

**The Ontario Curriculum, Health and Physical Education Grades 1-12
Curriculum Review**

**Submission by:
Ontario Advisory Committee on HIV/AIDS
HIV Prevention Working Group**

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Ontario Advisory Committee on HIV/AIDS

The Ontario Advisory Committee on HIV/AIDS (OACHA) provides advice to the minister of health on policy and program issues related to HIV/AIDS. Members are appointed by the minister and consist of one-third people living with HIV/AIDS, one-third individuals from community-based AIDS organizations, and one-third health care providers. The HIV Prevention Working Group is a sub-committee of OACHA tasked with developing policy advice related to strengthening HIV prevention efforts in the province.

The AIDS Bureau provides secretariat support to OACHA and the committee's various working groups.

OACHA HIV Prevention Working Group

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Supplementary Reports

In addition to the input of the above expert advisors, the following documents were reviewed and have informed the submission:

Boyce, W., Doherty, M., Fortin, C., MacKinnon, D. (2003). "Canadian Youth, Sexual Health and HIV/AIDS Study: Factors influencing knowledge, attitudes and behaviours," Council of Ministers of Education, Canada.

Brooke, C., Adam, B., McCauley, J., Bartolin, So. (2008). "Perceptions of HIV Risk Among Lesbian, Gay, and Bisexual Youth," Department of Sociology and Anthropology, University of Windsor.

Feedback

The feedback of the committee has been organized around the three questions posed by the Ministry of Education through their curriculum review process. The feedback being provided is generally applicable to all grades under consideration. Where there are specific grade levels addressed, this has been noted.

1. What do you think are the strengths of the current Health and Physical Education curricula?

Grade 1 to 8:

- The organization of the curriculum into streams is useful and facilitates separating out and understanding the behavioral aspects to health and the physical education aspects to health. The inclusion of a healthy living stream is very positive.
- The identification of roles for parents, teachers and students is important.
- The statement on cross-curricular planning is very important and should be strengthened.
- The recognition of parents and guardians as the primary educators of their children is positive.

Grade 9 and 10:

- The inclusion of the promotion of educational values and goals such as tolerance, understanding, excellence and good health.
- It is positive that there is an acknowledgement that the curriculum is designed to address relevant health issues.
- The encouragement of students to focus on responsible, personal and social behaviors to make safe and wise choices is important.

Grade 11 and 12:

- The inclusion of a health living strand is very important and positive.
- The acknowledgement of the importance of schools and communities working together is valuable.
- The continued encouragement of students to take responsibility for improving their own health is an important component of empowerment related to behaviors that transmit HIV.

2. Are there areas (topics/issues or skills) that you think could be improved in the documents under consideration? Please indicate the grade, and course/strands and the proposed changes.

General Feedback

- **HIV/AIDS does not receive the profile that is needed throughout the curriculum. The guidelines should be specific in directing school boards to develop units of study which address HIV/AIDS.**

HIV is not identified in the index. When HIV is mentioned it is only within the context of other sexually transmitted infections and only as one example of content teachers may wish to include. There should be an age and learning appropriate unit on HIV/AIDS within each curriculum. Repetition is key to learning about an issue as complex as HIV/AIDS and is key in normalizing discussion about HIV/AIDS.

- **Cross-curriculum planning needs to be supported with concrete examples of HIV/AIDS being integrated across the curriculum.**

It is very important that HIV be integrated throughout the curriculum, across disciplines. One key component of HIV education must be the normalization of discussions about HIV and the behaviors that contribute to the transmission of HIV. Normalization of these discussions will assist young people in gaining access to the information and support they need to adopt healthy behaviors related to sexuality. As well, the normalization of HIV will contribute to challenging the stigma that currently permeates the social environment and contributes to the silence around HIV and the inability of many young people and many communities to adequately address HIV both as individuals and as communities.

- **The implementation of an HIV program is most successful when there is collaboration with partners in the community, such as public health units and community-based AIDS organizations.**

Health units and community-based AIDS organizations can assist teachers in addressing the issues that arise through discussions about HIV/AIDS. They can assist in ensuring that the information being provided to students is current and accurate, in the context of an evolving epidemic. These supports should be promoted within the curriculum as a means of assisting teachers in addressing what can be a challenging topic. When partnerships are developed in which partners all have a stake in what is being taught and how it is being taught, HIV/AIDS curricula is more acceptable to parents and to the community at large.

- **The scope of what is taught in reference to HIV/AIDS needs to be much broader.**

HIV is not just an infectious disease that is only important in the context of sexual health. HIV has social, political, legal, ethical and moral dimensions that are all important in fully preparing young people to avoid HIV transmission. Issues such as relationship dynamics, coercion in sexual situations, the social context of sexual behavior and the factors that impact on the ability of individuals to make healthier choices, and so on are very important in preparing young people to adopt healthier choices and to seek the

supports necessary to do so when there are social and other barriers to their sexual health.

