Ibid.*, 64.

⁴⁹⁵ *Ibid.*, 11–12.

⁴⁹⁶ The authors took issue with the weighting of sex education topics in the curriculum. They claimed that the ministry did not consider adolescent pregnancy as serious a problem as sexually transmitted diseases. This was a tenuous conclusion, as the authors even conceded that 1975 was the first complete year for which Ontario abortions were classified by the age of the woman. It is understandable as to why the Ministry of Education, which largely acted on the advice and recommendations of medical professionals, was not alerted to the alarming numbers of teenage pregnancies and abortions earlier. Inter-office memo to R.A.L. Thomas, 14 July 1981. AO RG 2–303 Elementary Education Branch operational files, Areas of Study, Sex Education 1981, B205140, Box 19.

⁴⁹⁷ Letter to Bette Stephenson, Minister of Education, from Roberta Roberts, President, Ontario Association of Professional Social Workers, 8 July 1981; Letter from Diana Ginn, The Queen’s Women and Law Association, 19

Young Woman's Christian Association of Metropolitan Toronto and the United Church of Canada.⁴⁹⁸ These groups urged the ministry to implement its educational recommendations.

The committee continued to debate how to address the problem of teenage pregnancy at its next meeting on 25 February 1981. Barbara Johnston prepared an information paper on the ministry's position on sex education in advance of the meeting to highlight the ministry's past efforts in sex education and the problems it currently faced. The paper indicated that the problem of teenage pregnancy had likely been aggravated by the lack of sex education in the primary and junior grades. The ministry informed the OMA that in 1978–79 it had conducted a provincial review of "Human Growth and Development" to discover what was happening in the schools from Kindergarten to Grade 12, and whether there were emerging problems in this area.⁴⁹⁹ The team found that there was a great variety in what was being taught in the classroom, and that "in many schools at the Kindergarten to Grade 6 level, health education was said to be taught 'incidentally' and this decision was made by teachers individually."⁵⁰⁰ At the Grade 7 and 8 level, schools were "moving towards meeting" physical and health education requirements, and secondary schools "usually offered" units of instruction in human growth and development from

Nov. 1981; Letter to Bette Stephenson, Minister of Education, from Maureen Powers, Executive Director, RNAO, 3 July 1981; Letter to William Davis, Premier, from Karen Hammond, President, CARAL, 26 June 1981; Letter to William Davis, Premier, from Florence I. Henderson, Executive Secretary, FWTAO, 13 July 1981; Letter to William Davis, Premier, from Clifford Pikey, President, OFL, 6 July 1981; Letter to Dennis Timbrell, Minister of Health, from Chari Sadinsky, Executive Member, Family Planning Network of Metropolitan Toronto, 25 June 1981, AO RG 2–303 Elementary Education Branch operational files, Areas of Study, Sex Education 1981, B205140, Box 19.

⁴⁹⁸ See: Letter to William Davis, Premier, from Ellen K. Campbell, Executive Director, YWCA of Metropolitan Toronto, 9 Dec. 1981. AO RG 2–303 Elementary Education Branch operational files, Areas of Study, Sex Education 1981, B205140, Box 19, and Letter to the Honourable Bette Stephenson, Minister of Education, from Rev. Robin Smith, Family Ministries, United Church of Canada, 12 June 1981. AO RG 2–303 Elementary Education Branch operational files, Areas of Study, Sex Education 1981, B205140, Box 19.

⁴⁹⁹ Ontario Ministry of Education Research and Evaluation Branch, "Human Growth and Development," in *Provincial Review Reports* Vol. 2, No. 13, 1978–1979 (Toronto: Ministry of Education), 1–8.

⁵⁰⁰ Memo to L.E. Maki for the attention of R.A.L. Thomas, Executive Director, Curriculum Development, from B.A. Johnston, Education Officer, Elementary Education Branch, Subject: Information Paper on Sex Education, 23 Feb. 1981 and attached: "Instruction on Human Growth and Development in Ontario Schools and the Resolutions of the Canadian Medical Association." AO RG 2–303 Elementary Education Branch operational files, Areas of Study, Medicine and Education 1981, B205140, Box 19.

Grade 9 to 12. However, “unless boards and principals made human growth and development content a priority, teachers were reluctant to become involved, especially in elementary schools. Teachers’ comfort with the program and their attitude toward teaching the content was thought to be a related concern. Strong administrative support was important in this regard.”⁵⁰¹

Children were being taught health education incidentally from K–6. Sex education was not a priority. While the Intermediate Curriculum provided for sex education in Grades 7 and 8, and it was catching on amongst schools, it may have been a case of too little, too late. Students in Grades 5–8 were between the ages of 10 and 14. Rather than sex education contributing to promiscuity as opponents of sex education alleged, the lack of sex education – and specifically information on birth control/contraception – may have contributed to the fluctuating pregnancy rates amongst this age group. The heaviest concentration of content on family planning and birth control was taught during the late Intermediate and Senior grades (9–13).⁵⁰²

In addition, the ministry review also revealed that there were still problems at the secondary level. The review indicated that at the secondary level, physical and health education was an optional subject. Moreover, the enrollment of students in health courses dropped throughout the four years of study: “The enrollment in the schools surveyed indicated that 78.9% of Grade 9 students received health education instruction, 73.0% of Grade 10 students, 58.7% of Grade 11 students, and 49.2% of Grade 12 students (the sample size was considered valid for projection of these statistics for the whole province).”⁵⁰³ Approximately 20% of the student population received no health education instruction throughout their secondary school career,

⁵⁰¹ Ibid.

⁵⁰² Ontario Ministry of Education, *Senior Physical and Health Education Curriculum*, 1975 (Toronto: Ministry of Education), 25.

⁵⁰³ Memo to L.E. Maki for the attention of R.A.L. Thomas, Executive Director, Curriculum Development Division, from B.A. Johnston, Education Officer, Elementary Education Branch, “Information Paper on Sex Education,” 23 Feb. 1981.

and approximately 40% received no health education instruction at the Senior Division. Moreover, it was discovered that the development of programs and courses of study had been more successful than their implementation: “It appeared that some school boards were temporarily enthusiastic about the development of new health education programs. Initially, professional development workshops for teachers were held, but plans for follow-up, evaluation, and up-dating were not usually carried out.”⁵⁰⁴ These problems at the secondary level, specifically the optional status of Physical and Health Education courses, may have accounted for the number of teenage pregnancies as well. Teenagers may not have been exposed to information about birth control/contraception at an age where many seemed to be engaging in sexual intercourse. While such information could have helped prevent unwanted pregnancies, schools and parents had largely failed to provide this information at an early enough age as well as reinforce it throughout adolescence.

During the meeting held on 25 February 1981, education and medicine representatives agreed to appoint a subcommittee dedicated exclusively to the problem of teenage pregnancy. It included representation from the Ministry of Health, the Ministry of Education, and the Ontario Medical Association’s Special Committee on Children’s Health Services.⁵⁰⁵ After this meeting, the partnership between the OMA and Ministry of Education was solidified, as editorials espousing the partnership and encouraging similar liaisons at the local level were published in the *Ontario Medical Review* and *Education Ontario*.⁵⁰⁶

⁵⁰⁴ Ibid.

⁵⁰⁵ Memo to R.A.L. Thomas, Executive Director, Curriculum Development Division, from B.A. Johnston, Education Officer, Elementary Education Branch, “Meeting of Medicine and Education February 25 1981,” 17 Mar. 1981. AO RG 2–303 Elementary Education Branch operational files, Areas of Study, Medicine and Education 1981, B205140, Box 19.

⁵⁰⁶ Memo to G.R. Podrebarac for the attention of Dr. H.K. Fisher, Deputy Minister, and R.N. Donaldson, Special Assistant to the Minister, from R.A.L. Thomas, Executive Director, Curriculum Development Division, RE: Ontario Medical Review Editorial, 5 May 1981. AO RG 2–303 Elementary Education Branch operational files, Areas of Study, Medicine and Education 1981, B205140, Box 19.

By June 1981, the OMA issued its own report and recommendations on teenage pregnancies in Ontario. The report described the school as an important source of information about sexuality and birth control, but acknowledged that there was no simplistic solution to the complex societal problem of adolescent pregnancy. With these considerations in mind, the committee made several recommendations. The committee acknowledged that parents and the family should be supported in the “vital role” they play in family life and sex education, but recommended that specific intensive sex education and counselling programs directed to the adolescent be provided through schools: “It is urged that the Ministry of Education, in conjunction with the Ministry of Health, provide strong leadership in the planning, development, and implementation of such intensive education programs over and above the usual sex education programs.”⁵⁰⁷ The committee further recommended that school sex education programs should be planned at the local level, and include input at both the board and school levels – from board staff, principals, teachers, medical officers of health, school nurses, clinical physicians, pupils, and parents. It urged that these sex education classes be made available to all pupils, and that sex education counsellors provided for individual and group counselling.

While the committee called for programs to be planned at the local level, it recommended that all of them include the following elements: the imparting of essential knowledge of anatomy and physiology; discussion of the various dimensions of human relationships, including the importance of respect for oneself and others; support for personal values, and respect for moral and religious points of view; consideration of peer pressure and sexual exploitation and the teaching of skills in how to say “no”; and discussion of decision making, risk-taking and responsible behaviour. The committee also recommended that schools provide referrals for contraceptive counselling and services for sexually active adolescents, but stated that these

⁵⁰⁷ Ibid.

services need not be offered on the school premises if they were available in nearby clinical facilities. Lastly, the OMA encouraged its local branch societies to cooperate with local school boards in providing initiatives and guidance in sex education in co-operation with the local health unit and public health nurses.⁵⁰⁸ While the report mentioned the role of parents and the needs of the local community, it was clear that the OMA would not allow these two influences to undermine its recommendations. Even though the report commended the role of parents and families in sex education, there was no guarantee that parents were willing or able to fulfill this role.

While the ministry had been moving towards a more thorough treatment of sex education, the OMA still recommended an intensification of the existing program. Even though the OMA acknowledged local “input” and “local needs” with regards to program planning, its references to “strong leadership” and its insistence upon the inclusion of certain non-negotiable elements indicated that it desired a more uniform approach to sex education, irrespective of what local community members felt students needed. Localism in education had been a barrier to realizing a thorough sex education for all Ontario students, and both the Ministry of Education and Ministry of Health were well aware of this fact. These recommendations revealed the OMA’s desire to provide all students in Ontario with a comprehensive sex education, or to put it more plainly, sex education for everyone, everywhere. It also revealed the OMA’s ongoing attempts to assert the hegemony of its profession by ensuring its centrality in the policy-making process. OMA officials believed their professional expertise made them indispensable to the work of the Ministry of Education. The ministry utilized the medical profession’s status and standing to help ensure that any ministry initiative in sex education was at the very least, palatable.

⁵⁰⁸ Ibid.

The OMA report was approved as policy by its Board of Directors, and paved the way for the formation of a sub-committee to investigate ways and means to realize such a sex education program.⁵⁰⁹ The Ministry of Education, the Ministry of Health and the Ontario Teachers' Federation were represented. Barbara Johnston represented the Ministry of Education. The work of the subcommittee, briefly discussed at the third meeting between the ministry and the OMA on 20 Nov. 1981, showed the first hint of disagreement between the medical profession and the Ministry of Education. The ministry felt that sex education should be integrated into a broader educational program, but it seems that the medical profession wanted a sex education program in a single (and separate) course.⁵¹⁰

OMA officials were increasingly committed to sex education in Ontario public schools, and as wary as the Ministry of Education of backlash. This commitment was expressed in October 1981, when an OMA advertisement in favour of sex education in the schools was published in all daily newspapers in Ontario. This action was a unilateral one by the OMA, and was not a joint venture with the Ministry of Education.⁵¹¹ In fact, the Ministry of Education and the Ontario Teachers Federation (OTF) expressed some reservations about the advertisement. Some discussion of the advertisement took place at the 26 October meeting, and representatives from both the ministry and the OTF registered concern about the narrow rationale for sex education, namely, the reduction of incidence of teenage pregnancy. They preferred a broader

⁵⁰⁹ Memo to D. McPhedran, Senior & Continuing Education Branch, F. Sebo, Special Education Branch, W.P. Lipischak, Regional Services Secretariat, E. Hykawry, University Relations Branch Ministry of Colleges & Universities, from R.A.L. Thomas, Executive Director, Curriculum Development Division, Subject: Medicine/Education Liaison, 24 July 1981. AO RG 2-303 Elementary Education Branch operational files, Areas of Study, Medicine and Education 1981, B205140, Box 19.

⁵¹⁰ Minutes – Record of Meeting of Representatives of Medical Associations and Ministry of Education Officials Regarding Liaison Between Medicine and Education, 30 Nov. 1981. AO RG 2-303 Elementary Education Branch operational files, Areas of Study, Medicine and Education 1981, B205140, Box 19.

⁵¹¹ Memo to G.R. Podrebarac, Assistant Deputy Minister, Education Programs, from R.A.L. Thomas, Executive Director, Curriculum Development Division, Subject: Ontario Medical Association Advertisement on Sex Education in the Schools. 30 Oct. 1981. AO RG 2-303 Elementary Education Branch operational files, Areas of Study, Sex Education 1981, B205140, Box 19.

rationale which focused on the right of all students to information to assist in their development as responsible, confident, sexual individuals.⁵¹² Representatives of the OMA indicated that they shared the broader philosophy, but thought the advertisement would be politically expedient.⁵¹³ The OMA was not as concerned as the ministry with negative publicity or inciting a moral panic since it was committed to addressing public health problems. The OMA refused to speak in vague generalities and obfuscate health problems.

The advertisement ran in daily newspapers throughout October and later, and helped keep sex education in the public purview. The advertisement depicted a cartoon of two parents and a young girl, the latter carrying a book which had the word “Sex” written on the front cover. The parents are blushing, and the mother has her hands held up to her face in embarrassment. The advertisement asked readers, “Where do you stand on the issue of sex education in our schools?” Two written opinions were provided to highlight opposing attitudes. One opinion states, “Sex education is not a school subject. It should be left up to the parents exclusively because they’re responsible for the social values of their children. Keep the schools out of it.” The opposite opinion states, “The school should be responsible for sex education. Most parents do not know enough about it to do a good job. Besides, they’re too uncomfortable with the subject. Let the teachers do it.”⁵¹⁴ The reader was also duly informed of the OMA’s stance on the issue. Readers were told that,

as it is now, there are about 20,000 unwanted pregnancies in Ontario every year. For today’s teens, the pressures to be sexually active are enormous. And so many kids are amazingly naïve about the consequences. They deserve to know about the high risks of teenage pregnancy. They should be warned about the most unbearable of burdens a young single mother faces. For all these

⁵¹² Ibid.

⁵¹³ Ibid.

