

Making sex education work

Tips for Ontario and other provinces revising their curricula—and tips for parents

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THE RELEVANCE OF PARENTS IN SEX EDUCATION

In 2010, the Ontario Ministry of Education put a revised Physical Education Curriculum for grades one to eight on hold. Some parents objected to elements of the curriculum, including the age appropriateness of the introduction of various sexual themes. The Ministry of Education has announced it will reintroduce the curriculum in September 2015.

This report recounts the concerns parents expressed in 2010 and critiques some of the common claims made about sexuality education. The report examines the nature of teen sexual behaviour and provides recommendations for the province, schools and parents in navigating this often controversial topic. In final assessment, the evidence shows that parents are competent and effective in their role as their child's primary sexuality educator. All sexuality education should emphasize the power of parents in teaching their children about sexuality, in partnership with educators.

What concerns did parents have with the introduction of the 2010 curriculum?

Some media reports marginalized concerned parents, suggesting they were ignorant, misinformed or overly sensitive to the content. Rather than dismissing parental concerns, two important objections deserve consideration.

First, the Ministry of Education failed to adequately communicate curriculum changes to parents.

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Sexuality education has a long history of controversy so it should not be surprising that updating the curriculum would lead to disagreement. The introduction of the curriculum was under-communicated, with the Ministry quietly posting the curriculum to its website just a few months before implementation. However, the Ministry outlines a general process for curriculum revision. This includes consultation with various stakeholders that could include parents. Little information has been communicated about the specific process regarding the 2010 curriculum. The communication failure left parents who were concerned about content with little recourse. Poor communication put already concerned parents on the defensive creating an atmosphere of mistrust.

Second, the Ministry of Education failed to anticipate parental concern about the age appropriateness of topics introduced in elementary school curriculum.

The 2010 curriculum introduces sexual themes in greater detail at earlier ages. It is true that Ontario students are growing up in a hyper-sexualized culture. Sexual information and imagery is readily available, often without invitation. Knowing when to address sexual issues and how best to introduce topics can be challenging for everyone including parents and educators.

Instruction on anal and oral sex in grade seven, or the promotion of self-discovery through masturbation in sixth grade, were among items that gave parents pause. The complexity of topics such as gender identity formation presented in third grade left some parents feeling apprehensive about how sensitive, involved topics would be communicated.

The American Association of Child and Adolescent Psychiatry advises parents of young children that, “[p]arents



“Close parent-child relationships have been correlated with delayed sexual initiation and reduced pregnancy among teens. The absence of strong parental influence has been associated with increased risk behaviour.”



should respond to the needs and curiosity level of their individual child, offering no more or less information than their child is asking for and is able to understand.”¹ As any parent knows, readiness can differ from child to child even in the same family. Universal provincial curriculum has limited flexibility to suit the sensitivity of each child.

In 2002, a study was conducted by surveying parents in New Brunswick. The authors concluded, “Although the vast majority of parents support SHE [sexual health education], they do not necessarily share a common vision of the nature, content, and timing of an ideal SHE curriculum.”² The decision of when to introduce topics is subjective and each child has different sensitivities.

The Ministry of Education’s failure to communicate the process behind the development of the curriculum and reasoning for when topics were to be introduced increased the tension around the introduction of the curriculum.

In October 2014, the Ministry of Education took steps to address communication issues around the elementary health and physical education curriculum. The Ministry issued a media release communicating the intention to reintroduce the curriculum for September 2015. The release briefly outlined steps taken to consult various stakeholders and announced plans to survey one parent from each of the province’s 4000 schools about when certain topics should be introduced and opinions on sources of health information.³

What role do parents have in communicating about sexuality to their children?

Parents are their child’s primary sex educator. They know the sensitivities of their children and are perfectly placed to parent their children through critical stages of development.

The Ontario Physical and Health Education Association (Ophea) commissioned a public opinion poll. It found 87% of parents felt sexual health education in Ontario should be a component of the health curriculum. While this widely reported result is similar to the 2002 poll in New Brunswick, the Ophea poll also revealed that 96% of parents were comfortable with communicating to their own children about sex.⁴

Parents should be involved in the development and delivery of sexuality education. There is much evidence to support a high level of parental involvement.


