

Ontario Teachers' Perceptions of the Controversial Update to Sexual Health and Human Development

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Abstract

This article reports the findings of a web-based survey of Ontario health and physical education teachers conducted in 2017. The purpose of the study was to understand teachers' views of the aims of the 2015 revised "sex ed" curriculum and the public debate that surrounded it, as well as to explore their own values around the teaching of sexuality. The respondents overwhelmingly supported the curriculum, expressed liberal values that included respect and inclusion, and called for more education to integrate comprehensive sexuality education into the school system. The findings are relevant to ongoing political battles focused on education in Ontario and across Canada.

Keywords: sex education, Ontario, teachers, aims and values, public controversy, politics

Résumé

Cet article rapporte des résultats d'un sondage web effectué en 2017 par les enseignants d'éducation physique et santé de l'Ontario. Cette enquête visait une meilleure compréhension du point de vue des enseignants sur la révision des objectifs et valeurs du programme d'éducation sexuelle de 2015, de la controverse publique qui s'en est suivie, ainsi que de l'exploration de leurs propres valeurs sur l'enseignement de la sexualité. Une vaste majorité des répondants ont supporté le programme, exprimant des valeurs de tolérance telles que le respect et l'inclusion, et ont demandé davantage de formations afin d'intégrer une éducation sexuelle plus complète dans le système scolaire. Ces conclusions sont pertinentes considérant les débats politiques actuels axés sur l'éducation en Ontario et à travers le Canada.

Mots-clés : éducation sexuelle, Ontario, enseignants, objectifs et valeurs, controverse publique, politiques

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Introduction

Sex education is a public policy “hot potato” that can trigger profound public discord and bureaucratic chaos. The Government of Ontario released a new health and physical education (HPE) curriculum in 2015 that included updates to the teaching expectations for sexual health and human development. While the revised sex education (or “sex ed”) curriculum was welcomed by a majority of voters (McKay, Byer, Voyer, Humphreys, & Markham, 2014), vocal opposition to the government’s initiative stoked heated public debate (Rushowy, 2016; Rayside, 2017). A very similar curriculum had already been developed, unveiled, and then promptly retracted in 2010 by then-premier Dalton McGuinty; his successor, Liberal Premier Kathleen Wynne, held her ground and implemented the curriculum in 2015.

In June 2018, Wynne was defeated by Conservative Doug Ford on a highly socially conservative platform. Newly formed parents’ organizations and political groups were instrumental in positioning the curriculum as a political wedge issue and propagating the sense of widespread dissent, especially among marginalized religious and ethnic communities (Hune-Brown, 2015; Shipley, 2015). On his first day in office, in July 2018, Premier Ford repealed the curriculum for Grades 1–8 and announced that those grades would revert to the 1998 version of the sexual health components for the 2018–19 school year (Ferguson & Benzie, 2018). His decision was met with large protests by educators (Teotonio & Ferguson, 2018) and students (Gupta, 2018; Teotonio, 2018), prompting him to equivocate on what should be taught starting in September (Benzie & Rushowy, 2018). Multiple legal challenges have since been brought against the government, including by the Canadian Civil Liberties Association and the Elementary Teachers Federation of Ontario (Rushowy & Teotonio, 2018), on the grounds that repealing the newer curriculum violates the Charter of Rights and Freedoms. As of this writing, the 2015 curriculum for Grades 1–8 has been suspended while further parent consultations are conducted. The Ford government plans to introduce a new curriculum in the next year or two (Ferguson & Benzie, 2018).

It is well known that school-based education relating to sexuality and relationships stirs up latent clashes of values, and the introduction of more extensive curriculum can always be expected to garner some backlash (Halstead & Reiss, 2003; Zimmerman, 2015). Other Canadian provinces, including British Columbia and Alberta, have

also struggled to navigate parental opposition to sexuality education that is increasingly inclusive and detailed (Grace, 2018; Alphonso, 2017a); more recently, Quebec began to manage opposition to its plan to implement mandatory sex education starting in 2018 (Alphonso, 2017b). Yet, while mainstream media and academic research assiduously track the attitudes of dissenters (Hune-Brown, 2015; Shipley, 2015), very little research has tracked the attitudes of teachers, either toward the ethical framing of sexuality education or toward the controversy that it engenders. Recent Canadian studies show that a majority of parents support comprehensive¹ school-based sexuality education (McKay et al., 2014; Weaver, Byers, Sears, Cohen, & Randall, 2002) and youth rely on it (Larkin et al., 2017). But teachers' views are seldom consulted, either during the development of educational policy or in the aftermath of its introduction.

Teacher confidence is a central factor in the delivery of effective sexual health education. On top of feeling underprepared due to a lack of professional training, some teachers may hesitate to deliver all components of sexual health education due to a fear of parental backlash or community disapproval (Cohen, Byers, & Sears, 2012). Compared with other stakeholders, teachers are often the most attuned to the sexual education needs of their students, as well as to the actual impacts of curriculum. Canvassing teachers' understanding of a curriculum controversy such as the one that is unfolding in Ontario may therefore reveal insights that are elusive from the standpoint of the government and parents alone.

This article presents the findings of an in-depth qualitative teacher survey conducted in 2017, shortly after Ontario implemented the revised health and physical education curriculum. The purpose of the survey was to establish teachers' understanding of the aims of the revised curriculum and to learn about their experience of the roll-out and subsequent controversy. In contrast with the existing, but limited research on teachers' approaches to sexuality education in Canada (Cohen, Sears, Byers, & Weaver, 2004), this research did not attempt to establish how teachers deliver the curriculum or the areas in which they require more professional development, important though these topics

1 "Comprehensive" refers to an approach that goes well beyond teaching abstinence, although it may also emphasize the value of delaying sexual contact. In McKay et al.'s (2014) study, "comprehensive" education included "puberty, abstinence, methods of contraception, sexually transmitted infections, skills for healthy relationships, communication skills, sexual orientation, and media literacy," all of which were supported by a majority of parents for inclusion in school-based curriculum (p. 159). The Ontario 2015 curriculum includes all these topics.

are. Instead, this data set constitutes one part of a larger qualitative research project that probes disagreement over the teaching of sexual values in a diverse liberal democracy.

