A PARENT'S GUIDE:

HUMAN DEVELOPMENT AND SEXUAL HEALTH IN THE HEALTH AND PHYSICAL EDUCATION CURRICULUM



In Ontario, the curriculum identifies what students should know and be able to do by the end of each grade or course.

The curriculum supports students to develop the skills and knowledge to:



Understand themselves and others



Think critically, make and promote healthy choices



Develop and maintain healthy relationships



Be safe, physically and emotionally



Be physically active for life and thrive

In this guide, you will find:

- Information about the knowledge and skills related to human development and sexual health that are included in the curriculum in the primary and junior divisions (grades 1-6)
- Samples from the curriculum to show what teachers use to plan their teaching about human development and sexual health
- Ideas about how parents can work in partnership with schools to support their children's learning
- Where to find more information.

Helping students develop the knowledge and skills to be safe and healthy is part of Achieving Excellence: A Renewed Vision for Education in Ontario. Learn more at ontario.ca/eduvision.









Research shows that:

 87 per cent of Ontario parents support sexual health education for their children.¹

LEARNING ABOUT HUMAN DEVELOPMENT AND SEXUAL HEALTH

Learning about human development and sexual health is one part of overall health education. It starts at birth.

Human development and sexual health education involves much more than simply learning about body parts and reproduction.

In today's complex and fast-paced world, there is much more that children and youth need to know to be safe and healthy. Human development and sexual health starts with children learning about themselves, their feelings, their bodies and about showing respect for themselves and others. As students grow, it includes learning about things like healthy peer and family relationships, hygiene, reproduction, identity, including gender identity, sexual orientation, online safety, mental health and much more.

In addition to learning about human development and sexual health, as part of health education, students learn about healthy eating, personal safety and injury prevention, and substance use and addictions. The focus is on getting accurate information and learning skills to make healthy choices for students' everyday lives. Students do not learn health information in isolation. For example, students will begin to learn about making healthy and safe decisions by learning to think in advance, consider the potential result and reflect after a choice is made. They can apply those skills in a variety of situations such as making food choices, staying safe and setting fitness goals.

In all parts of the Health and Physical Education curriculum, students learn "Living Skills." These are skills that help students develop self-awareness and social skills, communicate in relationships with friends and family, cope with challenges and think critically to make decisions, set goals and solve problems.



In consultations, parents and students indicated that they want schools and parents to work together to support students.

PARENTS, SCHOOLS AND COMMUNITIES WORK IN PARTNERSHIP

Education is most effective when parents, schools and communities all work together to support students' learning about human development and sexual health. Students need reliable and accurate information to make safe and healthy choices.

Parents help their children form values about relationships and behaviours and their sexual health.

Schools provide safe, caring and inclusive learning environments for all students to learn. Students need to have a sense of belonging as they learn about themselves and where they fit in the world around them.

Community partners, like public health and mental health organizations, help parents and schools round out the supports that are available to children and youth.



When children know the correct names of their body parts they can communicate clearly and ask for help in case of illness, injury or abuse.

WHAT STUDENTS LEARN ABOUT HUMAN DEVELOPMENT AND SEXUAL HEALTH AND WHEN

Primary Grades (Grades I, 2, and 3)

Some things students in Grades 1, 2 and 3, are learning about include:

- The names of body parts
- An initial understanding of how their bodies work
- Skills for healthy relationships with peers and families, like showing respect for others
- Their senses, hygiene, oral health and stages of development
- · Their physical health is one part of overall health and well-being
- · Being aware of their feelings and getting help if they need it
- Their social and emotional health (e.g., getting along with others, recognizing their feelings, learning coping skills).

As a foundation for healthy relationships, primary students learn about what makes them unique and different from others, and how to show respect for all. This can involve learning about a range of cultural backgrounds and family structures.

This learning about others connects to what students are learning in all subjects, such as in the social studies curriculum about diverse communities in Grade I, and families in Grade 2.