The authors of the 2002 New Brunswick study argue that “parental support is strongly associated with the success of SHE [sexual health education] programs.”⁵ Parental

1. American Academy of Child and Adolescent Psychiatry (2005). Talking to your kids about sex. Facts for Families, No. 62.
2. Weaver, A.D., Byers, E.S., Sears, H.A., Cohen, J.N. & Randall, H.E.S. (2002). Sexual health education at school and at home: Attitudes and experiences of New Brunswick parents. *The Canadian Journal of Human Sexuality*, Vol. 11 no. 1, p. 20.
3. Ontario Ministry of Education (2014, Oct. 30) Media Release: Protecting the health and well-being of students. Ontario engaging parents on health and physical education curriculum. Retrieved from <http://news.ontario.ca/edu/en/2014/10/protecting-the-health-and-well-being-of-students.html>
4. Ontario Ministry of Education (2014) Background information for parents. Health and physical education (HPE) curriculum, grades 1-8. Human development and sexual health. Retrieved from <http://www.edu.gov.on.ca/eng/new/2014/memo1030.pdf>
5. Ophea parent opinion survey: Summary of findings (2013, May 30). Environics Research Group. Retrieved from https://www.ophea.net/sites/default/files/pdfs/advocacy/ADV_Environics_30MY13.pdf


engagement, from the Ministry of Education down to the local school, should be granted greater consideration in order to enhance the educational experience for children.

Parents and the home environment they create have significant influence on teen sexual decision making. An ongoing survey by the American-based National Campaign to Prevent Teen and Unplanned Pregnancy has consistently found that teens rate parents as the most influential source in their sexual decision making. Only four to five percent of teens reported that school and educators are most influential.⁶ Studies show that parental monitoring moderates negative peer influence and is associated with reduced sexual risk behaviour.⁷ Researchers DeVore and Ginsburg point out family factors such as parental control, personal values and parental values protect against the initiation of sexual activity among youth who are exposed to higher risk of sexual engagement.⁸ Close parent-child relationships have been correlated with delayed sexual initiation and reduced pregnancy among teens.⁹ The absence of strong parental influence has been associated with increased risk behaviour. Low levels of parental monitoring have been associated with higher STI rates among some sub-populations.¹⁰ A Statistics Canada report found that boys were at an increased risk of early sexual initiation when their parents reported lower quality relationship at ages 12 and 13 years old.¹¹

The evidence shows that parents create a social climate in their home that influences beliefs and behaviours that help teens transition towards autonomous adulthood. Sexuality education cannot merely acknowledge parents, but must engage them in this role. The introduction of the 2010 curriculum failed to do this, adding to the concerns parents had about the curriculum.



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PUTTING SEXUALITY EDUCATION IN CONTEXT

Sexuality education has been in Ontario schools for decades. This section of the report examines the popular claims made about the impact of sexuality education on student behaviour. It also explores teens’ physical, emotional and social development and the implications of this on teen sexual behavior.

The Ontario Physical and Health Education Association (Ophea) argues that the 1998 curriculum is putting students at risk, stating “it’s taking a toll on their health.”¹² It’s a claim that is hard to substantiate.

Program evaluations

Advocates claim that school-based sexuality education does not increase sexual behaviour and in fact reduces risk behaviour. While a number of studies attempt to evaluate programs, a 2007 analysis by Kirby, Laris and Rollieri is often cited as evidence. The authors report that the sexuality education programs they studied were more likely to decrease risky sexual behaviour than increase it.¹³ But that’s only

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6. Albert, B. (2012). With one voice 2012: America’s adults and teens sound off about teen pregnancy. Washington, DC: The National Campaign to Prevent Teen and Unplanned Pregnancy, p. 11.
 7. DeVore, E.R., & Ginsburg, K.R. (2005). The protective effects of good parenting on adolescents. *Current Opinion in Pediatrics* 17, pp. 460-465.
 8. DeVore, & Ginsburg, Protective effects, p. 463.
 9. Miller, B.C., Benson, B. & Galbraith, K.A. (2001). Family relationships and adolescent pregnancy risk: A research synthesis. *Developmental Review*, Vol. 21, No. 1.
 10. DeVore, & Ginsburg, Protective effects, p. 462.
 11. Garriguet, D. (2005, May). Early sexual intercourse. *Health Reports*, vol. 16, no. 3, p. 13.
 12. Ophea (2013). It’s time to take action for Ontario’s kids. Retrieved from http://www.ophea.net/sites/default/files/file_attach/HPEA_AdvocacyPieceFINAL_02OC12.pdf
 13. Kirby, D.B., Laris, B.A., & Rollieri, L.A. (2007). Sex and HIV education programs: Their impact on sexual behaviors of young people throughout the world. *Journal of Adolescent Health*, 40, pp. 206-217.

half the story. The study found that the strongest likelihood was for programs to show no significant impact on sexual behaviours.