Understanding Disputes over Sexual Values in Education

Comprehensive sexuality education is an approach to teaching about sexual health and relationships that derives from a broadly liberal philosophy of education. Understanding the underpinnings of this educational philosophy provides a framework for identifying and analyzing disputes over sexuality in schools. Liberal education strives to prepare children for free and equal membership in a diverse society (Gutmann, 1987). This means that schools are responsible for providing information and skills that will protect children's autonomy and be compatible with a wide range of beliefs and lifestyles. The liberal approach to sexuality education is thus to provide students with evidence-based instruction on topics such as sexual development, contraception, and safer sexual practices, and to promote respect and autonomy, without prescribing particular behaviours; facts are emphasized over the promotion of values (Corngold, 2013; Lamb, 2013). This information is usually embedded in the physical education curriculum, as it is in Ontario. This packaging and framing of sexuality in school-based curricula communicates several points that are central for understanding both the rationale behind it and the nature of public opposition. First, sexuality is a normal component of overall health, and should be treated matter-of-factly alongside other aspects of health. Second, students have a right to complete information about their bodies and sexuality. Third, students need to develop the ability to deliberate about their own values and choose behaviours that are appropriate for them within the parameters of equal respect. As the introduction to the Ontario curriculum (Grades 1–8) explains, “students should have the knowledge and skills needed to make sound decisions about matters affecting their health and well-being before they experience real-life situations in which decisions have to be made” (Government of Ontario, 2015a, p. 38).

At the same time, the Ontario curriculum document notes that sexual choices and values are constructed in community, and it affirms the plurality of influences that can and should affect children's development. The curriculum (Government of Ontario, 2015a) makes clear that “parents are the primary educators of their children with respect

to learning about values, appropriate behaviour, and ethnocultural, spiritual, and personal beliefs and traditions, and they are their children's first role models" (p. 13). In later sections dealing with human development and sexual health, the curriculum encourages students to explore their beliefs in dialogue with family, faith groups, community leaders, and others.

The content of the 2015 curriculum resuscitated most of the shelved material from the original 2010 update, which was itself the first revision since 1998. It includes the correct names for genitalia in Grade 1, an introduction to sex and gender identity in Grade 3, cyber safety starting in Grade 4, and factual information about birth control, STIs, and sexual development in later grades. Furthermore, it contains a theme about "consent," first as a way of acquainting young children with their rights to privacy and bodily respect, and in the later years as an entry point to discussing non-violent intimate relationships. Because of these changes, the 2015 curriculum is both more comprehensive (in the sense of thorough) and more progressive (in the sense of tackling contemporary challenges) than its predecessor. It has been looked to approvingly by other provinces that are due for updates to their own curricula (Grace, 2018).

Despite the government's attempts to construct a scientifically supported curriculum that honours the province's diversity, some parents and community groups found the revised curriculum offensive. A number of established conservative advocacy groups and branches of organized religious denominations expressed outrage, along with newly formed political and activist groups such as Parents as First Educators. Some of the sharpest objections included accusations that the curriculum is a vehicle for gay indoctrination; promotes unscientific gender ideology; launches an assault on religion and families; and endorses amoral sexual libertinism. On the first charge, the appearance of a "gay agenda" was compounded by the fact that the premier who introduced it, Kathleen Wynne, is openly lesbian (Hune-Brown, 2015). Materials disseminated by opposition groups also draw excessive attention to anal sex (e.g., Campaign Life Coalition, 2015), which appears only once in the 12 grades, in a parenthetical comment about activities that carry the risk of transmitting STIs (Government of Ontario, 2015b, p. 103). Campaign Life Coalition (2015) complained that "Kathleen Wynne has made the curriculum even more explicit and more age-inappropriate than before, dramatically increasing the mentions of 'Gender Identity' theory, sexual 'identities' and 'orientations'" (n.p.). Tanya Granic Allen, the spokesperson for Parents as First Educators (n.d.), described Wynne's "agenda" as

“bigoted, anti-religious, anti-family” (n.p.). The conservative Catholic blog *Everyday for Life* (2015) posted that “the program teaches children a consumerist, anti-life and anti-faith view of the world” (n.p.). The Parents Alliance of Ontario (n.d.) went further, arguing that “Christian faith and traditional moral values have been removed from the classroom and society” and replaced by a “new religion” (n.p.). Opponents also decried the absence of love and marriage in the curriculum, concluding that it presents “sex as a purely recreational activity” (Campaign Life Coalition, 2015, n.p.) and “[grooms] young children... towards sexual exploitation and promiscuity which only result in STIs, HIV/ AIDS, pregnancies, cancer and self-destruction” (Parents Alliance of Ontario, n.d., n.p.). One parent interviewed on CBC Radio claimed that the curriculum is “all about ruining kids” (Azeem Mohammad in Mattar, 2016). Rallying around such critiques, tens of thousands of parents have demonstrated against the curriculum in a number of protests since 2015. In a massive walkout in the fall of 2015, thousands of parents withdrew their children from public schools for a full week, in some cases threatening to remove them permanently (Rushowy & Ferguson, 2015).

The tensions provoked by opposition to the curriculum put many teachers in difficult positions. Teachers in the public school boards in Ontario are assigned to schools according to enrolment and seniority, not according to demographic similarity to the community in which the school is situated. This means that while teachers may ardently work to build trusting relationships with their students’ families, there are at times significant mismatches in religion, political values, or educational priorities between teachers and the communities they serve. Public teachers are beholden to the directives of the Ministry of Education, their respective school boards, and their school’s administration, and are also charged with liaising with parents and taking their concerns seriously. In the wake of the curriculum controversy, some teachers faced half-empty classes, and had to teach students whose parents had primed them to be wary of their teachers’ motives.

Teachers’ Experiences of Sexual Health Curricula

Teachers are the interface between educational policy and student learning. Generally, it is expected that ministries or departments of education develop curriculum and teachers passively implement it, although the reality is more complex. Teachers are also citizens

with views about political events and individuals with their own values related to sexuality, which surely influence their teaching (Henry, Sherwood-Laughlin, Angermeier, & Herbert, 2014). Many are also parents in their own right. When controversy erupts over particular curriculum changes, as it frequently does when sexuality is involved, media and researchers typically focus on the views of opponents and policy experts. There is surprisingly little scholarly research about teachers' attitudes toward sexuality education or the strong sentiments it provokes.² Research on teacher practice acknowledges the contentious nature of some sexuality-related material (Walters & Hayes, 2007), but teachers' own attitudes toward these value disputes and political controversies are under-researched. More specifically, little is known about how ongoing controversies such as the one in Ontario impact teachers' first-hand experience in the classroom and orientation toward the embattled curriculum. What happens when teachers are expected to implement value-laden curriculum that they did not develop, nor even necessarily sign up to teach? Or when implementing curriculum that many of their community members oppose? When educational policies around sexuality shift—whether becoming more progressive or more conservative—teachers are required to adapt in short order, with little or no say in what they can or must teach.³ In Ontario, teachers were only just acclimating to the new 2015 curriculum when the Ford government abruptly reinstated the 1998 one.