WHAT DOES THIS LOOK LIKE IN THE CURRICULUM? SAMPLE EXPECTATION FROM GRADE 3

Human Development and Sexual Health By the end of Grade 3, students will:

C3.3 describe how visible differences (e.g., skin, hair, and eye colour, facial features, body size and shape, physical aids or different physical abilities, clothing, possessions) and invisible differences (e.g., learning abilities, skills and talents, personal or cultural values and beliefs, gender identity, sexual orientation, family background, personal preferences, allergies and sensitivities) make each person unique, and identify ways of showing respect for differences in others [PS, IS]

Teacher prompt: "Sometimes we are different in ways you can see. Sometimes we are different in ways you cannot see – such as how we learn, what we think, and what we are able to do. Give me some examples of things that make each person unique."

Student: "We all come from different families. Some students live with two parents. Some live with one parent. Some have two mothers or two fathers. Some live with grand-parents or with caregivers. We may come from different cultures. We also have different talents and abilities and different things that we find difficult to do."

Teacher: "How can you be a role model and show respect for differences in other people?"

Student: "I can include others in what I am doing, invite them to join a group, be willing to be a partner with anyone for an activity, and be willing to learn about others."

The focus of the learning with this curriculum expectation is on helping students understand visible and invisible differences as they learn about what makes each individual unique and how to respect others.

The curriculum has detailed lists of examples that teachers may (but do not have to) use in planning instruction for students. They prompt thinking about a range of perspectives. Teachers make decisions based on the current and potential future needs of their students.

The sample dialogues (prompts/responses) in the curriculum are optional. They are there to help show what the learning might look like and to provide teachers with different approaches they might take to encourage students to think about different questions/situations that they could possibly face.

"Living Skills" are incorporated throughout the whole curriculum. These include learning about self-awareness and coping skills; social skills and communication skills for healthy relationships; and ways to solve problems, set goals and make decisions. In this example, the tag, [PS, IS] indicates that the teacher could focus specifically on helping students develop personal and interpersonal skills as they are learning.



- Females usually enter puberty sometime between eight and thirteen years of age.
- Males usually enter puberty sometime between nine and fourteen years of age.²

Junior Grades (Grades 4, 5, and 6)

As students grow and develop, they start to understand the physical, emotional, social and cognitive changes they will experience at puberty. Learning about puberty in these grades includes:

- The physical changes that occur during puberty
- The emotional and interpersonal changes and stresses that come with puberty
- Understanding reproduction and body processes
- · Learning more about healthy relationships.

This knowledge gives students the basis for positive mental health and well-being and introduces them to skills that they can build on as they grow. The learning focuses on students understanding themselves and knowing how this will help them in their relationships with other people. This includes relationships with other students and learning about relationships that may involve early romantic interest.

Junior-grade students learn about making safe and healthy decisions. They increase their understanding of how they fit within the world around them, about stereotypes and making assumptions, and the effect this has on relationships. This connects with what students learn in other subjects, such as language, social studies and mathematics, where they develop critical thinking and reflective skills to solve problems and examine issues.

When planning lessons and classroom learning, teachers take into account the learning expectations in the curriculum and the needs of their students. Teachers try to anticipate student questions so they can be prepared with accurate information. They use their professional judgement in using the optional examples and sample questions (prompts) as they develop their teaching plans.

WHAT DOES THIS LOOK LIKE IN THE CURRICULUM? SAMPLE EXPECTATION FROM GRADE 5

Human Development and Sexual Health By the end of Grade 5, students will:

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

Teacher prompt: "Think about some things that could lead to stress for adolescents. For example, as they grow, people sometimes feel self-conscious about their bodies, but we all grow at different rates and you can't control how fast you grow. When you think about how to respond to stress, consider what is within your control and what is not."

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

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Teacher prompt: "It is normal to have stress and to have different feelings, including being happy, sad, angry, and excited at different times. Part of taking care of your mental health and emotional well-being is learning to be aware of and to monitor your own feelings. How do you know if you need help with your feelings?"

Student: "If you feel one way for a very long time – for example, if you always feel sad, anxious, or tired – that might be a sign that you need to get help to learn what is causing those feelings and what you can do about them."

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

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

Research-based examples and dialogues provide many scenarios for teachers to consider as they plan.

The focus of the learning is about mental health and stress related to puberty and also about coping strategies.

Prompt about considering possible sources of stress: things students can control and things not within their control.

Prompt about being aware of and caring for their mental health and well-being.

