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## More Than Plumbing: The History of Sexual Education in Ontario, 1960-1979

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A thesis submitted in partial fulfillment of the requirements for the degree in Doctor of Philosophy

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MORE THAN PLUMBING: THE HISTORY OF SEXUAL EDUCATION IN  
ONTARIO, 1960-1979

Monograph

by

Michelle Hutchinson Grondin

Graduate Program in History

A thesis submitted in partial fulfillment  
of the requirements for the degree of  
Doctorate of Philosophy

The School of Graduate and Postdoctoral Studies  
The University of Western Ontario  
London, Ontario, Canada

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## Abstract

During the 1960s and 1970s, Ontario educators were concerned that the “sexual revolution” would encourage youths to engage in sexually promiscuous behaviour, become unwed mothers, and contract STIs. As parents were perceived as unreliable sex educators, school administrators and educators felt compelled to teach traditional sexual values, and the importance of the nuclear family through sexual education. This dissertation analyzes the creation and instruction of sexual education in physical and health education courses throughout the 1960s and 1970s in Ontario. This study provides the first comprehensive discussion of sexual education in Ontario during the sixties and seventies through an examination of the Department/Ministry of Education, school boards, and teachers’ efforts to implement sexual instruction. An oral history project was also conducted to explore classroom culture and teacher’s experiences with educating youth about their bodies, reproduction, puberty, and sexual values.

Due to the controversial nature of sexual instruction, the Ministry of Education avoided implementing a mandatory curriculum until 1987, as a result of the AIDS crisis. Many school boards did not have the resources or the motivation to create sexual education lesson plans and materials. The school boards that attempted to form a sexual health program usually had the support of the local medical community and were located in more urbanized areas. Regardless of their school boards’ stance on sexual education, teachers were ultimately responsible for deciding whether sexual instruction would be incorporated into their lesson plans. As can be seen throughout this study, the struggles and resistance to modernize sexual education during social crises have persisted for over half a century; it appears that Ontario sexual instruction will remain outmoded, and ineffectual.

## Keywords

Education, Sexuality, Health, Ontario, Feminism, Oral History, Teachers, Students, Government, Women’s Movement, Gay Rights, History, Family Values, Sexual Revolution, Sexually Transmitted Diseases, Adolescent Pregnancy.

## Dedication

This thesis is dedicated to Heather Lynn MacDougall whose love and friendship inspired this study. Without her influence, I do not know where I would be or what I would be doing.

## Acknowledgments

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The MacDougalls always welcomed me into their home and provided countless dinners and unfailing support. Jordan and Carmen Smith offered me a place to stay while researching in Toronto and always showed me such wonderful hospitality. My cousin Dr. Adam Hutchinson Jaffe and his wife Dr. Christine Song opened their doors to me while I was researching at the Archives of Ontario. They always made me feel at home

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## Table of Contents

Abstract .....	I
Acknowledgments.....	II
List of Acronyms .....	VI
List of Appendices .....	VII
1 Introduction .....	1
2 Forming Policy While Avoiding Controversy: Sex Education and the Department/Ministry of Education .....	36
3 Sex and the School Board: The Creation of Sexual Education Programs at Municipal School Boards.....	85
4 Teaching What They Want Behind Closed Doors: Sexual Instruction in the Classroom.....	145
5 The London Board of Education: A Pioneer in Ontario Sexual Instruction .....	190
6 Conclusion .....	233
Bibliography .....	242
Appendices.....	257
Curriculum Vitae .....	261

## List of Acronyms

CEA Canadian Education Association

CMA Canadian Medical Association

CNCCVD Canadian National Council for Combatting Venereal Disease

FLE Family Life Education

FWTAO Federation of Women Teachers' Associations of Ontario

LAM London Academy of Medicine

LBE London Board of Education

*LFP London Free Press*

MOH Medical Officer of Health

NFB National Film Board

OMA Ontario Medical Association

OSSTF Ontario Secondary School Teachers' Federation

PHE Physical and Health Education

PHN Public Health Nurse

PPFC Planned Parenthood Federation of Canada

PPO Planned Parenthood of Ontario

REB Research Ethics Board

SEOHP Sexual Education Oral History Project

SIECCAN Sex Information and Education Council of Canada

UWO University of Western Ontario

WCTU Women's Christian Temperance Union



## List of Appendices

Appendix A: SEOHP Interviews .....	257
Appendix B: SEOHP Interview Questions.....	237
Appendix C: Ethics Approval for SEOHP.....	239

# 1 Introduction

On February 23, 2015, Ontario Education Minister Liz Sandals announced the release of a new physical and health education (PHE) curriculum. This new curriculum contains revisions to provincial sexual education programming for schools and includes content that has teachers explaining bullying in grade one and onwards, puberty in grade four instead of grade five, gender expression in grade five, masturbation in grade six, the hazards of sexting in grade seven, and same-sex relationships in grade eight.<sup>1</sup> Even though the Ontario curriculum had not been updated since 1998, the Liberal government met intense opposition to the proposed sexual education modifications. In defending the curriculum, Premier Kathleen Wynne was criticized by MPP Monte McNaughton of the Progressive Conservative Party of Ontario (PCP) who argued that “It’s not the premier of Ontario’s job, especially Kathleen Wynne, to tell parents what’s age appropriate for their children.”<sup>2</sup> Progressive Conservative Party of Canada (PCPC) MP Patrick Brown asserted that “Teachers should teach facts about sex education, not values...Parents teach values.”<sup>3</sup> A provincial curriculum update is not within the purview of the House of Commons, but since Brown was running for the leadership of the PCPC, he may have wanted the opportunity to oppose the Ontario Liberal government.<sup>4</sup> While tensions flared at Queen’s Park, protestors clamored outside the legislature. Participants included members of the Campaign Life Coalition, an anti-abortion group, and the Roman

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<sup>1</sup> Ontario Ministry of Education, *Health and Physical Education: The Ontario Curriculum Grades 1-8* (Toronto: Ontario Ministry of Education, 2015), 94, 130, 139, 157, 175, 195, 216.

<sup>2</sup> Adrian Wyld, “Kathleen Wynne Defends Revised Sex Ed Curriculum: Outside Queen’s Park, a Few Hundred People Protested the Sex-Ed Curriculum,” *Macleans Online*, February 24, 2015, <http://www.macleans.ca/news/canada/kathleen-wynne-defends-revised-sex-ed-curriculum>. Wynne countered with the statement “What is it that especially disqualifies me for the job that I’m doing? Is it that I’m a woman? Is it that I’m a mother? Is it that I have a master’s of education? Is it that I was a school council chair? Is it that I was the minister of education?” See Adrian Morrow, “Wynne Suggests Tory MPP Homophobic After Sex-Ed Comments,” *The Globe and Mail*, February 24, 2015.

<sup>3</sup> Wyld.

<sup>4</sup> McNaughton was also running for the leadership of the Conservative Party of Canada, and may have wanted to engage the Wynne leadership in an ideological debate.

Catholic group Parents as First Educators. Despite these protests, the curriculum was implemented in the fall of 2015.

The decision to move ahead with the new curriculum can be contrasted with the Dalton McGuinty government's response in 2010, when vocal religious conservative minorities successfully prevented the Liberals from updating the sexual education program. At that time, Wynne was serving as the Minister of Education. Research for the curriculum had begun in 2007 and included consultation with Catholic school boards, parents' associations, and university faculties of education. Nonetheless, after a fifty-four hour protest by "a few conservative religious leaders and parents," the curriculum was shelved.<sup>5</sup>

While the press reported rather exclusively on both the 2015 and 2010 controversies, very little was noted on the historical context of sexual education in Ontario schools. This absence was blatantly clear when Thames Valley District School Board superintendent Don MacPherson observed that, "there will always be an element of parents that won't be happy. But we've been teaching sexuality in Ontario's schools for 50 years."<sup>6</sup>

MacPherson, however, was mistaken in his assertion about sexual education's history. The subject has actually been taught in schools since at least 1905, beginning with the work of missionary and English professor Arthur Beall who taught boys that masturbation drained their "life fluid," as well as the importance of Christian values and morality.<sup>7</sup> In the last century, sexual education and its place in Ontario schools had caused controversy, and raised questions about whether educators should teach facts, morals, neither or both. The so-called sexual revolution of the 1960s and 1970s, and its perceived threat to the nuclear family, traditional gender roles, and sexual norms created

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<sup>5</sup> Robert Benzie, "Analysis: Dalton McGuinty's Sex-Ed Surrender Motivated by Politics," *The Toronto Star*, April 23, 2010.

<sup>6</sup> Antonella Artuso, "The Curriculum Has Upset Some but Will Make Ontario a Leader in the Field," *The London Free Press*, February 23, 2015.

<sup>7</sup> Michael Bliss, "'Pure Books on Avoided Subjects': Pre-Freudian Sexual Ideas in Canada," *Historical Papers (Canadian Historical Association)* 5, no.1 (1970): 107.

some of the same disagreements that are currently playing out around the 2015 curriculum. In the present, and during the 1960s and 1970s, social crises placed pressure on government agencies, school boards, and educators to incorporate sexual education. The goals of the intended curricula were to preserve the family and protect youth. However, minority groups, which usually had religious affiliations, protested the implementation of updated curricula. An analysis of the events that transpired over fifty years ago can shed light on the present debates about the new curriculum and develop deeper understandings about the volatility of efforts to offer sexual education to children and youth in schools.

For the purposes of this study sexual education is defined as information relating to sexuality, the physiological aspects of puberty, reproduction, and human development, as well as family values, contraceptives, and gender norms.<sup>8</sup> During the sixties and seventies, sex education was intended to include family roles and values, as well as biological information to encourage youth to make appropriate decisions in line with the dominant code of morality.<sup>9</sup> In schools, sexual instruction was referred to as health or family life education (FLE) to avoid controversy, but the media referred to the subject as sex or sexual education.

The 1960s and 1970s are recognized as a period of social change. Sexual mores were evolving and the sexual revolution's "New Morality" took shape.<sup>10</sup> The "New Morality"

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<sup>8</sup> Family values were often mentioned, but rarely defined by contemporary educators, textbooks, media, social commentators, and politicians. When values were discussed they usually included heterosexuality, respect for others and their possessions, confining sexual behaviour within marriage, politeness, responsibility, contribution to the household based on gender and age (in most of the textbooks the girls are depicted performing tasks in the kitchen and helping of young children, whereas the boys do chores outside the home such as taking out the garbage and mowing the lawn), teamwork, and a positive work ethic. See Doug O'ram, *Born at the Right Time: A History of the Baby-Boom Generation* (Toronto: University of Toronto Press, 1996), 147, 130; John Andrew Hope, chairman, *Report of the Royal Commission on Education in Ontario* (Toronto: Baptist Johnston, King's Printer, 1950), 27-9.

<sup>9</sup> O'ram, 129.

<sup>10</sup> See Christabelle Sethna, "Chastity Outmoded!": *The Ulysses, Sex and the Single Girl, 1960-70*," in *Creating Postwar Canada: Community, Diversity, and Dissent, 1945-75*, ed. Magda Fahrni and Robert Rutherford (Vancouver: UBC Press, 2008), 292.

embodied the “hip sexual and political counterculture of youths” that was present across Canadian university campuses in the 1960s.<sup>11</sup> In general, many historians argue that during the 1960s and 1970s, youths began to reject traditional gender roles and did not praise virginity or view sex outside of marriage as immoral. In 1969, the Criminal Law Amendment Act 1968-1969, introduced as Bill C-150 and brought in by Prime Minister Pierre Elliot Trudeau, legalized the distribution of birth control and contraceptive information, something which had been illegal since 1892. The introduction of oral contraceptives in the early 1960s greatly increased women’s ability to plan births and avoid unexpected pregnancies, although “the pill” had the potential to negatively impact women’s health. This technology posed new fears among some that women would become more promiscuous since they had greater access to reliable birth control methods.

In this context, many parents, psychologists, educators, and physicians were especially concerned that young people would engage in sexually promiscuous behaviour, contract venereal diseases (VD), and produce children out of wedlock.<sup>12</sup> In addition, the influence of religion was in decline and no longer viewed as “an effective restraining force” against a liberalized sexuality.<sup>13</sup> In fact, more liberal theologians began advocating for the modernization of sexual values.<sup>14</sup> While traditional church teachings continued to endorse chastity, some Christian scholars argued that “sex doesn’t behave like that, and for many the discrepancy between morality and emotion is intolerable.”<sup>15</sup> During the 1950s, Canada was predominantly seen as a Christian country and laws barred

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<sup>11</sup> Sethna, 292.

<sup>12</sup> The terms used throughout this work are appropriate for the time period. VD was the common term for infections associated with sexual intercourse such as syphilis and gonorrhea. The acronym STD became more commonly used in the late 1970s and gradually replaced the term VD. Similarly, the term homosexual was commonly employed throughout the 1960s and 1970s.

<sup>13</sup> Owram, 260.

<sup>14</sup> Owram, 260.

<sup>15</sup> William Nicholls, “Christians and Sex,” *Saturday Night* (January 1964), 33.

drinking, shopping, and specific leisure activities on Sundays.<sup>16</sup> However, after the war, politicians, academics, and intellectuals became more influential in society, and even though many Canadians attended church regularly, the church's authoritative role declined.<sup>17</sup> Schools had always included Judeo-Christian teachings and educators were encouraged to "inculcate by precept and example respect for religion and the principles of Christian morality."<sup>18</sup> Schools were, therefore, primed to include moral education and teach sexual values.

During an era of sexual liberation, when it was perceived that the nuclear family was threatened, social experts, parents, and educators who wanted to impose traditional sexual values on youth were exploring ways to accomplish their goals. Although a sexual education program might appear to be a progressive initiative, the fact of the matter is that the sexual instruction offered in schools countered the changing social climate by promoting traditional sexual roles through abstinence and heterosexuality. This dissertation analyzes the creation and instruction of sexual education in PHE courses throughout the 1960s and 1970s in Ontario. Both elementary and secondary schools are included in this study, although the majority of sexual education topics were taught in secondary schools, especially in the senior grades. Due to the controversial nature of sexual instruction, the Ministry of Education avoided implementing a mandatory curriculum until 1987, when the federal Ministry of Health and Welfare created a program as a result of the AIDS crisis. In the same year, the Ministry of Health and Welfare pledged \$39 million over the course of five years to fund AIDS programs,

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<sup>16</sup> Owram, 103.

<sup>17</sup> Owram, 104.

<sup>18</sup> The Ontario Department of Education, *The Schools Administration Act 1962* (Toronto: The Ontario Department of Education, 1962), s.22(c). See Robert Douglas Gidney and W.P.J. Millar, "The Christian Recessional in Ontario's Public Schools," in *Religion and Public Life in Canada: Historical and Comparative Perspectives*, ed. Marguerite Van Die and David Lyon (Toronto: University of Toronto, 2001), 275-93.

research, and education.<sup>19</sup> Ministries of Education across the country were motivated to incorporate sex education in provincial curricula in order to receive funding. Although sexual education topics were included in the PHE curriculum in the sixties and seventies, school boards and teachers were under no obligation to incorporate sexual topics into their lesson plans. As a result, sexual instruction developed at different times and rates across the province.

Sociologist Susan Prentice's feminist framework was utilized in this dissertation to illustrate how schools "are a crucial site of *sexual regulation*."<sup>20</sup> Schools acted as agents of the state to ensure that youth were aware of what behaviour, values, and sexual norms were acceptable, and by contrast, which types of actions and sexual morality were abnormal and intolerable. Prentice argues that usually studies and arguments surrounding sexual education focus on social problems such as preventing STDs and adolescent pregnancy, and retaining family values as well as heteronormativity. However, the emphasis on these topics neglects schools' roles in socializing students to adhere to white middle class standards of morality, gender norms, society's patriarchal organization, and heterosexual gender identity.<sup>21</sup> In this context, female students were expected to sacrifice their ambitions and cultivate skills that would benefit their families and male partners. Therefore, their main goals were to secure the affection of a desirable mate who had a similar background and interests.<sup>22</sup> On the opposite end of the spectrum, boys' attainment of their goals and desires, both secular and sexual, were encouraged. Challenges to the patriarchal agenda came from the women's and gay rights movements during the 1960s and 1970s.

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<sup>19</sup> "Groups Seeking Money for AIDS Fight," *The Globe and Mail*, March 2, 1987.

<sup>20</sup> Prentice, ed., *Sex in Schools: Canadian Education and Sexual Regulation*, edited by Susan Prentice (Montreal: Our Schools/Our Selves Education Foundation, 1994), 1.

<sup>21</sup> Prentice 4-7.

<sup>22</sup> Christabelle Sethna, "The Cold War and the Sexual Chill: Freezing Girls Out of Sex Education," *Canadian Women's Studies* 17, no.4 (1997), 60.

Throughout this era, the women's and gay rights movements made many inroads in the Canadian social and political framework and led to the creation of the Status of Women Canada (1971), the Secretary of State's Women's Program, and the Women's Legal Education and Action Fund (1985).<sup>23</sup> In addition, the Immigration Act was amended to allow non-heterosexuals into Canada, implement anti-discrimination employment legislation, and alter the Canadian Human Rights Act to prohibit discrimination based on sexual orientation.<sup>24</sup> In the context of education, feminists were preoccupied with drawing educators' attention to sexual stereotypes in education materials during the 1960s and 1970s, as "teachers and students and parents had come to take gender disparities for granted."<sup>25</sup> According to Jane Gaskell, Arlene McLaren, and Myra Novogrodsky, inequalities in boys' and girls' education were a result of girls being encouraged to enroll in programs that would mainly qualify them for secretarial occupations upon graduation.<sup>26</sup> Female students took these courses, because they seemed practical and related directly to the positions that were available to them once they finished high school. They expected to become homemakers after working in the public sector, and they planned their lives around these future roles.<sup>27</sup> Furthermore, they wanted to "avoid the sexual harassment they experienced in predominately male courses."<sup>28</sup> As a result, fewer women entered university in the 1960s. According to Prentice, this type of male-centred education "works to prepare girls to accept a constricted feminine role,

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<sup>23</sup> Alexandra Dobrowolsky, "The Women's Movement in Flux: Feminism and Framing, Passion, and Politics," in *Group Politics and Social Movements in Canada*, edited by Miriam Smith (Peterborough: Broadview Press, 2008), 166.

<sup>24</sup> Miriam Smith, ed., "Identity and Opportunity: The Lesbian and Gay Rights Movement," in *Group Politics and Social Movements in Canada* (Peterborough: Broadview Press, 2008), 186.

<sup>25</sup> Jane Gaskell, Arlene McLaren, and Myra Novogrodsky, *Claiming an Education: Feminism and Canadian Schools* (Brampton: Our Schools/Our Selves Education Foundation, 1989), 1.

<sup>26</sup> Gaskell, McLaren, Novogrodsky, 10.

<sup>27</sup> Gaskell, McLaren, Novogrodsky, 10.

<sup>28</sup> Gaskell, McLaren, Novogrodsky, 10.



rather than equipping them with tools to challenge it.”<sup>29</sup> Sexual education was part of a patriarchal agenda that encouraged girls to become wives and mothers.<sup>30</sup> As will be seen throughout this dissertation, the curriculum was primarily created by male policymakers and male physicians, but carried out by many female teachers and nurses. While several teachers accepted the prescribed public programs, there is evidence that other educators resisted these patriarchal messages and promoted feminist values and equality between boys and girls. These teachers’ actions represent pockets of resistance to the prescribed curriculum. Through their activities, the curriculum became more modern, relevant, and current. Evidence of the feminist movement challenging and modifying the sexual education programs can be seen especially in the mid to late 1970s. For instance, feminist associations, such as the Toronto Women’s Caucus, organized high school factions that promoted reproductive control for female students.<sup>31</sup> Through their efforts, sexual education evolved to include birth control information and emphasize women’s roles outside of being mothers and men’s helpmates.

Not all Canadians agreed with the political and social agendas of these movements and they were countered by organizations and individuals who adhered to a family values ideology, which sought to retain traditional gender roles and the status quo.<sup>32</sup> According to sociologist Lorna Erwin, the Canadian pro-life movement originated in the 1980s when anti-abortion activists began organizing and attempted to increase their base of support in schools, government agencies, and in the media. They viewed the rising rates of abortions and the proposal of Bill 7, the Homosexual Rights Bill, as evidence that traditional values were eroding. Organizations such as REAL Women campaigned

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<sup>29</sup> Prentice, 7.

<sup>30</sup> AnnMarie Wolpe, “Sex in Schools: Back to the Future,” *Feminist Review* 27 (Autumn, 1987), 37-8.

<sup>31</sup> Sethna, “‘We Want Facts, Not Morals!’ Unwanted Pregnancy, the Toronto’s Women’s Caucus, and Sex Education,” 409.

<sup>32</sup> Lisa Young and Joanna Everitt, *Advocacy Groups*, (Vancouver: UBC Press, 2004), 8.

against abortion, gay rights, feminism, the liberalized divorce laws, and sex education.<sup>33</sup> Although this movement had yet to be established in the 1960s and 1970s, a family values ideology was present. It was a broad philosophy that promoted heterosexuality, female homemakers, and male breadwinners. Family values were often upheld in FLE programs; however, the courses altered as the women's and gay rights movements gained momentum. Consequently, gender equality was promoted and gender stereotypes lessened. Homosexuality also gained greater acceptance in the late seventies. However, these movements were resisted by the state and alterations to the curriculum were only made after these movements' agendas had already been accepted by mainstream Canadian society. As a result, sexual education in Ontario schools was constantly trying to remain current in an era of changing social norms and, therefore was perpetually outdated.

This thesis illustrates how the government was pressured by groups and individuals, who were interested in protecting youth from social ills, to create sexual instruction guidelines. It also argues that it resisted mandatory programs to appease conservative minority groups, which usually had religious affiliations. When the government did endorse sex education in the mid-1960s, the curriculum recommended that lessons promote hegemonic values centred on heterosexuality, pre-marital chastity, and monogamy. At the school board level, administrators were motivated to include sexual education if they had the necessary resources, as well as assistance and support from local organizations within the community. During this period, education in Ontario underwent several pedagogical changes designed to alter schools' organization, evaluation of students, and teaching styles. From the 1950s to the 1970s, the main objective for educators and government officials was to find sufficient funds, employ enough teachers, and build adequate classrooms for baby boomers.<sup>34</sup> Administrators'

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<sup>33</sup> Lorna Erwin, "Neoconservatism and the Canadian Pro-Family Movement," *Canadian Review of Sociology and Anthropology* 30, iss. 3 (August 1993), 405-6.

<sup>34</sup> Owram, 115-6.

preoccupation with the evolving school system resulted in a minority of school boards implementing sexual instruction. The successful incorporation of sexual education, however, rested with Ontario teachers. Educators were more likely to include sexual instruction if their boards' endorsed the program and supplied resources, they had knowledge and training in the subject, and worked with students in need of sexual information. Thus, there was no consistency in the development and instruction of sexual topics in schools or classrooms. This study provides the first comprehensive discussion of sexual education in Ontario during the sixties and seventies through an examination of the Department/Ministry of Education, school boards, and teachers' efforts to implement sexual instruction.<sup>35</sup>

In Canada, national studies of education are rarely undertaken, because schools are within the provincial government's jurisdiction and every province has its own complexities and intricacies. Ontario was selected as the centre of my study to discern how schools enforced and proscribed sexual ethics during the sexual revolution. This province was chosen because it was one of three provinces, the other two being Manitoba and British Columbia, to include formal sexual instruction in schools after the Second World War.<sup>36</sup> Ontario has a longer tradition of sexual education than other provinces, and, therefore trends in sexual education over the twentieth century are more apparent. This work explores Ontario public schools and excludes francophone, reservation, and Catholic schools within the Separate School System as they are deserving of their own study due to their unique features. During the 1960s, reservation schools adopted new curricula that highlighted Native culture, and francophone public and private schools' dynamics, and politics varied from Ontario public schools. Furthermore, the separate school system's sexual education system developed at a different pace than the public school system.

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<sup>35</sup> In 1972, the Department of Education became the Ministry of Education. This work uses the term appropriate for the time period being discussed.

<sup>36</sup> Mary Louise Adams, *The Trouble with Normal: Postwar Youth and the Making of Heterosexuality* (Toronto: University of Toronto Press, 1997), 108.

During the 1960s and 1970s, sexual education was incorporated into many courses including home economics, PHE, and science. For the most part, school board administrators felt that the topic could be included in previously established subjects instead of creating a separate course. Integrating sexual instruction into existing courses was also more subtle than forming a detached curriculum.<sup>37</sup> When sexual education was added to the school curriculum, it most often formed a part of the PHE program.<sup>38</sup> PHE was taught to both sexes, while home economics was mainly directed to girls.<sup>39</sup> An analysis of PHE offers a more comprehensive framework of investigation because representations of male and female gender roles were present in these courses. Direct comparisons of the reproductive, physical, and social capabilities and responsibilities of girls and boys can be made from course textbooks, curricula, and lesson plans. While there was overlap among courses pertaining to sexual education, PHE included physiological information, social norms, and sexual morality, unlike home economics, which primarily focused on women's responsibilities in the home as nutritionist, housekeeper, home manager, and consumer.<sup>40</sup> In addition, these courses also promoted suitable activities for youth based on their sex. While biology explored reproduction in physiological terms, PHE also included dating norms, gender roles, and society's expectations for males and females. The debate over sexual education and where it belonged in the curriculum was extensively discussed in the media and among curriculum writers, but it has not been documented in historical scholarship.

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<sup>37</sup> H.H. Guest, *A Report on Sex Education*, (Winnipeg: The Winnipeg School Division No.1, 1964), 32-33. Home economics and biology are deserving of their own studies in relation to sexual education, and are too immense in content and context for their inclusion in this work.

<sup>38</sup> Donal Déiseach, *Family Life Education in Canadian Schools/L'Education Sexuelle et la Préparation à la Vie de Famille dans les Écoles Canadiennes* (Canada: The Canadian Education Association, 1978), 16.

<sup>39</sup> Edward Herold, Kathryn Kopf, and Maria DeCarlo. *Family Life Education in the Secondary Schools of Wellington County: Student Perspectives* (Guelph: The University of Guelph, 1972), 27.

<sup>40</sup> See Ontario Department of Education, *Physical and Health Education: Intermediate Division*, (Toronto: Department of Education, 1966).

Currently, the scholarship on sexual education in Canada is limited as there are very few historical studies that have been completed in this field.<sup>41</sup> The historiography of this study is based on three categories of historical analysis: sexual education in Canada, general studies on education in Canada, and American sexual education.<sup>42</sup> Michael Bliss' work, "Pure Books on Avoided Subjects" (1970), provides an overview of the literature on sexuality that was available to Canadians at the turn of the twentieth century. According to his findings, women were considered asexual, and expected to prevent their husbands from engaging in excessive sexual activity that could lead to physical and emotional illness.<sup>43</sup> Bliss demonstrated that Canadians' fear and anxiety over sexual information was present since the late-nineteenth century, and continued to influence Canadian views on sex in the 1960s. Bliss' article was part of a larger trend in historical studies that took place in the United States during the 1970s and 1980s as historians investigated the origins of sex education in America.<sup>44</sup> These scholars were motivated by the turbulent debates and controversies surrounding sex education during this era.<sup>45</sup> Angus and Arlene Tigar McLaren released *The Bedroom and the State* in 1986 and again in 1997, and analyzed the distribution of contraceptives and birth control information among Canadians since the 1892 Criminal Code, when these materials became illegal. While they explore Canadians' sexual instruction, they do not extend their research to include classroom education. Jay Cassel's *The Secret Plague* (1987) examines the sexual

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<sup>41</sup> This is especially true in locales outside of Ontario.

<sup>42</sup> The works on sexual education and on education in Canada focus primarily on Ontario or include sections on this province.

<sup>43</sup> Bliss, 93, 99-101.

<sup>44</sup> See Allan Brandt, *No Magic Bullet: A Social History of Venereal Disease in the United States since 1880* (New York: Oxford University Press, 1987); Michael Imber, "The First World War, Sex Education and the American Social Hygiene Association's Campaign Against Venereal Disease," *Journal of Administration and History* 16, no.1 (January 1984):47-56; Michael Imber, "Toward a Theory of Curriculum Reform: An Analysis of the First Campaign for Sex Education," *Curriculum Inquiry* 12, no.4 (1982): 339-361.

<sup>45</sup> See Janice Irvine, *Talk About Sex: The Battles Over Sex Education in the United States* (Berkeley: University of California Press, 2002), 9.

education of soldiers during the First World War when health officials were concerned about rising VD rates in Canada's military. Both Mariana Valverde's *The Age of Light, Soap, and Water* (1991) and Cynthia Comacchio's *The Infinite Bonds of Family* (1999) investigate moral reformers and their influence over sexual regulation and moral education, but their analysis on sexual instruction in classrooms is limited. Christabelle Sethna's dissertation "The Facts of Life" (1995) overlaps with Bliss' article; however, she focused primarily on youths' classroom education in the first half of the twentieth century. It is from her work and others on the post-war era, which this study draws on in order to determine how sexual education developed and expanded in the 1960s and 1970s.

Mary Louise Adams' *The Trouble with Normal* (1997) explores the sexuality of youths after World War II. She argues that Canadians were uneasy in the climate of the Cold War and took comfort in sameness by promoting sexual normality in youths. Students were encouraged to assume specific gender roles, and heterosexuality was enforced in the home, the media, and schools. Adults consistently attempted to mold youths, and restrain their sexual desires. Sexual education was used by parents and the state to control and regulate youth's sexuality.<sup>46</sup> Sethna and Adams agree that sex education programs during the post-war era provided little practical information on sex as a consequence of the belief by teachers and school board administrators that sexual knowledge would lead to promiscuity. Sethna has written several articles on sexual education, contraceptives, and abortion in Canada. In particular, her article "The Cold War and the Sexual Chill" (1998) evaluates how Canadian fears during the Cold War era influenced the sexual information that boys and girls received in the 1950s. Youths were expected to participate in heterosexual dating rituals and activities to combat the looming communist threat, as it was feared that those who engaged in homosexual activity were susceptible to communist infiltration. Sethna argued that sex education programs were particularly challenging for girls who were encouraged to become mothers, remain chaste until

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<sup>46</sup> Adams, *The Trouble with Normal: Postwar Youth and the Making of Heterosexuality*, 134-135.

marriage, and be popular.<sup>47</sup> These works effectively contextualize and describe the sexual education programs of the 1950s and early 1960s; however, little has been written on the late 1960s and 1970s.

There are several prominent works on youth and schooling in Canada, yet they rarely reference sexual education, and only briefly comment on gender expectations that were promoted in the classroom. Neil Sutherland's *Growing Up* (1997) and Doug Owram's *Born at the Right Time* (1996) focus on the expansion of the education system during the baby boom era, and how school became a common experience for youths for the first time. Owram's work is an overview of the baby boom generation, and their ability to influence Canada's social institutions throughout their lifetime. Owram describes the massive re-organization of school and government resources to meet the needs of the expanding school-age population in the post-war era. He argues that the health courses of the 1950s and 1960s, which often discussed sexuality, family values, and morality, were essential in an age when the Canadian public was overly concerned with the "social functioning, mental health, and the agonies of psychological upset."<sup>48</sup> Within his work, Owram includes a brief analysis of health literature, and finds that most of the material acknowledged the evolution of gender roles, and recognized that many women worked outside the home; however, their domestic responsibilities remained paramount. Although women's activities might have changed, hegemonic gender norms were continuously enforced. My study utilizes Owram's awareness of cultural and pedagogical alterations during the post war era; however, dissimilar to his monograph, it includes oral history, and focuses on alterations to the curriculum, as well as teachers' and students' relations.

Similarly, Sutherland argues that within classrooms, boys and girls were assigned tasks that mimicked their sex-differentiated chores at home. For example, girls were expected

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<sup>47</sup> Sethna, "The Cold War and the Sexual Chill: Freezing Girls Out of Sex Education," 58-59.

<sup>48</sup> Owram, 129.

to be docile, and were responsible for the classroom's housekeeping. Since neither parents nor teachers challenged sex-based behaviour differences, "both boys and girls came to see them as being rooted in the natural order of things."<sup>49</sup> Unlike Sutherland's work, this study explores the extent to which classroom depictions of women's family and sexual roles altered from 1960 to 1979, as well as the forces that influenced or limited these transformations.

Several works on Ontario's education system will be incorporated into my thesis to contextualize Ontario's sexual education programs. Although none of their authors address sexual education or gender roles to any great extent, they do discuss the various social and pedagogical trends that shaped Ontario public schools. This study demonstrates that these trends and the social atmosphere of the post-war period affected how sexual education was taught. As a consequence of the Royal Commission on Education (1950), also known as the Hope Commission, schools were encouraged to implement health services and programs.<sup>50</sup> The endeavours of the progressive movement in Ontario supported proper hygiene habits and good health practices, because they were necessary for children's development and entrance into the adult world.<sup>51</sup> In addition, *Living and Learning* (1968), also known as the Hall-Dennis report, urged teachers to adopt diverse methods and approaches to teaching, because children learn differently from one another. It also advised teachers to discuss sexuality without moral judgment.<sup>52</sup> Rather than encouraging original ideas and concepts in the field of education, *Living and Learning* was representative of widely held views of progressive education supporters.<sup>53</sup>

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<sup>49</sup> Neil Sutherland, *Growing Up: Childhood in English Canada from the Great War to the Age of Television* (Toronto: University of Toronto Press, 1997), 216.

<sup>50</sup> Robert Douglas Gidney, *From Hope to Harris: The Reshaping of Ontario's Schools* (Toronto: Toronto University Press, 1999), 25.

<sup>51</sup> Gidney, 31.

<sup>52</sup> Behnke-Cook, "Making Claims About Sex Education in Middle School" (PhD diss., McMaster University, 2004), 70.

<sup>53</sup> Gidney, 76.



Many PHE teachers who were trained in the late sixties and early seventies used an assortment of activities to teach students about sexual health and sexuality, as these methods were in vogue at the time.<sup>54</sup>

Robert Stamp's *The Schools of Ontario, 1876-1976* (1982) is a comprehensive study of Ontario's school system. Stamp wrote his work to dispel two common myths: the superiority of Ontario schools and centralization. Although the Department/Ministry of Education had control over educational developments made at the provincial and municipal levels, local communities actually guided and molded the province's agenda from 1876-1976.<sup>55</sup> The study of sexual education supports Stamp's argument, as individual school boards implemented their own programs based on the needs of the school's community.<sup>56</sup> This approach was most likely taken, because school administrators were motivated to include sexual education as a result of assistance from local groups to ensure that schools had the public's support when incorporating controversial programs.

Similarly to Stamp, both George Tomkins' *A Common Countenance* (1986) and Robert Douglas Gidney's *From Hope to Harris* (1999) chronicle the development of the Ontario school system in the twentieth century, and demonstrate the evolution of pedagogy and the political shifts that impacted curricula. Although these works only briefly mention sexual instruction in schools, they do provide a survey of the school system during the 1960s. Tomkins' work is an overview of the evolution of Canadian education from 1892 to 1980. He evaluates the social and pedagogical trends that influenced and shaped curricula across Canada. His work shows that Ontario's approach to sexual education was symptomatic of larger national pedagogical trends. Tompkins explains that previous

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<sup>54</sup> Christopher Wilhelm (pseudonym), interview by author, *SEOHP*, UWO, June 24, 2013.

<sup>55</sup> Robert Stamp, *The Schools of Ontario, 1876-1976* (Toronto: University of Toronto Press, 1982,) i.

<sup>56</sup> Ed Reid and Paul Soles, *Sex Education in the Schools* (CBC Television, Oct 26, 1969), 23 sec.; 26mm; from CBC Digital Archives, *Take Thirty*, <http://archives.cbc.ca/society/education/clips/15389/>

studies on controversies over Canadian education emphasized their political, constitutional, and legal aspects, but do not discuss curriculum disputes. He argues that cultural conflict in Canada was actually curriculum conflict over materials, goals, and classroom content. In few other countries has curriculum aroused cultural tensions to the same extent.<sup>57</sup> This study uses a similar methodology by focusing on sexual education curriculum and classroom materials, and investigates how conflicts arose over course content. While Tompkins emphasizes the clashes over curricula, his analysis on sexual education classes is limited, and he does not include a gendered analysis of education in the 1960s and 1970s; a gap which this study seeks to address.

Gidney also discusses changes and challenges within the Ontario curriculum, and offers a synthesis of Ontario's education history from the Hope Commission (1950) to the Conservative Mike Harris government in the late 1990s. Three themes run throughout his work: governance (the roles that the government and locality played in guiding schools' administration); educational finance (which was dominant in the majority of debates over educational equality); and the curriculum (the decision-making process over what was taught, how it was taught, and the evaluation of what was learnt).<sup>58</sup> While Gidney provides a detailed contextualization of the social, economic, cultural, legislative, ideological, and demographic influences that shaped the major innovations in the education system, his work is largely a narrative, and lacks a cohesive thesis that connects the events he chronicles. He discusses the challenges and achievements of women teachers in the 1960s and 1970s, yet does not comment on gender norms or sex education in the classroom.

In addition to the studies of Canada, several works were recently written on sexual education in the United States. Jeffrey Moran's *Teaching Sex* (2000) does not analyze what was actually taught in classrooms, but rather focuses on the evolution of the debates

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<sup>57</sup> George S. Tompkins, *A Common Countenance: Stability and Change in the Canadian Curriculum* (Scarborough: Prentice-Hall, 1986), 2.

<sup>58</sup> Gidney, 8.

among educators, the government, the public, and youths over sexual education in the twentieth century. Although sexual education emerged in Canada and the United States in the early twentieth century, neither country had formal programs after the Second World War. In both nations, sexual education programs were created in reaction to the growing problem of VD and the perceived breakdown of morality.<sup>59</sup> The prevention of VD and the protection of sexual morality remained the focal point of sexual education in America, and there was a strong tendency throughout the twentieth century to associate youth's sexuality with danger. VD and teen pregnancy reinforced the public's perception that teenage sexuality was hazardous and in need of regulation in schools.<sup>60</sup> This work demonstrates that Canada and the United States were motivated to include sexual education as a consequence of rising teen pregnancy and VD rates; however, as education is not under national jurisdiction in either country, attempts at implementing sexual education was uneven and disorganized across North America. Canadians were aware of American sexual education programs and their controversies during the 1960s and 1970s as Canadian periodicals, media, conferences, and education materials included descriptions of sexual instruction in the United States.<sup>61</sup> Canadian sexual education was influenced by American materials to a limited extent, as educators communicated with each other across national borders, but the Ontario Department/Ministry of Education

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<sup>59</sup> Jeffrey Moran, *Teaching Sex: The Shaping of Adolescence in the 20<sup>th</sup> Century* (Cambridge and London: Harvard University Press, 2000), 26-38; Sethna, "The Facts of Life: The Sex Instruction of Ontario Public School Children, 1900-1950," (PhD diss., University of Toronto, Ontario Institute for Studies in Education, 1995), 1-2; Adams, *The Trouble with Normal: Postwar Youth and the Making of Heterosexuality*, 107-8.

<sup>60</sup> Moran, 216.

<sup>61</sup> See Reid and Soles; James Semmens "Content and Curricula," in *Family and Life Education and Counselling in Family Education* (Toronto: The Anglican Church of Canada, 1967), 47. Semmens was an American speaking about FLE in the USA at a Canadian Conference. T.R. Roberts used USA resources on FLE in the LBE curriculum, see T.R. Roberts *Family Planning: A Curriculum Written by London Board of Education* (London: The London Free Press Educational Services, 1972), 71. Frederick Elkin, who researched the state of sexual education in Canada in the early seventies, made a comparison between Canada and the United States and noted that implementing FLE in the latter caused more controversy and strife, see Frederick Elkin, *Report of Family Life Education Survey Part II: Family Life Education in Schools* (Ottawa: The Vanier Institute of the Family, 1971), 3.

primarily recommended that teachers use Canadian textbooks and films. However, many American books and pamphlets were listed as resource materials.<sup>62</sup>

Similar to Moran's work, Janice Irvine's *Talk about Sex* (2002) focuses on the intense debates over sex education in the 1960s. She explains that despite widespread support for sexual education in the latter half of the twentieth century, the conservative groups which formed the New Right limited these programs across the United States. Irvine claims that members of the New Right agreed that sexual education ought to be taught in schools, but argued that curricula should be conservative in tone and promote abstinence, as well as heterosexuality. Irvine's work illustrates that similar rivalries for and against sexual education existed in both countries, such as conservative religious groups that opposed progressive advocates.<sup>63</sup> However, tensions over sexual education never reached the same fervor in Canada as in the United States.<sup>64</sup>

Unlike the previously mentioned works, Susan Freeman's *Sex Goes to School* (2008) focuses on the 1940s to the 1960s, and explores classroom content, as well as the debates that shaped the goals, and curricula of America's sexual education programs. She contends that students actively shaped their sexual education by participating in classroom discussions, and those who challenged their teachers "contributed to the emergence of a liberal approach to sex, sexuality, and gender in many mid-century

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<sup>62</sup> American sex educator, Mary Calderone, appeared on *Man Alive*, a CBC television series, where she spoke to Canadian youths: see Roy Bonisteel, *Teens and Gender Roles* (CBC Television, January 15, 1973), 21 sec.; 27min; from CBC Digital Archives, *Man Alive*, <http://www.cbc.ca/archives/entry/man-alive-teens-and-gender-roles>. Canadian educators also were familiar with the works of Lester Kirkendall, an American sex instructor who wrote books on the topic that were circulated in Canada. In the *Circular 14*, the Ontario government promoted Canadian textbooks as the primary resources for teachers, but in *Circular 14* and *Circular 15*, many American textbooks were listed; see Ontario Ministry of Education, *Circular 14: Textbooks* (Toronto: Ministry of Education, 1973) and Ontario Department of Education, *Circular 15: Canadian Curriculum Materials* (Toronto: Department of Education, 1972).

<sup>63</sup> Irvine, 9.

<sup>64</sup> Reid and Soles

classrooms.”<sup>65</sup> Furthermore, people who called for social change during the 1960s were reacting against the rigid and contradictory social norms of the 1940s and 1950s.<sup>66</sup> According to Freeman, sexual education programs varied greatly, depending on the interests and aspirations of the community that created them, similar to the programs found in Ontario. Unlike Freeman’s work, however, my study includes oral histories; no other Canadian study has adopted this approach.

In addition, Joan Jacobs Brumberg’s work *The Body Project* (1997) provides an analysis of young women’s sexual education outside of the classroom. She argues that puberty in the nineteenth century was evidence of a woman’s sexual maturity and ability to reproduce. In 1877, the average age for menarche was seventeen; however, it decreased to 12.9 by 1948 as a result of enhanced nutrition, and a decrease in infectious diseases.<sup>67</sup> As a consequence of girls having their first periods at younger ages, the physical facets of menarche, instead of the emotional aspects, were emphasized in the mid-to-late twentieth century; the emotional aspects of women’s physical maturity became a secondary concern. Furthermore, in the late twentieth century, “there were few constraints on sexually active girls, provided they refrained from unplanned pregnancies by using contraceptives.”<sup>68</sup> However, young women were more vulnerable to peer pressure, as well as diseases, and they lacked the resources to remedy gender imbalances and assert themselves in their relationships with the other sex.<sup>69</sup> While women’s roles and behaviours have changed since the late nineteenth century, they still struggled with body image, and were not adequately prepared by their parents and educators for sexual

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<sup>65</sup> Susan K. Freeman, *Sex Goes to School: Girls and Sex Education before the 1960s* (Urbana and Chicago: University of Illinois Press, 2008), xi.

<sup>66</sup> Freeman, xvii.

<sup>67</sup> Joan Jacobs Brumberg, *The Body Project: An Intimate History of American Girls* (New York: Vintage Books, 1997), 104, photograph 2.

<sup>68</sup> Brumberg, 182.

<sup>69</sup> Brumberg, 29, 185, 192.

maturity. Similarly, this work analyzes how schools attempted to ready youths for the biological changes that occur during puberty, as well as investigate the responsibilities that accompany sexual maturation. This analysis examines the consequences of young women reaching sexual maturity before they were emotionally ready to assume adult responsibilities, such as sexual activity and parenthood. To encourage youths to avoid teenage pregnancy, the Department/Ministry of Education, school boards, and teachers created FLE programs that promoted abstinence and hegemonic sexual norms.

In Ontario, guidelines for sexual education were created at three different levels: the Department/Ministry of Education, local school boards, and by individual teachers. As such, this study utilizes a three-tier approach in examining the development and creation of sexual education programs in Ontario. It analyzes the Ontario Department/Ministry of Education and its recommendations to school boards in relation to the content and scope of the curricula. Although the Ontario public was widely in support of sexual education, many still feared that sexual information would encourage youths to engage in sexual experimentation.<sup>70</sup> As a result, curricula focused on instructing students on the development of their bodies and feelings, while teaching them responsible sexual behaviour. Even though sexual instruction upheld traditional gender norms that assumed maternal destiny for girls, and more opportunities for boys, the controversial nature of sexual education negated the possibility of the provincial government designing a mandatory program.<sup>71</sup> School boards were under no obligation to use the approved materials for their sex education courses, or have any sexual education content at all in their schools. In 1971, only thirty-five percent of Ontario schools had FLE classes.

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<sup>70</sup> Michael Graydon, "'Kids Not Rights, is Their Craving': Sex Education, Gay Rights, and the Threat of Gay Teachers," *Canadian Review of Sociology* 48, no.3 (2011), 319; Helen Lenskyj, "Beyond Plumbing and Prevention: Feminist Approaches to Sex Education," *Gender and Education* 2, iss. 2 (1990), 217-31. <http://web.a.ebscohost.com.proxy1.lib.uwo.ca/ehost/detail/detail?sid=b3aa3a28-f145-4c84-ae80-749ec9a45cbd%40sessionmgr4003&vid=3&hid=4209&bdata=JnNpdGU9ZWZWhvc3QtbGl2ZQ%3d%3d#db=eHH&AN=9707085365>

<sup>71</sup> Canadian Education Association, *The Present Status of Sex Education in Canadian Schools Report 2* (Toronto: Canadian Education Association, 1965), 4, 6.

Despite the attention of the provincial government, an examination of the curriculum from several Ontario school boards reveals that they often made their own course syllabi based on the Department/Ministry's recommendations. The second tier of this project is an assessment of Ontario school boards and the courses they chose to implement, the variation of these programs, and the involvement of the school's community in planning the curriculum. Even when school boards decided to include family life programs, teachers were not always comfortable with the content, as many had very little training in the subject, and had not received comprehensive sexual education in their youth.<sup>72</sup>

The third tier explores how sexual education was taught within the classroom. This chapter looks at the materials and topics that teachers discussed, methods of examination, class activities, and the reactions of students to the subject matter. In terms of establishing and implementing sexual instruction programs, the relationship between the three tiers was not hierarchical; rather their connections and associations took place laterally. The Department/Ministry did not dictate to school boards or teachers what should be taught in this subject. Instead, teachers often decided for themselves the extent of sexual knowledge they would impart to students. As agents of the state, school boards attempted to follow the Department/Ministry's guidelines, and the boards that created their own programs mainly elaborated on the Department/Ministry's instructions. As will be seen, communication between the three tiers was often absent, and relations were regularly strained as members of each tier blamed the other for outdated resources and vague guidelines that prohibited effectual sexual instruction. For instance, when the public complained about the ineffectual government guidelines, the Department/Ministry deflected their criticisms by claiming school boards were responsible for the programs.

To help arrive at these findings, an oral history project was undertaken to investigate teachers' involvement in the planning of the sexual education curriculum, their ability to effectively teach family life courses, and resource availability. From 2013 to 2014, I

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<sup>72</sup> Edward S. Herold, *Sex Education in Ontario Schools Part II: The Secondary Schools* (Ottawa: Sponsored by Family Planning Grant and Department of National Health and Welfare, 1975), 19-20.

conducted the Sexual Education Oral History Project (SEOHP). It is comprised of fifteen interviews with former teachers, eight women and seven men, who taught sexual education in Ontario schools during the 1960s and 1970s.<sup>73</sup> The majority of participants taught PHE, which suggests that sexual education was mainly included in PHE classes. Since the conceptualization of this project in 2010, I intended to include an oral history component to illustrate the experiences of Ontario teachers and their relationships with the subject matter, as well as with their students. I did not at the time fully realize the trials of conducting this work. As a graduate student, beginning my doctoral studies, I had very little experience with piloting an oral history project, and challenges existed throughout the process. From the beginning, I knew that the sample for these interviews would be small; I was expecting approximately thirty subjects. Therefore, it was never my intention to collect a representative sample of all Ontario teachers' experiences in the 1960s and 1970s; rather I wanted to gather anecdotal evidence to illustrate teachers' sexual education practices, knowledge, pedagogy, student interactions, and goals. The surveys performed by Frederick Elkin and Edward Herold, in 1971 and 1975 respectively, provided statistical data on sexual education programs in Ontario and Canada, whereas my interviews offer anecdotal evidence that focuses on the experiences of select educators and students.

Educators were the primary actors in the facilitation of sexual education, however, this is the first project that incorporates their voices and stories in the central narrative of sexual instruction's history in Ontario. Oral historian Steven High claimed that oral history "can give back to people who made and experienced history, through their own words, a central place."<sup>74</sup> The accounts that the interviewees provided allow them to elaborate on their contribution to the evolution of sexual education in schools. It offered them the opportunity to comment and contradict the textual sources that overlook their role in the

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<sup>73</sup> Please see Appendix 1 and 2 for details on the interviewees and interview questions. SEOHP interviewees will be referenced by their pseudonyms throughout this thesis.

<sup>74</sup> Steven High, "Sharing Authority in the Writing of Canadian History: The Case of Oral History," in *Contesting Clio's Craft: New Directions and Debates in Canadian History* edited by Christopher Dummitt and Michael Dawson (London: Institute for the Study of the Americas, 2009), 45.



formation of sexual instruction during this era. According to historians Michael Dawson and Catherine Gidney, most histories that focus on the sixties and seventies, concentrate on youth's voices and illustrate their rebellion against their elders. These historians argue that this "interpretation ignores not only the divisions that existed within this generation but also the fact that older individuals accepted, encouraged and sustained the protest and ideals of 'the Sixties Generation'."<sup>75</sup> SEOHP contributes to the disruption of this narrative, as it illustrates teachers' attempts to help youth gain access to knowledge, and even challenge traditional norms, to reach their potential as mature adults. The testimonies illustrate teachers intervening and manipulating their students' discussions to ensure that they received appropriate and relevant sexual information. Oral histories also have the potential to provide "counternarratives that dispute misleading generalizations."<sup>76</sup> Contemporary sources such as curriculums, surveys, and government correspondence represented teachers as characters that needed to be acted upon and told what to do. They were often portrayed as inexperienced and unknowledgeable in this field. The SEOHP dialogues disrupt this perception of educators, as these teachers were equipped to teach sexual instruction and were not confused or embarrassed by sexual topics.

Mary Jo Maynes, Jennifer Pierce, and Barbara Laslett's oral history theory was utilized in this work to "provide unique insights into the connections between the individual life trajectories and collective forces and institutions beyond the individual."<sup>77</sup> The narratives collected highlight how teachers and their classrooms were influenced by changing social norms. While some adjusted their classroom's structure to meet the demands of their administration, others resisted such pressure and offered their students

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<sup>75</sup> Michael Dawson, ed. and Catherine Gidney, "Persistence and Inheritance: Rethinking Periodisation and English Canada's 'Twentieth Century'," in *Contesting Clio's Craft: New Directions and Debates in Canadian History* edited by Christopher Dummitt (London: Institute for the Study of the Americas, 2009), 65.

<sup>76</sup> Mary Jo Maynes, Jennifer L. Pierce, and Barbara Laslett, ed., *Telling Stories: The Use of Personal Narratives in the Social Sciences and History* (Ithaca and London: Cornell University Press, 2008), 1.

<sup>77</sup> Maynes, Pierce, and Laslett, 3.

information they felt was needed, instead of knowledge that was acceptable to their school administrators and parents. The testimonies also illustrate how the prevailing climate of changing social and sexual norms influenced and affected schools.

All of the educators who were interviewed appear to be exceptional in the field of health and sexuality studies. They often remarked that although they taught lessons on sexual health, they did not believe that other teachers in their schools or other school boards had similar resources or courses. They claimed that students were not receiving sexual information in the home, and felt obligated to offer it in the classroom. Teachers were chosen over students for oral interviews because they taught sexual education programs several times over the course of their career versus the one-time learning experience of students. Furthermore, they remembered their students' reactions to the content, their engagement with classroom discussions, as well as their interest in the subject. I was very fortunate that these educators were willing to be interviewed, but finding subjects for the study was challenging.

Throughout the process, I faced several obstacles, including restrictions imposed by The University of Western Ontario's (UWO) Ethics Research Board (ERB). I was informed during the submission process that I was not allowed to recruit participants through snowballing, as in contacting potential subjects that previous participants recommended. Consequently, I was unable to contact any potential interviewees directly. Several times, interviewees had names of individuals for me to contact, but ERB prohibited me from reaching out to them. Often the interviewee no longer had any connections with their former colleagues, and could not talk to them on my behalf. Candidates were therefore recruited through advertisements in local newspapers, and retired teachers' associations. Many of these associations were very helpful and placed my advertisement in their newsletters, whereas others declined as they received many similar requests and did not want to burden their readership.

The required criteria for participation included teachers who had taught sexual education at any point, for any number of years, during the 1960s and 1970s in any Ontario public board of education. Those who participated could not have any mental or physical

condition that affected their memory. Out of the sixteen teachers who requested to be interviewed, one person was unable to be involved as he had only taught for the separate school system.

Interviews were conducted in person, on Skype, over the phone, and through written correspondence. With the exception of the phone and written interviews, all interviews were recorded and the sound recordings were transcribed. Interviews were conducted in an open-ended question format. In accordance with ERB regulations, all participants were given pseudonyms.

An objective of SEOHP was to explore the construction of gender roles and norms in relation to sexual instruction and regulation during the 1960s and 1970s. I avoided discussing the feminist framework of this study, as I did not want the interviewees to censor their stories or create a narrative that they presumed I desired. As will be seen in Chapter 4, some participants did not view boys and girls as equal and rejected feminist ideology. Their testimonies illustrate the atmosphere that female students were educated within, and explains why the feminist movement attempted to revise curriculum materials during this era.

While oral historians such as Rebecca Coulter and Helen Harper strived to interview teachers from diverse backgrounds and with varied experiences,<sup>78</sup> a representative sample was not possible in this study due to limited recruitment methods and the specific interview criteria. As a result, the participants were quite homogeneous. All were white and came from middle-class backgrounds. When they discussed religion, most of them conversed about Christian values. Furthermore, many of them had taught in urbanized settings, and most of them were employed in Southwestern Ontario. All the interviewees were fairly silent on racial tensions as many did not teach in ethnically diverse classrooms, but they discussed the difference between teaching students of different socioeconomic backgrounds. With the exception of one interviewee, they all identified

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<sup>78</sup> Rebecca Priegert Coulter and Helen Harper, *History is Hers: Women Educators in Twentieth Century Ontario* (Calgary: Detselig Enterprises Ltd, 2005), 21-2.

as heterosexual. Therefore, the sample does not represent ethnic, sexual, regional, religious, or socio-economic diversity. Due to the limitations placed on this study by the ERB, recruitment options were exhausted and little could be done to enhance the sample size and increase its diversity. Furthermore, it is expected that in general, the teachers who met the selection criteria were few as the majority of schools during the 1960s and 1970s did not have sexual education classes. It is also not surprising that many of these teachers were located in and around Toronto, as this region actively promoted school based sexual instruction during this time period. Moreover, teachers in urban areas had more access to health instruction resources that could be found at conferences, university campuses, and medical groups.

In addition to the ERB's objections, my professional background and project goals inhibited the recruitment process. When it became known to a potential candidate that I was not a teacher, she was no longer interested in speaking with me. She did not want to share her stories with someone outside of the teaching profession who did not have the same experiences. It became apparent that the interviews created a complicated dynamic between myself and those interviewed. Most of the interviewees were very enthusiastic about the project, and were very forthcoming with information and stories, especially in light of the media attention that sexual education had received in the 2010s. As such, their objectives included emphasizing their triumphs, and illustrating their victories. However, my primary objective was to "critically examine" their histories.<sup>79</sup> Primarily, I analyzed how gender norms were represented in their classroom instruction, and whether they challenged these norms or enforced them. I also explored what type of guidance they gave youth with regards to boy-girl relationships, and whether their advice was based on hegemonic values.

There were also those who were skeptical about my age and education. At the time I was in my mid-twenties, while most of the interviewees were in their seventies and eighties, and I was doing a doctorate degree that none of them had attained or attempted. As

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<sup>79</sup> High, 27.

teachers, there were used to having a higher degree of education than those younger than themselves, such as their students. In the majority of the interviews, the educators emphasized their advanced degrees and their level of education; for instance, many of them completed master's degrees later in their careers. There was a particular incident in which one interviewee was not impressed when I offered information that was not previously known to her. In this interview, a teacher commented that she believed every school had the same sexual education curriculum that they were expected to use in the 1960s and 1970s. She suspected that it was created by the Ministry of Education. Towards the end of the interview, I explained that while the Ministry established guidelines for the program, it was up to the individual board, and often teacher, to decide what would be taught. After the interview, she stated that she could see I had academic knowledge of the subject, but the focus should be on her experiences. Following this interview, I refrained from providing any unsolicited information to the interviewees, who referenced their education to make it clear that they were highly educated and experts in their field.

In another instance, a retired teacher wanted me know that he was in charge of the interview process. As I asked questions about his teaching experiences, he interrupted by posing his own queries. He wanted to know whether or not I was in a relationship, whether my partner and I lived together, if we were getting married, and whether I was going to propose. These questions were unprofessional and discourteous, and might have been posed to distract from or belittle my position as an academic woman leading this project.

Over the course of conducting the oral history project, I was surprised to discover that many teachers held essentialist views of students that were based on gender. Educators often attributed their students' behaviour to their biology instead of perceiving their actions towards the other sex as socially constructed. Descriptions that boys were primarily motivated to enter relationships for their sexual aspects were common. There was no discussion of boys' sexual interests being socially constructed. Their essentialist explanations were mirrored in health textbooks during this period. According to essentialist interpretations of sexual development, boys' sexual urges were attributed to

their changing hormones, whereas girls' sexual passivity was linked to her biology. Prentice asserts that this is a common perception in sexual instruction materials. Essentialist arguments and explanations also serve to reinforce women's main roles as wives and mothers, and men as breadwinners.<sup>80</sup> While it is evident that some of these teachers endorsed equal opportunities for female and male students, their adherence to essentialist ideals of sexuality interfered with that aim.

During the interviews, I asked about the extent of the sexual revolution's influence on schools, and discovered that these educators did not recall that the new morality had much of an effect on their students or their work environments. They did remember pregnant students, thus it appears that these youths provided motivation for instructors to teach sexual education. My primary focus was on the development and instruction of sexual education during the sexual revolution, however, for these educators, health education was a small part of their curriculum and was not as prevalent a topic in their classes as many other core subjects. Furthermore, my research into the field of education consisted of historical works, such as those by Stamp and Gidney, which emphasize education legislation. I was therefore expecting education acts and pedagogical trends to play a prominent role in classroom experiences. However, the teachers only recalled the *Living and Learning* report having any influence on their schools' activities, such as the incorporation of open classrooms.