Studies in Britain (Westwood & Mullan, 2007), Australia (Milton 2003), and the Province of New Brunswick (Cohen et al., 2004) have reported on teachers' experiences negotiating sexual health curricula. These and other studies show that teacher preparation and professional development impact teachers' willingness to tackle some of the topics in comprehensive sex education (Cohen et al., 2012; Ollis, 2010). In North America and Great Britain such training is often sorely lacking. Westwood and Mullan (2007), for example, found in their study of 155 teachers in England that "three-quarters of respondents had not received up-to-date information regarding sexually transmitted infections" (p. 154). Cohen,

2 There is likewise very little research on the attitudes of students themselves. However, the massive walkout of tens of thousands of high school students in Toronto on September 20, 2018 certainly indicates that Ontario students want up-to-date, inclusive sex education (Gupta, 2018).

3 While some teachers, such as curriculum leaders in Ontario, may have some direct input into new educational policies, the majority of teachers do not.

Sears, Byers, and Weaver (2004) found that the amount of training received affected the willingness to teach sexual health in 73% of their respondents (p. 307).⁴

Teachers' confidence or comfort levels when teaching sexual health are also correlated to their perception of the attendant risks of upsetting parents or administrators. In the study by Cohen and colleagues (2004), 60% of their sample listed "community attitudes toward Sexual Health Education" as a factor in teachers' openness to delivering the material, and 45% listed "anticipated reactions from parents" as an inhibitor (p. 307). This wariness shows up in pre-service teacher education as well. Teacher educator Mariamne Whatley (1992) describes how, when training future health teachers, "the interest is not in such potentially provocative issues as safer sex but in safer teaching; one of the first questions from the class is usually whether they will get 'in trouble' for teaching this material" (p. 78).

Hence, teachers' willingness to teach sexual health curricula is strongly affected by both their degree of preparation and their perception of others' attitudes to the material, but less is known about teachers' own attitudes. This study contributes to a richer understanding of teachers' views by probing their interpretation of a curricular controversy as it unfolded and soliciting their own views on the aims of comprehensive sex education.

Methods

Survey-based research is a widely used method for generating larger pools of data in a timely manner (Kelley et al., 2003). Web-based surveys have the advantage of protecting respondents' anonymity, which is especially important when responses may be influenced by the social desirability of identifying with certain beliefs (De Vaus, 2002, pp. 167–168). While response rates for web-based surveys are typically lower than for those using telephone or mail samples (De Vaus, 2002, p. 165), they can be a valuable method of accessing a sample of a population whose contact information is not available.

4 This number indicates the percentage of teachers who said that the amount of training they had received negatively influences them and those who said that it positively influences them. The meaning of "positively" and "negatively" in the study were not provided.

This study used a web-based survey of Ontario health and physical education teachers⁵ to collect information about their beliefs and attitudes toward the controversy over the 2015 curriculum. The main purpose was to isolate the teachers' interpretations of other stakeholders' aims as well as their own. De Vaus (2002) explains that "the focus of belief questions is on establishing what people think is true rather than on the accuracy of their beliefs," while "attitude questions try to establish what they think is desirable" (p. 118). Belief questions were used to ascertain respondents' perceptions of the government's aims in developing the 2015 curriculum and the beliefs or values motivating opponents of the curriculum. Attitude questions were used to elicit respondents' reflections on their own values and about how this type of controversy ought to be handled. In addition, preliminary attribute questions identified relevant dimensions of respondents' teaching experience. Respondents were also asked about professional development, administrative directives, and parental complaints they had received in conjunction with the curriculum. Finally, they were asked to recommend appropriate responses to this controversy.

Participants were recruited through a combination of convenience and snowball sampling (Kelley, Clark, Brown, & Sitzia, 2003; Morgan, 2008) using networks through the researcher's institution, where many students are pre-service or in-service teachers.⁶ Only current teachers who had already taught the revised curriculum in the previous school year were eligible to complete the survey. The research was conducted in downtown Toronto and began with mostly Toronto-based teachers. Known eligible participants were asked to complete the survey and to forward the invitation to other eligible colleagues, as well as to post it on social media. Responses were collected during the summer of 2017. Since the sexual health components of the HPE curriculum are usually delivered at the very end of the school year, in May or June, the timing was chosen to reach teachers while their experiences were relatively fresh. In the space of eight weeks,

5 This could include elementary teachers who are not specialized in health and physical education but are responsible for delivering the health curriculum.

6 While all recruitment methods introduce some risk of sampling error, non-purposive sampling may be more susceptible to the concern of non-representativeness. Purposive sampling was not available for this survey because access to the population of all teachers who had taught the curriculum, and the attributes that would be needed to generate a purposive sample, were not available.

the survey was viewed 678 times, and 151 people consented to participate.⁷ Out of these, 117 responses were received.⁸

All data were delinked from identifiable information. The study was approved by the sponsoring university's Research Ethics Board. As compensation for their participation, respondents were entered into a raffle for a \$100 gift certificate to Amazon.

Participants were not selected for any characteristics beyond having taught sexual health in an Ontario school since the introduction of the new curriculum, although many forms of diversity are represented in the sample. A significant variable is the type of schools where teachers are located. Ontario's public schools are divided into secular and Catholic schools; approximately one third of Ontario students attend public Catholic schools. The Catholic school system has constitutional protection to deliver all curriculum in a manner deemed consistent with denominational values. Sexuality is discussed both in health and physical education classes and in classes in family and religious life, stressing the inseparability of sex from love, marriage, commitment, and procreation. Although the Institute for Catholic Education has developed additional resources to better merge the 2015 Ontario curriculum and the existing materials in Catholic schools, these resources had not been completed at the time of the survey, and Catholic schools still exercise discretion over the content and framing of their lessons on sexuality. It is therefore possible that teachers in Catholic schools were caught between discrepant versions of the curriculum.

The survey was hosted by QuestionPro (<https://www.questionpro.com>) and consisted of closed (forced-answer) questions as well as open questions (see the Appendix). Responses to closed questions were non-exclusive and included an "Other" option for each question. The closed question options were populated by consulting the scholarly literature, the curriculum document, and the array of views about sex education described in the media at the time. For example, Question 5 asked respondents about what they

7 Since the email invitation was circulated through broad teacher networks, presumably many of those who viewed the survey did not end up being eligible to participate. The curriculum was in the media at the time of the survey and it is possible that teachers who had never taught health education wanted to also voice their opinions. For this reason it seems inappropriate to calculate the response rate by comparing the number of people who viewed the survey to the number who completed it.

8 Because some of the respondents left certain questions blank, the total number of responses to each question is usually lower than 117, as indicated in Tables 1–4.

took to be the aims of the curriculum. The goals of sex education are often framed in terms of measurable health outcomes, such as preventing teen pregnancy and STIs (Stanger-Hall & Hall, 2011; McKay & Bissell, 2010). The more immediate pedagogical aims include teaching sexual anatomy and delaying sexual activity, or what Lenskyj (1990) calls "plumbing and prevention." The 2015 revision also introduced new material about consent and healthy relationships as well as more inclusion of sexual diversity (Government of Ontario, 2015a, 2015b). At the same time, some opponents had claimed that the curriculum was an assault on religious values (Everyday for Life Canada, 2015), which implies that a goal was to secularize attitudes toward sexuality. By contrast, religious schools (including public Catholic schools) have as one of their standing goals the promotion of faith and abstinence. These views about the goals of sexuality education were broken down into discrete options to reduce ambiguity as much as possible.