The authors examined the impact of curriculum-based sexuality education on eight sexual behaviours. They found that the programs with positive impacts outnumber those reporting negative impacts. The authors conclude that the impact on behaviour “is quite strong and encouraging.”¹⁴

Yet, in seven of the eight behavioural categories, the number of programs with no significant results outnumbered those with positive results. (The exception was a category that showed an equal number of positive and insignificant results.) In short, the impact of sexuality education programs was most often shown to be insignificant.

The researchers did acknowledge, “The results of the few studies that measured impact on STD or pregnancy, however, did not produce many significant positive effects.”¹⁵ The authors conceded that perhaps the programs failed “to change those behaviours that have the strongest impact on STD or pregnancy rates.”¹⁶ They also speculated, however, that the methodology of the studies could have contributed to the findings.

A number of other studies have shown sexual health knowledge does not necessarily correlate with safer sexual behaviour. A study of university students in the UK found that despite knowing about the transmission and consequences of sexually transmitted diseases, many students continued engaging in risk behaviour.¹⁷ Lou and Chen concluded in their 2009 study that “Adolescents with more sexual knowledge do not necessarily have safer sex behaviour.”¹⁸ The finding is



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a reminder that sexuality education alone is insufficient to ensure positive teen sexual health.

Learning from the New Brunswick experience

In the mid-2000s, New Brunswick introduced the type of progressive curriculum advocates favour. Between 2006 and 2010, the teen pregnancy rate in New Brunswick increased by almost 40%.¹⁹ The finding reminds us that complex factors influence teen sexual decision making. School based curriculum may have its place, but the New Brunswick experience demonstrates relying on the “right type” of school based curriculum simply doesn’t cut it.

14. Kirby et al., *Sex and HIV education*, p. 213.

15. Kirby et al., *Sex and HIV education*, p. 214.

16. *Ibid.*

17. Jones, N.R. & Haynes, R. (2006, September). The association between young people’s knowledge of sexually transmitted diseases and their behavior: A mixed methods study. *Health, Risk and Society* Vol. 8, Issue 3.

18. Lou, J.H. & Chen, S. H. (2009) Relationships among sexual knowledge, sexual attitudes, and safe sex behaviour among adolescents: A structural equation model. *International Journal of Nursing Studies*, 46, p. 1600.

19. McKay, A. (2013). Trends in Canadian national and provincial/territorial teen pregnancy rates: 2001-2010. *The Canadian Journal of Human Sexuality*, Vol. 21, No. 3 & 4, p. 165.



“Developmental psychologist Gordon Neufeld points out that teen sex is rarely just about sex. It is often more about control, power, the drive to be desired and accepted and ultimately about seeking the deep human need for attachment.”



PHYSICAL, EMOTIONAL AND SOCIAL DEVELOPMENT

Child and adolescent development sheds light on the nature of teen sexual behavior and how adults and particularly parents can help children and teens.

The developing teen brain

American psychologist Laurence Steinberg suggests that neuroscience sheds light on why adolescents engage in risk behaviour despite knowing and understanding consequences. He argues that much of adolescent brain development occurs in regions and systems of the brain “that are key to the regulation of behaviour and emotion and to the perception and evaluation of risk and reward.”²⁰ Steinberg argues that teens rely heavily on emotional and social influences when making decisions. He suggests, “the developments of early adolescence may well create a situation in which one is starting an engine without yet having a skilled driver behind the wheel.”²¹ Teen sexual decisions are often made in the

heat of the moment when emotions and social influences are heightened. Perhaps this is why parental relationships and home environment is so important.

The nature of teen sexual behaviour

Author and family physician Leonard Sax told *Maclean's* magazine in an interview, “Parents have this 1980s mindset that you should give your child autonomy and independence, let your children make their own mistakes...That ‘80s mindset is wildly inappropriate in the 21st century.”²²

One reason Sax gives for a hands-on approach is his concern for the sexualisation of girls leading to the loss of middle childhood (ages 8 to 12). Sax argues, “We have girls who are now putting on a pretense of adult sexuality that they couldn’t possibly feel, and the danger of putting on a show is that you lose touch with your own sexuality.”²³

Developmental psychologist Gordon Neufeld points out that teen sex is rarely just about sex. It is often more about

20. Steinberg, L. (2005, February). Cognitive and affective development in adolescence. *Trends in Cognitive Sciences* Vol. 19, No. 2, p. 69.