In addition, a main focus of my study was discovering the relationship between the Department/Ministry of Education, school boards, and teachers. I was expecting to discover that the curriculum for sexual instruction was created at the Ministry level and then modified and adopted by the school boards, and used by classroom teachers. Instead, the oral histories revealed that in many cases if there was a government curriculum or guideline, they were unaware of it and had very little knowledge of the Department/Ministry's activities regarding sexual education. In the few cases where teachers were given a curriculum, they were not always aware of its origins. Through

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<sup>80</sup> Prentice, 9-11.

these oral interviews, it became clear that my framework needed to be adjusted and altered, as it was evident that the Department/Ministry's framework for sexual instruction had very little impact on classroom teaching. The relationship between the aforementioned tiers was therefore not hierarchal; rather information exchanges took place laterally and in multiple directions.

The Department/Ministry of Education records showed teachers requesting information from the curriculum branch, and the oral histories illustrated teachers creating their lesson plans based on their own research and requesting materials from various agencies such as Planned Parenthood and physicians' offices. Some school boards offered their educators comprehensive teaching resources, but it was often the teacher who decided whether or not to use them. The Department/Ministry of Education offered an extensive list of resources that included films, filmstrips, and textbooks in *Circular 14*.<sup>81</sup> However, I was surprised that none of the teachers could recall using any of these materials. While the educators were unaware of the Department/Ministry's undertakings in this area, the curriculum branch was also oblivious as to what the school boards or teachers were doing with regards to sexual instruction.<sup>82</sup> Despite the exchanges of information that occurred across the three levels, there were also many silences and ineffective communication that prevented an interchange of knowledge. With the exception of two educators, all the teachers no longer had any of their teaching materials and could not recall specific resources that they used. Therefore, my assumption that government recommended resources played a role in classroom instruction was mistaken.

Furthermore, my analysis of the press' reporting on sexual education and debates amongst education experts emphasized parental involvement in these programs. However, the oral histories revealed that few parents were involved in the planning or implementation of sexual instruction. While politicians and educators advised parental inclusion in the process, some of the SEOHP educators stated that parents rarely made an

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<sup>81</sup> Ontario Ministry of Education, *Circular 14: Textbooks* (Toronto: Ministry of Education, 1973).

<sup>82</sup> "Just the Bare Facts in Ontario," *The Globe and Mail*, February 18, 1967.

appearance when information nights were held. Others could not recall any parental participation. In some cases, parents were actively kept ignorant of the sexual instruction topics to avoid complaints. For instance, homework was not assigned and notes were not taken to ensure that parents and siblings did not intercept teaching materials.

Oral histories were crucial to the development of this dissertation, as these are the only sources that illuminate what occurred in classrooms. Their testimonies illustrate the patterns of communication between the school boards and Department/Ministry of Education, students' interest in the subject, and how it was received by communities. Educators were eager to share their successes and discuss their methods and methodology for teaching sexual matters to their students. Before beginning the interviews, many expressed concern that they would be unable to remember events from forty to fifty years ago. However, they all found they recalled more than they thought they would. Several of them admitted that they did not know the extent of their teachings' impact on students, but viewed fewer student pregnancies as evidence of their success. As they all volunteered and had extensive careers, a few of which were interrupted by having children, the participants had fulfilling careers and were passionate about their occupations and students. Coulter and Harper had similar findings while doing their extensive oral histories with women teachers who volunteered to be interviewed.<sup>83</sup> However, they also noted that during the course of their careers, it became more challenging as they had less freedom to teach how and what they wanted. The classroom structure became more regimented as they were required to cover more material and had less autonomy. All the educators were conscientious about the anonymity of their colleagues and refrained from mentioning anyone by name. There were a few instances where they criticized former co-workers, but again, were particular about keeping their identities unknown. While they wanted to focus on their accomplishments and achievements, they also discussed their regrets and challenges. These incidents mainly

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<sup>83</sup> Coulter, and Harper, 21.



revolved around being unable to help a student, or feeling that they could have done more for a particular individual.

Teachers, then, were more likely to see change over time with their schools' sex education programs. Most of the interviewees were in public school in the 1950s and 1960s, and recalled that they were taught very little or nothing about sex and sexuality. Consequently, many felt compelled to create and teach a comprehensive sexual education curriculum, especially given the highly sexualized atmosphere of the sixties and seventies. They wanted their students to have more information and knowledge to make appropriate choices regarding their sexuality. On the whole, however, many students continued to receive little in terms of sex education because the interviewees were not the norm in their high level of commitment and comfort in teaching the course materials.<sup>84</sup>

The source base of this study includes oral history, textbooks, pamphlets, films, newspapers, periodicals, government curricula and programs, school board annual reports and courses, CBC archival newsreels, as well as conferences, surveys and reports on contemporary sexual education. In terms of schooling, youth's education was largely determined by adults, but it cannot be denied that students exerted agency in the process.<sup>85</sup> As will be seen in Chapters 2, 3, and 4, student activism was increasing during the late 1960s and 1970s, and several students who acted on their own or in groups, campaigned and advocated for improvements to their sexual education. The archival records are primarily authored by adults and do not allow for a complete assessment of the attitudes and opinions of children and their interpretations of sexual education. However, students completed surveys about their sexual education experiences at the London Board of Education (LBE) (1975) and in Wellington County (1972). While these sources may not be representative of all Ontario students, they offer insights into students' perceptions of their sexual instruction. The surveys found that students

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<sup>84</sup> Herold, *Sex Education in Ontario Schools Part II*, 9.

<sup>85</sup> Cynthia Comacchio, *Dominion of Youth: Adolescence and the Making of a Modern Canada* (Waterloo: Wilfrid Laurier University Press, 2006), 1, 126.

overwhelmingly wanted more information on sex and birth control, and did not believe that this knowledge would increase sexual experimentation.<sup>86</sup> Thus, students' observations are represented in this study.<sup>87</sup>

This project includes a case study of the LBE (currently part of the Thames Valley District School Board) to illustrate how the relationship between government, school boards, and teachers functioned when forming sexual education programs. This case study shows how the three tiers interacted with and influenced each other to form a sexual education curriculum. It also demonstrates how sexual instruction was carried out in an Ontario municipality. School boards are not mandated to keep historical records and few have complete documents and curricula from the 1960s and 1970s, especially since many boards were amalgamated or closed during this era. London has a comprehensive source base and no historian has focused on this location during this time period.<sup>88</sup> London also has a longer history of sexual instruction than other municipalities as Beall, a former missionary, began touring London public schools in the early twentieth century, where he gave lectures on masturbation and Christian morality to boys.<sup>89</sup> The school board created its own sexual education curriculum in the 1940s and again in the 1960s, which incorporated suggested material from the Ontario Ministry of Education.<sup>90</sup>

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<sup>86</sup> Herold, et al. *Family Life Education in the Secondary Schools of Wellington County*, 21, 24.

<sup>87</sup> Herold, et al. *Family Life Education in the Secondary Schools of Wellington County*, 3, 21; R.G. Stennett, T.R. Roberts, and N. West, *The Family Planning Unit of the Family Living Program: Preliminary Report (Research Report 75-03)* (London: The Board of Education for the City of London, 1975), 30.

<sup>88</sup> Sethna and Adams have both done case studies on Toronto in the 1970s and 1940s respectively: Christabelle Sethna, "'We Want Facts, Not Morals!': Unwanted Pregnancy, the Toronto's Women's Caucus, and Sex Education," in *Ontario Since Confederation: A Reader*, edited by Lori Chambers and Edgar-André Montigny, 409-428 (Toronto: University of Toronto Press, 2000); Adams, *The Trouble with Normal: Postwar Youth and the Making of Heterosexuality*, 107-135.

<sup>89</sup> Sethna, "The Facts of Life: The Sex Instruction of Ontario Public School Children, 1900-1950," 72, 102.

<sup>90</sup> Both the provincial government's 1969 PHE curriculum and the LBE's sex education program incorporated NFB films in the curricula. See Ontario Department of Education, *Curriculum S.29A: Growing into Maturity In a Changing World and Family Health in a Changing World – Senior Division Health Education* (Toronto: Ontario Department of Education, 1969), 10; R.G. Stennett, Roberts, and West, 28

Furthermore, the LBE's curriculum was circulated to other boards and influenced the creation of sexual education programs in other Ontario municipalities. This case study illuminates how the guidelines of the provincial government were integrated into the sexual education curricula of schools, their divergent and similar goals, as well as the materials that were used. In London, those who supported sexual instruction were mainly members of the medical community, and they provided resources and classes for students and teachers. Through oral history, this case study demonstrates that teachers in London did not always follow the lessons set out for them by the school board as a consequence of a lack of training and experience, moral conflict, as well as being over-burdened with changing expectations in public education. In addition, the community's attitudes and concerns over sexual topics in schools are addressed.

This work is organized into four main chapters that analyze how the different levels of administration created sexual education. The first chapter offers an analysis of the Department/Ministry's motivations and actions with regard to creating health curricula, and their interactions with educators, members of the medical community, parents, and citizens. The second chapter examines the programs that school boards created and investigates why some schools chose to have sex education, while others refrained from including these programs. Chapter Three surveys the classroom environment in sex education classes. Teachers used multiple methods to teach their students about their bodies, sexuality, dating, family values, and sex. While some of them created their own courses and sought out resources wherever they could, others used the materials that the school board provided. Their approach to this topic dictated youths' response to the materials they consumed. Despite the recommendations imposed on them by the government or the school board, once the classroom door was closed, teachers did what they wanted within their comfort zone.<sup>91</sup> They exercised agency within their classrooms either by ignoring the suggested curriculum or creating their own. The last chapter is a case study on the LBE which illuminates how the sexual education curriculum reflects

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<sup>91</sup> Richard Benson (pseudonym), interview by author, *SEOHP*, UWO, May 7, 2013.

the interactions between the provincial government, the community, the school board, teachers, and students.

Sexual education programs that were developed in the sixties and seventies were built on the foundations of earlier programs, and were instituted for similar reasons as earlier in the century: fears over changing social norms, promiscuity, VD, and homosexuality. Sexual education was by no means common place in the 1960s and 1970s, but the discussion over who should teach sexual education, and what should be taught, spread not only across Canada, but throughout North America, and the globe.<sup>92</sup> The work of the feminist and gay rights movements altered the curriculum, and in the 1970s especially, gender stereotyping was challenged, and greater acceptance of alternative lifestyles was present in more FLE courses. Educators, politicians, and medical professionals were concerned that the nuclear family was under attack by working mothers, highly sexual media content, and urbanization, which ultimately led to loose morality, teen pregnancy, and VD. Observers promoted sexual education not as a progressive reform, but to encourage the adaptation of hegemonic and traditional sexual values to curb these social ills. However, a lack of commitment to produce mandatory curricula and offer effective teacher training on the part of the government and many school boards meant that many educators were unable to provide their students with comprehensive sexual education.

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<sup>92</sup> See Jonathan Zimmerman, *Too Hot to Handle: A Global History of Sex Education* (Princeton and Oxford: Princeton University Press, 2015), 80-114.

## 2 Forming Policy While Avoiding Controversy: Sex Education and the Department/Ministry of Education

During the sexual revolution, debates abounded in the media, at national conferences, and within government organizations over the new sexual morality, climbing VD and teen pregnancy rates, and the breakdown of the nuclear family. These issues were not new, but during the sexual revolution tensions focused on the interrelationship between youth's sexuality and the role of schools. The Ontario Department of Education's staff were cognizant of the changing social climate and the demands for improved sexual education in classrooms coming from medical associations, and concerned members of the public. In the early 1960s, the Department of Education wanted to refrain from including any content that resembled sexual education.<sup>93</sup> Department guidelines were limited to gender roles that supported the male breadwinner and female homemaker model, and heterosexual courtship. Parents, in addition to schools, encouraged girls to view themselves as inferior to boys, and became more involved with social activities, and less focused on academics.<sup>94</sup> As a consequence of pressure from community organizations, medical associations, and parent groups, government officials actively endorsed sexual education in schools from the sixties onwards to preserve their administration, protect social values, and shape productive citizens. On the other hand, the Department/Ministry of Education was also aware of the controversies surrounding the adoption of sexual education, and recognized that it was not supported by all parents, educators, or health officials. As a result, the Department/Ministry of Education cautiously organized a sexual instruction program, but local school boards determined whether it would be implemented. These guidelines expanded to include VD, reproduction, childhood and adolescent development, and continued to endorse

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<sup>93</sup> Guest, 33; See Ruth Roach Pierson, ed. "The Mainstream Women's Movement and the Politics of Difference," in *Canadian Women's Issues: Volume I Strong Voices*, ed. Marjorie Griffin Cohen, Paula Bourne, and Philinda Masters (Toronto: James Lorimer and Company, 1993), 186-7.

<sup>94</sup> Gaskell, McLaren, and Novogrodsky, 12.

heterosexual relationships. Modifications were made from the mid to late seventies, when the Criminal Law Amendment Act 1968-1969 was passed in 1969 and the women's movement demanded more birth control education and less gender stereotyping.<sup>95</sup>

Government officials were criticized throughout the period for their lack of commitment and support of sexual instruction in schools. Often teachers and school administrators were on their own to face parental concerns and provide students with appropriate information. Similar to the majority of subjects in the curriculum, sexual instruction was left in the hands of local communities, schools boards, and teachers. Since 1949, school administrators had been able to revise their curriculums based on the needs of their communities.<sup>96</sup> While leaving room for local autonomy, this arrangement also left government officials vulnerable to criticism as they were increasingly depicted in the press as indecisive and noncommittal while youths succumbed to VD, and teen pregnancy rates rose.

Throughout the 1960s and 1970s, the women's movement gained ground in Canada. In the 1960s, women began organizing for gender equality in politics, society, labour, and law. Many women participated in the movement by joining or forming organizations that had common causes such as increasing abortion services, aiding victims of sexual violence, eliminating job discrimination, and creating childcare centres. Prime Minister Lester B. Pearson called for a commission to investigate the status of Canadian women in 1967. The Royal Commission on the Status of Women was a result of successful lobbying by feminists, such as president of the Canadian Federation of University Women Laura Sabia.<sup>97</sup> She warned Pearson that he would find two million women

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<sup>95</sup> McLaren and Tigar McLaren, 142-3.

<sup>96</sup> "Love, Marriage and Curriculum," *The Bulletin* 41, no.4 (October 17, 1961), 233.

<sup>97</sup> Marjorie Griffin Cohen, "The Canadian Women's Movement," in *Canadian Women's Issues: Volume I Strong Voices*, ed. Marjorie Griffin Cohen, Paula Bourne, and Philinda Masters, (Toronto: James Lorimer and Company, 1993), 4.

protesting on Parliament Hill if he did not support the commission. According to feminist writer and economist Marjorie Griffin Cohen, commissions are often established as “a convenient Canadian way of dealing with troublesome issues,” but it created “a sense of a women’s movement in Canada.”<sup>98</sup> The commission resulted in public meetings across the country, 480 briefs from associations and individuals, and 167 recommendations to give women greater equality.<sup>99</sup> While the 1960s and 1970s focused mainly on issues pertaining to white middle-class women and mistakenly assumed a sisterhood across ethnic and class lines, many advancements in women’s status occurred during this era. At the same time, gay rights organizations increased, especially after the 1969 Stonewall riots in New York City. These associations campaigned for an end to discrimination against gays and lesbians, and challenged heteronormativity.<sup>100</sup> During the 1960s, the Department of Education adhered to gender roles of the 1950s associated with the heterosexual nuclear family and the male breadwinner. Despite protests from feminist groups to include birth control information in schools, little was altered in the curriculum until the 1970s. The gay rights movement also failed to make any gains in the provincial PHE guidelines throughout this era.

Prior to exploring the Department/Ministry’s role in sexual instruction, a brief synopsis of sexual education in Ontario schools prior to the sixties and seventies illustrates the development of sexual education in this province and the minor role played by government agencies. The Canadian social hygiene movement, which began organizing in 1918, encouraged the implementation of physical and mental health initiatives in schools. Under their influence, psychologists established themselves as an authority within schools through mental health programs, and their influence grew after the Second World War. Individuals associated with this movement were primarily occupied with educating parents, child development, and psychological evaluations. Through their

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<sup>98</sup> Cohen, 4.

<sup>99</sup> Cohen, 5-6.

<sup>100</sup> Suzanne Staggenborg, *Gender, Family, and Social Movements* (Thousand Oaks, London, New Delhi: Pine Forge Press, 1998), 112-3.

efforts, Canadian schools witnessed a decline in corporal punishment, and the implementation of student self-government and extra-curricular activities.<sup>101</sup> Their actions also led to the inclusion of guidance departments in the 1940s to help youths cultivate their future careers, interests, characters, and relationships. These programs demonstrate the transfer of children's moral and mental development from parents to schools. Schools were charged with the dual goal of training responsible citizens as well as Ontario's future workforce. While sexual education in schools was not universally accepted as a solution to immorality and vice in the interwar period, social reform movements made inroads that permitted sexual instruction to be part of the curriculum after the Second World War.<sup>102</sup>

Overall, the Ontario education system in the 1920s benefitted from a prosperous economy, and, during the decade, urban high schools increased opportunities for vocational preparation, improved teacher training, found resolutions to the debate over bilingualism in schools, and broadened the curriculum. The Ontario Health Department employed Agnes Haygarth as a social service nurse who traveled across rural Ontario from 1925 to 1933, giving lectures on health to public school children. She showed students films on health, and mainly taught to girls, unless there were no male health officers available to talk to the boys.<sup>103</sup> While Beall still toured Ontario schools until 1930, by the 1920s, medical experts had largely assumed the responsibility for health instruction in schools. In the early twentieth century, the male dominated medical profession supported "vitalist theories" relating to women's health. Physicians claimed that women needed to conserve their energy for reproduction and menstruation.<sup>104</sup> Their theories supported a patriarchal agenda that encouraged the perception of women as

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<sup>101</sup> Tompkins, 182.

<sup>102</sup> Sethna, "The Facts of Life: The Sex Instruction of Ontario Public School Children, 1900-1950," 235-6.

<sup>103</sup> Jay Cassel, *The Secret Plague: Venereal Disease in Canada, 1838-1939* (Toronto: University of Toronto, 1987), 232. Cassel does not specify exactly what Haygarth taught.

<sup>104</sup> Lenskyj.



fragile and weak. Consequently, female students absorbed these messages in schools, which ensured their unequal access to resources and opportunities.

The Canadian National Council for Combatting Venereal Disease (CNCCVD) also contributed to the sexual education of Ontario youth by promoting sex instruction in science courses for children aged 6 to 12, but the CNCCVD also argued that students should be taught sexual knowledge at home.<sup>105</sup> The CNCCVD emphasized self-control to avoid VD, and promoted sex as normal and natural, as long as it remained within the confines of marriage, and was heterosexual.<sup>106</sup> The debate over whether sexual information should be taught in the home or at school continued, but it was felt by many social groups, such as the Women's Christian Temperance Union (WCTU), that parents needed assistance in this area by experts.<sup>107</sup> Sexual education continued to be implemented haphazardly in schools, by parents, health lecturers, and youth groups throughout the decade.

In the 1930s, this topic received less attention in schools. The decade ushered in an era of limited funding and increased school enrolment as many students decided to further their education in light of rising unemployment.<sup>108</sup> In Ontario, funding for schools between 1930 and 1934 was reduced by one-third. A reduction in expenditures affected rural school boards more than their urban counterparts as they depended greatly on government grants.<sup>109</sup> The Department of Education spent the majority of the decade strategizing on how to reduce costs within their education system. Under the direction of Premier Mitchell Hepburn, financial support increased in 1938 and resulted in an overhaul of the education system. Activities, social studies, and individual learning

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<sup>105</sup> Sethna, "The Facts of Life: The Sex Instruction of Ontario Public School Children, 1900-1950," 69-70, 161. The CNCCVD was formed in Toronto (1919) and was renamed the Canadian Social Hygiene Council (1921) and then became the Health League of Canada (1936).

<sup>106</sup> Cassel, 244

<sup>107</sup> Sethna, "The Facts of Life: The Sex Instruction of Ontario Public School Children, 1900-1950," 72.

<sup>108</sup> Stamp, 143.

<sup>109</sup> Stamp, 144.

styles were expected to replace rote learning, memorization, formal examinations, and corporal punishment in the elementary grades. Unfortunately, teachers received very little training on these procedures, which inhibited their ability to effectively incorporate these methods into their classrooms. As a consequence, there was again a discrepancy between progressive goals and their implementation in Ontario schools.<sup>110</sup>

Ontario's affair with progressive pedagogy in the 1930s also influenced health education, as is evidenced by the textbooks and lectures that promoted hygiene and healthy living. In 1936, the Ministers of Health and Education created a health manual as a resource for teachers. It included discussions on VD, human anatomy, emotions, and proper standards for cleanliness. The text made references to individual learning styles, and illustrated the importance of meeting children's emotional, environmental, and physical needs to ensure not only their academic success, but also to prepare them to be productive and responsible citizens.<sup>111</sup> As a result of their pacifist attitudes, progressives also minimized military drill in physical education classes, but the Depression ultimately decreased funding for sports in schools.<sup>112</sup> Programs for girls' physical education were created in 1929 by Helen Bryans, a professor at the Ontario College of Education. By the 1930s, most coaches of girls' teams were women, but girls were given fewer resources than boys.<sup>113</sup> Furthermore, some schools made substantial cuts to girls' programs as educators believed that competition and sports requiring excessive physical activity could harm girls' physically and psychologically.<sup>114</sup> Schools structured girls' activities and

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<sup>110</sup> Tomkins, 199.

<sup>111</sup> See Theodore Michael Christou, *Progressive Education: Revisioning and Reframing Ontario's Public Schools, 1919-1942* (Toronto, Buffalo, and London: University of Toronto Press, 2012), 118-9.

<sup>112</sup> Tomkins, 125. Military training returned to schools during the Second World War.

<sup>113</sup> Helen Gurney, *Girls' Sports: A Century of Progress in Ontario High Schools* (Don Mills: OFSAA Publication, 1979), 15, 38.

<sup>114</sup> Gurney, 34-36. Only affected a minority of schools who were influenced by the movement in the USA.

opportunities around their future careers as wives and mothers.<sup>115</sup> Progressives revised Ontario's education system, but maintained society's existing gender norms. Despite the reduction in women's programs, Bryans' actions illustrate that women were increasing their athletic presence in schools in the interwar era.

Although there were advocates for sexual education before the Second World War, youths received instruction informally. At the Toronto Board of Education, for example, it was up to the female students themselves to approach either their school nurse, or a female teacher. The superintendent was reluctant to impose formal channels of sexual information because he believed mothers were the primary source of sexual information for youth, and an informal system was already in place.<sup>116</sup> Schools were cautious about usurping the role of sex educator from parents, even though mothers were viewed as embarrassed by discussions on menstruation and reproduction.<sup>117</sup> Sexuality historian Angus McLaren claims that many women during this era shared methods of birth control with each other by exchanging recipes for suppositories. Thus, many women did discuss sexual matters amongst themselves. To an extent, impromptu methods of birth control proved to be effective as the Canadian birth rate declined during the Depression, and Canadians delayed marriage.<sup>118</sup> This postponement, however, did increase illegitimate births in Canada, and caused many social observers to speculate about declining sexual

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<sup>115</sup> See Prentice, 7.

<sup>116</sup> Sethna, "The Facts of Life: The Sex Instruction of Ontario Public School Children, 1900-1950," 182, 195. Little is known about how these informal channels functioned in schools. Based on SEOHP, it appears that girls approached their teachers when they had an issue surrounding sexual education individually, or sometimes they would petition a teacher as a group for sexual instruction.

<sup>117</sup> Sethna, "The Facts of Life: The Sex Instruction of Ontario Public School Children, 1900-1950," 49.

<sup>118</sup> Angus McLaren and Arlene Tigar McLaren, *The Bedroom and the State: The Changing Practices and Politics of Contraception and Abortion in Canada, 1880-1997*, 2<sup>nd</sup> Ed., (Toronto, Oxford, New York: Oxford University Press, 1997), 11, 22-23; These methods included suppositories, breast feeding, douches, and condoms see Chapter 2 "Contraceptive Practices in Canada," in McLaren; Canada also witnessed a lowered birth rate in the late nineteenth century as births per family declined from 4.1 in 1871 to .9 in 1911, see McLaren, 11.

morality among youth.<sup>119</sup> Childhood historian Cynthia Comacchio notes that adolescents had to contend with sex advice from several sources, such as churches, schools, government officials, and youth organizations. Girls were often the target audience for cautionary guidance about the dangers of unbridled sexuality, whereas boys were most often warned against deviating from heterosexual and lawful relationships.<sup>120</sup> Prior to the Second World War, youths had to gather information on puberty and reproduction from a variety of sources in a climate where the consequences of women's sexual behaviour outside of marriage were feared and stigmatized.

Similar to the First World War, during the Second World War, VD rates rose, the absence of husbands and fathers in the home increased, and the perceived breakdown of the nuclear family put sexual instruction once again at the forefront of schools' agendas. As a consequence of losing a large proportion of the young male population on the battlefield, Canadians wanted to ensure the physical and mental health of the coming generation.<sup>121</sup> In the post-war era, family structures were changing as single-parent households were increasingly visible, and more families relied on the income of two parents. Illegitimate birth rates amplified the need for sexual instruction in schools, and a few Canadian school boards offered information on birth control as a result.<sup>122</sup> Calls for formal sexual education came from parents, family planning groups, the medical community, and even youth. A 1944 Gallup poll illustrated that over 90% of Canadians believed that VD education belonged in schools.<sup>123</sup> Sethna argued that support for sexual instruction increased as fears over VD multiplied. These initiatives received support from the Health League of Canada (HLC), which was aware of their American

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<sup>119</sup> There was also more reporting on illegitimate births at this time, therefore it appears as though there were more illegitimate births than previously; Comacchio, 80-1.

<sup>120</sup> Comacchio, 83.

<sup>121</sup> Comacchio, 94.

<sup>122</sup> Tomkins, 266-7.

<sup>123</sup> Behnke-Cook, 65-66.

counterparts' encouragement of sexuality studies in schools.<sup>124</sup> The implementation of sexual instruction was intended to preserve patriarchy, safeguard values, and instill sexual morality in the face of social upheaval caused by the war.

During the war, familiar arguments about mothers' failure as sex educators resurfaced in the media. *Maclean's Magazine* featured an article in January, 1945, entitled "Your Child-and Sex" by prominent psychologist Dr. W.E. Blatz. He argued that: "Many women feel reluctant to discuss anything referring to sex with their male children... Too many are so prudish that they have never dared to speak to their children properly about sex, and so they neglect a very vital part of their children's education – and leave them to pick it up under circumstances which would make them blush a lot more."<sup>125</sup> As their husbands were at war, mothers were left to teach their children about sex, and, according to Blatz, many were ineffective educators. They felt it was their husbands' responsibility to explain "the birds and the bees" to their sons, and many evaded this task because they were uncomfortable with the subject matter. Parents, therefore, "forced their children to satisfy their curiosity about sex in an unhealthy fashion."<sup>126</sup> It was feared that if children did not learn about sex in the home, they would be educated by their peers, and experiment sexually. Blatz was not alone in his opinion, and other articles with similar concerns appeared in the press throughout the twentieth century.<sup>127</sup> He believed that parents should be the primary sexual instructors for their children, but he also agreed that if parents were unable to meet their responsibilities, schools should step in for the good of the nation. It was not universally agreed, however, that teachers should take the role of sex educator away from parents.<sup>128</sup>

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<sup>124</sup> Sethna, "The Facts of Life: The Sex Instruction of Ontario Public School Children, 1900-1950," 210-1.

<sup>125</sup> W.E. Blatz, "Your Child-and Sex," *Maclean's Magazine* (January 1, 1945), 7.

<sup>126</sup> Blatz, 7.

<sup>127</sup> Adams, "Keeping Children From Sexual Knowledge," 71.

<sup>128</sup> Behnke-Cook, 68.

In the 1940s, support for sexual education increased among youth as well as the general public. The Canadian government sponsored a series of youth surveys as part of the Canadian Youth Commission, and many adolescents responded that their sex education was inadequate. Adolescents across the country wanted trained experts, such as medical professionals and psychologists, to teach them about the facts of life.<sup>129</sup> Only eighteen percent of youths believed that their sexual instruction had prepared them for their future adult relationships. At this time, home economics courses were the main contributor to FLE across Canada;<sup>130</sup> therefore, girls were educated on how to raise a family and run a household, while boys' instruction was more limited. Since girls were the sexual gatekeepers, and had the most to lose in the event of pre-marital sexual relations and illegitimate pregnancies, educators were primarily concerned with their sexual knowledge.

Several sex education initiatives were undertaken in Ontario during the war and postwar period, and most stressed hygiene and anatomy when giving explanations for puberty and reproduction.<sup>131</sup> The Departments of Health and Education revised the curriculum to include studies on VD to quell educators' fears over rising rates of communicable diseases among their students. The program was not mandatory, and focused primarily on hygiene and abstinence to prevent VD.<sup>132</sup> Healthful living courses were created for grade eleven girls in 1942, and expanded in 1943 to include grade twelve girls. The curriculum stressed heterosexuality, "healthy" relationships with boys, and health in an attempt to prevent girls from engaging in promiscuous behaviour with soldiers.<sup>133</sup> It is unknown how many schools chose to implement these programs, but it can be assumed that the majority of schools did not have sexual education classes. However, there were a

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<sup>129</sup> Comacchio, 94.

<sup>130</sup> Comacchio, 94.

<sup>131</sup> Behnke-Cook, 62.

<sup>132</sup> Sethna, "The Cold War and the Sexual Chill: Freezing Girls Out of Sex Education," 57.

<sup>133</sup> Sethna, "The Facts of Life: The Sex Instruction of Ontario Public School Children, 1900-1950," 228.

few exceptional school boards. In 1942, a health counselor was invited to visit grade 11 girls' classrooms within the LBE. This program was established due to the influence of the school board's nurse, Winnifred Ashplant, and will be discussed further in Chapter Five.<sup>134</sup>

At the same time, the Toronto School Board attempted to institute a more comprehensive program. Toronto had a well-funded school board, was home to national health organizations that campaigned for sexual education, and had access to media outlets, all of which made the municipality ideal for instituting sexual instruction.<sup>135</sup> In 1944, E.L. Roxborough, a trustee of the Toronto Board of Education, was concerned that Canada was on the verge of a VD epidemic due to an increase in soldiers having unprotected sex at home and abroad. Roxborough feared youths had a high risk of contracting VD, and believed that VD instruction in public high schools would decrease the number of infections. The Toronto Board of Education, with the support of the Health League of Canada, was one of the first school boards in Ontario to implement a limited sexual education program. Young men and women in high school were taught how to "evaluate" the other sex, and determine through prescribed dating rituals whether he or she would make an ideal life partner. However, this program was seen as too controversial, and, was thus, stripped of any discussion on masturbation, menstruation, nocturnal admissions, and reproduction. Adams states that the school board effectively "was taking the sex out of sex education."<sup>136</sup> Comprehensive sexual education programs failed to garner widespread acceptance despite the public's and parents' pressing concern over sexual immorality. This was a trend throughout the sixties and seventies as many agreed that

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<sup>134</sup> Sethna, "The Facts of Life: The Sex Instruction of Ontario Public School Children, 1900-1950," 213.

<sup>135</sup> Adams, *The Trouble with Normal: Postwar Youth and the Making of Heterosexuality*, 108.

<sup>136</sup> Adams, *The Trouble with Normal: Postwar Youth and the Making of Heterosexuality*, 134.

sexual instruction should be taught in schools, as well as at home, but what should be taught and by whom was intensely debated.<sup>137</sup>

In the 1950s, the focus of sexual education changed from hygiene and VD to family education/studies. Sexual education was promoted to protect the nuclear family in the face of communism and juvenile delinquency. The introduction of penicillin, coupled with the end of the war, lessened the threat of VD, but was quickly replaced by fears over juvenile delinquency. As a result of social hygienists' influence on family life programs, the topics of relationships, marriage, family roles, reproduction, choosing an appropriate spouse, and grooming made up the bulk of the curriculum.<sup>138</sup> Furthermore, the dawn of the Cold War era resulted in increased fears amongst government officials and the general public over the threat of homosexuals and their believed susceptibility to communist influences.<sup>139</sup> As a result, educators argued that the imposition of heterosexuality through sexual education lessened the homosexual menace while shoring up democracy.<sup>140</sup> In addition, it was expected that FLE would teach young men and women Judeo-Christian morality and their responsibilities as good spouses, parents, and productive members of society. The heterosexual nuclear family was promoted as the ideal, and alternatives to this model were not divulged to students.<sup>141</sup> Sethna argues that there were stark differences between sexual instruction for boys and girls. A great deal of the material created for girls focused on physical appearance, childrearing, and homemaking. Becoming caring husbands and involved fathers was included in the

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<sup>137</sup> Mary Louise Adams, "Keeping Children From Sexual Knowledge," in *Sex in Schools: Canadian Education and Sexual Regulation*, edited by Susan Prentice (Montreal: Our Schools/Our Selves Education Foundation, 1994), 61.

<sup>138</sup> Sethna, "The Cold War and the Sexual Chill: Freezing Girls Out of Sex Education," 60.

<sup>139</sup> See Philip Girard, "From Subversion to Liberation: Homosexuals and the Immigration Act 1952-1977," *CJLS/RCDS* 2 (1987), 1-27.

<sup>140</sup> Graydon, 321-1; H. S. Hoyman, "Should We Teach About Birth Control in High School Sex Education," *Journal of School Health* 38, no.9 (November 1968) reprinted in T.R. Roberts, *Family Planning: A Curriculum Written by London Board of Education* (London: The London Free Press Educational Services, 1972), 72.

<sup>141</sup> Adams, *The Trouble with Normal: Postwar Youth and the Making of Heterosexuality*, 128-9



curriculum for boys, but remained secondary to the pursuit of careers. Girls were taught that men were sexual instigators, and it was their role to hold off their advances and guard their chastity.<sup>142</sup>

Sexual studies in the post-war period took shape while the Ontario school system witnessed teacher shortages, debates over traditional and progressive teaching, increasing enrolment, compulsory religious education, and maintaining a democratic society. With the arrival of J.G. Althouse as director of education in 1944 came a re-emphasis on reading, writing, arithmetic, Christianity, and the British Empire which had previously been discouraged by progressives.<sup>143</sup> Students were subjected to religious instruction and imperialism for similar reasons as proposals for sexual education: to curb delinquency and stabilize the nuclear family. The Department of Education commissioned a report on the status of Ontario schools in hopes of restructuring the school system to prepare students for the post-war world.<sup>144</sup> The result was the Hope Commission (1950), which was released under the direction of John Andrew Hope. The report advocated for the implementation of moderately progressive ideas,<sup>145</sup> including more vocational training for the increasing student population, educating the whole child through physical training and health classes, and teaching children Christian values. The Commission responded to the realities of post-war Ontario and its demands for an improved education system that emphasized democratic living in the face of communism and social disorder.

School retention rates increased in the 1950s, elementary enrolment rose by 116 per cent, and secondary enrolment was augmented by 141 per cent. The school became a common

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<sup>142</sup> Sethna, "The Cold War and the Sexual Chill: Freezing Girls Out of Sex Education," 59.

<sup>143</sup> Stamp, 179.

<sup>144</sup> Gidney, 23.

<sup>145</sup> Hugh A. Stevenson, "Developing Public Education in Post-War Canada to 1960," in *Canadian Education: A History*, ed. J. Donald Wilson, Robert M. Stamp, and Louis-Philippe Audet (Scarborough: Prentice-Hall, 1970), 397; According to The Royal Commission on Education in Ontario (also known as the Hope Commission), Christian values refer to kindness, the Golden Rule, honesty, love, and acceptance of others, see John Andrew Hope, chairman, *Report of the Royal Commission on Education in Ontario* (Toronto: Baptist Johnson, 1950), 27-8.

experience for more Canadians than ever before.<sup>146</sup> As a result, schools were torn down and replaced by ones with more classrooms, teachers with limited qualifications were recruited, married female teachers returned to work, salaries were higher, and school boards amalgamated.<sup>147</sup> Post-war affluence meant the government had funding available for schools, and the public's concern with rebuilding the nation meant they were willing to finance the re-structuring of the education system. In light of the upheavals that the war caused, educators emphasized traditional values in their classrooms. Textbooks on health depicted middle-class values: the nuclear family, the mother as homemaker, and the father as breadwinner. Owram notes that women in the workplace were recognized in schoolbooks, but it was seen as temporary employment until they became wives and mothers.<sup>148</sup> To prepare them for adulthood, children's tasks in the classroom were assigned based on their gender. Girls were socialized to be more compliant, quiet, and neat when completing school tasks, and they were expected to do the classroom tidying and cleaning. Activities geared towards boys encouraged them to become leaders and cultivate their strengths.<sup>149</sup> By teaching girls to be passive, they were more likely to sacrifice their own interests for the sake of their relationships.<sup>150</sup> Schools continued to enforce traditional gender roles, but these type of instruction was challenged and resisted by the feminist movement.

Educators, politicians, and parents were anxious about "hippies" who were sensationalized in the press as 'parasitic rebels.' They rejected mainstream society and its values, while, at the same time, were dependent on it for casual work and unemployment pay.<sup>151</sup> To prevent students from discarding middle-class values, such as

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<sup>146</sup> Owram, 123-4.

<sup>147</sup> Gidney, 27-9.

<sup>148</sup> Owram, 130.

<sup>149</sup> Sutherland, 216.

<sup>150</sup> Michelle Fine, "Sexuality, Schooling, and Adolescent Females: The Missing Discourse of Desire," *Harvard Educational Review* 58, no.1 (February 1998), 42.

<sup>151</sup> Bryan Wilson, "The Here and Now of Hippy Escapism," *The Globe and Mail*, March 31, 1967.

capitalism for communism and socialism, educators promoted industrious labour, conformity, cleanliness, and heterosexual monogamy. Health textbook authors J.R. Life and his colleagues warned youth that the “small percentage of teen-agers who become ‘hippies’ and live in an unwashed, hairy world of marijuana and LSD trips are trying to escape responsibility and the realities of life.”<sup>152</sup> In the midst of the sexual revolution and hippy subculture, adults feared that youths were susceptible to joining the counterculture movement. Hippies in the press were often associated with drug use, pornography, and VD, and were depicted as a menace.<sup>153</sup> The press argued that drugs in the hippy movement “symbolize the rejection of values – of parents, the middle-class, the masculinity cult, the athleticism, the clean and the decent all-American boy.”<sup>154</sup> These depictions of hippy culture can be interpreted as a rejection of patriarchal ideals, which education could prevent. Authority figures, teachers, and parents attempted to steer their children away from joining the hippy movement by connecting this group to substance abuse, laziness, and delinquency. The hippy culture and what it represented provided impetus for offering sexual education in schools, to prevent students from becoming hippies.

In 1960, the Department of Education revised the senior and junior PHE curriculum from the 1950 version, but the new curriculum stated, “there has been little change in the actual content of the course.”<sup>155</sup> As was noted earlier, the Ontario sex education curriculum was not updated between 1998 and 2015, therefore this subject has a history of being a low priority and controversial. Prentice claims that the provocative nature of

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<sup>152</sup> J.R. Life, J.H. Passmore, and N.W. West, *Concepts in Health, Book 4* (Toronto: The Hunter Rose Company, 1967), 120.

<sup>153</sup> Leslie Millin, “Hippies: The Faded Flowers”, *The Globe and Mail*, December 30, 1967.

<sup>154</sup> Wilson. In Yorkville, hippies were continuously subjected to police raids as a consequence of the deteriorating living conditions, VD, drug abuse, and hooliganism that was present in this area. See Stuart Henderson, “Toronto’s Hippie Disease: End Days in the Yorkville Scene, August 1968,” *Journal of the Canadian Historical Association* 17, no.1 (2006), 224.

<sup>155</sup> Ontario Department of Education, *Curriculum S.29 - Senior Division: Physical Education Senior Division, Grades 11, 12, and 13* (Toronto: Ontario Department of Education, 1960), 3.

this subject stems from the “highly eroticized category of youth, hierarchies of domination and submission, the intermingling of males and females, teachers and students, with all the attendant politics around which hetero-sociability revolves, social fears about promiscuity, concerns about violence and sexual danger together with campaigns to promote abstinence and restrict sexuality to marital procreation.”<sup>156</sup>

Debates and discussions of sexual education combined these contentious relations and topics. To combat social ills, the 1950s programs emphasized leadership training as “many students will shortly be called upon to provide leadership in the community and a number of them will be candidates for the teaching profession.”<sup>157</sup> The curriculum asserted that the equivalent of one period per week should be devoted to health, and form twenty-five percent of the total PHE grade. The junior curriculum was co-ed, and mainly focused on hygiene, mental health, safety, accident prevention, and nutrition. The curriculum provided very few real guidelines for teachers, and they were expected to educate themselves on the subject matter and form their own lesson plans with the textbooks that were suggested in *Circular 14*.<sup>158</sup> In order to discover the difficulties youths faced, the senior curriculum mainly recommended that schools “set up a Students Health Committee to discover and investigate students’ health challenges.”<sup>159</sup> It appears as though the programs’ authors did not comprehend adolescents’ current realities and issues. The Department’s guidelines stipulated that since teachers were able to exercise a considerable degree of influence over students, it was advised that “the teacher should limit the amount of technical information contained in the course and emphasize

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<sup>156</sup> Prentice, 3.

<sup>157</sup> Ontario Department of Education, *Curriculum S.29 - Senior Division: Physical Education Senior Division, Grades 11, 12, and 13*, 3.

<sup>158</sup> *Circular 14* was the accompanying document for *Circular 15* which offered a list of resources that would be provided by the Ontario Department of Education upon request and also gave a list of additional materials that schools could incorporate, but they would not be supplied by the Department.

<sup>159</sup> Ontario Department of Education, *Curriculum S.29 - Senior Division: Physical Education Senior Division, Grades 11, 12, and 13*, 5.

desirable behaviour through the medium of student group discussion.”<sup>160</sup> Thus, teachers were expected to shape students’ morals and values while limiting their access to technical and practical information regarding sexuality and intercourse.

In the post-war period, the Department of Education divided the PHE curriculum based on gender as it was generally understood that boys and girls had different abilities, interests, and goals. The boys’ curriculum recommended that educators use a variety of methods to teach students about their maturing bodies, proper hygiene, heterosexual coupling, and first aid. The Department supplied a list of broad and open-ended questions for classroom discussion to gear students towards making decisions for their health that conformed to social norms. Examples included “How does human life begin?” and “What manners are needed to meet such situations as introductions, [and] meeting the girl-friend’s parents.”<sup>161</sup> Lessons endorsed heteronormativity, and boys were given advice on how to dress neatly and to their greatest advantage, but the majority of situations that young men and boys faced in these health texts related to competing in sports, working with tools, and dealing with issues relating to adolescence.

The girls’ program was far more limited in scope and content and consisted of a list of topics with very little description, which included getting along with family, friends, and boys, becoming a good citizen, recreation, childrearing, and personal values.<sup>162</sup> As the girls’ guidelines were a list of vague topics, female students were told the social expectations for women in Ontario. The boys’ curriculum, on the other hand, encouraged independent thought and debate through open-ended discussion questions. Girls’ health education was intended to prepare them for their future role as homemakers, in which they would be expected to sacrifice their individual goals for the sake of their husbands

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<sup>160</sup> Ontario Department of Education, *Curriculum S.29 - Senior Division: Physical Education Senior Division, Grades 11, 12, and 13*, 33.

<sup>161</sup> Ontario Department of Education, *Curriculum S.29 - Senior Division: Physical Education Senior Division, Grades 11, 12, and 13*, 33, 39.

<sup>162</sup> Ontario Department of Education, *Curriculum S.29 - Senior Division: Physical Education Senior Division, Grades 11, 12, and 13*, 33.

and families. For instance, the topic “Looking forward to marriage” listed several areas that contributed to a successful union, including a happy childhood, similar interests, social background, education, and maturity.<sup>163</sup> If women knew they had options outside of marriage, they would be less likely to enter unequal relationships where they would become dependent on men economically and emotionally.<sup>164</sup>

The curriculum insisted that cultivating desirable behaviour in a democratic society required that it be “developed over a considerable period of time, by experience and practice, beginning early in life. It cannot be developed by coercion, but must be accepted willingly as a desirable form of conduct.”<sup>165</sup> By subtly encouraging marriage through health programs and other areas of the curriculum, such as domestic science, schools fostered heterosexual relations among male and female students, and urged girls to become homemakers. Girls were expected to conform to gender stereotypes, be feminine, adopt passive behaviour, relinquish academic success to boys, and put the needs of others before their own. If given the opportunity to explore alternative career options, girls may not choose to become mothers, nurses, or teachers which threatened the gendered structuring of society.<sup>166</sup> Feminist critiques of this approach to young girls surfaced in the sixties under the influence of the women’s movement, but little was done in concrete terms to change the representation of women and girls in school materials until the seventies.<sup>167</sup> Boys were also expected to play some role in child rearing and household management, but as suggested by the list of topics and areas of discussion,

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<sup>163</sup> Ontario Department of Education, *Curriculum S.29 - Senior Division: Physical Education Senior Division, Grades 11, 12, and 13*, 64.

<sup>164</sup> Lenskyj.

<sup>165</sup> Ontario Department of Education, *Programme of Studies for Grades 1 to 6 of the Public and Separate Schools* (Toronto: Ontario Department of Education, 1960), 6.

<sup>166</sup> Lenskyj.

<sup>167</sup> Gaskell, McLaren, and Novogrodsky, 12.

they had more opportunities for developing independent thought, and cultivating their interests to prepare them for the workforce.

The curriculum was organized around the assumption that by keeping students sexually ignorant and encouraging sexual chastity, they would abstain from sex until marriage. By the sixties, however, rising rates of VD and adolescent pregnancies called such assumptions into question, and resulted in heated debates within the press and at national education conferences. In 1966, the Public School Trustees Association of Ontario asked the Ontario government to “establish compulsory sex education classes, starting in the earliest advisable grade in elementary school and continuing through secondary school.”<sup>168</sup> Trustees argued that school boards were too “timid” to take on the responsibility of forming and implementing programs, and wanted the provincial Department of Education to provide appropriate texts and visual aids for sexual instruction. A member of the Toronto School Board, Mahlon Beach, claimed that “in modern nations where sex education was taught the suicide rate, as well as that of venereal disease and illegitimate births had risen.”<sup>169</sup> Alan Archer, another member of the board, made it clear that Beach was not speaking for everyone. Archer argued that schools had a responsibility to teach sexual topics, because not all parents were up to the task, and schools should “teach personal cleanliness and the pitfalls of promiscuity.”<sup>170</sup> Archer’s opinions were echoed by Dr. John McIntyre of the Uxbridge School Board who stated: “It is high time the Department of Education gave some support to this program...They should correct the textbooks to include human anatomy. Many people have visions of exams being a public demonstration of sexual intercourse. This just isn’t

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<sup>168</sup> James Simpson, “Trustees Recommend Compulsory Sex Classes,” *The Globe and Mail*, October 26, 1966.

<sup>169</sup> Simpson.

<sup>170</sup> It is unclear from the article the connection that Mr. Beach saw between suicide rates and sex education, but it is possible that he thought that too much sexual information was at the root of many of society’s ills such as teen pregnancy and VD. In the meeting he also proposed “an amendment which would request the Minister of Education to make a survey covering the morals of young people in countries where sex education was taught, including a survey on the rise of venereal disease, suicides, divorce among young married couples, and the illegitimate birth rate. It was defeated by a large majority,” see Simpson.

so.”<sup>171</sup> The trustees’ debate highlights the dilemma over sex education in public schools during the sexual revolution. Fears over teenage sexual behaviour prompted support for refurbishing sexual education programs. At the same time, there were those who questioned whether too much information would lead to sexual experimentation and be regarded as permission to engage in sexual activity.

Meanwhile, members of the medical community, educators, and social commentators remarked on the bombardment of sexually explicit material in the media and its negative effects on youth. In 1964, sociologist Benjamin Schlesinger commented in *The Globe and Mail* that “Sex of the bust-and-hips types has become a sales medium in the business and entertainment worlds; almost ignored are the psychological and spiritual realities of sexual expression.”<sup>172</sup> A year later, sociologist Margaret Norquay stated at the ninth annual Youth Conference on Alcohol Problems that “teenagers are being pushed into sexual activities at an earlier age than ever before by the adult generation and the advertising industry.”<sup>173</sup> She stipulated that the media prompted girls to “snare a man,” but their parents were doing little to inform their daughters about the importance of creating stable relationships once their men were “caught.”<sup>174</sup> As a result, girls received inadequate knowledge about creating stable, equal, and fulfilling relationships, and were at risk for being victims of sexual violence, and succumbing to heteronormative gender roles.<sup>175</sup> The media circulated highly sexual content on television, and in print advertising, that gave girls the impression that they should be “sexually available.”<sup>176</sup> Educators and social experts claimed parents had not given their children adequate

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<sup>171</sup> Simpson; McIntyre gave no indication about which textbooks were the “correct textbooks.”

<sup>172</sup> Benjamin Schlesinger, “The Family of the Future,” *The Globe and Mail*, February 29, 1964.

<sup>173</sup> Rudy Platiel, “Adults and Advertising Blamed for Earlier Teen-Age Sex Activity,” *The Globe and Mail*, December 29, 1965.

<sup>174</sup> Platiel.

<sup>175</sup> Lenskyj.

<sup>176</sup> Wolpe, 45.



education in the home to counter the new sexual morality that was emphasized in the media.

Whether parents were offering appropriate and adequate sex instruction was debated heavily within the press as well as within educational associations. Many educators argued that schools should assume this responsibility from parents, as rising VD and adolescent pregnancy rates were proof of parents' failure in this area. Anne P. McCreary argued in *Canadian Education and Research Digest* that "Parents are either unaware of the need for [...sex] instruction, or they lack adequate knowledge or rapport necessary to talk to their children about sex,"<sup>177</sup> therefore, schools had the responsibility to include sexual instruction in schools. According to McCreary, schools should endorse the following two principles: "(1) adolescents should abstain from sexual relations, but (2) they should be prepared to accept the responsibility of marriage, home, family and children, in the context of society."<sup>178</sup> Although many articles in the press supported McCreary's position, the schools' appropriation of sexual education from the family also received criticism during the sixties and seventies. Sheila Kiernan, a mother of seven children residing in Toronto, stated in *Maclean's*: "In their pathetic attempts to show that *they* are not nervous about sex being discussed, an alarming number of otherwise intelligent parents are advocating that schools give classes on sex..."<sup>179</sup> Furthermore, she did not want her children learning about sex from "teachers wretchedly stumbling their way through physiology and nomenclature."<sup>180</sup> Gallup polls showed that the majority of the Canadian public agreed that some form of sexual education was necessary in public

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<sup>177</sup> Anne McCreary, "Sex Education in Swedish Schools," *Canadian Education and Research Digest* 4, (Summer 1964), 227.

<sup>178</sup> McCreary, 229-30.

<sup>179</sup> Sheila Kiernan, "'I Don't Want My Children Taught Sex in School' – and Parents Who Are Deserting Their Duties," *Maclean's Magazine* (July 23, 1966), 44. Emphasis replicated from text.

<sup>180</sup> Kiernan, 44.

schools, but support for this endeavour was not unanimous.<sup>181</sup> Individuals and organizations who did not endorse school-based sex instruction may have been a minority, but were vocal in their objections to the FLE curriculum.

Efforts were made by several government officials to include sexual education in the school curriculum, but without unanimous support, it avoided mandatory implementation. Therefore, the Department of Education primarily offered guidelines over what information was to be included, who would teach it, and resources. In response to changing social values, pressure from educators, the media, parents, and the medical community, the Ontario Department of Education, under the direction of Minister William Davis, announced in November, 1966, new guidelines for sexual education in public schools for the 1967-1968 school year.<sup>182</sup> The new course outline left the decision of teaching sexual education to the discretion of local school boards. Previously, the curriculum recommended that teachers exercise caution when giving students any information that could be interpreted as sexual education, whereas the new guidelines prompted educators to teach anatomy and reproduction. Davis was criticized by Barry Lowes, chairman of the Toronto Board of Education, for being “excessively timid” in his approach to sexual instruction. Davis countered that his department really did not know the best way to handle sexual education, and stated that “we want to benefit from the insights and experience in teaching the subject gained by the individual boards.”<sup>183</sup> The following spring, Davis stated that he was not sure if the recommendations that his government advanced within the new guidelines were actually the most appropriate for public education. He said that, sex education would more than likely become mandatory

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<sup>181</sup> Michael Barrett, “Selected Observations on Sex Education in Canada,” *SIECCAN Journal* 5, no.1, (Spring 1990), 24.

<sup>182</sup> “Building Slowdown is Hinted by Davis,” *The Globe and Mail*, December 3, 1966.

<sup>183</sup> “Building Slowdown is Hinted by Davis.”

within schools, but first his Department needed feedback and guidance from school boards before forming a compulsory curriculum.<sup>184</sup>

When the intermediate curriculum was updated in 1966 for grades seven and eight, it was expected that health would be taught in co-educational classrooms, while physical education activities would be divided by gender. The grade seven guidelines limited discussions of sexuality and puberty to the pituitary gland and growth hormones.<sup>185</sup> The course stressed that “*only normal production of growth hormones is to be discussed. Discussion of abnormalities...is to be avoided.*”<sup>186</sup> Without this discussion, students who did not experience normal growth hormones were defined as abnormal. The emphasis on normality had the intended effect of excluding and marginalizing those whose growth, development, and sexuality was atypical or different.<sup>187</sup> The grade eight program introduced themes within adolescent development that included rebelling against parents, finding independence, and obsessing over personal appearance. An absence of

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<sup>184</sup> “Davis seeks opinions: Predicts Sex Education as Part of the Curriculum,” *The Globe and Mail*, May 26, 1967. Davis’ administration received similar reproaches in *The Globe and Mail* from husband and wife psychologists, Drs. Ebernard and Phyllis Kronhausen, who argued that the government and the media were responsible for the “sexual attitudes and repression that exist in our society.” According to P. Kronhausens “The Government must shoulder the blame, because they will not take the initiative and institute a proper program of sex education both for adults and children.” They claimed that society was currently facing the problem of over population and sex education was a potential remedy. E. Kronhausens stated that “one of the reasons for overpopulation is that many people feel they cannot have sex without producing babies, not because they want them, but to hold their marriage together.” Instead society needed to make “the shift from sex for procreation to sex for recreation.” While their views may not have been shared by the entire public, they highlighted the hypocrisy of criticizing youth for loose sexuality and promiscuity while sex for pleasure instead of for procreation could curb the population problem. At the same time, youth needed to be aware of birth control devices to prevent VD and pregnancy. They advocated for the government to provide a comprehensive sexual education program, but gave little feedback on what the curriculum should include, and sex for recreation was the opposite message that parents wanted their children to receive. Sex education was a conservative measure to curb loose morality and the social ills that it promoted. See “Press Terms for Sex Linked to Repression,” *The Globe and Mail*, December 21, 1970; Behnke-Cook, 78.

<sup>185</sup> However, the curriculum specified that “it is not intended that this will be a detailed outline. It is only to orient the students to an understanding of the Pituitary Gland and its role in growth. There is a further study of glands in Grade 10.” See Ontario Department of Education, *Physical and Health Education Intermediate Division* (1966), 22.

<sup>186</sup> Ontario Department of Education, *Physical and Health Education Intermediate Division* (1966), 22. Emphasis replicated from text.

<sup>187</sup> Adams, 12.

information regarding reproduction continued to be encouraged as “it is not intended that the teacher ask the class to master the detailed anatomy of any system, organ or tissue. It is necessary only to give the student the information in regard to structure that will assist him in understanding the function and care of his body.”<sup>188</sup> To avoid controversy, providing ‘enough’ information instead of comprehensive knowledge was sufficient for the sexual education of youth. Opponents to sexual education argued that sexual information would encourage sexual experimentation among adolescents. To avoid appearing as though the Department of Education encouraged promiscuity, guidelines were purposefully kept vague.<sup>189</sup>

The intermediate curriculum built on the laissez-faire attitude of previous guidelines by expanding the vocabulary and descriptions of reproduction and sexual development, but the Department clarified that the inclusion of any of the suggested material was “left to the discretion of the principal, in consultation with the local school board.”<sup>190</sup> The curriculum recommended several resources, but failed to provide details on the actual course content. The Department advised using guest lecturers from the medical community, as well as films such as *Boy to Man* (1962) and *Girl to Woman* (1965), which suggested that the coordinators of the curriculum expected teachers to be uncomfortable with, or unknowledgeable about sexual instruction, and controversy could be deflected if information was given by medical experts or films.

Half of the proposed content for grade nine was review from earlier grades, and the few additions to the curriculum included a summary of the reproductive process in humans and mammals, as well as the promotion of “marriage and the family unit as the central core of our society.”<sup>191</sup> The curriculum reinforced the perception that the nuclear family

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<sup>188</sup> Ontario Department of Education, *Physical and Health Education Intermediate Division* (1966), 24.

<sup>189</sup> Lenskyj.

<sup>190</sup> Ontario Department of Education, *Physical and Health Education Intermediate Division* (1966), 29.

<sup>191</sup> Ontario Department of Education, *Physical and Health Education Intermediate Division* (1966), 30. The discussion of reproduction was outlined as follows: “The normal birth process: how the ovum is

needed to be strengthened in an era of increasing sexuality in the media, permissive attitudes towards sex, and working mothers. The curriculum was influenced by family values ideology, which recommended reinforcing traditional gender roles, to counter the influence of the women's movement. Furthermore, the guidelines given by the Ontario Department of Education left teachers with minimal outlines on vague topics, as well as a list of textbooks and visual aids that could be used if their school board permitted sexual education or had access to these resources. Teachers were left to their own devices to research sexual health, discover community resources, create their own lesson plans from ambiguous government guidelines, and face potential scrutiny from parents. The lack of organization and guidance within the health curriculum left teachers ill prepared to teach sexual instruction to students who experienced a repetition of material and outdated resources.<sup>192</sup> It is, therefore, not surprising that sexual programs were adopted unevenly across the province.

In 1967, the Department of Education's supervisor of curriculum, M.B. Parnall, was asked whether contraceptives should be included in health classes, and he responded "Certainly not."<sup>193</sup> Sexual instruction could be interpreted as promoting promiscuity if birth control was included; however, a lack of knowledge increased female students' vulnerability to adolescent pregnancy. Principal Patrick Johnson of Upper Canada Collegiate, an Ontario private school, asserted that it should be taught, as long as instruction was given by a physician or similarly competent person.<sup>194</sup> To ascertain

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fertilized; development of the baby; brief outline of normal birth." This description of reproduction was very vague, brief, and did not explain how the ovum becomes fertilized or the development and birth of a baby which many teachers may not have been aware of or knew how to divulge this information in a classroom setting. The grade ten guideline included many health topics such as strokes, heart disease, alcoholism, but nothing on sexuality or sexual education. Presumably, it was expected that they knew all they needed to know until their senior years of high school when they would be entering marriage shortly after graduation.

<sup>192</sup> Students' reactions to sexual instruction is discussed in more depth in Chapter 4.

<sup>193</sup> "Just the Bare Facts in Ontario," *The Globe and Mail*, February 18, 1967.

<sup>194</sup> Private schools endorsed contraception instruction, as well as sexual education in general. Despite the illegality of the subject, certain schools offered birth control information. Private schools had more

which public schools were offering sexual instruction and within which course, the curriculum branch undertook a survey of public schools in 1967. Inspired by Frederick Elkin's survey of sexual education in Canada for the Vanier Institute, assistant superintendent of curriculum Gerald MacMartin circulated a survey for Ontario public schools. Unfortunately, the results of this survey are unknown.<sup>195</sup> However, it is clear that the Department of Education acknowledged fluctuating gender expectations and recognized that Ontario society was in transition.