Question 7 asked about the teachers' own values when they teach about sexual health. In philosophy of education, sex education and liberal education more generally are typically justified with reference to the value of promoting autonomy (Corngold, 2013). This aim converges with the pursuit of other liberal goods, such as respect for diversity and equality. These overriding values may be echoed in a matter-of-fact, non-judgemental approach to sexuality education (Lamb, 2013); for example, the 2015 curriculum suggests that sexuality education is a normal part of personal health and safety because it is grouped together with lessons about oral hygiene, injury prevention, and similar topics. It was expected that some teachers, especially those in Catholic schools, may consider chastity to be a virtue they ought to instill while teaching about sexuality. The value of pleasure, fulfillment, or sexual expression was also included to reflect some researchers' and advocates' emphasis on the importance of teaching these topics, especially for girls (Connell, 2005; Fine & McLelland, 2006).

It has been argued that closed answers can "create false opinions" (De Vaus, 2002, p. 125) through their suggestiveness. This was of minimal concern in the survey described here because teachers would have already been familiar with most of the options through their professional work and knowledge of the contentious nature of sexuality education. The survey's aim was to categorize teachers' pre-existing views. Hardly any respondents included different answers under "Other."

Complete data for both individual questions and individual surveys were exported into Excel. Results from the closed-answer questions were automatically quantified by

the survey engine. The majority of respondents also provided written comments in response to the open questions. These answers were copied into separate spreadsheets and analyzed thematically. For example, respondents' views of the reasons for opposition to the curriculum were grouped into eight categories, four of them mapping parents' perceived concerns, and four offering an explanation for what was perceived as otherwise baseless opposition (Table 4). Comments were classified in multiple categories where appropriate.

Results

The survey included 12 questions (see the Appendix). The results are presented here in four sections, which summarize the findings in the following order: (1) information about the sample, (2) views about the curriculum and support for implementation, (3) experiences of and attitudes toward parental opposition, and (4) teachers' recommendations for managing curricular controversy.

1. Information about the Sample

Many types of teachers completed the survey, creating a diverse sample. Most had taught the curriculum at non-denominational public schools, but there were also teachers from Catholic schools, public alternative schools, and private schools, both faith-based and not (Table 1). Teachers of all 12 grades were represented fairly evenly, with the most common grade of instruction being Grade 6 and the least common being Grade 12 (health and physical education becomes an elective course after Grade 9).⁹ Further, the teachers surveyed had various degrees of experience as HPE teachers—7% had been teaching it less than one year, while 31% had been teaching it 10 years or more. Sixty-five percent had taught the previous (1998) curriculum; 35% had not. The survey did not track other variables such as teachers' gender, religion, or location within the province.

9 As some teachers have taught HPE in multiple grades, the data for this question show higher numbers than the number of respondents.

Table 1. Respondents' Teaching Experience

School Type	Number (n)	Percent (Rounded)
Public	78	69%
Public Catholic	21	19%
Public alternative	5	4%
Private, faith-based	2	2%
Private, not faith-based	7	6%
Grade of Instruction		
1	20	7%
2	27	10%
3	28	10%
4	29	11%
5	28	10%
6	34	12%
7	25	9%
8	25	9%
9	19	7%
10	15	5%
11	15	5%
12	11	4%
Years of HPE Experience		
Less than 1	7	7%
1-2	30	32%
3-5	17	18%
6-9	12	12%
10 or more	30	31%
Experience teaching the previous (1998) curriculum		
Yes	60	65%
No	32	35%

2. Views about the Curriculum and Support for Implementation

Almost every one of the teachers surveyed spoke approvingly of the changes to the curriculum since the previous (1998) version. Question 4 asked those respondents who had taught both versions, "From a teaching perspective, what are the most significant changes from the earlier curriculum to the new one?" Respondents did not describe the changes to the curriculum merely descriptively, for example by enumerating the changes in content or learning expectations; rather, they considered the changes to be improvements, noting that the terminology was more inclusive, appropriate, and reflective of the students' world. Their comments included:

The language aligns better with the current status of the society.

Proper vocabulary. More relevance to their lives.

Language is more inclusive of all orientations and possible ways to be involved in sexual activity.

They also commented on the revised format of the curriculum, describing it as more thorough, integrated, and supportive of teachers' needs than its predecessor:

Going from a few bullet points (as few as three!!!) about the brass tacks of human development to a well laid-out approach to these criteria that addresses not just what facts to "cover" but the links to other areas, the reasons these are to be covered, and examples.

It is no longer wishy-washy. There is now meaning and reasoning behind the new curriculum.

Clearer and more specific expectations. The sample dialogues are very helpful.

Several respondents commented that this curriculum supports students by developing general skills and perspectives, rather than promoting particular sexuality-related behaviours:

New curriculum focuses more on developing decision-making skills.

Less focus on abstinence and more on personal health and well-being. Bigger perspective—looking at impact of choices on self and others and greater society.

While some teachers noted that little of substance had shifted in the grades that they teach, one respondent, who had taught the new curriculum in Grades 5–8, said that “the whole thing” had changed in ways “which we are not trained or provided with enough to address.” This concern about inadequate professional development was echoed in other parts of the survey. This point will be revisited in the Discussion.

When asked in Question 5 to identify the goals of the new curriculum, the respondents selected multiple goals in about equal numbers (Table 2), especially those relating to biology, health, tolerance, and critical thinking—goals that have long been associated with comprehensive health education and liberal education more generally (Archard, 2003; Lenskyj, 1990). The most frequently selected goal was “to teach about healthy relationships.” This suggests that the teachers had been impressed with widespread discussion about the uniqueness, and importance, of Ontario’s addition of “consent education” to the curriculum.

The more conventional goal of preventing teen pregnancy and STIs received only 9% of the total share.¹⁰ Preventing pregnancy and disease has been the most prominent, and least controversial, goal of all school-based sexuality education programs in North America. Generally, both advocates of comprehensive sex education and their opponents, who endorse abstinence-only education, agree on the desirability of such outcomes (Stanger-Hall & Hall, 2011). Since in Question 5 teachers were being asked to identify the main goals of the curriculum and not their personal priorities in teaching about sexuality, this result does not suggest that teachers are indifferent to the goals of preventing STIs and pregnancy. Rather, it may simply suggest that their perception of the new goals in the 2015 version concerned other topics; the prevention goals were already well established in earlier versions.