21. Steinberg, *Cognitive and affective*, p. 70.

22. Leonard Sax as quoted by Fillion, K. (2010, May 10). Gender expert Leonard Sax on the empty world of girls. *Maclean's*, p. 21.

23. Sax as quoted by Fillion, *Gender expert*, p. 19.



control, power, the drive to be desired and accepted and ultimately about seeking the deep human need for attachment. Sexual intimacy requires maturity. But Neufeld writes, “The sex of adolescence seldom comes with the protection of commitment, the promise of exclusivity, the tenderness of consideration, or the support of the community. It is sex that is unprotected in the deepest sense—psychologically.”²⁴ He argues from his experience of working with adolescents that teens who engage with multiple partners become emotionally numb. He suggests that sex loses its potency for bonding. “The long-term effect is soul-numbing, impairing young people’s capacity to enter into relationships in which true contact and intimacy are possible.”²⁵ He argues that much of the blatant talk of sexuality among teens today has little to do with openness or progress, but is a sign of the loss of intimacy and vulnerability needed for intimate bonding.²⁶

Dr. Sax, too, argues that sex can lose its intimate function, becoming a commodity used to raise social status.²⁷

Teens benefit from having strong bonds with adults as they develop and mature. Unfortunately, parents too often underestimate their own influence on teen decision making.²⁸ Research confirms that the relationship parents develop with young children and the type of home life they create continues to benefit young people in their teen years.²⁹ A parenting style that is warm and supportive with clear communication and appropriate supervision helps young people thrive.³⁰

24. Neufeld, G. and Maté, G. (2005). *Hold on to Your Kids*. Toronto: Vintage Canada, p. 162.

25. Neufeld & Maté, *Hold on*, p. 160.

26. Neufeld & Maté, *Hold on*, p. 161.

27. Sax in Fillion, *Gender expert*, p. 20.

28. Albert, B. (2009). *With One Voice (lite)*. Washington, DC: The National Campaign to Prevent Teen and Unplanned Pregnancy.

29. Mitchell, P.J. (2009). *Rated PG. How parental influence impacts teen sexual activity*. Ottawa: Institute of Marriage and Family Canada. Retrieved from <http://www.imfcanada.org/issues/rated-pg>

30. DeVore, E.R., Ginsburg, K.R. (2005, August). The protective effects of good parenting on adolescents. *Current Opinion in Pediatrics*, 17(4).



RECOMMENDATIONS

There is little doubt that the current Ontario curriculum is dated, but questions remain as to how the Ministry of Education will be more inclusive of parental concerns in 2015. Below are considerations for the Ministry of Education, schools and parents.

Considerations for the Ministry of Education

👉 *Engage with concerned parents*

Parents are the primary educator with regards to sexuality. The Ministry of Education acknowledges this role in the curriculum document. They write:

“Parents are the primary educators of their children with respect to learning about values, appropriate behaviour, and ethnocultural, spiritual, and personal beliefs and traditions, and they act as significant role models for their children. It is therefore important for schools and parents to work together to ensure that home and school provide a mutually supportive framework for young people’s education.”³¹

The Ministry of Education needs to back up the statement with action. The October 2014 media release and backgrounder for parents acknowledged the need to engage parents.

How can this be done? The Ministry of Education must commit to better communication with parents and be proactive in addressing their concerns. This includes reviewing the age appropriateness of the material. Before implementing a new

31. Ministry of Education (2010). The Ontario Curriculum Grades 1-8. Health and Physical Education (Revised), p. 10.

sexuality health curriculum, the Ministry of Education should create a forum to facilitate parental feedback. The Ministry could open the parent survey to all parents, rather than just one parent from each school.

Furthermore, the Ministry of Education should be more inclusive of parents from diverse backgrounds by including parental participation in the technical content analysis of future revisions. This should include revisions to the secondary level health and physical education curriculum.

➤ *Respect parental rights*

Sexuality education cannot be divorced from values. This is true whether one is liberal or conservative, religious or non-religious. Sexuality involves human interaction at the most intimate level and facilitates the creation of new human life.

Under the International Covenant on Civil and Political Rights, of which Canada is a signatory, the state must respect the freedom of parents to “ensure the religious and moral education of their children in conformity with their own convictions.”³²

The principle of parental liberty to ensure the moral education of children has been raised in a case before the Alberta Human Rights Commission. There, a mother who is agnostic objects to the sexuality education instruction her daughter received at school through a faith-based pregnancy centre.³³ The case should serve as a reminder to the Ministry of Education in Ontario to carefully consider the diversity of Ontario’s classrooms. The point is not to attempt the creation of a curriculum devoid of values, which is impossible, but to accommodate a range of values that parents hold.