In response to the new morality of the 1960s, the curriculum *Growing into Maturity in a Changing World and Family Health Education in a Changing World* (1969) was added to the senior health curriculum to guide students through the current social challenges while enforcing conventional norms. The title of the curriculum suggests that the writers wanted to preserve the nuclear family when the women's and gay rights' movements were changing social mores. While religion lost most of its prominence in the lives of Canadians, curriculum authors continued to endorse Christian values. The program guide stated that "with the evolution of new pressures in a rapidly changing world, families are faced with new stresses and demands. The growth in number of social groups and other distracting influences competing with the family for interest, time and loyalty, increases the need to understand the function of the family."<sup>196</sup> As the maintenance of the family was accomplished through the unpaid labour of women, their greater engagement in the workforce during this era posed a threat to the nuclear family.<sup>197</sup> Family values, such as women as caretakers, were therefore enforced in FLE programs. Unlike previous course outlines supplied by the Department, the curriculum improved its descriptions of each topic, included suggestions for class activities, and film strips. The course continued to

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freedom to include these topics as these institutions were not supported by public taxes and were more immune to government and public intervention. See "Just the Bare Facts in Ontario."

<sup>195</sup> "Family Life Questionnaire," AO RG2-245 Senior Physical Education 1969-1973 to Writers, Box 3, File Sex Education 2

<sup>196</sup> Ontario Department of Education, *Curriculum S.29A: Growing into Maturity In a Changing World and Family Health in a Changing World – Senior Division Health Education*, 11.

<sup>197</sup> See Gaskell, McLaren, Novogrodsky, 2.

stress heterosexuality and dating as the social norm, and described adolescence as a time of change, when teenagers take on more duties, which can lead to conflict within families.<sup>198</sup>

The curriculum urged that students “should develop an understanding of the nature of human sexuality not only as a means for reproduction, but also as an aspect of individual personality.”<sup>199</sup> Although the wording was vague, the course suggested that sexual intercourse was not only for the purpose of begetting children, but also part of the human experience.<sup>200</sup> Furthermore, the guidelines stated that youth should “develop an appreciation that sex is a natural drive of individuals that is accompanied by related responsibilities.”<sup>201</sup> The consequences for premarital sex were not listed, but implied that penalties existed for engaging in sexual activity outside of a monogamous marriage. The course stated that teachers should not lecture students on the subject of health, but rather moderate the conversation. Even so, the biases of the discussion topics emphasized conventional sexual norms and abstinence. Thus, while the methods changed, the objectives remained the same. According to Executive Director of the Sex Information and Education Council of Canada Michael Barrett, the notion that students should be discouraged from having sex has long been part of the curriculum in Canadian schools, albeit rarely stated or acknowledged outright. Strategies for encouraging abstinence included emphasizing sex outside of marriage as immoral, the possibility of STDs and pregnancy, and the maturity needed for a sexual relationship.<sup>202</sup> The Ontario

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<sup>198</sup> J.D.H. Iles and L.R. Glait, *Man Alive* (Toronto: McGraw-Hill Company of Canada Limited, 1968), 272.

<sup>199</sup> Ontario Department of Education, *Curriculum S.29A: Maturity In a Changing World and Family Health Education in a Changing World*, 10.

<sup>200</sup> It is doubtful, however, that the text was promoting sex outside of marriage, and it is more likely that sexual preferences varied depending on the individual.

<sup>201</sup> Ontario Department of Education, *Curriculum S.29A: Growing into Maturity In a Changing World and Family Health in a Changing World – Senior Division Health Education*, 10. Similar statements were presented in the textbooks, but the language was intentionally vague to avoid controversy.

<sup>202</sup> Barrett, 28.

education system adopted a combination of these strategies within the curriculum, and recommended resource materials with similar approaches to adolescent sex.

As a result of the alterations made to the sexual health education curriculum, the Department of Education received letters from across the globe asking for more information on the program. In the early seventies, most of these letters received a response from MacMartin, who replied to correspondence from Prince Edward Island, several Ontario municipalities, Quebec, British Columbia, Saskatchewan, Alberta, Australia, and the United States. Many of these individuals asked for information on the state of sexual education in Ontario as well as its goals for their own research initiatives, while others wanted guidance in constructing sexual education programs in their cities. In response, MacMartin sent copies of the relevant sections of the PHE curriculum and clarified that the decision to include FLE was in the hands of local school boards. Therefore, no generalizations could be made about the extent and nature of FLE in Ontario.

Frequently MacMartin was required to address complaints from Ontarians who objected to the inclusion of sexual education in public schools. Mrs. Cecil Flewwelling of Alma, Ontario asserted that sexual education in schools only required fifteen minutes of instruction from a nurse to grade seven students in segregated classes.<sup>203</sup> She argued that students could figure out the rest for themselves and “this teaching and showing pictures, causing them to think about sex for one period each week is just asking for trouble...”<sup>204</sup> D. van Derwielen in Scarborough claimed that “some of the films [in FLE classes] border on the pornographic... The moral breakdown in society is serious enough without the

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<sup>203</sup> Cecil Flewwelling referred to herself using her husband’s full name, instead of her first name.

<sup>204</sup> Cecil Flewwelling to William Davis, December 26, 1969 AO RG2-81-4 Curriculum Implementation and Development Files, Box 8 (Temporary Box 3), File DA-100 Curriculum Sex Education 1970 (Physical & Health Education) (Arts).



classroom contributing to it.”<sup>205</sup> Kenneth Hart was similarly upset with his daughter’s grade eight sexual education at Humbercrest Public School in York, Ontario. He was concerned that his daughter was expected to give presentations on masturbation, and dismayed over the crude language children were using such as “when a man screws a woman.”<sup>206</sup> Furthermore, when students had misconceptions, the teacher failed to correct them. In closing, he told Minister of Education Davis that the teacher invited experts to discuss drug and alcohol addiction and “perhaps when prostitution was discussed the information was obtained from another qualified practitioner (sic).”<sup>207</sup> Retired nurse, E.G. Bernstein launched a one-woman crusade against sexual education in Ottawa’s schools in the early seventies as she felt that sexual instruction in her region had been launched without the medical association’s authority.<sup>208</sup> Criticisms of sexual education content came from parents, medical authorities, and the general public, and called for the elimination of sexual topics in schools.

While the Department of Education received several complaints that sexual education did not belong in schools and teaching materials were perverse and inappropriate, several individuals claimed that the Department was not doing enough for youths’ sexual instruction. V. van Zwanenburg of Waterloo urged Davis to incorporate information on “the repercussions of overpopulation.”<sup>209</sup> Warton’s Susan Davis shared similar concerns

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<sup>205</sup> D. van Derwielen to William Davis, (n.d but received by the Department of Education on March 18, 1970) AO RG2-81-4 Curriculum Implementation and Development Files, Box 8 (Temporary Box 3), File DA-100 Curriculum Sex Education 1970 (Physical & Health Education) (Arts).

<sup>206</sup> Kenneth Hart to William Davis, March 13, 1970; AO RG2-81-4, Curriculum Implementation and Development Files, Box 8 (Temporary Box 3) File DA-100 Curriculum Sex Education 1970 (Physical & Health Education) (Arts).

<sup>207</sup> Kenneth Hart to William Davis.

<sup>208</sup> Estelle G Bernstein to Gerald MacMartin, November 17, 1971, AO RG2-81-4, Curriculum Implementation and Development Files, Box 8 (Temporary Box 3), File DA-100 Curriculum Sex Education 1971 (Physical and Health Education) (Arts).

<sup>209</sup> V. van Zwanenburg to William Davis, May 15, 1970 AO RG2-81-4, Curriculum Implementation and Development Files, Box 8 (Temporary Box 3), File DA-100 Curriculum Sex Education 1970 (Physical & Health Education) (Arts).

that students were not aware of the different types of contraceptives that were necessary to curb over-population in Canada.<sup>210</sup> In 1970, K. Heathers in Kemble asserted to Davis: “It is a definite fact that more education about sex in Ontario schools would lower our population increase.”<sup>211</sup> This was a popular theme in several curricula across the province and an issue that was discussed and debated by educators and social experts in the media. The common issues believed to arise from the ‘population explosion’ included addiction, mental illness, crime, and abuse of children.<sup>212</sup> The objectives of the supporters and opponents of sexual education were the same: reduce social ills such as delinquency and immorality, but their views of the means to achieve these goals divided them.

Regardless of whether the individuals who wrote to the Department of Education supported or objected to the inclusion of sexual health in the curriculum, the Department responded similarly to all correspondence on this subject. Due to the volume of inquiries that the Department received, a form letter was created, which was altered slightly to respond to each of the letters from the public. An Ontario public service employee, usually MacMartin, replied that the Department supplied educators with guidelines that they could adapt to suit their students’ needs. The province had ten regional program consultants that could assist teachers, and instructors were encouraged to seek out community resources. The Department acknowledged that while parents were their children’s main educators, teachers acted as parents’ advocates. Ultimately, it was intended that health education would help students “formulate solutions to problems in the light of his own goals and philosophy within the context of the goals and values of his

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<sup>210</sup> Susan Davis to William Davis, October, 1970 (received by the Ontario Department of Education October 23, 1970) AO RG2-81-4, Curriculum Implementation and Development Files, Box 8 (Temporary Box 3), File DA-100 Curriculum Sex Education 1970 (Physical & Health Education).

<sup>211</sup> K. Heathers to William Davis, October 13, 1970, AO RG2-81-4, Curriculum Implementation and Development Files, Box 8 (Temporary Box 3), File DA-100 Curriculum Sex Education 1970 (Physical & Health Education) (Arts).

<sup>212</sup> Florence Bird, “Keynote Address,” *Proceedings of the First National Conference on Family Planning: February 28, 29-March 1-2, 1972*, (Ottawa: Ministry of National Health and Welfare, 1972), 11.

own home and community.”<sup>213</sup> It was, thus, not expected that students would develop distinct goals; rather they were encouraged to accept hegemonic and patriarchal norms. Those who wanted more information on course content, were told to contact the principal or school board administration.<sup>214</sup> The Minister of Education evaded responsibility for the content of sexual education courses and placed the burden on school boards. The Department officially supported sexual education, but was not obligated to take any action in its development or implementation.

In some cases, teachers were disappointed with the lack of support and materials being offered by their school boards and the Department of Education. S. Blackshaw was a teacher who complained to Assistant Deputy Minister J. F. Kinlin that he was disappointed with the lack of supplies he was given to teach sexual topics at his school in Chatham. He commented that he usually had to gather information on his own and expressed frustration that his principal required all materials to be approved before use. In addition, he wanted to know why other schools were not offering sexual health classes.<sup>215</sup> Superintendent of Curriculum J.K. Crossley responded for Kinlin that the principal was responsible for the curriculum’s content, and to contact the PHE program consultant for his area, J.R. Long.<sup>216</sup> The Department’s passivity and lack of support

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<sup>213</sup> J.R. McCarthy to Glen Newson, February 1, 1970, AO RG2-81-4, Curriculum Implementation and Development Files, Box 8 (Temporary Box 3), File DA-100 Curriculum Sex Education 1970 (Physical & Health Education) (Arts).

<sup>214</sup> For example see Gerald MacMartin to W.R. Hunter, February 4, 1970, AO RG2-81-4, Curriculum Implementation and Development Files, Box 8 (Temporary Box 3), File DA-100 Curriculum Sex Education 1970 (Physical & Health Education) (Arts).

<sup>215</sup> S. Blackshaw to J.F. Kinlin, March 30, 1971, AO RG2-81-4 Curriculum Implementation and Development Files, Box 8 (Temporary Box 3), File DA-100 Curriculum Sex Education 1971 (Physical & Health Education) (Arts).

<sup>216</sup> Gerald MacMartin to S. Blackshaw, April 5, 1971, AO RG2-81-4 Curriculum Implementation and Development Files, Box 8 (Temporary Box 3), File DA-100 Curriculum Sex Education 1970 (Physical & Health Education) (Arts).

resulted in school board administrators dealing with conflict on their own and teachers without resources.

To aid the government in forming comprehensive sex education, the Ontario Medical Association (OMA) sought greater cooperation between the Department of Education and the medical community by collaborating on curricula. Additionally, physicians wanted more authority in the planning of course materials.<sup>217</sup> In 1962, Dr. G.J. Millar stated in the *Canadian Medical Association Journal* that “teaching in Canadian schools as it pertains to health and hygiene has received no guidance---and no organized aid from scientists or the medical profession.”<sup>218</sup> By the early sixties, physicians were mainly consultants in the planning of the health curriculum, and were rarely asked to design or write health lessons. Dr. J. O. Godden, a physician in the Faculty of Medicine at the University of Toronto, complained that “Health education in the schools has suffered because the teachers, even when specialized, are not masters of their content. The books they use have been criticized because their scientific material was out of date, inappropriate or simply wrong.”<sup>219</sup> Evidence of their concerns was present in Elkin’s 1970 survey of high school sexual education teachers, in which many of them said they “had very limited preparation for teaching in this subject area.”<sup>220</sup> In response, the OMA established an Advisory Council on Health Education in 1969 to offer medical consultation to Ontario teachers and informally discuss health instruction and recommend

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<sup>217</sup> There was a lot of controversy over the calculation of VD rates. Many physicians complained that private physicians or family doctors did not report VD amongst their patients, and it was, therefore, difficult if not impossible, to track contacts and statistics. See “Rule Affects Data on VD, Doctor Says,” *The Globe and Mail*, June 25, 1976; William Shannon, “VD Figures May Be Only a Tenth of the Truth,” *The Globe and Mail*, August 26, 1970.

<sup>218</sup> G.J. Millar, “‘Skip the Health Lesson, Teacher!’: A Commentary on Health Education in Canadian Elementary and Secondary Schools,” *Canadian Medical Association Journal* 86 no.14, (April 7, 1962), 647.

<sup>219</sup> J.O. Godden to C.A. Bond, “A Cassette Tape Program for Health Education in Ontario Schools,” AO RG 29-59 Correspondence of the Minister of Community and Social Services, Container B188272, File Ontario Medical Association 1971-1972.

<sup>220</sup> Edward S. Herold, *Sex Education in Ontario Schools Part II: The Secondary Schools*, 13.

useful resources.<sup>221</sup> According to women's historian Brumberg, the trend of physicians, who were mainly men, teaching girls about their bodies began in the nineteenth century, and during the 1930s, the concept of the 'inadequate mother' justified medical doctors' intervention in teaching girls about menarche and puberty.<sup>222</sup> In the post-war era, physicians legitimized their profession, in part, by urging Canadians to rely on the medical community for their health concerns instead of their "own judgements or...past experiences."<sup>223</sup> Thus, by the sixties, physicians were accepted as having more specialized knowledge of women's bodies than women themselves. Many medical professionals were supportive of FLE programs within schools, and continued to be involved in the sexual instruction of public school students.<sup>224</sup>

During this decade, the Department of Education, in tandem with the OMA, planned to utilize local doctors in school health programs, prepare community health initiatives, and create educational materials.<sup>225</sup> The OMA reviewed health textbooks for accuracy and relevance, and commented that they were concerned with the lack of supplies and

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<sup>221</sup> It is unknown how useful this council was to teachers or its success. Odden also put forth a plan for doctors to create tapes on health topics that teachers could play in their classrooms. He argued it was cost and time effective and would give students the best, updated information. It is possible his recommendations were intended to usurp teachers' roles and he did not consider students engagement in classroom materials or discussions. J.O. Godden to C.A. Bond.

<sup>222</sup> Brumberg, 106, 110.

<sup>223</sup> Mona Gleason, "Disciplining Children Disciplining Parents: The Nature and Meaning of Advice, 1945-1955," in *Schooling in Transition: Readings in Canadian History of Education*, ed. Sara Z. Burke, and Patrice Milewski (Toronto, Buffalo, and London: University of Toronto Press, 2012), 359.

<sup>224</sup> H. Philip Hepworth, *Personal Social Services in Canada: A Review-Family Planning and Abortion Services and Family Life Education Programs*, 5 (Ottawa: The Canadian Council on Social Development, 1975), 52.

<sup>225</sup> D.H.M. Dunn to Gerald Martin, "Meeting with the Advisor Council on Health Education of the Ontario Medical Association," February 29, 1972, AO RG 29-59 Correspondence of the Minister of Community and Social Services, Container B188272, File Ontario Medical Association 1971-1972.

education for teachers.<sup>226</sup> As a consequence of the timidity of the Ontario Department of Education and failure to adjust sexual education to comply with current social trends, guidelines were vague, and textbooks were not updated. The lack of mandatory guidance from the government left sexual instruction in a vacuum that many agencies attempted to fill. Organizations within the medical community who were responsible for treating and ebbing the flow of rising VD rates among youth intended to use education to prevent the spread of infections. The medical community had a vested interest in educating youth, because their energies and resources were spent treating the public for VD.

As a result of the OMA's influence, the Department of Education's program consultants advised schools on how to incorporate VD education in 1971. The Department claimed that VD would be included in the curriculum under the heading "communicable diseases," and that program consultants would help teachers and parents develop lessons on VD. Courses on VD were established through the cooperation of the Departments of Education and Health, publishers, medical personnel, and institutions of teacher education. Furthermore, the Department of Education requested studies on VD from the Department of Health, and its officers offered resources to teachers. Members of the OMA consulted the curriculum guidelines, and a representative from the Department sat on the OMA's education committee.<sup>227</sup>

In 1972, the OMA requested to be involved in the preparation of resources for PHE classes. The OMA was still concerned with medical accuracy in textbooks, the preparation of health teachers, quality of teaching materials, and a lack of physicians' involvement in health classes. Representatives from the OMA recommended forming a

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<sup>226</sup> Ronald E. Brownridge to T.H. Houghton, December 14, 1971, AO RG 29-59 Correspondence of the Minister of Community and Social Services, Container B188272, File Ontario Medical Association 1971-1972.

<sup>227</sup> Gerald MacMartin, "Sex (Family Life) Education and Venereal Diseases – Further Information," May 31, 1971, 2, AO RG2-245 Senior Physical Education 1969-1973 to Writers, Box 3, File Sex Education Form Letters & Forms 1973-1974. There is no indication on the document as to its intended purpose or audience.

list of medical doctors as contacts for health education teachers.<sup>228</sup> The OMA also objected to the overemphasis in high school PHE classes on competitive athletics over health and total fitness. Furthermore, these courses were not compulsory, and all students would not receive the same health information.<sup>229</sup> Dr. Mariam Powell, a member of the OMA, was invited to participate in the revising of the PHE curriculum in 1972 in hopes that the OMA's suggestions would be included in the PHE course.<sup>230</sup>

The Canadian medical community also called for the government to adopt a more pragmatic approach to sexual education. In 1971, Dr. David Veradi, a member of the Canadian Medical Association (CMA), claimed that VD was “the nation’s number one reportable, communicable disease.” The CMA asserted that in Ontario, fourteen percent of all VD cases in 1969 were contracted by those between the ages of fifteen and nineteen. The CMA urged the “Government to pass legislation allowing doctors to treat minors without parental consent, as well as providing more education in schools,” and for the public.<sup>231</sup> They also advised youth to use condoms, wash with soap and water after sexual intercourse, and “a return to a philosophy of ‘one man, one girl at a time.’”<sup>232</sup> The CMA verbalized a popular theme throughout this period that VD and other social ills could be prevented if youths adopted monogamous sexual behaviour, instead of engaging in promiscuous habits. Sethna’s research illustrates that these views were reminiscent of social purists’ agenda of promoting “monogamous marriage and reproduction” through FLE courses following the First World War.<sup>233</sup> Therefore, the solution to youth’s sexual activities was similar half a century later. As a consequence of the pressure from the

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<sup>228</sup> D.H.M. Dunn to Gerald Martin.

<sup>229</sup> D.H.M. Dunn to Gerald Martin.

<sup>230</sup> D.H.M. Dunn to Gerald Martin. The Committee on Public Health was also concerned that too much emphasis on individual excellence in specific activities and too little on group participation. It recommended less emphasis on team sport and more on individual activity, and daily exercise.

<sup>231</sup> “New Image for VD? Try ‘Sexual Pollution,’” *The Globe and Mail*, May 28<sup>th</sup> 1971.

<sup>232</sup> “New Image for VD? Try ‘Sexual Pollution,’” *The Globe and Mail*, May 28<sup>th</sup> 1971.

<sup>233</sup> Sethna, “The Facts of Life: The Sex Instruction of Ontario Public School Children, 1900-1950,” 190.

medical community, as well as the rising costs of treating VD, the Department of Health, under the direction of Richard Potter, promoted a VD program to be included in FLE classes.<sup>234</sup>

In a 1972 memo circulated to the regional directors of education, superintendents, and principals, the Ontario Department of Education stipulated that the Health League of Canada and the Ontario Department of Health were very concerned with rising VD rates among younger age groups.<sup>235</sup> The previous year, Assistant Deputy Minister Kinlin stated that students should be aware that “the circumstances under which the disease is transmitted are related directly to issues that have moral as well as physical implications. While the school cannot make moral decisions for its students, it should encourage young people to make mature and moral judgments.”<sup>236</sup> According to Kinlin, the government promoted the prevention of VD by advising students to make their sexual choices based on morality and avoid sexual intercourse, especially with promiscuous people. Although he stipulated that teachers should not force their moral values onto students, youths should be encouraged to form their own morals that echoed social norms. Furthermore, he did not specify what type of moral codes should be offered to students; rather, he assumed that all teachers held the same values, or it was left intentionally vague to evade conflict over different interpretations of ethics. Government action resulted from mounting pressure within the medical community and growing incidences of VD among

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<sup>234</sup> Norman Webster, “VD Education Planned for Schools to Combat Rise in Disease,” *The Globe and Mail*, March 13, 1973.

<sup>235</sup> Sister C. Paul to J.F. Kinlin, March 7, 1972, AO RG2-81-4 Department of Education, File DA-100 Curriculum Venereal Disease 1972 (Health Education) (Arts).

<sup>236</sup> J.F. Kinlin to Regional Directors of Education, Directors of Education, Superintendents of Separate Schools, Principals of Schools, “Credits in Physical and Health Education,” December 20, 1971, AO RG 29-59 Correspondence of the Minister of Community and Social Services, Container B188272, File Ontario Medical Association 1971-1972.



its population. Meanwhile, these programs were not mandatory, and therefore, integrated haphazardly across the province.

When asked by the press in 1974 why VD was included in the curriculum while birth control was absent, MacMartin failed to offer a comprehensive response. He did not give any reason as to why one subject was favoured over the other, and only stated that sexual education was a decision for local communities where students should learn about “sexual activity and pregnancy control as something married people do.”<sup>237</sup> The government “will send out program consultants to help a community develop a course. But that is the limit.”<sup>238</sup> Furthermore, it was stressed that the ministry does “not support pre-marital sex.”<sup>239</sup> It is possible that the treatment of VD was a drain on the Ministry of Health’s resources, and since it affected men and women, it received more attention and prevention measures from the provincial government. In the meantime, teen pregnancy and motherhood were mainly economic challenges for the mother and her family. Journalist Nora McCabe commented that although youth had more sexual education, “kids today are just as dumb as ever,” and continue to think pregnancy could not happen to them.<sup>240</sup> Furthermore, McCabe found that girls under the age of eighteen could not get oral contraceptives without their parents’ permission, and many did not want to take the pill, because it would appear that their sexual activities were premeditated and consequently damage their reputations. Therefore, many girls left birth control in the hands of their sexual partners, and pregnancy was a common outcome.<sup>241</sup> In addition,

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<sup>237</sup> “Knowing the facts of life,” *The Globe and Mail*, April 17, 1974.

<sup>238</sup> “Knowing the facts of life.”

<sup>239</sup> “Knowing the facts of life.”

<sup>240</sup> Nora McCabe, “Today’s Teens: Sex is Fine as Long as it’s not Casual,” *The Globe and Mail*, September 10, 1977.

<sup>241</sup> McCabe; The article also stated that according to teen girls, it was unacceptable to have casual sex, as it could ruin a girl’s reputation and she could be called “sleazy or slutty.” If she slept with anyone, he needed to be a steady boy.

female students' access to birth control and contraceptive information was also inhibited by the government's lack of provisions for discussion of this topic in the curriculum.

Meanwhile, the Ministry of Education coordinated with the Ministries of Community and Social Services, and Health to create a strategy for teaching VD to students in 1972. The Imperial Order of the Daughters of the Empire (IODE), a national women's charitable organization, met with representatives from the aforementioned Ministries, and, as a result, it was determined that the Ministry of Health would provide materials at the IODE's four regional conferences to demonstrate what was being done in Ontario to combat the spread of VD. The IODE gave \$7000.00 for research and displays at shopping malls. After six months, representatives would investigate the possibility of contracting a van with educational materials for schools.<sup>242</sup> In the seventies, there was cooperation between women's agencies and the government to improve the sexual education of youth.

As the seventies progressed, concerns over increasing VD rates rose. According to a 1973 news release by the Ministry of Health, the number of VD cases grew by fifty-seven percent from 1971 to 1972. This growth could be partly explained by the new reporting requirements put in place by the Venereal Disease Prevention Act in which physicians were required to report all incidences of VD to local medical officers of health (MOH).<sup>243</sup> Prior to this act, there were many complaints of physicians failing to track all VD cases.<sup>244</sup> Olga Keith, the Coordinator for the Status of Women and Family Planning at the Community Action Resource Centre in Port Colborne, wrote to Minister of

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<sup>242</sup> Gerald MacMartin to J.K. Crossley for the attention of J.F. Kinlin, "Meeting with IODE and Representatives From the Ministries of Education, Community and Social Services, and Health re V.D.," AO RG2-245 Senior Physical Education 1969-1973 to Writers, Box 3, File Venereal Disease 2.

<sup>243</sup> Ministry of Health, "Newsrelease: VD Increase 57 Per Cent as More Physicians Report," March 12, 1973, AO RG2-245 Senior Physical Education 1969-1973 to Writers, Box 3, File Venereal Disease 2.

<sup>244</sup> "Physicians Dislike Reporting VD, International Conference is Told," *The Globe and Mail*, November 1, 1977; Shannon.

Education Wells about her organization's apprehension over rising VD rates.<sup>245</sup> Dr. Gordon Bates, the General Director of the Health League of Canada, expressed similar views in his correspondence with the Minister. In response, Wells described how the Ministry was creating a VD kit for schools and collaborating with IODE on their VD program.<sup>246</sup> In the spring of 1973, representatives from the Ministry of Education explained the kit to MOHs across the province. It was expected that the MOH would then introduce it to the school boards in their region and have a kit available for school use. Program consultants were also at the disposal of the MOH to aid with this task. It was expected that the kit could be used for multiple grades without repetition of materials.<sup>247</sup> It is, however, unknown how every board reacted to the kit's introduction or the extent to which it was used in classrooms.

Despite these initiatives, the Ministry was still criticized for not doing enough when it came to VD prevention and education. Margaret Birch of the Ontario Youth Secretariat supported the Ministry's actions, but also shed light on areas that required further attention. For instance, students were still not receiving information on VD and "treatment [is] awkward for them to obtain."<sup>248</sup> Students were embarrassed by bringing pamphlets home, worried that their parents would find out, discovered it was challenging to receive treatment anonymously at clinics, and were anxious that their names would be reported if they tested positively.<sup>249</sup> While the Ministry was organizing educational

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<sup>245</sup> Thomas Wells to Olga Keith, April 13, 1973, AO RG2-245 Abortions 1972 to Ministers Letters 1971-1974, Box 1, File Minister's Letters 1971-1974.

<sup>246</sup> Thomas Wells to Gordon Bates, June 6, 1973, AO RG2-245 Abortions 1972 to Ministers Letters 1971-1974, Box 1, File Minister's Letters 1971-1974.

<sup>247</sup> Helen Gurney to Physical and Health Education Program Consultants, June 11, 1973, AO RG2-245 Senior Physical Education 1969-1973 to Writers, Box 3, File Venereal Disease 2.

<sup>248</sup> Margaret Birch, "Cabinet Submission for the Ontario Youth Secretariat," October 18, 1973, 1, AO RG2-245 Senior Physical Education 1969-1973 to Writers, Box 3, File Venereal Disease 3.

<sup>249</sup> Birch, 1-2. Birch recommended that a committee, which included representatives of the Ministries of Education, Colleges and Universities, and Health, be created to monitor government programs relating to VD. She also suggested implementing a province-wide toll free telephone number to offer Ontarians VD information.

materials, other government officials noted its oversights and weaknesses. Despite free kits to high schools, it was still the school board administration that decided whether classrooms would use them, which meant continued uneven access to information. The knowledge that students received from these kits was also rife with gender stereotypes and reinforced the sexual double standard.

An analysis of VD materials for youth illustrates women's clichéd and stereotypical roles. In VD literature, women were mainly represented in government materials as prostitutes or promiscuous, who infected unsuspecting men and their families. The Ontario Ministry of Health's 1973 VD kit discussed the types of VD, their causes and effects, and their prevention and treatment. The language and descriptions within the kit were highly technical, and only marginally used gendered stereotypes. The accompanying resources, however, predominantly suggested that women's promiscuous behaviour was the leading cause of VD outbreaks. The teaching kit included an *MD of Canada* article which described the history of VD in Western societies, and the men who were infected by nameless women, mainly prostitutes. The article stated that during the Italian wars, Ferdinand V's troops "sent out their whores to spread syphilis among the enemy."<sup>250</sup> Prostitutes and their ability to spread VD to men in power were heavily featured throughout the text.<sup>251</sup> Furthermore, those most at risk were "merchant seamen, migrant workers and homosexuals who are notoriously promiscuous and are usually reluctant to reveal contacts."<sup>252</sup> The statements made within the VD kit exemplified classism, heterosexism, and racism. The scientists involved in VD research to prevent and control outbreaks were also men, such as Fritz Schaudinn, Erich Hoffman, Julius Wagner von Jauregg, and August von Wassermann.<sup>253</sup> Thus, wanton women were the

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<sup>250</sup> Ontario Ministry of Health, *VD Teaching Kit: Research Articles* (Toronto: Ministry of Health, 1973), 4.

<sup>251</sup> Ontario Ministry of Health, 5-6. Including Francis I and Vincent Van Gogh. Catherine the Great was mentioned, but only in the context of having her many lovers examined for VD, suggesting her promiscuous behaviour.

<sup>252</sup> Ontario Ministry of Health, 8.

<sup>253</sup> Ontario Ministry of Health, 9.

culprits behind the spread of these diseases, while men overcame infections through logic, reason, and science. Female students were given the impression that advancements in science were achieved by men, whereas women created issues and challenges that impeded society and progress. According to educational theorist Joseph Diorio, sexual education was promoted to eradicate teen pregnancy and VD.<sup>254</sup> If sex was presented as anything other than loving and for procreation, then instruction would fail to contain the spread of VD. Therefore, it was necessary to present VD as the consequence of licentious behaviour.

VD was not the only issue that needed to be addressed in an era when more teens were becoming sexually active without relevant sexual information. Dr. R.F. Edington, an obstetrician and gynecologist in Sudbury, communicated to Minister of Education Welch in 1971, that he was pressured to perform numerous abortions for thirteen and fourteen year old girls or find a doctor who would perform the procedure. With the liberalization of the abortion laws in 1969, through the Criminal Law Amendment Act 1968-1969, abortions had to be approved by a physicians' committee and performed in a hospital. Despite the changes to its legal status, Canadian women experienced unequal access to abortion depending on where they lived, as not all hospitals had these committees. Women's groups who participated in the feminist movement actively campaigned for removing abortion committees in hospitals in 1970, as they gave doctors the authority to decide if a woman should have the procedure, and denied women's control over their own bodies. In 1970, the Vancouver Women's Caucus protested the limits placed on women's reproductive rights by organizing an abortion caravan that travelled from Vancouver to Ottawa.<sup>255</sup> Once in Ottawa, a series of protests occurred that resulted in feminists chaining themselves to fixtures in the House of Commons and demanding abortions on demand. While inequities persisted throughout the 1970s, in 1975, 49,500

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<sup>254</sup> Joseph A. Diorio, "Contraception, Copulation Domination, and the Theoretical Barrenness of Sex Education Literature," *Educational Theory* (Summer 1985) 35, no.3: 239, 241.

<sup>255</sup> Shannon Stettner, "'We are Forced to Declare War': Linkages between the 1970 Abortion Caravan and Women's Anti-Vietnam War Activism," *Social History* 46, no.92 (November 2013), 424.

women had abortions in Canada, and 9,700 went to the United States for treatment.<sup>256</sup> Edington's correspondence addressed this rise in abortion requests, which he felt could be decreased through education. Since the Sudbury Board of Education's curricula did not include family planning, he advocated for "qualified personnel" to instruct students on this topic in the municipality's public school system.<sup>257</sup> In response, Welch advised he contact the program consultant for Sudbury and it is not known if any action in this regard was taken as a result.<sup>258</sup>

Reporter Patricia Bell criticized the government's willingness to counter the VD threat through education programs while ignoring the escalating number of teenage pregnancies. It was estimated that there were 9,578 cases of VD, but 10,000 pregnancies in Ontario in 1971. Planned Parenthood of Ontario (PPO) contended that "Nowhere in the Ministry of Education curriculum guides for Ontario schools is the specific topic of birth control listed. This means that the teacher who chooses to ignore this subject for any reason can do so, and that a principal could actually prevent teachers from including this material in their classroom presentation."<sup>259</sup> The lack of readily available contraceptives and family planning services illustrates the Ministry's patriarchal agenda which adopted a passive approach to concerns relating to women's health needs. It was commonly perceived by educators and the media that unwed fathers faced few consequences for their part in illegitimate births, and had the option of "running away."<sup>260</sup> Health and reproductive challenges for women were not a priority for health

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<sup>256</sup> McLaren, 136-7.

<sup>257</sup> R.F. Edington to Robert Welch, April 16, 1971, AO RG2-81-4 Curriculum Implementation and Development Files, Box 8 (Temporary Box 3), File DA-100 Curriculum Sex Education 1971 (Physical & Health Education) (Arts).

<sup>258</sup> Robert Welch to R.F. Edington, April 26, 1971 AO RG2-81-4 Curriculum Implementation and Development Files, Box 8 (Temporary Box 3), File DA-100 Curriculum Sex Education 1971 (Physical & Health Education) (Arts).

<sup>259</sup> Patricia Bell, "VD Campaign in Ontario's Schools Ignores Birth Control Education," *The Globe and Mail*, April 10, 1974.

<sup>260</sup> June Walters (pseudonym), interview by author, *SEOHP*, UWO, May 10, 2013; Laura Broga (pseudonym), interview by author, *SEOHP*, UWO, October 11, 2013; Anna Cameron and Margaret

and education officials. Young girls were provided with few resources and little education to prevent pregnancy, and were consequently blamed for their ignorance when they became pregnant. Furthermore, their concerns were not addressed when the PHE curriculum was revised.

In 1973, the PHE curriculum for the intermediate division was updated. One of the goals of the new curriculum was “to give the student the knowledge, attitudes, values, and habits that contribute to healthy living.”<sup>261</sup> While the updated curriculum provided more descriptions and even a lesson plan, it continued with the tradition of suggesting where teachers could receive material and training on sexual education without giving any actual detailed information on the topic. Teachers were encouraged to use a variety of approaches and teaching aids to show students the process of reproduction, menstruation, puberty, growth, and development without specifics on these processes.<sup>262</sup> The curriculum was modified again in 1978, and several improvements were made, including more elaborate descriptions for teachers and a critical approach to gender stereotypes.<sup>263</sup>

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Norquay, *Talking Teen Pregnancy*, CBC Television, December 8, 1964, 6 sec.; 16mm, from CBC Digital Archives, *Take Thirty* <http://www.cbc.ca/archives/entry/take-30-talking-teen-pregnancy>.

<sup>261</sup> Ontario Ministry of Education, *Physical and Health Education: Intermediate Division* (Toronto: Ontario Ministry of Education, 1973), 1. The problem of overlap in the course continued and the curriculum authors noted that “some aspects of the program related to human growth and development lend themselves to even broader interdisciplinary approaches. Planning with teachers of such courses as Family Studies and Science can eliminate overlap of subject matter and enrich the resources available to the student” (Ontario Ministry of Education, *Physical and Health Education: Intermediate Division*, 2). The SEOHP interviews indicate that cooperation amongst teachers depended upon the school board. For instance, Molly Jones taught in the Toronto area and remarked that there was a lot of coordination amongst the teachers for resources and lesson plans, whereas Walters recalled very little discussion with other teachers about health education.

<sup>262</sup> The curriculum offered subject headings with a list of topics without any description, for instance: “venereal disease – basic epidemiology; mode of transmission; signs and symptoms; treatment (sources and nature); responsibility; law). See Ontario Ministry of Education, *Physical and Health Education: Intermediate Division*, 6-7.

<sup>263</sup> For the first time, the guidelines for PHE included a list of contributors. The majority of the writers were currently working for different school boards in PHE department across the province. The consultants also worked within the field of PHE either on school boards, for the provincial government or at universities, with the exception of Dr. Ralph L. Persad, the Senior Medical Consultant for the Ministry of Health in Toronto. Therefore, the medical profession was involved in the creation of into health education in the late seventies. See Ontario Ministry of Education, *Physical and Health Education: Intermediate Division* (Toronto: Ontario Ministry of Education, 1978).

The overall goals of the curriculum maintained that “education should encourage individuals to develop an appreciation for the ethics of their society and the conduct prescribed by such ethics.”<sup>264</sup> The course outlines continued to stress “taste, discretion, and sensitivity in dealing with specific topics in the areas of human families, human growth and development, sexuality, values and valuing, and sexually transmitted diseases.”<sup>265</sup> Heterosexuality was still promoted and students were expected to study boy and girl relationships, as well as “basic dating behaviour,” but allow for “a critical analysis of conditioning with regard to social expectations for behaviour of males and females.”<sup>266</sup> Instead of promoting prescribed gender roles, that were present in previous curricula, the authors encouraged teachers to discuss the harmful effects of gender stereotyping, while promoting heterosexual relationships. The modifications within this curriculum were a direct result of the women’s movement and their arguments against the representation of women in the stereotypical roles of wife and mother.

Minister of Education Thomas Wells frequently defended his administration’s decisions, for little direct involvement in the implementation of sexual education, regularly in the press. He claimed that teachers should focus on family, values, sexuality, and communicable diseases, but recognized that not everyone would approve of teaching these topics in public schools. In reply to opponents of sex education, he stated “But I think we have our heads in the sand if we stand back and blithely say to ourselves that the schools have no role to play...Most of our young people are clearly in need of more sound information and perspective than they are receiving at home.”<sup>267</sup> He continued to argue that when appropriate, teachers could relate their morals and values to students, but

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<sup>264</sup> Ontario Ministry of Education, *Physical and Health Education: Intermediate Division*, (1978), 4.

<sup>265</sup> Ontario Ministry of Education, *Physical and Health Education: Intermediate Division*, (1978), 26. The curriculum continued to state that parents and school’s administration should be involved when planning this material.

<sup>266</sup> Ontario Ministry of Education, *Physical and Health Education: Intermediate Division*, (1978), 32.

<sup>267</sup> Jeff Sallot, “Teachers Say Own Embarrassments Interfere With Giving Sex Education,” *The Globe and Mail*, April 26, 1975.



youth should be encouraged to “make decisions that reflect their own developing sense of values.”<sup>268</sup> Wells argued that the curriculum was revamped to coincide with the changing social climate that dictated that students needed more sexual information than previous generations. Instead of enforcing a particular social agenda by decreeing the appropriate values that students should endorse, he promoted independent problem-solving based on students’ individual ethics. It, therefore, appeared as though parents and the home were still responsible for moral and values education.<sup>269</sup> Wells stated in a television interview in the fall of 1976 that “We do not want to take [Values Education] too far because parents will feel we are encouraging kids to question and undermine traditional values... We should reinforce what parents are doing.”<sup>270</sup> Although children were encouraged to form their own ethical standards, these principles were expected to be based on traditional sexual morality that they learned from their parents. An examination of the teaching materials that the government prescribed endorsed a particular set of hegemonic morals and principles, in which sex was only admissible in marriage, and heterosexuality was the only accepted form of sexual identity. Female students were

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<sup>268</sup> Sallot.

<sup>269</sup> Rev. MacEwen argued that sex education in schools could not subsist on only teaching the biological facts. Programs also needed to include a discussion on morality and values that were promoted in *The Bible*. He continued to argue that sex education belonged in the home but when it failed: “The state thinks it can take over, but its bungling attempts are only too evident.” See H.F. MacEwen, “Sex Education,” *The Globe and Mail*, June 18, 1974.

<sup>270</sup> Kathleen Gow, “Moral Options Part Two: Should Sexual Values be Taught in Schools?,” *The Canadian* (May 28, 1977), 18. The President of Alliance for Life in Toronto Connie Osburn wrote into *The Globe and Mail* to accuse the government as well as youth peer groups, and educational institutions for increasing teen pregnancy rates, because they create the expectation that young people are having a lot of sex, and “they are pressured to believe that this is the accepted way of life.” Therefore, it was expressed in the press that not everyone agreed that the government was doing too little to promote sexual education, according to this individual, the Ministry was exceeding its mandate. It appears that Wells’ fears were justified to an extent, although this person’s views could and probably were in the minority. See Connie Osborn, “Abortion,” *The Globe and Mail*, August 9, 1978.

placed at a disadvantage as their main priorities were expected to revolve around their future role as wives and mothers.

In response to critiques of the provincial government's failure to include birth control in the curriculum, Minister of Education Thomas Wells announced in April 1975, that the PHE program would again be updated. For the first time, the revised guidelines incorporated the term "family planning."<sup>271</sup> However, it was still not mandatory and some schools were already offering this type of material to their students. Eleanor MacDonald, the Executive Director of Planned Parenthood Ontario, argued in 1977 that the Canadian federal government embraced a birth control policy that was in line with the United Nations, "making it a matter of basic human rights to be able to make informed choices about the number and spacing of children. But this kind of statement has to be backed up with action."<sup>272</sup> Although Wells condoned the inclusion of family planning in 1975, by 1977 girls in Ontario still did not have access to birth control services until the age of sixteen and then only if they had parental consent.<sup>273</sup> Female students were infantilized as it was perceived that they were unable to make their own decisions regarding their sexual activities.

While the counterculture upset established social standards by contravening mainstream values, the women's movement made inroads in the Ontario education system and disturbed traditional gender norms. In 1977, the Ontario Ministry of Education published

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<sup>271</sup> Sallot.

<sup>272</sup> Eleanor M. MacDonald, "Birth Control Week," *The Globe and Mail*, February 18, 1977.

<sup>273</sup> Without parental permission, they could not receive contraceptives until they turned eighteen. Oddly enough, girls could marry at the age of fourteen with parental consent. The state's priorities and regulations were designed to deny resources for women, and negate their sexual autonomy. Edward Herold, the founder of the Guelph Sexuality Conference, observed that girls who engaged in sexual activity without protection and became pregnant could marry. However, he warned that adolescent marriages were fraught with difficulties and challenges for young couples. Although far from ideal, many adolescents might have been pressured by their families to marry and legitimize their pregnancies. Despite the drawbacks of teen marriages, they reinforced the nuclear family and the necessary conditions for patriarchy to survive. Women's reproductive choices and sexual enjoyment were not priorities for the state, as evidenced by their failure to provide and encourage birth control services evenly across the province. See "Ban on Premarital Sex Blamed for Illegitimacy," *The Globe and Mail*, October 30, 1964.

*Sex-Role Stereotyping and Women's Studies* in response to the inflexible gender roles promoted in Ontario textbooks and resource guides, in which men and boys were often central characters; and women were subordinate to men and had very few career prospects. The publication claimed that women's successes had often been ignored or understated in learning materials, and, subsequently, female students found few role models in school. Furthermore, young girls came to the conclusion that employment in non-traditional female occupations was abnormal. The authors argued that "consciously or unconsciously the girl equates intellectual achievement with loss of femininity... If she fails, she is not living up to her own standards of performance; if she succeeds, she is not living up to societal expectations about the female role."<sup>274</sup> Sarah Spinks, a parent and educator, argued that "the toys, and the books and television programmes say to a little girl: you have no worth in yourself. A girl-child exists in relation to a boy or a man. She is a dentist's nurse, an ice-cream man's helper, or the woman who gives sleepyhead Flintstone a hand with his shave in the morning."<sup>275</sup> As a result "the little girl reacts very sanely to this situation. She begins at the age of 10 or 11 to look for a man. She perceives very clearly that that is what she is supposed to do and so she goes ahead."<sup>276</sup> Schools and the materials they provided encouraged girls to become mothers and men's helpmates instead of pursuing their own goals and developing their talents and skills.

The *Royal Commission on the Status of Women* (1970) found that in the early stages of their education, young girls' intellectual abilities were overlooked, and few role models outside of mothers were presented to them.<sup>277</sup> The lack of career choices and promotion

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<sup>274</sup> Ontario Ministry of Education, *Sex-Role Stereotyping and Women's Studies: A Resource Guide for Teachers, Including Suggestions, Units of Study, and Resource List* (Toronto: Ontario Ministry of Education, 1977), 3.

<sup>275</sup> Sarah Spinks, "Sugar 'N Spice," *This Magazine is About Schools* 3, iss.3 (Summer 1969), 63.

<sup>276</sup> Spinks, 64.

<sup>277</sup> Gaskell, McLaren, and Novogrodsky, 36.

of women as helpmates to their male cohort kept women separate and unequal to men.<sup>278</sup> Meanwhile, men did not experience the same dilemmas, as they were encouraged to succeed. Boys were depicted in stereotypical roles, but were represented in more assertive and influential positions.<sup>279</sup> To counter existing gender norms, the report recommended inviting men and women from a variety of professions to talk to students about career goals, incorporate pictures of boys and girls doing activities that defied gender stereotypes (“for example, girls can measure; boys do read poetry”), and critically assess whether boys and girls were realistically and evenly represented in their workbooks.<sup>280</sup> Gaskell, McLaren, and Novogrodsky claimed that this course of action was inadequate, because older textbooks continued to be used as schools could not afford to replace them.<sup>281</sup>

The Ontario Department/Ministry of Education under Davis, Welch, and Wells attempted to straddle the line between providing enough sexual education to curtail social ills, while avoiding accusations from the public for overexposing youth to sexual materials and topics. Guidelines from the Department/Ministry evolved from containing strategies for finding a marital partner and forming relationships with the other sex, to including birth control and VD information after being pressured by family planning organizations, medical associations, and groups within the women’s movement. The government, however, failed to please any faction, and was often attacked for teachers’ lack of preparation, as well as the gross inconsistencies among schools. Reporter Dorothy Lipovenko remarked “The Ontario Ministry of Education issues clear guidelines guaranteeing the uniformity and quality of nearly every subject in the high school spectrum. It would seem at a time of soaring pregnancies, abortions and suicides among

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<sup>278</sup> Gaskell, McLaren, and Novogrodsky, 34.

<sup>279</sup> Gaskell, McLaren, and Novogrodsky, 36.

<sup>280</sup> Ontario Ministry of Education, *Sex-Role Stereotyping and Women's Studies: A Resource Guide for Teachers, Including Suggestions, Units of Study, and Resource List*, 6.

<sup>281</sup> Gaskell, McLaren, and Novogrodsky, 36. For further discussion on sex role stereotyping in classroom materials and potential solutions see Gaskell, McLaren, and Novogrodsky 36-39.

teenagers that sex education also would fall into this category. It has not.”<sup>282</sup> She continued to argue that the Ministry’s guidelines were inadequate for sexual instruction in schools. While the Ministry offered detailed guidelines for other core subjects such as English, math, and history, the sexual education curriculum was only a page for senior PHE classes. In response, Wells claimed that he “feels that sex education is ‘so delicate an area’ that he would rather have each community develop its own program.”<sup>283</sup> Consequently, the variations and inconsistencies were featured in the press.<sup>284</sup> Over the course of the 1960s and 1970s, the Department/Ministry of Education’s guidelines reflected family values ideology and promoted heteronormativity, abstinence before marriage, and the heterosexual nuclear family. The women’s movements was able to exert influence in the 1970s as textbooks lessened gender stereotypes and birth control was included in the curriculum. It was lamented that a lack of guidance over sexual instruction from the government left sexual education in the hands of teachers who were ill-prepared to discuss these sensitive topics. As the next chapter will illustrate, similar concerns were expressed among members of Ontario’s school boards.

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<sup>282</sup> Dorothy Lipovenko, “Are Facts of Life a Matter of Geography: Your School Board’s Whim Decides if Sex Education on Curriculum,” *The Globe and Mail*, February 16, 1978. Although family life, values, and human development were taught throughout the public school years, information on VD, reproduction, sexuality, and marriage was not given until the senior years of high school.

<sup>283</sup> Lipovenko.

<sup>284</sup> Emilie Smith, “Uniformity Lacking in Sex Education,” *The London Free Press*, November 17, 1977.

### 3 Sex and the School Board: The Creation of Sexual Education Programs at Municipal School Boards

The Sex Information and Education Council of Canada (SIECCAN) created a list of FLE programs across the country in 1978 in hope that it would “yield new names and contacts and foster a more extensive interchange between people and organizations in Canada.”<sup>285</sup>

The list was compiled from previously known contacts and responses from a 1976 survey, but Ann Barrett, author of the list, noted that “We have probably missed far more than were included.”<sup>286</sup> The number of Ontario entries was lengthy, but only encompassed eight public and four separate school boards. Several surveys were conducted on the status of sexual education in Canada during the sixties and seventies, and none were comprehensive as many schools did not respond to requests for information on their programs. Barrett’s survey exemplifies the issues facing researchers attempting to locate and analyze sexual instruction not only during the sexual revolution, but in any historical period up until the late 1980s. Through the use of curricula, reports, press articles, and conference proceedings, this chapter seeks to analyze and evaluate how sexual education was implemented at different boards, schools’ administration’s communication with the Department/Ministry Education and the public, and sexual instruction trends within boards during the sixties and seventies. The source base does not allow for an all-inclusive assessment of sex education at the school board level, just as the evidence did not facilitate an all-inclusive appraisal of FLE courses in the sixties and seventies. The evidence suggests that schools in developed urban areas with a strong medical community were more likely to have the resources available for creating FLE

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<sup>285</sup> Ann Barrett, ed. “The SIECCAN Inventory: A Listing of Individuals and Organizations Involved in Sex Education, Counselling, Therapy, and Research in Canada,” July, 1978, preface-1 LAC MG28 I463 Planned Parenthood Federation of Canada Fonds v.42, File Sex Education and Information Inventory.

<sup>286</sup> Barrett, preface-1.

programs, and possibly faced more pressure from groups such as medical professionals to take action against rising VD and teen pregnancy rates.

During the 1960s and 1970s, gay rights associations, such as the Gay Liberation Front, formed across North America, and attempted to create positive identities for gays and lesbians. Gay activists encouraged those hiding their identity to participate publicly in gay culture. They argued that people were born gay, and sexual orientation was neither learned, nor a mental illness.<sup>287</sup> Those who adhered to a family values ideology viewed these visible minorities as a threat to the heterosexual nuclear family. In the 1960s, school boards attempted to protect youth from being 'corrupted' by these supposed sexual deviants. In addition, gender roles were also reinforced despite protests from feminist organizations. During this era, most school board administrators did not alter their curricula to incorporate teachings on homosexuality or discuss acceptance of alternate sexual orientations. In urban areas, gay activists made gains in some school boards in the mid to late 1970s. The feminist movement also made advances in the same decade, as birth control and diverse career paths for women were discussed with more frequency in sexual education at the school board level. As a result of their actions, female students' education became more equal to their male classmates.

The minority of boards which had sexual instruction in the early sixties focused on VD and teen pregnancy prevention. In the mid-sixties to late seventies, FLE guidelines switched tactics and created comprehensive sexual education which included family relationships, emotions, social etiquette and behaviour, as well as child and adolescent development. Students were encouraged to contemplate and form their own ethics and values, as long as they remained in the realm of socially acceptable norms, and embraced heterosexuality and monogamy. Transitions occurred within these socially prescribed norms: for instance, in the sixties, sex was only discussed within the context of marriage, but in the mid to late seventies a slight shift occurred as students were given opportunities

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<sup>287</sup> Gary Kinsman, *The Regulation of Desire: Sexuality in Canada* (Montreal: Black Rose Books, 1987), 289-290.

to debate whether it was acceptable for any heterosexual couple who cared and loved each other to have intercourse. These alterations in standards were a result of changing social values, but the message remained the same: sex was meant to be enjoyed by people in a heterosexual and monogamous relationship. Other trends amongst school boards by the late seventies included girls receiving more information than boys, a lack of teacher training, and increased student input. Youth's education also made distinctions between the messages boys and girls received. While girls were encouraged to be good mothers and wives, and avoid pregnancy outside of marriage, content for boys nurtured their self-esteem, independence, and goal attainment skills. Consequently, girls were told that they should only have sex within the context of marriage, which pressured them to find future husbands and fulfill their roles as men's dependents.<sup>288</sup>

It was the responsibility of school boards to ensure that their course content was suitable for their communities. In addition, boards' administrators had to follow the Department/Ministry's guidelines and please taxpayers.<sup>289</sup> School boards' mandates explain why few boards adopted sexual education during these two decades, as their administrators feared community upset over sexual instruction. The number of curricula increased over the course of the sixties and seventies, but despite calls from the public, government, interest groups, and students for more sex education, schools were hesitant to comply due to fear of public reprisal, the complications arising from shifting pedagogical trends, and the increasing school age population. According to sex researcher Edward Herold, community backlash was rare and minimal.<sup>290</sup> It is therefore plausible, that school board administrators used the possibility of public retaliation as an excuse to avoid forming sexual instruction programs. As a result of a lack of guidance

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<sup>288</sup> Wolpe, 38.

<sup>289</sup> Mary Labatt, *Always a Journey: A History of the Federation of Women Teachers' Associations of Ontario 1918-1993* (Toronto: Federation of Women's Teachers' Associations of Ontario, 1993), 106.

<sup>290</sup> Edward S. Herold, *Sex Education in Ontario Schools Part I: The Elementary Schools* (Ottawa: Sponsored by Family Planning Grant and Department of National Health and Welfare, 1975), 11; Edward S. Herold, *Sex Education in Ontario Schools Part II*, 22-3.



from the Department/Ministry of Education, schools failed to provide adequate and consistent sexual instruction, leaving teachers unprepared, and students with unequal access to sexual information. School boards that had sexual instruction are more visible in the sources than those who did not have formal programs, and therefore, receive more attention in this study, but the majority of schools in this era did not have formal sexual education.<sup>291</sup>

It is challenging to determine the extent of sex education in Ontario during the 1960s as many school boards did not have specific and separate programs for the subject. Prior to the implementation of a mandatory curriculum in the eighties, the Ontario Department of Education did not know the extent to which sexual education existed in public school classrooms. In 1967, M.B. Parnall, the Department of Education's supervisor of curriculum, said "he is as yet pretty much in the dark on just how many schools will take up 'what you call sex education' next fall."<sup>292</sup> Therefore, "much depended on the individual teacher" and his or her motivation to teach and research sexual topics.<sup>293</sup> In most cases, female PHNs were scheduled to oversee the health and well-being of students. After 1925, schools, which did not have their own nursing services, were no longer permitted to provide vaccinations, perform home visits, inspect schools for cleanliness and safety, and ensure students were using proper hygienic techniques.<sup>294</sup> These tasks were assumed by Department of Health nurses.<sup>295</sup> A typical day for PHNs

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<sup>291</sup> These informal sexual education classes included discussions with PHNs about reproduction, anatomy, and sexual health. Individual teachers also took it upon themselves to teach their students about puberty, conception, and other sexual topics.

<sup>292</sup> Oliver Clausen, "Sex Education and the Swedes," *The Globe Magazine*, February 18, 1967; "Just the Bare Facts in Ontario."

<sup>293</sup> Canadian Education Association, 6.

<sup>294</sup> Kari Delhi, "Health Scouts for the State? School and Public Health Nurses in Early Twentieth Century Toronto," *Historical Studies in Education* 2, iss. 2 (Fall 1990), 248-9.

<sup>295</sup> The "responsible administration boards of secondary schools" were able to establish their own health services in 1933. In 1941, "this legislative authority was changed by amendment to the original legislation whereby any new health services were required, by agreement, to be under the jurisdiction of the concerned local board of health." The School Administration Act (1954) effectively placed the authority to establish

such as Mary Etherington, Ruth Smith, and Mary Baster, who began working for the Waterloo County Health Unit in 1961, included visiting an elementary school where they administered hearing tests and immunizations for communicable diseases, and examined students' throats, teeth, and eyes.<sup>296</sup> Afterward, they ran the local clinics and did home visits.<sup>297</sup> One PHN was responsible for four schools, and MOH Duff Wilson noted that "in addition to their other duties, [nurses] must be close to the limit for an efficient service."<sup>298</sup> Their involvement in schools had the potential to indicate to female students that their future careers resided in the helping professions, where male doctors were the authority. Therefore, schools' female role models informed girls that their potential lied in occupations that supported men's leadership.

While nurses mainly focused on children's development and health at the elementary school level, in high schools they counselled students.<sup>299</sup> Their presence in schools offered youth the opportunity to discuss sexual topics confidentially with a health professional. In Waterloo, for example, students were referred to a nurse by their teachers. These referrals were made possibly due to a student's medical condition, or health concerns that were beyond a teacher's knowledge. Elizabeth Law, the assistant supervisor and head of the County Health Unit Galt office, acted as a friend, counsellor, and confidante to the students she encountered, and "not only does she guide in health, diet and food rules, she listens to problems, both real and imagined...The students will

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health services under the direction of local boards of health. See Ontario Department of Health, "...The Bulletin" (Spring 1960), 3, RG 10 30 A I Public Health Nursing Historical Files, File Historical Pamphlets and Literature, Bulletin 1960-66.

<sup>296</sup> Kathryn Hansuld, "The Party Line," 1961 clipping possibly marked The Record, found in WA Waterloo County and Regional Health Unit, Box 7 (Series 4), File Scrapbook 1961.

<sup>297</sup> Hansuld.

<sup>298</sup> G.E. Duff Wilson, ed., "Annual Report of the Kitchener Department of Health," (1961), 5, WA G.E. Duff Wilson Fonds, Box 2, File G.E. Duff Wilson Series 3 Annual Report of the Kitchener Department of Health 1961-1962.

<sup>299</sup> Ontario Department of Health: Public Health Nursing Division, "Statement by the Public Health Nursing Branch to the Royal Commission of Health Services," (January, 1962), 22, AO RG10 30 A1Public Health Nursing Historical Files, File Historical-Reports (Brief) 1962.

tell you it is easy to talk to Law. Her friendly interested manner does a great deal to put the young man or woman at ease.”<sup>300</sup> In terms of what students wished to discuss, Law stated, “They come to me to talk about family problems, feeling they are not being allowed to make decisions and perhaps benefit from their mistakes.”<sup>301</sup> According to her testimony, students sought guidance from PHNs to ease their transition from childhood to adulthood, and renegotiate their family and personal relationships as adolescents. Visits from PHNs were forms of sex education as nurses were available for consultation, monitored children’s physical development, and provided resources, such as films and information. As only a minority of school boards incorporated FLE courses into their curricula, for many students across the province, informal sex education from nurses continued to be one of the few sources of sexual instruction they received until the 1980s.