Very few teachers thought that the goal of the curriculum included the promotion of religious values. Some agreed that a goal was “to secularize attitudes towards sexuality and sexual relationships,” though in open comments several teachers nuanced this

¹⁰ Note that this does not mean that only 9% of respondents checked this goal. Thirty-seven respondents checked it, but it constituted 9% of the 411 total checks on this question. Table 3 is structured analogously.

apparent distinction between secularism and religion. One public school teacher said the goal was "not to promote faith or religion but to recognize that there are faith and religious values that we need to respect as they have to respect ours." A teacher from a private, not faith-based school said the goal was "not to secularize (or downplay religion values/values) but instead to de-religiousize [sic]" attitudes towards sexuality.

Table 2. Respondents' Perceptions of the Goals of the Curriculum

Aim	Number (n)	Percentage of Total (411)
To prevent teen pregnancy and STIs	37	9%
To teach about healthy relationships	86	21%
To teach about biology and bodily functions	53	13%
To educate about/celebrate sexual diversity	57	14%
To promote critical thinking	51	12%
To promote public health	51	12%
To promote faith or religious values	3	1%
To destigmatize sexuality	49	12%
To secularize attitudes toward sexuality and sexual relationships	20	5%
Other	4	1%

Question 6 asked respondents whether they had been instructed to change the curriculum—for example, to avoid any topics or prompts, or to reframe any of the material. Eight teachers said that they had been instructed to modify the curriculum. These directives came from a variety of sources: from principals, from the Catholic school board, and from teacher mentors or department chairs. Two respondents said they were told not to demonstrate how to use a condom (one in a Catholic school, one in a public school). One public school teacher said they were told by a mentor "that it isn't necessary to discuss LGBTQ2+ relationships because 'it will influence them to be gay.'" One teacher at a private, not-a-faith-based school was instructed to "omit certain details." One Catholic school teacher was given "a different scenario to follow with respect to 'informed consent.'" "

After indicating what they took to be the government's aims in designing the curriculum, and potential friction between the curriculum document and local directives,

respondents were asked to identify the values that they personally wished to impart to students while teaching about sexuality. Question 7 asked: "What values are most important to you as you teach sexuality to your students?" In keeping with the standard framing of comprehensive sexuality education, teachers highlighted the values of personal health and safety, and respect or tolerance for others (Table 3). Open answers to the question about teachers' values included:

Overall healthy sexuality—it's okay to ask questions and talk about this topic!

Trying to remove old myths around sexuality.

How to navigate value-conflicts in parent-child and partner relationships

These answers confirm teachers' broad alignment with the values expressed in the curriculum document and liberal education generally (Discussion below).

Table 3. Respondents' Values when Teaching Sexual Health

Value	Number (n)	Percentage of Total (238)
Autonomy	25	11%
Chastity/abstinence	7	3%
Personal health and safety	84	35%
Pleasure, fulfillment, or sexual expression	6	3%
Respect for diversity	66	28%
Sexual equality	40	17%
Other	10	4%

Question 8 asked whether teachers had received support to implement the new curriculum. Only about one third (35%) of the teachers surveyed had received any professional development or resources related to the new curriculum, much of which was optional. Sources of support included school boards, subject council resources,¹¹ and other teachers. The professional development received was described in mostly positive terms, with some teachers describing it as "excellent" or "extremely useful." One teacher in a

11 All Ontario teachers have access to resources distributed by the Ontario Physical and Health Education Association (OPHEA), which works with the Ministry of Education to develop curriculum and support teachers.

Catholic school received "board-level prep" and "direction from the Institute for Catholic Education," which they described as "minimal and preaching."

Teachers who had completed their pre-service teaching qualification or specialist qualification in the last two years had received more preparation. One teacher said:

I did my specialist part 2¹² and there we were given numerous materials on the new curriculum and how to start conversations in a safe environment.

From this section of the survey it can be concluded that while most of the respondents were in favour of the new curriculum and the broad values it represented, many may have nonetheless felt unprepared to implement all of it. Furthermore, significant variations around the province with respect to the availability of professional development, combined with the authority of schools and principals to modify content and delivery, suggest that the goals of the curriculum were at best being met inconsistently.

3. Experiences of and Attitudes Toward Parental Opposition

Question 9 asked about respondents' experiences of opposition in their capacity as teachers. The anxiety over the curriculum that was tracked in the media directly affected many of the teachers surveyed. In all, 43% said that they had encountered opposition to the curriculum as teachers, mostly in the form of students being withdrawn from class by their parents. In the blank space provided to comment on their answers, almost all respondents mentioned religion as a motivating factor. Representative comments include:

Religious rights and beliefs became difficult to negotiate in my area. And how to cover content and material even though there is massive disagreement

The Muslim parent community expressed their concerns.

[I experienced] certain religious parents being opposed with the new curriculum. Once I sat down with them and showed it to them and discussed it they were fine and gave consent to teach it.

12 This is an advanced qualification that certified teachers can take through colleges of education on their own time, at their own expense.

In some cases the expression of opposition came in response to a take-home letter explaining what the students would be learning:

I received about 3 voicemails from parents requesting to speak to me after receiving a letter sent home outlining what would be covered in health education the following month.

One teacher explained that such letters are unnecessary and that not sending them to parents improved attendance:

The first year we had parents pull their kids. The second year we did not publicize it as we do not publicize fractions and it went on without a hitch in my grades.¹³

Parents' choice to opt their children out of some classes may have created extra work for teachers. One respondent explained:

Students were pulled from class. One student was excused from all classes (and I was required to come up with other independent work he could do during that time period on other topics we had covered).

After describing their own experiences of opposition in their teaching roles, respondents were asked in Question 10, "In your view, what are the main concerns of parents or others who oppose the curriculum?"¹⁴ This question was left deliberately open-ended. Although it was clear from their answers to the earlier questions that most of the teachers did not share the concerns or motivations animating parent protestors, their comments here suggest that they were well attuned to the sources of disagreement. Analysis of the data revealed that some respondents were summarizing what they took to

13 This comment raises important questions about whether sex education is different in kind from other subjects and whether parents are entitled to a different level of engagement when it arises in school. While I lack the space to develop this point here, it is worth noting that proponents of sex education often stress its similarity to other school-based subjects, saying that sexuality is just another aspect of "health education," while opponents insist on its discontinuity. Protestors at Queens' Park (the provincial legislature), for example, carried signs that read "Math, Not Masturbation" and "Science, Not Sex," communicating what they perceive to be a deep chasm between the proper focus of schooling and the controversial material in the 2015 curriculum.

14 This was a question for all respondents, not only for those who had indicated that they personally encountered opposition in their teaching practice.

be opposing parents' concerns, whereas others reflected on the reasons behind the parents' (to them, misguided) positions. Responses were therefore classified into "concerns" (reasons parents have for opposing the curriculum) and "explanations" (higher-order explanations for why the parents hold these beliefs). The four concerns identified were age-appropriateness, parental role, religious freedom, and sexual encouragement. The four explanations were misinformation, homophobia or intolerance, media distortion, and "Other." Answers were coded in multiple categories as necessary. The frequency of each answer and sample quotes are summarized in Table 4. The primary concern attributed to opposing parents was the worry that the curriculum is not age-appropriate, and the most cited explanation was that opponents were misinformed.