⁵¹⁴ Letter to Dr. Bette Stephenson, Minister of Education, from Lionel Reese, M.D., President of the Ontario Medical Association. Ontario Medical Association Advertisement encl. 20 Oct. 1981. AO RG 2–303 Elementary Education Branch operational files, Areas of Study, Sex Education 1981, B205140, Box 19.

reasons, we believe that sex education is so important that parental teaching should be supplemented by instruction and counselling in schools. Because of our concern, the doctors of Ontario have offered to work with communities to help plan appropriate courses.⁵¹⁵

The advertisement revealed the OMA's approach to sex education in no uncertain terms. It believed that parents needed help when it came to sex education, and that schools could aid in this responsibility. It would be doctors though, not teachers or parents or religious figures, who proved the most influential in facilitating sex education courses. The reaction to the advertisement was favourable. Several telephone calls were also supportive. The OMA noted that one member of the *Toronto Daily Star* called to welcome the OMA into the twentieth century.⁵¹⁶

The OMA greatly supported and strengthened the ministry's technocratic approach to sex education. In order to address the issue of teenage pregnancy – a problem not confined to a single locality – the OMA stressed the centrality of the ministry and championed uniformity and standardization in sex education. Localism was an impediment to be overcome. Sex education could not be left to the whims of schools and school boards where it was “incidentally taught” or “usually offered” depending on the grade. The caution displayed by teachers and the problems associated with implementing health education courses (lack of professional development workshops for teachers; little follow-up, evaluation, and up-dating of courses) did not help matters. While the OMA mentioned local input it was merely offering up lip-service. It insisted on non-negotiable elements and “strong leadership” at the cost of community participation and involvement. The OMA, confident in its cause, publically defended sex education and even

⁵¹⁵ Ibid.

⁵¹⁶ Memo to G.R. Podrebarac, Assistant Deputy Minister, Education Programs, from R.A.L. Thomas, Executive Director, Curriculum Development Division, Subject: Ontario Medical Association Advertisement on Sex Education in the Schools. 30 Oct. 1981. AO RG 2–303 Elementary Education Branch operational files, Areas of Study, Sex Education 1981, B205140, Box 19.

argued for a more comprehensive study. While the ministry may have been initially put off by the OMA’s public relations campaign, it was undoubtedly a boon to it: the ministry could rely on the legitimacy of the medical profession to bolster its sex education efforts and affirm the importance of sex education as part of a community health approach to public health.

Further impetus for sex education’s “intensification” – and institutionalization as part of P&HE – came from the social sciences. Social scientists provided empirical proof of sex education’s effectiveness in ameliorating socio-sexual problems. Maureen Jessop Orton and Ellen Rosenblatt, the authors of *Adolescent Birth Planning Needs: Ontario in the Eighties*, published their second report which testified to sex education’s effectiveness in reducing the number of teenage pregnancies (**Table 2**).⁵¹⁷

Table 2

Ontario: Women, Ages 15 – 19, Numbers and Rates of Pregnancy, Birth and Abortion, 1976 and 1981, and Percentage Change in Rates, 1976/81

Age Group	Pregnancy			Birth			Abortion		
	Rates	% change		Rates	% Change		Rates	% Change	
	1976	1981		1976	1981		1976	1981	
15 – 19	54	46	–15	33.7	23.4	–30	20.3	22.5	+11

Orton and Rosenblatt argued that sex education in schools – in conjunction with contraceptive services offered via public health units – had had an impact upon teenage pregnancy rates.⁵¹⁸

They argued that this was the minimum strategy every locality should adopt to reduce the incidence of adolescent pregnancy. Between 1976 and 1981, the decline in Ontario’s adolescent pregnancy rate was “steady, major and occurred in all but 7 of 54 localities. The pattern of

⁵¹⁷ Adapted from Table 3 in the appendix of *Adolescent Pregnancy in Ontario: Progress in Prevention*. See Maureen Orton and Ellen Rosenblatt, *Adolescent Pregnancy in Ontario: Progress in Prevention* (Toronto: Planned Parenthood Ontario, 1986).

⁵¹⁸ *Ibid*, 8.

declining rates, by locality, was associated with the pattern of developing public programmes of prevention.”⁵¹⁹ They noted that provision of both sex education in schools and public health family planning services were associated more consistently with greater decline than the provincial mean decline of 15%.

During a period of economic recession (1980–1982), this must have been welcome news to policymakers. The consequences of teenage pregnancy carried a heavy economic cost. The authors claimed that Ontario avoided 21,633 adolescent pregnancies between 1975 and 1983. They estimated that \$41.4 million would have been spent on abortions, births, General Welfare and Family benefit payments – for one year only – to adolescent sole support mothers for that number of pregnancies. During that period, public health family planning services spent \$16.4 million for adolescent clients, resulting in a savings of \$25 million.⁵²⁰

Adolescent pregnancy continued to decline throughout the decade, but abortion rates amongst older teens continued to rise (see **Table 3**).⁵²¹

⁵¹⁹ *Ibid.*, 7. The authors noted that development of public preventive programmes was initiated earlier in higher socioeconomic status (SES) localities, and a greater proportion of higher SES localities had some access to both programs. The decline in pregnancy rates, however, occurred regardless of whether the locality SES was high or low, and regardless of whether the original rate level in 1976 was high or low. Moreover, the authors noted that the effectiveness of sex education in schools unaccompanied by public health contraception clinic services in the locality was biased towards higher SES localities. The authors hypothesized that this might be due to better teaching and schools, better linkages between schools and parents, and greater private resources of prevention. Therefore, the authors concluded that it was the contraception clinic which better cut across locality SES.

⁵²⁰ *Ibid.*, 8.

⁵²¹ Adapted from Table 4 in the appendix of Maureen Jessop Orton and Ellen Rosenblatt, *Adolescent Pregnancy in Ontario 1976 – 1986: Extending Access to Prevention Reduces Abortions, and Births to the Unmarried* (Hamilton: Ontario School of Social Work, McMaster University, 1991), 16.

Table 3**Ontario: Younger and Older Teens Change in Rates of Pregnancy, Birth and Abortion**

	Younger Teens (Age 16 & Under)			Older Teens (Ages 17 – 19)		
	Pregnancy	Birth	Abortion	Pregnancy	Birth	Abortion
1976–1981	–15%	–31%	–3%	–17%	–32%	+14%
1981–1986	–21%	–13%	–25%	–4%	–8%	+1%
1976–1986	–33%	–40%	–28%	–20%	–38%	+16%

This may not have caused the same concern for budget-conscious policymakers as an increase in birth rates. Abortion, based on the figures provided by the authors, may have been a cheaper alternative to Family Benefits and General Welfare Assistance payouts.⁵²²

Sociological work indicated that sex education had the potential to alter student conduct. Edward Herold conducted a study of contraceptive attitudes and behaviour amongst high school students in two high schools located in a large Ontario city. The 106 females surveyed were in Grades 12 and 13 and the mean age was 18. Herold found that 33% of them had experienced sexual intercourse, and 60% of them expected to engage in premarital intercourse. While subjects gave strong support to the use of birth control (95%), many high school students did not use a contraceptive method at first intercourse (35%). There was a significant amount of contraceptive risk-taking. The most common used methods at first intercourse were “male” methods: withdrawal (29%) and condoms (15%). Yet the pill did represent 15% of the total. This pattern of behaviour changed after first intercourse. Only 15% of females did not use any method. When asked how often contraceptive devices were used, 58% of the high school sample

⁵²² Maureen Orton and Ellen Rosenblatt, *Adolescent Pregnancy in Ontario: Progress in Prevention* (Toronto: Planned Parenthood Ontario, 1986), 126.

said they were used all the time. One of the reasons cited for not using contraceptives all the time was lack of knowledge.⁵²³ Herold argued that a more comprehensive sex education, one that dealt with attitudinal factors like embarrassment about using contraceptives, had the potential to increase contraceptive use.⁵²⁴ Herold also addressed the concern that young women might be substituting abortion for contraception. In a 1982 study of 253 single, never-married women in Ontario (ages 16 – 22 with a mean age of 19), he found no support for the assumption that young women viewed abortion as a substitute means of contraception.⁵²⁵

The ministry was interested in the work of social scientists as it pertained to sex education. In June 1981, L.E. Maki, the Director of the Elementary Education Branch, attended the three-day conference “Sex Education is for Life,” sponsored by the University of Guelph’s Family Planning Department and Continuing Education Division and co-ordinated by Herold.⁵²⁶ Maki even presented a luncheon speech on “Sexuality and Education” on 10 June.⁵²⁷ Based on his handwritten notes from the conference, Maki was receptive to the information being shared. He was particularly interested in how the various speakers’ knowledge could be incorporated into existing health courses, particularly those at the intermediate level (Grades 7–10).⁵²⁸

⁵²³ Edward S. Herold and Roger E. Thomas, “Sexual and Contraceptive Attitudes and Behaviour of High School and College Females,” *Canadian Journal of Public Health*, Vol. 69, No. 4 (July/August 1978): 311–314.

⁵²⁴ Edward S. Herold, “Contraceptive Embarrassment and Contraceptive Behaviour Among Young Single Women,” *Journal of Youth and Adolescence*, Vol. 10, No. 3 (1981): 233–242.

⁵²⁵ Edward S. Herold, “The Relationship of Abortion Attitudes and Contraceptive Behaviour Among Young Single Women,” *Canadian Journal of Public Health*, Vol. 73, No. 2 (March/April 1982): 101–104. This conclusion was also reached by the Ontario Ministry of Health after commissioning a study on therapeutic abortion services in Ontario. See Marion Powell, *Report on Therapeutic Abortion Services in Ontario: A Study Commissioned by the Ministry of Health* (Toronto: Ministry of Health, 1987), 36.

⁵²⁶ Letter to Professor E. Herold, from G.R. Podrebarac, Assistant Deputy Minister, Education Programs, 9 May 1980. AO RG 2–303 Elementary Education Branch Operational Files, Conference Sex Education is for Life (Guelph University) 1980, B111150, Box 4.

⁵²⁷ “Sexuality and Education.” AO RG 2–303 Elementary Education Branch Operational Files, Conference Human Sexuality, Guelph University 1980, B111150, Box 4.

⁵²⁸ Handwritten notes are located in AO RG 2–303 Elementary Education Branch Operational Files, Conference Human Sexuality, Guelph University 1980, B111150, Box 4.

Social scientific studies had provided evidence, albeit limited, of sex education's effectiveness in ameliorating socio-sexual problems and reducing government spending. For technocratically-minded policymakers – as well as budget-conscious politicians – this empirical proof acted as an impetus to mandate sex education for all Ontario students. If sex education was found to be effective in reducing teenage pregnancy in the counties where it was taught, then the benefits could be maximized by requiring all school boards to teach sex education. This belief, shared by many policymakers, occurred at a fortuitous time. Sex education could be institutionalized to a greater extent with the end of decentralization and local autonomy in curriculum.

Continuing problems associated with decentralization contributed to the decision to repudiate the trends of the Davis era. The policy paper *The New Core Curriculum in Secondary Schools* in October 1976 signalled the beginning of the end. Three important developments in public education in Ontario followed: a newly-expanded core curriculum of basic subjects, a more assertive role for the ministry in curriculum development with a view to providing educators with more assistance and direction, and a plan for better testing, and evaluation and reporting of pupil achievement at the classroom level. According to then Minister of Education Thomas Wells, these three developments were needed to bring about improvement in critical aspects of education and restore public confidence in the system.⁵²⁹

While Wells proclaimed he was refining rather than repudiating Davis's innovations, he was staking out a partisan position. It would only be a matter of time before many of the innovations associated with decentralization were consigned to history.⁵³⁰ Wells treaded lightly, however, and was conciliatory towards those educators who may not have taken kindly to the

⁵²⁹ Thomas Wells, "Back to the Basics: Adjusting the Pendulum," in *Interchange*, Vol. 7 No. 4 (1976–77), 3.

⁵³⁰ *Globe and Mail*, "How Wells Refines the System," 7 Oct. 1976.

loss of autonomy. “To be sure, considerable good came out of this approach and policy,” Wells remarked. “The challenge was picked up enthusiastically by local educators and the result has been excellent courses of study.”⁵³¹ Nonetheless, the growing criticism had to be addressed.

Wells was frank in his assessment of the situation:

In some crucial ways, the curriculum in our schools had become less cohesive, less directive, and, in some cases, less challenging and demanding than it should have been. It seemed clear that, in our enthusiasm for curriculum flexibility, we might have gone too far in decentralizing the responsibility for the preparation of courses of study at the elementary and secondary levels. In championing the concept of local autonomy in curriculum development, I believe that we went too far in relinquishing the element of central direction and central expectations and standards of student achievement.⁵³²

The simple fact was that many of the innovations introduced during Davis’s time as Minister of Education were plagued with problems which had eroded public confidence in the school system with respect to the three ‘Rs’.

Fiscal retrenchment aided the re-centralization process. The 1970s were a decade of economic recession, unemployment, and galloping inflation, particularly severe in 1974–1975 and again in 1979–1982. In order to implement a retrenchment policy, the trend towards local autonomy had to be reversed, and the duplication of services and administration, as well as spending at the local school level, had to be addressed. Schools were consolidated – some closed, property sold off, course options with small enrollments slashed, staff trimmed, and early retirement packages offered. The expansion and expenses of the 1960s and early 1970s were judged in light of the economic realities at mid-decade. Facing reality meant acknowledging that the theory of human capital had been proven to be a faulty assumption, as the pay-off was non-

⁵³¹ Thomas Wells, “Back to the Basics,” 5.

⁵³² *Ibid.*

existent.⁵³³ Many parents and taxpayers in this economic climate wanted not just a return to academic basics, but also a return to fiscal responsibility. Government grants were thus set to match inflation or slightly above it and expenditures rose only modestly.⁵³⁴

The New Core Curriculum in Secondary Schools marked a return to an academically rigorous core curriculum, while still allowing students to individualize their learning. Starting September 1977, students in Grades 9 and 10 would be required to accumulate a total of seven credits: two credits in English, two credits in mathematics, one credit in Canadian history plus one credit course in geography (or two courses in Canadian history), and one credit in science. When it was discovered that some students were even graduating high school without having taken a single English course, two additional senior credits in English became mandatory. This was one third of the minimum credit requirements for the Secondary School Graduation Diploma. This new compulsory core of nine credits signalled a break with unrestricted student choice, offering a more balanced approach to credit accumulation which helped maintain academic standards while still providing some freedom of choice.

Beginning with the 1984–1985 school year, the number of compulsory-credits for graduation was increased to 16. This decision stemmed from the work of the Secondary Education Review Project (SERP).⁵³⁵ Established in April 1980 by Minister of Education Bette

⁵³³ Stamp, 240. The economic theory of ‘human capital’ gained prominence in many professional circles around the mid-twentieth century. It was argued that human capital was as important to economic growth as other forms of capital in industrialized nations, or even more so. Further economic growth depended largely on ‘technical innovation,’ ‘knowledge,’ and ‘expertise,’ all products of a highly skilled and qualified workforce. More highly educated people meant more productivity. Education, therefore, was a form of investment. The theory of human capital championed the notion that the state should play a role in developing the educational infrastructure necessary to facilitate such investment.

