Sensitive Curriculum Information Letter - Muslim Family

Informed of Sensitive Lesson Content
Accommodation Request

Curriculum Area: Sexual Health Education

Parent(s)/Guardian(s): _____

Name of Student:_____

Address: _____

Contact: Email: _____ Ph:_____

Date: _____

Dear _____;

I am writing to express my concerns with allowing my child to participate in the sex ed curriculum (Healthy Living - Human Development and Sexual Health Strand of the Ontario Health and Physical Education Curriculum). I would prefer to opt-out but fear my child may be ostracized by peers.

As a Muslim family we adhere to the teachings of our faith. When it comes to human sexuality the following apply:

> ***Beliefs and Practices*** *- In Islam, the teaching of sexuality is strictly regulated and predicated upon principles of modesty and issues of separation of males and females. Sex education is grounded in Islamic teachings.*
>
> *In Islam, sexual activity is intended to bond two people together. It is a deep knowing, a deep longing for connection. Sex is not just physical. It is also spiritual. It is about feeling closer than you ever thought possible to any other human being and should only take place as part of a life-long, committed, married relationship.*
>
> *Modesty may preclude students in co-ed classrooms from participating in discussions or asking questions about some aspects of sexuality. The explicit nature of pictures and videos sometimes used in the teaching of health and sexuality units may be considered inappropriate.*
>
> *Where possible, it would be best for our children if classrooms could be gender-segregated to discuss sensitive issues.*

Living in a pluralistic society, it's understandable that at times lesson content may be sensitive for one culture or another. To assist the school, we have included *(see next page)* a description of content from the curriculum that our faith does find sensitive, and from which we are often required to abstain.

Possible Accommodations

The Ministry of Education and Boards of Education recognize that we live in a multi-worldview society consisting of many faiths and cultures, and at times instruction may be controversial to some families. The Ministry of Education Religious Accommodation Policy, recognize that religious accommodation may be needed in **"participation in daily activities and curriculum".**

I/we are requesting the following accommodation options:

a) Inform family of sensitive content and accommodate where needed

Sensitive content has been listed on the following sheet so the family can work with the school to determine the necessary accommodation. This could take different forms:

i) It may only be necessary for parents to talk with the child about how the information applies to them as a person of faith living in a secular world, or

ii) opting out of instruction - for which we are concerned about ostracization by peers.

b) Provide an alternative program - Sexual Risk Avoidance

There are 2 basic approaches to sexual health instruction (see attached package for further details):

i) Comprehensive Sex Education (CSE) - The philosophy the Ontario sexual health curricula is base upon.

ii) Sexual Risk Avoidance (SRA) - A rapidly growing approach that began more than 10 years ago. It has been tested and proven to empower youth to delay sex - often until marriage.

Sexual health instruction is important. To be effective this instruction needs to be in alignment with the differentiated learning needs of the child. Differentiated learning theory requires education programs to be selected or modified based on student's life experience. As our child is not sexually active, as is the case with most students in their class, SRA programming best meets their learning needs. This approach is also in better alignment with the instruction of our faith and our home. It would be wonderful if such programing was available as an alternative/accommodation.

Attached please find further information that provides the scientific information, medical research, Public Health Models, differentiated learning model that support our concern with the Ontario curriculum, request for accommodation and our interest in SRA programing.

Conclusion:

Please examine the "Sensitive Lesson Content" page attached and inform me/us when sensitive content is part of planned instruction so that accommodations may be decided.

If the school is interested in shifting to a Sexual Risk Avoidance approach, please advise.

Thank you for your interest in the learning needs of my/our child.

Sincerely,

_____

Signature(s) of Parent(s) / Guardian(s)

Attachments

- Sensitive Lesson Content
- Sex Ed Explanatory Notes

Sensitive Lesson Content Form

Student: _____

School: _____

Grade : _____ _____

I/We request to be advised prior to any **planned instruction** containing the following checked ( ) learning issues and topics. This request applies to content that is derived directly from curriculum documents and the context of (e.g. themes within novels, videos, songs, dramatizations, etc.) including from supplementary lesson materials.