Table 4. Respondents' Perceptions of the Reasons for Opposition to the Curriculum

Parental Concerns	Number	Percentage of All Answers (71)	Sample Quotes
1. The curriculum is not age-appropriate; children are too young to learn about sex.	25	35%	They believe it is bringing information to light that their children wouldn't be thinking about otherwise. The perceived "loss of innocence." Children are too young to be exposed to some of it.
2. Sex education should not happen in schools because it is the parents' job.	11	15%	Parents should be the teachers of "sexual health education" (it is not the role of the school). There are many who believe it is a parental responsibility to teach about body boundaries, sexual health, and practices.
3. The curriculum undermines religion.	13	18%	Parents feel the curriculum covers material that goes against their religious values
4. The curriculum promotes sex/particular sexual practices.	21	30%	I think they feel we are promoting sexual practice and homosexuality to young children. Teaching students that sex for pleasure is okay, teaching a spectrum of sexualities, teaching anything besides abstinence. Promotes sexuality & "hyper-sexualizes" children.
Explanations			

Parental Concerns	Number	Percentage of All Answers (71)	Sample Quotes
1. The parents' concerns are rooted in misinformation.	16	23%	<p>Not really understanding what the expectations were. They took items out of context and were told why it was there and what their kids will be learning without really knowing. A lot of misconceptions.</p> <p>Parents not being knowledgeable about the curriculum and what is actually being taught instead ... relying on word of mouth from gossip from other parents in the community.</p>
2. Opposition is based on homophobia/intolerance.	11	15%	<p>Ignorance, intolerance regarding LGBT.</p> <p>Deep seated bias against liberal and progressive sexuality.</p> <p>They...feel that although different sexual preferences shouldn't be discriminated against, they also shouldn't be made out to be "normal," rather acceptable and respected abnormalities.</p>
3. The media misrepresented the curriculum or inflated the opposition.	5	7%	<p>They think we are teaching about pleasures and positions and body parts they don't actually know we don't teach that because the media blew it out of proportion.</p> <p>Misguided by the media.</p>
4. Other.	5	7%	<p>They don't understand and are afraid of anything to do with the word sex.</p> <p>Fear of the unknown; fear of growing up too fast.</p> <p>Not structured enough. Open to interpretation.</p>

4. Teachers' Recommendations for Managing Curricular Controversy

Finally, respondents were asked what they considered to be the best response to the concerns of dissenting parents (Questions 11) and to offer any other comments about the new curriculum (Question 12). In their answers to these open questions, teachers emphasized communication, education, respect, and professionalism. Twenty-nine percent of the respondents replied to the first question with some version of the answer "read the curriculum," reflecting the perception that parents' opposition was rooted in misinformation. Some teachers also suggested directly explaining the rationale for the curriculum. They

implied that the correct response to opposing parents would be to better justify the curriculum itself:

Using statistics and resources to show that teaching this content will result in a healthier and happier kids.

The curriculum is focused on giving kids factual information about their bodies that allows them to make informed choices (it does not "promote" particular practices)—the curriculum reflects Canadian diversity (including gender and sexual diversity—kids need to understand and respect the diversity around them)—the curriculum is designed to keep kids safe (i.e., consent education) and gives them information at a developmentally appropriate age.

Certain aspects of the curriculum will be irrelevant to those who it doesn't apply to, but it will be incredibly important for those who it does apply to. For that alone, it's worth teaching.

Three teachers specifically mentioned teachers' professionalism and the expertise of the curriculum developers, calling for more trust on the part of parents:

The health curriculum was written by experts in child development/health (i.e., doctors, nurses, teachers, public health professionals) and based on the needs of students in the 21st century.

There has to be trust between the family and the school that the teacher will deliver the curriculum in a professional way that is appropriate for the children's age, just as they deliver math, science, etc. in a professional way.

Teachers are professionals who use the curriculum developed to teach children.

One teacher recommended diffusing opposition by rearranging the material in the HPE course:

Eliminating the taboo nature of the subject by not confining it to a 3-day box has been extremely successful for me. Inserting these topics into projects or other

tasks, as well as giving it an appropriate treatment earlier in the year lends validity, makes it seem less like it is being held at arms' length and done reluctantly.

While expressing disagreement with the parents who opposed the curriculum, most respondents stressed the importance of reassuring parents about their mutual care for their children and their respect for the parents' authority over their children's education:

I think the best response is to continue to keep lines of communication open by informing them ahead of time what will be covered and when it will be covered so that they can request an accommodation to the lessons they are uncomfortable with.

Working with parents to best teach the curriculum together.

To reassure parents that we are not usurping their roles but want to work with them to ensure their child is prepared and has some knowledge of situations they will encounter in the real world.

Several teachers in religious schools said that the curriculum could be reconciled with their faith-based values, allaying parental concerns about its relationship to religion:

I would respond that I am teaching the curriculum within the frame of Catholic values promoting respect for all.

Teach in the light of Christ and gospel values alongside the curriculum.¹⁵

Only a few respondents seemed skeptical that parental opposition could be reconciled with the curriculum, or that it ought to be. One teacher wrote:

15 Much more research is warranted to probe these types of answers. Long-form interviews with teachers and class observations in Catholic schools, for example, could help researchers understand and assess what teachers mean when they claim to reconcile religious values and inclusive sex education. However, this type of research is often prohibitive at multiple levels: for example, religious schools can be resistant to outside researchers examining their practices, and teachers, who are contractually required to uphold certain tenets of the faith, may be reluctant to describe their perceptions of potential conflicts between religious education and sexuality education. This is one advantage of conducting an anonymous survey. In a different part of this study, administrators in Ontario's publicly funded Catholic school system were interviewed about the 2015 curriculum; analysis of these findings is forthcoming.

The first year I taught the new curriculum, I actually photocopied the teacher manual so that the parents could see exactly what I would be teaching. They removed their child anyway.

Another took the position that "government should not allow withdrawal of students from class."

Several teachers noted that attitudes rooted in religion or based on prejudice against sexual minorities are difficult to alter, even after clearing up misconceptions about content:

Letting parents know exactly what's in the curriculum, as what they've heard is usually not true. As for homosexuality, not sure how to address concerns like that.

And one noted that there has to be receptivity from the parents to any conversations about their concerns:

There is no standard or good response. It depends on the parent, their anger vs frustration vs curiosity levels, and their concerns.

Three responses, all from teachers at public schools (one of them alternative), expressed ambivalence about the curriculum, declined to comment on parents' views, or agreed that the curriculum contained concerning elements:

This is their personal thoughts so no comments

I don't have a response, I think they are also learning some information a little young.