⁵³⁴ However, to make up for any loss of funds, the government removed the ceilings on local tax bases in late 1975 which allowed local boards to raise property taxes to any amount. While parents and taxpayers felt relief at the provincial level, some later faced rapidly rising property taxes. See Gidney, *From Hope to Harris*, 115–116.

⁵³⁵ As outlined in the Ministry’s September 1983 document, *Ontario Schools: Intermediate and Senior (OSIS)*. It expanded the compulsory subjects from nine to sixteen, and increased the total number of credits required for a graduation diploma from twenty-seven to thirty. For a discussion of OSIS and the project which led to it (SERP) see,

Stephenson, the project's purpose was to conduct a thorough study of the province's secondary school system. Its mandate was to examine almost every aspect of secondary schools, focusing in particular on the credit system, content and organization of the curriculum, standards and discipline, and the role of the school in preparing students for employment. Most submissions, letters, and briefs proposed that the curriculum be more prescriptive, especially in Grades 7 to 10. It was found that both professional respondents and the public desired clearer and more demanding standards of achievement and discipline. Moreover, the ministry was expected "to provide the direction, the curriculum requirements, and reasonable mechanisms for supervision and accountability to ensure that the learning opportunities for students throughout the province are equitable, consistent, and of the best possible standard."⁵³⁶

One of the sixteen required compulsory credits was Physical and Health Education. For students entering Grade 9 in 1984, a credit in Physical and Health Education would be required for graduation. Even if students did not wish to obtain a diploma, they had to finish one credit in P&HE (for a total of 15 compulsory credits) for a provincial certificate. Why, given the emphasis on academic and vocational education, was the subject made a compulsory credit? The answer: such was the desire of the Ministry of Health. At a 1975 meeting of the Provincial Secretariat for Social Development, Minister of Health Frank Miller asked why the Ministry of Education had not made the subject of P&HE compulsory. His assumption – one which seemed to be shared by those in the Ministry of Health and the medical profession – was that "making this subject compulsory would have a significant impact in reducing health costs because it would make

Peter Baker, "Curriculum Policy-Making in Ontario: A Case Study of the Policy Formulation Process Leading to the Establishment of the Secondary Education Review Project," unpublished Doctoral thesis, University of Toronto, 1985.

⁵³⁶ Ontario Ministry of Education and Ontario Ministry of Colleges and Universities, *The Renewal of Secondary Education in Ontario: Response to the Report of the Secondary Education Review Project*, (Toronto: Ministry of Education and Ministry of Colleges and Universities, November 1982) 7.

people healthier.”⁵³⁷ Health education was seen as a remedy for both disease and government spending. Throughout the 1970s, health care costs accounted for one quarter of Ontario’s budget. It was the single largest category of expenditures.⁵³⁸ Miller’s sentiment undoubtedly resonated during a period of recession and growing health care costs. Health/sex education was focused on producing a healthy population in the interest of a capitalist liberal order.

While an unrestricted credit system was operative at the time, the move to a core curriculum made health education’s institutionalization possible. Health education was prioritized after 1979, when the Ministry of Health wanted to shift emphasis from intensive care institutionalization to disease prevention and community health.⁵³⁹ Health education was viewed as a form of preventative healthcare. The *Report on School Health Education* (1980) highlighted the Ministry of Health’s continued desire to make health education compulsory in order to improve public health and reduce health care costs. This report was the result of the Work Group on School Health Education. Consisting of personnel from the Ministries of Health and Education, the group was formed in March 1980 in order to “investigate ways and means to effect liaison between local school boards and public health units in school health education and *to strengthen the avenue of early prevention.*”⁵⁴⁰ The group’s deliberations reveal that the Ministry of Education had reviewed the optionality of Physical and Health Education courses in

⁵³⁷ Memo to Bette Stephenson, Acting Minister of Health, from Thomas Wells, 20 April 1976, Subject: Comments on Report on School Health Education. AO RG 2–82–5 Curriculum Branch Administration Files 1976 – 1984, B101506, Box 1, Ministry of Health, 1976.

⁵³⁸ William Chandler and Marsha Chandler, *Public Policy and Provincial Politics* (McGraw-Hill Ryerson Ltd., 1979), 199.

⁵³⁹ Memo to G.R. Podrebarac, Assistant Deputy Minister, Education Programs, from R.A.L. Thomas, Executive Director, Curriculum Development Division, Subject: Cabinet Submission CS 2377/80, 17 June 1980. AO RG Ministry of Health/Ministry of Education Work Group on School Health 1981, RG 2–303 Elementary Education Branch Operational Files, B205149, Box 15.

⁵⁴⁰ Emphasis is my own. Memo to Dr. Boyd Suttie, Assistant Deputy Minister, Community Health Services, Ministry of Health, from the Work Group on School Health Education RE: The Report of the Work Group on School Health Education, 16 Dec 1980. AO RG 2–304 Senior and Continuing Education Branch, B198462, Box 2, Physical and Health Education.

Grades 9–13 in the wake of the Provincial Review Report of Human Growth and Development.⁵⁴¹ With the return to a core curriculum and the Secondary Review Project underway, the group carefully considered the question as to whether Physical and Health Education should be made compulsory in the secondary schools.

After reviewing the policies and programs of the Ministry of Education, the group recommended that the Physical and Health Education program be mandatory in secondary schools. The group made this recommendation even though it would further impose upon the autonomy of the secondary school system and pose difficulties with regards to timetabling and the balance of required/non-required subjects for the students.⁵⁴² But perhaps it was for the best. It was discovered in June 1980 that some secondary schools were providing courses based on superseded guidelines. 74 schools were still basing courses on the 1973 Intermediate Physical and Health Education curriculum, and one school was basing its courses on the 1965 Intermediate Physical and Health Education guidelines.⁵⁴³ Health education courses could not meet the current needs of students if they were based on outdated curriculum. Moreover, the provincial review report had recommended that teachers should understand that the Intermediate and Senior Division Physical and Health Education guidelines were policy statements of the ministry, and that their use was not optional.⁵⁴⁴ The work group recognized the fortuitous opportunity presented by the Secondary Education Review Project to reassert the ministry's

⁵⁴¹ Memo to Mr. P. de Sadeleer, Executive Assistant to Mr. R.A.L. Thomas, from R.C. Fobert, RE: Physical and Health Education, 13 May 1980. AO RG 2–304 Senior and Continuing Education Branch, B198462, Box 2, Physical and Health Education.

⁵⁴² Memo from R.A.L. Thomas, Subject: Meeting with Mr. Douglas Fisher and officials of the Ministry of Culture and Recreation regarding the Commission on Amateur Sport, Fitness, and Physical Recreation Thursday June 5, 1980, 17 June 1980. AO RG 2–304 Senior and Continuing Education Branch, B198462, Box 2, Physical and Health Education.

⁵⁴³ In the memo it was reported as the 1967 guidelines. This is attributable to the fact that the 1966 curriculum was implemented for the 1966–67 school year. Memo to R.G. Rist, Executive Director, Regional Services Division, from R.A.L. Thomas, Subject: Physical and Health Education Courses in the Secondary Schools, 17 June 1980.

⁵⁴⁴ Ontario Ministry of Education Research and Evaluation Branch, "Human Growth and Development," in *Provincial Review Reports* Vol. 2, No. 13, 1978–1979 (Toronto: Ministry of Education), 8.

centrality in curriculum and ensure that all Ontario students were taught from a current, research-based curriculum. The *Report of the Secondary Education Review Project* mentioned that the strongest case was made for making Physical Education compulsory.⁵⁴⁵ There were good reasons to institutionalize health education.

Policymakers considered school-based health education an integral part of community health. Moreover, it was regarded as a form of preventative healthcare. They believed it was essential for disease prevention and health promotion. Sex education largely conformed to this rationale. Educational policymakers believed that sex education was necessary to reduce the incidence of STDs and teenage pregnancy. Due to these long-held beliefs and the present circumstances, sex education – as part of Physical and Health Education – was institutionalized to a greater extent in Ontario's schools. As a result, increasing number of students would be exposed to sex education. It truly was fortuitous timing. Sex education was soon called upon to address a new public health issue – the AIDS crisis of the 1980s had arrived.

⁵⁴⁵ Moreover, many of the submissions received by the project argued that students, especially in Grades 9 and 10, should be required to take Physical Education. *The Report of the Secondary Review Project* (Toronto: Ministry of Education: October 1981), 27.

Chapter 6

‘More or Less Effective’: AIDS Education and Catholic Schools during the 1980s

Sex education was called upon to help address the Acquired Immune Deficiency Syndrome (AIDS) crisis of the 1980s. The educational state applied its technocratic approach to a public broader than that of the school system. In order to address the myths, misinformation, and misconceptions surrounding the disease, the Ministry of Education and Ministry of Health launched an information campaign to educate the general public. The AIDS crisis generated widespread public support for sex education and reinforced the necessity of school-based sex education. It was recognized that school-based sex education was an integral part of a community health approach to public health. Consequently, sex education was further institutionalized.

AIDS education would be compulsory in Ontario schools beginning in the 1987–1988 school year. A mandatory unit of study on AIDS was made part of the health program in Grades 7 and 8, and a second mandatory unit on AIDS was included in the secondary school health education program as part of the compulsory credit needed for graduation. Gone were the days of allowing schools to decide whether and to what extent sex education should be taught. To assist teachers in implementing this mandatory unit of study, the resource document *Education About AIDS* was developed with the help of the OMA and the Ministry of Health. The resource document provided teachers with a more thorough study than ever before in order to help students understand transmission of the disease. It incorporated candid and frank discussion of oral, vaginal, and anal sex, as well as broaching such topics as condom usage and homosexuality

(with the latter topic appearing for the first time in a policy document). It marked a return to centrally created and disseminated standardized programming.

AIDS education – particularly the topics of contraception and homosexuality – posed a serious problem for the Catholic separate school system. The Roman Catholic Archdiocese of Toronto and Ontario Catholic Bishops openly argued that AIDS education presented a conflict of values. *Education about AIDS* did not present sex education within the Catholic ethical context; theological arguments regarding human sexuality were absent. In order to extend its program of disease prevention and health promotion to Catholic students, the Ministry of Education worked with the Institute for Catholic Education in Toronto to develop *AIDS: AIDS Education – A Programme for the Catholic Schools in Ontario* for use in the separate schools. While the Catholic programme provided students with technical information about the disease, there were stark contrasts between the two documents that highlighted the ongoing tension between liberalism and religious communitarianism. The Catholic programme dismissed the pluralism of society. It made no provision for a critical study of values and valuing, nor did it promote respect and tolerance for individual choice. It was a program conforming to Catholic values that sought to impose a single standard of behaviour and morality upon students. The Catholic programme also dismissed the empirical knowledge base from which the liberal state drew, resulting in several misleading comments about sex education – as well as one dangerously misleading comment about condoms and safe sex. While sex education was further institutionalized in the public schools, Catholic schools – in a bargain with liberal hegemony – only reluctantly embraced sex education.

On the afternoon of 12 June 1984, public education in Ontario experienced a great upheaval. Premier William Davis announced the extension of full funding to the Roman Catholic school boards within the province. The decision has been described as a “bolt from the blue, stunning the press, the public, and the Tory caucus alike.”⁵⁴⁶ Prior to this decision, the Catholic school system’s funding ceased at the end of grade 10. While some concessions had been granted, both the Robarts and Davis governments had rejected any extension of funding to Grades 11–13. While the issue was raised again during the election of October 1971, it was once more opposed by the Davis Conservative government, which went on to win a decisive victory. This issue did not play a significant role in the elections of 1975, 1977, or 1981. While the reasons for Davis’s turnabout are unknown, historian R.D. Gidney provides a plausible explanation. It was a decision based on the changing demographics within the province and intended to bolster Conservative electoral support. Enrollments in Catholic high schools had continued to increase – from some 32,600 students in 1968 to over 70,000 in 1983 – and parents/guardians were forced to pay hefty fees for their children to complete their education, which was in addition to having to pay property taxes to support the senior grades of the public system as well. Moreover, there was also the growing importance of the Catholic vote, which represented a third of the Ontario electorate, and whose loyalties were strongly Liberal. The cost of extending funding was estimated at a “modest” 40 million annually – which included the anticipated demise of Grade 13 – and perhaps this cost may have been worth it to cut into Liberal support.⁵⁴⁷ The reasons are still unknown, and Davis would later say of this decision that, “I

⁵⁴⁶ Rosemary Speirs, *Out of the Blue: The Fall of the Tory Dynasty in Ontario* (Toronto: Macmillan, 1986), 26.

⁵⁴⁷ Gidney, *From Hope to Harris*, 127.

believed in what I said at the time, but I was never totally comfortable with the position I had taken.”⁵⁴⁸

Regardless of the causes, the consequences were profound. The decision pitted public school supporters against Catholic school supporters. It spurred virulent debate, with both lay and religious groups mobilizing their support for or against the cause. Educational organizations and groups were likewise split along religious lines. This acrimonious struggle resulted in the issue of full funding coming before the courts, which did not make it a *fait accompli*. Secondly, the backlash haunted the Conservative party at the polls in the March 1985 election. While they won, it was on the narrowest of margins – the Conservatives won 52 seats, David Peterson’s Liberals 48, and Bob Rae’s New Democrats 25. The decision to extend full funding to Catholic schools proved to be the Conservatives’ undoing. The new Premier, Frank Miller, who succeeded Davis after he retired, claimed that the separate school issue was the main reason for the loss of Tory seats and implied that, given the new situation, he might well consider reversing Davis’s decision. This drove the Opposition parties into each other’s arms. The NDP, which had little interest in supporting the continuation of Conservative rule, entered into a pact with the Liberals. They promised to support a Liberal government for a period of two years in exchange for a variety of social policies they favoured. Included in this pact was an assurance that full funding for Catholic schools would begin in September 1985, the requisite legislation would be introduced promptly, and that there would be public hearings before the bill became law.⁵⁴⁹ On 18 June 1985, the Conservatives were defeated by the passage of a non-confidence motion introduced by NDP party leader Bob Rae. The Liberal party, which had last won an election in

⁵⁴⁸ Quoted in Spears, *Out of the Blue*, 26.

⁵⁴⁹ Gidney, *From Hope to Harris*, 132.

1937, was finally returned to power. The Progressive Conservative's forty-two year reign had ended.

The extension of funding to the Catholic separate school system posed a fundamental challenge to sex education: who would control the curriculum? There were some Catholics who opposed full funding of their system to the end of high school, fearing they would lose control of both the curriculum and the right to favour Catholic teachers when hiring.⁵⁵⁰ The separate school system was imbued with a distinctive Catholicity that permeated all aspects of curriculum.⁵⁵¹ Would a value-neutral sex education predicated on the autonomy and development of the individual be acceptable to Catholics? It would not take long for this question to become hotly debated.