➤ *Measure and evaluate curriculum outcomes*

The Ontario Physical and Health Education Association's (Ophea) campaign to reinstate the 2010 curriculum argued that student health is in peril, stating that the old curriculum is “taking a toll on their health.”³⁴ No evidence of harm was offered, but the statement implies that the new curriculum will improve student sexual health. The Ministry of Education should evaluate the impact of the new curriculum on student health.

To better track teen sexual health, it should amend the Broader Public Sector Accountability Act that came into effect in 2012 prohibiting the full collection of aggregate data on abortions.³⁵ Blocking health data does not contribute to better health outcomes, but impairs the ability to measure outcomes.

The challenge would be to correlate sexual health indicators with the sexuality curriculum. As shown earlier, teen pregnancy rates increased in New Brunswick following the implementation of a progressive curriculum in that province. The teen pregnancy rate in the United States has been falling even as diverging approaches to sexuality education have been employed. The factors impacting teen sexual health are more complex than simply implementing a revised curriculum. However, outcomes should certainly be measured and tracked as a curriculum is changed.

➤ *Support parental choice in education*

Compared to other provinces like British Columbia, Alberta and Manitoba, Ontario offers few educational choices. School choice empowers parents to select the best learning

32. United Nations (1966, December 19). *International Covenant on Civil and Political Rights*, Part 3, Art. 18, s. 4. Retrieved from <https://treaties.un.org/doc/Publication/UNTS/Volume%20999/volume-999-I-14668-English.pdf>

33. Simons, P. (2014, July 10). Simons: Christian sex ed in public schools an infringement of human rights, says Edmonton mother, daughter. *Edmonton Journal*. Retrieved from <http://www.edmontonjournal.com/Simons+Christian+public+schools+infringement+human+rights+Edmonton+mother+daughter/10015901/story.html>

34. Ophea (2013). It's time to take action for Ontario's kids. Retrieved from http://www.ophea.net/sites/default/files/file_attach/HPEA_AdvocacyPieceFINAL_02OC12.pdf

35. Klammer, L. (2012, August 8). Hypocrisy behind Bill 22. *eReview*. Vol. 12, No.6. Ottawa: Institute of Marriage and Family Canada. Retrieved from <http://www.imfcanada.org/issues/hypocrisy-behind-bill-122>

environments for their children.³⁶ Although controversial in a province with perennial campaigns to create a single public education system, greater choice would accommodate the differing sensitivities and development needs for Ontario children.

Considerations for schools and teachers

A healthy relationship between local schools and parents contributes to a cohesive learning community. Educators and parents share the responsibility for developing strong learning environments.

➤ *Communicate clearly*

Facilitating effective communication between schools and parents can be challenging, but it can prevent misunderstanding and conflict.

Schools should send materials home ahead of the lesson to help parents evaluate the appropriateness of the content for their child. Allowing parents to preview the material may defuse concerns and allow parents to engage the material with their children. Many schools already provide overviews and send material home.

Parents should be notified before outside groups are invited into the classroom and should be made aware of the material that will be presented. Outside groups have their own interests for participating in the classroom. Providing parents with as much information as possible may prevent misunderstanding and conflict later.

➤ *Remain flexible to the needs of children*

As noted earlier, the American Association of Child and Adolescent Psychiatry advises parents of young children that, “[p]arents should respond to the needs and curiosity level of their individual child, offering no more or less information than their child is asking for and is able to understand.”³⁷ Young children have differing sensitivities and readiness. Parents are best positioned to know the readiness of their child and should have the option to pursue alternative lessons appropriate to their child’s readiness.

One elementary school in British Columbia has invited parents into the education process by providing some basic health information and then giving children and parents an afternoon off to continue the conversation together. The process respects that parents are in the best position to gauge the sensitivity and readiness of their child.

Considerations for parents

The controversy surrounding the 2010 revisions to the elementary level sexuality education curriculum serves as a reminder for parents that they are ultimately responsible for educating their children.