As a consequence of the expanding population in the early 1960s, nursing shortages challenged municipal health units as demands for their services increased. Kitchener’s Superintendent of PHNs, Olge Friesen, argued in 1961 that nurses’ services were over extended, and “there lies the danger of sacrificing thorough and efficient duty performance of losing the enthusiasm, pride in the work and job satisfaction.”<sup>302</sup> She continued to state that even though some school health services were cut, more were added and, thus, PHNs’ responsibilities in schools had increased. In addition, the nursing profession was required to adopt its practices to the shifting social climate. In the statements made to the *Royal Commission of Health Services* (1964), the Public Health Nursing Branch claimed that nurses must gauge the changing political, economic, and social realities of the sixties. When encountering patients, they “must assess these changes and adapt their skills and knowledge, taking into account the following: the changing pattern of family life, e.g., one generation home, rather than the extended

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<sup>300</sup> “Women Integral Part of our County Health Unit Operation,” *The Evening Reporter*, December 30, 1965.

<sup>301</sup> “Women Integral Part of our County Health Unit Operations.”

<sup>302</sup> Wilson n.p.

family with grandparents or other relatives; more working mothers, greater mobility and movement from rural to urban areas; an increase of ethnic languages and cultures; an increasing number of older persons in the population.”<sup>303</sup> The pressing concerns of the nursing profession with regards to students in the early 1960s, revolved around limited staff for the rising population and the fluctuating social and cultural climate. These issues continued to challenge the medical profession in the 1970s, as the need for their services expanded during the 1970s. As a result, the quality and quantity of care students received declined as nurses’ resources over-exceeded their capacity. While the increasing school-age population taxed nurses’ resources, the growing number of students and the healthy state of the economy also facilitated improvements to medical services in schools.

Members of the health profession argued that the modernization of the school system improved health programs. At the Ontario Department of Health Branch Presentations Area Conferences (1963), the Maternal and Child Health Branch noted that “with the closing of further one-roomed schools and the opening of larger centralized schools, it has been possible to carry out the programme more readily.”<sup>304</sup> This assertion did not specify whether these changes took place evenly across the province. However, cooperation with the Department of Education allowed the Department of Health to recommend a list of health topics to be incorporated into the curriculum.<sup>305</sup> It was deemed necessary at this conference for schools and health units to collaborate if “health

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<sup>303</sup> Ontario Department of Health: Public Health Nursing Division, 22.

<sup>304</sup> In the early 1960s rural schools still faced disparities compared to their urban counterparts. According to Gidney, close to eighty percent of Ontario’s population was located in urban areas. In 1961, there were still 3000 small and poor boards who could not afford new buildings, equipment, programs, and the most qualified teachers that were available at larger urban school boards; see Gidney, 26, 29.

<sup>305</sup> Ontario Department of Health, “Ontario Department of Health Branch Presentations Area Conferences,” (1963), 8, AO RG10 30 A I Public Health Nursing Historical Files, File Historical – Reports – Health, Department of, Branch Presentations, Area Conferences 1963.

education was to be taught satisfactorily.”<sup>306</sup> Schools and health officials began working together in 1907 to ensure that school-age children were taught proper hygiene. Medical professionals became involved in the health of school children with the implementation of medical and dental inspections, as well as employing nurses to discover and treat communicable diseases and physical abnormalities.<sup>307</sup> The medical community and educators formed a relationship to bring health education and medical treatment to students, and fostered sexual instruction that continued throughout the twentieth century. However, similar to sex education, nurses’ visits and medical resources varied from school board to school board.

Inconsistencies and variations with regards to content, structure, and educators abounded among schools that developed sexual instruction programs in the early sixties. In 1964, the CEA surveyed sexual education initiatives in Canada and identified only six Ontario school boards with active sex instruction programs: Leaside, London, North York, York, Ottawa, and Toronto. The CEA did not offer any insight as to why these school boards had sexual education, but since the Second World War, school boards located in and around Toronto, such as Leaside, North York, and York, have had the support and resources necessary to create sexual education classes. As has been previously noted, Toronto was a prime location to establish sexual instruction in the 1940s because the board was financially solvent, and several national agencies, such as the CNCCVD, which supported sexual education, were located in Toronto.<sup>308</sup> In addition, anxieties over youth’s subversive activities were highly publicized in urban areas and sexual education was promoted as a panacea for their behaviour. The aforementioned social ills persisted in the sixties and seventies which made Toronto a leader in implementing sexual instruction. As will be discussed in depth in Chapter 5, London also has a strong

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<sup>306</sup> Ontario Department of Health, “Ontario Department of Health Branch Presentations Area Conferences,” 8.

<sup>307</sup> Ontario Department of Health: Public Health Nursing Division, 1-2.

<sup>308</sup> Adams, *The Trouble with Normal: Postwar Youth and the Making of Heterosexuality*, 135,136.

sexual education tradition since the early twentieth century. Furthermore, it was home to a highly influential medical community, which was responsible for incorporating sexual lessons and lectures into the curriculum. Ottawa was also a centre for national medical organizations and branches of the provincial government. Community groups such as the Social Planning Council of Ottawa and the District National Council of Jewish Women, Ottawa Section were also active campaigners for FLE.<sup>309</sup> School boards located in municipalities with influential community and medical organizations were more likely to have sexual education as they provided resources and support for these initiatives.

The extent and formation of this subject varied amongst different school boards. The Leaside Board conducted voluntary after-school classes in some schools, with assistance from their Home and School Association, and showed films for girls, which were fairly outdated.<sup>310</sup> Parents, however, urged teachers to form programs for boys and girls at the elementary school level. An unnamed school board in Toronto also used voluntary classes after school for sex education, and claimed that “the pupils are grateful, [and...] although the teachers find it difficult at first, it is very rewarding, and ... the parents are relieved.”<sup>311</sup> The primary objective of these classes was to instill in students “wholesome attitudes toward sex, and not merely present information on reproduction.”<sup>312</sup> No description of “wholesome attitudes” was given, but considering popular notions on sex during the early sixties, it can be surmised that the board implied heterosexual and marital relationships. In 1967, physician J.J. Zack explained in *The Canadian Family Physician* that “wholesome attitudes...act as safety valves, that help

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<sup>309</sup> The Social Planning Council of Ottawa and District National Council of Jewish Women, Ottawa Section sponsored the Education for Family Living Conference which took place in Ottawa in March, 1972 see “Proceedings Conferences Education for Family Living,” March 9-10, 1972, LAC MG28 I117 Vanier Institute of the Family Fonds, v.45 Project Completed Files, File Social Planning Councils, Ottawa (1/3) 1972-1973.

<sup>310</sup> Canadian Education Association, 12-13.

<sup>311</sup> Canadian Education Association, 13.

<sup>312</sup> Canadian Education Association, 13.

prevent young people from being involved in messy situations...[and] aids them in maintaining self control, personal dignity – and helps them to experience wholesome, satisfying relationships with members of the opposite sex.”<sup>313</sup> This rhetoric illustrates how members of the medical community were influenced by the family values ideology. The ambiguous term was used to pressure students to avoid promiscuous behaviour and conform to traditional sexual values. Girls were encouraged to adopt “wholesome attitudes” in their home economics and PHE classes, which meant finding fulfillment in heterosexual relationships.<sup>314</sup> Those who did not conform to these norms faced exclusion and isolation.

While Leaside and Toronto depended upon teachers to lead sexual instruction, the LBE offered lectures led by nurses and physicians. In the early 1960s, only grade nine girls were in the audience, but the board planned to extend the lecture series to boys.<sup>315</sup> The Collegiate Board of Ottawa arranged for similar sex segregated lectures by psychologist Dr. Robert Wake for boys and girls.<sup>316</sup> In North York, FLE was integrated into the health program, and to a certain extent, its science curriculum.<sup>317</sup> Students received instruction in grades seven to ten, but the content varied depending on the student’s sex. Girls in grade seven were exposed to information on child-care, reproduction, and pregnancy, and encouraged in grade ten to look forward to marriage and parenthood.

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<sup>313</sup> J.J. Zack, “Sex Education,” *Canadian Family Physician* 13, no.8 (August 1967), 47; See also Stephen Laycock *Family Living and Sex Education: A Guide for Parents and Youth Leaders* (New York, London, Paris: Baxter Publishing), 47.

<sup>314</sup> Comacchio, 94.

<sup>315</sup> These statements conflict with the activities undertaken at the LBE as sexual education started with senior girls in grade thirteen and grade nine girls did not have sexual education until 1967. See London Board of Education, *Minutes: Board of Education for the City of London* (London: London Board of Education, 1967), 593.

<sup>316</sup> Canadian Education Association, 9.

<sup>317</sup> Canadian Education Association, 16.

Boys in grade seven, however, were mainly taught growth and development.<sup>318</sup> Girls were the primary audience for sexual instruction as educators decided that they needed information on menstruation, whereas it was unnecessary for boys to know about this process.

According to Susan K. Freeman's study in the United States, San Diego schools provided sex segregated classes to encourage student discussion of sensitive topics, such as menstruation, because students resisted entering into a dialogue on these subjects in a mixed-class setting.<sup>319</sup> Furthermore, physicians noted that girls would become mothers in the near future and required parenting information as they would be the primary caregivers.<sup>320</sup> The sex education curricula exemplify sex education historian Prentice's argument that sex instruction "is undertaken not to develop sexual autonomy and entitlement but to prevent socio-sexual 'problems' like teenage pregnancy, sexually transmitted diseases and homosexuality."<sup>321</sup> Curricula cultivated a hidden agenda under the guise of preparing children for new social trends, when, in reality, curricula promoted hegemonic sexual values. As a result of the feminist movement, opportunities for women were expanding, however, the state's school programs sought to maintain men's dominance in academics and the workforce. Similar trends in FLE persisted throughout the late sixties as the majority of schools continued to rely on nurses, physicians, and

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<sup>318</sup> Canadian Education Association, 16-17.

<sup>319</sup> Freeman, 62-3.

<sup>320</sup> At the Health Department of Ontario Branch Presentations Area Conferences, the Nutrition Branch stated "Two other groups deserve special emphasis--teenagers and pregnant and lactating women. For both, physiological processes require unusually high intakes of all the essential nutrients. Frequently for females these two phases of the life cycle follow each other very closely. Our effort, then, to improve teenage food practices is associated with our attention to the nutritional status of many young Mothers-to-be." Ontario Department of Health, "Ontario Department of Health Branch Presentations Area Conferences," Nutrition – 1.

<sup>321</sup> Prentice, 14.



teachers who took it upon themselves to instruct children on sexual material or provide counselling for health and family issues.

In the mid-sixties, many teachers primarily utilized films as a sex education tool. Students were usually separated by gender to watch films such as *From Generation to Generation* (1959), *Boy to Man* (1962), *The Story of Menstruation* (1946), and *Confidence Because*. The animated film for girls, *The Story of Menstruation*, was clearly outdated for youth in the mid-sixties.<sup>322</sup> In the film, a girl's natural progression from infancy to adolescent includes playing with blocks, then dolls, followed by books.<sup>323</sup> Therefore, her role as a future mother is established before she becomes interested in academic pursuits. One student remarked "Every year the school did its duty and showed 'from girl to woman' and 'boy to man' films. No teacher ever asked us what we thought of these films or if we had any questions...As I look back on this now I realize that our teachers were uncomfortable too, and that this may have been transmitted to us."<sup>324</sup> This testimony illustrates that some teachers used films as a substitute for instruction, most likely due to a lack of training and information, or teaching resources on the subject.

School boards that either began their own FLE programs or made alterations to their curricula in the sixties included, but were not limited to, Toronto, St. Catharines, Belleville, Waterloo County, and London.<sup>325</sup> Toronto implemented sexual instruction for grades eleven and twelve in 1947, and taught students the role of sex in society, the

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<sup>322</sup> Graham Gore, "Family Life Education Report," Toronto Board of Education, March 30, 1966, 2, LAC MG 28 I391 Canadian Mental Health Association Fonds, Subject Files v.46, File 3 Sex Education. Articles, Reports 1964-1967. Date for *Confidence Because* was not stated in the document, and is therefore unknown.

<sup>323</sup> *The Story of Menstruation*, produced by Walt Disney Productions, 10 minutes, Walt Disney Productions, 1946, DVD.

<sup>324</sup> Herold, *Sexual Behaviour of Canadian Young People*, 174.

<sup>325</sup> Other municipalities such as Bramalea, Brantford, Niagara Falls, Port Credit, and Windsor also had FLE according to a list of 'Schools and Systems Involved in Developing Programs in Family Living.' There is no date for this document, but it appears in the files for the Department of Education circa 1967. "Schools and Systems Involved in Developing Programs in Family Living," AO RG2-245 Senior Physical Education 1969-1973 to Writers, Box 3, File Sex Education.

family, and the lives of individuals. These themes continued in the sixties. According to Graham Gore, the Director of Education for Toronto in the sixties, the present sexual education course was not “merely in reproduction, in venereal disease, or in biology, but a subject which treats sex as one of the basic drives of mankind that must be accepted, understood and welcomed in order to be controlled.”<sup>326</sup> Gore noted in 1966 that the board was waiting for an updated PHE program from the Department of Education, but currently it was delayed. In the meantime, Toronto’s board had special permission from the government to use their own FLE curriculum which was prepared in 1964. Without formal guidelines from the Department of Education, boards were able to make their curricula based on their perceived needs. While this lack of guidance from the Department enabled boards with the necessary resources to do what they wanted, it left other boards without leadership and relevant resources.

In Toronto schools, marriage and its benefits were promoted among boys and girls, but for girls marriage was a primary aspiration, and for boys it was additional to their careers in the workforce. Grade twelve boys learned: “What do we mean by successful marriage? What factors help to establish a successful marriage? How can the young adult prep for parenthood? What is the significance of social disease to the young adult?” Similarly, girls in the same grade took child study and learned: “Getting Along with the family; Why the family is important; Getting along with the boys: Looking forward to marriage; Factors that tend to make for a successful marriage.”<sup>327</sup> Girls and boys were exposed to mandatory heterosexual training as they discussed the components of a healthy marriage, the elements of successful parenting, as well evaluating the other sex to find an appropriate marital partner. Girls’ courses, however, placed more emphasis on cooperating with others, especially with males. Through these classes, girls were encouraged to marry, see the family as essential to their future roles as wives and

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<sup>326</sup> Gore, 1.

<sup>327</sup> Gore, 3. Factors for a successful marriage included “levels of education, parental attitude and home background, emotional maturity, shift in responsibilities, religion, age difference at time of marriage, cultural and eco background, income, budget, effects of both partners working,” 4.

mothers, and adopt a compliant attitude toward all family members. As it was more socially acceptable for boys to succumb to their sex drives and engage in aggressive behaviour, they were warned about the dangers of VD and delinquency.<sup>328</sup>

It is impossible to determine when these views originated, but according to sexuality historians John D’Emilio and Estelle B. Freedman, the disparity between women and men’s sexual experiences widened during the mid to late nineteenth century as it was more socially acceptable for middle-class men to visit prostitutes and engage in premarital sex, whereas women were expected to remain chaste.<sup>329</sup> During the Second World War, Director of Physical Education for the Toronto school system, N. Rae Speirs, claimed that “females possessed a lower sexual drive than did males and that women, not men, had to be sexual gatekeepers.”<sup>330</sup> These ideas of male and female sexuality were deeply entrenched and challenging to overcome. Boys were freed from sexual responsibility as it was believed that their nature was to be sexually aggressive, leaving girls holding the reins of sexual restraint. As sexual mores were challenged during the sexual revolution, educators and physicians who adhered to a family values ideology counteracted new ideas of female and male sexuality by enforcing traditional views of gender norms.

Inexperience and few training opportunities left many teachers unwilling, or unable to provide sexual instruction. In addition, Toronto, like other Ontario schools, experienced difficulty with “the young, immature and inexperienced teacher or the one who feels incompetent or uncomfortable in the presentation of the subject.”<sup>331</sup> As a solution, the board contemplated creating a team of two females and two males to instruct students and train other teachers in FLE. It was hoped that, more of the instruction would eventually

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<sup>328</sup> Lenskyj.

<sup>329</sup> John D’Emilio and Estelle B. Freedman, *Intimate Matters: A History of Sexuality in America*, 2<sup>nd</sup> edition (Chicago and London: The University of Chicago Press, 1997), 181.

<sup>330</sup> Sethna, “The Facts of Life: The Sex Instruction of Ontario Public School Children, 1900-1950,” 252.

<sup>331</sup> Gore, 6.

be assumed by the regular teachers.<sup>332</sup> Unfortunately, it is unknown whether these teaching strategies helped teachers become more comfortable with the subject matter. It was a common practice amongst different school boards to have a male and female educator co-teach sexual education. In Waterloo, SEOHP teacher Matthew Namtu taught FLE with a female teacher to a mixed class, and found the joint-venture successful as boys and girls were able to learn about each other and from each other. Nurses also co-taught with male teachers, and Chatham SEOHP educator Martin MacDougall discovered that nurses provided extensive information on the subject, but were not well trained in pedagogical methods that enhanced students' learning. There was no universal method for teaching FLE throughout the sexual revolution, but motivated teachers, through trial and error, implemented sexual instruction in their classes.

Centennial Secondary School in Belleville, Ontario created its own FLE program with goals and content similar to the Toronto curriculum. According to its 1968 guidelines, all committee members wanted sex instruction to “encompass a knowledge of the psychological and biological aspects of life, family relations during childhood, adolescence, maturity and aging, preparation for marriage, marital adjustment and the responsibilities and duties of the individual and the family within the framework of our society.”<sup>333</sup> Discussing sex in terms of biology was deemed insufficient for students' needs, as they required more knowledge on the role of sex in society, and family relationships. Furthermore, it was recommended that the topic be incorporated into existing subjects instead of isolated in an independent course.<sup>334</sup>

Belleville's sexual education program continued to offer traditional messages to students. The Belleville Board of Education's administration was aware of the type of sexual

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<sup>332</sup> Gore, 7.

<sup>333</sup> “Family Life Education Report: Centennial Secondary School, Belleville” November 25, 1968, 1, LAC MG 28 I391 Canadian Mental Health Association Fonds, Subject Files v.46, File 3 Sex Education. Articles, Reports 1967-1969.

<sup>334</sup> “Family Life Education Report: Centennial Secondary School, Belleville,” 1.

education currently in practice that they did not want to emulate. This included an FLE program restricted to the senior years of high school which was offered “too little, too late”; a lecture usually instigated by the discovery of a pregnant student and resulting in the showing of a short film; and the portrayal of sex as frightening and upsetting to prevent students from engaging in sexual experimentation.<sup>335</sup> Instead, the school board wanted to create a comprehensive sexual education program that encompassed grades kindergarten to thirteen. Belleville educators claimed that by starting the program at an early age, “the students will not be self-conscious if discussing topics, and therefore progress upwards.”<sup>336</sup> This sentiment was shared by many educators and social experts, who argued that it was necessary to give children heterosexual training early.

Florence Bell, a Toronto family planning consultant, stated in 1966 that “If one were really going to reach the unreached in a meaningful way, I think marriage preparation has to be woven into the total life and learning experience from early childhood on.”<sup>337</sup> It was a common practice for schools to be utilized as a training ground to mould students into responsible citizens who enhanced democratic society,<sup>338</sup> and sexual education was simply an extension of this process. Sethna argues that during the early twentieth century, sexual instruction encouraged youth to adhere to “compulsory heterosexuality, [thereby] reproducing the patriarchal nuclear family, maintaining the hegemony of the Anglo-Saxon race, building a healthy, patriotic citizenry, and protecting the nation state from harm.”<sup>339</sup> These ideals and practices continued into the sixties and seventies, although representations of diverse ethnicities increased as immigration rates rose in the 1960s,

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<sup>335</sup> “Family Life Education Report: Centennial Secondary School, Belleville,” 1.

<sup>336</sup> “Family Life Education Report: Centennial Secondary School, Belleville,” 6.

<sup>337</sup> Florence Bell to Stewart Sutton, June 10, 1966, 1 LAC MG28 III7 Vanier Institute of the Family Fonds, Subseries Resource Library Files, Resource Information Materials, v. 102, File Family Life Education n.d., 1966-1969.

<sup>338</sup> See Oworm, 127.

<sup>339</sup> Sethna, “The Facts of Life: The Sex Instruction of Ontario Public School Children, 1900-1950,” 3.

and racial preferences for newcomers declined.<sup>340</sup> Furthermore, the presence of ethnic and cultural minorities and their communities fostered the acceptance of multiculturalism in the 1960s.<sup>341</sup> Despite the changes to Canada's political and cultural landscape, heteronormativity was still maintained.

In separate classes, boys and girls were exposed to mandatory heterosexual training that promoted middle-class values in FLE courses. Similar to Toronto's program, the Belleville curriculum advocated for sex-segregated classes. Since this municipality integrated sex instruction into pre-existing subjects, it is likely that health classes were sex segregated as home economics and physical education already followed this system of organization. As a result, girls' classes focused heavily on marriage, nutrition and health during pregnancy, planning parenthood, and the growth and development of children. However, both girls and boys were taught that they should place more importance on their physical appearance and anticipate that their interest in the other sex will increase as they enter adolescence.<sup>342</sup> The curriculum endorsed heteronormativity, and did not offer alternatives to heterosexual coupling. These ideals were on par with the values of health programs from the 1940s and 1950s as described by Sethna and Adams in their respective works. Adams noted that the "heterosexual framework was pursued through the stages of pre-dating, dating, engagement, and marriage, with related discussions about good grooming, how to hostess a party, how to meet your date's parents, and other essential skills of the successful girl or boy."<sup>343</sup> In addition, Sethna claimed that girls were told that popularity and personal appearance were prerequisites for marriage and parenthood.<sup>344</sup> Although sex educators claimed that an updated FLE

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<sup>340</sup> Eve Haque, "Multiculturalism within a Bilingual Framework: A Retrospective," *Canadian Ethnic Studies* 46, iss.2, 121.

<sup>341</sup> Haque, 123.

<sup>342</sup> "Family Life Education Report: Centennial Secondary School, Belleville," 3.

<sup>343</sup> Adams, *The Trouble with Normal: Postwar Youth and the Making of Heterosexuality*, 89.

<sup>344</sup> Sethna, "The Cold War and the Sexual Chill: Freezing Girls Out of Sex Education," 58.

curriculum was necessary to prepare youth for the present social reality, that involved more open discussions of sex and higher rates of sexual activity, they encouraged youth to adopt the same values and gender roles of previous decades. Consequently, girls were still expected to assume submissive roles in the workforce and in their personal relationships.

While educators and administrators in municipalities such as Belleville and Toronto created their own curricula, the County of Waterloo's health classes were overseen by medical professionals. In the late 1960s, Kitchener and Waterloo experienced demographic changes within their increasing population, and construction projects placed more demands on healthcare workers. The county witnessed a "great influx of families from the Maritimes and eastern Ontario. These families often constitute a problem in housing, standards of cleanliness and school adjustment, which the nurse, because of her contact with the school children, is the first to encounter."<sup>345</sup> These emigrants sought economic opportunities and were seen as a drain on services in heavily populated urban areas, such as Toronto.<sup>346</sup> While emigration strained the resources of health care workers, it was noted by Kitchener's MOH Wilson that in 1967, the nurses who were "responsible for three to four schools along with the rest of their public health programme, [which] seems to be about the limit of their work capacity. Several schools are in the process of construction. This will mean an increase in nursing staff and a re-arrangement of districts."<sup>347</sup> The pressure on nurses to meet the expanding needs of

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<sup>345</sup> G.E. Duff Wilson, ed., "Annual Report of the Kitchener Department of Health," (1965), 5, WA G.E. Duff Wilson Fonds, Box 1, File G.E. Duff Wilson Series 2 Annual Reports – Part I 1948-1966.

<sup>346</sup> Greg Marquis, "Confederation's Casualties: The 'Maritimer' as a Problem in 1960s Toronto," *Acadiensis: Journal of the History of the Atlantic Region* 39, no.1 (Winter/Spring 2010), 88-9.

<sup>347</sup> G.E. Duff Wilson, ed., "Annual Report of the Kitchener Department of Health," (1967), 5, WA G.E. Duff Wilson Fonds, Box 2, File G.E. Duff Wilson Series 3 Annual Report of the Kitchener Department of Health 1965-1967.

schools, while this institution was undergoing re-organization and construction, meant that students' sexual education, even within the same county, was uneven.

In 1968, Wilson took it upon himself to visit the schools in his region to ensure that they were getting equal health services.<sup>348</sup> The amalgamation of school boards in the sixties allowed for health units to standardize health care in schools, and as new ones were built, suitable rooms for medical consults, immunizations, and tests were included in the new and existing buildings.<sup>349</sup> In that year, as had happened previously, the staff of the Waterloo Health Unit assisted teachers at several schools to administer subjects such as "Adolescence" and "Growth and Development", which were part of the Department of Education's prescribed curriculum for grades seven and eight. Films were also shown, and physicians or PHNs were available to answer students' questions. In Kitchener, all high school students received health instruction from doctors who assisted their teachers, and films were reviewed by superintendents of schools and members of the medical community before student viewing occurred.<sup>350</sup> Wilson sought to extend Kitchener's health program to other municipalities within the county in 1970.<sup>351</sup> However, the county experienced a nursing shortage throughout the decade, and it is unknown how successful and inclusive their health program was when nurses were adapting to a different role in the community, and were struggling to meet the ever increasing demands.<sup>352</sup> While certain schools implemented their own sexual instruction curriculum, Waterloo was an example of a county where sexual education was supported by the

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<sup>348</sup> G.E. Duff Wilson, ed., "Annual Report of the Waterloo County Health Unit," (1968), 7-8, WA G.E. Duff Wilson Fonds, Box 1, File G.E. Duff Wilson Series 2 Annual Reports, 1964-1969.

<sup>349</sup> Wilson, "Annual Report of the Waterloo County Health Unit," 8.

<sup>350</sup> Wilson, "Annual Report of the Waterloo County Health Unit," 14.

<sup>351</sup> G.E. Duff Wilson, ed., "Annual Report of the Waterloo County Health Unit," (1969), 12, WA G.E. Duff Wilson Fonds, Box 1, File G.E. Duff Wilson Series 2 Annual Reports, 1964-1969.

<sup>352</sup> Florence Kudoba, "Public Health Nursing Division" in "Annual Report of the Waterloo County Health Unit," ed. Wilson, (1968), n.p.



medical community. Health experts' lessons supplemented the Department of Education's guidelines.

While re-organization strained the resources of health professionals in the late sixties, and affected their ability to ensure that all students received comparable sexual education, Waterloo County teachers had the advantage of a comprehensive training program being offered at St. Jerome's College in Waterloo. After facing intense opposition, Catholic priest Leo J. Lafrenière began teaching FLE courses at St. Jerome's in 1969. Lafrenière studied at the Institute of Sexology and Family Sciences at Louvain University in Belgium, and was the sex education coordinator for the Nipissing District Separate School Board, but left his post to form FLE courses for teachers.<sup>353</sup> Although he was a priest, he adopted a non-denominational approach to his lectures and argued that teachers could offer sexual instruction without moralizing. It is ironic that a Catholic priest provided sexual instruction; however, no evidence indicated that his students found this arrangement strange, most likely because his lectures were not specifically for Catholics. In 1969, 260 teachers took his course, as well as nurses, religious figures, students, and prison workers, and was so popular that 100 people were denied admission when the course reached capacity.<sup>354</sup>

Lafrenière's topics included the influence of old fashioned values on relationships, the morality of adolescents, and the future of marriage.<sup>355</sup> While some critics claimed that the course's content went too far and accused Lafrenière of being pro-abortion and a communist, most reviews were positive. Metro Toronto school teacher, Mary Bauman stated, "They [the teachers] talked about how the course helped them realize they must avoid simply passing on their own biases to students, how it stressed the necessity of being open and comfortable with the topic and how it has treated sex as a healthy aspect

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<sup>353</sup> Jerry Frank, "Sex Education: Sorting Out the Fact from Fiction," *The Record*, August 8, 1975.

<sup>354</sup> Frank.

<sup>355</sup> Frank.

of human behavior.”<sup>356</sup> During this era, several teachers attempted to create an environment in which students were able to develop their own ethics.<sup>357</sup> However, the underlining theme remained that students were able to choose their own mores based on dominant social values which included hegemonic gender roles and sexual morality. Nonetheless, teachers and nurses within Waterloo County had the opportunity to attend this course and profit from these resources. Without support or guidance from the provincial government, the vacuum for sexual instruction was filled in part by university institutions.

Relations between the Department of Education and school board officials were often contentious with regards to the implementation of sexual instruction. In the late 1960s, the Department of Education decided to establish school districts, and elected boards of education that would have authority over the public and secondary schools in each county or district.<sup>358</sup> The Department “intended that the new boards of education will assume greater responsibility for the supervision of the school programs within their jurisdictions.”<sup>359</sup> Minister of Education Davis argued that the province’s population and geography were exceedingly diverse, and schools needed the ability to implement and develop “adaptations in the curriculum to meet the diversified educational needs of children.”<sup>360</sup> It appears that the Department of Education was sensitive to the various needs and situations of the changing population; however, their policy also permitted the Department to pass off the responsibility of creating specific curricula, such as sexual education, to municipal education boards. Assistant Minister of Education Lorne M. Johnston stated in 1967 that “we feel very strongly that the question of introducing family

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<sup>356</sup> Frank.

<sup>357</sup> Herold, *Sex Education in Ontario Schools Part II: The Secondary Schools*, 18.

<sup>358</sup> See Gidney, 48-53.

<sup>359</sup> William G. Davis, “A Message from the Minister of Education,” January 29, 1968, n.p. WA County of Waterloo Series 35, vol. 1, File County School Units.

<sup>360</sup> Davis, n.p.

life education should be a matter of decision at the local level. Proper local acceptance will have a great bearing on whether the subject is presented in a healthy frame-work, which we believe to be essential.”<sup>361</sup> The provincial Department of Education claimed students’ sexual education needs were diverse across the province, whereas English, math, and science courses were given mandated guidelines.

While local boards enjoyed a certain level of autonomy, educators complained that the government did not supply schools with the necessary resources and support for FLE. Johnston asserted that sexual education in the government guidelines was explained “in such a general terms that many teachers will only ask a child to think about how much bigger or stronger he is than he was a year ago. Some teachers, of course, will take the matter a little further. But even those who don’t - well, we feel that as a small child starts thinking about his own growth in an enquiring and wondering frame of mind, then he has made a wholesome beginning.”<sup>362</sup> Johnston’s statements failed to address the underlying concern that students were not receiving adequate sexual information to cope with the changing social norms in the sixties, and glossed over the issue of uneven, unequal, and in some cases, absent, sexual instruction throughout Ontario.

Unlike many school boards in the province, Toronto took a proactive approach to sexual education in the early seventies, and continued to develop sexual instruction programs. In 1970, C.G. Prince created the curriculum *Moods, Substances, People: Health Education Junior and Senior Public Health*. The rationale for the introduction of this course stipulated that “Young people today are asking a multitude of questions relating to their own personal health: physical and social development, interpersonal relationships, the use of tobacco, drugs, and alcohol.”<sup>363</sup> Two years later, the Toronto Board of

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<sup>361</sup> “Kindergarten Start Urged: Officials Termed Timid About Sex Education” *The Globe and Mail*, September 25, 1967.

<sup>362</sup> “Kindergarten Start Urged: Officials Termed Timid About Sex Education.”

<sup>363</sup> C.G. Prince, *Moods and Substances People: Health Education Junior and Senior Public Health* (Toronto: Toronto Board of Education, 1970), 1.

Education implemented *Human Relations in Health Education* which was based on the principles of the Ontario Department of Education's Curriculum S.29A: *Growing into Maturity in a Changing World and Family Health Education in a Changing World* (1969). Prince's curriculum focused on individuals' positive and negative feelings and experiences to encourage students to choose healthy habits and lifestyles instead of engaging in substance abuse. *Human Relations* stated that "an effective unit of study in human relations is more than a collection of exercises: role playing, buzz groups, process observers, feedback."<sup>364</sup> Students were told to role-play a situation in which six senior students were asked to present their recommendations to a city council meeting concerning birth control.<sup>365</sup> Positions that students could take ranged from being strongly opposed, to being in favour of more detailed sexual information. The goal of the exercise was to determine people's diverse attitudes and patterns of communication. This scenario also allowed for students to discuss the different positions of a controversial topic, and illustrate the challenges that Ontario educators and the public were facing when implementing FLE.

While many municipalities were unable or uninterested in including FLE in schools, Toronto produced several new curricula in the sixties and seventies. Program consultant for the Curriculum Branch of the Department of Education Helen Gurney remarked that with regards to Metro Toronto and the surrounding area "the pressures related to 'social health' problems usually seem to occur in the [Toronto] Regions first (and the incidences of student abuses seem to be greatest)."<sup>366</sup> Therefore, the school board's motivation for creating sexual instruction programs derived from their concern over VD, teen pregnancy, and delinquency. Furthermore, they may have been influenced by the Curriculum Branch of the Department of Education, as well as by local physicians.

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<sup>364</sup> Department of Physical and Health Education, *Human Relations in Health Education* (Toronto: Toronto Board of Education, 1972), n.p.

<sup>365</sup> Department of Physical and Health Education, n.p.

<sup>366</sup> Helen Gurney to Gerald MacMartin, March 2, 1970, AO RG2-245 Senior Physical Education 1969-1973 to Writers, Box 3, File Venereal Disease.

Program consultants John Metcalf and Gurney both wanted VD education to be included in Curriculum S29A (1969), “and that it be recommended that local school jurisdictions consider the needs of the municipality in deciding the age level at which VD be taught.”<sup>367</sup> The inclusion of VD instruction was left to the community’s discretion, but Gurney noted that up until 1964 and 1965, VD was taught mainly to grade eleven and twelve students, but in the early seventies, youth in grades seven and eight received more exposure to these topics. To promote VD education in the curriculum, Gurney hosted several workshops at Toronto schools to demonstrate “the need for integrating topics such as Drug Education and Venereal Disease into the Intermediate level Health Education curriculum.”<sup>368</sup> It is not surprising that Toronto created its own curricula since the schools received encouragement and pressure from the Department of Education to include additional sexual instruction.

The early seventies witnessed more documented cases of schools seeking sexual education information and establishing forms of FLE, which were led by PHNs. In Perth County, sexual instruction in the early sixties occurred through counseling sessions with nurses in secondary schools, but the staff planning committee asked PHNs for assistance in planning sex education in the spring of 1970.<sup>369</sup> High schools within Chatham-Kent County requested films such as *Love and the Facts of Life* from their local health unit, and were also given a School Health Manual.<sup>370</sup> Meanwhile, the Board of Health for the County of Waterloo reduced nurses’ time in schools from fifty percent to thirty-five percent, and concentrated on anti-smoking campaigns within its high schools. However, members of the medical community discussed two films on growth and development for

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<sup>367</sup> Gurney to MacMartin.

<sup>368</sup> Gurney to MacMartin.

<sup>369</sup> Anna Hill to Ethel Irwin, “Re: Visit to Perth District Health Unit,” July 17, 1970, 1, AO Public Health Nursing Historical Files RG10 30A 5, File Public Health Nursing, Southwestern Region, 1970.

<sup>370</sup> Anna Hill to Ethel Irwin, “Re: Visit to Metro Windsor-Essex Health Unit,” March 9, 1970, 1, AO Public Health Nursing Historical Files RG10 30A 5, File Public Health Nursing, Southwestern Region, 1970. The contents of the health manual which was written in 1969 are unknown. It was revised after the unit received feedback from the schools. The date of *Love and the Facts of Life* is also unknown.

students in grades seven and eight in Waterloo County public schools.<sup>371</sup> The presence of medical authorities in schools was highly encouraged by educators and curriculum planners, as it was believed that they could “answer questions concerning the onset of puberty.”<sup>372</sup> While many educators and youth experts argued that sexual education should emphasize morality,<sup>373</sup> in practice, it appears that several teachers and school board administrators preferred to have health professionals offer students scientific explanations for bodily changes. This type of instruction ensured that students received accurate information that was less controversial.

Nurses were expected to act as sex educators for the public, and were often invited by churches, school boards, clubs, and community agencies to give lectures and impart knowledge on sexual matters. *The Canadian Nurse* (1971) recognized that “It is not unusual for adolescents to mention specific sexual problems to nurses or doctors. In fact, questions about sexual activities are unlikely to arise in conversation unless they are introduced by the health professionals.”<sup>374</sup> However, the subject matter was not well respected within the medical profession itself. Several physicians “believe that interest in sexuality is shameful and has perhaps some hidden meaning that reveals an innate, inappropriate set of desires.”<sup>375</sup> Therefore, it was probable that physicians and nurses passed their negative perceptions of sexuality to students. This attitude may have also prevented many medical professionals from seeking education for sexual topics, and *The Canadian Nurse* reported that “Most nurses and doctors have received little if any information about the physiology and psychology of sexual behavior during their

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<sup>371</sup> G.E. Duff Wilson, ed., “Annual Report of the Waterloo County Health Unit,” (1970), 6-7, Waterloo County and Regional Health Unit, Box 6 (Series 4), File Waterloo County and Regional Health Unit Series 4 Annual Report of the Waterloo County Health Unit 1970.

<sup>372</sup> William Calder, *Physical and Health Education: A Resource Booklet* (Willowdale: Ontario Secondary School Teachers' Federation, 1967), 63.

<sup>373</sup> See Canadian Education Association, 13-16; Gow, 18-20; E.K. Shriver, “There is a Moral Dimension: There’s More to Sex Education than Biology,” *Reader’s Digest* (November 1979), 72-73.

<sup>374</sup> George Szasz, “Adolescent Sexual Activity,” *The Canadian Nurse* 67, no. 10 (October 1971): 41.

<sup>375</sup> Szasz, 42.

professional training. Both are guided primarily by their own sexual experiences, expanded by whatever they have read, heard or observed about the sexual practices of patients.”<sup>376</sup> As a result, medical professionals endorsed the same principals of heteronormativity, female submissiveness, and male dominance to students. The concerns over nurses and physicians as sex educators were similar to those surrounding teachers.

Physicians were also criticized by educators because “beyond the biological there is as yet very little in their training and background that makes them any more capable of handling the broader aspects of family life education than any other sensitive adult.”<sup>377</sup> The Canadian Council on Social Development recommended that doctors receive similar training in FLE as teachers to increase their competence in this field, but it is unknown whether they followed through with this advice.<sup>378</sup> Although physicians and nurses were expected to be knowledgeable in this subject, sexual instruction was new ground for many of them, and the obstacles of finding appropriate venues and materials to dispense this information challenged the medical profession throughout the era. Despite these difficulties and the questioning of their authority, many physicians continued to be involved in FLE as they observed firsthand the consequences of VD and teen pregnancy.

In 1971, the Board of Health for the County of Waterloo approved the opening of a family planning and infertility clinic for the following year.<sup>379</sup> The Health Unit already had a VD Clinic, which had been in operation since the late sixties as a result of rising infection rates, and, in 1971, MOH G.P.A. Evans “became aware of the desire of several

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<sup>376</sup> Szasz, 42.

<sup>377</sup> Barry Lowes, “The Role of the Educator,” *Proceedings of the First National Conference on Family Planning: February 28, 29-March 1-2, 1972* (Ottawa: Ministry of National Health and Welfare, 1972), 45-6.

<sup>378</sup> Hepworth, 81.

<sup>379</sup> G.P.A. Evans, ed, “The Health of The County of Waterloo,” (1971), 10-11, WA Waterloo County and Regional Health Unit Box 6 (Series 4), File Waterloo County and Regional Health Unit Series 4 The Health of the County of Waterloo, 1971.

groups within the community for a system of organized, freely available family planning services. Further, it has been the wish of the government of Ontario for some time to see family planning clinics set up under public health auspices throughout the province.”<sup>380</sup> Evans made it clear, in the county’s annual health report, that he was not in favour of providing birth control for unmarried women, “but the alternative of unwanted pregnancies, many of them ending in abortion, is infinitely less desirable bearing in mind that advice given from now until Doomsday is not going to dissuade much of today’s youth from its pattern of sexual promiscuity and extra and premarital intercourse.”<sup>381</sup> Evans’ tone suggested that he was uncomfortable with the new sexual morality and women’s changing sexual and social roles, but if it came to choosing the lesser of the two evils, he was willing to adapt health practices to meet the needs of the changing social norms. This case illustrates how men, who endorsed hegemonic values, had authority over women’s access to reproductive technologies. Their attitudes had the potential to affect women’s health care, and prohibit their ability to determine for themselves the type of reproductive technologies they wanted to use. As a result, the patriarchal agenda of keeping women dependent on men was reinforced in Ontario’s medical institutions. Although the board continued to provide FLE instruction to schools through PHNs, it was less controversial to establish birth control clinics with voluntary participation from the public; whereas exposing students to contraceptive information in public schools could be interpreted as condoning sexual behaviour among unmarried youth.

Evans, along with other physicians and educators, witnessed the changing youth culture in the seventies, and it was left to the medical and educational system to curb the potential damage of increasing sexual activity. He claimed: “Drugs, along with blue jeans, long hair, rock music and greatly increased drop-out from the educational system, represent a quiet revolution against adult authority and the values of the older generation,

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<sup>380</sup> Evans, 10.

<sup>381</sup> Evans, 11.



the ‘Corporate State’.”<sup>382</sup> Educators at the Halton County Board of Education in Oakville noted in their PHE curriculum that “inherent in the tendency towards a more permissive society is the need for individuals to learn self-discipline and concern for others. Games and activities (team and individual) provide us with a form of law and order in a society where respect for the law is a prime requisite for remaining a part of the group.”<sup>383</sup> The Halton Board’s staff responded to youth’s new morals and liberal attitudes by teaching students the necessity of conforming to social mores and behaviour codes.

Educators reacted to altering social norms by maintaining the status quo instead of promoting changes to social conduct. An educator commented that “In the areas of sex it seems that many young people lack adequate knowledge, behave with uncertainty and confusion, experience severe anxieties and often so act as to defy the defenders of a more traditional morality.”<sup>384</sup> Teachers were concerned that without proper guidance on sexual issues, adolescents would rebel against the sexual mores that educators upheld. Their actions were in accordance with the Ontario Department of Education which promoted FLE as a tool for retaining existing social conditions, and maintaining male dominance through social institutions. Assistant Deputy Minister of Education Johnston stated in 1967 that “it is important for young people to understand that some standards never change, and to understand why.”<sup>385</sup> Johnston indicated that the intent of FLE courses was to teach students that although sexual morality was becoming more permissive, sexual values and gender norms remained intact. His arguments were consistent with a longstanding trend amongst educators to use education as a vehicle for re-enforcing hegemonic mores. Comacchio found that during the First World War when

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<sup>382</sup> Evans, 13.

<sup>383</sup> R.K. Self to Don Young, February 5, 1971, AO RG2-245 Abortions 1972 to Ministers Letters 1971-1974, Box 1, File Grade 13 1971-1972.

<sup>384</sup> Elkin, 17-18.

<sup>385</sup> “Kindergarten Start Urged: Officials Termed Timid About Sex Education.”

middle-class views of sexuality were questioned, such as celibacy before marriage, “modern youth were held to relatively ‘old fashioned’ moral standards and the heterosexual gender conventions where courtship and sex were concerned.”<sup>386</sup> Thus, women were socialized to determine their worth based on their ability to form heterosexual relationships and attract the other sex.

To ensure that students embraced a heterosexual and monogamous lifestyle, it was necessary for educators and social experts to continuously enforce these values through the education system, especially when these mores were under attack during periods of increased sexual activity and sexually liberal attitudes. During this era, heterosexuality was promoted in textbooks and teaching materials as normal and natural, and those who deviated from this standard were considered abnormal and delinquent. In 1967, Everett George Klippert was convicted of gross indecency for having consensual intercourse with men. His conviction was upheld by the Supreme Court of Canada and he received a life sentence. The Klippert case started a campaign to decriminalize homosexual activity, which was achieved in 1969.<sup>387</sup> In light of these events, it was the responsibility of teachers and parents to ensure that students transitioned from same sex friendships to male-female relationships, instead of same-sex relationships. Through these relationships, female social and economic dependence was maintained.

To gain an understanding of the state of FLE in Canadian schools, sociologist Frederick Elkin undertook a survey of the province’s public schools for the Vanier Institute of the Family in 1971.<sup>388</sup> Elkin’s research was based on the premise that “social problems and

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<sup>386</sup> Comacchio, 69.

<sup>387</sup> Smith, “Identity and Opportunity: The Lesbian and Gay Rights Movement,” 183.

<sup>388</sup> Elkin’s report was part of a three pronged project that examined FLE in voluntary organizations, schools, and in the media of mass communication. Elkin wrote a report on each area. The Vanier Institute of the Family, which commissioned the reports, was formed in 1965 after the Canadian Conference on the Family was held at Government House in Ottawa. Governor General Georges P. Vanier envisioned an organization that supported the institution of the family through research and policy reform in areas such as immigration and divorce law. See “The Vanier Institute of the Family: Our History,” *The Vanier Institute* (n.d.) [http://www.vanierinstitute.ca/our\\_history](http://www.vanierinstitute.ca/our_history)

new patterns of life associated with children and the family, have become more and more threatening to our traditional way of life and more and more costly to the state.”<sup>389</sup> These threats included juvenile delinquency, drugs, illegitimacy, divorce, communes, unmarried couples living together, poor communication between parents and children, and abortion.<sup>390</sup> Elkin remarked that the movement to include FLE in schools “is a reaction to a failure of our institutions, including the family, to forestall and resolve such problems...without any drastic upheaval, to temper and forestall disturbing problems and better equip children to handle the problems they will face.”<sup>391</sup> Elkin’s study demonstrated that sexual education was an attempt to prepare children for the new realities and sexual mores of the seventies; however, this preparation meant enforcing the status quo instead of allowing youth to change sexual norms, or adopt their own values.

Elkin’s study found that, overall, FLE was not the norm in schools. Fourteen percent of the country’s programs were in Ontario (thirty percent of Ontario schools had FLE), and thirty percent of the nation’s programs were found in metropolitan areas, such as Toronto, Vancouver, and Montreal.<sup>392</sup> Furthermore, the study noted that most FLE classes were incorporated into existing courses such as PHE, guidance and counselling, and home economics. The most popular subjects were boy-girl and parent-child relationships, which were representative of Ontario trends. Across the country, teacher training and qualifications were deficient.<sup>393</sup> Most teachers who taught the classes were already teaching a similar course, and/or they had an interest in the subject.<sup>394</sup> In terms of preparation, forty-two percent of teachers had not received formal instruction, twenty-

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<sup>389</sup> Elkin, 1.

<sup>390</sup> Elkin, 1.

<sup>391</sup> Elkin, 1.

<sup>392</sup> Elkin, 4.

<sup>393</sup> Elkin, 7.

<sup>394</sup> Elkin, 8-9.

seven percent were trained, and thirty-one percent of respondents wrote that training varied from teacher to teacher. In-service education provided more preparation for teachers who did not receive information in teachers' college or university.<sup>395</sup>

It appears that problems and challenges for Ontario school boards were symptomatic of larger national trends. Provincial departments of education recognized a need for sex education, but were unwilling to provide resources or support for local boards. The majority of the issues that boards faced included "obtaining teachers, necessary instructional aids, and fitting FLE into a busy curriculum."<sup>396</sup> Including FLE was discussed at many school boards, but its actual implementation was not a priority for many schools in the face of changing pedagogical trends and increased enrollment throughout the sixties and seventies. In addition, many schools feared a backlash from their community if they attempted to provide sexual instruction to youths, but the study claimed that "schools without FLE programmes anticipate more problems than in fact exist and the fact of perceiving such serious problems in itself serves as an excuse for not moving ahead."<sup>397</sup> Although, in many cases, these anxieties were unfounded, they continued to impede boards from implementing FLE.

These fears were present at the Peel County Board of Education. In October, 1971, the board was asked to support VD education for children at a seminar on VD held at Sheridan College. However, "Several teachers expressed fear they would be caught in a backlash between the board and the public if there were any complaints from parents regarding the course of study."<sup>398</sup> In March 1972, the Conference on Education for Family Living was held in Ottawa. Its guest speaker, Kathleen Crowe, the chairman of

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<sup>395</sup> Elkin, 8-9.

<sup>396</sup> Elkin, 10.

<sup>397</sup> Elkin, 10.

<sup>398</sup> "Trustees Asked to Take Stand," October 28, 1971, AO RG2-245 Senior Physical Education 1969-1973 to Writers, Box 3, File Venereal Disease. Name of publication unknown.

the standing committee on FLE at Vanier, noted that anxieties hindered the progress of FLE across the country, whether it was:

on the part of the Board of Education - because of the possible lack of knowledge on the part of the parents that impedes the progress. This fear also appears to be between child-parent; teachers - parents; parents-teachers; teachers-principals. Also young teachers who have had the new training are stopped either by the Principal or the School Board that disapproves of the personal approach.<sup>399</sup>

Educators were apprehensive about the public's response to sexual instruction, but recognized that social trends were altering, and new teaching materials were necessary to counter and confront threats to the status quo. A 1975 survey of FLE in Ontario schools discovered that fear effectively stalled developments in FLE, because teachers were concerned about parental conflict and were unsure which topics would be acceptable to the community.<sup>400</sup> Fear paralyzed FLE efforts in many cases, and prevented the majority of youths from receiving adequate sexual instruction until the eighties.<sup>401</sup>

At the same conference, Crowe remarked that immense changes, such as divorce and youth rebellion, were occurring within Canadian families which altered family values and its structure.<sup>402</sup> Furthermore,

Women in large numbers are seeking self fulfillment through work outside the home, through careers and professional achievements. The traditional roles of wife and mother are not sufficient anymore...She (Crowe) stated emphatically that education for family living was the only way at this time to help develop the necessary skills.<sup>403</sup>

The National Conference on Family Planning, which took place in January 1972, shared similar concerns, and the proceedings noted that more research needs to be done and was

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<sup>399</sup> "Social Planning Council of Ottawa and District Conference on Education for Family Living: Summary at the Closing Session," in *Proceedings Conferences Education for Family Living*, March 9-10, 1972, 10. LAC MG28 I117 Vanier Institute of the Family Fonds, v.45 Project Completed Files, File Social Planning Councils, Ottawa (1/3) 1972-1973.

<sup>400</sup> Herold, *Sex Education in Ontario Schools Part II: The Secondary Schools*, 23.

<sup>401</sup> Further discussion on the community's interaction with teachers is supplied in the next chapter.

<sup>402</sup> "Social Planning Council: Conference on Education for Family Living Public Forum," in "Proceedings Conferences Education for Family Living," March 9-10, 1972, 4. LAC MG28 I117 Vanier Institute of the Family Fonds, v.45 Project Completed Files, File Social Planning Councils, Ottawa (1/3) 1972-1973.

<sup>403</sup> "Social Planning Council: Conference on Education for Family Living Public Forum," 4.

currently underway on “the effects of women’s education, income status, and attachment to the labour force...[as well as] the changing roles of men and women.”<sup>404</sup> Women’s altering status, as well as other threats to the family, prompted health units to take the initiative and install FLE within schools to limit the alterations endorsed by the feminist movement. According to Claire R. Heggtveit and Doreen Van Tower of the Public Health Section within the Department of Health and Welfare, “The family life education movement in Canada has expanded noticeably in recent years with at least one-third of the public schools offering some type of course in family living. Its origins lie with the conflicting life styles and values that, to some extent, are believed to be disrupting the family as an institution.”<sup>405</sup> As a result, nine health units developed family planning services, along with education and counselling. However, most of these units were based in Toronto and the surrounding area, as well as other larger municipalities.<sup>406</sup> Under the influence of the family values ideology and with the support of local health units, a few schools developed their own curricula in the early seventies to cope with changing social norms, and the consequences of social disruption caused by the women’s and gay rights movements.

School boards claimed that they wanted to incorporate sexual education classes to help their students navigate changing social norms, and avoid the consequences of overindulging in sex, alcohol, and drugs. On February 17, 1972, the Ontario Department of Health sent a memo to educators about VD education in schools, and noted that these classes should stress the dangers of VD, and “While the school cannot make moral

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<sup>404</sup> Department of National Health and Welfare: Health Research Division, “Survey of Family Planning Services in Canada: A Report Prepared for the National Conference on Family Planning,” (February 28-March 2, 1972), 1-2, LAC MG117 Vanier Institute of the Family Fonds, v.78 Conferences, Seminars and Lectures Files, File Family Planning. National Conference on-. 4/5 1972.

<sup>405</sup> Claire R. Heggtveit and Doreen Van Tower, “Family Planning Services in Canada: A Report Prepared for the National Conference on Family Planning,” (February 28-March 2, 1972), 10, LAC MG117 Vanier Institute of the Family Fonds, v.78 Conferences, Seminars and Lectures Files, File Family Planning. National Conference on-. 5/5 1972.

<sup>406</sup> Heggtveit and Van Tower, 25.

decisions for its students, it should encourage young people to make mature and moral judgments, especially in areas which affect the well-being of the whole community.”<sup>407</sup>

These recommendations were utilized at the school board level, as the boards that authored their own curricula urged students to form their own opinions, but the curriculum was crafted in such a way as to guide them to accept socially prescribed norms. As a result, the heterosexual nuclear family was promoted, and women were expected to remain its primary caregiver.

The Ottawa Board of Education formed a FLE program in March 1972, which was written collaboratively by several Ottawa teachers at different schools. These educators claimed that “Health problems of most concern to-day and certainly in the future can be approached effectively through a sound positive health education program.”<sup>408</sup> The main objectives of the program included helping students understand health, and acquire positive health attitudes and practices. However, the program continued to promote hegemonic and traditional family and sexual values. For instance, students were told to go over the food guide with their mothers, as women were still the primary caregivers, even though more women were entering the workforce.<sup>409</sup> At the junior level, students engaged in a discussion of the “effects of maleness and femaleness on later life – job expectations, role in life, success.”<sup>410</sup> The course outline also recommended that girls “start a grooming club for girls to discuss hair styles, keeping [their faces] free of blemishes.”<sup>411</sup> These types of clubs were promoted in health textbooks from the fifties, in which illustrations showed girls how to dress for their body type and how to determine

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<sup>407</sup> Kinlin.

<sup>408</sup> E.A. (Tony) Duggan, ed., *Ottawa Board of Education: Health Guidelines K-12*, (March, 1972), 1, LAC MG28 I360 Association for the Review of Canadian Abortion Laws Fonds, vol.6, File Ottawa Board of Education – Health Education and Guidelines 1972.

<sup>409</sup> Duggan, 19.

<sup>410</sup> Duggan, 8.

<sup>411</sup> Duggan, 17.

the appropriate haircut for the shape of their face.<sup>412</sup> Girls were taught their greatest strengths lied in their physical appearance. Furthermore, the greater their ability to use their physical characteristics to their advantage, the more likely they would experience success and secure a husband. Their focus was therefore oriented towards physical attractiveness over academics.

Similarly, at the intermediate level, students were asked to list activities that were specifically for boys or girls, and “discuss how boys and girls differ in their actions, thoughts, and attitudes with respect to the opposite sex.”<sup>413</sup> The educating materials led boys and girls to believe that their gender determined their interests, sexual behaviour, and future careers. Although roles for men and women, including sexual roles, were changing during the sexual revolution, hegemonic sexuality and gender norms were maintained, in part, through these curricula. Furthermore, students were asked to explore whether “any present-day changes in the masculine-feminine roles resulted in problems in the function of males and females?”<sup>414</sup> Instead of phrasing the question in neutral terms, such as “what are the changes that can be observed from altering gender norms,” the topic was worded to solicit a negative analysis of shifting gender roles. Inspired by the feminist movement, studies undertaken by academics, special interest groups, and teachers’ federations in the 1970s revealed that female characters were under-represented in learning materials. Furthermore, boys were often depicted in strong, leadership roles, while girls were frequently portrayed as homemakers and mothers-in-training.<sup>415</sup> In

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<sup>412</sup> See Helen Shacter, Gladys Gardner Jenkins, and W.W. Bauer, *Into Your Teens* (Toronto: W.J. Gage and Company Ltd, 1952), 112-3.

<sup>413</sup> Duggan, 20.

<sup>414</sup> Duggan, 20.

<sup>415</sup> Gaskell, McLaren, and Novogrodsky, 36.



response to women gaining ground in the workforce and circumventing stereotypes, FLE curricula continued to promote hegemonic gender roles.

Unlike previous curricula, FLE programs in the early seventies offered more opportunities for debate and discussion of controversial topics such as unwed motherhood, pre-marital sex, contraception, and homosexuality. The Ottawa guide acknowledged that in the early seventies, society was more accepting of illegitimacy and more young mothers were keeping their babies.<sup>416</sup> Teachers were also encouraged to have their students debate the following: “Premarital relations are legitimate, if both partners love each other,” and “Early marriage is the best answer to all problems of sexual adjustment.”<sup>417</sup> Prior to the seventies, premarital sex, sexual behaviour, and unwed motherhood were rarely included in FLE or health curricula, but over the course of the decade, students were given more opportunities to openly discuss these issues. However, the guidelines continued to prompt youths to endorse traditional sexual values, which included having children within the confines of a heterosexual marriage.

The curriculum even allowed for a discussion on homosexuality, but under no circumstances were children encouraged or expected to adopt it. The program provided several points of debate for this topic which included: “Is homosexuality an illness or just a different way of life?” “The effect of a hostile and indifferent father,” “The effect of a close bending and over intimate mother,” “Development of homosexual behavior is unlikely when parents are loving, supportive and not too over-protective.”<sup>418</sup> It appears as though students were able to investigate whether or not homosexuality was a natural tendency or a learned behaviour. However, the majority of questions led students to understand homosexuality as the latter. Furthermore, the curriculum included a special note to teachers stating: “Homosexuality is a learned behavior, therefore sex education

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<sup>416</sup> Duggan, 38.

<sup>417</sup> Duggan, 47.

<sup>418</sup> Duggan, 37.

should focus on prevention and education should be directed at future parents.”<sup>419</sup>

Educators attempted to avert homosexuality by teaching students to adopt loving and supportive parenting styles, while avoiding hostility and hovering over their children.

These depictions of homosexuality illustrate ideas that have circulated since the turn of the century.<sup>420</sup> In the late 1960s, as more baby boomers were entering university, gay liberation groups began to form on university campuses, and started challenging the stigma associated with homosexuality. Gay liberationists argued in the early 1970s, that people were born gay or lesbian, and contradicted the popular notion that it was a learned behaviour. Groups such as the Coalition for Gay Rights in Ontario, the Canadian Lesbian and Gay Rights Coalition, and Toronto Gay Action started organizing in major urban centres, such as Toronto.<sup>421</sup> Despite their efforts, school curriculum still maintained traditional views of homosexuality.

The sources, in the form of letters to the Ministry of Education, newspaper articles, and health reports demonstrate that more schools adopted various forms of FLE in the early seventies, but do not offer a complete portrait of FLE in Ontario or even in specific schools. In 1972, North Bay’s West Ferris Secondary School created a marriage and family relationships course for grade twelve and thirteen students as a result of student demand. The course was intended to cover “interpersonal relationships as they exist within the context of marriage and family.”<sup>422</sup> A symptom of students’ growing activism was their demand for accurate and comprehensive FLE and teachers’ willingness to comply. West Ferris’ staff felt that “our students at this level are mature individuals who

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<sup>419</sup> Duggan, 37.

<sup>420</sup> Herold’s survey suggests that there was more discussion and acceptance of homosexuality in 1975, see Herold, “Sex Education in Ontario Schools Part II: The Secondary Schools,” 7, 10.

<sup>421</sup> Smith, “Identity and Opportunity: The Lesbian and Gay Rights Movement,” 184-5.