The subject of Physical and Health Education had just been made a compulsory credit, yet its teachers were called upon to address a new public health crisis. The AIDS crisis of the 1980s – which caused a good deal of public confusion and even hysteria – tested the Ministry of Education and the new Peterson Liberal government. Sex education had a vital role to play. Education was seen as a crucial component to combatting misinformation about the disease and preventing its spread. AIDS is caused by the human immunodeficiency virus (HIV). Transmitted through sexual intercourse, sharing needles and syringes, blood transfusions, or passed from an infected mother to the fetus during pregnancy or through the birth process, AIDS attacks T-cells and weakens the body's immune system, which can result in life-threatening infections such as pneumocystis carinii pneumonia, Kaposi's sarcoma, and cytomegalovirus. Originating in Africa,

⁵⁵⁰ For a fuller discussion of the challenges surrounding the extension of funding to the Catholic separate school system, see Steve Paikin, *Bill Davis: Nation Builder, and Not So Bland After All* (Toronto: Dundurn, 2016).

⁵⁵¹ Bette Stephenson, who opposed the decision to grant full-funding to Catholic schools (and was not even consulted by Davis), disdained the term as a defence for the separate school system. As she told Steve Paikin, "I've been asking Roman Catholics ever since what [Catholicity] means." Stephenson thought there should be one public system which met the needs of all students. *Ibid.*, 332.

the first recorded case in Canada was in 1982. During the next few years, the rate of cases reported in Ontario greatly increased. Statistics compiled by the provincial Ministry of Health in 1986 revealed that number of cases reported grew exponentially. In 1982, five cases were reported; in 1983, thirteen cases; in 1984, 47; and in 1985, 124. In 1986, 14 cases had already been reported by February. Of the 203 total cases, 148 cases were from Metro Toronto.⁵⁵²

In September 1985, a statement was prepared by Ontario Minister of Health, Murray Elston, to address the public's growing concern over the AIDS crisis. Delivered on 27 September at a Queen's Park news conference, Elston reported that 309 AIDS cases across Canada had been diagnosed, and 45% of the victims were Ontario residents. Elston provided a clear picture of how the disease continued to grow, revealing that the number of cases diagnosed each year in Ontario between 1982 and 1985 had doubled every 7 ½ months.⁵⁵³ Elston informed those in attendance that the Ministry of Health had launched a number of initiatives in response to the situation. In 1983, it was mandated that cases of AIDS in the province had to be reported. Moreover, a provincial advisory committee on AIDS had been established to monitor patients, to provide advice to health professionals, and to advise the ministry on research priorities. Research funds totalling \$700,000 were also made available for epidemiological studies. In addition, up to \$1,000,000 was to be provided to the Canadian Red Cross Society as part of Ontario's contribution to the start-up of a nation-wide blood screening and testing program.

Elston also took this time to address the lack of information resources available to the people of Ontario. He announced that \$300,000 in government funding would be made available to AIDS education and support projects in the province. To promote a well-defined and

⁵⁵² AIDS in Ontario, Ministry of Health, Public Health Branch, 14 Feb. 1986. AO RG 2-286 Program Implementation and Review Branch operational files, AIDS – Clippings, B439791, Box 11.

⁵⁵³ Statement by the Honourable Murray Elston, Minister of Health, to a news conference RE: Acquired Immune Deficiency Syndrome, Queen's Park, 27 Sept. 1985. AO RG 2-286 Program Implementation and Review Branch operational files, AIDS – Correspondence, B439791, Box 11.

coordinated approach to public information and education, he announced that the Ministry of Health would establish an Ontario AIDS Public Education Advisory Panel. The panel would be given the responsibility to identify educational and informational needs with regards to the disease. Public education activities highlighted by Elston included the production of information materials for physicians and other health care practitioners, and providing knowledgeable speakers to concerned groups such as school boards and parent-teacher associations. Up to \$200,000 was pledged to support the activities of the panel. The end goal was to get factual, non-biased information before the general public.⁵⁵⁴

The Ministry of Education was an integral part of this provincial response. It had a central role in educating the public about the disease and keeping them informed. Representatives from the Ministry of Education and Ministry of Health met on 1 October 1985, and they agreed on two essential items. A joint statement to Boards of Health and Boards of Education signed by both ministers would be prepared, and a Ministry of Education representative would be appointed to the two committees established by the Ministry of Health: the AIDS Public Education Advisory Panel, later renamed the Ontario Public Education Panel on AIDS (OPEPA); and the Co-ordinating Group for information material.⁵⁵⁵

The Ontario Public Education Panel on AIDS (OPEPA), created a total of six fact sheets which were distributed throughout the province for the edification of the general public. The fact sheets – *Information for Parents and Teachers, Information about AIDS, Women and AIDS,*

⁵⁵⁴ Ibid.

⁵⁵⁵ Memo to J.F. Clifford, from Duncan Green, Assistant Deputy Minister, Education Programs, 2 Oct. 1985. AO RG 2–286 Program Implementation and Review Branch operational files, AIDS – Correspondence, B439791, Box 11. The Ministry of Education named two representatives, Barbara Johnston of the Curriculum Branch, and Noel Bennet-Alder of the Evaluation and Supervisory Services Branch, to the Co-ordinating Group/Health Working Group on AIDS. Bennet-Alder was named the focus and contact person. See Letter to Paul Donoghue, Executive Director, Ministry of Health, Public Health and Nursing Homes Division, from Duncan Green, Assistant Deputy Minister, Education Programs, 18 Oct. 1985. AO RG 2–286 Program Implementation and Review Branch operational files, AIDS – Correspondence, B439791, Box 11.

Detecting AIDS, AIDS in the Workplace, AIDS and Health Care Workers – were distributed to physicians, public health units, hospitals, community information centres, libraries, and associations of pharmacists, dentists, and nurses. *Information for Parents and Teachers* was specifically intended for use by the Ministry of Education.⁵⁵⁶ This latter fact sheet was distributed to directors of education, chairmen of boards, principals, teachers' federation presidents, and parent and teacher groups.⁵⁵⁷

Information for Parents and Teachers was intended to help dispel myths and misunderstandings about AIDS. It included information on transmission and how to protect oneself in order to help combat some of the fear surrounding the disease. The fact sheet also addressed AIDS within the school setting, including information assuring parents that children were not at risk if they were in contact with students or teachers with AIDS. It also mentioned that children and staff with AIDS would be allowed to attend and work in the school, but with regards to the former, each case would be individually assessed by the medical officer of health. In addition, it notified parents and teachers that they would not be told if a child or member of staff had AIDS.⁵⁵⁸ This fact sheet was distributed by the Ministry of Education to all schools in the province in April 1986.⁵⁵⁹

Attached to the fact sheets sent to schools was a letter issued jointly by the Minister of Health and the Minister of Education. The letter urged schools and school boards to order copies

⁵⁵⁶ Memo to P.F.W for the information of J.F. Clifford, from W.P. Lipischak, Director, Evaluation and Supervisory Services Branch, Subject: Health Concerns – AIDS and Hepatitis B, 'Information about AIDS,' 'Information for Parents and Teachers,' 28 Feb. 1986. AO RG 2–286 Program Implementation and Review Branch operational files, AIDS – Correspondence, B439791, Box 11.

⁵⁵⁷ Memo to J. Gillies, from J. McHugh, 14 Feb. 1986. AO RG 2–286 Program Implementation and Review Branch operational files, AIDS – Correspondence, B439791, Box 11.

⁵⁵⁸ Ontario Ministry of Health, *AIDS – Information for Parents and Teachers* (Toronto: Queen's Printer for Ontario, Jan. 1986). AO RG 2–286 Program Implementation and Review Branch operational files, AIDS – Correspondence, B439791, Box 11.

⁵⁵⁹ OSTC/Deputy's Meeting, 20 Jan. 1987. AO RG 2–286 Program Implementation and Review Branch operational files, AIDS – Correspondence, B439791, Box 11.

of the fact sheet and give it the widest possible distribution. It also noted that a pre-printed order card was enclosed and that copies of the fact sheet were available in English, French, Italian, Portuguese, Greek, Chinese, and Vietnamese.⁵⁶⁰ The letter argued that public education could help prevent the spread of this disease, and that the best way to allay fears about AIDS was to educate the public. The Ministry of Education and Ministry of Health's information campaign was school-based sex education on a larger scale and addressed to Ontarians as a whole.

Members of the Co-ordinating Group/Health Working Group on AIDS also busied themselves with their appointed tasks. By May 1986, it was renamed the Interministerial Working Group on AIDS to better reflect its representation.⁵⁶¹ The Interministerial Working Group on AIDS was comprised of representatives from the Ministry of Health, the Ministry of Education, the Ministry of Community and Social Services, the Ministry of Labour, the Ministry of Government Services, and the Ministry of Correctional Services. Members of the Interministerial Working Group, in conjunction with OPEPA, would create a new resource for teachers to help educate students about AIDS.

At the Deputy Minister's meeting in January 1987, the Ontario School Trustees' Council representatives requested ministry assistance to school boards in raising awareness about AIDS and in working towards the reduction in the incidence of AIDS. It was noted that while the area of study "Sexually Transmitted Diseases" was included in the provincial health education

⁵⁶⁰ Memo to Regional Directors of Education, Directors of Education, Superintendents of Education, Principals of Schools, Principals of Private Schools, from Duncan Green, Acting Deputy Minister of Education, RE: Fact Sheet on Acquired Immune Deficiency Syndrome (AIDS) 30 April 1986. AO RG 2-286 Program Implementation and Review Branch operational files, AIDS – Background Info, B439791, Box 11.

⁵⁶¹ Memo to All Deputy Ministers, from Allan Dyer, Deputy Minister, Ministry of Health, RE: AIDS Information, 6 May 1986. AO RG 2-286 Program Implementation and Review Branch operational files, AIDS – Correspondence, B439791, Box 11. Memo to Allan Dyer, Deputy Minister of Health, from Duncan Green, Acting Deputy Minister, Minister of Education, Subject: AIDS Information, 12 June 1986. AO RG 2-286 Program Implementation and Review Branch operational files, AIDS – Correspondence, B439791, Box 11.

curriculum guidelines, AIDS was not specifically mentioned.⁵⁶² While the ministry had indicated earlier to them that the guidelines provided a sufficiently broad framework to allow for discussion of AIDS in courses,⁵⁶³ it surely realized, based on past experience, that the authority and sanction of the ministry was needed if AIDS education was to be realized across the province. OSTC suggested that since the Ministry of Education was an active participant on the Interministerial Working Group on AIDS, it could help prepare provincial guidelines from which local school boards could develop courses of study. This suggestion was well received. An internal memorandum declared that the ministry should proceed immediately to discuss with those responsible for the new health education guideline the importance of including an extended treatment of AIDS. The general idea was to provide some suggestion to teachers and school boards how they might treat AIDS and related topics within the health education curriculum.⁵⁶⁴ The Ministry of Education established an Advisory Committee on Education about AIDS, and this initiative would result in the resource document, *Education About AIDS*.⁵⁶⁵

In the wake of these developments, Liberal Minister of Education Sean Conway announced on 27 January 1987 that AIDS education would be mandatory in Ontario schools,

⁵⁶² OSTC/Deputy's Meeting, 20 Jan. 1987. AO RG 2–286 Program Implementation and Review Branch operational files, AIDS – Correspondence, B439791, Box 11.

⁵⁶³ Infoback, Education Material about AIDS, 18 Nov. 1986. AO RG 2–286 Program Implementation and Review Branch operational files, AIDS – Clippings, B439791, Box 11.

⁵⁶⁴ Memo to Marilyn Sullivan, from Bernard Shapiro, RE: OSTC Meeting, 21 Jan. 1987. AO RG 2–286 Program Implementation and Review Branch operational files, AIDS – Correspondence, B439791, Box 11. Johnston and Bennet-Alder were subsequently notified of this request. Inter-office memo to Marilyn Sullivan, from W.P. Lipischak, Director, Program Implementation and Review Branch, 19 Jan 1987. AO RG 2–286 Program Implementation and Review Branch operational files, AIDS – Correspondence, B439791, Box 11.

⁵⁶⁵ Memo to Duncan Green for the attention of Sheila Roy and Shanon Hogan, from W.P. Lipischak, Director, Program Implementation and Review Branch, 16 Mar. 1987. AO RG 2–286 Program Implementation and Review Branch operational files, AIDS – Correspondence, B439791, Box 11. Memo to Duncan Green, Assistant Deputy Minister, Learning Programs, from Sheila Roy, Director, Centre for Secondary and Adult Education, Subject: Ministry of Education representation on the Interministerial Working Group on AIDS, 1 Feb. 1988. AO RG 2–286 Program Implementation and Review Branch operational files, AIDS – Working Group, B439791, Box 11.

beginning in the school year 1987–1988. Issued as policy memorandum number 96, the ministry’s policy concerning AIDS education was as follows:

- 1.) A mandatory unit of study on AIDS shall be a part of the health education program in Grades 7 and 8;
- 2.) A second mandatory unit on AIDS shall be included in the secondary school health education program, as part of the credit(s) deemed to satisfy the compulsory credit requirement for diploma purposes;
- 3.) There will be an exemption provision for students as described in the guideline *Physical and Health Education, Intermediate Division, 1978* (page 2).⁵⁶⁶

While health was a mandatory subject in the elementary schools, sex education – starting with the mandatory unit of study on AIDS in Grade 7 or 8 – would become an increasingly integral part of health education at the intermediate level.

The media kept the general public abreast of the government’s actions, which included *Education About AIDS* in its formative stages. One of its first mentions was in a *Toronto Star* article, “Should education about AIDS begin in Grade 7?” published on 17 January 1987.

Canada’s Deputy Minister of Health, Maureen Law, was quoted as saying, “in my own view we haven’t had the courage to be as candid and blunt as we should be [...] we’re telling people to practise safe sex and not telling them what that means – using condoms, being selective, not sharing sex toys. If we’re going to be effective we have to do that.”⁵⁶⁷ In addition, Toronto’s medical officer of health, Dr. Alexander MacPherson, was cited in favour of teaching Grade 7 students about homosexuality and the prevention of sexually transmitted diseases. Dr. David Korn, Ontario’s chief medical officer of health was also in favour of school instruction, claiming that different strategies were needed to reach different groups. Dr. Alastair Clayton, director-general of the Laboratory Centre for Disease Control in Ottawa was also quoted voicing his

⁵⁶⁶ Policy memorandum no. 96, Subject: Acquired Immune Deficiency Syndrome (AIDS) Education, Application: Directors of Education and Principals of Schools. AO RG 2–286 Program Implementation and Review Branch operational files, AIDS – Ministry Materials, B439791, Box 11.