A. Sexual Health Education

1. ____ Labeling of genitalia - this is most concerning when done in mixed sex/gender classes.
2. ____ Instruction in consent
    - In the primary grades although teaching of consent may not be tied to activities, in the later grades the term "consent" is strongly tied to sexual activity expectations. This is offensive and it would be preferred if another term was used (e.g. permission, agree, permission, approve)
    - In the later junior and intermediate grades - the majority of students (93%) have not been involved in any sexual activity and would benefit more from the Public Health Primary Prevention strategies where students are instructed in how the negative aspects of at risk activities and how to avoid these. e.g., the development of establishing boundaries and refusals skills.
3. ____ Puberty
    - During puberty, stresses can happen when a youth's personal desires conflict with cultural/spiritual teachings. For this reason, the topic would best be covered with consideration of the guidelines of the faith with respect to sexuality.
4. ____ Masturbation
    - Islam has specific teachings regarding masturbation.
    - teachings in the classroom are not likely to be in alignment
5. ____ Discussion of premarital or extramarital sexual activity as natural, healthy, or acceptable for youth
6. ____Instruction or activities about sexual conduct that we do not consider to be age-appropriate (i.e. anal sex, oral sex, sadism, masochism, fetishes, bondage, etc.)
7. ____ Instruction about, or provision of, birth control drugs and devices (e.g., condoms)
    - instruction in condoms often provides an over-inflated sense of security
    - students are not provided with the accurate efficacy rates
      e.g., Medical Institute for Sexual Health reports condoms only reduce the risk of transmitting chlamydia and gonorrhea by 60%, and of acquiring genital herpes by only about 30%. [1]
8. ____ Teaching that abortion is an acceptable method of birth control, that life does not begin at conception
9. ____ Instruction or activities about homosexual, bisexual conduct and relationships

In addition, I am/we are requesting the following:

i. As long as I/we remain liable to provide support to my/our child, I/we request that all employees and agents of the school refrain from counseling, treating, or referring my/our child for non-emergency treatment or admission to a care facility, or providing birth control materials without my/our knowledge and prior consent.
ii. My/our child not be approached for his/her consent to participate in any of the above activities, with the intent to nullify this communication.
iii. This document be made available in my/our child's permanent student record and teachers who will be in contact with my/our child be informed about this communication and will inform me/us about sensitive curriculum.

In the event a controversial issue arises in class, I/we will accept responsibility to either:

- speak with my/our child to help him/her better understand how this information applies to him/her as a person of faith, or
- work with the school to seek reasonable, relevant, and realistic accommodations

Thank you for your support,

_____

Print name of parent(s)

_____ _____

[1] https://www.medinstitute.org/condoms/

Signature - parent(s) legal guardian(s) (or student 18 or over) Date

Sex Ed Explanatory Notes

Dear Principal(s) and Teacher(s):

In an effort to promote understanding, please find on the following pages explanatory notes explaining our decision that SRA best meets our child's learning needs

Contents:

1) Two Approaches to Sex Education

There are two philosophical approaches to sexual health instruction –

- **Comprehensive Sex Education ('CSE')**
- **Sexual Risk Avoidance ('SRA').**

Both approaches cover the typical sexual health content - puberty, conception, reproduction, and sexually transmitted diseases**,** but **differ when it comes to instruction on teen sexual activity.**

The approach driving sexual health instruction in society and schools is Comprehensive Sex Education (CSE), which is also known as Sexual Risk Reduction (SRR). Let's first look at CSE in detail.

Below is a chart comparing CSE/SRR with Sexual Risk Avoidance (SRA). **Please Note:** The info in the charts is not "grade specific", but a comparison of philosophical approaches.