Prompt about showing respect in relationships.

AT HOME: SUPPORTING YOUR CHILD'S LEARNING

The following ideas are from parents and experts in human development and sexual health. You may wish to consider these as you support your child's learning about themselves, their healthy development and their sexual health.

Starting early

- Start with open and honest conversations about body parts, their functions and physical changes, healthy relationships and boundaries, and healthy living habits.
- Use correct words for body parts.
- Start the conversation yourself and let your child know that you are available to talk at any time.

Listening

- Listen with full attention.
- If you have concerns about possible issues or problems, listen with your eyes as well as with your ears. Watch body language and be aware of changes in behaviour.
- · Listen without judgement, avoid impulsive responses, and think and listen with an open mind.
- Validate your child's experience, and thank them for the conversation.

Creating an open environment and using everyday opportunities to talk

- Initiate a conversation when doing other things like driving to a practice, washing dishes, making lunches, folding clothes or walking the dog.
- Use opportunities like media stories, TV shows or real-life examples to begin conversations.
- Use simple, straightforward and accurate explanations, and seek more information if needed. Have wholefamily discussions and create opportunities where children/youth have time with parents, guardians or other caring adults together and separately.
- Be patient and open to silence. Build confidence in your child by giving them time and space to reflect.

Showing your values by what you do and say

- Your children learn by what they see and hear: how you respond to the media and news, issues at school, family relationships and social interactions.
- Consider your own biases and stereotypes in conversations with your children.

Have more conversation

- Create opportunities where children can ask a question or make a comment. If you can't answer immediately, promise to follow up soon and do.
- Plan to come back to the conversation more than once to build, reinforce and answer questions.
- Your child might not be eager to talk. Start small. As your child matures, you can talk about more challenging issues.



WHERE TO FIND MORE INFORMATION

This guide includes sample curriculum expectations as examples. See *The Ontario Curriculum*, *Grades 1–8*: Health and Physical Education, 2015 for all of the curriculum expectations. Access the curriculum at:

www.edu.gov.on.ca/eng/curriculum/elementary/health.html

For more background information about teaching healthy living and human development and sexual health, see:

- Healthy Living: Human Development and Sexual Health overview on page 38
- Primary Division Overview (grades 1–3) on pages 79–82, Junior Division Overview (grades 4–6) on pages 125–128, and
 Intermediate Division Overview (grades 7–8) on pages 179–182
- The Appendix on pages 224-225 for an "at-a-glance" look at what students are learning across the grades.

Child and Youth Development

- Early Learning Framework Full Report (for children aged 0 to 8) www.edu.gov.on.ca/childcare/oelf
- Stepping Stones, a resource on youth development (for youth, ages 12 to 25) www.ontario.ca/steppingstones

Puberty

Hospital for Sick Children – About Kids Health www.aboutkidshealth.ca

Sexual Health

- A site with information developed by The Society of Obstetricians and Gynaecologists of Canada www.sexualityandu.ca
- An Alberta-based website on teaching and talking about sexual health, with a section for parents, including resources and a blog www.teachingsexualhealth.ca
- The Sex Information and Education Council of Canada's question and answer resource about sexual health education in schools www.sieccan.org/pdf/she_q&a_3rd.pdf

Check the website for your local health unit www.health.gov.on.ca/en/common/system/services/phu/locations.aspx

References

- 1. McKay, A., Byers, E. S., Voyers, S. D., Humphreys, T. P., & Markham, C. (2014). Ontario parents' opinions and attitudes towards sexual health education in the schools. *Canadian Journal of Human Sexuality*, 23(3), 159–166
- 2. Hospital for Sick Kids, [Accessed February 2015], www.aboutkidshealth.ca
- 3. McKay, A., & Bissell, M. (2010). Sexual health education in the schools: Questions and answers. Sex Information and Education Council of Canada (SIECCAN). Retrieved from: www.sieccan.org/pdf/she_q&a_3rd.pdf
- 4. Public Health Agency of Canada, Canadian guidelines for sexual health education, [rev. ed.], 2008, 38)
- 5. Wight, D., & Fullerton, D. (2013). A review of interventions with parents to promote the sexual health of their children. *Journal of Adolescent Health*, 52(1), 4–27