⁵⁶⁷ *Toronto Star*, “Should education about AIDS begin in Grade 7?” 17 Jan. 1987.

support: “we can protect the next generation if we prevent infection in children. It may be too late to stop the spread in this generation, but if we look ahead twenty years we can protect the virgin populations.”⁵⁶⁸ The *Toronto Star* article even cited politicians in favour of more sex education, providing evidence of a non-partisan consensus about the necessity of AIDS education. Liberal health critic Doug Frith believed that AIDS could only be arrested by a change in lifestyle: “I’m a firm believer in more information; children today are very aware compared to other generations.”⁵⁶⁹ Howard McCurdy, NDP health critic, was also in favour of a more frank sex education: “If there was ever an area that dictates a need for more sexual education in schools, AIDS is it.”⁵⁷⁰

The article revealed a considerable amount of support within the province for AIDS education, but there was strong support for sex education prior to the AIDS crisis. The provincial review of Human Growth and Development had indicated that, “Contrary to what one would believe through media reports, superintendents and principals indicated that community response to units of instruction in human growth and development was strongly favourable, or there was no reaction at all. There was no evidence of significant negative reaction to the content of units of instruction in human growth and development.”⁵⁷¹ Moreover, the report noted that most principals indicated that they had never received a request from a parent to have a student

⁵⁶⁸ *Ibid.*

⁵⁶⁹ *Ibid.*

⁵⁷⁰ *Ibid.*

⁵⁷¹ Memo to L.E. Maki for the attention of R.A.L. Thomas, Executive Director, Curriculum Development, from B.A. Johnston, Education Officer, Elementary Education Branch, Subject: Information Paper on Sex Education, 23 Feb. 1981 and attached: “Instruction on Human Growth and Development in Ontario Schools and the Resolutions of the Canadian Medical Association.” AO RG 2–303 Elementary Education Branch operational files, Areas of Study, Medicine and Education 1981, B205140, Box 19.

excused from any of the human growth and development units of P&HE courses.⁵⁷² Ontarians were supportive of – if also somewhat apathetic about – sex education.

Education About AIDS was developed by the ministry with the assistance of the Advisory Committee on Education about AIDS. The committee included two Ministry of Education representatives as well as representation from principals, trustees, teachers, home and school/parent-teacher associations, counsellors, and other administrative officials such as directors and superintendents. There were also representatives from the Ontario Association for the Supervision of Physical and Health Education, the Ontario Physical and Health Education Association, and TVOntario. The interests of Franco-Ontario schools and the Catholic separate school system were also represented.⁵⁷³ In addition to the forty-member advisory committee, the Ontario Public Educational Panel on AIDS also lent its assistance.⁵⁷⁴ The task of writing the resource document fell to the Centre for Secondary and Adult Education and the Centre for Early Childhood and Elementary Education (both established in 1987 as part of the Learning Programs Division of the Curriculum Branch), as these two centres were responsible for developing material to assist in the teaching of the two compulsory credits on AIDS education.⁵⁷⁵

A draft was completed by May 1987 and sent out for validation on 2 June 1987 to Directors of Education and principals of schools. The validation period was extremely short –

⁵⁷² Ontario Ministry of Education Research and Evaluation Branch, “Human Growth and Development,” in *Provincial Review Reports* Vol. 2, No. 13, 1978–1979 (Toronto: Ministry of Education), 6.

⁵⁷³ *Education About AIDS: Materials for use in the Mandatory Health Units Part F – Acknowledgements*, Validation Draft, May 1987. AO RG 2–286 Program Implementation and Review Branch operational files, Box 11, B439791.

⁵⁷⁴ Memo to Directors of Education and Principals of Schools, from Sheila Roy, Director, Centre for Secondary and Adult Education, and Shannon Hogan, Director, Centre for Early Childhood and Elementary Education, Subject: Educational Materials about AIDS, 2 June 1987. AO RG 2–286 Program Implementation and Review Branch operational files, Box 11, B439791.

⁵⁷⁵ Memo to Chairpersons of Boards, Directors of Education, Principals of Schools, Teachers of Physical and Health Education, from Sheila Roy, Director, Centre for Secondary and Adult Education, and Shannon Hogan, Director, Centre for Early Childhood and Elementary Education, Subject: Resource Document, Education About AIDS, 1 Oct. 1987. AO RG 2–286 Program Implementation and Review Branch operational files, Box 11, B439791.

they only had until 30 June to submit their comments and response on the draft.⁵⁷⁶ The ministry also conducted an internal review, sending the draft to Directors of the Learning Programs Division and the Learning Services Division.⁵⁷⁷ Very little changed between the validation draft and the released resource document. Only minor changes in style were made.⁵⁷⁸

As a technocratic solution to sexual health problems, *Education about AIDS* provided students with a more thorough education than ever before, which was necessary to dispel the many myths, misconceptions, and misinformation surrounding the disease. The resource document was extremely candid. It provided explicit information about oral, vaginal, and anal sex (within the context of disease transmission), which allowed for frank discussion of many of the topics found in the Physical and Health Education Curriculum. In addition, topics such as contraception and family planning received a more nuanced treatment. Even topics not explicitly mentioned in the Physical and Health Education Curriculum documents, such as homosexuality, were included in the document.

Education about AIDS included a joint statement by Murray Elston and Sean Conway about the necessity of mandatory health units on AIDS. Described as an “educational challenge” facing the province, it was of the upmost importance to,

educate ourselves and our children about the risks of AIDS. As parents, educators, and community leaders, we must assume this responsibility. We must give young people the information and skills required to make responsible decisions about health matters so that they can avoid being infected by the virus that causes AIDS. If we act now, if we teach our children to make responsible decisions, we will save lives.⁵⁷⁹

⁵⁷⁶ Ibid.

⁵⁷⁷ Memo to Directors, Learning Programs Division, and Directors, Learning Services Division, from Sheila Roy, Director, Centre for Secondary and Adult Education, and Shannon Hogan, Director, Centre for Early Childhood and Elementary Education, Subject: Educational Materials about AIDS, 2 June 1987. AO RG 2–286 Program Implementation and Review Branch operational files, Box 11, B439791.

⁵⁷⁸ *Education About AIDS: Materials for use in the Mandatory Health Units*, Validation Draft, May 1987. AO RG 2–286 Program Implementation and Review Branch operational files, Box 11, B439791.

⁵⁷⁹ Ontario Ministry of Education, *Education About AIDS: Materials for Use in the Mandatory Health Education Units* (Toronto: Ministry of Education, 1987). Located on the inside flap of the resource document’s packaging.

This statement highlighted the growing threat posed by AIDS, and proposed a solution to the problem that was true to the goals of sex education as developed in accordance with the aims of a liberal education. The aim, expressly stated, “was to help student’s develop and maintain a positive and responsible attitude towards their sexuality, and within that context, to act on their knowledge and to make positive decisions about matters affecting their health.”⁵⁸⁰ The resource document exemplified sex education’s objective of disease prevention and health promotion. It also promoted sexual responsibility, allowing students to make informed personal decisions about their health. The document’s very terminology reflected the state’s commitment to liberal education. *Education about AIDS* required attention to values such as responsibility, self-control, and respect for self and others, as well as discussion about the ethics of choice and tolerance of individual and group differences in behaviour and belief.⁵⁸¹ Sex education continued to be based on the primacy and autonomy of the individual.

Education about AIDS was comprised of five different booklets (Parts A–E). The resource provided educators with information about the AIDS spectrum and information about transmission, prevention, and treatment of the disease. It also addressed the social impact of AIDS. The resource document included technical information about prevention. It stated that sexual abstinence was the most effective means of preventing the spread of AIDS, and a monogamous relationship between two people who were not infected with the virus was the most effective means of preventing the spread of the disease for partners who were in permanent relationships. However, if abstinence or mutual monogamy was not practised, “the correct use of latex condoms with spermicidal foam or a water-based lubricant is the only practical way to

⁵⁸⁰ Ontario Ministry of Education, *Education About AIDS Part B: General Teaching Strategies* (Toronto: Ministry of Education, 1987), 2.

⁵⁸¹ *Ibid.*, 6.

check the spread of AIDS. Foam should be used only for vaginal intercourse as it can damage anal tissue.” It conceded that while the degree of risk of transmission remained controversial, “oral-genital contact is not a highly efficient mode of transmission [...] as direct access to blood and bodily fluids infected with HIV [...] are less frequently found than in vaginal or anal intercourse [but] the condom should be worn whenever there is a possibility of genital transmission of disease.” It adamantly argued that sexual abstinence was the most effective way to protect oneself, as condoms were not a foolproof method of protection (due to user error and/or condom failure).⁵⁸² It also included contact information for sources in the community useful for further information about, testing for, and treatment of AIDS.⁵⁸³ Far from being a program which encouraged sexual promiscuity, the publication offered a balanced approach to AIDS, presenting students with all the necessary information for them to make their own informed decisions about their health.

Education about AIDS also not only provided students with technical information about the disease; it also allowed students to examine the social impact of AIDS. Nowhere was this more apparent than in its treatment of homosexuality and bisexuality. These topics opened up a small avenue for discussion of homophobia. In the “AIDS Facts and Fallacies” test included in the kit, a true or false question was posed to students, “Only homosexual or bisexual men get AIDS.” The answer, of course, was false. Anyone, regardless of sex or sexual orientation, could get the disease.

⁵⁸² Ontario Ministry of Education, *Education About AIDS: Part A – General Information* (Toronto: Ministry of Education, 1987), 11–13.

⁵⁸³ Ontario Ministry of Education, *Education About AIDS: Part B – General Teaching Strategies* (Toronto: Ministry of Education, 1987), 5.

Homophobia was also challenged in more explicit ways. A role playing scenario titled “My Brother Has AIDS,” tackled the subject of homosexuality for students in Grades 9–13. It was the story of a young man who contracted AIDS at twenty-one:

Michael and his younger sister, Betty, had been very close to one another as they were growing up. Because of the differences in their ages, Michael had been like a father to Betty.

One day Michael told Betty that he had decided to go with a friend to Vancouver where he would find a better job. The two men became roommates. Betty missed her brother but was glad that he was happy with his new life.

About six months after moving to Vancouver, Michael noticed that he was suffering from unusual fatigue and a persistent cold. Eventually he went to a doctor, who, after a thorough examination, told Michael that he had ARC (AIDS Related Complex). The doctor explained that ARC might turn into AIDS, but not necessarily. Michael did not get better. He developed a dry cough, and the doctor told him that he had pneumonia, specifically pneumocystis carinii pneumonia, a disease associated with AIDS.

When Michael called Betty to tell her that he was very ill, she was shocked to learn that he had AIDS. She was also shocked when Michael told her that he was a homosexual.

The doctor wanted to admit Michael to a hospital for treatment of pneumonia. Michael told his roommate, who was alarmed and forced Michael to move out.

Michael called Betty again, and she arranged to send him money to come back home. She was frightened and angry.⁵⁸⁴

Teachers could use this scenario when discussing the stigmatization of homosexuals. Students were expected to “examine the stereotypes and influences they have been exposed to, and to assess their values and beliefs.” Students had to sort out their feelings and beliefs about the disease in order to behave responsibly towards themselves and others.⁵⁸⁵

In the suggested Questions and Answers section, the document broached the topic of heteronormativity for teachers. With regards to the question, “What attitudes and facts about

⁵⁸⁴ Ontario Ministry of Education, *Education About AIDS: Part D – Teaching Strategies Compulsory Credit in Physical and Health Education* (Toronto: Ministry of Education, 1987), 37.

⁵⁸⁵ Ontario Ministry of Education, *Education About AIDS: Part C – Teaching Strategies Grade 7 or 8 Physical and Health Education* (Toronto: Ministry of Education, 1987), 15–16.

homosexuality should Betty be aware of in dealing with her confused feelings?” it acknowledged that,

sometimes young people are repelled by the thought of homosexuality. They rely on external symbols and cultural definitions of sexuality in order to make sense of their own sexuality. In spite of the fact that the majority of young people are heterosexual, they have no experience of heterosexuality. They have simply assumed that they are heterosexual because that is the societal norm. Heterosexuality can represent success and acceptance by one’s peers whereas homosexuality is seen negatively.⁵⁸⁶

This scenario dwelt upon heterosexism and homophobia, as well as addressed the fear which many felt towards those who suffered from AIDS. *Education about AIDS* made clear that AIDS was not strictly a homosexual disease; it provided scenarios in which individuals regardless of sexual orientation contracted it. Guilt and fear were two powerful motivators which prevented individuals from turning to others for help and/or seeking treatment.

The resource document revealed, however, that the Ministry of Education was still concerned with the issue of parental opposition. The ministry had good reason to be concerned. Homosexuality was perceived to be a sinful or immoral by some religious denominations, and these parents would not see the publication as value-neutral. Moreover, students would learn about non-reproductive sex. The ministry was broaching the topics of oral and anal sex (naturally within the context of disease transmission), and emphasizing safe sex. Sensitive to the criticism that they could be challenging the values held at home or usurping parental responsibility, the ministry acknowledged the importance of parents as primary educators: “the prime responsibility for sexuality education rests with the family, and few parents are eager to relinquish it. Parents provide love, warmth, and caring, which are the foundations of many future values and attitudes concerning sexuality.”⁵⁸⁷ Nonetheless, it was acknowledged that not all parents were capable in

⁵⁸⁶ *Ibid.*, 38.

⁵⁸⁷ *Ibid.*, 8.

their role as primary educator: “some parents may not feel as well informed as they would like to be; others may be reluctant to discuss sensitive topics in the necessary detail for personal or religious reasons. It is clear, however, that young people must have information, guidance, and support if they are to make wise decisions in this very important and complex area of their lives.”⁵⁸⁸ Rather than demonstrating sensitivity to the concerns of parents, this acknowledgement was simply a perfunctory statement. Under the present circumstances, the medical profession would assume the role as primary educator on behalf of the state.

The document stressed that parents should be made aware of the general content and purposes of the program. It suggested that school administrators consider either involving parents in a course that covered the same subject matter as the one given to their children or inviting them to a parents’ night at which information about AIDS education is provided.⁵⁸⁹ While involving parents in sex education was not a new sentiment, the ministry had never suggested that parents take a course similar to the one their children were receiving. This suggests a pressing need to get parents on the same page in order to address the AIDS crisis. While the ministry noted the importance of involving parents, it relinquished any notion they be involved in course creation. Gone were the days of local participatory democracy and parental involvement in course design.