I don't know. Parents have a point, I don't disagree with them, but the curriculum should be updated. It too soon to tell, but I do think parent's [sic] concerns need to be taken seriously—it is not obvious that this new curriculum is better than the previous one.

These comments raise important questions about the ethical obligations of teachers who may be expected to teach material that they feel is inappropriate and potentially to defend it to parents who also object to it. Since the curriculum has been retracted, many more teachers are now in this uncomfortable position. When teachers have

misgivings about state-mandated curriculum, their opinions should be heard, if for no other reason than that it may impact students.

Discussion

These findings offer important insight into a mostly overlooked group of stakeholders. The survey illustrates that the 2015 revision is (or was), in the opinion of most teachers, age-appropriate, relevant to students' lives, pedagogically helpful, and long overdue. The findings indicate that teachers' beliefs about the aims of the curriculum are closely aligned with the stated aims of the former Liberal government in developing it, and respectfully incongruent with the attitudes of the most vocal protestors. When asked about their own values, the teachers largely expressed classically liberal orientations in their teaching, stressing the importance of promoting respect for diversity, equality, and healthy independent decision-making. Had the curriculum not been repealed, teachers would have liked to receive more support to ensure its successful implementation, including professional development and opportunities for open, respectful communication with skeptical parents. The public controversy affected many of the teachers in the sample, who in some cases received direct instructions to alter the content or delivery of the curriculum.

It should not be taken for granted that teachers, who are often employed by the provincial government, are personally aligned with the values expressed in controversial curricula, or even correctly informed about clashes between state education policy and dissenting parents. For example, teachers could be ideologically aligned with the curriculum's protestors and with the new Conservative government's policies. Instead, these findings reveal teachers to be mostly avid supporters of the aims of comprehensive sex education, with only a few respondents expressing any negative attitudes. It is difficult to know whether this finding is representative of the whole teacher population; some researchers have noted that "participants in sex-related studies tend to be more liberal than do non-participants" (Cohen et al., 2012, p. 313). However, the teachers surveyed who work in religious schools and who might have been thought to hold less liberal attitudes toward sexuality did not register more negative attitudes to the curriculum than the public school teachers in the sample.

We cannot assume that a new curriculum necessarily makes teachers' work easier, but the teachers surveyed also reported positive experiences with the format of the curriculum from a teaching perspective. For example, in the open question about the differences between the old and the new curricula, respondents mentioned the detailed examples and sample dialogues in the curriculum as helpful tools to support their teaching of delicate material.

Responses to the questions about the aims of the curriculum and teachers' own values in sex education showed a strong bias toward classically liberal justifications for comprehensive sex education embedded in mandatory health curriculum. Importantly, respondents both identified these as the government's goals in the curriculum and selected them as their own personal values in a separate question. The emphasis on evidence-based knowledge, respect and tolerance, and healthy decision-making evinced in teachers' answers corresponds to mainstream views in health education research and political philosophy about how to deliver sensitive material in a pluralistic society (Corngold, 2013; Halstead & Reiss, 2003). According to these views, students should be empowered to make informed decisions about their bodies and lives while respecting the needs and rights of others; school-based education should develop critical thinking, while the more subjective aspects of morality and culture should be deferred to students' other educators. In their written responses, teachers in this survey also echoed the prevailing liberal sentiment that parents are the *de facto* authorities on children's education and should be permitted to opt children out of classes, or to supplement school-based curriculum with other messages, as they see fit. The fact that these perceived rights can be inconvenient or disruptive for teachers—for instance, by requiring them to alter some material—makes this sentiment especially notable and deserving of further investigation.

Beyond the strong convergence between teachers' views, the values expressed in the 2015 curriculum, and liberal theorists' approaches to sex education, the results provide more specific information about teachers' perceptions of the aims of sexuality education in this time and place. The most selected response to the question about the goals of the curriculum was to "promote healthy relationships." This answer likely reflects the curriculum's new emphasis on "consent"—widely considered a breakthrough in Ontario's 2015 revision—which was not always an explicit goal of liberal education. Although the curriculum preceded the #MeToo movement, this cultural phenomenon confirms that discussions about consent and sexual power are urgent and inescapable. Meanwhile, the

more obvious and longstanding public health goal of sex education—to reduce teen pregnancy and infection—was only mentioned by a minority of respondents. As the culture evolves, so do the perceived priorities of sexuality education.

Nonetheless, opponents' complaints about the curriculum illustrate the persistence of skepticism about the most elemental goals of sex education and how to achieve them. There is now incontrovertible evidence showing that promoting abstinence, especially as the sole content of sex education, is ineffective at delaying sexual activity (Stanger-Hall & Hall, 2011). Comprehensive sex education may actually delay the onset of sexual activity more effectively than abstinence-only-until-marriage (AOUM) education, while also yielding far more consistent use of contraception and protection against the transmission of disease (Kirby, Laris, & Rolleri, 2007; Kohler, Manhart, & Lafferty, 2008). Still, some opponents cited in the media alleged that the Ontario curriculum promotes, as noted earlier, "sex as a purely recreational activity" (Campaign Life Coalition, 2015) and encourages "promiscuity" (Parents Alliance of Ontario, n.d.). This type of attitude can make it very difficult to teach even the basics of sexual health and promote the most uncontroversial goals, such as preventing harm and disease, on which both conservatives and liberals agree.

In the list of possible goals of the curriculum provided in the survey, the options of "to promote faith or religious values" and "to secularize attitudes toward sexuality and sexual relationships" were included to help assess whether teachers believe that the backlash to the curriculum, much of which has been grounded in religious indignation, is responsive to actual features of the curriculum. Comprehensive sexuality education typically outsources religious questions to other educators, attempting to discuss sexuality in "neutral" terms that leave room for a plurality of cultural and moral commitments, which can then be filled in by parents, clergy, and others. However, some regard "neutrality" (or even "science") as a prescriptive form of secularism whose goal or effect is to undermine religious perspectives on sex; at the very least, the secular liberal attitude should be recognized as a viewpoint in its own right (Rasmussen, 2016). The survey responses suggest that teachers perceived such liberal conceits as one obstacle to the uptake of Ontario's curriculum. Further research is needed to better track the differences in the teaching of sexual health at Catholic and private schools, as well as the correlation between teachers' attitudes and their own religious leanings.