➤ *Be informed*

Parents need to be proactive in addressing the issue of healthy sexuality in an age appropriate manner. As noted earlier, the Ophea survey shows that a majority of parents are confident in their ability to talk to their children about sexuality.³⁸

36. Education consultant Paul W. Bennett reports, “Students who attend private schools tend to perform significantly better on international achievement tests, so stories about the so-called soft standards in such schools should be taken with a grain of salt. A new August 2011 report, commissioned by the **Organization of Economic Cooperation and Development (OECD)**, confirms this while painting a more complicated picture, factoring in a socio-economic analysis of the results. Given the OECD’s mandate, the detailed analysis focused as much on the perceived educational value of private schools as on reporting the actual student performance results.” <http://www.pisa.oecd.org/dataoecd/6/43/48482894.pdf> " Bennett, P.W. (2011, Oct 4). Private schools vs. public schools: Why do private school students achieve better results? *Educhatter's Blog*. Retrieved from <http://educhatter.wordpress.com/2011/10/04/private-schools-vs-public-schools-why-do-private-school-students-achieve-better-results/>

37. American Academy of Child and Adolescent Psychiatry (2005). Talking to your kids about sex. *Facts for Families*, No. 62.

38. Ophea parent opinion survey: summary of findings (2013, May 30). Environics Research Group. Retrieved from https://www.ophea.net/sites/default/files/pdfs/advocacy/ADV_Environics_30MY13.pdf

Issues around sexuality are an ongoing conversation between parents and their children. Parents need to take time to inform themselves just as they would research the ideal family vacation, best hockey school or dance studio.

The Ministry of Education will post the curriculum to their website before the September 2015 implementation. Parents can inquire of teachers about teaching materials and reliance on guest presenters in the classroom.

➡ *Engage in conversation beyond “the talk”*

Research shows that sexuality education at home begins long before “the talk.” Home environment and the relationships parents nurture with their kids influence later choices and behaviours. Research into parenting style suggests that relationships that are warm, caring and communicative and that provide expectations and limits are optimal for child development. Parental values help guide young people in their own decision making.

➡ *Be gatekeepers of technology*

One criticism about delaying the 2010 curriculum is that the current curriculum predates the explosion in social media use and other internet applications. These are important issues and schools are already addressing these concerns through anti-bullying campaigns and other activities around online safety.

While the revisions cover some online issues, the 2010 curriculum makes no specific mention of the growing research on the negative impact of pornography use.³⁹ A 2014 survey of 18-year-olds in the UK found that 80% agreed it is too easy for young people to accidentally see pornography online. Another 70% agreed that “pornography can have a damaging impact on young people’s view of sex or relationships.”⁴⁰ It’s an issue parents can’t afford to ignore.

Life happens online for many teens. Parents are the gatekeepers when it comes to media use within the home. Research suggests that setting guidelines about media use can have a positive impact. Just as important, parents need to model healthy media use as well.

CONCLUSION

Parents are their children’s primary sexuality educators, and their greatest influence. Evidence suggests parents and the home environment are an essential component of teen sexual decision making. Children and teens benefit from a parenting style that is warm and supportive, with clear communication and appropriate supervision. Parents will need to take the lead in making the best educational choices for their children. 🍁

39. For example, see Eberstadt, M., & Layden, M.A. (2010). *The social costs of pornography. A statement of findings and recommendations*. Princeton: The Witherspoon Institute.

40. *Opinium Research Results/Tables* (June 2014). retrieved from <http://www.ippr.org/assets/media/publications/attachments/OP4391-IPPR-Data-Tables.pdf>

SUMMARY OF RECOMMENDATIONS

Ministry of Education:	Schools and teachers:	Parents:
<p>➤ Engage concerned parents Proactively engage parental concerns including age appropriateness of content.</p> <p>➤ Respect parental rights Parents are the primary sexuality educators and have the right and responsibility for the moral and ethical education of their children.</p> <p>➤ Measure and evaluate curriculum outcomes Increase efforts to accurately track teen sexual health.</p> <p>➤ Support parental choice in education Parents are responsible for the education of their children who benefit when choices are available to meet their needs.</p>	<p>➤ Communicate clearly Clear communication with parents may defuse concerns and allow parents to make informed choices for their children.</p> <p>➤ Remain flexible to the needs of students Parents understand the sensitivities of their children and should have the option to pursue alternative lessons.</p>	<p>➤ Be informed Parents must be proactive in addressing healthy sexuality in an age appropriate manner.</p> <p>➤ Engage in the conversation beyond ‘the talk’ Home environment and healthy parent/child relationships influence later choices and behaviours.</p> <p>➤ Be gatekeepers of technology Research suggests setting guidelines about media use at home can have a positive impact.</p>



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