Nonetheless, the ministry was under no impression that parental consent could be obtained in all cases. When Sean Conway, Minister of Education, announced that education about AIDS would be compulsory in Ontario schools, the Ministry of Education’s policy concerning AIDS included the right to withdraw:

⁵⁸⁸ *Ibid.*

⁵⁸⁹ *Ibid.*

On the written request of a parent or guardian or of a student who has reached the age of majority, the right to withdraw from any component of a physical education or health education course shall be granted, where such component is in conflict with a religious belief held by the student, guardian, or parent. Where such withdrawal involves a significant portion of the course time, an alternative component of work in physical and health education shall be scheduled for the student.⁵⁹⁰

While this policy had long been a feature of sex education, it undermined the mandatory status of AIDS education. It was included to placate fundamentalist religious groups and parents opposed to sex education so that they could excuse their children from instruction. It was a small price to pay to educate the majority of students.

Education about AIDS posed a problem for the Ministry of Education. Would a resource document, which incorporated topics such as premarital sex, homosexuality, contraceptives, etc., be acceptable to the Catholic separate school system? These topics were presented in a clinical manner not in accordance with Catholic theology. With the extension of full funding to Catholic high schools, bringing Grades 11–13 under Ministry of Education jurisdiction, could the ministry's liberal, technocratic approach to sex education be reconciled with the value-laden teachings of the Catholic Church? Or would the entire school system opt of AIDS education altogether?

In reaction to reports that the Ministry of Education was preparing to take the battle against AIDS into the classroom, trustee Reverend Carl Matthews of the Metro Toronto Catholic school board argued that information about condoms should be banned from Metro Toronto's 223 Catholic schools. Matthews said that the teachings of the Roman Catholic Church would not permit information about condoms to be given to pupils. The call for the ban won support among trustees such as Harold Adams, for whom "the use of condoms is forbidden by the moral

⁵⁹⁰ Ontario Ministry of Education, *Education About AIDS: Part A – General Information* (Toronto: Ministry of Education, 1987), 2.

teachers of the Catholic Church [...] it's about time we let the boards of health know where we stand on condoms and AIDS."⁵⁹¹ If Matthews and Adams had their way, only chastity and marital monogamy would be taught to students. While these were effective ways to protect oneself, they did not constitute the entire range of human sexual behaviour. Public school students learned about these means of preventing disease in addition to safe sex practices. Religious communitarianism seemed to preclude such a liberal education.

A *Globe and Mail* article shed more light upon the issue. Adams reiterated that school board trustees and staff members were vehemently opposed to any talk that condoms could act as a barrier to disease: "Why should we give instructions about the use of condoms when the church teaches that premarital sex, masturbation, homosexuality and sex outside the marriage are sinful?"⁵⁹² He added that the Roman Catholic Church was firm in its teaching, and that condom usage was prohibited because it could be used to prevent pregnancy. Adams made it clear that, "the purpose of intercourse is the birth of a child, so when a male protector, or sheath, is used, it is unlawful from the beginning [...] the school board must not waver in matters of faith and morals – and if it does, it is not Catholic."⁵⁹³ His views were shared by Norman Forma, who was the board's assistant program director, who argued that, "there's no need to worry about condoms if you don't get yourself in those sexual situations."⁵⁹⁴

However, there were other Catholic trustees and staff who opposed this moral thrust. Trustee Donald Clune believed that "never mentioning condoms is not educating people for this day and age. You have to tell it like it is." Trustee Michael Flanagan also believed that the school board could not turn its back on the AIDS problem by treating it solely as a moral issue: "we

⁵⁹¹ Lynne Ainsworth, "Separate board must ban giving out information on condoms, trustee says," *Toronto Star*, 21 Jan. 1987.

⁵⁹² Paul Taylor, "Separate School Board at Odds Over Teaching Prevention of AIDS," *Globe and Mail*, 21 Jan. 1987.

⁵⁹³ *Ibid.*

⁵⁹⁴ *Ibid.*

have a medical problem on our hands and there's a risk that it could become an epidemic unless we take certain steps."⁵⁹⁵ The call for censorship posed a fundamental problem for the board. Caroline DiGiovanni, chairman of the Metro Separate School Board, summarized the situation succinctly: "we have to prepare our young people for the future, but we don't want to fly in the face of Catholic teaching."⁵⁹⁶ A bitter AIDS debate threatened to split the board.

Harold Adam and Reverend Matthew's position, however, reflected that of the Catholic Church. It was the correct response for a Catholic in the wake of the papal encyclical *Humanae Vitae*, which condemned all forms of "artificial" birth control – condoms, prescription pills, voluntary sterilization (tubal ligation and vasectomy), and even "pulling out."⁵⁹⁷ Adams, who held several degrees in Catholic theology, astutely understood the Catholic Church's teachings regarding sex and sexuality. While there were some dissenting voices amongst rank-and-file Catholics within the school system, they were in a minority.

Conway's policy announcement resulted in the Roman Catholic Archdiocese of Toronto issuing a statement of its own, sparking more controversy in Metro Toronto Separate schools. The official statement posited that AIDS education in Catholic schools presented a conflict of values. While there was a desire to prevent the spread of disease and help students understand AIDS as a major medical and social problem, there was a concern that a sex education program "may, implicitly or explicitly, urge the use of certain immoral methods." Moreover, the Archdiocese was concerned that the existence of a sex education program may be interpreted as an acceptance of the fact that students were engaging in immoral sexual activity, and that sex education programs would allow students to continue having sex while avoiding the risk of transmission. "Why else would we be so anxious to give them the information?" it asked. The

⁵⁹⁵ *Ibid.*

⁵⁹⁶ *Ibid.*

⁵⁹⁷ Paul and Catholic Church, *Encyclical of Pope Paul VI, Humanae vitae, on the regulation of birth*, 1968, para. 14.

Archdiocese stated that the negative aspects of certain AIDS information programs were very serious, and for this reason, Catholic schools should not host any program which they did not control. The statement concluded by rhetorically asking if Catholic schools could design and implement an AIDS instruction program which avoided the negative aspects highlighted.⁵⁹⁸

While the issue of AIDS presented a conflict of values for Catholics, the statement contained several erroneous assumptions. Sex education as taught in the public schools did not implicitly or explicitly urge the use of contraceptives – the immoral methods to which the statement spoke – nor did it encourage sexual activity amongst students. It promoted individual choice, which included abstinence. The existence of a sex education program could very well be interpreted as an acceptance of the fact that students were engaging in sexual activity. Based on teenage pregnancy and VD statistics, students were having sex. These statistics (as demonstrated in previous chapters) had galvanized the ministry into action and led to the incremental institutionalization of sex education. But calling sex education immoral was a matter of opinion predicated upon a specific worldview. School-based sex education was not meant to encourage sexual activity, nor was it designed to allow students to continue sexual activity while avoiding disease. It provided students with the necessary information to make informed decisions on matters pertaining to their sexual health and physical well-being.

Despite the erroneous assumptions contained in the statement, the Archdiocese maintained that Catholic schools could design and implement an AIDS instruction program which avoided these ‘negative’ aspects. According to the official statement, it was possible if the program presented the “technical information” within a proper Catholic ethical context, which involved providing insight into the meaning of interpersonal relationships, family, marriage, and procreation and the meaning of sex within this wider context. It was stressed that the program

⁵⁹⁸ “Archdiocese makes official statement on AIDS Teachings,” *Toronto Star*, 28 Jan. 1987.

should “make clear that the acceptable way to avoid AIDS is to do what one is morally obliged to do in any case: confine genital sexual activity to monogamous marriage. Condoms may be a more or less effective way to avoid the disease but they are not presented as an acceptable way.” The statement was unequivocal on this point: “The purpose of such a program is not to get people to use condoms in order to avoid AIDS. Its purpose is to help students to understand the AIDS issue, to understand it in its proper ethical context, in order to guide their own actions in an ethically right way and to have a proper perspective on what is happening in our society.”⁵⁹⁹

The Archdiocese of Toronto wanted to ensure that sex education was consistent with Catholic values. It was dismissive of any information which did not derive from Catholic theological teaching. However, the statement that condoms were a more or less effective way to avoid the disease was dangerously misleading. While the Archdiocese did not want sex education programs to become a “cover-up for another purpose – i.e., for the purpose of urging students to use certain methods to avoid AIDS while continuing in an immoral activity,”⁶⁰⁰ proper condom usage could greatly reduce the risk of transmission. The typical user failure rate was 10%. Condoms used with spermicides provided effective protection from the AIDS virus – if used correctly the effectiveness rate was close to 100%. Condoms also had the advantages of not requiring prescriptions and carrying few risks or side-effects.⁶⁰¹ If the goal was to reduce the spread of AIDS (and STDs), a sex education program had to include information about them.

Nonetheless, the Archdiocese was astute enough to realize the problems it faced in withholding information from students. It noted the futility of censoring information: “The omission of this information, which would already be available to the students in some form,

⁵⁹⁹ *Ibid.*

⁶⁰⁰ *Ibid.*

⁶⁰¹ Condoms were also effective at reducing pregnancy. The lowest observed failure rate for the condom was 2 pregnancies per 100 women. See Herold, *Sexual Behaviour of Canadian Young People*, 79–81.

would be artificial, would undercut the credibility of the program generally, and would seem to involve the church in a rather meaningless program of trying to prevent immoral activity by holding back information which some students already have.”⁶⁰² Catholic students could get this information elsewhere, and those students who wanted to engage in sexual activity were going to, regardless of the teachings of the Church. This was a fact the Archdiocese of Toronto was loath to acknowledge.

The Institute for Catholic Education in Toronto, in conjunction with the ministry, developed *AIDS: AIDS Education – A Programme for the Catholic Schools in Ontario* for use in the Catholic separate schools.⁶⁰³ This programme was designed for students in Grades 7–10 in accordance with ministry policy. The programme differed substantially from the public school programme; Catholic theology permeated all aspects of AIDS education. In the introduction to the programme, it was explicitly stated that “for students in separate schools, the context for all learning about issues related to sexuality must be linked with the tradition of Catholic beliefs and moral values. No attempt to divorce matters of sexual education from moral principles will satisfy student’s needs. Mere technical knowledge will not suffice.”⁶⁰⁴ To make sure teachers got the message it was reiterated (in all capital letters no less):

IT MUST BE EMPHASIZED, THAT WHAT IS PRESENTED HERE IS A UNIT ON AIDS. THESE THREE LESSONS DO NOT ATTEMPT TO PROVIDE A FULL TREATMENT OF CATHOLIC TEACHING ON HUMAN SEXUALITY. IT IS IMPERATIVE, THEREFORE, THAT THIS UNIT BE TAUGHT IN CONJUNCTION WITH MATERIAL ON SEXUALITY AND CATHOLIC TEACHING WHICH SEPARATE SCHOOL BOARDS ALREADY HAVE IN PLACE IN EITHER RELIGION OR FAMILY LIFE PROGRAMMES.⁶⁰⁵

⁶⁰² *Ibid.*

⁶⁰³ Institute for Catholic Education, *AIDS: AIDS Education – A Programme for the Catholic Schools in Ontario, Teacher’s Guidebook and Resource Materials Grades 7–10* (Toronto: Institute for Catholic Education, 1987), 5.

⁶⁰⁴ *Ibid.*

⁶⁰⁵ *Ibid.*

The Archdiocese's statement became policy as it was translated into practice within the programme, demonstrating the hierarchical nature of Catholic education with spiritual authority as its apex.⁶⁰⁶

Catholic theology permeated all aspects of the programme, and nowhere was this more evident than in its treatment of homosexuality. The programme acknowledged that AIDS was not a homosexual disease. It also stated that students should respect and understand homosexuals as persons first, disdaining any actions which belittled or violated their dignity such as crude jokes, physical violence, or forms of discrimination or denial of rights. Nonetheless, students were taught that the church maintained that homosexual genital acts were immoral, and that homosexual persons were not, by reason of their homosexuality, free to impose upon others, or even choose for themselves a lifestyle contrary to human good.⁶⁰⁷ While homosexuality may have arisen in discussion of AIDS, homosexuality had to be discussed in its proper Catholic context, and students had to develop the appropriate Catholic attitudes and values towards it. In one of the lessons, teachers were warned that “learning about AIDS may prompt students to ask questions about homosexuality which in fact, extend beyond the objectives of this lesson. It is hoped that the topic of homosexuality will be addressed during some other lesson of the Intermediate Family Life Curriculum.”⁶⁰⁸

Condom usage was another topic included within the programme which was considered within the Catholic ethical context. Unlike *Education about AIDS*, the Catholic programme distorted the effectiveness of condoms in such manner as to scare students into celibacy. Teachers were warned that “your students have been exposed to advertising that promotes the

⁶⁰⁶ *Ibid*, 6.

⁶⁰⁷ *Ibid*, 8.

⁶⁰⁸ *Ibid*.

use of the condom for ‘safe or safer sex’ in the prevention of sexually transmitted diseases.”⁶⁰⁹ Condom usage was problematic, as “implicit in these messages is the assumption that people cannot or will not live chaste lives however dangerous promiscuity has become. In our teaching of Catholic Family Life education, we stress the importance of premarital abstinence. In addition, we emphasize the meaning and purpose of sexual intercourse within the Sacrament of Marriage.”⁶¹⁰ There was a substantial degree of puritanism and hostility towards the body in the Catholic school programme.

While both the Catholic programme and the public school program stressed that condoms were not a foolproof method to prevent disease, what distinguished the Catholic programme was its insistence that students should be wary of the “myth of safe sex.”⁶¹¹ The goal of the Catholic programme was not only to discourage condom usage, but to scare students into chastity. For the Catholic Church, it was not just about preventing disease, it was about preventing what the Church perceived to be the problem of promiscuity. While scaring students straight may have helped prevent the spread of disease, it was clear that sex education in the Catholic schools was not a liberal education. While Catholic AIDS education included some technical information about disease, there was no tolerance for differences in individual or group behaviour. Why would students be taught to respect the personal choices made by others if these choices contravened Catholic teaching? There was also no directive to teachers reminding them that students must be free to examine and to discuss in depth all sides of a question. A liberal sex education had the potential to undermine Catholic teachings.

⁶⁰⁹ Institute for Catholic Education, *AIDS: AIDS Education – A Programme for the Catholic Schools of Ontario, Lessons and Masters Grades 7&8*, (Toronto: Institute for Catholic Education, 1987), 13.

⁶¹⁰ *Ibid.*

⁶¹¹ *Ibid.*

The Catholic programme for Grades 9 and 10 only reinforced Catholic doctrine on sex education. High school students were told that condoms can break, but they were also told that condoms “have holes in them that do allow for the AIDS virus to pass through.”⁶¹² While lambskin condoms did not prevent the transmission of AIDS, latex condoms – if used properly – could prevent its transmission. The Catholic programme did nothing to address this vagueness or provide clarification. Was this a regrettable omission or purposefully done to incite fear?