<sup>422</sup> G.S. Goodhew to F. Lawless, May 19, 1972, AO RG2-245 Abortions 1972 to Ministers Letters 1971-1974, Box 1, File Grade 13 1971-1972.

will probably be married within a few years after graduation.”<sup>423</sup> Ontario schools witnessed increasing student radicalism in the late sixties and early seventies. Students protested outdated standards such as dress codes, and advocated for more student control over course content and school administration. They experienced some success in achieving their demands. Education historian Gidney notes that these changes may have occurred as a result of more respect for students and an end to outdated regulations, or it could indicate more tolerance for students’ untraditional behaviour and educators’ declining ability to regulate students’ actions.<sup>424</sup>

Toronto students caused controversy in 1971 when they formed the Student Committee for Birth Control. Under the leadership of sixteen-year old Etobicoke student Dawn Adams, the committee demanded that schools offer information on birth control, VD, and abortion. Adams told trustees at the Etobicoke Board of Education that in the last six months of 1970, 125 women left Metro Toronto schools as a result of pregnancy. To support their requests, nineteen-year-old Etobicoke Collegiate Institute student Alan Brighter polled 500 students at six schools about their sexual education. His results showed that eighty-eight percent of these students did not receive comprehensive sexual education at school. This group was supported by the Canadian Mental Health Association and Dr. M.R. Warren, Etobicoke’s MOH.<sup>425</sup> Their actions prompted John Karas of Toronto to write to Minister of Education Welch to protest these students’ actions. He asserted that “These permissive students have been spoiled silly by their parents, obviously, and now they believe that they have the right to demand birth control information and equipment to carry on sex activity that only rightfully belongs to properly married people under the law of God and of the government.”<sup>426</sup> Welch stated

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<sup>423</sup> Goodhew to Lawless.

<sup>424</sup> Gidney, 84-5.

<sup>425</sup> “Schoolgirl, 16, Urges Birth Curbs ‘On Demand,’” *The Globe and Mail*, April 29, 1971.

<sup>426</sup> John Karas to Robert Welch, date unknown but received by the Ministry of Education on April 27, 1971, AO RG2-81-4 Curriculum Implementation and Development Files, File DA-100 Curriculum Sex Education 1971 (Physical and Health Education) (Arts). In his letter he referred to the Student Birth

that the Ministry of Education supplied guidelines, but it was left to the discretion of the principal and school board to incorporate sexual instruction into the curriculum.<sup>427</sup> His response was therefore, fairly similar to his previous correspondence with the public about sexual education.

Later that summer, Audrey Maenpaa, a fifteen-year-old grade eleven student at Harbord Collegiate, received a \$785.00 provincial grant to perform sexual education research over the summer and present her findings to Toronto's boards of education and health.<sup>428</sup> Her objectives included improving student access to birth control and sexual information. Her actions resulted in a Mrs. Fitzgerald of West Hill, Ontario writing to Welch and asserting: "I think it is a disgrace (if the story has all the true facts) that the Board of Education is putting the sex education of our children in the hands of a fifteen year old trollop."<sup>429</sup> Welch defended Maenpaa's activities to Fitzgerald and argued that her research was commendable.<sup>430</sup> Students' claimed more involvement in their sexual education and participated in the formation of FLE to increase their knowledge of sexual issues. Her work is demonstrative of the feminist movement's gains in schools as young women were successfully advocating for, and creating the type of sexual instruction they wanted for themselves and their peers. Their contribution, however, prompted animosity

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Control Committee as the Student Abortion Committee. It is assumed that he was referring to the former as this group was active in Toronto around the same time that Karas' letter was written.

<sup>427</sup> Robert Welch to John Karas, May 3, 1971, AO RG2-81-4 Curriculum Implementation and Development Files, File DA-100 Curriculum Sex Education 1971 (Physical and Health Education) (Arts).

<sup>428</sup> It is unknown how Audrey Maenpaa received a government grant for this endeavor.

<sup>429</sup> E.K. Fitzgerald to Robert Welch, August 11, 1971, AO RG2-81-4 Curriculum Implementation and Development Files, Container no. 1-2, File DA-100 Curriculum Sex Education 1971 (Physical & Health Education) (Arts).

<sup>430</sup> Robert Welch to E.K. Fitzgerlad, August 13, 1971, AO RG2-81-4 Curriculum Implementation and Development Files, Container no. 1-2, File DA-100 Curriculum Sex Education 1971 (Physical & Health Education) (Arts).

from vocal minorities who argued that sexual information encouraged promiscuity and the breakdown of social mores.

In addition to student demand, the medical community also pressured schools to adopt VD education, and curb its increase in the province. The number of VD cases increased from 9,578 in 1971 to 17,776 in 1974.<sup>431</sup> In response, the Ministry of Education included VD instruction guidelines in the PHE curriculum in 1973, and while schools were encouraged to adopt VD education, many did not.<sup>432</sup> *The Toronto Star* in 1974 commented that the Board of Education in Etobicoke “is taking advantage of a provincial Education Ministry guideline that permits local boards to include VD studies in health programs,” but unfortunately not enough action was taken by other boards.<sup>433</sup> Furthermore, the program was limited to a few hours during the school year for grade eight students.<sup>434</sup> As has been noted earlier in this section, several Toronto based boards had implemented sex education by the early sixties; therefore, either *The Star* was uninformed or the programs were ineffectual or outdated by the mid-seventies. The status of sexual instruction was ambiguous for contemporaries, and researchers attempted to understand the strengths and challenges of implementing FLE in the province.

In 1975, Edward Herold, founder of the Guelph Sexuality Conference, completed a province-wide survey on the current status of sex education at elementary and secondary schools. His study offers one of the few comprehensive insights into educators’ views on sexual instruction. Herold built on Elkin’s 1971 national survey and found that sex education mainly occurred in grades seven and eight at the elementary level, and usually

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<sup>431</sup> G.P.A. Evans, ed, “The Health of The County of Waterloo,” (1974), 15, WA Waterloo County and Regional Health Unit Box 6 (Series 4), File Waterloo County and Regional Health Unit Series 4 The Health of the County of Waterloo 1974.

<sup>432</sup> Gerald MacMartin to H.G. Courtman, June 12, 1973, AO RG2-245 Senior Physical Education 1969-1973 to Writers, Box 3, File Venereal Disease.

<sup>433</sup> “Put VD Education in all Schools,” *The Toronto Star*, June 2, 1974.

<sup>434</sup> “Put VD Education in all Schools.”

included plant and animal reproduction.<sup>435</sup> With regards to human reproduction, the most common topic was menstruation, which was frequently taught using a film or with a guest speaker, such as a nurse.<sup>436</sup> Boys' sex education continued to fall behind girls' instruction, as only girls were taught about menstruation.<sup>437</sup> Not surprisingly, his findings demonstrated that the issues surrounding sex education at the school board level in 1975 had altered little since 1971. At the elementary level, birth control and VD information were discussed infrequently, and twenty-five percent of principals "did not know if the topics of premarital intercourse, family planning, birth control methods, abortion, masturbation, and homosexuality were discussed at their schools."<sup>438</sup> Educators claimed that teacher training was still inadequate, and "only a minority of teachers had attended any courses in sex education. However, even among those who had attended, the training had been minimal, frequently consisting of a hard-day workshop."<sup>439</sup> Furthermore, "Many respondents emphasized the necessity of training teachers to understand their own sexuality so that they would be able to overcome their embarrassment and learn to deal honestly and comfortably with the topics."<sup>440</sup> Therefore, the question remained: why was the state of sex education and teacher training limited in Ontario schools when educators, parents, and students supported the inclusion of more topics, and few protests came from the public?

In secondary schools, the findings were similar, and Herold discovered that teachers were motivated to provide instruction and guidance on sexual topics, but implementing FLE curricula was not at the forefront of school boards' agendas. Only twenty-five percent of

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<sup>435</sup> Herold, *Sex Education in Ontario Schools Part I: The Elementary Schools*, 1-2.

<sup>436</sup> Herold, *Sex Education in Ontario Schools Part I: The Elementary Schools*, 6. Two-thirds of students in schools for grades kindergarten to six received information on this topic and eighty percent of students in schools for grades kindergarten to grade eight discussed this subject.

<sup>437</sup> Herold, *Sex Education in Ontario Schools Part I: The Elementary Schools*, 6.

<sup>438</sup> Herold, *Sex Education in Ontario Schools Part I: The Elementary Schools*, 7-8.

<sup>439</sup> Herold, *Sex Education in Ontario Schools Part I: The Elementary Schools*, 15.

<sup>440</sup> Herold, *Sex Education in Ontario Schools Part I: The Elementary Schools*, 16.

respondents stated they had a sex education consultant, and forty percent asserted they were not using a program guide to teach sexual topics, because their school did not have one.<sup>441</sup> Some of the respondents articulated that while their school's administration was not overtly opposed to teaching sexual topics, they did nothing to support or encourage its inclusion in schools. School board administrators' attitudes were reminiscent of the provincial government, who also supported sex education, but failed to actively implement programs. Others noted that their principals directly interfered by preventing topics, such as contraceptives, from being taught. Quite possibly, their objections were based on fears that they would receive complaints from the community. Most likely, these reservations were unfounded as only eighteen percent of teachers reported parental opposition. Main sources of resistance were administrators at fifteen percent and school boards at thirteen percent.<sup>442</sup> As in Elkin's study, educators were still more concerned with "possible" rather than "actual" resistance, which inhibited students from receiving comprehensive and factual sexual instruction.

It was, however, understandable that administrators were distressed over possible controversies, considering they were frequently reported in the press. For instance, in 1971, the Catholic Women's League, upon discovering in a Kingston high school a copy of the *Birth Control Handbook* (1968), produced by McGill University students, attempted to pass a resolution to ban the book in all schools. The book was created by students for students in response to the often fatal consequences of backstreet abortions, and a lack of birth control devices available on McGill's campus.<sup>443</sup> The league succeeded in only having it barred by the Frontenac-Lennox-Addington Separate School Board. They described the book as "seditious and pornographic literature... obviously designed to promote promiscuity...the photographs are to say the least, in poor taste and

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<sup>441</sup> Herold, *Sex Education in Ontario Schools Part II: The Secondary Schools*, 28.

<sup>442</sup> Herold, *Sex Education in Ontario Schools Part II: The Secondary Schools*, 22-23.

<sup>443</sup> See "The Evolution of the *Birth Control Handbook*: From Student Peer-Education Manual to Feminist Self-Empowerment Text, 1968-1975," *Canadian Bulletin of Medical History* 23 (1), 2006, 89-118.

in our opinion, lacking in respect for human dignity.”<sup>444</sup> The controversy appeared in several Ontario newspapers, and such an uproar by a vocal minority undoubtedly cautioned school boards to take a tentative approach to sex education. In 1975, Ontario Education Minister Wells called for more and improved sex education in schools, but Herold’s study shows that only a minority of schools were willing to take it upon themselves to develop sex instruction in the mid-seventies, due to fear, a lack of resources, and over-work.

In the Toronto area, rising concerns over teen pregnancy and VD, which were sensationalized in the media, placed pressure on school boards and Wells to update and expand sex education curricula. In 1975, *The Toronto Star* conducted a survey with over a hundred physicians, parents, teachers, clergymen, and students. The survey found that almost everyone wanted to expand sex education in schools, and “Many expressed concern about promiscuous sexual behavior by teenagers and about pregnancy, VD, and the psychological damage resulting.”<sup>445</sup> *The Star*’s sensational story described twelve-year-old student Gloria, who was having sex with an older man instead of going to school. According to an anonymous school official, Gloria was one of thirty girls aged twelve to fourteen who were having sex with high school dropouts aged sixteen to twenty.<sup>446</sup> Adolescents agreed that youth were becoming more sexually active than previous generations, and nine Riverdale Collegiate students reported that they needed definite information on contraceptives, sexual intercourse, and VD before their last year of high school.<sup>447</sup> Seventeen-year-old student Jim Keddy stated: “Sex nowadays is so free. Kids are experimenting.”<sup>448</sup> Another student commented: “You see it on TV and so

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<sup>444</sup> “Four County Board Does Not Support Move to Ban Book,” *Thursday Post*, October 20, 1971.

<sup>445</sup> Doris Hopper and Anne Carey, “Sex Education in Metro Schools,” *The Toronto Star*, May, 10, 1975.

<sup>446</sup> Hopper and Carey.

<sup>447</sup> Hopper and Carey.

<sup>448</sup> Hopper and Carey.



you think, why can't we enjoy it, too."<sup>449</sup> According to sociologist Gary Kinsman, anxieties towards youths' sexual permissive behaviour were fueled by the depiction of the "'generation gap,' the 'youth revolt,' the 'crisis of the family'."<sup>450</sup> The media played a role in shaping public concern over teen sex practices by sensationalizing teen culture and advocating FLE as a partial cure for these social ills.

While parents, students, and teachers all called for more sex education in Toronto schools, this municipality already had a more in-depth curriculum than most schools in the seventies. For instance, Riverdale Collegiate offered birth control and VD instruction in grade twelve since 1972.<sup>451</sup> The Toronto Board also expected teachers to give straight answers on sexual topics, and supplied schools with the Ministry of Education's VD Kit and films that were discussed in Chapter Two, but it was up to teachers to use the materials. In 1975, students called for sex education to begin in the first year of high school instead of the last.<sup>452</sup> As a consequence of a rapidly changing social environment and more discussion of sex in the media, it was challenging for schools to keep their lessons current and relevant. Mary Mills of the Planned Parenthood Federation of Canada (PPFC) argued for the expansion and development of sex education in schools, but acknowledged that "Such programs are going to depend a lot on local school boards ... so that sexuality obtains more than a 40-minute period of classroom time."<sup>453</sup> Boards, however, were resistant to these pressures for FLE because, by nature, they are "conservative organizations and have to take into account the range of public opinion."<sup>454</sup> In the 1960s and 1970s, boards were subjected to many pedagogical and structural

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<sup>449</sup> Hopper and Carey.

<sup>450</sup> Kinsman, 200.

<sup>451</sup> Hopper and Carey.

<sup>452</sup> Hopper and Carey.

<sup>453</sup> Heather Wilson, "Social Change Seen as Planned Parenthood Goal," *The Record*, June 8, 1976.

<sup>454</sup> Hopper and Carey.

changes, and it is understandable that many board administrators were wary of including a highly charged and controversial topic with many other competing priorities.

In response to claims that sex education needed to be taught to children at an earlier age, SIECCAN Education Committee members Ann Barrett, Bonnie Bean, and Marilyn Ryan developed a sexuality course in Toronto for students aged ten to twelve. In their course, they covered such topics as puberty, cultural diversity, friendship, and menstruation “to help students develop positive attitudes towards their sexuality by exploring attitudes about masculinity and femininity and by giving correct factual information.”<sup>455</sup> They discovered that girls were aware that they would menstruate, but were unsure of the details, whereas all boys knew was that “something happened to girls.”<sup>456</sup> Over the run of the course, students gained knowledge about the development of boys’ and girls’ bodies.<sup>457</sup> Furthermore, the educators found that “the girls were very curious about breasts, whether they should wear bras to prevent sagging, whether it is possible to increase bust size as the magazine ads suggested, concerns about being too big, too small.”<sup>458</sup> At the age of twelve, girls were already anxious with their appearance, sex appeal, and aging. Boys were concerned about penis size, but were reassured that size did not determine sexual prowess.<sup>459</sup> The conditioning of women to view their worth in relation to how desirable they were to men, occurred early in their formal education and was enforced by their parents and educators. According to Spinks: “the girls aren’t even labouring under the liberal illusion that the society has a place for them apart from their role as a man’s wife or a child’s mother. They don’t get the chance

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<sup>455</sup> Ann Barrett, Bonnie Bean, and Marilyn Ryan, “A Short Course for Sexuality for Ten-to-Twelve-Year-Olds,” in *Sexual Behaviour in Canada: Patterns and Problem*, ed. Benjamin Schlesinger (Toronto and Buffalo: University of Toronto Press, 1977), 253.

<sup>456</sup> Barrett, Bean, and Ryan, 257.

<sup>457</sup> Barrett, Bean, and Ryan, 262.

<sup>458</sup> Barrett, Bean, and Ryan, 258.

<sup>459</sup> Barrett, Bean, and Ryan, 259.

of being undercut for they start out by having their minds colonized.”<sup>460</sup> The feminist movement during the 1960s and 1970s attempted to counter these trends through education initiatives.

The experimental sex education classes conducted by Barrett and her team demonstrated that sexual insecurities began before puberty, most Ontario students received no sex education, and many of those who did were exposed to sexual topics in the last years of high school. According to Dr. Marion G. Powell, the head of the Population Unit at the University of Toronto’s Faculty of Medicine, “Expectations are still being placed on boys to achieve in the area of sex. It follows that admission of a problem is an admission of failure.”<sup>461</sup> Starting FLE at a younger age would help prevent sexual dysfunctions from presenting later in life. Barrett and her colleagues argued that grade six was an ideal time to start this instruction, when students were interested in the topic, but were not yet ready to engage in sexual behaviour.

In 1974, the Perth School Board discussed creating a sexual health program for all grades. The content and suggested materials were inspired by resources recommended by the Ministry of Education as well as sexual education programs in Oxford, Waterloo, and London. Parents and the public were consulted over the possibility of implementing lessons on VD, families, male and female anatomy, growth and development, as well as tobacco, alcohol, first aid, and dental health.<sup>462</sup> Students would also be given opportunities to form study groups and discuss grooming, abortion, heterosexual relationships, and related health topics.<sup>463</sup> These recommended health classes were

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<sup>460</sup> Spinks, 71.

<sup>461</sup> Marion G. Powell, “The Role of the School Counsellor in Sex Counselling,” in *Sexual Behaviour in Canada: Patterns and Problem*, ed. Benjamin Schlesinger (Toronto and Buffalo: University of Toronto Press, 1977), 269. Powell warned that the denial of sexual education will increase social ills such as pregnancy and VD and as “more stress is being placed on sexual response the number of young people seeking help with sexual dysfunction will increase,” see Powell, 269.

<sup>462</sup> “Perth Board Sounds Views of Parents on Health Course,” *Beacon Herald*, October 10, 1974.

<sup>463</sup> “Perth Board Sounds Views of Parents on Health Course.”

formed in response to growing rates of VD and adolescent pregnancy. The inclusion of a dialogue on abortion caused tension as some members of the public, such as Betty McMillan, supported its presence in the senior curricula, but Mayor Keith Culliton cautioned that students should not be influenced by their teachers' opinions on these controversial issues.<sup>464</sup> Wallace Township's Reeve Rae Bender voiced the same opinion as Culliton at a meeting over the program at Wallace Public School. He stated that he was in favour of the program and did not believe teachers would indoctrinate students. His opinions were met with heckles and calls for him to sit down.<sup>465</sup> However, Gowanstown resident Doug Kratz commented that: "it is impossible for a teacher to teach the course without injecting his own morals."<sup>466</sup> These debates are representative of the discussions that occurred across the country over what topics should be included and avoided in sexual education.

The following year, a program council on sexual health at the Perth County Board of Education organized public meetings in Listowel, Mitchell, St. Mary's, and Stratford. The council requested feedback from the public, and was met with opposition in Listowel. A parent group was concerned about the usage of a teaching resource by educator Arlene Uslander, titled *Everything You Always Wanted to Know About Sex Education*, claiming that it was "too explicit, and that the proposed sex education course does not lay down moral values along with the teaching of facts."<sup>467</sup> Furthermore, it was feared that the proposed program, which would begin in kindergarten, could "damage the child's psyche."<sup>468</sup> Dr. Paul Rutherford, a family physician who resided in Listowel, argued that sexual instruction should not be taught, "because of the diversity of beliefs of

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<sup>464</sup> "Perth Board Sounds Views of Parents on Health Course."

<sup>465</sup> "School Course in Sex Opposed," *Beacon Herald*, October 30, 1975.

<sup>466</sup> Greg Rothwell and Ken MacQueen, "Perth Board Hears Parents Complain About Sex Course," *Beacon Herald*, November 5, 1975.

<sup>467</sup> Greg Rothwell, "Wallace Parents Discuss Sex Course," *Beacon Herald*, October 29, 1975.

<sup>468</sup> Rothwell.

parents.”<sup>469</sup> Rutherford refused to support any curriculum that did not include a discussion on morality. However, educators who were present showed support for the program. Barbara Herman of the Milverton School Board said the only area of the guidelines she disagreed with was giving specific details of human sexual relations.<sup>470</sup> George Arlein, a retired Listowel teacher, was behind the proposed course and commented that she “couldn’t picture any of today’s teachers trying to put bad ideas in children’s minds about sex.”<sup>471</sup> As a result of the objections, Uslander’s book was removed from the course, but was still listed in the reference section and the parents’ group continued to disapprove.

The main objections to the proposed updated health curriculum in Perth County revolved around teaching children sexual content before they were mature enough to understand its full implications, focusing on sexual relations instead of morals and values, and indoctrinating youth. These concerns were not unique to the county, and while there was support for the curriculum, their voices were overshadowed by those who objected. Board chairman for the Perth County Board of Education, Ed Dearing, confirmed that trepidations about the program were noted and claimed that the board had received many letters both in defense and against sexual education in the region. Furthermore, it was intended that the program would build upon the previous grade’s guidelines, and teachers would receive training to prepare them for these new courses.<sup>472</sup> The superintendent of the program Keith Thompson claimed that Perth County was keeping pace with the Ministry of Education, which had recently created health education guidelines for kindergarten to grade six. In addition, human sexuality would only be present in

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<sup>469</sup> “School Course in Sex Opposed.”

<sup>470</sup> “School Course in Sex Opposed.”

<sup>471</sup> “School Course in Sex Opposed.”

<sup>472</sup> Rothwell and MacQueen.

programs for grades ten to thirteen.<sup>473</sup> While members of the medical community favoured and endorsed sexual instruction in other municipalities, such as Toronto and London, the enthusiasm for sexual health education was by no means unanimous amongst all physicians, some of whom headed the resistance towards new sex education programs and were influenced by the family values ideology.

The Victoria County, Dufferin County Board, and Peel Boards of Education all created new sex education programs in 1977. It is unclear why all three boards formed a sexual instruction course at the same time as there is no evidence that explains this occurrence. The earliest known curriculum for Peel County was implemented on an experimental basis at Streetsville Secondary School in 1965.<sup>474</sup> Unfortunately, the curriculum and its contents are currently unknown, but a report on the program was presented to the board in 1966 and 1967.<sup>475</sup> It appears that the curriculum was only used in Streetsville. In 1970, Peel's Director of Education J.A. Turner was asked to speak about sexual instruction in his address to the Orchard Heights Home and School Association. He stated that sexual topics were fairly minimal in health courses. Furthermore, he claimed

I am not convinced that sex education can be taught effectively in our schools because...Sex is not a technical subject to be taught factually nor is it a subject to be warped by the opinions and emotionalism of one individual. It is so interwoven with the morals, emotions and attitudes of humans that an objective yet truly human approach seems to be beyond us.<sup>476</sup>

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<sup>473</sup> Rothwell and MacQueen.

<sup>474</sup> Peel Board of Education, *Minutes: Peel Board of Education* (Peel: Peel Board of Education, 1965),107; It is possible that the Streetsville Home and School Association advocated for this program as they met at this secondary school on May 9, 1965 to discuss sex education and the course was approved by the school board in November, 1965.

<sup>475</sup> Peel Board of Education, *Minutes: Peel Board of Education* (Peel: Peel Board of Education, 1966), 228; Peel Board of Education, *Minutes: Peel Board of Education* (Peel: Peel Board of Education, 1967), 6; PAMA did not have a copy of the Streetsville Sexual Education curriculum as of June 4, 2015. The archivist recommended contacting the Peel Board of Education which was done on the same day to no avail.

<sup>476</sup> J.A. Turner, "Speech to Orchard Heights Home and School Association," April 22, 1970, PAMA Section 04/06/07/01, Contents 1997.020, Collection Peel Board of Education, Box 3 of 4, File J.A. Turner Papers File 2.

However, he and his colleagues were still investigating the issue. Three years later, Turner retired and was replaced by J.A. Fraser and efforts increased to implement sexual education.

In 1972, representatives from the boards of education in Peel and Dufferin Counties attended the National Conference of School Health in Ottawa where T.R. Roberts, a representative of the LBE, spoke on family life and his board's FLE program.<sup>477</sup> Roberts refused requests from both counties to visit London and collaborate on FLE programs, and no reasons were given.<sup>478</sup> Despite this refusal, the Peel board documented in its 1974 curriculum that discussions took place with Roberts about creating FLE teaching kits with resource materials and instructions for teachers.<sup>479</sup> Later that year, the LBE published its family planning curriculum and it was circulated to the Peel board. In 1973, the Peel board appointed a School Health Co-ordinating Committee to explore the possibility of implementing a FLE course and the Curriculum Development Council was asked to research FLE programs.<sup>480</sup> The following year, Peel teacher R.D. Armstrong, who was partly responsible for developing the health curriculum in Peel, reviewed a film prepared by the LBE on its health program and it was decided that "the birth control program described in the London Board film is too sophisticated for use in the Peel Region Program at this stage."<sup>481</sup> The LBE's courses will be described in more detail in Chapter Five, but these statements highlight the LBE's influence on other boards. Armstrong's statements illustrate that the Ministry's policy, that allowed each board's

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<sup>477</sup> London Board of Education, *Minutes: Board of Education for the City of London* (London: London Board of Education, 1972), 569.

<sup>478</sup> London Board of Education, *Minutes: Board of Education for the City of London*, (1972), 569.

<sup>479</sup> Peel Board of Education, *Minutes: Peel Board of Education* (Peel: Peel Board of Education, 1974), 586.

<sup>480</sup> Peel Board of Education, *Minutes: Peel Board of Education* (Peel: Peel Board of Education, 1973), 828; *Minutes: Board of Education for the City of London* (1974), 583.

<sup>481</sup> Peel Board of Education, *Minutes: Peel Board of Education* (1974), 584. Film cannot be located.

administration to create a unique FLE program, was appreciated and suited the inclinations of school board managers.

In 1974, Peel's School Health Co-ordinating Committee decided to form a curriculum from pre-existing courses.<sup>482</sup> Medical doctors from Brampton and Mississauga, as well as PHNs and clergy, offered their services for FLE inservice training and classroom support.<sup>483</sup> The board's minutes noted that while LBE's FLE course was shaped prior to the Ministry's program, it conformed to the Ministry's policies and would help students "develop independence and a sense of responsibility, an understanding of human sexuality, and a personal value system."<sup>484</sup> Due to overlap in the health course, it was decided that FLE would be integrated into PHE classes and committees were formed to collect course materials for the different grade levels. Since the curriculum's content encompassed sensitive topics, special considerations were made, which included in-service training for teachers, parent education, and opportunities for teachers and students to opt out of participating in the course. Furthermore, visits from homosexuals and prostitutes were forbidden, and teachers were told to be cautious when discussing details about birth control, sexual intercourse, and abortion. Limitations were set to ensure that family values and patriarchal goals were preserved in the face of the sexual revolution and the feminist movement.

The curriculum's three key concepts included growing and developing, interacting, and decision-making, and the program's guidelines were mainly copied verbatim from a health education program in Washington, D.C.<sup>485</sup> The program's topics built on the content of previous grades, and started with growth and personal development in

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<sup>482</sup> Peel Board of Education, *Minutes: Peel Board of Education* (1974), 583.

<sup>483</sup> Peel Board of Education, *Minutes: Peel Board of Education* (1974), 586.

<sup>484</sup> Barbara Johnston, "Family Life and Health Education in Peel Schools," *Education in Peel* 6, no.1, (January 1965), 3.

<sup>485</sup> "Health Education – A Conceptual Approach to Curriculum Design" *School Health Education Study*, Washington, D.C., n.d. in *Minutes: Board of Education for the City of London* (1974), 584.



kindergarten to grade three, and progressed to discussions of marriage and parenthood in grades ten to twelve. Although this program was researched and a guideline was created in 1974, it was not implemented until the fall of 1976. The following year, the FLE curriculum was updated and expanded.

Dufferin and Victoria Counties also introduced FLE programming in 1977. While records are not available for these regions, it is probable that these boards created curricula at the same time, because the Ministry of Education approved VD education in 1974 and family planning information in 1975.<sup>486</sup> Given their close proximity to Peel, these boards may have been influenced to form their own programs, and, at least in Dufferin's case, were aware of the LBE's curriculum.<sup>487</sup> The curricula of these three counties encouraged student exposure to topics such as population control, contraceptives, VD, emotional and physical development during adolescence and puberty, as well changing gender roles. Comparable to the comprehensive FLE programs created throughout the era, the programs expressed the desire for students to develop their own values and mores, within the confines of socially acceptable behaviour. The Dufferin curriculum cautioned teachers to "avoid indiscreet expressions of personal beliefs, particularly on moral or religious issues."<sup>488</sup> Similarly, Peel's program encouraged educators to "exercise taste, discretion and sensitivity in dealing with" the major topics of the program.<sup>489</sup> However, it also stated that the curriculum is "a sound, but conservative curriculum for our schools."<sup>490</sup> Similar to other programs in the sixties,

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<sup>486</sup> Victoria County school board records are not available at Trent University Archives and there are no local archives for the county. Dufferin County Museum and Archives do not have school records for Upper Grand District School Board for the 1960s and 1970s and recommended contacting the board offices in Guelph, which I already did with no success. However, Guelph is part of Wellington County and therefore would not have records for Dufferin County schools.

<sup>487</sup> London Board of Education, *Minutes: Board of Education for the City of London* (1972), 569.

<sup>488</sup> Dufferin County Board of Education, *Family Life Education* (Orangeville: Dufferin County Board of Education, 1977), n.p.

<sup>489</sup> Peel Board of Education, *Health Curriculum Year 11* (Brampton: Peel Board of Education, 1977), 2.

<sup>490</sup> Peel Board of Education, *Health Curriculum Year 11*, 2.

these schools gave students the opportunity to develop their own ethics, as long as they reflected hegemonic and traditional values. On paper, it appeared that students developed their own values, but they were encouraged and swayed to choose morals that included heterosexuality, monogamy, and chastity before marriage.

One of the aims outlined in the Dufferin guide was “to build a wholesome attitude toward sex,” and “to help the student to develop a respectful and scientific vocabulary of the natural processes.”<sup>491</sup> Discussions of sexuality as a positive element of human life were supported by the Peel Board, and Victoria County also made reference to “sexual enjoyment.”<sup>492</sup> However, the curricula reiterated the consequences of unbridled sexual behaviour through discussions of teen pregnancy, VD, and the population explosion. The Victoria program encouraged students to analyze “what kind of girl gets pregnant,” and reported that many of these girls came from average homes, from all socio-economic backgrounds, and started dating younger. It is clear from the program’s description that a pregnant student’s sexuality and sexual practices were the cause of her unfortunate predicament, even though the curriculum acknowledged that “70% percent of males took no precautions.”<sup>493</sup> The program advised students to treat these girls with sympathy, warmth, and understanding as this was a challenging experience for them. It even went so far as to analyze the unwed father’s mental processes, and noted that he may feel pressured to marry, deny he is the father, want nothing to do with the mother, and be economically unprepared to be a parent.<sup>494</sup>

The young mothers continued to be primarily responsible for their children, and there was no discussion of the boys’ responsibility or “what types of boys get girls pregnant.” Girls were discussed in more sympathetic terms, but still viewed as incorrigible. For instance,

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<sup>491</sup> Dufferin County Board of Education, n.p.

<sup>492</sup> Victoria County Board of Education, *Family Planning Unit of Studies Senior Division: Physical Education* (Lindsay: Victoria County Board of Education, 1977), 3.

<sup>493</sup> Victoria County Board of Education, 7.

<sup>494</sup> Victoria County Board of Education, 8.

it was asserted that “many studies of unmarried pregnancies have documented that [a] significant number of the girls are repeaters.”<sup>495</sup> While the programs in the late seventies evolved to the degree that educators were expected to guide discussions on unwed motherhood, girls who became pregnant were still scrutinized for their sexual activities, and held responsible for their actions. Meanwhile, the unwed father was able to decide the extent of his involvement with his child. Sethna claims that perceptions of teen mothers in the sixties and seventies were determined by their social status and ethnic background. White middle-class pregnant girls were viewed as victims of the new sexual morality, whereas it was believed that non-white girls, or girls of colour, were “hypersexual” and the norm in homes run by single women. The latter were also scrutinized for their perceived role in rising welfare costs and the supposed worldwide population explosion.<sup>496</sup> In the United States, the juxtaposition of black and white pregnant adolescent mothers in the press was explored by Jenna Vinson, who found that black communities were portrayed as “uncivilized, inherently sexually deviant, and in need of reproductive control.”<sup>497</sup> While white girls warranted empathy and accommodation, black girls required discipline.<sup>498</sup> Across North America, depictions of teenage pregnancy differed depending on the ethnicity of the young mothers. Young white girls who found themselves pregnant had succumbed to the new sexual morality, however, adolescent black mothers were a product of their communities and background.

While the Dufferin curriculum did not offer options for pregnant women, the Victoria program included a discussion on adoption (albeit very briefly) and abortion, claiming that it was not a birth control method and explaining that there are both therapeutic and criminal abortions. The views of those who were pro-life and pro-choice could also be

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<sup>495</sup> Victoria County Board of Education, 7.

<sup>496</sup> Sethna, “‘We Want Facts, Not Morals!’: Unwanted Pregnancy, the Toronto’s Women’s Caucus, and Sex Education,” 411.

<sup>497</sup> Jenna Vinson, “Covering National Concerns about Teenage Pregnancy: A Visual Rhetorical Analysis of Images of Pregnant and Mothering Women,” *Feminist Formations* 24 (Summer 2012), 149.

<sup>498</sup> Vinson, 149.

debated. It was noted that the teacher should exercise caution when discussing this topic as it was a controversial subject and any terminology that inferred “that the unborn child is lacking human life, should be avoided.”<sup>499</sup> Similarly, the Peel program recommended including abortion as a topic for lessons on values, where students determine their values by listing a series of subjects in order “from least offence to greatest offence.”<sup>500</sup>

Therefore, options for pregnancy were not standardized across school board curricula, possibly since abortion was a contentious issue. It was perhaps assumed by educators that if a female student became pregnant, she would be informed of her limited choices by a parent, counsellor, or physician. Pregnant girls were viewed with more leniency than in previous decades, but still risked losing educational and employment opportunities. Sexual education was, therefore, used to dissuade girls from engaging in sexual activity before marriage. These goals were indicative of educators during this era using sexual instruction to remedy social ills, instead of promoting discussions on female desire and sexual fulfillment.<sup>501</sup>

The aforementioned programs were adopted to respond to the changing gender norms that were unfolding as a result of the women’s movement during the seventies. For instance, the Victoria curriculum remarked that “we live in a permissive cycle rather than an authoritarian one and this is reflected in our moral values.”<sup>502</sup> The Peel Board asserted that “Women now enjoy greater freedom derived from technology. They also enjoy equality with men in education, jobs and politics, as well as in interpersonal relationships. The modern woman has to remain a multi-functional person. She must be effective as a sexual partner and as a wife, mother, nurse, children’s supervisor and

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<sup>499</sup> Peel Board of Education, *Health Curriculum Year 11*, 8.

<sup>500</sup> Peel Board of Education, *Health Curriculum Year 11*, 6.

<sup>501</sup> See Fine 49-50.

<sup>502</sup> Victoria County Board of Education, 6.

cultural arbiter.”<sup>503</sup> The women’s movement and the benefits it offered women were not included, and it was overlooked that equality to men in theory did not translate into equality in women’s lived experiences. It was acknowledged that women had many essential roles to play; however, none of these duties were outside the realm of women’s traditional work. Furthermore, the curriculum’s recommended readings expressed concern for men as their breadwinner role was challenged by “over-centralized control and over-automated technology [which] may have emasculated the male. The anger and hostility [of men] witnessed in society may be a consequence of the male’s loss of power and frustration. Under these conditions...The fight for territory – a male characteristic – is transposed.”<sup>504</sup> Meanwhile, while women made gains in terms of work, “still women are mostly expected to please men. Wives are not expected to be experienced or sexually aggressive.”<sup>505</sup> Thus, while the curriculum recognized changes in gender norms, they were not always viewed positively, and it was emphasized that traditional roles remained in effect. According to Prentice, these messages to girls continued into the nineties as schools attempted to enforce sexual regulation by defining normal behaviour and casting other actions as deviant.<sup>506</sup> Girls were dissuaded from subverting or questioning their traditional roles to avoid being perceived and labelled as subversive. Through these methods, FLE at the school board level maintained and enforced sexual norms.

Increased tolerance for homosexuality and discussions about non-heterosexual lifestyles are evident in the 1977 Peel curriculum. The appendixes included several resource materials that focused on dispelling myths relating to homosexuality. For instance, the curriculum objects to the stereotypical association of homosexuals with child molestation and states “homosexuals are no more interested in children as sexual partners than are

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<sup>503</sup> Peel Board of Education, *Health Curriculum Year 11*, n.p.

<sup>504</sup> Robert Kaplan, “Femininity and Masculinity,” *Aspects of Human Sexuality* (Dubuque: W.C. Brown, 1973), 10, reprinted in Peel Board of Education, *Health Curriculum Year 11* (Brampton: Peel Board of Education, 1977).

<sup>505</sup> Kaplan, 4.

<sup>506</sup> Prentice, 1.

heterosexuals. Exhibitionism is a form of mental illness unrelated to homosexuality.”<sup>507</sup> A quiz is included that discredits labels pertaining to homosexuality and informs students that not all lesbian women are butch, man-hating is not necessarily linked to homosexuality, and “there are no overt traits which identify the majority of female homosexuals.”<sup>508</sup> There are also definitions for transvestitism, “coming out,” transsexual, and bisexual. Most of the language used to discuss homosexuality was gender neutral, positive, and exhibited few stereotypes. Analysis of women’s same-sex relationships were still described in sexist language and included articles where lesbians were asked: “Why do you prefer women to men?”<sup>509</sup> The 1970s witnessed intense struggles for gay rights and the movement achieved many successes. In addition, the subculture grew and became more visible in urban centres. The Peel curriculum is evidence of their influence in some schools, because one of their main objectives was to promote gay identity and dispel myths relating to homosexuality.

As a consequence of rising concerns over promiscuity, pregnancy, and VD, increasing pressures were placed on school boards to implement sex education in the late seventies and early eighties. MOH Evans, in the region of Waterloo, described the consequences of the sexual revolution in 1979 as the

misinterpretation on the part of many young women of what being “liberated” really means, the acceptance, by society’s apathy, of homosexual and heterosexual promiscuity, readily available conception control, and a turning away by a substantial percentage of the population from the moral values taught by the Christian and other faiths - are four examples.<sup>510</sup>

He continued to argue that as a result, STD rates and unplanned pregnancies among women under the age of twenty-five continued to climb. In response, a school task force

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<sup>507</sup> Peel Board of Education, *Health Curriculum Year 11*, Appendix H-2, 5.

<sup>508</sup> Peel Board of Education, *Health Curriculum Year 11*, n.p.

<sup>509</sup> Peel Board of Education, *Health Curriculum Year 11*, n.p.

<sup>510</sup> G.P.A. Evans, ed, “The Health of The County of Waterloo,” (1979), 12, WA Waterloo County and Regional Health Unit Series 6 Box 5, File Waterloo County and Regional Health Unit Series 4 The Health of Waterloo Region, Annual Report of the Medical Officer of Health 1979.

was formed to review the PHE guidelines and increase parent education on teenage sexuality.<sup>511</sup>

Family Planning Co-ordinator Sharon Nogradi organized sexual education programs for several high schools in the Waterloo region in 1980, and argued that their purpose:

is to effect learning and voluntary behaviour change. It is designed not only as a means to solving problems, but also as a way to help people become more comfortable with their sexuality, as well as their expressions of love for other people. We stress the development of skills and attitudes that will help in decision making and the ability to be responsible in sexual behaviour.<sup>512</sup>

Educational programs continued to emphasize that students were given the option to select which values they wished to adopt, but they were still encouraged to choose mores that promoted responsible sexual behaviour.

Not everyone agreed with this interpretation, as evidenced by a report supported by thirty members of the clergy and two laymen in *The Guelph Mercury*, which declared that “the primary aim of the proponents of Sex Education is the breakdown of sexual morality.”<sup>513</sup>

Opponents of sexual education were often vocal religious minorities who argued that “responsible decision making” promoted in schools was a ploy to encourage students to accept “extra-marital sex, pre-marital sex and homosexuality.”<sup>514</sup> As a consequence of a lack of funding, and resources, and the actions of vocal opposition groups, by 1978 only thirty-nine boards (a sixth of Ontario’s boards) were teaching birth control in any grade, and forty-eight gave family planning instruction.<sup>515</sup>

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<sup>511</sup> G.P.A. Evans, ed, “The Health of The County of Waterloo,” (1979), 36.

<sup>512</sup> G.P.A. Evans, ed, “The Health of The County of Waterloo,” (1980), 12, WA Waterloo County and Regional health Unit Series 6 Box 5, File Waterloo County and Regional Health Unit Series 4 The Health of Waterloo Region, Annual Report of the Medical Officer of Health 1980.

<sup>513</sup> “Sex Education and Our Children,” *The Daily Mercury*, June 16, 1983.

<sup>514</sup> “Sex Education and Our Children.”

<sup>515</sup> Jessop Orton, Maureen Rosenblatt, and Ellen Rosenblatt, *Adolescent Birth Planning Needs: Ontario in the Eighties* (Hamilton: Planned Parenthood Ontario, 1981), 64.

During the early eighties, school boards were under fire for failing to provide comprehensive FLE to Ontario students. PPO's Maureen Jessop Orton and Ellen Rosenblatt claimed that boys received fewer hours of health education than girls, despite school boards reporting that boys and girls were given the same amount of time. PPO claimed that these hours were still inadequate and "curriculum development has been slow at the local board level--in view of the lack of funding, decisive leadership, appropriate guidelines and teacher training from the Ministry of Education. It is obvious that the current structure of education severely limits its potential influence upon adolescent behaviour, including pregnancy rates."<sup>516</sup> In 1979, a survey by the Ontario Institute for Studies in Education reported that ninety-one percent of Ontario adults were in favour of sex instruction in schools, and over fifty percent supported birth control information as part of sex education.<sup>517</sup> The PPFC articulated in 1984 that according to their latest survey "almost one-third of Ontario school boards have no sex education in their schools. Many more may be ignoring the subject: only half of Ontario's school boards even bothered to answer the survey."<sup>518</sup> Without standard curricula and mandatory FLE programs, schools were encouraged to adopt sexual instruction, but many found that it was easier to ignore or pay lip service to these requests.<sup>519</sup> PPFC continued throughout the eighties to augment the quality of sex instruction in Ontario's schools as well as across the country, but maintained that "only governments at all three levels can make the policy decisions and provide the leadership which in future could reduce inequalities of access."<sup>520</sup>

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<sup>516</sup> Orton, Rosenblatt, and Rosenblatt, 64.

<sup>517</sup> Herold, *Sexual Behaviour of Canadian Young People*, 171.

<sup>518</sup> "Lagging on Sex Education Surveys by PPFC," *The Toronto Star*, October 11, 1984.

<sup>519</sup> Planned Parenthood Federation of Canada, "Inequalities of Access to Family Planning in Canada: A Brief Presented to the Sub-Committee on Equality Rights" (June 1985), 18. LAC MG28 I463 Planned Parenthood Federation of Canada fonds v.39, File Inequalities of Access to Family Planning in Canada.

<sup>520</sup> Planned Parenthood Federation of Canada, 19.



Without mandatory requirements for sex education, many school boards were left without the necessary resources to implement effective FLE programs. During the sixties and seventies, boards were so overwhelmed with the re-structuring of the school system, changing pedagogical trends, the increasing population, and building projects that they lacked the motivation to take on a controversial project. School boards with extensive resources, and in municipalities with developed medical communities and parents or family planning organizations were more likely to initiate FLE programs, as they were encouraged by physicians, and were able to develop teaching materials. However, even these school boards found it challenging to keep their programs updated and relevant. Over the course of the sixties and seventies, FLE programs evolved from offering students factual information on VD, teen pregnancy, and puberty to comprehensive programs that discussed emotions and family relationships. Throughout this process, gender roles remained intact and enforced. Students were also given more opportunities to debate controversial subjects by the mid to late seventies, whereas in the sixties concepts such as abortion were omitted altogether. Educators were motivated to create these programs as a result of the perceived rise in VD, teen pregnancy, and sexual promiscuity among youth. These threats shaped FLE programs' patriarchal agenda, which provided guidance for youth during an era of changing sexual norms. The reinforcement of traditional gender norms and monogamous heterosexual behaviour is evidence that the family values ideology influenced the curriculum. However, the inclusion of contraceptive information, more positive views of homosexuality, and the lessening of gender role stereotyping illustrates that the women's and gay rights movements were able to effect change in sexual instruction at certain school boards. There is evidence that school boards adopted recommended materials and guidelines from the Department/Ministry of Education, when they were made available, but the boards which were the most motivated to form FLE courses did not wait for government instruction. Furthermore, the presence of a FLE curriculum did not guarantee its use in the classroom, just as a lack of formal guidelines did not indicate that it was absent, as will be seen in the following chapter.

## 4 Teaching What They Want Behind Closed Doors: Sexual Instruction in the Classroom

Once teachers closed the classroom door, it did not matter what the Ontario Department/Ministry of Education's policymakers promoted in their guidelines, nor whether the school board supported sex education or prohibited it. The teacher's motivation and comfort level with FLE was the prime determinant of whether or not students received sexual instruction and what type of information they were taught. This section examines classroom culture during the health classes of the sixties and seventies, and analyzes behavioural norms based on students' gender, classroom activities and resources, teacher training, teaching methodologies, and controversies. The experiences of fifteen health and sexual educators are woven throughout this exploration to highlight the differences between expectations of teachers and their classroom realities. Due to the tenuous nature of memory in oral history, exact dates and locations for the events they described in their oral testimonies are often difficult to determine. Therefore, a thematic approach was applied to this chapter to illustrate the similarities and unique features of these teachers' methods and experiences.

Between 2013 and 2014, I conducted an oral history project with former sexual education teachers. Eight women and seven men, who began teaching between 1950 and 1975, participated in the Sexual Education Oral History Project (SEOHP). An investigation of their stories, combined with government and academic reports, press articles, and health education films, reveal that the implementation of sexual health instruction depended on the support of the board and the resources it was willing to provide, and educators' motivation to teach the subject. Teachers' testimonies illustrate how they were caught in the crossfire between tradition and changing social mores. Although it is evident that

many of them still adhered to traditional sexual morality and gender norms that were representative of the family values ideology, there is also confirmation that the gay rights and feminist movements influenced their classroom rhetoric. While some teachers adhered to hegemonic gender norms, and privileged male over female students, others challenged these mores and actively sought to give their female students more opportunities. Major complaints from teachers and students included inequality in the treatment of boys and girls, outdated resources, and a lack of consistency in teaching FLE across the province. In addition to teaching sexual education, teachers had to cope with changing pedagogical trends, school renovations, and higher expectations for the education of young people from the public.

Teachers were pressured to expand the curriculum and alter their teaching techniques to meet the challenges of a growing school population and surpass Soviet Russia after the launching of Sputnik in 1957.<sup>521</sup> In 1960, Minister of Education John Robarts commented that new schools were built each month and two thousand new classrooms opened every year.<sup>522</sup> In addition to the expanding school population, teachers were urged to increase their repertoire of learning tools, technologies, and activities. At the annual convention of the Ontario Educational Association (1960), education professor Dr. Stephen Laycock criticized teachers who lacked creativity, depended on rote learning, and restricted their lessons to academic subjects. He claimed that “Health, social studies, music, art, drama, and industrial arts have a legitimate place in the curriculum if we assume that life is more than meat and the body more than raiment.”<sup>523</sup> The emphasis on health education in the sixties reflected the rhetoric of the Cold War era, which advocated

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<sup>521</sup> Labatt, 68-9.

<sup>522</sup> John Robarts, “Recent Developments in Ontario,” in Ontario Educational Association, *Centennial Year Book, 1860-1960: Accounts of Proceedings of the Convention of the Ontario Educational Association on the Occasion of its Centennial Held in Toronto, April 18th-22nd, 1960* (Toronto: Ontario Educational Association, 1960), 32.

<sup>523</sup> Stephen Laycock, “What is Happening in Today's Schools” in Ontario Educational Association, *Centennial Year Book, 1860-1960: Accounts of Proceedings of the Convention of the Ontario Educational Association on the Occasion of its Centennial Held in Toronto, April 18th-22nd, 1960* (Toronto: Ontario Educational Association, 1960), 74.

for healthy, creative, and fit Canadians to safeguard democracy and defeat communism. To ensure that young Canadians were healthy in mind and body, it was necessary for teachers to instruct students in hygiene, and help them “assume a measure of responsibility for their own health.”<sup>524</sup> However, it was problematic for teachers to take on extra responsibilities when schools were under construction and the sizes of their classes were enlarged. Teachers resisted changing their approach to education simply to follow current teaching trends or what they regarded as educational “fads.”

The Department of Education provided teachers with very few guidelines for health and even fewer directions for sexual instruction. Assistant Superintendent for the Curriculum Branch MacMartin claimed that, in the early seventies, “The curriculum must be flexible so that teachers and principals can adapt it to the particular needs they see in their communities.”<sup>525</sup> The Department’s lack of involvement and the flexible curriculum gave teachers the freedom to interpret the program as they chose and expand on subjects as necessary. However, their lack of direction also gave educators the opportunity to ignore topics that they were uncomfortable teaching. According to SEOHP participant Richard Benson, who began teaching in London in 1960, FLE “was primarily not well directed from the Ministry of Education and so I suspect that many, especially smaller school boards, wouldn’t do much, if anything.”<sup>526</sup> The LBE developed a curriculum in the sixties and seventies, but Benson claimed that “it was pretty much up to the individual teachers within the school as to what they did...because quite frankly a lot of teachers would do what the administrators or the principal would like to see done when they were within earshot and then would go back to doing whatever they felt was best.” Unless

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<sup>524</sup> Florence Kudoba, “Annual Report of the Supervisor of Public Health Nursing,” in “Annual Report of the Kitchener Department of Health,” ed. G.E. Duff Wilson, (1962), n.p., WA G.E Duff Wilson Fonds, Box 2, File G.E. Duff Wilson Series 2 Annual Reports III 1948-1966.

<sup>525</sup> “Interview: Mr. G. MacMartin, Curriculum Development Branch, Ministry of Education,” n.d. AO RG2-245 Senior Physical Education 1969-1973 to Writers, Box 3, File Sex Education 3, Only states questions on FLE, its content, the public's reaction, and plans for improvement.

<sup>526</sup> Matthew Namtu also noted that the Ministry provided no leadership for FLE in Waterloo during the seventies, but his board supported sexual education and he was able to teach it in his classes.

there were complaints, school administrators had little understanding of what happened behind closed doors.

Teachers had more freedom to adapt their teaching methods and course content to their students' needs and their teaching strengths when given little direction from their administration and policymakers. SEOHP educator Nicole Davidson started teaching in Sudbury at the age of eighteen, and recollected having only a little grey book provided by the Department, but by the time she retired in 1998, the curriculum "was more fleshed out [and] we certainly lost some freedom for inventing your own stuff." SEOHP instructor Morgan Monroe began her career in 1975 in Markham, and also remembered that educators were required to follow the "basic guidelines" set out by the Ministry, but were able to teach it any way they wanted. She remarked that this gave them the ability to use new strategies and "make it as interesting as possible." For the SEOHP teachers, the freedom to teach how and what they wanted gave them the chance to develop their own materials and curricula for sexual education. Therefore, they had the opportunity to subvert the patriarchal agenda or promote it.

The majority of teachers who participated in SEOHP did their own research and created unique materials to effectively teach sexual education, but they also recalled cases in which teachers simply neglected to cover the subject. Namtu started teaching in 1973 in the county of Waterloo, and recollected that most PHE teachers were well equipped to teach sports, but "they didn't have any more training on sex education than the next person." As a result of his previous employment teaching at Warrendale, a hospital for youth with emotional issues, and working at a psychiatric hospital, he was interested in teaching sex education and "everybody else said great, bailed out and left me to it." SEOHP instructor Adam Pembroke taught in North Bay in 1968 and Simcoe in 1972, and found that one female PHE teacher was always absent from school on the scheduled sexual education days. A male colleague told him "well, you know, as soon as we get done the theory of football, we'll go on to the sex ed, and they were able to stretch that out fairly far." According to retired teacher MacDougall, most PHE teachers "didn't want to teach health because [they] were trained in PhysEd and mainly interested in teaching gym. That's what they signed up for and that's where they want to be, they

don't want to be in a health room.” As a result of a lack of training, the controversial nature of the topic, and no definitive Department of Education or school board mandate, many teachers could avoid sexual education without consequence. Vice President for Health at the Toronto School Board Speirs noted at the First Canadian Fitness Seminar and Canadian Association for Health, Physical Education and Recreation Conference (1963) that “we still have Physical Educators in our universities and departments of education who would like to concentrate on Physical Education and forget all about health.”<sup>527</sup> Although the health of students was a concern for educators, administrators, and the medical community, health instruction was given a low priority in the early sixties, which left teachers unprepared, and with few resources.

Complaints and criticisms of teachers' inexperience and sparse training in sexual instruction abounded in the sixties and seventies. Toronto's Director of Education Graham Gore argued in 1966 that “Effective family life education is hindered by the young, immature and inexperienced teacher or the one who feels incompetent or uncomfortable in the presentation of the subject.”<sup>528</sup> He recommended that a co-ed team of consultants teach students while their regular teachers observed, and eventually these teachers would assume full responsibility for the course. Metro Toronto School Board Chairman Barry Lowes commented the following year that “Many [teachers] have not yet resolved their own sexual role, they feel ill at ease, some are ill prepared, some have biased conceptions about sex...our teacher training institutions must devote enough time and attention to this important subject.”<sup>529</sup> Teachers were accused of failing to provide

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<sup>527</sup> N.R. Speirs, “Report for the Vice President for Health,” in *1963 Proceedings of the First Canadian Fitness Seminar and Canadian Association for Health, Physical Education and Recreation* (Saskatoon: Northern Saskatchewan Branch of C.A.H.P.E.R., 1963), 66.

<sup>528</sup> Gore, 6.

<sup>529</sup> Lowes, 45. While Lowes' exact intentions cannot be known, it appears that he was concerned that since sex had previously been a taboo subject in general, let alone in classrooms, many teachers themselves did not have the language or training to teach sexual topics or discuss sexual issues. According to him, teachers may not have had the opportunity to explore their own thoughts and biases about sexuality, for example whether they were for or against abortion, birth control, and pre-marital sex, and how they defined promiscuity. If teachers were unaware of their own biases and views of sexuality, Lowes was apprehensive

their students with adequate sexual knowledge as a consequence of their own sexual hang ups and lack of comfort with the subject matter, accusations that should not be surprising in light of the Department/Ministry's failure to implement mandatory programs and supply the necessary resources. Furthermore, the majority of school boards did not have FLE curricula throughout the sixties and seventies. Given that the discussion and distribution of materials on birth control was illegal in Canada until 1969, it is certainly understandable why many teachers were nervous about or untrained in sexual issues.

Elementary school teacher Nomi Wall taught in Toronto during the late seventies and found herself in the awkward situation of teaching menstruation, puberty, and reproduction to six-year-olds. The students caught her off guard by asking her why their mothers bled from their 'crotches' at certain times. Instead of answering them, she found that other students were eager to share their knowledge. One child explained: "She was bleeding from there because that blood is food and if there's a baby growing inside, the blood feeds the baby, but if there is no baby growing inside, then the blood can come out because nobody needs it."<sup>530</sup> Wall was fascinated and noted that, "all you really have to do is shut up and these kids teach themselves."<sup>531</sup> When the students turned to her for guidance, she responded the best she could, but thought to herself: "you're giving them a lot of phoney information, you know. I mean, I was only guessing half the time but I figured it really didn't make that much difference. By the time they needed to pass an exam they'd have got the right information. And I have never known a course offered anywhere in sex education where you have to pass exams."<sup>532</sup> This educator's testimony shows that students were curious about sexual processes at young ages and their teachers were not prepared to answer their questions as they were unsure about the proper concepts for anatomy and biology. As a result, many students received faulty

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that these conceptions or misconceptions about sexual issues could be transferred to students. Therefore, teachers required more training from teacher education institutes before including FLE in their classrooms.

<sup>530</sup> Nomi Wall, "Dinosaurs and Babies," *This Magazine is About Schools* 1, iss. 3 (Winter 1967), 24.

<sup>531</sup> Wall, 24.

<sup>532</sup> Wall, 25.

information and it may have been some time before they were provided with accurate knowledge. However, her article also illustrates teachers' willingness to discuss topics, such as menstruation and reproduction, which would have been avoided in classrooms not long before, especially at this grade level. Therefore, educators adapted their teaching strategies and course material to offer students' knowledge about the facts of life.

In the late sixties, the teacher's role in sexual education and the programs' goals were intensely debated by social commentators. According to Dr. George Szasz of the Department of Health Care and Epidemiology at the University of British Columbia: "schools were established to teach children to read, write, and to add figures, and through these skills to transmit messages or moral codes which were important to the people of society."<sup>533</sup> Canadian schools had a lengthy tradition of teaching students appropriate moral values to ensure that Canadian mores, such as democracy, heterosexuality, abstinence before marriage, responsibility, and productive citizenship, remained intact among future generations.<sup>534</sup> These ethics were perceived to be under attack by the "sexual revolution," and discussions abounded about the teachers' role in encouraging students to accept heterosexual monogamy. These norms also had the intended effect of diminishing women's importance and contribution in the home and public sphere, by enforcing the male breadwinner and female homemaker roles. Dr. Bruce Hatfield, a Calgary internist, told educators, politicians, and social experts at the Counselling in Family Planning and Family Life Education Toronto Conference (1967) that the purpose of sex education was to give students accurate "biological, physiological aspects of sex and to dispel misconceptions [of sex] rooted in ignorance," to encourage students to make

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<sup>533</sup> George Szasz, "Sex Education: A Philosophical Approach," *Journal of Health, Physical Education Recreation* 39 (March 1968): 43.

<sup>534</sup> The majority of learning materials and reports on FLE did not define values. See p.11, footnote 6.



mature, responsible, and respectful decisions.<sup>535</sup> Furthermore, it was “the prerogative of the teacher to try to influence this choice.”<sup>536</sup> It was recognized by education specialists and social experts that persuading students to accept heterosexuality and fidelity was part of a school’s mandate, especially considering the rise of gay activism and gay liberation groups that were organizing at this time.

Teachers received contradictory messages about the extent to which they should attempt to influence students’ behaviour and attitudes. In 1967, the Ontario Secondary School Teachers’ Federation (OSSTF) asserted that “The teacher sets the example and must recognize his potential to influence the students’ thoughts, attitudes and health behaviour.”<sup>537</sup> Although students were encouraged to develop their own goals and responses, “the teacher should act as a guide.”<sup>538</sup> Only a minority of guidelines and proposals for values education specified which values students should adopt. Based on the SEOHP testimonies, teachers themselves were divided on what morals students should embody, but they all agreed that sexual education should consist of more than “plumbing.”