➤ **Teacher supports need to be in place.**

All the documents should include an identification of units of study and curriculum programs that have already been developed which address the teaching of HIV/AIDS. Partnerships with community resources, as identified earlier, are also a means of creating teacher supports within the community.

Additional Feedback

Grades 1 to 8:

- In the “INTRODUCTION” section of the document include an additional statement such as: *“Through the health and physical education curriculum students will develop understanding of factors contributing to life-threatening diseases. (e.g. HIV/AIDS, obesity and anorexia)”*
- On Page 3, under “Strands” and under “Healthy Living” include statement demonstrating the role of community resources such as Public Health, AIDS Committees and Advocacy Organizations.
- Add the following phrase to the same statement under Healthy Living, “and using values, principles and health information to make responsible healthy life-style choices.”
- Give examples of units of study which can be used to foster the application of values, and principles in making healthy life-style choices. This translates into behaviour in making choices regarding obesity, anorexia and HIV/AIDS.
- Demonstrate how HIV/AIDS is totally preventable.

Grades 9 and 10

- In the INTRODUCTION under the heading, “The Place of Health and Physical Education in the Curriculum’ add two more statements:
 1. *“The health and physical education curriculum has been designed to provide learning experiences that will help students make responsible healthy life-style choices.”*
 2. *“This curriculum will promote character development through physical activity and will promote responsible social behaviour.”*
- Add examples of how units of study on HIV/AIDS can be integrated in the curriculum.

Grades 11 and 12

- Provide examples of units of study addressing HIV/AIDS
 - Include in the Healthy Living (Page 11) section under EXPECTATIONS that students will: understand the factors contributing to the transmission of HIV/AIDS and the continuance of problems such as obesity and anorexia.
 - Include examples of how units of study on HIV/AIDS can be integrated throughout the curriculum. (e.g. Economics, History, Sociology, Geography,)
 - Emphasize the use of community resources in developing units of study. (i.e. Public Health Units, AIDS Service Organizations, Advocacy Organizations)
3. What has changed locally, globally since 1998 that needs to be taken into account in revising the content of the health and physical education curriculum? Please indicate the topic and specific area in which the relevant material needs to be incorporated.

Since 1998, the number of people living with HIV in Ontario has increased significantly. In 1998 there were an estimated 16,114 people with HIV/AIDS in Ontario. The most recent estimates, for 2005, indicate there are 24,891 people with HIV/AIDS in the province. At the same time, the HIV incidence rate (i.e. the number of new HIV infections each year) has increased steadily since 1998. In 1998, there were an estimated 1,180 new HIV infections. By 2005, the number of new infections was estimated at 1,674. This expansion of the HIV epidemic in Ontario includes continued transmission amongst gay and bisexual men and alarming increases amongst women.

These numbers indicate that the HIV epidemic in Ontario is unstable and expanding over time. The Ontario Advisory Committee on HIV/AIDS has identified the lack of adequate HIV education in the public school system as one of the barriers to adequately addressing the HIV epidemic in Ontario. We are not preparing our young people well enough to avoid HIV infection and to cope with their sexual health in the context of HIV/AIDS.

According to the Canadian Youth, Sexual Health and HIV/AIDS Study (2003) it, "...is distressing that students who participated in this study have generally lower levels of knowledge than those who took part in the 1989 study." Other key findings include:

- 12% of boys and 16% of girls in Grade 11 did not know where young people would most likely go to get condoms
- 27% of Grade 7 and 14% of Grade 9 and 11 students had not received any instruction about HIV/AIDS over the last two years
- 66% of Grade 7 students and 50% of Grade 9 students did not know that there is no cure for HIV/AIDS
- Between 45% and 50% of students reported that they worried about contracting an STI or HIV/AIDS, which is a decrease in the feelings of susceptibility since 1989

Finally, in a Windsor study of young gay, lesbian and bisexual students, the youth indicated that they received very little sex or HIV education in the public school system

and the education they were provided ignored their sexuality or labelled their sexuality as the source of HIV/AIDS. The authors concluded that, “the findings indicate that take home messages from Ontario high schools are fragmentary, inadequate, and heterosexist in their delivery. Findings also point to the powerful influence of the internet, media, friends, and sex partners and illustrate the need for the educational system, community organizations, and health services to provide LGB youth with LGB sensitive instruction on HIV prevention.”

So, while HIV education is critical for all youth there is a particular need to ensure that HIV education is coupled with efforts to address homophobia, racism, sexism and other social forces that greatly contribute to the ongoing transmission of HIV. Young gay men in particular are receiving wholly inadequate education about sex, sexuality and HIV in the public school system and are very vulnerable to HIV as they enter into a sexual phase of their lives.

For questions related to this submission:

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