Teachers, regardless of the grade they were teaching, were cautioned about indiscriminately using educational resources, as many did not conform to Catholic teachings. They were informed that educational resources concerning AIDS were secular, and “do not necessarily attach the same moral values to questions such as human sexuality and the use of condoms as do Catholics.”⁶¹³ Teachers were warned to preview carefully all such materials. However, teachers were alerted to the possibility that this situation could “provide an excellent teaching moment for pointing out how the media casually and incidentally condition us to accept some kind of activity which is contrary to the Gospel vision of life and its meaning.”⁶¹⁴ Unlike their public school counterparts, Catholic students would not be able to engage in a critical study of values and valuing. Instead, Catholic values would be forced upon them and presented as absolute standards.

Considerable effort went into preparing for compulsory AIDS education for the 1987–88 school year. The Ministry of Education held a three-day in-service and planning session in Toronto between 14–16 September 1987, and covered the costs for two delegates, one

⁶¹² *Ibid.*, 15.

⁶¹³ Institute for Catholic Education, *AIDS: AIDS Education – A Programme for the Catholic Schools of Ontario, Lessons and Masters Grades 9&10* (Toronto: Institute for Catholic Education, 1987), 5.

⁶¹⁴ *Ibid.*

Anglophone and one Francophone, from each regional office.⁶¹⁵ Not only concerned with preparing regional offices to implement the mandatory units on AIDS education, the ministry also wanted to ensure that school boards were able and willing to do the same; they required each region to submit a regional implementation plan for the resource document by 31 October 1987. Many of the recommendations made at this workshop were incorporated into the implementation plans of the various regions.⁶¹⁶ Many of the regional offices held one-day awareness and information workshops on AIDS education in their respective region. The workshops were designed for board personnel who held major responsibilities for the implementation of AIDS education within their jurisdiction. These workshops focused on the ministry document, and provided the chance to address any questions or concerns that school board officials might have had regarding the implementation of the mandatory units on AIDS.⁶¹⁷ Based on the considerable effort which went into the creation *Education About AIDS* and its implementation, it is no wonder that the resource document was well-received.⁶¹⁸

Education about AIDS appears to have been modestly successful in educating students. Students who received information about AIDS were likely to retain what they had learned. While the social sciences had been subjecting society to increasing scrutiny and analysis in order to help with governance, the sexual knowledge and behaviour of Canadian youth was a neglected area of study until the mid-late 1970s. Even less developed were appraisals of the effectiveness

⁶¹⁵ Memo to Regional Directors of Education from Jean J. Comtois, Regional Director of Education Eastern Ontario Region, Subject: AIDS Education Inservice and Implementation planning session for Regional Office Representatives, 25 Aug. 1987. AO RG 2–286 Program Implementation and Review Branch operational files, AIDS, Box 11, B176023.

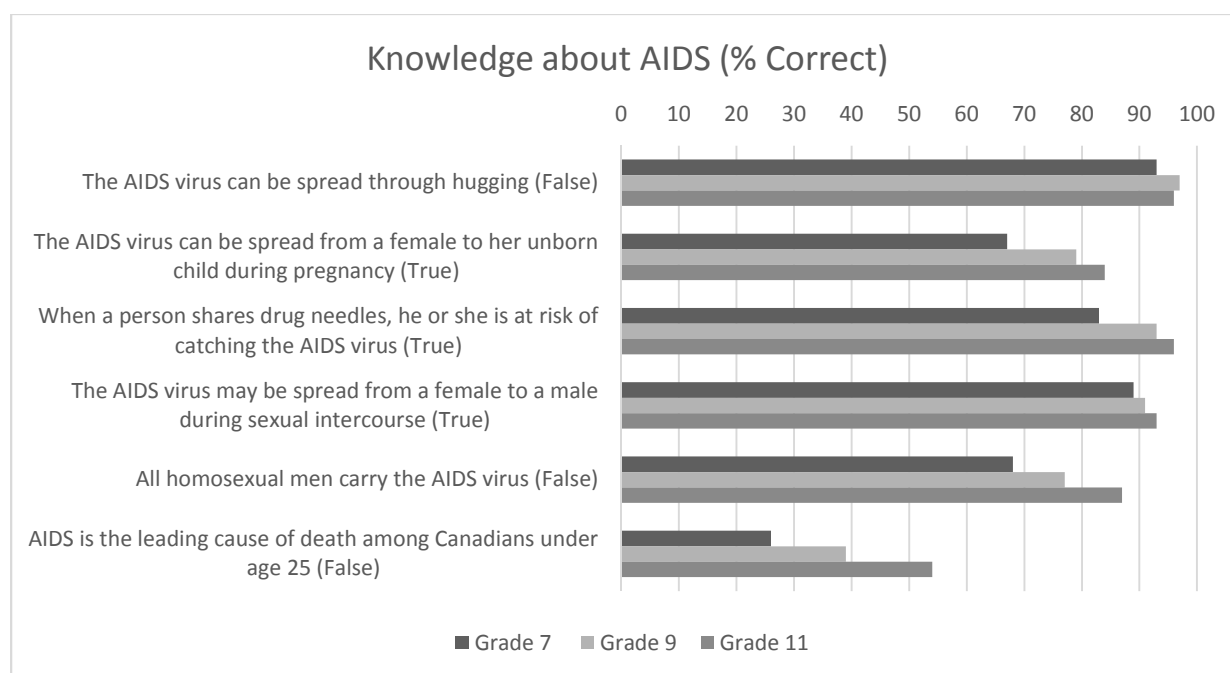
⁶¹⁶ Central Ontario Region Implementation Plan – Education About AIDS, 31 Oct. 1987. AO RG 2–286 Program Implementation and Review Branch operational files, AIDS, Box 11, B176023.

⁶¹⁷ Memo to Directors of Education, Central Ontario Region, from J.F. Rees, Regional Director of Education, Subject: Education About AIDS Workshops, 22 Oct. 1987. AO RG 2–286 Program Implementation and Review Branch operational files, AIDS, Box 11, B176023.

⁶¹⁸ Ministry of Education, “Ministry Targets AIDS Awareness,” *Inside Education* Vol. 1 No. 3, Sept./Oct. 1987. AO RG 2–295 Ministry of Education liaison files, AIDS 1987, Box 11, B391617.

of school sex education programs. The *Canada Youth & AIDS Study*, however, provided some information on the effectiveness of AIDS education from a national perspective. The report, published in November 1988, examined the knowledge, attitudes, and sexual behaviours of over 38,000 Canadian youth (aged 11 to 21) with respect to AIDS and STDs. Respondents included 9,925 Grade 7 students, 9,860 Grade 9 students, and 9,617 Grade 11 students.

While misinformation was most prevalent amongst younger students, students were mostly knowledgeable about transmission and the myths surrounding AIDS (**Figure 1**).



Unfortunately, it seemed that Canadian youth were less knowledgeable about prevention.

Amongst Grade 11 students, only 58% correctly answered the question “Condoms used with a spermicidal foam or gel give effective protection from the AIDS virus.”⁶¹⁹ Moreover, all respondents lacked important knowledge about STDs. In response to the question “Many people who have STDs will not have signs of illness,” only 39% of Grade 7 respondents, 54% of Grade 9 respondents, and 41% of Grade 11 respondents answered correctly. When asked if a person

⁶¹⁹ Alan King et. al., *Canada Youth & AIDS Study* (Queen’s University, Social Program Evaluation Group, 1989), 39.

could catch the same STD again after treatment, 39% of Grade 7 respondents, 58% of Grade 9 respondents, and 76% of Grade 11 respondents answered correctly.⁶²⁰ This was problematic, as the school was cited as an important source of information on AIDS, STDs, and birth control by all respondents.⁶²¹ The report noted that STDs seemed of little concern to respondents, suggesting it was because the diseases were not fatal and treatments were available.⁶²² A second, equally plausible explanation exists: educators across the country placed more emphasis on the diseases rather than prophylaxis.

While students were generally not well informed about STDs, school-based sex education made a difference: “it is not surprising that in the provinces and territories where the topics of AIDS and STDS are required to be part of the school curriculum, knowledge scores are higher.”⁶²³ Ontario students were likely more knowledgeable about STD’s than students in other provinces and territories. The Ontario ministries had spent considerable time and effort trying to reduce VD rates. While some provincial ministries across the country may have been failing to provide an adequate sex education for students – particularly on the topic of STDs – they were in a prime position to rectify the problem.

Statistics related to the sexual behaviour of Canadian youth presented a strong case for sex education. In 1988, most of the adolescents had had their first sexual experience by age 14. Nearly one half of the Grade 11 respondents indicating that they had sexual intercourse at least once. Although fewer of the younger students had had sexual intercourse, the percentages were high: 26% of the Grade 9 respondents and at least 12% of males and 8% of females in Grade 7 had had sex at least once. When the respondents who had had sexual intercourse were excluded

⁶²⁰ *Ibid.*, 40–41.

⁶²¹ *Ibid.*, 51–52; 60.

⁶²² *Ibid.*, 103.

⁶²³ *Ibid.*, 43.

from the data, 30% of both males and females had engaged, at least once, in petting below the waist.⁶²⁴ These statistics presented a strong case that sex education was necessary. Based on the statistics provided, sex education had to begin at a young age prior to a student's first sexual experience and it had to be reinforced throughout adolescence. The medical profession in Ontario – notably the OMA – had been recommending such a course of action for years. But what about safe sex practices? Were students applying the knowledge they had learned? Did AIDS education alter student behaviour? For the most part, the published report shied away from the more controversial questions concerning the impact of sex education on the sexual behaviours of elementary and secondary school students.⁶²⁵

Moreover, the authors of another 1988 pan-Canadian survey on sex education stated that, to the best of their knowledge, there had never been a methodologically rigorous longitudinal study of the impact of sex education on human behaviour in Canada. The authors concluded that in the absence of any statistically sound Canadian studies, it was impossible to determine whether sex education was successful in reducing teen pregnancy or STDs.⁶²⁶ The authors also noted that they had no reports – save for one – of a school board in Ontario attempting to secure information about the effectiveness of sex education by studying the rates of pregnancy, abortion and STDs. This one board, however, did not share its evaluation procedures or results.⁶²⁷ To be fair, school boards probably did not have the time or resources (or even inclination) to study the effectiveness of sex education programs. This question would have been better posed to

⁶²⁴ *Ibid.*, 84.

⁶²⁵ The report asked college and university students about regular condom usage, but not elementary and secondary students. However, it was revealed that 48% of Grade 11 respondents who had sexual intercourse agreed that condoms interfered with sexual pleasure. Of course, this statistic raises more questions than it answers. Did these students always use condoms, or did they stop using them because it interfered with sexual pleasure? For those that disagreed, did they always use condoms or did they use another form of prophylaxis? For discussion about attitudes towards and use of condoms, see 101–105.

⁶²⁶ Janet Ajzenstat and Ian Gentles, *Sex Education in Canada: A survey of policies and programs* (Toronto: Human Life Research Institute, 1988), 60.

⁶²⁷ *Ibid.*, 30.

provincial ministries of education who, in partnership with provincial ministries of health, were in a better position to evaluate the effectiveness of sex education.

While the results of the ministry's technocratic solution to disease may have been modest (if inconclusive in some respects), AIDS education did have an impact upon student knowledge. The alternatives of not addressing AIDS in the classroom or simply teaching abstinence and chastity were not viable options. In the midst of a public health crisis, sex education was believed to have a crucial role to play in protecting public health. From dispelling misinformation and myths and educating the general public, to providing students with the information and decision-making tools necessary to look after their own health and the well-being of others, sex education was perceived to be of the utmost importance and it received more support than ever before. The ministry even reached a compromise with the Catholic separate school system with regards to technical information about AIDS and its prevention (even if this compromise left much to be desired in terms of prophylaxis). As a result, a more comprehensive – and mandatory – school-based sex education was realized. This could not have been achieved, however, without the ministry's incremental, technocratic policy-making in the past. It had provided a firm basis for AIDS education.

Conclusion

Over the course of 33 years, sex education in Ontario public schooling underwent a considerable transformation and created appreciable controversy. New topics were added and changes were made to the Physical and Health Education Curriculum to address the pressing health problems of the day. Sex education was constantly changing due to historical circumstances, with any and all changes being heavily publicized and hotly debated. The ministry, however, became increasingly committed to sex education despite the numerous controversies surrounding the subject. Even with increased public scrutiny and the attendant negative publicity, sex education has remained part of public schooling. Why? There were a few key reasons: to protect public health through education; to promote individual responsibility for sexual health and ensure compliance with public health policies; to assist in social and cultural reproduction by teaching students about society's laws (as well as its changing sexual mores); to foster respect and tolerance for personal sexual choice; and to develop the autonomous critical capacity of each and every individual student – which in itself was a fundamental aspect of the broader project of liberal education.

Sex education was only made possible by mid-twentieth-century liberalism. The turn to positive liberties (and the expansion of the state) pushed liberalism towards an account of the welfare of the individual that stressed the importance of a stable social context and a functioning economic order. Sex education – an extension of the welfare state – was concerned with producing a healthy population in the interest of a capitalist liberal order. Moreover, sex education reflected the prevailing ideology of social (and even gender and sexual) reconciliation and extended citizenship. While sex education prior to 1950 was largely concerned with

channelling Canadians towards compulsory heterosexuality and reproducing the patriarchal nuclear family, sex education in the decades after reflected an increasingly secular, pluralistic, and sexually permissive society. The sexual revolution upended hegemonic sexual norms and values, and many social movements and groups utilized a rights-based discourse to make claims upon the liberal state. Sex education highlighted some of the hard-won gains of the sexual revolution and acknowledged the legitimacy of rights-based discourse. Consequently, there was a shift as to how the liberal educational state regulated the (social) body. Sex education did not conform to the earliest school promoters' attempts to discipline and create a self-regulating citizenry in their image. Sex education acknowledged the pluralism and ethical diversity of society, yet it did so within the context of individual responsibility for sexual health and compliance with public health policies.

Sex education's gradual institutionalization was attributable to the ministry's incremental, technocratic policy-making. The Ministry of Education, acting on the basis of "enlightened" expert knowledge (usually provided by the Ministry of Health or OMA), progressively introduced sex education in order to help ameliorate socio-sexual problems throughout the mid-late twentieth century. Sex education – a technocratic solution to socio-sexual problems such as venereal disease and teenage pregnancy – was seen by the ministry as the "rational" application of "neutral, objective, and value-free" scientific knowledge across the student body. Technocratic policymaking – which intertwined policy formulation with the empirical aspects of socio-sexual problems – allowed policymakers to produce defensible policies to ameliorate concrete (i.e. quantifiable) problems.

The educational state, however, was not of one mind. The numerous internal memos, briefs, minutes of meetings, and departmental letters reveal that intra-ministerial conflict and

compromise affected policy-making, especially with respect to curriculum. Civil servants differed on issues such as age-appropriate topics of study, how descriptive and/or prescriptive the curriculum guidelines should be, and how they perceived the needs of students. Nonetheless, their commitment to technocratic policy-making was a unifying factor. Civil servants conceived of sex education as a program of disease prevention and health promotion and believed that the inclusion of sex education topics should be largely dictated by medical expertise and socio-scientific knowledge. While technocratic policy-making required centralized decision-making by specialists – a fact well understood by the collectivity of Physical and Health Education Program consultants – civil servants who insisted on curriculum that adhered to localist policy during the participatory democracy era of 1965–1975 could hardly be faulted. They were, after all, working within the parameters expected of them. Nonetheless, sex education – a technocratic solution to *provincial* socio-sexual problems – required central planning in order to be effective. Centrally created and disseminated standardized programming was essential to meet the sexual health needs of all students.