In the mid-sixties, teachers often offered students the opportunity to explore their own values by discussing controversial scenarios, often called values clarification classes. According to the Ministry of Education in 1975, teachers were not supposed to dictate to their pupils, but “provide the context in which a child can develop values that reflect the priorities of a concerned society and at the same time recognize his or her integrity as an

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<sup>535</sup> Bruce Hatfield, “The Role of the Physician and Paramedical Personnel,” *Proceedings of the First National Conference on Family Planning: February 28, 29-March 1-2, 1972*, (Ottawa: Ministry of National Health and Welfare, 1972), 26.

<sup>536</sup> Hatfield, 26.

<sup>537</sup> Calder, 57.

<sup>538</sup> Calder, 57.

individual.”<sup>539</sup> Benson articulated that “you just presented the information and didn’t say there was a right or wrong way.” MacDougall described similar experiences in his sexual health classes. For him, instruction and discussion of values was “more important than the memorization of facts.” When it came to controversial subjects such as pre-marital sex and dating, MacDougall’s philosophy was to: “Let them decide. Let’s talk about why do you think it’s right, why do you think it’s wrong? And then they can get somebody else’s opinion, help them make their own mind up.” He remembered a particular conversation in which a male student expressed that “if I take the girl out for a good time, take her to supper, take her to a movie, I expect her to ‘whatever’ later that night.” In this specific case, MacDougall stated that he may have said something to the effect of “If that’s my daughter, I wouldn’t appreciate that too much.” For the most part, he preferred to let the students debate amongst themselves, and “hoped somebody else in the class would say ‘no, that’s not right.’” Teachers, therefore, usually were able to manipulate the conversation to guide students towards socially appropriate norms and sexual activities, whether it was through direct intervention or supporting the opinions and values of other students which were more in line with socially acceptable behaviour. While the interpretation can be made that MacDougall was defending women, he was also making the argument that they should be respected due to their roles as daughters, who are need of protection, not as sexually autonomous individuals.

The ethics that former Toronto teacher Laura Broga, a SEOHP participant, promoted in class included communication, commitment, awareness of the consequences for one’s actions, and planning for the future. In one case, a mother thanked her for teaching her son about sexual issues and values. In other instances, the teachers had values that differed from those of their students’ parents. SEOHP educator Christopher Wilhelm, who taught in St. Catharines and Milton, argued for the importance of teaching “Christian values,” such as the Ten Commandments, “but those values might not be the same as the parents of the students you are teaching.” Certain teachers considered it their

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<sup>539</sup> Ontario Ministry of Education, *Education in the Primary and Junior Divisions* (Toronto: Ontario, Ministry of Education, 1975), 20.

responsibility to uphold social norms and values in their classrooms, despite their absence in students' homes. SEOHP instructor Katherine Bondi similarly emphasized the Ten Commandments, as well as gender equality, within her classroom. For example, it was important to her that students knew that girls could play the same sports as boys, and she did not want girls to put themselves down because of their gender. Although, some of the lessons in values that students received were traditional, they could also simultaneously be exposed to feminist ideas such as gender equality.

In certain circumstances, teachers indoctrinated students with their beliefs and punished those with different opinions. Retired Toronto educator Elizabeth Bruce, a SEOHP contributor, remembered one incident in the early seventies when a student complained to her that another teacher pressured her students to adopt her liberal beliefs and values on abortion. According to Bruce, this sociology teacher was “a strident women’s lib person, very bitter divorcée...and if you did not have her views on the paper, you did not pass the course.” It is unknown how the situation was resolved, but it illustrates how some educators encouraged their students to accept their morals. Furthermore, this incident demonstrates the presence of feminism in classrooms, and the negative way that it was viewed by certain educators. While the feminist movement facilitated many positive changes in schools, students, in general, did not appreciate being forced to conform to teachers’ values. According to a 1972 Wellington County student survey, students “did not want to be indoctrinated in school with a conservative code of sexual morality; instead they prefer learning about the diversity of codes.”<sup>540</sup> Given the nature of the evidence, generalizations cannot be made about the majority of teachers’ approaches to FLE, but it does appear that in certain cases, students’ interests were in conflict with teachers’ methods. Students protested indoctrination, regardless of whether the morals and values they were pressured to adopt were liberal or traditional.

The perception of increasing teenage pregnancy in the sixties and seventies was one of the motivating factors for FLE to be included in the curriculum. MacDougall, who

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<sup>540</sup> Herold, Kopf, and DeCarlo, 15.

started teaching in the early sixties, reported that it was not uncommon to see pregnant teenagers at his school, and he remembered that he was really shocked to see girls in the hall who were beginning to show. Similarly, Pembroke recollected that pregnant girls were not unusual, but they were expected to leave schools in North Bay and Simcoe during the seventies and encouraged to seek home schooling. According to Pembroke, the rationale for this move was to “protect the health of the baby, but obviously that wasn’t true because we had pregnant teachers walking up and downstairs all the time in school.”<sup>541</sup> When female students became pregnant, school board administrators pressured them to leave school and accept home tutoring, even though their situation was a result, in part, of a lack of birth control knowledge that the majority of schools failed to include in classroom instruction.<sup>542</sup> Consequently, these students were unsupported if they wanted to pursue their educational goals.

Bruce taught at the Toronto Board in the late sixties and seventies and brought school assignments to pregnant teenage girls’ homes and tutored them if necessary. She recalled that teen pregnancy rates were very high where she worked, and these young women “were not allowed in the school, so they were definitely ostracized.” In one particular case, the student was a strong athlete and had run away from her parents. Bruce found her, and attempted to counsel her “and had her come live with me for a little while, and trying to get her away from the male that she insisted to have in her life. I believe he was a number of years older, and eventually she ran away from me as well. So my attempts at counseling did not work either.” The student then became pregnant with her older boyfriend. Educators’ interactions with pregnant youths and witnessing firsthand the consequences of a lack of sexual education was a motivating factor for teachers to provide FLE.

Catherine Paye also tutored pregnant teenagers, and held classes for students who could not attend school as a result of pregnancy or illness. She found it unfair that these girls

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<sup>541</sup> Laura Broga also noted that in the sixties and seventies pregnant teens were not allowed in school.

<sup>542</sup> “The Penalty of Pregnancy,” *The Globe and Mail* (March 15, 1971).

were isolated and kept from their peers, as well as from each other. She remembered one pregnant student who was at home “and the drapes were drawn all the time and it was so dark and she was so sad.” She started hearing about more cases and decided to get these young women together, and formed a class for them and other students who could not attend regular classes for various reasons. The class started earlier, allowing the students to avoid their peers on public transportation. Her classes were a success and “made everybody happy...[and] they got to know each other, and this is much better than living in a house with the drapes drawn for six months.” At the time, teachers were not allowed to offer contraceptive information, even though many of these students found themselves in their present situation as a consequence of a lack of birth control knowledge and devices. Paye, therefore, recruited a volunteer nurse to speak with her students; however, the nurse could only discuss contraception if she was asked directly by a student. When necessary, Paye prompted the students to pose questions to the nurse on the subject. For instance, she would say to one of her students in front of the nurse: “‘you were talking about something the other day, about spacing your babies apart...but I forget’...and the nurse or the student would interject and made them talk about it.” When she felt it was crucial, Paye manipulated the instruction of her students to ensure that they received appropriate sexual information, especially as several of her students were already sexually active. Her actions are evidence of teachers resisting and subverting the patriarchal agenda to increase their female students’ opportunities, and allow them to exert more control over their reproductive abilities.

Not all school board administrators were adamant that their pregnant students be moved out of school. Namtu asserted that there were many incidences of teen pregnancy during the seventies at his school in Waterloo. Namtu used these adolescent mothers as examples of what can and should be avoided to prevent young women from becoming teenage mothers, and potentially succumbing to poverty and dependence on social services. He explained that these young mothers would

have their babies and all the other girls would coo around them and say ‘oh isn’t that nice, a little baby.’ And we tried to make sure that wasn’t encouraged, and talk about it. And we had the girls go into classes and say ‘you think this is fun? Let me tell you what my life is like. I get up at 6:30, I do this, this, and this. And then I come to school, then I go to my part time job, because I get some money, and my mother has had it with her grandchild, and then they’re teething, and I’m up all night, and I got to do my homework, and I’m doing

this seven days a week and I haven't had a date in two years.' And so the girls were good about going into the classrooms and doing that... and I think that was effective.

These young women were willing to discuss their experiences with other students in hopes of deterring them from making similar sexual choices. However, these discussions with teenage mothers appear to be uncommon during the seventies, and it is undetermined how effective they were as a deterrent for young people, especially boys. Instead of pushing these young women to the background, Namtu offered them an opportunity to voice their opinions about their lives and experiences in schools. It appears that he also gave them a specific script to follow in their testimonies to other students.

In most cases, the SEOHP educators were unsure of what happened to these young mothers and their babies. According to Dr. Joan Powers, who was the assistant superintendent of special education for Ontario in 1971, when the school's administrators discovered a student was pregnant, they recommended she tell her parents and seek medical care, and then Children's Aid was contacted. However, many girls' pregnancies went undetected if they did not show until after the school term ended and avoided returning in the fall.<sup>543</sup> MacDougall expected that students left home to have their babies, possibly at a maternity home, and then placed the infant up for adoption. Abortion, along with the distribution and discussion of birth control, was illegal until 1969, and even after it was legalized, individuals had to appeal to a Therapeutic Abortion Committee for approval.<sup>544</sup> The Metro Toronto Children's Aid Society performed a survey of 115 pregnant students in 1970. It was determined that seventy-two of them placed their babies up for adoption, thirty-seven kept them, and three lost their babies; it is unknown what happened to the babies of the other three girls. In the sixties, pregnant teenagers had little recourse outside of early marriage or going to a maternity home and placing their child up for adoption. These students faced an uncertain future if they

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<sup>543</sup> Jo Carson, "Deputy MOH Cites Cost of Home Tutoring: Study Shows 52 of 115 Pregnant Girls Returned to School," *The Globe and Mail*, January 27 1971; In the 1970 survey performed by the Metro Toronto Children's Aid Society, schools were aware of 58 pregnancies out of 115. Fifteen girls who had moved to Toronto did not know if their schools knew about their pregnancies.

<sup>544</sup> Cameron and Norquay.

returned to school after having their children. Monroe remembered two cases of teen pregnancy at her school and “it was quite a stigma on students when they did return to school.” Teachers stressed the unfair consequences that young women encountered when they were pregnant and became mothers. Broga commented that pregnant teenagers could “say goodbye” to their dreams, reputations, and education. The 1970 Children’s Aid Study observed that only fifty-two out of 115 girls returned to school postpartum. Dr. Powers and Dr. Marion Powell, deputy MOH for Scarborough, argued that girls were distracted from their lessons by what the other students were saying about them, and many left school a few days later.<sup>545</sup> These students lacked support for continuing their education, and were effectively isolated for their behaviour that challenged women’s sexual passivity.

Furthermore, the young fathers had no obligations to their offspring or the mother of their children. While young mothers were ostracized and given little support to deal with the consequences of their actions, their male sexual partners escaped criticism and accountability. SEOHP participant June Walters asserted that “While it’s fine for boys to have sex, but when the girl becomes pregnant, all of a sudden it’s all her responsibility and none of it is his... Somehow there is no shame for him, but all kinds for her.” Walters’ comments exhibit feminist sensibilities, but it is impossible to discern whether she held these views in the sixties and seventies, or whether she developed this outlook later in life. However, in the press, the sexual double standard was discussed and debated throughout the sixties and seventies.<sup>546</sup> According to *Globe and Mail* reporter Earl Berger, in 1964 young fathers were not providing financial support for their children, and “most unwed fathers simply duck their responsibility.”<sup>547</sup> In 1976, reporter Joan

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<sup>545</sup> Carson.

<sup>546</sup> See Jack Scott, “Swedish Women have Succeeded in Wiping out Double Standard,” *Toronto Daily Star* (January 10, 1968); “The Sexual Revolution,” *The Globe and Mail* (August 21, 1975); Elizabeth Thompson, “Elizabeth Thompson Advises: Didn’t Condone Double Standard,” *The Globe and Mail* (April 8, 1976); Peggy McCallum, “Sexual Freedom at College: Can Students cope with it?” *The Globe and Mail* (March 18, 1977).

<sup>547</sup> Earl Berger, “The Unwed Father,” *The Globe and Mail*, May 30, 1964.

Hollobon interviewed Oakville physician Dr. J. Grahame Owen, who argued for a greater role for young fathers. He claimed their obligations should not be limited to finances; instead they should at least be consulted in matters relating the child's future.<sup>548</sup> While young fathers' duties were still limited in the 1960s and 1970s, there was more discussion of increasing their involvement in their children's lives. The life-altering consequences of teen pregnancy for young women encouraged teachers, mainly those who taught secondary school, to support FLE in hopes that it would help diminish teen pregnancy rates.

The majority of the SEOHP teachers were PHE educators, and it is within this course that many students received their sexual education. Therefore, students learned about their bodies within an environment that encouraged boys' preferential treatment and the promotion of male activities over girls' interests. The double standard in sexual behaviour for men and women presented itself in how the sexes were treated, viewed, and taught differently in the sixties and seventies. Boys were often described by their teachers as better athletes, and, consequently, girls were given inferior resources and facilities. MacDougall, a PHE teacher, found that it was best to segregate boys and girls because: "boys can be very competitive, very obnoxious, you put them in an activity with a girl, they don't always want to pass the ball to the girl...[and] boys do want to be active more than girls." His comments reflect behaviour that had the intended effect of keeping girls off the playing field.<sup>549</sup> Bruce also found that girls were not as athletic as boys, who are more "gung-ho to get at it." While girls dragged their feet in the change rooms, boys were perceived as more physical, aggressive, and willing participants in sports. As a result, in some schools, male athletes received more funding and better equipment than their female counterparts. At Bruce's school, they had two gyms, which were the same size, but teachers at different schools told her that "the boys got more time in the gym, or they got the better gym, whereas the girls were not as athletic as the boys." Walters also

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<sup>548</sup> Joan Hollobon, "MD Wants a Larger Role for Unwed Fathers to Counter the Image of 'Sexual Exploiter,'" *The Globe and Mail*, October 6, 1976.

<sup>549</sup> Helen Lenskyj, *Out of Bounds: Women, Sport, and Sexuality* (Toronto: Women's Press, 1986), 113.



recalled her female students were upset because their male peers had preference when it came to scheduling the gym, mainly since there were fewer girls in sports at her school. However, it is likely the underlying cause related to assumptions that male athletes were superior. MacDougall recounted a similar situation at his school. When a new gym was built, it was designated for the use of boys only, and the original gym, which was built in 1957, was for the girls' athletic activities. The girls were allowed to use the newer facility only after their male basketball coach successfully argued that since his team had won the provincial championship, they should practice and have games in the new gym. Boys were afforded rights to superior amenities, whereas girls had to prove that they were "worthy."

As a consequence of the perceptions of school board administrators and educators, female student athletes were considered to be second-rate competitors. According to sociologist and sports historian Helen Lenskyj, educators in the sixties were concerned that girls were outshining their male classmates in school, and the sports field gave boys the opportunity to reassert their strength and dominance.<sup>550</sup> The extent of inequality between boys and girls in physical education during the sixties cannot be quantified, but based on the testimonials of these teachers, admittedly a small sample, few schools endorsed equality between the sexes. The Ontario Human Rights Code (1962) "prohibited discrimination in signs, services, facilities, public accommodation, employee and trade union membership on the grounds of race, creed, colour, nationality, ancestry and place of origin."<sup>551</sup> However, athletic organizations were exempted from its equality requirements through a clause introduced in 1981.<sup>552</sup> This clause therefore sanctioned what was already common practice. It was not until 1985 that the *Canadian Charter of*

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<sup>550</sup> Lenskyj, *Out of Bounds*, 110-111.

<sup>551</sup> Jean Augustine, "A Bit of History," *Ontario Human Rights Commission*, <http://www.ohrc.on.ca/en/bit-history>.

<sup>552</sup> Lenskyj, *Out of Bounds*, 110.

*Rights and Freedoms* prohibited sexual discrimination.<sup>553</sup> It was, therefore, acceptable for sport teams to favour boys' participation over girls in the 1960s and 1970s. While the feminist movement made inroads in women's involvement in sports, it "was one of the last causes to mobilize feminists."<sup>554</sup>

In schools, boys were upheld as superior athletes, while girls were attributed with having greater maturity and knowledge of sexual topics. According to Namtu, boys at the age of fifteen and sixteen were immature, and "their hormones are raging and they have no judgement at all. And they're probably pretty horny to put it mildly." Boys were described as having little control over their sexual desires as a result of their biology. Since girls were perceived by educators, and in the Department of Education's recommended textbooks, as maturing faster, and having greater control over their feelings and emotions,<sup>555</sup> they were deemed by their teachers to be sexual gatekeepers. Walters stressed to her female students that there were many biological differences between them and boys, and it was important that they understood "how quickly boys become aroused." Broga agreed that boys and girls matured at different rates and reached their sexual peaks at different ages. Furthermore, as a girl's sex drive was at its strongest in her twenties and a boy's sex drive climaxed in his teens, it was "up to girls to cool things." Broga's perceptions of male and female arousal were consistent with popular views of adolescent sexuality.

In 1967, Captain James Semmens, a sexual educator in California, also explained to his students that for girls "dating and popularity is part of her total makeup, and she will tend sometimes to encourage, and this is misinterpreted. The male becomes aroused very easily even with simple necking. With deep petting even female arousal takes place, and

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<sup>553</sup> Lenskyj, *Out of Bounds*, 110.

<sup>554</sup> Lenskyj, *Out of Bounds*, 109.

<sup>555</sup> John Fodor, *Your Health and You* (Toronto: Doubleday Canada Limited, 1982), 57; H.P. Simonson, E.A. Hastie, and H.A. Doherty, *Health for Young Canadians* (Toronto: The Macmillan Company of Canada Limited, 1964), 10.

with this type of arousal their ability to control the situation becomes lessened.”<sup>556</sup> These interpretations of sexual behaviour focused on the differences between the sexes, and placed boys and girls on a battlefield where males were on the offensive, and girls had to maintain their defense against any attacks, or suffer the consequences of pregnancy and a damaged reputation. The conflict between adolescent boys and girls and their lack of effective communication was illustrated in Pembroke’s role-playing exercise in his sex-segregated classes. In this scenario, two students were assigned as the male and female on a date, while two other students acted as their inner monologue or conscience. This method allowed for students to explore the differences between what the other sex said and what he or she thought. For example, the male would say “let’s put on this music,” and his conscience stated: “well, maybe I can feel her breast.” These exercises reinforced the perception that men had ulterior motives, and further divided the sexes, training girls to distrust the words and actions of their male peers.

As has been previously noted, when a young woman became pregnant, she was held accountable. Her sexual partner escaped criticism as it was believed he ‘biologically’ had less control over his sexual impulses. Pembroke told his male students that it was their obligation to take precautions, but “it really came down...to the girl’s responsibility, you know, just because they were responsible, they have to live with the consequences. The boys will just drift off.” SEOHP interviewee and PHE teacher Molly Jones, however, recognized that it could be challenging for girls to say “no” because they also might be curious or “into it.” Furthermore, they may not have wanted to be seen by boys as “frigid.” Jones acknowledged that young women had sexual desires, and may be interested in having sexual intercourse. According to psychologist Michelle Fine, schools trained young women to accept “positions of passivity and victimization, [thus] young women are currently educated away from positions of sexual self-interest.”<sup>557</sup> Schools avoided discourses of desire when it came to female sexuality; “normal” girls

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<sup>556</sup> Semmens, 50.

<sup>557</sup> Fine, 42.

were not supposed to be intrigued by sex. Instead, they should form heterosexual relationships that would lead to marriage and children. Therefore, Jones' perceptions appear to be unusual, and her actions are evidence of teachers challenging the sexual double standard and patriarchal conceptions of female sexuality. Davidson emphasis on abstinence, as well as responsibility and accountability, was more common in this era. When students told her: "ahh Mrs. you just go with the flow and I say: Bullshit, no, don't. You make a decision ahead of time, this is way too important to go with the flow." On the topic of teenage sex, most of the discussion from other SEOHP interviewees focused on girls' unwillingness to enter into sexual activities, but recognized that girls found themselves in a situation in which they were pressured by boys, or did not realize their vulnerability until it was too late.

The rhetoric surrounding male and female sexuality supplied by educators and their resources pitted boys and girls against each other, and these relations played out in the classroom. SEOHP participant and biology teacher Edgar Higgins' co-educational class in the late sixties and seventies witnessed intense debates between the sexes. He recollected that his female students complained that "they were all sick and tired of guys that were in it for the sex primarily, or only, and wouldn't or didn't pay any attention to them as emotional creatures." In response, the boys claimed: "girls were...placing way too much emphasis at this stage on the emotional aspects." Higgins found that the "tension that was already present in the classroom became [an] obvious springboard for discussion...guys would come up and pound the floor pleading their view of the world and the girls would do likewise. So gender balance was not uncommon and I considered [these discussions] quite healthy." Higgins offered students the opportunity to air their grievances and explore different views of sexuality and relationships that were based on gender.

It could also be argued that Higgins created strain in his classes. In one instance, a female student was talking out of turn, and he told her: "Look, if you don't shut up, I am going to staple your lips together," and he was not referring to the lips on her face. Years later, he re-told this story to a group of student teachers at Althouse College as an example of shocking students to get their attention. As a result, one of the female teachers

in training complained, and members of the Althouse College administration became involved. This example illustrates the sexual comments that female students endured from their teachers. Most likely, his comment had the intended effect of shocking his students, as well as leaving them feeling at the least uncomfortable, and at most greatly disturbed.<sup>558</sup> This type of sexism was present in the classroom, and had the potential to deter female students from expressing themselves and participating in class, effectively muting the female student population. During the interview, Higgins commented that he regretted these remarks.

There were also instances in which boys and girls cooperated with each other to fill the gaps in their sexual education. At Wilhelm's school in southwestern Ontario, boys and girls were taught separately in grades five and six. Educators felt that boys did not need sexual instruction at that early age, because girls experienced physical changes earlier than boys. These attitudes were not universal, and while boys may not have undergone physical changes as early as girls, they were still curious about their bodies and were in need of information.<sup>559</sup> He asserted that "What was odd about that, is that the boys knew what the girls were doing, so we are in the gym, and they knew that the girls would be doing that, so they would ask them questions after, I suppose." Although Wilhelm did not agree with sex-segregated classes, he did not start teaching boys about puberty until 1978 in his grade seven class when the curriculum changed at his school to allow FLE instruction for boys. Jones also discovered that when boys and girls were taught separately, they had a lot of questions about the other sex and their views on sexual topics. As a result, Jones had her all-female class write anonymous questions to the male class. She recalled that

we went through them in class and the kids were wowed, so it was really neat. After we did that, there was something going on in the gym and the boys from that class: they were up on the stage, and I just walked by and I heard them talking about that, like they were talking to each other about all this stuff. Shortly after that, I finally started having co-ed classes.

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<sup>558</sup> During the interview, Higgins commented that he regretted his statements to this female student, but did not elaborate.

<sup>559</sup> Powell, 265.

Despite the highlighted strain between the sexes, there is evidence that they cooperated when it came to offering the other sexual content. While Jones and Wilhelm both witnessed this exchange of information, only Jones decided to alter her class structure and teach boys and girls together. Therefore, certain educators did promote change in their teaching of sexual education, and were willing to alter their techniques to offer instruction that students wanted. Wilhelm, on the other hand, continued to follow the curriculum, which did not include teaching boys sexual materials until a later age. Inequality between boys' and girls' sexual education classes persisted into the eighties. Most Ontario boards claimed that boys and girls had the same number of hours in sexual instruction, but teachers claimed that "boys receive fewer hours of health and more hours of physical education."<sup>560</sup> It appears that girls had more opportunities for FLE in home economics, which became family studies in the eighties, and/or their female PHE teachers were more inclined to teach sexual topics in health classes than their male counterparts. Furthermore, girls underwent puberty earlier according to several Ontario health textbooks.<sup>561</sup>

Monroe asserted that it was appropriate for girls to receive more education because "females are the ones who get pregnant...back in that time, girls need to know all the information, rather than the guys. It was rushed over more in the guys' department than what we did." *Chatelaine's* "Sons and Sex: How we mess them up" (1972) noted that despite boys' curiosity about sexual changes, they were mainly left in the dark. It was argued that mothers informed their daughters about puberty and menstruation because "she may be determined that her own daughters will not go through the same experiences

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<sup>560</sup> Orton, Rosenblatt, and Rosenblatt, 60.

<sup>561</sup> Several textbooks from the 1960s and 1970s stated that girls began puberty before boys; See John J. Mitchell, *Human Life: The Early Adolescent Years* (Toronto and Montreal: Holt, Rinehart and Winston of Canada, Limited, 1974), 13; Parent and Child Institute, *The Life Cycle Library for Young People: Book 4 Glossary and Index* (Chicago: Parent and Child Institute, 1969), 456; this book was used by Richard Benson at the LBE. These ideas are still represented in current textbooks; see Simon LeVay and Sharon M. Valente, ed., *Human Sexuality*, 2<sup>nd</sup> ed. (Sunderland: Sinaur Associates, Inc, 2006), 175.

of shock and fear.”<sup>562</sup> Consequently, girls received more information than previously on their body’s processes. When asked about her son’s sexual education, one mother responded: “What is there to tell? A boy’s voice changes, he gets a beard. Every boy knows he’ll grow up someday.”<sup>563</sup> Thus, some mothers failed to acknowledge that their sons needed sex instruction, nor did fathers supply information as they “simply don’t know enough, or have been too shamed by the subject in their own youth, to be able to discuss sex with their growing sons.”<sup>564</sup> Higgins’ recollections supported *Chatelaine*’s findings as he claimed that the “father didn’t seem to have much influence...in the attitudes and values of the kids.” He also noticed that girls had more knowledge, and “a lot of them had the fundamentals of plumbing and pregnancy and contraception fairly mastered.” Parents’ reluctance or inability to provide adequate sexual instruction was a common complaint amongst the public, social experts, and educators; however, some schools mimicked parents’ shortcomings.

Teachers altered their focuses when teaching girls or boys about their bodies, because males and females were perceived to have diverse intentions, standards, and views when it came to sexual behaviour. Pembroke commented that it must have been harder for girls to explore their sexuality since their genitalia is internal. He found it interesting that “everybody knew the slang terms for male genitalia, the list is huge; female genitalia, five words...They didn’t really have the language of exploring their own sexuality [that] the boys had.” MacDougall also theorized that young girls “would probably be more embarrassed if you put up the female reproductive organs on an overhead.” These assumptions were based on popular perceptions of female sexual passivity, as the girls were viewed as uncomfortable with their own bodies.

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<sup>562</sup> Ruth McConnell, “Sons and Sex: How We Mess Them Up,” *Chatelaine* 45 (August 1972) 55.

<sup>563</sup> McConnell, 55.

<sup>564</sup> McConnell, 55.

When Walters taught a group of girls, she recommended “using a mirror to see your lower parts and so that you know what you’re talking about. Use the right language and words and that brought about some teehees, but I think most girls actually did that. And it’s the only way to see what’s there.” Her actions are demonstrative of educators utilizing feminist tactics in their classrooms, as conscious raising and acquiring knowledge of women’s anatomy was common in the 1960s and 1970s.<sup>565</sup> With few exceptions, there were no diagrams in educational resources such as textbooks, pamphlets, and films that depicted the vulva, whereas illustrations of the women’s interior reproductive organs were common and appeared in great detail.<sup>566</sup> Girls were essentially left in the dark when it came to their exterior reproductive anatomy. Despite changing social norms in the late seventies, few schools discussed the clitoris or vulva’s parts.<sup>567</sup> It can be gathered that the outer female sexual anatomy was too sexual and controversial for the classroom, and a discussion of the clitoris could be interpreted as promoting sexual experimentation. Since male sexual pleasure is integral to reproduction, they received more comprehensive instruction when it came to male anatomy.

A lack of visual representations of female genitalia was consistent with the dearth of depictions in medical texts throughout the twentieth century.<sup>568</sup> During the fifties and sixties, challenges to women’s lack of interest in sex were presented in studies undertaken by Alfred Kinsey, and William Masters and Virginia Johnson. In addition, the women’s movement advocated for the reconceptualization of the clitoris, and group

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<sup>565</sup> See Lisa Jean Moore and Adele E. Clarke, “Clitoral Conventions and Transgressions: Graphic Representations in Anatomy Texts,” *Feminist Studies* 21, iss.2 (Summer 1995): 255-301.

<sup>566</sup> For examples of diagrams see “A Human Being is Born,” *Family Living and Sex Education Series B*, by Hugh Moreland and Frank Latchford, Moreland-Latchford Productions, 1973, sound filmstrip; *Puberty in Boys*, produced by Institut fur Film und Bild, 9 minutes, NFB, 1969, DVD; *Female Cycle* produced by Institut fur Film und Bild, 7 minutes, NFB, 1969, DVD.

<sup>567</sup> Emilie Smith, “Family Life Program Keyed on Trust, Maturity of Class,” *The London Free Press*, November 18, 1977.

<sup>568</sup> See Moore and Clarke, 255-301.



consciousness meetings were organized where women examined their own reproductive organs with the use of mirrors and speculums.<sup>569</sup> In addition, the manual *Our Bodies/Ourselves* (1970) was published in Chicago, and in the Canadian context, the *McGill Birth Control Handbook* (1968) was distributed to promote women's self-awareness of their bodies and desires. Teachers' encouragement of girls exploring their bodies can be interpreted as a subversive act undermining a conservative education and medical system that deterred girls from discovering their sexuality. Furthermore, it can be perceived as an example of the women's movement's influence over educational institutions, although educators and students may not have been aware of it. It is unknown, however, how many teachers were comfortable with these recommendations, as a great deal of diversity was present among teachers' methods and resources.

The teaching styles of those who participated in SEOHP varied depending on comfort levels, when and where they taught, and resource availability. Educators who began their careers when the *Living and Learning* report (1968) was introduced were more likely to include a diverse range of activities for their students. Sex education researcher Edward Herold found in 1975 that younger teachers were more inclined to teach FLE than older educators, and that more than fifty percent of sexual education teachers were under thirty.<sup>570</sup> It follows, therefore, that younger teachers were in general, but not exclusively, more comfortable teaching newer topics with creative activities. MacDougall, who started teaching in the early seventies, mainly engaged his grade ten students in debates over the pros and cons of controversial subjects such as marijuana and alcohol use, his grade eleven students in mental and emotional development, and his grade twelve students in relationships and dating. He also assigned students group projects to evaluate

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<sup>569</sup> Moore and Clarke noted that from 1953 to 1971 there were few depictions of clitorises in medical texts, but more were present from 1973 to 1978, but still not discussed. The authors commented that this was odd considering the amount of sexuality studies undertaken during the post war era. In the 1970s, more discussion of human sexuality occurred among anatomists, but it was limited to heterosexual penile-vaginal sex. Thus, illustrations and diagrams were confined to discourses of heterosexuality and sex for the purposes of procreation which filtered into the education system. See Moore and Clarke, 262, 275.

<sup>570</sup> Herold, *Sex Education in Ontario Schools Part II: The Secondary Schools*, 5.

their knowledge.<sup>571</sup> He noted that some teachers wrote their sex education lesson on the chalk board, had the students copy it down, and then tested them on the content.

MacDougall took issue with this approach because “once you get into topics that are more attitude [based] there is no right or wrong answer.” These subjects needed to be evaluated based on effort instead of marked ‘right or wrong,’ as students’ opinions varied based on their background.

Higgins, who started teaching in the mid-sixties in Etobicoke, utilized similar activities including class discussions and debates.<sup>572</sup> Unlike most of the teachers in this study, Higgins was a biology teacher instead of a PHE educator. He felt that his school’s PHE department only focused on the “plumbing” and dealt with sex education in a “perfunctory way.” He decided to teach it in his science classes as it flowed into the themes of the course, such as anatomy and reproduction. His actions are evidence that some teachers were convinced that students needed sexual education, and if they were not receiving sufficient information from other sources, they would take it upon themselves to accommodate the subject in their curriculum.

Teachers and students cooperated to create a relaxed learning environment for a topic that was controversial and uncomfortable for many individuals within the school system. The members of the Toronto Board of Education acknowledged the importance of creating a safe environment for students in their publication “The Time is Now” (1968), and claimed that teachers “will make sure that the subject is introduced tactfully and at a time when the right atmosphere has been created.”<sup>573</sup> Unfortunately, their pamphlet did not go into further detail on what is “the right atmosphere” or how it could be achieved, but some of the SEOHP educators found different methods to ensure their students received information in a comfortable setting. Several teachers such as Jones and Davidson asked

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<sup>571</sup> Laura Broga also assigned group projects and had her students make a book on drugs and relationships in small groups.

<sup>572</sup> Higgins also taught in Orangeville and Waterford.

<sup>573</sup> Toronto Board of Education, “The Time is Now,” (Toronto: Toronto Board of Education, 1968).

their students to anonymously write down any questions they had and place them in a box for the teacher to answer. According to them, this strategy alleviated students' embarrassment or anxiety about seeking further information on sexual topics. To limit awkwardness over the subject matter, Pembroke wrote the terms penis and vagina on the blackboard and had his students write all the colloquial expressions for these body parts. He found that this method de-sensitized students to these terms. He also noted that the "girls would cover the window in the door [of the classroom] so no one could look in." Students wanted to be knowledgeable about sexual topics and have privacy during their classes. These instructors and their students were changing sexual education, as they created dialogues about their bodies' development and formed an environment that was conducive to their learning.

Awkwardness was another obstacle for teachers to overcome in their lessons. Monroe noted that "you can tell they were embarrassed talking about it, we had to draw out their answers because they were embarrassed to put their hands up and show what they knew about the topic." For her, little had changed since her own high school sexual education in the late sixties. Sexual instruction was co-educational in Toronto and taught in a large class with male and female teachers. She recalled

it was embarrassing, you can tell the teachers were embarrassed, we were embarrassed, because we were thrown together and that was it... Then they expected us to answer, or ask questions, I thought 'you got to be kidding,' you throw us in a co-ed class, [with] the topic that we hardly ever talked about among ourselves. We got mixed company, and then you expect us to ask questions.

Since her high school experiences, the format of FLE had changed, and in many cases it was no longer co-educational or in a large group, but the students' responses in both eras were similar. However, several teachers sought to gain the interest of their students through the use of inventive approaches to FLE.

As a result of a dearth of educational materials for FLE courses, educators who were motivated to teach sexual issues sought out creative and innovative teaching methods. Herold found in his 1975 survey of sexual education in Ontario schools that teachers often complained about their resources being too liberal or too conservative, and too expensive for their boards to purchase. It does not appear to be the norm, but several SEOHP teachers found unconventional teaching devices to be useful. Namtu taught in a

co-educational environment with a female co-teacher and utilized some of the most imaginative and unique teaching methods. He created an activity based on the television game show *Hollywood Squares* and called it VD Squares. Students stacked their chairs to form a square and answered questions on VD.<sup>574</sup> For the term finale, he and his co-teacher

dressed up as sperm cells. She was Suzy Sperm and I was Sammy Sperm, and then we took it [the process of reproduction] from beginning to end, and we had swim hats on and we had a big tail to flagellate. But the kids loved it, and it got them to talk. Some people might not have been comfortable, but the staff would come in and the principal came in to watch it at one point.

The idea originally came from *Playboy Magazine* and was adopted as a teaching tool. He and his co-teacher showed their students that they had a sense of humour and were willing to experiment with different learning tools to teach sexual education in a variety of formats. When it came to evaluation, students completed an oral exam in pairs. Namtu claimed that it was the most effective method, since “they couldn’t leave with misinformation, because if they got it wrong, then we would correct them right then and there...So the good thing about that was it forced them to talk, and most of them by that time were pretty good with it.” His methods are illustrative of how teaching techniques in this subject were changing, and far from static. While some teachers were uncertain about how to evaluate students’ knowledge of this topic, Namtu demonstrated that traditional tools of evaluation could be employed. In his view, factual knowledge of reproduction and human development were just as essential to students’ education as data in any other subject. Therefore, tests were needed in addition to group projects and participation grades. However, some of Namtu’s teaching techniques were not received positively by parents. Controversy occurred when a parent intercepted a questionnaire that was assigned by Namtu as homework. As a result, a board meeting was called and his principal suggested that in the future all questionnaires should be completed in class. His school board’s administration expected teachers to instruct students in sexual topics, but they did not want conflict or accusations that teachers were encouraging promiscuity or providing inappropriate information. According to Namtu: “you got left out on a limb

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<sup>574</sup> He also used pop quizzes, props, diagrams of the reproductive organs, films, and guest speakers from a variety of organizations.

and you had to sort of dig for yourself.” Thus, educators who saw the need for sexual instruction faced ramifications if their teaching materials were viewed as too controversial or progressive.

While Namtu adopted unconventional methods of teaching and assessing his students, most SEOHP teachers evaluated their students by assigning a grade for their participation efforts instead of their knowledge of sexual facts. Monroe started teaching a few years after Namtu in 1975, and also used a variety of teaching techniques, but limited her evaluation to students’ class participation. The OSSTF concurred with Monroe’s evaluation methods as the federation recommended assessing students’ participation instead of relying “*entirely on the health knowledge test.*”<sup>575</sup> Teachers found it challenging to evaluate the content of students’ work, especially when it came to controversial subjects such as family planning, abortion, and STDs, and therefore some preferred assigning a grade based on the effort that went into completing an assignment or classroom participation. Monroe’s pupils analyzed their values and morals through the use of case studies and group discussions. She found that occasionally students showed little interest in the topic as “they were not really sexually active back in those days. So they felt that it didn’t apply to them.” At her school, they taught birth control in grade ten, followed by a values education program in grade eleven. In grade ten, she explained the different types of birth control methods, their efficacy, and when it was appropriate to use them. During the seventies, PHE was mandatory for every grade, which allowed teachers to build upon the previous year’s FLE curriculum.<sup>576</sup>

FLE program guidelines frequently recommended the use of films to teach students about their bodies. Films from the NFB and other smaller film production companies regularly

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<sup>575</sup> Calder, 69; emphasis replicated from source.

<sup>576</sup> Davidson taught FLE at the elementary level in the seventies and every grade built on the knowledge that students were given the previous year. Before grade four, children learned that babies grew in their mothers’ uteruses, not their stomachs, followed by menstruation in grade four, and puberty in grades five and six. By grades seven and eight, they discussed protecting yourself and your body. Her philosophy for teaching FLE included explaining to students that their bodies were “little miracles” and they needed to be armed with knowledge appropriate to their age group in order to make the right decisions.

appeared on the Department/Ministry of Education's suggested resources list, and some school boards selected these films for classroom consumption. In 1967, the OSSTF urged educators to use films over textbooks as the latter were often outdated and irrelevant.<sup>577</sup> When Walters began teaching, she noted: "I never saw a textbook," and they did not appear in schools that she taught at until the late seventies. She did, however, have access to films, most likely in the late sixties, and she remarked that "the films were often animations; they weren't very true pictures so this always takes away from the reality of whatever you're teaching." Most likely, filmmakers used animation for depictions of sexual topics to avoid controversy and create distance between the instruction they offered and the actual events that were being described. However, Walters felt that these illustrations were unrealistic and downplayed the importance of sexual topics. Furthermore, films that teachers wanted, which were absent from the board's catalogue, could not be obtained. Benson, who also taught sexual instruction in the early sixties, recalled that "we had catalogues of what was available, and you could get them on loan from the media department of the board of education." He found that the LBE "was fairly progressive with respect to the catalogue." These films were often produced by the Moreland-Latchford Film Company, which was popular across the country and even in the United States, as well as the NFB.<sup>578</sup>

In the 1960s, children in the NFB films were no longer portrayed as industrious and obedient to their parents. The families that were depicted in the 1940s films were happy, well-mannered, and productive, but in the 1950s, children began disobeying their parents and becoming more independent.<sup>579</sup> By the 1960s, NFB filmmakers began focusing on youths' perspectives and portrayed them as heroic, while their parents, the school, and government were out of touch and unable to understand teens' and their disillusionment

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<sup>577</sup> Calder, 57.

<sup>578</sup> Reid and Soles.

<sup>579</sup> Brian J. Low, *NFB Kids: Portrayals of Children by the National Film Board of Canada, 1939-1989* (Waterloo: Wilfrid University Press, 2002), 126-130.

with the world.<sup>580</sup> When the NFB originally made sexual education films such as *Jaime: The Story of a Sibling* (1964), *Phoebe* (1964), *The Game* (1966), *Caroline* (1964), and *Merry-Go-Round* (1964), they were not necessarily intended to be used as educational films.<sup>581</sup> The sexual revolution, the new hippy culture, and the breakdown of the nuclear family fascinated filmmakers, who were anxious to capture these social changes on film. They shot close-ups of young girls dancing in bikinis, youth smoking marijuana, exotic dancers, and adolescents engaging in sexual behaviour.<sup>582</sup> Despite their erotic and subversive content, government agencies and school boards adopted them as part of their schools' education programs. These films also represent a paradox as they had some sexually explicit scenes, but delivered fairly conservative messages to youth. Ann Landers in *Merry-Go-Round* asserted that adolescents should not engage in sexual activity because they could become pregnant, they were not mature enough to deal with this level of intimacy, and it could harm their reputations.<sup>583</sup> Although these films show go-go dancers, and the hip youth subculture of the sixties, the gender roles they depicted were fairly traditional: the boy wants sex while the girl tries, unsuccessfully, to adhere to socially prescribed dating norms.

In the film *Phoebe*, which won several awards, the title character Phoebe was criticized by her mother for staying out late, hitchhiking, sleeping in, and being in a disagreeable mood.<sup>584</sup> As a result of her actions, Phoebe became pregnant at the age of sixteen. Thus,

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<sup>580</sup> Low, 146-150.

<sup>581</sup> A few of these films, such as *Phoebe* and *The Game*, were shot in the French new wave style, which was influenced by the introduction of handheld cameras, and allowed filmmakers to shoot at several locations. These films included fragmented and discontinuous editing and long takes. There was also a lot of experimentation with film form. Often, the films did not include any resolution to the problems faced by the teenage characters, which was reminiscent of the new wave style.

<sup>582</sup> See *The Merry-Go-Round*, produced by John Kemeny, 23 minutes, NFB, 1966, DVD; *The Game*, produced by John Kemeny, 27 minutes, NFB, 1966, DVD.

<sup>583</sup> *The Merry-Go-Round*.

<sup>584</sup> This film follows teenaged Phoebe on the day she finds out she is pregnant. She goes to the beach with her boyfriend Paul and imagines the different reactions she will receive from her parents, Paul, and her

adolescent girls who disobeyed their parents, exercised too much freedom, and had sex before marriage, would succumb to delinquency. It was intended that these messages would prevent female youth from exhibiting sexual autonomy. Throughout the film, Phoebe imagines the reactions of her parents, school, and boyfriend to her pregnancy. The film ends with Phoebe telling her boyfriend Paul of her pregnancy, and the audience is left to imagine how Phoebe's story progresses. Similar to the NFB's other films made at the same time, it was left to the audience to decide how the social problem in the film should be handled as well as its outcome. The films also included several scenes that highlighted male sexual aggressiveness: for instance, Phoebe is chased by Paul, resulting in passionate necking on Paul's part, while Phoebe is passive and unresponsive to his behaviour. Female sexual passivity was therefore promoted throughout this film. These scenes could be uncomfortable for adolescent viewers, and reinforced the stereotype that women were sexually submissive, and that there were severe consequences for promiscuity and violating social norms.

In 1971, Rev. Harry Strachem of Markham, Ontario expressed his dissatisfaction with these NFB films in a letter to Minister of Education Welch. Teenage members of his congregation watched these films and commented that they encouraged sexual experimentation. He went on to recommend that schools utilize older films which show "the seamy side of sex... [and] venereal disease in all their gory mess."<sup>585</sup> A.L. Lacey of Toronto expressed similar opinions in his correspondence to Welch in August, 1971. He asserted that the *Merry-Go-Round's* scenes "brings into focus perversive (sic) acts and for that reason should not be shown to anyone and especially children."<sup>586</sup> Therefore, these films caused controversy in certain municipalities, and conflict over whether films

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principal when she tells them she is pregnant. The scenarios depicted in the film show both extremes of their possible reactions.

<sup>585</sup> Harry Strachem to J.K. Crossley, June 2, 1971, AO RG2-81-4 Curriculum Implementation and Development Files, Box 8 (Temporary Box 3), File DA-100 Curriculum Sex Education 1971 (Physical & Health Education) (Arts).

<sup>586</sup> A.L. Lacey to Robert Welch, August 9, 1971, AO RG2-81-4 Curriculum Implementation and Development Files, Box 8 (Temporary Box 3), File DA-100 Curriculum Sex Education 1971 (Physical & Health Education) (Arts).



were informative or promoted promiscuity. In response, Superintendent of Curriculum J.K. Crossley defended the NFB films because they “can serve as a basis for making sound judgments,” and materials which utilize scare tactics have proven to be ineffectual.<sup>587</sup> Both the proponents and opponents of sexual education wanted the same thing: the maintenance of hegemonic norms. However, both sides had different methods for attaining their goals.

In general, these films were acclaimed and popular, but many of them focused more on cinematic style than character development and they became dated and no longer appealing to audiences in the seventies. Although they included highly sexual and erotic scenes, they were deemed acceptable by the government and several school boards because they showed the negative consequences of engaging in sexual activity before marriage. Furthermore, they reinforced gender stereotypes such as the sexually passive female, the aggressive male, female homemakers, and the nuclear family. They also illustrated the social problems of the sixties, including the hippy culture, drugs, overt sexuality, teen pregnancy, and a lack of effective parenting. The films enforced hegemonic sexual morality, which suited the needs of filmmakers and sex educators. In the 1970s, these stereotypes dissipated as films evaluated women’s views on their roles as homemakers and wives and their dissatisfaction with gender inequality. Over the course of twenty years, many changes took place within NFB films, for instance, gender stereotypes lessened through the influence of the feminist movement.<sup>588</sup>

Moreland-Latchford Productions was another well-established film company which made sexual educational films in the sixties and seventies. It began producing films in 1966, and by 1970 it had “won more than 60 awards in international film festivals and 60 per

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<sup>587</sup> J.K. Crossley to Harry Strachem, June 2, 1971, AO RG2-245 Senior Physical Education 1969-1973 to Writers, Box 3, File Sex Education Form Letters and Forms 1973-1974. Strachem wrote to Robert Welch May 17, 1971, but J.K. Crossley responded to Strachem on Welch’s behalf.

<sup>588</sup> Other films that the NFB made were silent, instructional videos which used animation to portray puberty, conception, VD, and contraception. See *About Conception and Puberty*, produced by Dorothy Coutois, 11 minutes, NFB, 1972, DVD; *About Puberty and Reproduction*, produced by Dorothy Coutois, 10 minutes, NFB, 1974, DVD; *About VD*, produced by Dorothy Coutois, 13 minutes, NFB, 1974, DVD.

cent of their production is exported to countries around the world.”<sup>589</sup> Their first sexual education films were completed and distributed in 1968. They were entitled *Family Living and Sex Education Level 1 and Level 2*, and created for junior and intermediate students. These films were revamped in 1973 and divided into three parts instead of two. The films consisted of 5-6 sound-film reels per series, which were each 5-10 minutes in length. The students were shown images on a projector that were accompanied by narration on a cassette tape. A written guide that listed discussion questions was available for teachers. Some of these questions included “discuss meaning of physical attractions, emotional attachments, ‘crushes’, coping with feelings that are new and seem to be overwhelming”; “discuss the meaning of ‘love’ as it applies during different stages of human lifetime”; “discuss how healthy attitudes and development of capacity for responsibility can result in happy relations, feelings of self worth.”<sup>590</sup> Similar to resources and teaching rhetoric that appeared prior to these films, these questions promoted ‘normal’, hegemonic, and heterosexual relationships. The writer of the series, Mary Axten, explained that the guide was incorporated “because there is no way of knowing what a child will ask and we realize that some of the questions would flatten a teacher.”<sup>591</sup> The filmstrips were also easy to stop for students’ questions. Representatives of Moreland-Latchford claimed that the films were made in consultation with teachers, school age children, parents, and the medical profession.<sup>592</sup>

Children were asked to view the films prior to their release, and changes were made based on their reactions. For example, “the birth of a calf made some children sick so the

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<sup>589</sup> Jo Carson, “These Two Film-Makers Spread Education Around the World,” *The Globe and Mail*, June 25, 1970.

<sup>590</sup> “Family Living and Sex Education Series C: Sound Filmstrip Guides,” (Toronto: Moreland-Latchford, 1973), n.p.; Family Living and Sex Education Series A: Sound Filmstrip Guides,” (Toronto: Moreland-Latchford, 1973), n.p.

<sup>591</sup> Leone Kirkwood, “Film Prepared on Mating Frogs for Screening in Kindergartens,” *The Globe and Mail*, February 12, 1969.

<sup>592</sup> Kirkwood.

birth of a kitten was substituted.”<sup>593</sup> Nature films were not well received by all sex educators, as Laycock warned that “such observation does little to help children to develop responsible sex behaviour and to understand that sex experience in humans is an expression of the total personality of the individual and that it is appropriate only under certain conditions.”<sup>594</sup> Films of animals, however, appeared to be popular across the country as a method to explain the process of reproduction to young children without eroticism.<sup>595</sup> When asked by *The Globe and Mail* whether the films would influence children to experiment physically, Hugh Moreland stated: “we think the child will ask questions and discuss instead.”<sup>596</sup> Evidently, the media and the public were concerned that sexual education would encourage youth to engage in intimate contact; however, the film’s images lacked eroticism since they consisted of diagrams, animals, and people at home or school.

Unlike the films that were viewed in the 1950s,<sup>597</sup> Moreland-Latchford included more diversity in their films. There were several non-white persons depicted, including Blacks and Asians. There were, however, no First Nations individuals and no interracial couples in these films. Canada’s changing political environment accounted for the increasing variety of nationalities in Canadian films. In the late 1960s, Prime Minister Trudeau encouraged Canadians to embrace the “Just Society” and multiculturalism, which was reflected in the Moreland-Latchford films. One segment entitled “Human Behaviour” encouraged children to accept others who may appear different from themselves. According to the film, the world was becoming smaller as technology was improving, and it was, therefore, more important than ever to “respect the differences that make each

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<sup>593</sup> Kirkwood.

<sup>594</sup> Laycock, *Family Living and Sex Education: A Guide for Parents and Youth Leaders*, 49.

<sup>595</sup> Reid and Soles. *Take Thirty* interviewed a teacher in Vancouver who claimed that nature videos were appropriate teaching tools and the young students enjoyed them.

<sup>596</sup> Kirkwood.

<sup>597</sup> See Adams, *The Trouble with Normal: Postwar Youth and the Making of Heterosexuality*, 90.

of us unique from all others.”<sup>598</sup> It continued to explain that “people of various national origins look different from each other, but we are all human beings under our different exteriors.”<sup>599</sup> Although these films encouraged the acceptance of diversity, and pictured friendships across different ethnicities, and couples adopted children from different ethnic backgrounds, interracial couples were most likely seen as too controversial or unusual to include in the films.<sup>600</sup>

The lack of sexual instruction for boys in their homes and in the classroom was mirrored in sexual education films. The film “The Meaning of Puberty” (1973) described the process of menstruation, and an image of a sanitary napkin was shown. Boys, however, were given less information about the effects of puberty. The film identified male sex organs and explored the process of sperm production, but did not include discussions of ejaculations or nocturnal emissions. The film suggested that “a boy who is wondering about himself can learn from his parents or a teacher and there are books he can get from the library that can tell him what he wants to know.”<sup>601</sup> Boys were, therefore, expected to seek information for themselves, possibly because depictions of ejaculations and erections were perceived as too erotic for public school audiences. The diagrams that were used to illustrate the male anatomy were far more simplified, often consisting of squiggly lines, while the female reproductive organs, such as the ovaries, fallopian tubes, cervix, vagina, and uterus, were illustrated in greater detail. It can be assumed that with the location of male reproductive organs on the outside of the body, filmmakers were concerned that graphic depictions of the penis could be considered pornographic. The diagrams in NFB films such as *About VD* (1974) and *Puberty in Boys* (1969) had more

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<sup>598</sup> “Human Behaviour,” *Family Living and Sex Education Series C*, by Hugh Moreland and Frank Latchford, Moreland-Latchford Productions, 1973, sound filmstrip.

<sup>599</sup> “Human Behaviour.”

<sup>600</sup> See Veronica Strong-Boag, “Today's Child: Preparing for the ‘Just Society’ One Family at a Time,” *Canadian Historical Review* 86, no. 4 (December 2005): 673-699 for an analysis on Canadians adopting children who did not share the same socio-economic and ethnic background.

<sup>601</sup> “The Meaning of Puberty,” *Family Living and Sex Education Series C*, by Hugh Moreland and Frank Latchford, Moreland-Latchford Productions, 1973, Sound filmstrip.

detailed diagrams of penises, but focused on the interior anatomy. This would explain why the vulva was also not shown. In addition, sexual pleasure was effectively excluded from any discussion in the films.

Sexual attraction was depicted within the films, but only between heterosexual couples. Through the setting of a party, the narrator described how both sexes were excited that their bodies were maturing, but boys and girls were concerned about how their sexual maturity would affect their relationships with those around them. According to the film, “quite suddenly it becomes very important to both boys and girls to know what people of the opposite sex are thinking and doing.”<sup>602</sup> This curiosity then developed into a “sudden desire for a boyfriend or a girlfriend [which] is an important part of growing up.”<sup>603</sup> Heterosexual relationships, therefore, were portrayed as normal and necessary to reach adulthood. The films recognized that “a big part of the attraction of boys and girls for each other is based on the impulse of sex. Some of this attraction is physical, some is emotional. These are very powerful feelings and because they are new, may also be bewildering.”<sup>604</sup> The narrator continued to explain that “understanding yourself and others can help towards [building] a happy well-adjusted life now and in the future. Your actions and attitudes are going to influence both your own life and the lives of others.”<sup>605</sup> The films, therefore, never explicitly stated whether teenagers should avoid or indulge in their sexual desires, but they inadvertently warned their audiences that sex and sexual feelings have penalties for all those involved. These consequences, however, were not explicitly stated. Sexual restraint was viewed by educators and the public as one of the goals of sexual education. This film promoted heterosexual courtship and controlling sexual urges to limit diseases, and pregnancy outside of marriage.

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<sup>602</sup> “The Meaning of Puberty.”

<sup>603</sup> “The Meaning of Puberty.”

<sup>604</sup> “The Meaning of Puberty.”

<sup>605</sup> “The Meaning of Puberty.”

The Moreland-Latchford films contributed to the campaign to reduce teenage pregnancy rates by incorporating a discussion on parental responsibility. The sexual education films supported the confinement of sex and children to marriage, since the mothers shown in the films wore wedding rings. “The Meaning of Maturity” (1973) explored the definitions of adulthood for males and females. The film explained that during puberty, girls and boys become physically able to reproduce and have children, but that did not mean they should. The film asks youths: “is a boy ready to assume the adult role of fatherhood just because his body is physically capable of producing mature sperm cells?”<sup>606</sup> According to the film, to be a father meant being an adult “mature in his thoughts, his feelings and his actions as well as in his physical growth.”<sup>607</sup> These messages were accompanied with images of an adult man playing with and helping a child. The film argued that children are completely dependent upon their parents, and challenged students to consider: “would a twelve year old girl be ready to assume such a responsibility? Think about it, how much would she know about being a responsible adult?”<sup>608</sup> This film did not condemn premarital sex outright, but stated rather bluntly that adolescents were not yet ready to be accountable parents. There was also no discussion within this 1970s film on how youths could avoid pregnancy.

In 1971, Elkin reported that there were still those who believed that sex instruction would foster promiscuity and sexual experimentation.<sup>609</sup> Other members of the Canadian public, however, argued that sexual education would combat social ills such as teen pregnancy.<sup>610</sup> Sexual education films, therefore, had to approach sexual activity with caution and avoid any images or discussions that could be interpreted as encouraging sex among youth while informing children about their bodies and reproduction. Moreland-

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<sup>606</sup> “The Meaning of Maturity,” *Family Living and Sex Education Series C*, by Hugh Moreland and Frank Latchford, Moreland-Latchford Productions, 1973, Sound filmstrip.

<sup>607</sup> “The Meaning of Maturity.”

<sup>608</sup> “The Meaning of Maturity.”

<sup>609</sup> Tomkins, 405.

<sup>610</sup> Tomkins, 495.

Latchford created two additional movies, *VD-Kids Get It Too* (1973) and *Methods of Family Planning* (1972), to educate children on VD and birth control. It is unknown how often these films were shown in Canadian classrooms; however, the former was approved by the federal health department in 1973<sup>611</sup>; and the latter was purchased by the Etobicoke School Board and screened in Toronto for nurses, educators, and family planning consultants in 1972.<sup>612</sup>

Higgins attempted to show the film *Caring and Sharing*, created by two physicians, to his high school students in the early 1970s.<sup>613</sup> He decided to offer a showing after class, allowing all of his students to have an opportunity to view the film. As the opening credits ran, he was called into the principal's office by Orangeville's superintendent of education, and told to stop the film. According to Higgins, the board refused to get involved in the politics of sexual education, and teachers who felt that informing youth on sexual topics was imperative, were vulnerable. While the film was deemed "unacceptable" by the school board, the public library offered to show the film, allowing the class to watch it at an alternate location, "so we circumvented the edict of the school system."<sup>614</sup> Films and their sexual content were a source of controversy within schools; however, resourceful educators found means to override the school system's censorship and teach sexual instruction to their students that they estimated was appropriate and useful.

One of the most valuable resources at a teacher's disposal was the PHN, as she was permitted to perform demonstrations that teachers were not allowed to do. For instance,

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<sup>611</sup> "Ottawa Approves Two Films Warning Youngsters of VD," *The Globe and Mail*, October 2, 1973.

<sup>612</sup> "Contraception Film Sharp, Short, Honest," *The Globe and Mail*, March 16, 1972.

<sup>613</sup> Date of the film *Caring and Sharing* is unknown.

<sup>614</sup> Similar situation occurred in Halton County in 1975 when the Renaissance Committee screened a sexual education film "Sexuality and Communication" to parents in hopes of rallying support against sexual education. After viewing the film, parents actually favoured the film and found it informative for youth, see Herold, *Sexual Behaviour of Canadian Young People*, 171.

in the late seventies and eighties, teachers taught students about birth control methods, but the PHN could demonstrate how to put on a condom.<sup>615</sup> MacDougall utilized the services of a PHN in the seventies who brought in additional resources, and students were able to see and touch different birth control methods. He said: “I can still remember the health nurse with a penis [to show the class] how to put a condom on...we would not feel comfortable doing that, but the health nurses had done it so many times with groups and whatnot, it was a piece of cake for them.” The PHN who visited Pembroke’s class squirted contraceptive foam onto boys’ hands because it was an effective hand lotion, and the boys became familiar with different birth control products. SEOHP contributor John Moore taught grade eleven for the York Board, and within the PHE course, there were three weeks of health classes. During these classes, the PHN displayed different birth control devices, and passed them around to the students. He found that she was the best educator and a “high class, well-spoken lady.”