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	Comparison Chart **Sexual Risk Avoidance vs Comprehensive Sex Ed**
	Sexual Risk Avoidance (SRA) **imary Prevention - Optimal Health Choice** **e.g. Heritage Keepers**	**Comprehensive Sex Education (CSE)** **Secor ry: Sexual Risk Reduction (SRR)** minant Approach in School Sex Ed Programs)
Description / Definition	Equips and empowers youth to protect their future by avoiding non-marital sexual activity. NOTE: this applies no matter the sexual orientation of the individual. sexually transmitted infections	CSE/SRR is a **rights-based** approach that seeks to equip children with the knowledge**,** **skills**, attitudes and **values** needed to **determine and enjoy their sexuality**, physically and emotionally, individually and in **relationship.**[2]
Rationale	**Medical Rationale:** Abstaining from sexual activity until married/life-long relationship is the only 100% effective way to avoid teen pregnancy and sexually transmitted infections. **Public Health Rationale** Consistent with Primary Prevention in Public Health Model (see Lens Study) **Educational Rationale** Consistent with Differentiated Learning Education Model. (See Lens Study) Majority of youth are not sexually experienced & need a program that is in alignment with their experience • Middle School - 91% have not had sexual intercourse[3] • High School- 68% have not had sexual intercourse[4] **Social Values Rationale :**	**Medical Rationale:** ▪ Youth have the autonomous right to choose how and when to be sexually active. ▪ Some children/youth will be sexually active ▪ Sexual activity can result in pregnancy and/or sexually transmitted infections, ▪ Therefore, all children should be provided with information on ways to reduce the risks: o instruction in the use of condoms and other contraceptives o non-reproductive methods of sexual expression (anal, oral, self and mutual masturbation, etc.) o seeking testing and medication to monitor their sexual health and control symptoms **Social Values Rationale** Be Inclusive and reduce discrimination by ▪ accepting and affirming all methods of sexual expression and sexual orientations that are entered into consensually

[2]https://www.ippf.org/resource/ippf-framework-comprehensive-sexuality-education/
[3] https://www.imfcanada.org/sites/default/files/teen%20sexual%20activity_2013.pdf
[44] https://tasccalberta.com/wp-content/uploads/2017/11/Youth-Sexuality-Trends-2017.pdf

	SRA programs do not discriminate against gender or sexual orientation. Avoiding sexual activity until married benefits all students, no matter their current gender identity, or sexual orientation.
	
	Emotional Rationale
	Most sexually experienced youth report they wish they had waited (i.e. needed refusal skills)
	• > 15 years - 78% regret
	• 15 to 19-year-old youth – 63% wish they had waited[5]
	• Reduced depression and suicide rates
	  ○ Sexually experienced males are 8x more likely to commit suicide
	  ○ Sexually experienced female youth are 3x more likely to commit suicide.
	
	Protecting Futures Rationale
	Students who follow success sequencing & avoid non-marital sex:
	• complete more education & have better earning potential,
	• more likely to achieve their life goals,
	• have better family relations (as a youth and adult)
	• have better physical, mental and emotional health[6]
		▪ affirming and instructing on sexual orientations & gender identity so that children and youth may consider how this applies to them
		▪ present sexuality positively, emphasizing values such as respect, inclusion, non-discrimination, equality, empathy, responsibility and reciprocity.[7]
		
		c) Satisfying, Healthy Sexual Relationships
		Youth surveys indicate some youth want to know about relational and emotional aspects of sexuality:
		▪ healthy sexual relationships & orientations;
		▪ Consent - communication and negotiation regarding sexual activity
		▪ sexual pleasure,
		▪ how to end a relationship[8]
		
		Consent for sexual activity is seen as a primary strategy toward healthy sexual relationships and the concept of communicating consent begins to be taught in primary grades.