Notably, very few teachers indicated that their values related to either promoting sexual pleasure/fulfillment or encouraging chastity/abstinence. Some researchers and educators in the field of sex education have called for more attention to pleasure, both as a value in itself and because of its relationship to other goals, such as gender equality and consensual relationships (Connell, 2005; Fine & McLelland, 2006). The teachers surveyed may not think it is their place to cover such topics, at least within the current configuration of health education. Many protestors have argued that the curriculum promotes permissive attitudes toward sexuality, "reducing the person to utility and pleasure" (Iacobelli, 2016, n.p.). The survey results suggest that the opponents' fears are largely unfounded: teachers are far more concerned with teaching about health and the consequences of adolescent sexual activity than the pleasures of sex.¹⁶

Many of the open responses expressed simultaneous frustration with what were perceived as misguided rationales for opposing the curriculum, and respect for parents' judgement and right to dissent. The responses to the final two questions support collaboration with parents and broader public education: teachers want to narrow the gap between the state-issued curriculum and opposing parents through communication and education. They believe that everyone's goals are largely reconcilable, but misinformation, fear, and intolerance have impeded recognition of shared values, such as keeping children safe. As one teacher wanted parents to know, "information is powerful and if students don't get correct info...they won't be as safe or know how/why/when to say no." Such answers support the conclusion that there is a greater degree of consensus about what is good for kids than what a cursory read of the controversy in mainstream media outlets implies. Nevertheless, some respondents suggested that deep divisions rooted in faith appear to be more intractable, especially regarding the moral status of LGBTQ+ identity and relationships.

16 Those who object to school-based sex education entirely, or who consider the curriculum to introduce material too soon, have argued that the mere exposure to information about sexuality is enough to corrupt youth in some way or to desanctify sex (e.g., Parents Alliance of Ontario, n.d.; Iacobelli, 2016). However, as several teachers commented, students today are inundated with sexual (mis)information more than ever, much of it from pornography. It is implausible to think that obstructing school-based education would successfully shelter children from sexually explicit images or knowledge. Data from a large-scale survey in 2017 show that "half as many parents thought their 14- and 18-year-olds had seen porn as had in fact watched it" (Jones, 2018, n.p.). Byrne, Katz, Lee, Linz, and McIlrath (2014) also found that parents regularly underestimated their children's exposure to online sexual imagery, as well as their experiences of being cyber-bullied or approached by strangers online.

The findings regarding professional development can advise policy makers and teacher educators on how to better support the implementation of new curriculum. Given the perceived sensitivity of the material, it is disappointing that only 35% the teachers in the sample were offered any specific training on the new curriculum, and that some of the professional development they accessed was elective. Even those who attended a workshop or conference commented that more was needed; one teacher said "it scratched the surface" while another described a workshop as "very basic...but helpful." These results replicate the findings of other researchers about teachers' need, and desire, for better preparation to teach comprehensive sexuality education (Henry et al., 2014; Walters & Hayes, 2007; Westwood & Mullan, 2007).

Conclusion

In a context of volatile policy directives and heated public debate, researchers and policy makers should take note that a majority of teachers strongly endorse Ontario's full 2015 curriculum. Their responses indirectly refute the charges of the most strident protestors as to the age-appropriateness, radicalness, and immorality of the curriculum, while displaying respect for parents' perspectives and the diversity of the province's population. They attribute opposition to such factors as misinformation, media-inflated panic, and fundamental suspicion about liberal values. Importantly, the teachers surveyed here provide concrete recommendations for bridging the position of the curriculum's authors and those of skeptical parents: they call for more education of parents, open communication with the school community, and improved professional support.

Although survey-based research can be limited by biases in sampling and self-reporting, this survey captures the views of over 100 HPE teachers of all grade levels and with diverse levels of experience, all of whom were eager to share their opinions about sex education, even though the survey began during their summer holiday. In future research it would be valuable to conduct a larger-scale survey consisting of a wider cross-section of Ontario teachers that notes more of the respondents' attributes (e.g. gender, religious and political affiliations) to allow for greater generalization and correlation between factors. Teachers are evidently extremely well informed about the dynamics of

sex education disputes and the needs of students. This survey makes a contribution to our understanding of their views, which ought to inform policy and public discourse.

Since the announcement that the 2015 curriculum (Grades 1–8) was being repealed, Ontario teachers have actively rallied to pressure the government to reconsider its stance (Teotonio & Ferguson, 2018). The lawsuit brought by the Elementary Teachers Federation of Ontario against the Ford government is being heard as of the time of writing this article. Anecdotal evidence indicates that many teachers are confused about their obligations during this transitional period and potentially reluctant to deliver content that they believe students need. Meanwhile, the Conservatives' policy shift has left many Ontarians unsure what to think about the relationship between the 2015 curriculum and their own values (Westoll, 2018). Research tracking teachers' experiences of and attitudes toward curriculum controversy should be ongoing and complemented by critical analysis of the evolving public discourse.

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Appendix: Survey Questionnaire

1) How long have you been teaching the health and physical education curriculum in Ontario?

- Less than a year
- 1 year
- 2 years
- 3 years
- 4 years
- 5 years
- 6 years
- 7 years
- 8 years
- 9 years
- 10 or more years

2) In what grade(s) have you taught HPE since the introduction of the new curriculum in 2015? (Check all that apply)

- Grade 1
- Grade 2
- Grade 3
- Grade 4
- Grade 5
- Grade 6
- Grade 7
- Grade 8
- Grade 9
- Grade 10
- Grade 11
- Grade 12

3) In what kinds of schools have you taught HPE since the introduction of the new curriculum in 2015? (Check all that apply)

- Public
- Public – Catholic
- Public – Alternative/Special Program
- Private – Faith-based
- Private – Not Faith-based

4) Have you taught the pre-2015 curriculum?

- Yes
- No

If yes: From a teaching perspective, what are the most significant changes from the earlier curriculum to the new one? (From here on, "curriculum" refers only to Strand C, "Healthy Living," Topic "Human Development and Sexual Health.")

5) In your view, what are the goals of the curriculum? (Check all that apply)

- to prevent teen pregnancy and STIs
- to teach about healthy relationships
- to teach about biology and bodily functions
- to delay sexual activity
- to educate about/celebrate sexual diversity
- to promote critical thinking
- to promote public health
- to promote faith
- to destigmatize sexuality
- to secularize attitudes toward sexuality and sexual relationships
- other (describe)

Comments:

6) Have any of your superiors requested that you make any modifications to the curriculum (e.g., to avoid any topics or prompts, or to reframe any of the material in the curriculum)?

If yes: Where did this directive come from? (Check all that apply)

- Department head
- Principal
- School Board
- Faith leader
- Other
- I don't know

7) What values are most important to you as you teach sexuality to your students? (Check all that apply)

- Autonomy
- Chastity/abstinence
- Personal health and safety
- Pleasure, fulfillment, or sexual expression
- Respect for diversity
- Sexual equality
- Other (describe)

Comments:

8) Did you receive any professional development or resources to prepare you to teach the new 2015 curriculum specifically?

If yes: How useful or appropriate did you find them?

9) Did you encounter opposition to the curriculum from your students, their parents, school or school board administration, or your local community?

- Yes
- No

If yes, please describe:

10) In your view, what are the main concerns of parents or others who oppose the curriculum?

11) What do you think is the best response to these concerns?

12) Do you have any further comments on the new curriculum?