Wilhelm also had very positive experiences co-teaching with a PHN who had a Bachelor of Arts and a Bachelor of Education degree. As a male teacher, Wilhelm felt vulnerable when discussing sexual and controversial content with students in a co-educational classroom, and noted that “politically, it was safer to have the nurse do it.” By having a female and male co-teaching FLE, the students had multiple perspectives, but Wilhelm also stated that “the pressure was taken off me, anything that was discussed in the classroom was approved by the health nurse and so she was my back-up, and the two of us discussed the same topic. They couldn’t criticize me without criticizing her.” In the late seventies, Wilhelm’s instruction materials were viewed as controversial, and, therefore, it is understandable that he felt particularly at risk when teaching FLE. When he gave his students a pamphlet from his doctor’s office on the male and female reproductive system, a parent called it pornography, and he was no longer allowed to use the publication. Having a female PHN, whose teaching materials were approved and

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<sup>615</sup> Morgan Monroe (pseudonym), interview by author, *SEOHP*, UWO, October 7, 2013.



provided by the Ministry of Health, as well as her status as a medical professional, offered Wilhelm protection from the condemnation of parents and administrators.

Due to a lack of funding in the 1970s, the presence of PHNs declined in schools.<sup>616</sup> Furthermore, not all teachers had positive experiences with PHNs. They were not present in Bruce's classes as she was concerned that students would get the impression that she was unqualified to teach the subject. She stated that students would think: "I am not comfortable with it, [and] I need an outside expert." Another teacher remarked that although PHNs were knowledgeable, they did not have any teacher training. For instance, nurses did not require students to take notes while watching a video, and consequently a lot of them became disinterested.<sup>617</sup> Overall, SEOHP participants recounted positive and cooperative experiences with PHNs, and they provided support and collaborated with FLE teachers.

Paye utilized the resources of PHNs and wrote her own sexual education manual, *What You Need To Know*, to teach youth about their bodies and contraceptives.<sup>618</sup> After she acquired her second pregnant student, and taught a number of students who had no sexual knowledge, she saw the need for a book with comprehensive sexual material written for adolescents and she enlisted the assistance of an obstetrician. Her booklet included factual and comprehensive information for youth, and discussed puberty, intercourse, VD, a baby's development, labour, contraceptives, abortion, and included a guide for young pregnant women. When she was interviewed for SEOHP, she asserted that the main message she wanted to convey in her work was that it does not matter whether you are married or unmarried, pregnant youth are still people. She explained to adolescent pregnant girls that they are not the first girls to become pregnant unexpectedly and they

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<sup>616</sup> Katherine Bondi (pseudonym), interview by author, *SEOHP*, UWO, August 22, 2013.

<sup>617</sup> Martin MacDougall (pseudonym), interview by author, *SEOHP*, UWO, May 23, 2013.

<sup>618</sup> *What You Need to Know* is a pseudonym for Catherine Paye's sexual instruction manual.

will not be the last.<sup>619</sup> Her work offered youth practical and straightforward information on human sexuality, and cautioned adolescents to avoid behaviour when they were unprepared for the potential consequences. In the discussions of sexual behaviour, intercourse was only described within the context of heterosexual marriage as married couples have sex to express their affection and reproduce.<sup>620</sup> She also warned that men climax more speedily than women, and it is difficult for a young man to control when he reaches orgasm.<sup>621</sup> The perception that men could not govern their sexual urges coincides with popular sexual education materials during this era.

As a consequence of her publication, the members of the Frontenac School Board met to debate whether it should be recommended to the Department of Education that Paye's teaching credentials be revoked, or whether her book should be approved for classroom use. In the meantime, her work received publicity from the press in 1970, most notably in *Reader's Digest* and *The Toronto Star*.<sup>622</sup> At the Frontenac School Board meeting, a reporter from the local radio station was also present. When she entered the board meeting, one trustee left immediately to abstain, but the rest of the trustees decided that the book was appropriate for guidance purposes. They also stipulated that its use should be strictly monitored. Weeks after the board's decision, a member of the board confronted her on the street and told her never do anything like that again without asking him first, and left Paye feeling insulted. Paye was therefore reprimanded for acting alone and without permission from her male superiors. In this case, female teachers who sought to educate their students about their bodies, challenged patriarchal institutions and faced severe consequences. In the clear with her board, she received requests from all over the country for copies of her book, which she supplied at cost. In 1971, the Department of Health and Welfare asked permission to distribute her booklet and it was

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<sup>619</sup> *What You Need To Know*.

<sup>620</sup> *What You Need To Know*.

<sup>621</sup> *What You Need To Know*.

<sup>622</sup> Catherine Paye (pseudonym), interview by author, *SEOHP*, UWO, October 24, 2013.

printed in French and English, with a subsequent reprinting in 1983. While the booklet contained many insights into heterosexual teenage relationships and the challenges they faced when choosing birth control or becoming unexpectedly pregnant, it did not contain content on homosexuality.

Most of the SEOHP participants did not recall homosexuality being a leading topic in schools during the sexual revolution, but a few teachers did include the subject in their class discussions. Pembroke recalled that during his teaching career, there were a few homosexual students, and some of them committed suicide, either during high school or shortly after. The extent of homosexual adolescent suicide in Canada during the sixties and seventies is not known. In the American context, however, teenage suicide increased by 170 percent between 1950 and 1980.<sup>623</sup> Homosexual youth were perceived by social experts as being at higher risk for suicide; in addition to dealing with the emotional and physical changes that accompany puberty, they received negative messages concerning their identity and desires. As schools and learning materials enforced heteronormativity, those who deviated from this model were placed within “direct conflict with all of the traditional child-rearing institutions and support systems of our society.”<sup>624</sup> While the cause of homosexual suicide is complicated and multi-faceted, some of the leading issues include hiding who they are from others, and abuse from authority figures and peers.<sup>625</sup> A survey of curricula, teaching materials, and testimony from SEOHP reveals that, with few exceptions, resources for teachers and students on homosexuality were rare during the sexual revolution, which posed challenges to educators on how to approach the subject, and for students whose sexuality diverged from heterosexual norms.

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<sup>623</sup> Paul Gibson, “Gay Male and Lesbian Youth Suicide,” in *Death by Denial: Studies of Suicide in Gay and Lesbian Teenagers*, ed. Gary Remafedi (Boston: Alyson Publications, 1994), 17.

<sup>624</sup> Gibson, 19.

<sup>625</sup> Gibson, 20-1.

According to Herold's 1975 study on the state of sexual education in Ontario schools, homosexuality was discussed more frequently, albeit briefly, in the early seventies.<sup>626</sup> The greater acceptance of this topic can be attributed, in part, to the passing of Bill C-150, which decriminalized homosexuality. According to Kinsman, the reforms to the Criminal Code "set the stage for the emergence of gay and lesbian liberation movements and for the expansion of gay and lesbian networks and communities."<sup>627</sup> Pembroke was one example of an educator who attempted to include the topic and lead a positive dialogue on homosexuality. When discussing homosexuality in class, Pembroke explained Kinsey's research on human sexuality and stated: "if we're a normal class, there are two homosexuals in this classroom." Years later, a male student stunned by this comment, approached him. Pembroke remembered that "he was having identity issues and he was a homosexual, and I'm not sure he knew that at the time." Pembroke's dialogue on homosexuality illustrates educators resisting the heteronormative script that the state promoted. The subject could also lead to controversy and loss of employment for educators.

This environment made it particularly precarious for homosexual teachers and students. While Jones was teaching in Mitchell during the seventies, it was necessary for her to hide her sexual orientation from her students and colleagues. She recalled that homosexuality was mainly ignored and rarely discussed. There were a few students that she suspected were also gay, but she did not reach out to them because: "I was here in a small school." She felt that her career and position within the school would be terminated if her sexuality became known. Her statements also suggest that small or rural schools were less accepting of homosexuality. Her caution was justified, as a teacher, who was gay, was dismissed at Wilhelm's school in Smithville in the mid-1990s. A grade seven teacher and vice-principal that Wilhelm knew was demoted when her sexual orientation was discovered. Wilhelm recalled that parents threatened to take their children out of school, and by "the end of that school year, she disappeared from the

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<sup>626</sup> Herold, *Sex Education in Ontario Schools Part II: The Secondary Schools*, 10, 15, 27.

<sup>627</sup> Kinsman, 278.

whole school board. I have no idea where she ended up.” In 1977, gay activists recommended altering the Ontario Human Rights Commission to include “sexual orientation protections,” and the Toronto media was in support of this suggestion, as long as teachers could still be fired for homosexuality.<sup>628</sup> Gay teachers, therefore, lived in fear that they could be dismissed if their sexuality became known or suspect.

According to queer historian Michael Graydon, the presence of gay activism increased in major urban centres, such as Toronto, during the seventies. Activists began infiltrating the school system and spoke about homosexuality to youths.<sup>629</sup> In addition, students wanted more information on homosexuality as evidenced by the *Toronto Star*'s 1971 student initiated survey.<sup>630</sup> Students who were surveyed in Wellington County a year later also wanted more opportunities to discuss attitudes toward homosexuality in their FLE classes.<sup>631</sup> While gay activism made inroads in Toronto schools, most of the province's schools provided limited discussions on homosexuality.

In the sixties and seventies, the content, instruction material, and teaching techniques were in the hands of Ontario public school educators. While most classroom teachers were left with no supplies, guidelines, training, or support from their school boards, several SEOHP teachers found innovative and creative schooling methods. However, their approaches to FLE were not the norm as the majority of students received minimal sexual instruction during this era. Based on the SEOHP interviews, the goals of FLE differed amongst teachers, as some of them claimed limiting teen pregnancy was the main objective of the course, whereas others focused more on developing students' values and morals. They also did not agree on the degree to which teachers should influence students' ethics, but, to an extent, it appears that they all did, albeit not always

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<sup>628</sup> Graydon, 314.

<sup>629</sup> Graydon, 321.

<sup>630</sup> Graydon, 316.

<sup>631</sup> Herold, Kopf, and DeCarlo, 21.

intentionally. Pregnant teenagers also received more resources during the sixties and seventies, but continued to face ostracism and limited sexual education. Youths were taught that while boys were sexually aggressive, girls were sexually passive. Therefore, young women who engaged in sexual activity were regarded as abnormal and incorrigible. Despite these differences in sexual behaviour and desires, boys were given less FLE than girls as it was assumed that boys did not require as much information on puberty.

To teach youth about sexuality and other sexual topics, teachers used a plethora of resources such as PHNs, films, role playing, case studies, and activities. However, instructors were subject to criticism from parents and their school boards for materials that were deemed to be too controversial. Information that was too provocative usually included resources that challenged the family values ideology and included knowledge on birth control, alternative sexual identities, and diversification of gender roles. While the gay rights and feminist movements made advances in some school boards, their philosophies were met with resistance in others. There is evidence that instructors utilized strategies from the women's movement and challenged heteronormative and hegemonic gender roles. They resisted and subverted the patriarchal agenda to ensure that their students received accurate and comprehensive sexual instruction to help them become sexually autonomous adults. Despite widespread public support for sexual education among the public in the sixties and seventies, the Department/Ministry of Education offered nominal provisions for the creation of curricula and guidelines. As a result of the extensive projects to accommodate an increasing school age population, FLE was not a priority for many school boards who lacked the additional resources for sexual instruction. Therefore, many school boards and teachers took it upon themselves to research sexual education and develop their own programs and lesson plans. Thus far, the three levels of FLE development: government, school boards, and classrooms, have been analyzed. The following chapter will demonstrate how the actions of these three tiers played out in an Ontario municipality.

## 5 The London Board of Education: A Pioneer in Ontario Sexual Instruction

The LBE's sexual instruction program during the 1960s and 1970s was not representative of sexual education within the province; rather, it was exceptional. In most municipalities, sexual education took place informally when students asked PHNs for assistance; whereas the LBE developed comprehensive sexual instruction curricula for all grades over the course of the 1960s and 1970s. An analysis of the LBE illustrates what was possible for school boards to attain if teachers and senior administrators were motivated to instigate their own FLE programs, with little guidance from the Department/Ministry of Education. Using annual reports, curricula, press articles, and oral and commemorative histories, this chapter explores sex education within the LBE and shows that despite the challenging task of creating sexual health courses, educators and administrators felt compelled to offer sexual instruction as a result of the perception of increasing VD and adolescent pregnancy rates, and the rising presence of sexual topics in the media and within youth culture.<sup>632</sup> LBE teachers and administrators were encouraged to adopt sexual education initiatives formed by physicians, many of whom were in the public health sector or faculty at UWO. Teachers would eventually assume more teaching duties from physicians, but this process occurred haphazardly and not all students within the same school, let alone in the LBE, received the same sexual information.

London's sexual education program witnessed several transitions from the early sixties to the late seventies. During the 1970s, local feminist groups advocated for eliminating gender stereotypes in the curriculum and implementing education on rape awareness. Pressure from the women's movement resulted in several modifications to the curriculum. Despite the gains made by feminist associations, such as Womanpower, topics relating to homosexuality and openly gay teachers were avoided.

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<sup>632</sup> Teenage pregnancy rates were not recorded by Statistics Canada until 1974 and local health units complained about the inaccuracies of VD reporting during this era. See Cameron and Norquay; "Physicians Dislike Reporting VD, International Conference is Told."

When the health program was implemented in 1960, it was delivered in a lecture style format that promoted traditional sexual morality, but during the seventies, educators came to the conclusion that this method was ineffective. Instead, instructors attempted to present sexual information without bias and have students discuss the material to make their own decisions. However, the goal of upholding heterosexual monogamy remained. As a consequence of the women's movement influencing the LBE in the late 1970s, more efforts were made to eliminate gender stereotyping. As a result, girls were shown how other young women achieved success in traditionally male activities, and girls received more opportunities to explore their own interests.<sup>633</sup> The feminist movement successfully challenged women's traditional roles and girls' education more accurately reflected women's changing status in the workforce.

This chapter demonstrates that without government-sponsored programs, the LBE administration formed their own FLE guidelines in the early sixties and revised and expanded these programs over the following two decades. However, these curriculum updates did not keep pace with changing social mores. Furthermore, despite teacher education initiatives, educators were not always comfortable with the course's content.<sup>634</sup> By the late seventies and early eighties, students and physicians complained that sex education occurred unevenly across the board, and students were not receiving the necessary information to prevent STDs or teenage pregnancy.<sup>635</sup> An analysis of the LBE illustrates the limited extent to which the Department/Ministry of Education influenced sex education in the province, while also demonstrating the inconsistency between the board's designs for sex education and its actual implementation. Although comprehensive curricula were included as a result of pressure from the medical

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<sup>633</sup> London Board of Education, *Minutes: Board of Education for the City of London* (London: London Board of Education, 1976), 132.

<sup>634</sup> Smith, "Uniformity Lacking in Sex Education."

<sup>635</sup> "Earlier Birth Control Classes Urged for Schools," *The London Free Press*, December 4, 1980; "Reasonable Response to Teen Pregnancies," *The London Free Press*, December 5, 1980.



community and changing social norms, without teacher support, these programs failed to provide all students with accurate and broad sexual instruction.

Before assessing the implementation and evolution of LBE's sexual education programs, it is necessary to explain additional factors which influenced London's education system. In the early 1960s, the LBE was coping with several issues brought on by the recommendation of the Ontario Municipal Board to annex surrounding areas to the City of London.<sup>636</sup> As a result, thirty-three public schools, two secondary schools, and a total of 14,225 students were absorbed into the LBE, resulting in the board increasing in size by ninety percent.<sup>637</sup> In addition, the post-war baby boom produced rising student enrollments, creating pressure on the board to find enough classrooms, and leading to the extensive hiring of new teachers with little experience. Consequently, numerous additions to existing schools, as well as the construction of new buildings made demands on the LBE's resources.<sup>638</sup> To acclimatize new teachers to the LBE, regular inservice training took place in 1961, and it appeared that, overall, the board was satisfied with the quality of its teachers.<sup>639</sup> However, the Inspector of Secondary Schools C.M. McCallum commented that "without careful supervision the introduction of so many new teachers into the system could result in the lowering of the standard of education in the

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<sup>636</sup> London Board of Education, *The Annual Report of the Director of Education to the Board of Education for the City of London, Ontario* (London: London Board of Education, 1960), 9.

<sup>637</sup> London Board of Education, *The Annual Report of the Director of Education to the Board of Education for the City of London, Ontario* (1960), 9.

<sup>638</sup> In 1960, the LBE had 18,600 students in twenty-three elementary schools and five secondary schools. With annexation the student population increased to 32,600 students, and had fifty-six elementary schools and seven secondary schools in total. As a consequence of the baby boom and population growth, by 1969, 47,000 students were enrolled in London's public schools, therefore in ten years the board witnessed an increase of 261%. During the decade the board spent forty million on building sixteen public schools, seven secondary schools, and made additions to thirty-five public schools, thirteen secondary schools and used 112 portables. See London Board of Education, *The Annual Report of the Director of Education to the Board of Education for the City of London, Ontario* (London: London Board of Education, 1969), 5.

<sup>639</sup> London Board of Education, *The Annual Report of the Director of Education to the Board of Education for the City of London, Ontario* (London: London Board of Education, 1961), 60.

schools.”<sup>640</sup> The following year, the board hired 104 new teachers, fifty-four of whom had no previous classroom experience.<sup>641</sup> The LBE emphasized the need for inservice training to prepare teachers, but high turnover rates and new hires continued to be an issue for the municipal school system. It was, therefore, understandable that with little experience, teachers found it challenging to include sex education in their lesson plans. The obstacles and trials that the LBE faced in the early 1960s were consistent with the growing pains of the education system across the province.<sup>642</sup>

In the early 1970s, the education system was once again in transition, and in addition to coping with the increasing student population and massive building projects, the *Living and Learning* (1969) report also influenced the board. Open floor plans and team teaching were promoted within the report, but teachers were already using these methods on an experimental basis. These alterations caused chaos and disruption for many classroom teachers who found it challenging to keep their students’ attention amidst all these changes.<sup>643</sup> Through the guidance of the report, London schools began giving students a wide range of subjects to choose from and “graduation by the accumulation of

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<sup>640</sup> London Board of Education, *The Annual Report of the Director of Education to the Board of Education for the City of London, Ontario*, (1961), 60, 120.

<sup>641</sup> In 1962, the LBE had 442 secondary school teachers, 104 of which were new to the board, and fifty-four of them had never taught before, therefore twenty-five percent of secondary school teachers were new to teaching. The statistics were similar for 1963. Elementary schools had 133 new teachers, and fourteen percent turnover in 1962. See London Board of Education, *The Annual Report of the Director of Education to the Board of Education for the City of London, Ontario* (London: London Board of Education, 1962), 15-16, 24; London Board of Education, *The Annual Report of the Director of Education to the Board of Education for the City of London, Ontario* (London: London Board of Education, 1963), 20.

<sup>642</sup> Owram, 111-124.

<sup>643</sup> Walters reported that during the era of the *Living and Learning* she was pressured at times to conform to teaching trends and said “depending on what it was sometimes I stood my ground and other times I tried things certainly, but if they didn’t work or I found they really upset children, I just stopped doing them.” Regardless of the changing expectations for teachers and pedagogical trends, teachers decided for themselves and their students how they were going to teach and what they were going to teach. The 1966 annual report praised the modifications that the *Living and Learning* report endorsed such as open concept classrooms, but in the 1970s, barriers between classes were again established: see *The Annual Report of the Director of Education to the Board of Education for the City of London, Ontario* (London: London Board of Education, 1966), 9; *The Annual Report of the Director of Education to the Board of Education for the City of London, Ontario* (London: London Board of Education, 1977), 3.

subject credits [was implemented] so that students may progress in those subjects passed and repeat only those subjects failed.”<sup>644</sup> In addition, pedagogical philosophies were also shifting to promote individual student development over rote learning.<sup>645</sup> While teachers and board administrators used most of their resources to accommodate more students, create new classes, and adapt to current pedagogical trends, they also faced rising concerns from the medical community over the necessity for sexual education.

London’s first sexual instruction programs began in the early twentieth century. Upon the recommendation of the WCTU, Arthur Beall, a former missionary, gave lectures in London public schools on masturbation and Christian morality. The WCTU encouraged parents and school boards to accept Beall’s purity lectures, because of the potential harm ignorance posed to children if they remained unaware of the problems relating to sexual matters. The sexual instruction that Beall provided was based on religion as well as science, and promoted abstinence along with sexual restraint.<sup>646</sup> Beall ceased lecturing in the 1930s. Agnes Haygarth, a nurse employed by the Ontario Health Department, gave health lectures to school children in London, and across Ontario, during the Depression. In 1941, the LBE asked permission from the Department of Education to create a sexual education program and Winnifred Ashplant, a nurse and girls’ health counselor for the LBE, worked with physical training instructors to organize lessons for girls. LBE school health officer Dr. J.R. Wilkie led a similar course for boys. The course was included as part of the PHE curriculum and it was claimed that “the emphasis is not placed on sex, but is deliberately thrown onto the balance of the program in an effort to discourage any morbid tendencies in students. Moral and physical concepts are both

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<sup>644</sup> In general, Canadian school systems struggled with building projects, lack of experienced teachers, increasing enrolment, and the amalgamation of school boards. See *The Annual Report of the Director of Education to the Board of Education for the City of London, Ontario* (1962), 11-13. Prior to the introduction of *Living and Learning*, students would repeat the whole program if they failed in one area.

<sup>645</sup> Gidney, 69.

<sup>646</sup> Barrett, 21.

included.”<sup>647</sup> There was no elaboration on students’ “morbid tendencies,” but it can be assumed that VD was perceived as rising during the Second World War, and that these tendencies referred to sexual activity or masturbation. Instead of focusing on VD, however, Ashplant concentrated on students’ emotions and sexual development as part of preparing students for democratic citizenship.<sup>648</sup> In 1943, the course was hailed as a success in the press, and, according to Superintendent of Schools G.A. Wheable, no other school district was attempting a similar course.<sup>649</sup> The Toronto board did not start organizing a program until the following year. Little is known about when and why this course was cancelled, and there is currently no research on the state of sexual instruction after the Second World War in London.

In 1960, physicians and nurses began offering sex education lectures on a trial basis to grade thirteen girls.<sup>650</sup> Dr. Gordon Preuter, an assistant clinical professor in obstetrics and gynecology at UWO, was a LBE trustee and instrumental in organizing sexual instruction lectures and programs for London students. Through his influence, speeches were given to students by prominent physicians in co-operation with the London Academy of Medicine (LAM).<sup>651</sup> It is possible that medical doctors and members of the LBE created the program under the assumption that girls had more need for sexual instruction since they experienced menstruation and were at risk for teenage pregnancy. These views were prevalent in sexual education programs across the province during this era.<sup>652</sup> There is no evidence that explores the female students’ reactions to these talks,

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<sup>647</sup> “Sex Education Taught Here Now,” *The London Free Press*, May 21, 1943.

<sup>648</sup> Sethna, “The Facts of Life: The Sex Instruction of Ontario Public School Children, 1900-1950,” 213.

<sup>649</sup> “Sex Education Taught Here Now.”

<sup>650</sup> London Board of Education, *Minutes: Board of Education for the City of London* (London: London Board of Education, 1960), 177.

<sup>651</sup> *The Annual Report of the Director of Education to the Board of Education for the City of London, Ontario* (1961), 14.

<sup>652</sup> Sethna, “The Cold War and the Sexual Chill: Freezing Girls Out of Sex Education,” 59.

but the physicians who were interviewed by the press found that their experiences were quite unique when compared to anything they had previously encountered. One physician lectured to a large group of teenage girls, and failed to receive a single response from his audience. He recounted: “They just sat there and looked at me...I thought I’d done a terrible job. They didn’t ask a single question.”<sup>653</sup> The following day, a school nurse recommended that he ask students to put their questions in writing, and then he would answer them in front of everyone. He received two hundred letters from the students.<sup>654</sup> It may have been a complicated age dynamic for those involved in these experimental health and sexual education classes. Evidently the female students felt uncomfortable addressing questions to the speaker because they feared embarrassing themselves in front of their peers and/or conversing about these issues with an older male authority figure. Through these lectures, physicians were able to manipulate these perceptions of female sexuality. They determined what information was necessary for female development and propagated ideas of female sexual submission.

In 1961, Dr. D.A. Hutchison, London’s MOH, informed the LBE that VD rates among London teens had risen and the Board of Health recommended more health education for grades nine and ten.<sup>655</sup> A month later, the LBE’s School Health Committee met with teachers from the Boys’ and Girls’ Physical Education Departments and representatives of the LAM, including Dr. M. P. Wearing. It was decided that LAM’s members would give refresher lectures on nutrition, athletic injuries, adolescents and mental health, alcoholism, and social diseases to PHE teachers.<sup>656</sup> Two lectures, in late February or early March, would be given to grade eleven girls and boys by members of the LAM to complement pre-existing health courses. The classes would be segregated based on

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<sup>653</sup> C.B. Whipp, “Sex Course Acceptance ‘Amazing,’” *The London Free Press*, July 8, 1962.

<sup>654</sup> Whipp.

<sup>655</sup> London Board of Education, *Minutes: Board of Education for the City of London* (London: London Board of Education, 1961), 225.

<sup>656</sup> London Board of Education, *Minutes: Board of Education for the City of London* (1961), 277.

gender and it would be arranged that doctors would work in teams, and schedule the boys' and girls' lectures at the same time. In addition, the same physicians would hold sex-segregated sexual health lectures for boys and girls in grade eight on an experimental basis.<sup>657</sup> Dr. Preuter noted that the purpose of the program was “to explain the normal functions in a normal way to prevent emotional difficulties that often upset future health.”<sup>658</sup> Consequently, heterosexuality was promoted as the ideal and those whose sexuality deviated from this model were ostracized and isolated. It was thought necessary to present sexual education without any tantalizing material that would encourage promiscuity.<sup>659</sup> The plan advocated training for PHE teachers and students attending teachers' college while physicians lectured on the “medical aspects of reproduction, childbirth, venereal diseases and other subjects.”<sup>660</sup> Even though it was acceptable to the public and school board administrators for health educators to teach healthful living and fitness, for the time being, subjects relating to sex and reproduction were to remain under the authority of medical personnel. Physicians performed lectures without charging the LBE for their time or services because the “medical profession is so concerned with the problem [of venereal disease and teen pregnancy].”<sup>661</sup> It was understandable that medical doctors were behind the development and implementation of sex education as they witnessed the effects of teenage sexual activity in their clinics and hospitals, and they hoped their lectures would reduce incidences of teenage pregnancy and VD.<sup>662</sup> Furthermore, they had the ability to instill heterosexual and patriarchal norms that promoted male dominance in familial relationships.

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<sup>657</sup> London Board of Education, *Minutes: Board of Education for the City of London* (1961), 277-8.

<sup>658</sup> “Charting Plan Termed Unique for City Use,” *The London Free Press*, September 13, 1961.

<sup>659</sup> Tompkins, 405.

<sup>660</sup> “Charting Plan Termed Unique for City Use.”

<sup>661</sup> “Against Sex Education for Grade 1 Students,” *The London Free Press*, July 2, 1962.

<sup>662</sup> “Charting Plan Termed Unique for City Use”; Dr. D. A. Hutchison, a MOH, who was involved in the development of the LBE's health education programs, was alarmed about the high rise in VD among recent high school graduates and remarked that “most of the victims have no idea whatever of the dangers of their

In defense of these medical professionals, Dr. Robert Kinch, the head of the Obstetrics and Gynecology Department at UWO, argued that their lectures supplemented the health teacher's course and they could offer students sexual instruction "which might be too embarrassing for their teachers or parents to convey."<sup>663</sup> The perception that sexual topics were "embarrassing" was a common theme since at least the Second World War.<sup>664</sup> It was assumed by physicians and educators that discussions of the body and its sexual functions would elicit uncomfortable reactions. However, there is very little evidence that examines whether or not students were actually humiliated by these dialogues. Most likely, the source of this discomfort for teachers was their unfamiliarity with or lack of training on the subject of reproduction and puberty. Although they knew the processes, they may not have had the vocabulary to express it or were uncertain of the science involved. Herold's 1975 survey of sex educators in Ontario revealed that some teachers had "feelings of embarrassment when dealing with certain topics."<sup>665</sup> However, his analysis did not explore why teachers had these reactions. According to medical doctors, it was essential for them to be in control of the regulation and instruction of sexual information, as they perceived themselves to be the only ones qualified to give students enough insight into sexual matters without discomfort, and to dispel any misconceptions about reproduction and puberty.<sup>666</sup> However, their previously discussed testimonies suggested that even doctors experienced discomfort as sex educators.

Within the lecture series, senior high school girls were taught about male and female anatomy, fertilization, menstruation, the rhythm method, nocturnal emissions, and

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pre-marital sexual activity and promiscuity." Thus, the material presented to students emphasized avoiding pre-marital sexual activity as it would lead to disease and pregnancy. See Whipp.

<sup>663</sup> R.A. Kinch, "Adolescent Sex Education," *Annals of the New York Academy of Science* 142, no.3 (May 10, 1967), 826. Dr. Kinch also wrote a textbook in 1967 that detailed the process of female puberty. See Robert Kinch, *A Time of Change* (Toronto and Montreal: Holt, Rinehart and Winston of Canada, 1967). None of the physicians who gave health lectures at this time were female.

<sup>664</sup> Comacchio, 78.

<sup>665</sup> Herold, *Sex Education in Ontario Schools Part II: The Secondary Schools*, 19.

<sup>666</sup> Unfortunately there are no records of the students' interactions with female nurses.

masturbation. Female students were informed that the nature of the male response was similar to “an express train with a quick ‘point of no return’ and [...the female was likened] to a freight train with greater ease of control.”<sup>667</sup> Students were taught that since girls had greater command over their sexuality and sexual urges, they were accountable for setting the pace of their sexual relationships and activities. Although physicians’ reasoning appears to be based on biology, their lessons had the potential to alleviate male responsibility within the sex act. Kinch argued that “because of the difference in sexual arousal between boy and girl, it should be the girl who puts the brakes on, if only for self-preservation.”<sup>668</sup> Nor should she fall prey to boys’ assurances that there is a safe period or that he is sterile.<sup>669</sup> It was, therefore, the girl’s responsibility to avoid sexual intercourse without hurting his feelings.

Girls were told that boys were only interested in sex for sex’s sake and to prove their masculinity, whereas, girls had sex for love and to keep their boyfriends interested. They were given the impression that they had few sexual impulses or desires. The reliance on gender-based stereotypes to explain sexual behaviour resulted in a perpetuation of the battle of the sexes: boys pursued girls to demonstrate their virility, and girls used sex to secure a steady boyfriend.<sup>670</sup> London public school teacher Benson stated that “males and females don’t really understand each other that well, because they have a different value set. Their objectives are different, so what you would try to do is present the physical mechanics of the situation, [and] the changes that come when the onset of

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<sup>667</sup> Kinch, 827.

<sup>668</sup> Kinch, 829.

<sup>669</sup> Kinch, 826.

<sup>670</sup> In a discussion of male and female sexual relationships, Dr. Kinch explained that “intercourse for a teenage boy is usually a conquest with no thought of consequences and often an assault without respect, or an attempt to prove something to himself or to his peers. He has no risk of pregnancy. To her, intercourse meant much more and is something that changes her whole attitude to the boy, although he may not realize this.” His statements can be interpreted to mean that boys engage in sexual activity without thought to consent or a female’s feelings, which would become a sexual education concern in the 2010s. He also suggests that women develop feelings of love and intimacy when engaging in sexual intercourse, and her male partner may not be aware of those emotions. See Kinch, 827.



puberty occurs.” To get his point across, Benson told girls in his grade eight class that “you have to realize that a fourteen or fifteen-year-old boy that you may be interested in, looks upon you pretty much as just a place to put his penis.”<sup>671</sup> Walters, another London public school teacher, offered similar knowledge to her students as well. According to her, “boys certainly view it as a conquest. There is no doubt about that. But I think for most girls it’s like a gift. It’s something that you give to your partner.” The attitude that boys wanted sex while girls did not, and girls were expected to avoid males’ advances, was perpetuated in the classroom. These descriptions were based on essentialist interpretations, and gave boys and girls the impression that there were no alternatives to male and female sexual relations. If female students chose to engage in sexual activities, they were warned of the emotional and physical consequences.

Dr. Kinch explained that “pre-marital sexual intercourse is practically always associated with feelings of guilt,” following the act.<sup>672</sup> Although it was not stated directly to students that sex should only take place within marriage, it was emphasized by this sex educator that “sexual intercourse is an integral part of the married state,” and within these confines couples have mature sexual relations and focus on pleasing the other person over his or her own sexual gratification.<sup>673</sup> Until such a time that youth are able to engage in mature sexual relationships, boys should take cold showers and play sports, while girls should take home economics.<sup>674</sup> The main reason youth should avoid premarital and teenage sex was pregnancy. Dr. Kinch informed girls that sex could cause

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<sup>671</sup> Mr. Benson went on to say “I mean that’s true, that’s how boys at the ages of fourteen to seventeen look at the whole issue. They don’t care about a commitment to a person. Now that’s an unfair generalization of course, because there are specific people that would look upon things quite differently, but not the norm at all.” When asked how the girls responded to this information, Benson stated that “well, they don’t comment. But, if you have a relationship with the class and you’ve known them all along, they’ll take your word for it.” He, therefore, assumed that since there was no response, his female students were in agreement with him, when that may not have been the case.

<sup>672</sup> Kinch, 829.

<sup>673</sup> Kinch, 829.

<sup>674</sup> Kinch, 829.

ovulation, and they could conceive at any time. Furthermore, girls could even get pregnant through “intercourse without penetration, or ejaculation in the region of the vulva.”<sup>675</sup> Girls were basically told that any form of sexual activity could lead to pregnancy, and they were given no tools to prevent conception other than abstinence. Since Dr. Kinch made these claims about women’s fertility in a report that was published in *The Annals of the New York Academy of Sciences*, he genuinely believed these claims and, in this instance, he was not using scare tactics in his lectures. In the late sixties, many tests existed to determine if a woman was ovulating, but they were unreliable and therefore, Dr. Kinch’s ideas concerning ovulation were most likely a result of physicians’ inability to ascertain whether a woman was ovulating or not.<sup>676</sup> Physicians complied with the LBE’s request to avoid discussing contraception in their lectures. However, the principles of birth control could be stated during the question period.<sup>677</sup> This subversion illustrates physicians’ resistance to the school board’s policies, as birth control was necessary for successful family planning.

The term “sex education” was never used by the school health committee. According to Director of Education Adolf Burton Lucas, the program’s purpose “was much broader... It would encompass many problems of social adjustments at home and with

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<sup>675</sup> Kinch, 829.

<sup>676</sup> In 1967, Dr. J.L. Jackson remarked “Many methods have been used to attest the occurrence or nonoccurrence of ovulation. The shortcomings of the basal body temperature graph, fern test, urinary 24-hour pregnanediol assays, glucose strip test, pituitary gonadotropins, and rat hyperemia test are known to all who have used them in the environment of a private practice or even a clinic.” If tests were performed after intercourse to determine if penetration had caused ovulation, these tests would not have been able to accurately conclude if ovulation was actually taking place, due to the inaccuracy of these texts at this time. See J.L. Jackson “How Much Estrogen Is an Antioviulatory Dose in a Sequential Regimen” in *Progress in Conception Control* 1967, ed. David Charles (Philadelphia and Toronto: JB Lippincott Company, 1967), 42.

<sup>677</sup> Physicians explained to their students “that the time to learn these principles is at the time of the premarital examination. We approve of this approach, as explanation of these principles might do away with amateur experimentation on the part of those hardy souls who insist on trying it.” Kinch was fairly vague in his description of contraceptive information, but it appears that the purpose of birth control was explained. See Kinch, 830.

young people of their own age.”<sup>678</sup> The avoidance of the term was in line with the Ontario Department of Education’s early 1960s recommendation that anything that stipulated sexual education should be excluded to avoid controversy.<sup>679</sup> Disagreements and tension over health and sexual education did not materialize from the public. A LAM physician commented that “there has been not one letter to the editor complaining of the program, not one high school principal has had a letter of complaint from a parent and the LBE has had no complaints... In fact, some of the high school principals have had calls congratulating them on the program. We haven’t even had crackpot letters.”<sup>680</sup>

The lack of negative feedback encouraged administrators to expand the curriculum to include earlier grades, but it appeared that issues relating to sex were reserved for higher grades. In 1961, Dr. Preuter asserted that “we recognize that there are some students in Grades 9 and 10 mature enough to assimilate health education lectures as we visualize them for Grade 11, but we are also aware that there could well be many students just entering adolescence, who would be worried and confused.”<sup>681</sup> Thus, organizers of the sexual health lectures were concerned about the consequences of giving sensitive information to students who were not yet mature enough to understand the subject matter. *The London Free Press (LFP)* reported on the Western Canada Student Teachers’ Conference (1962) in Calgary, which promoted informal sexual education in grade one, and then formal instruction in grade six. The brief presented at the conference claimed “students should discuss sex without shame and embarrassment; acquire an appreciation of their roles in the chain of human propagation; be made aware that sex is a natural human function; be taught to look upon sex and love as a constructive force necessary for

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<sup>678</sup> “Consider Health Lectures,” *The London Free Press*, June 18, 1961.

<sup>679</sup> Canadian Education Association, 6.

<sup>680</sup> Whipp.

<sup>681</sup> “Charting Plan Termed Unique for City Use.”

a happy home life.”<sup>682</sup> However, not all Londoners were willing to accept the inclusion of sex education in the primary grades. LBE teacher Edgar Jeffery claimed that sex education was only one aspect of health education, and should be limited to secondary schools where it was being administered sufficiently by medical professionals.<sup>683</sup>

In January, 1963, members of the LBE’s Health Committee, Burdon and Dr. Wearing, gave a status report on the schools’ health courses. They claimed that the lectures “were well received and very valuable to the staff and students.”<sup>684</sup> The report recommended that these lectures continue and be expanded to include younger male and female students. It also identified a need for health courses for students from grades one to thirteen. Furthermore, the report suggested teaching academic students and vocational students separately as it was noted that students reacted to the lectures differently based on their scholastic stream.<sup>685</sup> As no further information or detail was given, it can only be speculated that non-academic students were deemed less mature or required different information or teaching styles. MacDougall, who taught high school PHE classes in Chatham, noticed that there was a dissimilarity between the academic and vocational streams. The academic students were well-behaved and thrived in lecture style classes, whereas the non-academic students were not interested in copying notes from the board and preferred open discussions of topics that related to their personal experiences. It is probable, therefore, that the LBE also noticed variances in learning styles and recommended adjusting health classes to suit the needs of these two groups. Later that year, the LBE’s health committee met with Dr. B.L. Hession, the President of the LAM, Dr. Kinch, A.P. Bates of the Children’s Aid Society, and nineteen London secondary students to discuss methods of revamping the high school’s health curriculum. The LBE

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<sup>682</sup> “Against Sex Education for Grade 1 Students.”

<sup>683</sup> “Against Sex Education for Grade 1 Students.”

<sup>684</sup> London Board of Education, *Minutes: Board of Education for the City of London* (London: London Board of Education, 1963), 29.

<sup>685</sup> London Board of Education, *Minutes: Board of Education for the City of London* (1963), 29.

actively sought the input of students and the community when moving forward with alterations to the sexual health program.<sup>686</sup>

When it came to teaching sexual education to inner city students and those who lived in more suburban areas, teachers had to vary their lesson plans to accommodate the specific needs of these different socio-economic groups. Walters remarked that students at an urban inner city London elementary school “came in with language that would curl your hair in kindergarten.” When she worked at a downtown high school with grade nine students, she was shocked to hear the language they used to describe sex and their body parts. She stated: “they know all the street terms for everything. They simply don’t understand any of it. And you really have to keep that in mind when you’re teaching...they don’t know the proper words to describe their body.” According to this educator, students from a lower socio-economic background were more familiar with sexual terms and discussed these topics with crude mannerisms; however, they did not necessarily know the full implications of what they were saying. To compensate for their early exposure to sexual topics outside of school, Walters and her colleagues included the reproductive system in grade nine, even though it was not part of the curriculum until the senior grades.

In 1964, the Obstetrics and Gynecology Department in the Faculty of Medicine at UWO, began a study of unwed mothers from the ages of thirteen to twenty. The physician in charge of the study, Dr. Wearing, expected that the results would demonstrate that sex education should start in grades nine and ten, as there were high rates of pregnancy among fifteen and sixteen year-olds.<sup>687</sup> He argued that “by the time teen-agers are 15 they are either well informed or grossly misinformed on sex...It is believed this may have some bearing on the high incidence of pregnancy among 15 to 16-year olds.”<sup>688</sup> Children

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<sup>686</sup> London Board of Education, *The Annual Report of the Director of Education to the Board of Education for the City of London, Ontario* (1963), 211.

<sup>687</sup> “Launch Study of Unwed Mothers,” *The Globe and Mail*, June 5, 1964.

<sup>688</sup> “Launch Study of Unwed Mothers.” UWO was not the only institution to organize a study on teenage motherhood. Another was done in Vancouver in 1969, see David Claman, Barry Williams, and L. Wogan,

who did not receive appropriate guidance from their parents in terms of sexual matters, were going to seek it elsewhere, and the school was viewed by London medical professionals and educators as a suitable place for students to develop healthy attitudes towards their developing bodies as well as appropriate sexual behaviour, such as abstinence.

Dr. Wearing and other medical professionals argued that parents did not give their children adequate training and information when it came to their bodies and health. Dr. D. M. Cram, one of the doctors who headed the sex education program in London, claimed that “parents give sex education without talking about reproductive organs.”<sup>689</sup> Dr. Wearing concurred that his study on teen pregnancy found that “most [girls] thought their parents had taught them badly.”<sup>690</sup> Furthermore, out of the thirteen girls participating in his study, almost half of them had working mothers, suggesting that their mothers’ forfeited their maternal role, and failed to fulfill their parental obligations by leaving their daughters unprepared and ignorant about sex, as well as unsupervised. Dr. Kinch also blamed uninformed parents for youths’ misconceptions about sex.<sup>691</sup> In 1967, he distributed a questionnaire at the LBE and found that twenty-nine percent of girls and sixty-seven percent of boys received no sex education from their parents and, of those, only forty-two percent of girls and ten percent of boys claimed that the information given to them from their parents was sufficient.<sup>692</sup> In other words, students themselves felt that their sex education at home was inadequate and wanted more instruction in grades nine and ten, as well as in grades seven and eight.<sup>693</sup> These criticisms of parents

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“Reaction of Unmarried Girls to Pregnancy,” *The Canadian Medical Association Journal* (September 20, 1969): 328-334.

<sup>689</sup> “Parents Teach Sex Never Anatomy: MD,” *The London Free Press*, November 2, 1965.

<sup>690</sup> “Launch Study of Unwed Mothers.”

<sup>691</sup> “Don’t be Flippant on Sex Professor Tells Teachers,” *The Globe and Mail*, April 12, 1966.

<sup>692</sup> Kinch, 825. The survey consisted of 1,126 grade ten, eleven, and twelve students at London secondary schools.

<sup>693</sup> Kinch, 825.

were common across the province. Apprehension over increasing occurrences of VD and teen pregnancy, and parents' failure to thoroughly inform their children led to the introduction of sex education and FLE at younger levels.

In 1964, a revised course outline in health education for secondary schools was submitted by the Health Committee to the LBE for approval, and the following year, LAM members offered inservice training to health instructors.<sup>694</sup> Members of the medical community continued to support the health program that its proposers had implemented, and provided resources to schools that included guest lecturers. By the mid-1960s, public school students were receiving sexual education in their health classes within the junior grades of high school and the senior grades of elementary school. Medical doctors justified the expansion of sexual education to grade ten students, as they “frequently associated with older, more sophisticated boys,” but were “not so obsessed with sex as their older fellow-students.”<sup>695</sup> Therefore, grade ten was an opportune time to teach reproduction, because students were “more likely to learn the lessons than treat them as objects of levity.”<sup>696</sup> In 1966, physicians in charge of sexual education argued that it was better to teach students the facts of life before youth were interested in sex, and from credible sources, instead of older classmates providing instruction in peer group settings.<sup>697</sup> This argument was different from the claim made by Dr. Preuter in 1961 that many grade nine and ten students were not ready for sexual knowledge. However, younger students did not receive the same details and information in their health classes as their older schoolmates.<sup>698</sup> The LBE was also concerned about keeping parents informed of the health course's content and Drs. Cram, C.W. Maddeford, Wearing, and

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<sup>694</sup> London Board of Education, *Minutes: Board of Education for the City of London* (London: London Board of Education, 1964), 326.

<sup>695</sup> Simpson.

<sup>696</sup> Simpson.

<sup>697</sup> Simpson.

<sup>698</sup> “Parents Teach Sex Never Anatomy: MD.”

J.H. Walters met with parents at Central Secondary School in 1966 to discuss health education.<sup>699</sup> However, it is unknown how many parents attended.

The incorporation of sexual topics into health education appeared to make sexual instruction more palatable to the public. According to Dr. Cram: “incorporating sex education into a program of general health education had made the subject acceptable to many persons.”<sup>700</sup> To avoid tension and anxiety over sex education, the material relating to sexual instruction was explained to students using scientific terms and examples. For instance, in grades nine and ten, students learned about the nature of VD along with colds and hepatitis, because all three are communicable diseases. Similarly, in anatomy classes, youth were taught that “the reproductive system is just another system like the digestive and respiratory systems.”<sup>701</sup> Dr. Cram asserted that this was an effective strategy for teaching sex education because “putting sex in the context of science removes the emotion surrounding the subject.”<sup>702</sup> This method of teaching was probably similar to how physicians themselves learned about sexual topics; based on their education, it was fitting to adopt the same approach in public school health instruction. However, scientific descriptions of reproduction and sexual maturation were far from objective and promoted female processes as inferior to men’s reproductive abilities. For instance, sperm was depicted in textbooks as aggressively pursuing an egg. According to anthropologist Emily Martin’s research, the egg is not as passive as it has been portrayed and actively draws in sperm.<sup>703</sup> Regardless of what methods physicians used to teach sexual topics, they were grounded in patriarchal ideology.

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<sup>699</sup> London Board of Education, *Minutes: Board of Education for the City of London* (London: London Board of Education, 1966), 146.

<sup>700</sup> “Parents Teach Sex Never Anatomy: MD.”

<sup>701</sup> “Parents Teach Sex Never Anatomy: MD.”

<sup>702</sup> “Parents Teach Sex Never Anatomy: MD.”

<sup>703</sup> Emily Martin, “The Egg and the Sperm: How science has constructed a romance based on stereotypical male-female roles,” *Signs* 16, no.3 (Spring 1991), 489-92.



It was not until 1967 that the Ontario Department of Education implemented a course outline on reproduction for grades seven to ten; however, it was not mandatory. By this time, London already had a program in place.<sup>704</sup> Girls within this grade range learned about menstruation, growth and development, physiology, and anatomy to prepare them for puberty. Boys, on the other hand, were shown a filmstrip that covered similar material. After the filmstrip, the boys were expected to engage in a group discussion with a physician or, if he was unavailable, a male teacher.<sup>705</sup> Sex segregated classes for sexual instruction were promoted as early as the beginning of the twentieth century when the WCTU advocated for male doctors to teach boys and “lady doctors” to teach girls.<sup>706</sup> It is possible that educators preferred organizing talks with members of the same sex for students, considering the sensitive nature of the subject matter and students’ maturity levels. However, their preferences exposed a gender bias: male physicians, as a consequence of their medical knowledge, were able to discuss these topics with both girls and boys, whereas nurses, who had more experience with students on a daily basis, were not considered suitable candidates to teach boys about puberty and physical development.<sup>707</sup> Rather, a male teacher who may not have had any knowledge of health and sexual maturation was preferred at this time.

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<sup>704</sup> In 1965, school children of even younger ages were receiving instruction on reproduction and puberty in grades five to eight by a school nurse. In 1960, nurses made 496 visits to secondary schools and in 1963, they made 841 school visits. See London Board of Education, *The Annual Report of the Director of Education to the Board of Education for the City of London, Ontario* (London: London Board of Education, 1965), 17; London Board of Education, *The Annual Report of the Director of Education to the Board of Education for the City of London, Ontario* (1960), 74; London Board of Education, *The Annual Report of the Director of Education to the Board of Education for the City of London, Ontario* (1963), 63.

<sup>705</sup> London Board of Education, *The Annual Report of the Director of Education to the Board of Education for the City of London, Ontario* (1960), 17.

<sup>706</sup> Mariana Valverde, *The Age of Light, Soap, and Water: Moral Reform in English Canada, 1885-1925* (Toronto: McClelland and Stewart, 1991), 75.

<sup>707</sup> While nursing was a profession open to men and women, all references to nurses during the sixties and seventies which were used in this study referred only to female nurses and indicates their dominance in the nursing profession.

In the sixties and seventies, London was regularly re-evaluating its programs to mirror social trends that were constantly in flux. In 1967, School Medical Officer Dr. Cram, along with Burdon and Roberts, presented a new grade nine health and family living course to the LBE that was authorized for use in London schools.<sup>708</sup> In the same year, Director of Education W.D. Sutton argued that education needed to keep pace with the changing social, economic, and global realities. He stated that

this generation is living and learning in a world where changes occur much more rapidly than in their fathers' school days, education is evolving new concepts that encourage young minds to think for themselves...All must realize that the rigid, narrow mind, containing only the dogmas and memory work of others, will be unable to cope in a society where knowledge doubles several times during a lifetime.<sup>709</sup>

To meet the demands of a rapidly changing society, the LBE made several alterations to its family life curriculum. When the program began, it contained “strong moralistic overtones.”<sup>710</sup> By the late sixties, however, physicians considered it objectionable to impose their own values and morals onto students. Dr. Prueter explained that: “The doctor’s job is to present the matter in an objective, non-judgmental, unbiased fashion... We can help the student develop his own set of values without affecting his right of self-determination.”<sup>711</sup> Dr. Kinch similarly stated that the purpose of sex education is “not to prevent pregnancy or venereal disease, but to ‘give teen-agers the knowledge they need to make their own decisions.’”<sup>712</sup> This shift in methodology was a significant change from the preaching style of physicians and early sex educators. The break from this teaching trend coincided with emerging student radicalism in the late sixties and early seventies, which demanded greater acceptance of students’ various forms of self-expression. In 1969, the LBE ended corporal punishment and the use of the strap in schools. Educators claimed that this change to school discipline “reflects [the]

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<sup>708</sup> London Board of Education, *Minutes: Board of Education for the City of London* (1967), 593.

<sup>709</sup> London Board of Education, *The Annual Report of the Director of Education to the Board of Education for the City of London, Ontario* (London: London Board of Education, 1967), 4.

<sup>710</sup> Joan Hollobon, “Sex Education is Called Earliest Care for Next Generation,” *The Globe and Mail*, May 11, 1968.

<sup>711</sup> Hollobon, “Sex Education is Called Earliest Care for Next Generation.”

<sup>712</sup> “Don't be Flippant on Sex Professor Tells Teachers.”

development of a more relaxed and permissive atmosphere in schools which, in turn, reflects similar trends in society.”<sup>713</sup>

Although educators intended for students to make their own decisions based on “accurate” sexual information, it was hoped that through education, youths would understand that responsible decisions meant avoiding pregnancy and VD. Educators were still expected to influence students’ ethics and values, but in a more subtle manner. Dr. Cram explained that in addition to biology, students were also exposed to different perceptions of love. He claimed: “Teen-agers must learn that infatuation is not love, that sex is not love. In teaching about love, there must be a full explanation that...there are many kinds of love – of God, mother, father, heterosexual. We must teach what specifically makes a good marriage.”<sup>714</sup> What made a “good marriage” was not elaborated upon, although it can be assumed that heterosexuality was a necessity. His statements demonstrate that the goals of sexual instruction had not changed, merely the means. Heterosexuality, abstinence before marriage, marriage, and monogamy were still enforced, and students were expected to learn these cultural norms through class discussion instead of lectures. It was necessary to allow students opportunities for debate, while guiding them towards socially acceptable standards of sexual behaviour. These methods were previously endorsed as part of the progressive education reforms of the 1920s and 1930s, but this is the first time they were incorporated into sexual education in Ontario.<sup>715</sup>

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<sup>713</sup> Mac Haig, “Teacher-Student Roles Changing Radically,” *The London Free Press*, June 3, 1972.

<sup>714</sup> “Don’t be Flippant on Sex Professor Tells Teachers.” The specific reason for Dr. Cram’s emphasis on heterosexuality in his statement on sexual education is unknown. In 1968, Dr. Preuter told *The Globe and Mail* that there was a lot of interest in homosexuality four years ago (1964). While Dr. Cram made his comments two years later, it is possible that he felt the need to highlight heterosexuality to offset students’ curiosity in homosexuality, and make it clear that this form of sexual expression was excluded from appropriate types of love. See Hollobon, “Sex Education is Called Earliest Care for Next Generation.”

<sup>715</sup> See Christou, 7.

In the late 1960s, some students became emboldened when asking questions on sexuality. When Dr. Preuter taught a health class to students in 1968, a boy asked, in front of the whole class, why Dr. Preuter would not prescribe the pill to his fifteen year old girlfriend, even though it was not yet legal. He was surprised that the boy was “willing to get up and argue the matter in front of his friends and I must admit he had me backed into a corner on several occasions.”<sup>716</sup> This student’s actions contrast with the reactions of the female students who received sex education earlier in the decade. Dr. Preuter responded to the student that “I would give the pill to a mature individual and a 15-year-old is not a mature individual...It would also be contributing to juvenile delinquency to give the pill to a girl of 15. If she were over 17 I would sooner have her on the pill than get pregnant.”<sup>717</sup> Medical doctors positioned themselves as the authorities on teen sexuality, and it was left to their discretion whether young girls were mature and responsible enough to have sex. Medical physicians throughout the twentieth century promoted themselves as experts on sex and sexuality.<sup>718</sup> Their influence transcended the confines of medicine, and due to their education and knowledge, many of them proclaimed their authority in the sphere of social control and sexual regulation. As is evidenced by the analysis of Carolyn Strange, Tamara Myers, and Cynthia Comacchio, social reformers in the twentieth century often linked female youth’s sexual activity with delinquency.<sup>719</sup> Girls who had premarital sex were often deemed aberrant and unsound in mind and body. The message was clear: it was abnormal for girls to be interested in sex, as they were viewed as sexual gatekeepers, with more control over their sexual urges than males.

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<sup>716</sup> Hollobon, “Sex Education is Called Earliest Care for Next Generation.” A decade prior to this incident, students resisted asking questions openly to educators, but were becoming bolder in the seventies. See Gidney, 84-5 for more on student protest.

<sup>717</sup> Hollobon, “Sex Education is Called Earliest Care for Next Generation.”

<sup>718</sup> See Sethna, “Facts of Life: The Sex Instruction of Ontario Public School Children, 1900-1950,” 64, 88.

<sup>719</sup> Carolyn Strange, *Toronto’s Girl Problem: The Perils and Pleasures of the City, 1880-1930* (Toronto, Buffalo, and London: University of Toronto, 1995), 130-139; Tamara Myers, *Caught: Montreal’s Modern Girls and the Law, 1869-1945* (Toronto, Buffalo, and London: University of Toronto, 2006), 177-203; Comacchio, 29-32.

In January, 1969, the LBE endorsed the development of a new health and sex education program for students from kindergarten to grade thirteen to begin in September. Topics included similarities and differences between boys and girls with respect to appearance, interests, activities, puberty, reproduction, and familial roles.<sup>720</sup> Associate Superintendent of Curriculum Robert Macaulay told the press that the new elementary school course was prompted by a report on the use of drugs, tobacco, and alcohol by high school students.<sup>721</sup> The report was based on a survey administered by the Ontario Addiction Research Foundation. This survey was also undertaken by other municipalities, such as Toronto.<sup>722</sup> It claimed that students needed to understand these substances before they were given an opportunity to experiment with them, “and then hope they make the right choice.”<sup>723</sup> This course of action was supported by the Ontario Department of Education which had recently added substance abuse to its 1969 curriculum *Growing into Maturity In a Changing World and Family Health in a Changing World*.<sup>724</sup> As a result, the LBE created course content based on local demand and Department guidelines.

With the decline of religion’s influence in the lives of Canadians, schools were expected to assume the role of moral educators. In 1970, the LBE Director of Education, J.N. Given, noted that

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<sup>720</sup> “Course in Health, Sex Endorsed,” *The London Free Press*, January 18, 1969.

<sup>721</sup> George Hutchison, “Youth Drug-Use Report Brings Health Course,” *The London Free Press*, April 12, 1969.

<sup>722</sup> Former London trustee W.R. Buchner claimed that the school survey was invalid, because the students did not answer the questions seriously. Students were constantly being evaluated and pigeon-holed as delinquents and deviants. See “School Survey Called Invalid by Ex-trustee,” *The Globe and Mail*, April 12, 1969.

<sup>723</sup> Hutchison.

<sup>724</sup> Ontario Department of Education. *Curriculum S.29A: Growing into Maturity In a Changing World and Family Health in a Changing World – Senior Division Health Education*, 6. Alcohol abuse was already present in the 1966 curriculum: *Physical and Health Education – Intermediate Division*. Chemical and tobacco abuse were new additions to the 1969 curriculum.

education is now being expected to provide much stronger and explicit information about family living, social responsibilities, sex, physical and mental health, personal money matters, and the problems which arise. Therefore, we are developing programs which give students of all ages an opportunity to progressively understand moral and ethical values of life and present them within the context of the total curriculum.<sup>725</sup>

He continued to assert that as a result of the growing use of drugs and alcohol by young people, the public turned to the school board, hoping that education would be part of the solution for substance abuse.<sup>726</sup> Using the study on tobacco, alcohol, and drugs, the school board made revisions to its family life program, such as discussing smoking in grades three, five, and seven to discourage youth from using tobacco. The next stage was teacher in-service education on how to present the material in a way that was relevant and helpful to students.<sup>727</sup> Furthermore, the LBE sought involvement and feedback from the psychological, health, medical, guidance, administrative, and curriculum staff when forming the family life program, while also welcoming contributions from local youth centres. The LBE was, therefore, proactive in seeking advice and insight from its own staff, as well as from community agencies and related professionals.

Gradually, FLE was offered to all grades within the London public school system, and in 1971, the sexual education curriculum for senior grades was implemented. That year, at a meeting of the LBE trustees, permission was granted for the PHE Department, in collaboration with School Medical Services and the LAM to create a teaching unit on planning parenthood, which was ready for use in September, 1971. The following year, this curriculum was published as *Family Planning: A Curriculum Written by the London Board of Education* (1972), and included a film, teaching materials, and strategies. The course's topics were similar to those of the Ministry of Education's health curriculum.<sup>728</sup>

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<sup>725</sup> London Board of Education, *The Annual Report of the Director of Education to the Board of Education for the City of London, Ontario* (London: London Board of Education, 1970), n.p.

<sup>726</sup> London Board of Education, *The Annual Report of the Director of Education to the Board of Education for the City of London, Ontario* (1970), n.p.

<sup>727</sup> The report did not specify how they would accomplish this task, because the process for professional development was well-known amongst educators.

<sup>728</sup> The film could not be located.

For instance, the Department of Education and the London curriculum recommended NFB films, and utilized different teaching methods, such as games and small discussion groups, to engage students. The London program, however, was far more comprehensive and detailed than the government curriculum, which essentially provided an outline on possible subjects for sex education, and it was expected that individual school boards or teachers would expand on these themes. Similar to Ministry course outlines, the London guide suggested that teachers promote class discussion on the various topics, but should “abstain from insisting on note-taking or handing out material which may be taken out of context.”<sup>729</sup> Educators were concerned that younger students or siblings would have access to this information before they were mature enough to comprehend its meaning. Resistance by parents to these lessons was also less likely as they had no materials upon which to base their objections.