Not all civil servants could be described as liberal technocrats. Gerry MacMartin did not fully embrace the ministry's technocratic emphasis on clinical objectivity. He favoured a “moral” approach to sex education in order to reduce VD. Operating under the assumption that sex education would inevitably lead towards sexual activity, especially if paired with contraceptive knowledge, he prevented the inclusion of a condom as a medical component in the VD kit and minimized references to prophylaxis. MacMartin realized his position was at odds with the ministry, but this did not stop him from shaping the kit as he saw fit. MacMartin was critical of the kit and aired his grievances both internally and with the general public during the early 1970s; however, he received little support for his views. It was a sign that he was out of

touch with the ministry's burgeoning technocratic liberalism and an increasingly permissive society.

While the Minister of Education set policy direction, the educational bureaucracy exerted considerable influence upon sex education, with civil servants arguably exerting more of a measurable influence than most ministers. While civil servants worked within the parameters set by the minister, sometimes these parameters were ill-defined. The bureaucracy largely formulated and pursued its own goals in relation to sex education in their overall quest to ameliorate socio-sexual problems. Ministers, for the most part, confined themselves to approving curriculum guidelines and delivering well-timed speeches or statements, usually in advance of new curriculum guidelines. Ministerial involvement in P&HE was greatest under Dr. Bette Stephenson (1978–1985). Keen to improve student health and stimulate the involvement of the medical profession, her initiative led to the formation of an ongoing educational liaison committee with the OMA in 1980. Sex education, however, was largely a product of bureaucratic initiative.

As we have seen, the ministry's liberal technocratic approach to sex education generated opposition. Civil servants were part of a liberal empiricist tradition and they were decidedly positivistic in their assumptions and attitudes, but fundamentalist religious groups such as CAMPS and Renaissance Canada rejected the educational state's empirical knowledge base and reflexivity. Disregarding the possibility that knowledge could be derived from empirical research, these groups were adamantly opposed to any teaching of human sexuality divorced from theology. Empiricism highlighted the differences (as well as commonalities) in human sexual behaviour and experience. It revealed the pluralistic nature of society and the need for sex education policy upholding liberal values. These fundamentalist religious groups, however, were

unwilling to countenance anything that was not contained within their value system; they had little tolerance for individual choice or values which did not align with their own. These groups contested the terms of liberal pluralism or outright rejected the liberal context in which sex education was created and taught. They sought to censor unacceptable information, and when their attempts at censorship failed, they turned to preventing sex education altogether.

In order to realize sex education and maximize its benefits (an ongoing process in response to emerging health problems), the educational state had to minimize opposition and disruption. It accomplished this through bargains struck with liberal hegemony. Ministry policy allowed students to be excused from sex education at the behest of their parents or guardians on the grounds of religious belief. If students were of age they could excuse themselves. The educational state, for the most part, did not accommodate the demands of individuals or groups that threatened to undermine sex education's objectives of disease prevention and health promotion, but it respected the need to protect civil liberties such as freedom of conscience and belief. Consequently, sex education policy upheld liberal values such as individual self-determination and tolerance of individual and group differences in behaviour and belief. Sex education, as part of a liberal education, emphasized the centrality of individual choice (within the rule of law) in place of the imperatives of a single standard of behaviour or morality. Phrases such as "personal values system," "self-concept," "individual choice," and "development of individual sexuality," were not vague rhetorical flourishes, but an expression of the liberal beliefs and assumptions which permeated sex education. The liberalism of the Ontario educational system was quite rightly characterized by Ken Campbell as the "state religion," and the ministry's technocratic policymaking ensured that liberalism retained that status.

The educational state, however, compromised on the issue of religious communitarianism in order to realize a form of AIDS education in the Catholic separate school system. In the midst of a public health crisis, it was a compromise born of necessity. While AIDS education in the Catholic schools included some technical information about AIDS and its prevention, it was presented within the Catholic ethical context. The Catholic programme dismissed the pluralism of society. It made no provision for a critical study of values and valuing, nor did it promote respect and tolerance for individual choice. It was a program which conformed to Catholic values and sought to impose a single standard of behaviour and morality upon students. The Catholic programme also dismissed the empirical knowledge base from which the liberal state drew, resulting in several misleading – and dangerous – comments about sex education. Catholic schools reluctantly embraced liberal modernity, and the tension between the liberalism of the public school system and the religious communitarianism of the separate school system remained.

The ministry's technocratic approach to sex education also resulted in some pressure groups, notably Planned Parenthood, chiding the ministry for not being more proactive in the field of sex education. True, sex education policy did not move in leaps and bounds. Sex education policy was marked by "disjointed" incrementalism.⁶²⁸ Incrementalism allowed policymakers to pursue needed reforms in relation to socio-sexual problems gradually, avoid disruption and minimize opposition, and expand their knowledge base with the help of socio-scientific expertise.

Educational policymakers were constrained to solutions that were politically – and legally – possible. It must be remembered that the educational system is governed by, and

⁶²⁸ Lindblom argues that "we need analytical strategies like disjointed incrementalism to make the most of our limited abilities to understand." See Lindblom, "Still Muddling, Not Yet Through," 519.

beholden to, the laws of the province as determined by the legislature and the courts. The educational system must inevitably lag behind. The topic of birth control/conception control is a prime example. While the ministry tackled the rising incidence of VD during the 1950s and 60s, it did not broach the subject of condoms until after the passage of the *Criminal Law Amendment Act 1968–69* and the publication of the Department of Health's 1970 report on venereal diseases. The Ministry of Education, however, was not intransigent. The ministry introduced family planning as a topic of study in response to requests from the Ontario Council on the Status of Women and the Task Force on Family Planning. Why? Around that time, the Ontario government was formulating family planning policy, providing the ministry with a clearer idea how it could assist as a member of the social policy field. As the political, legal, and cultural terrain changed, so too did sex education. The shifting socio-politico context necessitated changes in sex education policy, paving the way for a more comprehensive sex education.

For technocratically-minded policymakers, the sciences were an instrument of social problem-solving which made possible the more effective use of knowledge about society to guide society. Moreover, the sciences provided proof of policy effectiveness (or lack thereof). Sex education was institutionalized to a greater extent when it was discovered that sex education could act as a remedy to socio-sexual problems as well as rising health care costs. Policymakers increasingly believed that health education was a form of preventative healthcare. Their belief was substantiated by empirical proof. Social scientific studies had provided evidence, albeit limited, of sex education's effectiveness in ameliorating socio-sexual problems and reducing government spending. When the opportunity presented itself in the 1980s after localist policy was no longer operative, sex education was institutionalized as part of a compulsory secondary school credit in Physical and Health Education required for graduation.

When AIDS education was mandated for the 1987–88 school year in response to the AIDS crisis, sex education was further institutionalized at the secondary school level as well as at the elementary school level. The decision to mandate AIDS education, however, was only reached as a result of the past three decades worth of technocratic policy-making. Sex education – as a technocratic solution to socio-sexual problems – had been proven more, rather than less, effective. Moreover, Gallup polls, the statistics provided by Herold, and the findings of the Provincial Review of Human Growth and Development indicated that while opposition to sex education was real, sex education enjoyed much support. Most Ontarians were accepting of sex education, or at worst apathetic about it. While mandating AIDS education was the result of a catalyst, it did not represent a major shift in sex education policy when one looks at the *longue durée*. AIDS education was largely built upon established policy. It marked the culmination of three decades worth of incremental, technocratic policy-making.

Contemporary sex education policy owes much to the ministry’s incremental, technocratic policy-making between 1955 and 1988. As of 2020, secondary school students in Ontario are still required to take one compulsory Health and Physical Education credit.⁶²⁹ (The name change reflects the subject’s emphasis on health promotion.) As outlined in the *Ontario Curriculum: Health and Physical Education, Grades 1–8, 2019*, students are still expected to learn about HIV/AIDS and sexually transmitted blood-borne infections (STBBIs) in Grade 7.⁶³⁰ Moreover, the ministry’s sex education exemption policy – enacted by 1957 – is still operable, and has been promoted to a greater extent by the Ford Progressive Conservative government.⁶³¹

⁶²⁹ Ontario Ministry of Education, *Ontario Schools – Kindergarten to Grade 12: Policy and Program Requirements* (Toronto: Queen’s Printer for Ontario, 2016).

⁶³⁰ Ontario Ministry of Education, *The Ontario Curriculum: Health and Physical Education, Grades 1–8, 2019* (Toronto: Queen’s Printer for Ontario).

⁶³¹ Policy/Program Memorandum No. 162, Subject: Exemption from Instruction related to the Human Development and Sexual Health Expectations in the Ontario Curriculum: Health and Physical Education, Grades 1–

Particularly noteworthy is the fact that the term “sexual health education” has been utilized in the most recent Health and Physical Education curriculum documents. The Human Growth and Development strand has been renamed “Human Development and Sexual Health,” indicating that sex education continues to be a largely medico-scientific study of sex concerned with avoiding negative health outcomes. The topic of abortion remains taboo.

Ultimately, mid-twentieth-century liberalism generated the conditions in which sex education emerged and was institutionalized. Emboldened by the encroachment of the modern liberal state upon private and familial matters, liberal technocrats – acting on the basis of “enlightened” expert knowledge – implemented sex education in an attempt to help reduce, if not eliminate, socio-sexual problems facing the province. School-based sex education – an extension of the liberal interventionist state – was a technocratic solution to socio-sexual problems. While school-based sex education was ostensibly a form of sexual regulation, it also conformed to the purpose of liberal education: the development of the critical autonomous capacity of each and every individual student. Sex education, therefore, was a medico-scientific study of sex which promoted sexual responsibility (and compliance with public health policies), as well as tolerance for individual choice and behaviour within the rule of law – an important aspect for a liberal and pluralistic society. Some pressure groups sought to influence the form and content of sex education while others tried to prevent it altogether, but incremental policy-making allowed the ministry to deftly navigate challenges to sex education and co-opt groups to support its educational endeavours, allowing sex education to thrive. Between 1955 and 1988, sex education – under conditions of liberal modernity – was cemented as a part of public education.

8, 2019, Application: Directors of Education, Supervisory Officers and Secretary-Treasurers of School Authorities, Superintendents of School, Principals of Elementary Schools, Principals of Provincial and Demonstration Schools, Date of Issue: August 21, 2019.

Appendices

Appendix 1 – Ministers of Education, 1951 – 1989

Minister of Education:

William Dunlop
2 October 1951 – 17 December 1959

John Robarts
17 December 1959 – 8 November 1961
8 November 1961 – 25 October 1962

William “Bill” Davis
25 October 1962 – 1 March 1971

Robert Welch
1 March 1971 – 2 February 1972

Thomas Wells
2 February 1972 – 18 August 1978

Bette Stephenson
18 August 1978 – 8 February 1985

Keith Norton
8 February 1985 – 17 May 1985

Larry Grossman
17 May 1985 – 26 June 1985

Sean Conway
26 June 1985 – 29 September 1987

Christopher Ward
29 September 1987 – 2 August 1989

Provincial Government

Progressive Conservatives (Frost)

Progressive Conservatives (Robarts)

Progressive Conservatives (Davis)

Progressive Conservatives (Miller)

Liberal (Peterson)

Appendix 2 – Overview of the Physical and Health Education Curriculum, 1960 – 1988

Overview of the Physical and Health Education Curriculum, 1960 – 1988						
Senior Division Physical Education Curriculum (Curriculum S.29) (1960)	Physical and Health Education Intermediate Division (Curriculum I: 29) (1966)	Growing into Maturity in a Changing World and Family Health in a Changing World: Senior Division Health Education (Curriculum S.29A) (1969)	Physical and Health Education Intermediate Division Curriculum (1973)	Physical and Health Education Senior Division Curriculum (1975)	Physical and Health Education Curriculum Intermediate Division (1978)	Education about AIDS (1987) (a resource document to address AIDS and related topics within the health education curriculum)
Maturation of bodies "Going steady" Marriage "Social" diseases (VD)	How hormones affect growth and development at puberty Menstruation (a topic of study for girls only) Changes associated with puberty (distribution of hair, voice changes, changes in body contour, weight gain, and growing interest in the opposite sex) Human reproduction Discussion of the male and female reproductive system The normal birth process (fertilization of an ovum, development of the baby, and the normal birth process) Hormones and their effects on the pituitary gland and the sex glands	Human sexuality (not only a means of reproduction, but also as an aspect of individual personality) Developing mature relationships with the opposite sex (sex and its responsibilities) What makes a successful marriage Understanding heredity and inheritance Pregnancy (physiological changes, financial considerations, health needs of parents) Venereal disease (transmission, signs and symptoms, diagnosis, treatment, prevention)	Menstruation (basic physiology and hygiene) Conception Normal birth process, multiple births, and breastfeeding Human sexuality (what it meant to be male and female) Sex roles/gender stereotyping Male and female anatomy Ovulation, menstruation, and fertilization. Pre-natal development (foetus and embryo), kinds of births Population problems and control Pre-marital pregnancies and births	Venereal disease (epidemiology, treatment, social aspects, individual responsibility, and current Ontario laws) Sex and the law Family planning (including legal considerations and individual rights) Pregnancy and birth Endocrinology and the biological male and female	Male and female anatomy and physiology The physical, mental, emotional, and social changes accompanying puberty Study of changing boy/girl relationships as well a study of basic dating behaviour (which contained a critical analysis of conditioning with regard to social expectations for behaviours of males and females) An introduction to conception control and premarital pregnancies Sexual feelings, responses, and needs (this study included an assessment of the validity of various contemporary concepts of male and femaleness Sexually transmitted diseases (Herpes Simplex II, Non-Specific Urethritis, "Crabs", Monilia (yeast infection), and Trichomonas)	AIDS (spectrum, transmission, prevention, treatment) Oral, vaginal, and anal sex (within the context of disease transmission) Prevention included discussion of condoms, spermicidal foams, and abstinence) The social impact of AIDS Contraception and family planning Homosexuality and bisexuality

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RG 2–82–4 Curriculum Services Branch administration files

RG 2–82–5 Curriculum Branch administration Files

RG 2–92 Correspondence files of the Director of the Physical and Health Education Branch

RG 2–93 External organization liaison files of the Physical and Health Education Branch

RG 2–245 Physical and Health Education Curriculum files

RG 2–286 Program Implementation and Review Branch operational files

RG 2–295 Ministry of Education liaison files

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