Similar to previous sex education guidelines, the curriculum emphasized that teachers avoid promoting their own views in the classroom. Instead, they should act as guides and direct students towards respectful values and behaviour. The main objectives of the program included promoting student understanding of the need to delay parenthood until they appreciated its responsibilities, encouraging youth to learn about contraceptives, helping students become aware of the world population problem and its challenges, and educating youth on “sex relationships, in-order that the student may better evaluate sexual roles and behavior in our society.”<sup>730</sup> The curriculum also analyzed the pros and cons of family planning, and allowed for the class to examine different birth control methods, which would have been illegal prior to the introduction of the Criminal Law Amendment Act 1968-1969.

Roberts was the author of the curriculum, coordinator of PHE, and member of the LBE’s Medical Advisory Committee. He intended for students to develop an appreciation for the population explosion by going on field trips to see an orphanage or a slum to “paint a

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<sup>729</sup> Roberts, 2.

<sup>730</sup> Roberts, 4.

better understanding of the lives of the poverty stricken or the unwanted child.”<sup>731</sup>

Concerns over the expanding world population were shared by many educators, politicians, social observers, as well as birth control experts.<sup>732</sup> It was feared that the world’s population was exceeding its resources, and these issues were discussed at the First National Conference on Family Planning in 1972. Health officials and education experts deemed it necessary that FLE cover the consequences of overcrowding, as it “often leads to mental illness, delinquency, battered children, and escape into drunkenness or into drugs because of the inevitable tensions which build up when people are closely confined.”<sup>733</sup> Once married, youths were encouraged to use family planning in some form, in order to avoid having more children than they could care for financially and emotionally. This information would not have been included in Separate School Board programs. Education attempted to limit social ills, such as the country’s population exceeding the state’s resources, through family planning information.

Family planning education also focused on human growth, as well as the role of sexual relationships in society. Through discussion, field trips, debates, panels, and special guests, this program explored the controversies surrounding abortion, contraception, adolescent pregnancy, dating behaviour, the double standard, and religion. Students were encouraged to explore multiple perspectives of these issues. For instance, when examining birth control, students were asked to consider which methods were effective,

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<sup>731</sup> Roberts, 20.

<sup>732</sup> When asked about the goals of the sex education program, Walters stated that at the primary and junior levels, she wanted students to gain “an awareness of their body and the changes that were coming. And what that would make them feel like and the physical changes that would take place. Also the emotional and social changes that would happen.” For Benson, the goals included providing students with factual information, which they were not getting from their parents or their peers. The objectives of both Benson and Walters were similar to the aims of the school board, but the London curriculum included more specific purposes such as appreciating the extent of the world population problem, encouraging students to delay parenthood, the effectiveness and side effects of birth control, and the different sexual relationships that exist in modern society. It is understandable that Benson and Walters’ goals were not as specific considering they taught across several grade categories, and the objectives listed from the school board were part of the senior FLE curriculum, which was the only one that was available. See Roberts.

<sup>733</sup> Bird, 11.



the viewpoints of different religions, the benefits and challenges of having children, reasons for couples to remain childless, and why contraceptives should be used for couples' happiness, as well as preventing unwanted conception. Discussions of sexual pleasure were included to a greater degree; however, female students were still given the impression that sexual fulfillment could only be attained in a heterosexual monogamous relationship. Although it appears that students were given essential information on contraceptive techniques, and shown the different perspectives on various social issues, they were still encouraged to accept heterosexual monogamous behaviour.

Birth control was not to be discussed until after the unit on marriage, which imparted to students that sexual intercourse was an activity for married couples, but it did not necessarily need to result in children. Furthermore, it was recommended that students meet a teenage mother to understand her challenges and difficulties. The course content emphasized that if an adolescent became pregnant, she was liable to do it again.<sup>734</sup>

Although it is explained that the reason teenage girls became pregnant was due to a lack of knowledge, unreliable birth control, or the belief that it could not happen to her; there were no reasons given for a repeat pregnancy.<sup>735</sup> Educators wanted youths to appreciate the necessity of refraining from sex before marriage, and the consequences for those who

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<sup>734</sup> Roberts, 35.

<sup>735</sup> Roberts, 35-6. Theories about why young girls became pregnant out of wedlock were often based on their psychological state or sociological status, whereas in the curriculum the reasons were circumstantial. According to Satu Repo's article in *This Magazine is About Schools*, "The girls are seen as the accident toll of a new free-wheeling sexual morality... The great majority of these girls come from homes dominated by one parent, usually the mother. This parent tended to be both overpowering and rejecting, and the girl grew up, clinging and unsure of herself, but secretly resentful. As a result of being unloved but overpowered at home, these girls never developed the ability to relate well to people." As a consequence of improper parenting, especially with regards to the mother, and the effects of the new sexual morality, girls succumbed to pregnancy. It was much harder to prevent teenage pregnancy if the cause was psychological, which required counselling, than it was to blame unwed motherhood on a lack of information which could be more easily remedied with education. However, there was overlap in both these approaches as schools offered counselling and psychological services, and physicians and counsellors also recommended educating girls about birth control. See Satu Repo, "Unwanted Pregnancy: An issue out of focus-a review of current writing on the unwed mother & sex education," *This Magazine is About Schools* 1, iss. 1 (April 1966): 76-79).

strayed from these values. Teenage mothers were therefore cast as incorrigible, without the ability to avoid behaviour that they already knew had dire consequences.

Sexual education in this period could often be confusing as students were encouraged to avoid sex because of its negative consequences such as a loss of reputation, pregnancy, and VD, while being told at the same time that sex was a normal and beautiful experience if performed by married couples. Journalist Satu Repo argued that when girls asked their teachers what was wrong with sex before marriage, they were given a list of undesirable outcomes such as divorce, illegal abortions, and bad marriages. Repo noted that once students were told all the disastrous outcomes of premarital sex, then “how do you get back to the ‘sex is the most beautiful and meaningful human experience’ theme...when sex-in-marriage is discussed? You are obviously attempting the impossible: either the deterrent is too good and will create adjustment problems in marriage, or it has the impact of making the adult look like a dishonest fool.”<sup>736</sup> The challenge of illustrating the dangers of premarital sex, while at the same time avoiding the impression that sex was gross or sinful, was challenging for teachers, many of whom were already uncomfortable with the topic. As a result, students received mix messages about the role of sex in their future relationships, and may have been unsure whether they should enjoy or fear it.

Surveys of Ontario’s teachers’ experiences and attitudes towards FLE during the seventies indicated that thirty-two percent of educators felt comfortable with teaching sex education, while fifty-one percent sometimes felt awkward, and seventeen percent stated they always or almost always felt ill at ease with the subject.<sup>737</sup> Teachers who were featured in the press and participated in SEOHP were often in the category of educators who were confident and competent instructors in this subject area. At Clarke Road

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<sup>736</sup> Repo, 85.

<sup>737</sup> Herold also noted that “Thirty-two per cent replied that they never felt ill at ease, 51% indicated sometimes and 17% indicated usually or always. Some respondents noted that they felt sometimes self-conscious when they first began to teach sex education but as they gained experience teaching in this area they became more comfortable with the topic.” See Herold, *Sex Education in Ontario Schools Part II: The Secondary Schools*, 9, 16.

Secondary School, teachers Burdon and David Alpaugh began teaching sex education in the mid-sixties to a co-education class, before a curriculum was formed by their school board.<sup>738</sup> Burdon and Alpaugh started the class with a questionnaire, based on common misconceptions and gender stereotypes, to promote student interaction, as well as to create a welcoming environment to talk about sexual issues. Their teaching methods were viewed as unorthodox as they threw around the classroom “samples of various types of birth control pill containers, to illustrate products on the market available to women through their physician.”<sup>739</sup> In a discussion on why he felt that it was important for students to have sexual instruction, Alpaugh commented that he “was deeply concerned no one was providing anything along the line of family planning or birth control.”<sup>740</sup> Burdon was actually apprehensive that she could lose her job over offering this information to students; however, any calls from parents were either an expression of curiosity or appreciation that students were discussing these topics.

Not all teachers were as at ease with the course content as Burdon and Alpaugh. Walters recalled that one of her colleagues started lecturing on health as soon as the bell rang for her class to begin and did not stop talking until the next bell which signaled that the class had ended. She noted that “There was no time for questions. Now she was a doctor’s wife, but she wasn’t comfortable fielding questions out of nowhere, not knowing what she was going to be asked.” Walters allowed for questions, but if asked for information that was beyond a child’s comprehension or maturity level, she responded “you come back and ask me that in two years and I’ll answer it for you, but you’re a little bit young for that kind of knowledge.” Walters had an exceptional background in the course content as she had taken biology credits in university, which gave her the appropriate language for the course, and allowed her to relate it to children in terms they understood.

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<sup>738</sup> Burdon and Alpaugh were not SEOHP participants.

<sup>739</sup> Judy Creighton, “New Perspective on Sex: Course Stress Maturity, Responsibility,” *The London Free Press*, December 11, 1971.

<sup>740</sup> Creighton.

Most teachers did not get any training, and were simply handed the curriculum.<sup>741</sup>

Benson stated that when it came to teaching the course, “I didn’t have a problem with it because I helped develop the program. But I don’t know how common that would have been because I suspect a lot of teachers probably just avoided it.”

In 1974, Ontario schools were encouraged by Minister of Education Wells to “increasingly add ‘moral value’” to its programs.<sup>742</sup> The LBE’s Committee on Moral and Religious Education created a report in 1969 that explored the status of religion and moral education in schools. As was done in FLE, it was suggested that discussions of morality could be added to existing courses using Clive Beck’s (1974) book *Values Education in the Schools*. Beck emphasized that teachers should encourage students to develop their talents and abilities in all areas and avoid punishing the child for negative behaviour. These values were based on Judeo-Christian morality and there was little elaboration on what these morals entailed.<sup>743</sup> There was no discussion on how conflicts should be resolved if these mores were not shared by everyone in the school. The necessity for including moral education was international as Britain’s Schools Council for Curriculum and Examinations announced similar plans for implementing a moral program in 1972.<sup>744</sup> The impetus for values instruction in the early seventies was most likely in response to the Criminal Law Amendment Act 1968-1969. For instance, the Catholic Women’s League of Canada actively campaigned against abortion in 1971 and expressed the need for educating youth to oppose this procedure.<sup>745</sup> Those who opposed the feminist movement’s campaigns, called for the maintenance of patriarchal institutions that limited women’s reproductive rights.

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<sup>741</sup> Walters.

<sup>742</sup> London Board of Education, *Minutes: Board of Education for the City of London* (1974), 364.

<sup>743</sup> London Board of Education, *Minutes: Board of Education for the City of London* (1976), 221.

<sup>744</sup> “English Children From 8 to 13 to Undergo Moral Education,” *The Globe and Mail*, May 25, 1972.

<sup>745</sup> “Education and Counselling Needed in Addition to Legislation Opposed to Abortion, CWL Delegates Fold,” *The Globe and Mail*, September 24, 1971.

At the same time, the LBE made alterations to its policies and curricula with regards to the representation of women. In the 1960s to 1980s, feminists such as Doris Powers, Henry Morgentaler, Margrit Eichler, and Gwynne Basen actively fought for women's rights to safe abortions and birth control in Canada.<sup>746</sup> Powers was one of the organizers of the Abortion Caravan, while Morgentaler performed illegal abortions for “desperate women” in Montreal during the 1960s.<sup>747</sup> Meanwhile, Eichler was instrumental in instigating the Canadian Coalition for a Royal Commission on New Reproductive Technologies in 1987, and Basen was the co-chairwoman for the same committee led by the National Action Committee on the Status of Women.<sup>748</sup> Their actions were part of the larger feminist movement's agenda, and evidence of their influence can be seen in the changes that were made to the LBE's “Philosophy, Aims, Method of Learning and Objectives” to prevent sexism against women, which occurred in 1974. In the same year, the LBE received the *Report to the London Board of Education on Sex Stereotyping in Elementary Textbooks* from the Womanpower Employment Centre,<sup>749</sup> and the board's trustees created an ad hoc committee to explore the status of women at the board. A course of action was developed, which included examining the extent of sex stereotyping in school courses, sex biases in teaching materials, sex stereotyping in textbooks, and forming professional development activities for board members.<sup>750</sup> The following year,

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<sup>746</sup> See Ruth Roach Pierson, ed. “The Politics of the Body,” in *Canadian Women's Issues: Volume I Strong Voices*, ed. Marjorie Griffin Cohen, Paula Bourne, and Philinda Masters, 98-122 (Toronto: James Lorimer and Company, 1993).

<sup>747</sup> Pierson, 100.

<sup>748</sup> Pierson, 104-5.

<sup>749</sup> London Board of Education, *Minutes: Board of Education for the City of London* (1974), 546, 583. In 1974, the Federation of Women Teachers' Associations of Ontario (FWTAO) created *Towards Other Images*, a resource for teachers to avoid sex-stereotyping in their classrooms. The following year, the FWTAO produced *...And Then There Were None* (1975), a study on sex and gender biases in textbooks. The investigation of sex stereotyping that occurred in London was part of a larger trend in the mid-seventies. Although not mentioned in London's school board minutes, it is possible the administrators received similar reports from a variety of associations. See Labatt, 177-8.

<sup>750</sup> London Board of Education, *Minutes: Board of Education for the City of London* (London: London Board of Education, 1975), 170.

the Status of Women Committee recommended that girls at the elementary level be encouraged to share their ideas, see how girls who engage in non-traditional female roles can be successful, and encourage community groups such as Planned Parenthood, Womanpower, and the Women's Resource Centre to visit schools and participate in this process. As a result of their efforts, industrial arts and home economics became co-ed. Students' interests instead of their gender played a greater role in determining what they learned. The committee continued to research and make recommendations regarding the elimination of sexist material and removing gender barriers throughout the seventies.

One of the main objectives of the Canadian women's movement was rape law reform, education, and support for victims. As a result of the movement's gains, both within the LBE as well as across the country, educational films on rape prevention were shown in classrooms. The film *How to Say No to a Rapist and Survive* (1974) caused controversy at the board in 1978, and trustees asked for its removal as it was unclear whether the content provided appropriate solutions for avoiding rape.<sup>751</sup> The film was used in other municipalities, and in the same year, the Ottawa-Hull Rape Crisis Centre announced that at least one woman came close to being assaulted when she followed the film's advice and flirted with the attacker to "charm a rapist out of his intention, instead of actively resisting him."<sup>752</sup> Furthermore, the federal Advisory Council on the Status of Women denounced the film.<sup>753</sup> The head of the LBE's Girls' Physical Education Department disagreed with the removal of the film, as she found it helpful to promote discussions among her students.<sup>754</sup> The film was replaced by *Rape: A Preventative Inquiry* (1974). It was not mandatory for classroom use and the Program Curriculum Department was

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<sup>751</sup> London Board of Education, *Minutes: Board of Education for the City of London* (London: London Board of Education, 1978), 32.

<sup>752</sup> "Charges Mount that Rape Movie Gives Bad Advice," *The Globe and Mail*, January 2, 1978.

<sup>753</sup> "Charges Mount that Rape Movie Gives Bad Advice,"

<sup>754</sup> London Board of Education, *Minutes: Board of Education for the City of London* (1978), 63.

advised to keep track of its effectiveness.<sup>755</sup> Dialogues on sexual violence explained to female students that they were responsible for these crimes, and avoided any discussions of men's roles.

The LBE evaluated its family living program in 1975 to determine the preliminary "effects of the Family Planning Unit (FPU) of the Family Living Program on students' knowledge, attitudes and behavior."<sup>756</sup> The report asked 2,789 students in grades eleven to thirteen at five secondary schools (London had fourteen at the time) to complete the survey, and seventy-nine percent of these individuals (2,214 students) responded.<sup>757</sup> The researchers, Roberts, Richard Stennett, and N. A. West, found that forty-one percent of males and thirty-five percent of females had had sexual intercourse.<sup>758</sup> In grade thirteen, percentages increased to fifty-three percent for males and thirty-nine percent for females. Forty-seven percent always used some form of birth control, twenty percent sometimes used it, and thirty-eight percent never used any method.<sup>759</sup> Furthermore, eighty-seven percent of all students "believed birth control information should be freely available to secondary students; forty-three percent believed they knew enough about contraception; and eighty-four percent believed both sexes should be responsible for using suitable birth control methods."<sup>760</sup> These findings illustrate that the feminist movement was influencing students' attitudes towards family planning, as more of them interpreted it as

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<sup>755</sup> London Board of Education, *Minutes: Board of Education for the City of London* (1978), 390.

<sup>756</sup> Stennett, Roberts, and West, 4.

<sup>757</sup> Students were sorted into four groups to compare those who had or did not have sexual education in their high schools, and those who had or did not have sexual education in elementary schools. See Stennett, Roberts, and West, 2, 5.

<sup>758</sup> Dr. Stennett was the Chief of Educational Research Services, and Roberts was the Coordinator of Physical and Health Education and both were employed by the LBE. N. West was a Professor of PHE at Althouse College of Education in London, Ontario. See Stennett, Roberts, and West, 4.

<sup>759</sup> According to the report, "Females were more likely to report always doing so," but the graph on page showed that more girls than boys had some form of sex education. In addition, 847 students answered the question on birth control. See Stennett, Roberts, and West, 2.

<sup>760</sup> Stennett, Roberts, and West, 2.

a joint obligation. The report concluded that “many students are not exposed to family planning,” and “the FPU appears to have had only a modest effect on knowledge, a minor effect on attitudes and no effect on sexual behavior.”<sup>761</sup> The report refuted the long-standing assumption that sexual education encouraged sexual promiscuity. It also demonstrated that although FLE was supposed to be offered at all high schools, clearly not all students were exposed to it. Despite administrative support for sexual instruction and the distribution of resources and curricula, if teachers were unwilling, unmotivated, or lacked sufficient time, students did not receive this information. FLE was not going to change students’ values or morals, especially not at the high school level, but teens were interested in birth control. The goals of students and educators were therefore in opposition. The primary objective of the teacher was to instill values and morals that promoted the heterosexual nuclear family, and contraceptives were a low priority, while teenagers mainly wanted birth control information, which would allow them to have sex with minimal consequences.<sup>762</sup> Students were not the only ones who perceived their education as insufficient.

In the late seventies, the LBE was criticized in the press for the lack of consistency in FLE across the municipality.<sup>763</sup> *LFP* reporter Emilie Smith found that although the school board endorsed sex education at all grade levels, it was “no assurance to parents that children from school to school or even classroom to classroom will cover the same material, have teachers with the same degree of expertise or receive the most recent

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<sup>761</sup> Stennett, Roberts, and West, 3.

<sup>762</sup> Stennett, Roberts, and West, 13; Laycock, *Family Living and Sex Education: A Guide for Parents and Youth Leaders*, 22-23.

<sup>763</sup> On July 16, 1977, the *LFP* reiterated the main points of Katherine Gow’s article “What Every Parent Should Know.” Gow heavily criticized Ontario’s FLE programs and argued that “some teachers are using sex education courses to indoctrinate students in a more permissive, and supposedly more comfortable, approach to sex.” She cited examples of teachers telling their students to remember to take the pill and thirteen year old boys required to discuss sodomy in class.” It is possible that this article motivated *LFP* reporter Emilie Smith to investigate FLE in London schools. See Barry Hoffmaster, “Educate, but Don’t Indoctrinate Children about Sex,” *The London Free Press*, July 16, 1977.



information on the subject.”<sup>764</sup> Physical and Health Coordinator Joyce Ruddle stated in 1977, that “Boards can compel teachers to instruct sex education, but if teachers are uncomfortable with the subject and insecure about their sexuality, chances are they will project their hangups and discomfort to students they teach.”<sup>765</sup> Part of the discomfort came from poor resources and little teacher training. Ray Leakey, an elementary school teacher at Lorne Avenue Public School, was frustrated with family life instruction because “the attitude that ‘he’s a teacher and therefore he should be able to teach it’ doesn’t apply to sex education which is a sensitive area for many adults.”<sup>766</sup> Although it was felt by educators that sex education had a place in schools, teachers were not receiving enough training, and felt that sex education was yet another curriculum addition that was being thrust upon them. While some teachers were able to rise to the challenge, evidence from the press and SEOHP suggests that was far from the norm.

According to Benson, during FLE lessons, boys and girls were taught in co-educational classes, but the more detailed aspects of sexual education were conducted in a sex-segregated environment.<sup>767</sup> When taught together, “you presented just the very mechanical aspect of it, how it worked and the kids were pretty much reluctant to ask questions.” Usually a female nurse would take the girls and a male teacher, such as Benson, taught the boys. Benson noted that “the nurses would answer and deal with anything that you wanted to. And the kids had an opportunity to ask questions, but again,

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<sup>764</sup> Smith, “Uniformity Lacking in Sex Education.”

<sup>765</sup> With regards to Ruddle’s statement: “insecure about their sexuality,” she was most likely referring to teachers who were uncomfortable with their own sexual impulses, feelings, and views on sex. See Smith, “Uniformity Lacking in Sex Education.”

<sup>766</sup> Smith, “Uniformity Lacking in Sex Education.”

<sup>767</sup> The following explores the classroom experiences of London teachers Richard Benson and June Walters who participated in SEOHP. Therefore, this section is organized thematically, instead of chronologically, as it is challenging for those recalling their experiences to name specific dates.

you know, when you're 11, 12 years old, they're kind of reluctant to. They listen, and they take it in," but avoid overly specific questions.<sup>768</sup>

Benson also promoted the sexual double standard in his classes. If girls succumbed to boys' advances, they faced rejection from their peers, as well as possible pregnancy. Benson remarked that "there would always be some of the girls at that age that would be considered to be loose in their behavior but most of them weren't. They were essentially looked down upon by most of the girls and the boys." If they became pregnant, they were also the sole party held accountable. According to Walters, "while it's fine for boys to have sex...when the girl becomes pregnant, all of a sudden it's all her responsibility....Somehow there is no shame for him, but all kinds for her, so this is a difficult thing to explain and for kids to understand why he wouldn't also have some responsibility when he does have responsibilities and by law."<sup>769</sup> In order to avoid pregnancy, Walters offered the following advice to female students "set limits, decide early on for themselves what those limits are going to be, and then never alter from them...later on that may change as that relationship grows, but initially the limits should be fairly strict." Walters wanted her female students to understand that they had to take control of the situation and establish for themselves what was right for them and their relationships.<sup>770</sup> A great deal of discussion occurred over girls' roles as sexual

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<sup>768</sup> In 1966, debates within the press began over the dual health services within London schools. London was the only municipality that had school health services as well as public health services run by the public health department and taxpayers were paying for both systems that appeared to overlap. In 1968, the province withdrew the authority of London's schools to have their own health services. It is possible that with this withdrawal, schools lost their own health nurses and they became less of a presence within schools as will be seen in the eighties. See Elwin Moore, "Council Moves to End School Health Service," *The London Free Press*, February 6, 1968.

<sup>769</sup> Children in elementary school understood that when a pregnancy occurred, both parties involved were liable, but in their teenage years, the opinion changed and only the girl was accountable for the child. It is unclear how and why this perception was altered. It was probable that exposure to gender stereotypes in the media, from peers, parents, and schools, along with the biological fact that pregnancy affected women's physiology was responsible for the change in attitude.

<sup>770</sup> She continued to state that "it was important they understood the difference between girls and boys and how quickly boys became aroused and...[avoid being] pressured into doing things they really didn't want to do."

gatekeepers, and clearly Walters had the best intentions when it came to telling her female students to avoid behaviour when they were not prepared for the consequences. However, there was no acknowledgement of female sexual arousal and pleasure, and little onus on men to keep their sexual desires in check.

According to Benson, while he was teaching, “there was a health curriculum, but it was really sketchy...the individual teacher would have to expand upon it and that was the way all curricula were in every subject.” Benson was unsure of the curriculum’s origins, but his comments illustrate that some teachers were skeptical of the materials they received. However, the broad guidelines allowed them to choose what they wanted to emphasize in their classes. In the primary levels, children learned the physical differences between men and women, and the development of human children and animals, and movies, such as *The Birth of Puppies*, were used to show students the basics of animal reproduction.<sup>771</sup> Furthermore, “children are taught a family exists to love and care for its members. From discussing the loving and trusting relationships in a family, the program branches out so that by the end of Grade 3 a child is supposed to know where babies come from.”<sup>772</sup> In the junior grades, male and female anatomy were explored in more depth, and the body’s different systems were explained. In the late seventies, sex was described to children as an “act of love between mommy and daddy. Daddy places his penis in mommy’s body. We talk about there being an opening between the legs and that we call it the vagina.”<sup>773</sup> Children were taught the basics of heterosexual sex for the purposes of reproduction, and were encouraged to perceive sex as an activity between married heterosexual couples for

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<sup>771</sup> Prior to the implementation of a FLE program, classes on reproduction, hygiene, and family relations consisted of visits to farms, and lectures from nurses and teachers. Elementary school teacher Connie Buckley took her students to a farm where they had the opportunity to watch ducklings hatch. Field trips to farms were a common occurrence for many students, and gave them the chance to learn about animal reproduction and stages of growth and development. See Ruth Getty, *Orchard Park Through the Ages* (London: London Board of Education, 1983), 129; According to Sethna, it was a common occurrence throughout the twentieth century for school children to learn about reproduction through animals, see Sethna, “Facts of Life: The Sex Instruction of Ontario Public School Children, 1900-1950,” 42, 235-6, 275. The release date for *Birth of Puppies* is unknown.

<sup>772</sup> Smith, “Family Life Program Keyed on Trust, Maturity of Class.”

<sup>773</sup> Smith, “Family Life Program Keyed on Trust, Maturity of Class.”

the purpose of having offspring.<sup>774</sup> However, if teachers were uncomfortable discussing female anatomy, it was unlikely children would receive so direct an explanation of sexual intercourse.

By the late seventies, these descriptions of male and female sexuality were criticized within the school board. It was noted in the press that guidelines for grade eight were fairly outmoded: they claimed that “a woman’s sexual nature is quite different from a man’s...for a woman, sex is responsive to love...”; whereas, sexual feelings in the male “are quite definite and strong. They may be aroused at any time and rather quickly...”<sup>775</sup> Ruddle cautioned teachers to “remember the poor guys. There have been a lot of misconceptions about them too.”<sup>776</sup> The notions surrounding female sexuality, which were presented to students as fact in the early sixties, were questioned and viewed as outdated by the late seventies. While female sexuality and gender stereotyping were deconstructed as a result of the women’s movement, as discussed in Chapter 1, Ruddle warned that boys, too, suffered from misrepresentation, and struggled with trying to live up to masculine ideals of aggressive sexuality.<sup>777</sup> In 1977, Ruddle told the press that guidelines for sex education had not been updated since they were written almost a decade before, and recent “research developments on human sexuality and changes in society’s attitudes have made them ‘a bit of a historical document.’”<sup>778</sup> Although the LBE adopted a sex education curriculum before it was mandated by the Ministry of Education, it did not mean it was well maintained, or that teachers were supplied with adequate and current resources.

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<sup>774</sup> According to the curriculum written by Roberts, students in the senior grades of secondary school had the opportunity to discuss childless couples. See Roberts, 16.

<sup>775</sup> Smith, “Uniformity Lacking in Sex Education.”

<sup>776</sup> Smith, “Uniformity Lacking in Sex Education.”

<sup>777</sup> A thorough discussion of boys’ lack of sexual education can be seen in McConnell’s article and demonstrates that these views were more widely shared.

<sup>778</sup> Smith, “Uniformity Lacking in Sex Education.”

In the late seventies, discussions of homosexuality were actively suppressed by the LBE. In December 1977, the Coalition for Gay Rights in Ontario “urged gay teachers to be less secretive about their sexual orientation, and rejected assumptions that ‘gay teachers are a danger to children.’”<sup>779</sup> The Coalition’s demands were part of the provincial struggle for gay equality. The gay rights movement sought action from the Ontario Human Rights Commission to prevent discrimination based on sexual orientation. In response, Director of Education W.D. McVie stated: “I don’t agree at all...I don’t think they should be talking about their sexual preferences in the classroom at all. That’s the same with any teacher, whatever their preferences are.”<sup>780</sup> He also indicated that the board had no official policies for the firing or hiring of known homosexuals, but their chances of working in London were minimal. McVie told the press: “I can’t see any teacher who made his sexual preferences known widespread being given a high level priority for a position.”<sup>781</sup> McVie asserted that homosexual teachers were not welcome at the LBE, possibly for fear that they would model a homosexual lifestyle for students, which threatened the heterosexual culture that schools tried to enforce. Discrimination against homosexual teachers conformed to the general school culture of the sixties and seventies. Benson remarked that “boys would make serious fun of anybody that was considered to be a homosexual. They had all these terms like...fairy, fruit, fag, fagette.” As has been previously observed, those who did not conform to heterosexual norms were relegated to the sidelines and suffered humiliation. Although homosexuality was never part of the curriculum during this period, it excited students’ curiosity, but it is unknown how frequently it was discussed in classrooms.<sup>782</sup>

Heterosexuality, teen pregnancy, and VD dominated the curriculum, and the effectiveness of sex education remained a contentious issue in the decades following the

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<sup>779</sup> “Schools Declared No Place for Gay Rights,” *The London Free Press*, December 5, 1977.

<sup>780</sup> “Schools Declared No Place for Gay Rights.”

<sup>781</sup> “Schools Declared No Place for Gay Rights.”

<sup>782</sup> Hollobon, “Sex Education is Called Earliest Care for Next Generation.”

sexual revolution. In the early 1980s, discussions and concerns over teenage drug abuse and pregnancy once again rose to the surface and were heavily debated within the media. The LBE established a drug and alcohol abuse committee to respond to the issue of increasing substance abuse amongst students.<sup>783</sup> The *LFP* argued that “in recent years, society generally has adopted an almost casual acceptance of drug and alcohol use in and around schools,” and schools were not doing enough to educate children about the negative consequences associated with the abuse of drugs and alcohol.<sup>784</sup> In another study, reporter Chris Dennett found that thirty percent of students did not receive any information on drugs or alcohol, and forty-three percent were not exposed to these topics within the last twelve months.<sup>785</sup> Furthermore, when it appeared in the curriculum, the subject was only discussed for two hours.<sup>786</sup> Articles in the *LFP* claimed that “tough measures are obviously needed to demonstrate to impressionable teens that it may be cool to get stoned, but it can also lead to violations of the rights of others.”<sup>787</sup> These ‘tough measures’ included a three day suspension for drug and/or alcohol possession, and expulsion for trafficking either of these substances. According to the press: “deaths on the road and disruptions in the schools have finally moved authorities to propose a crackdown on drug and alcohol abuse by London students. The belated action should receive speedy acceptance by the board of education and widespread endorsement by

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<sup>783</sup> This committee was actually a replacement for a previous drug abuse committee which was deemed ineffectual by members of the school board because it made “no specific recommendations or reports.” The current committee was formed after the *LFP* published a story on drug abuse within schools. See “Educators to Study Campaign on Drug, Alcohol Abuse,” *The London Free Press*, February 22, 1980.

<sup>784</sup> The *LFP* article was most likely referring to accidents caused by individuals who were under the influence of drugs or alcohol. See “Fitting Action Against Drugs, Alcohol in Schools,” *The London Free Press*, June 21, 1980.

<sup>785</sup> The name and date of study were not stated. See Chris Dennett, “Board May Utilize ETV in Attack on Drug Abuse,” *The London Free Press*, March 28, 1980.

<sup>786</sup> “Educators to Study Campaign on Drug, Alcohol Abuse.”

<sup>787</sup> “Fitting Action Against Drugs, Alcohol in Schools.”

worried parents.”<sup>788</sup> Although increasing drug and alcohol use were not necessarily linked to sexual misbehaviour, these activities demonstrated that acceptable social comportment and values were threatened, and the debate was similar to preceding discussions on the lack of parental control to keep youth in line, the negative influence of sex in the media, and peer pressure.

The perceived lack of morality among youth and the negative consequences of changing social norms were illustrated further with deliberations on teenage pregnancy. Dr. Wearing contended in 1980 “that with no discussion of moral issues in the school system and often not in the home and with many young people not going to church, they are not being told the moral obligations they must assume concerning sex.”<sup>789</sup> As a result, physicians witnessed more pregnancies among women under the age of sixteen, and seven percent of abortions performed at London’s Victoria Hospital were women in the same age category, while 16.31 percent of abortions were for women between sixteen and nineteen years of age.<sup>790</sup> In reaction to rising abortion rates among teenagers, the *LFP* stated that contraceptive “information as part of a comprehensive sex education program is clearly needed in elementary schools in response to the growing incidence of teen pregnancies and abortions. To deny grade school adolescents such information is to increasingly run the risk of personal tragedy through disrupted lives and the moral dilemmas which attend pregnancies.”<sup>791</sup> Similar to what was seen throughout the previous two decades, when issues surrounding social ills such as teen pregnancy arose, it was the school that was expected to ameliorate the situation through education and protect family values that were threatened by the feminist and gay rights movement. In the eighties, it was also the school that was at fault for failing to provide adequate

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<sup>788</sup> “Fitting Action Against Drugs, Alcohol in Schools.”

<sup>789</sup> “Earlier Birth Control Classes Urged for Schools.”

<sup>790</sup> “Earlier Birth Control Classes Urged for Schools.”

<sup>791</sup> “Reasonable Response to Teen Pregnancies.”

information on birth control methods, and the medical community witnessed the consequences.

According to *LFP*, London obstetrician and gynecologist Dr. Martin Robinson argued that the “the education system has failed in teaching young people about pregnancy [...] physicians should take it upon themselves to bring up the subject of birth control with young patients, even though legally they should not do so under the age of 16 without parental consent.”<sup>792</sup> Conversely, he also noted that he would rather teach younger girls about birth control than have a pregnant teenager in his office.<sup>793</sup> LBE’s Assistant Superintendent of Curriculum Howard Capes argued that schools taught birth control in the grade nine family living program, but it was increasingly difficult to discuss this subject since the board had lost its nurse program several years ago.<sup>794</sup> It was perceived that without support from the medical community, many teachers were unable to adequately offer sufficient knowledge on reproduction and contraception. However, health education was not mandatory, and approximately fifteen percent of students completed “high school without any sex education.”<sup>795</sup> In 1980, as public schools were unable to sufficiently teach birth control, Robinson said “it might be wise for the UWO department of obstetrics and gynecology to again become involved in the school system sex education program as it did about 20 years ago.”<sup>796</sup> When physicians had been involved in the LBE’s FLE program in the 1960s, they taught senior girls about their bodies, as well as acceptable social values, and did offer birth control. Twenty years later, medical doctors argued that sex education needed to be taught to younger ages, and include family planning as well as morality.

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<sup>792</sup> “Earlier Birth Control Classes Urged for Schools.”

<sup>793</sup> These statements were similar to those said by Dr. Preuter in 1968. See “Earlier Birth Control Classes Urged for Schools”; Hollobon, “Sex Education is Called Earliest Care for Next Generation.”

<sup>794</sup> “Earlier Birth Control Classes Urged for Schools.”

<sup>795</sup> “Earlier Birth Control Classes Urged for Schools.”

<sup>796</sup> “Earlier Birth Control Classes Urged for Schools.”



Over the course of twenty years, sexual education in London developed from a handful of classes taught by volunteer physicians to senior students, to a comprehensive curriculum for all grade levels. Through moral and values education, along with the presentation of anatomy and biology, youths were encouraged to practice abstinence, monogamy, and heterosexuality. Lessons on sexuality encouraged girls to become sexual gatekeepers as their sexual responses and urges were conceptualized as latent compared to boys' impulses. Boys, on the other hand, were told that they were by nature sexually aggressive, and it was normal as well as socially acceptable for them to desire engaging in sexual activities. The objectives remained the same throughout the era, but the methods altered as educators in the early sixties lectured to students on morality, and then changed their approach to allow students opportunities for discussion and the development of their own values, which were in tune with socially acceptable sexual norms. However, it was still expected that students adopt mores based on heterosexuality, fidelity, and traditional gender roles. Up until the seventies, the family values ideology influenced the curriculum by reinforcing traditional gender roles and sexual morality. In the seventies, women's groups challenged gender stereotypes and demanded instruction on sexual violence. The feminist movement had the intended effect of reducing sex stereotypes and gender was less of a determinant of what courses female students took. As a result of few updates to the curriculum, and teachers' unpreparedness for and discomfort with the subject matter, students received sex education haphazardly, and were dissatisfied with their lack of knowledge of sexual matters during the sexual revolution. The LBE was exceptional as its administrators and educators implemented and revised FLE curricula throughout the 1960s and 1970s, whereas the majority of Ontario school boards did not have formal sexual instruction courses. However, it faced similar drawbacks and challenges as other boards with formal sexual instruction, such as Toronto.

## 6 Conclusion

From the 1960s to 1980s, fears of increasing VD rates motivated government agencies to include VD instruction in school health programs with varying degrees of success. At the time, the main types of VD were syphilis and gonorrhea. While they could cause mental illness if left untreated, they were curable with penicillin, and the effects of these diseases were minimal if treated early. The appearance of herpes, which was untreatable, caused greater alarm amongst the Canadian public in the mid to late seventies.<sup>797</sup> By the early eighties, however, herpes was quickly overshadowed by the emergence of HIV and AIDS.<sup>798</sup> While herpes was highly contagious and uncomfortable, due to open sores that appeared around the genitals, it, unlike AIDS, was not fatal. Due to a lack of reporting, it

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<sup>797</sup> “3 Diseases Increasing Health Report Warns,” *The Globe and Mail*, September 6, 1975.

<sup>798</sup> Caitlin Kelly, “Herpes Brings Anguish to Thousands of Unwary,” *The Globe and Mail*, December 31, 1985.

was challenging for medical professionals to know exactly how many people were infected in the early stages of the AIDS epidemic. By 1984, it was estimated that seventy men and nine women had died of AIDS in Canada, while seventy-one men and two women were still living with the disease. In the United States, the statistics were even more staggering with the diagnosis of 6,720 men and 461 women, 3,449 of whom were deceased. However, it was possible that many more people were infected and had yet to show symptoms or were not seeking medical treatment.<sup>799</sup> In 1985, there were 381 AIDS cases in Canada, and the disease was mainly associated with homosexuality.<sup>800</sup> By the winter of 1987, Londoner and environmentalist David Suzuki expressed his disappointment in the federal government for its failure to implement an AIDS education program. In the spring of that year, the Canadian government announced plans to create such a program, but by December, nothing had been accomplished. Suzuki was incensed: “In spite of constant press reports and attention documenting the alarming rate of spread of the disease, the Government has dragged its heels.”<sup>801</sup> By 1987, it was more widely acknowledged that heterosexuals were also at risk, which explains why the Canadian federal government finally decided to implement public education across the country.<sup>802</sup>

In the 1980s, AIDS was a death sentence; however, it was considered a consequence of the sexual revolution and loose sexual morality. Other STDs were viewed similarly. Dr. W. Gifford Jones, the pseudonym of a Toronto physician who wrote columns on medical issues for *The Globe and Mail*, claimed that herpes “started with the sexual revolution of the Sixties, and proves that free-wheeling sex in the Eighties carries with it overwhelming

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<sup>799</sup> Martin Stuart-Harle, “Evidence is Increasing on Spread of AIDS Through Conventional Sex,” *The Globe and Mail*, November 28, 1985.

<sup>800</sup> John Fitzgerald, “AIDS’ Other Victims,” *The Globe and Mail*, December 12, 1987.

<sup>801</sup> David Suzuki, “AIDS Threat is Here, Federal Program Isn’t,” *The Globe and Mail*, December 12, 1987.

<sup>802</sup> W. Gifford-Jones, “The Doctor Game: Wise Monkey Spreads No Evil in a World Where AIDS Lurks,” *The Globe and Mail*, June 3, 1987.

liabilities.”<sup>803</sup> Similar to the previous two decades, and throughout the twentieth century, concerns over the consequences of sexual behaviour, whether it be VD, adolescent pregnancy, or a breakdown of sexual morality, led to calls for education to curb these social ills. Suzuki claimed that “With education about the disease and the use of sensible hygienic practices, the spread of AIDS could be significantly slowed.”<sup>804</sup> However, decades of resisting controversial curricula inhibited the state from implementing these programs.

Similar concerns, such as local control over course content, arose over the proposed AIDS program. Education Minister Sean Conway told the press in January, 1987, that all Ontario school boards were expected to teach AIDS education, but “it will be up to local boards to determine how they want to teach it, and up to individual parents to decide if they want their children to participate.”<sup>805</sup> Special Assistant to the Minister Susa Hanna stipulated that all students, regardless of whether they were in the public or separate school system, should receive AIDS instruction between grades seven and thirteen in their health classes.<sup>806</sup> Again, the Minister’s actions were criticized by religious leaders such as Rev. Jack Gallagher, a representative of the Roman Catholic Archdiocese of Toronto, who stated that while he agreed with AIDS education, he objected to a Ministry-mandated program, because “If you just tell the students how not to get AIDS, it looks like you’re presuming they’re going to go ahead and engage in sexual activities.”<sup>807</sup> The belief that sexual instruction could lead to sexual experimentation was still strong amongst groups against the inclusion of FLE. According to Dr. Gifford Jones, many

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<sup>803</sup> W. Gifford-Jones, “The Doctor Game: Why Has Herpes Virus Gone on the Rampage?” *The Globe and Mail*, October 30, 1980.

<sup>804</sup> Suzuki.

<sup>805</sup> Henry Hess, “Minister Promises Local Control of Required Instruction on AIDS,” *The Globe and Mail*, January 28, 1987.

<sup>806</sup> Hess.

<sup>807</sup> Hess.

churchmen of different faiths found the promotion of safe sex problematic and claimed the solution to stopping AIDS was a return to ‘old fashioned’ sexual morality and confining sex to marriage.<sup>808</sup> As has been seen in the sixties and seventies, religious groups continued to be at the forefront of opposition to alterations in sexual education. Toronto Board of Education trustee Fiona Nelson shared similar concerns and commented that while AIDS education is necessary, it is “a terribly tough thing to teach children,” and should stress abstinence.<sup>809</sup> Another trustee member Alderman Anthony O’Donohue asserted: “I’d like to be able to help, but I don’t want to promote [sex].”<sup>810</sup> Meanwhile, many members of the medical community fully supported the program, and Toronto’s MOH Dr. Alexander Macpherson claimed that public health workers were ready to support teachers with resources for AIDS instruction.<sup>811</sup> Furthermore, he advocated for a straightforward approach that used explicit language and promoted the use of condoms, but only in addition to abstinence.<sup>812</sup>

The controversy surrounding AIDS education echoes the concerns and conflicts that surrounded the implementation of sexual education in the sixties and seventies, and, in fact, throughout the twentieth century. During the 1960s and 1970s, parents, educators, the medical community, and politicians grew apprehensive over perceived increases in VD and unwed motherhood. They called for a return to traditional sexual morality, which promoted heterosexual monogamy and the confinement of sex to marriage. To achieve these goals, medical organizations and parent groups actively campaigned for the inclusion of sexual instruction in schools. Opponents of sexual education were primarily organized by specific religious associations. Whether advocates were for or against the

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<sup>808</sup> Gifford-Jones, “The Doctor Game: Wise Monkey Spreads No Evil in a World Where AIDS Lurks.”

<sup>809</sup> Hess.

<sup>810</sup> Paul Taylor, “Frank Talk Urged in Fight Against AIDS,” *The Globe and Mail*, January 6, 1987.

<sup>811</sup> Hess.

<sup>812</sup> Taylor.

inclusion of sexual education in classrooms, their goals were fairly similar: retain hegemonic sexual mores and decrease the social consequences of the new sexual morality.

At the same time, the women's and gay rights' movements threatened traditional gender roles and norms around sexuality. Organizations and individuals associated with these "liberation" movements also sought to influence the sexual health curriculum. In certain municipalities, such as Toronto, these organizations gained ground and made inroads and improvements to the sexual health curriculum in the late seventies. However, by the end of this decade, sexual instruction across the province remained limited. As these different groups advocated for their various agendas, sexual education retained its status as a controversial subject with few school boards having the resources or motivation to create sexual health guidelines.

Over the course of the sixties and seventies, three ministers of education, William Davis, Robert Welch, and Thomas Wells, faced the controversies around sexual instruction and determined a course of action that attempted to satisfy individuals and groups on both sides of the debate.<sup>813</sup> In the early sixties, the Ontario provincial health curriculum endorsed specific gender roles for boys and girls based on the male breadwinner and female homemaker model, as well as heterosexuality and monogamy. The guidelines were based on the assumption that limiting sexual knowledge would deter youth from sexual activity. Partly as a result of pressure from medical organizations, the curriculum at all grade levels was revamped to provide students with more updated information on VD, reproduction, dating, changing gender roles, and child and adolescent development. These alterations continued to promote heteronormativity and patriarchal agendas. However, the Department/Ministry's response and course of action was viewed as indecisive by Planned Parenthood, as well as other organizations, because it was not mandatory and left many students without comprehensive sexual information.

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<sup>813</sup> John Robarts was the Minister of Education from 1959 until 1962 and Bette Stephenson held the position from 1978 to 1985 and was also the first woman in this post. Due to their short tenure during the time period under investigation, their actions are not thoroughly explored here.

To avoid confrontation with local school boards and their communities, the Ministry indicated that the inclusion of sexual instruction was optional. During this era, many school boards were coping with building projects to accommodate the baby boom, training new teachers, and implementing new pedagogical trends such as the open classroom concept. Therefore, many school boards did not have the resources or the motivation to form sexual education lesson plans and materials. The school boards that attempted to create a sexual health program usually had the support of the local medical community and were situated in more urbanized areas. Over the course of the sixties and seventies, the structure of the curricula changed from direct instruction to open discussions where students were encouraged to create presentations, participate in group work, and even play games. Topics, which were avoided in classrooms in the early sixties, such as abortion and birth control, were more openly debated by students in certain classes by the mid to late seventies. However, the curriculum emphasized that sexual mores such as monogamy, heterosexuality, and abstinence prior to marriage were still in effect. Furthermore, little consistency existed from classroom to classroom, let alone across Ontario school boards.

Regardless of their school boards' stance on sexual education, teachers were ultimately responsible for deciding whether sexual instruction would be incorporated into their lessons. While many teachers avoided the subject altogether, the SEOHP educators, along with their colleagues, worked tirelessly to find innovative resources, new teaching techniques, and the latest information. Some teachers had the assistance of PHNs, who had access to educational tools and could provide support to the instructors, but many teachers commented that they were very much on their own when it came to offering sexual instruction. Their teaching styles primarily depended on when they started teaching: for instance, if they began their careers prior to the implementation of *The Living and Learning* report, they were more likely to use a lecture-based approach, whereas instructors, who were exposed to the report while training, used more diverse and creative methods. Whether teachers incorporated varied activities or lecture-based lessons, several of them faced criticism from parents or the school board administration for the context of their sexual health lessons. Furthermore, traditional gender roles were rarely challenged and remained programs' primary objectives. Although there were

exceptions, boys were taught that they were sexually aggressive and more interested in sexual activities than relationships, while girls were informed that they had few sexual impulses and had to beware of boys' sexual advances. Girls' sexual passivity was associated with their submissive domestic roles.

The LBE has one of the longest running FLE programs in the province, with its earliest sexual instruction classes beginning at the turn of the twentieth century. Without a mandated curriculum from the Department/Ministry of Education, the LBE created a formal sexual health program. However, the LBE's curriculum incorporated elements and resources from the Department/Ministry as they became available. This board was well situated to implement and expand its sexual education classes, because members of the medical community, who were involved in the board's administration and employed at UWO, provided resources, instructors, and support to create sexual health lessons. In the early sixties, sexual education consisted of physicians giving a few lectures to girls in the senior grades of secondary school. Throughout the following decades, the program evolved to include all grade levels and allowed for more discussion of controversial subjects. Regardless of the updates and modifications made to the curriculum, physicians and educators criticized the program for failing to keep pace with social changes. Despite the board-wide program, not all teachers taught sexual health because they were uncomfortable with the subject, or had competing priorities.

Presently, the controversy and subsequent dispute over the updated sexual education curriculum revolves around death, but not the victims of the AIDS epidemic. Rather, the deaths of teenagers committing suicide as a result of bullying are at the centre of the sexual instruction debate. In 2004, it was reported by the Canadian Children's Right Council that 294 youths commit suicide a year.<sup>814</sup> It is also the second most common cause of death for Canadians, especially Aboriginals and LGBTQ youth, between the

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<sup>814</sup> Jeanette A. Auger and Kate Krug, *Inside the Rainbow: A Primer on Queer Issues in Canada* (Halifax and Winnipeg: Fernwood Publishing, 2013), 197.



ages of ten and twenty-four.<sup>815</sup> In addition, the death of fifteen-year-old Nova Scotian Rehtaeh Parsons in 2013 emphasized the need for updates to the public school curriculum, not only in Nova Scotia, but in Ontario as well. Parsons was fifteen when she was allegedly raped by four adolescent boys. A bystander took photos and posted them on social media. As a result, Parsons was harassed and bullied by her peers, which motivated her to take her own life. Furthermore, the boys involved were unaware that they could be charged for their actions.<sup>816</sup> *The Toronto Star* reporters Marco Chown Oved and Laura Kane argued that rape culture “starts in schools, where an outdated sex-education curriculum doesn’t address consent, new technology or sexual assault.”<sup>817</sup> Despite the advances that the feminist movement made since the 1960s, female students were still disadvantaged by the curriculum. The latest edition of the Ontario PHE curriculum was created in 1998 when social media was in its infancy and did not include any discussion on consent, sexual assault, or social media abuse. In addition, little emphasis was placed on interpersonal violence such as rape. According to the reporters, cyberbullying “has a worse effect on victims than traditional bullying because of the impression that ‘everyone knows’ about shared photos or abuse.”<sup>818</sup> The presence of social media is increasing and changes the transmission of harassment and bullying, but students are not exposed to any education on how to protect themselves or methods of using this media without harming others or placing themselves at risk.

In response to these events, and pressure from social experts, Ontario Premier Kathleen Wynne’s administration updated the PHE curriculum and included opportunities to discuss what constitutes sexual consent and healthy relationships. The new curriculum was implemented in the fall of 2015. Furthermore, children are learning about sexual

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<sup>815</sup> Auger and Krug, 197.

<sup>816</sup> Barbara Kay, “Barbara Kay: Going All the Way on Sex Education,” *National Post*, January 30, 2015.

<sup>817</sup> Marco Chown Oved and Laura Kane, “Rape Culture: What do Steubenville, Rehtaeh Parsons and Frosh Chants Have in Common,” *The Toronto Star*, October 19, 2013.

<sup>818</sup> Oved and Kane.

orientation in the early grades of elementary school. While there is support for these updates, opponents in the form of vocal religious minorities continue to protest these new additions to the curriculum. For instance, Parents as First Educators, an Ontario Roman Catholic group, created a petition that read: “We do not believe that prepubescent children should be overloaded with explicit information about sex,” and called for the program to be shelved.<sup>819</sup> Toronto sexuality educator Nadine Thornhill commented that, as a result of the allegations against entertainer Bill Cosby and former CBC radio personality Jian Ghomeshi, “We’re having these stories surface again and again and again of people not respecting consent, of people not honouring sexual boundaries.”<sup>820</sup> According to Thornhill, sexual education can provide students with information that will help them make responsible sexual decisions. The purpose of sexual instruction is not to bombard students with sexual information, but provide guidance and knowledge to prevent non-consensual sexual activities. Both supporters of sex education, such as Thornhill, and its detractors, such as Parents as First Educators want to protect and guide youth, but they have different ideas on how to meet these goals. Attempts to create updated sexual instruction, guidelines are motivated by social scares from STDs to suicide, and these programs are supported by medical, education, and youth experts. At the same time, changes are met with resistance by vocal minorities who usually have religious affiliations. Although the influence of religion and its organizations declined in the 1960s,<sup>821</sup> it did not disappear, and while some sects endorsed more liberal views of sexuality, others retained hegemonic mores and actively campaigned against sexual instruction because it was perceived as condoning pre-marital sexual activity. Sexual education has been present in public schools for a century and its primary failing relates to the inability of educators and politicians to ensure that all students receive sexual education and that regular updates are provided. As can be seen throughout this study,

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<sup>819</sup> Sarah Boesveld, “Ontario’s New Sex Ed Covers Homosexuality, Masturbation – and Consent. Not Everyone’s Saying ‘Yes,’” *National Post*, February 20, 2015.

<sup>820</sup> Boesveld.

<sup>821</sup> Owrn, 260.

the struggle and resistance to modernize sexual education during social crises have persisted for over half a century. While feminist ideology challenged patriarchal values perpetuated in the curriculum, more changes need to be made to ensure female students can determine their sexual preferences without being influenced by heteronormativity and the patriarchal agenda.

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## Appendices

### Appendix A: SEOHP Interviewees

Teachers' Name (pseudonym)	Year Started Teaching	Year of Retirement	Combined Years of Teaching Experience	Location of Teaching During the 1960s and 1970s
Benson, Richard	1960	1995	35	Tillsonburg, London
Broga, Laura	1967	2001	34	Toronto, Richmond Hill
Bruce, Elizabeth	1967	2002	35	Toronto
Davidson, Nicole	1961	1982	21	Sudbury, Sault Ste. Marie
Wilhelm, Christopher	1974	2005	31	Milton, St. Catharines
Higgins, Edgar	1966	1997	31	Etobicoke, Orangeville, Waterford

Jones, Molly	1968	1999	31	Etobicoke, Mitchell
MacDougall, Martin	1963	1998	35	Chatham
Monroe, Morgan	1975	2006	31	Markham
Moore, John	1954	1986	32	York, Richmond Hill
Namtu, Matthew	1973	2002	29	Waterloo
Paye, Catherine	1959	1990	31	Ajax, Odessa, Kingston
Pembrooke, Adam	1968	1998	30	North Bay, Coutice
Walters, June	1950	1987	37	London

### Appendix B: SEOHP Interview Questions

Date of Birth:

Place of Birth:

Marital Status:

Where you went to school and the year you started and finished?

Schools where you taught? (include grades and years that you taught at each location)

What was the socio-economic status and ethnic background of your students?

In what years did you teach?

Are you currently retired or employed?

What role (if any) did religion or spiritual beliefs play in the classroom?

What grades did you teach and when?

Why did you choose to become a teacher?

Did you enjoy teaching? What were the advantages/benefits of being a teacher?

What challenges have you faced, how did you overcome them?

Over the course of your teaching career, what trends in teaching have you witnessed? How has it evolved? What improvements has the teaching profession seen? What declinations have you noticed?

What are your views on the current state of sexual education where you taught, or in the province as a whole? In what areas could it be improved? In what areas does it excel?

What sexual education programs have you administered? What were your reactions to them? What were your students' reactions to them? What age groups were they meant for? Were they beneficial? Why? Why not?

Who created the sexual education programs that you taught?

To what degree were the Ontario Department's recommendations for sexual education incorporated into school's curriculum?

What were the programs' goals? Were they met? Why? Why not?

Who endorsed these programs? Do you know why? Did you support these programs? Do you think your attitude/reaction influenced your teaching methods?

What materials were you supplied with? Were they sufficient? Why? Why not? Effects/results? How did you compensate? What would your suggestions be for these programs?

How did you approach sexual education or family living classes?

Did you recall any controversies that arose from sexual education being taught at your school? How did this affect you and your teaching?

Do you remember if there was wide acceptance or rejection of sexual education in schools? Did this affect your teaching methods?

What were the challenges of teaching sexual education?

How comfortable were you with communicating the material and information to the students?

How did this affect your classroom? How comfortable were the students during these classes?

How often was sexual education taught to students? To what age groups? Was this appropriate? Why? Why Not?

Do you have any anecdotes that you would like to share?

Looking back, was there anything you would have done differently?

From what sources do you think youths learned the most about sex? Which sources were the most beneficial to them and why? The most detrimental and why?

Do you think that the sex education programs sufficiently met youths' emotional and intellectual needs?

Do you believe sexual instruction should be included in public schools' curricula? Why?

Do you think sexual education is a progressive initiative?

What do you recall about your sexual education? How does it compare with what your students were taught?

Comments? Questions?

### **Appendix C: Ethics Approval for SEOHP**



Use of Human Participants - Ethics Approval Notice

Principal Investigator: Dr. Monda Halpern  
 File Number: 103319  
 Review Level: Full Board  
 Approved Local Adult Participants: 50  
 Approved Local Minor Participants: 0  
 Protocol Title: Sexual Education Oral History Project  
 Department & Institution: Social Science/History, Western University  
 Sponsor:  
 Ethics Approval Date: February 22, 2013 Expiry Date: January 31, 2014

Documents Reviewed & Approved & Documents Received for Information:

Document Name	Comments	Version Date
Other	List of References for Methodology Section 2.3	
Western University Protocol		2012/12/10
Instruments	Oral History Interview Questions	
Letter of Information	Consent Form	
Recruitment Items	Telephone Script	
Recruitment Items	Email Script	
Letter of Information	Revised	2013/02/13
Advertisement	Advertisement	


This is to notify you that The University of Western Ontario Research Ethics Board for Non-Medical Research Involving Human Subjects (NMREB) which is organized and operates according to the Tri-Council Policy Statement: Ethical Conduct of Research Involving Humans and the applicable laws and regulations of Ontario has granted approval to the above named research study on the approval date noted above.

This approval shall remain valid until the expiry date noted above assuming timely and acceptable responses to the NMREB's periodic requests for surveillance and monitoring information.

Members of the NMREB who are named as investigators in research studies, or declare a conflict of interest, do not participate in discussions related to, nor vote on, such studies when they are presented to the NMREB.

The Chair of the NMREB is Dr. Riley Hinson. The NMREB is registered with the U.S. Department of Health & Human Services under the IRB registration number IRB 00000941.

Ethics Officer to Contact for Further Information

 Grace Kelly (grace.kelly@uwo.ca)	Janice Sutherland (jsuther@uwo.ca)
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*This is an official document. Please retain the original in your files.*

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Curriculum Vitae

**Name:** Michelle Hutchinson Grondin

**Post-secondary Education and Degrees:** University of Western Ontario  
London, Ontario, Canada  
2004-2008 B.A.

The University of Guelph  
Guelph, Ontario, Canada  
2008-2010 M.A.

The University of Western Ontario  
London, Ontario, Canada  
2010-2015 Ph.D.

**Honours and Awards:** William Edgar Travel Fund  
The University of Western Ontario  
2013 and 2014

Teaching Assistant Award, Nominee  
The University of Western Ontario  
2012 and 2013

North Scientific Training Program for  
Research in the North  
The University of Western Ontario  
2012

Western Graduate Research Scholarship  
The University of Western Ontario  
2012 and 2014

Western Travel and Research Scholarship  
The University of Western Ontario  
2012

College of Arts Graduate Scholarship  
University of Guelph  
2008

Research and Travel Scholarship  
University of Guelph  
2008

**Related Work Experience** Professor of Modern Languages  
King's University College at Western

Fall 2015

Writing Counsellor  
The Writing Centre at Western  
2014-Present

Writing Counsellor  
The Write Place at King's University College  
2014-Present

Teaching Assistant  
The University of Western Ontario  
2010-2014

Teaching Assistant  
The University of Guelph  
2008-2010

**Publications:**

“Review: Technologies of Sexuality, Identity, and Sexual Health, ed. Lenore Manderson (2012),” *Graduate Journal of Sexuality Studies Special Edition on Sexuality in Focus* Vol. 10, Iss. 1 (February 2013).

“Review: Place and Practice in Canadian Nursing History, ed. Jayne Elliott, Meryn Stuart, and Cynthia Toman,” *H-Canada* (October, 2011).

“Women and Gender History,” *Where Historians Disagree*, Francis, Jones, Smith, and Wardhaugh, *Destinies: Canadian History Since Confederation*. Toronto: Nelson, 2011.