Goal(s)	Youth will protect their future by choosing the optimal health sexual choice of avoiding non-marital sexual activity, leading to optimal sexual health, stable family life, and positive life outcomes.	1) Reduce the risk of pregnancy and STIs 2) Be inclusive of all sexual orientations 3) Empower youth who choose to be sexually active to have satisfying, sexually fulfilling relationships
Primary Strategy	**Primary Strategies / Content of Risk Avoidance** In addition to the typical sex ed content (reproduction, puberty, sexually transmitted infections) the program also includes life skills training to help students … • identify their personal goals, • Instruct on the negative impact early teen sexual activity can have on achieving goals; completing education; earning potential; mental, physical and emotional health, etc. • develop skills to resist negative peer pressure by setting protective boundaries and developing refusal skills • understand the value of mutual monogamy This is accomplished in an atmosphere where students also learn to respect that others may make different choices.	**Primary Strategies – Risk Reduction** • Contraceptives • Affirming abstaining from all sexual activity is the only 100% way of avoiding pregnancy or an STI • Affirming alternative ways to express oneself sexually, which may be less risky e.g., oral sex, anal sex, internet sex, self-masturbation, mutual masturbation, etc. • Consent for sex - in an effort to reduce abuse, students need to be able to communicate their sexual activity preferences • Rx - testing for STIs, and medication to control Child will accept all sexual choices and choose to express sexually in ways that “are satisfying, respects others, and reduces risk”

***Highlighted words defined from the CSE Definition**

- **Sexuality**: understanding of sexual orientations, sexual activities, and capacity for sexual feelings 8
- **Rights-Based**: *World Health Organization International Standards for Human Sexuality* state that students need to be informed of their sexual rights as determined by Planned Parenthood International.
- **Skills** – investigating sexual preferences through self-investigation (masturbation), use of consent – discussion of sexual preferences with someone who is more than just a friend, use of contraceptives, etc.
- **Values** – acceptance of all consensual sexual choices and activities, engaged in respectfully and mutually satisfying.

[5] TheNational Campaign.org , With One Voice 2012, America’s Adults and Teens Sound off About Teen Pregnancy, Albert (author)
[6] http://www.americanvalues.org/catalog/pdfs/wmm3-30-conclusions.pdf
[7] https://en.unesco.org/news/why-comprehensive-sexuality-education-important
[8] 2017, The Ontario Sexual Health Education Update: Perspectives from the Toronto Teen Survey (TTS) Youth

- **Determine their sexuality** – encourage and support children and youth to determine their gender and sexual orientation, sexual activity preferences, and their capacity for sexual feelings
- **Relationship** – not limited to heterosexual or one partner as this would be discriminatory.

2) Our Family Position & Rationale on Sexual Health Instruction

Our family chooses to teach our child from the Primary Prevention Approach - Sexual Risk Avoidance**.** This decision is based scientific evidence and medical research; is accepted Public Health Models, and differentiated learning practices; which support the teaching in our home, and our faith.

Rationale for our Position

Teen sexual activity has enormous costs for adolescents, their families, communities, and for society as a whole. Teen sexual activity is associated with negative life-long outcomes, often persisting into adulthood:

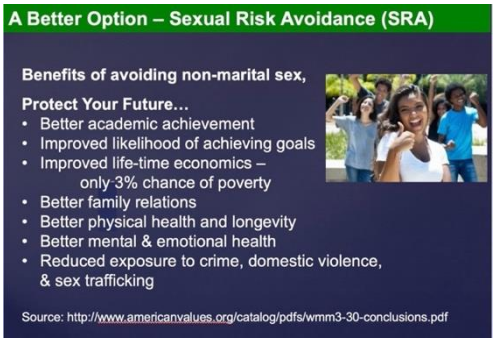
a) Risks of Non-marital Sexual Activity

- Physical Risks
  - More likely to experience a pregnancy and acquiring a sexually transmitted infection
  - Reduced general physical health
- Other Risks – Social, Emotional, Academic, Economic

  Whether or not a pregnancy or STI occurs, sexual initiation has been associated with…
  - reduced academic achievement – not necessarily connected to pregnancy[9]
  - reduced earning potential, increased exposure to poverty [10]
  - feeling of regret for sexual activity[11]
  - poorer mental and emotional health[12]
  - increased depression[13]
  - increased suicide rates [14](boys 8x, girls 3x)
  - poorer family relationships (as a youth and as an adult), reduced family stability, increased divorce [15]
  - less attachment to parents, school and faith[16]
  - increased risk-taking and other problematic behaviours such as drug and alcohol use and crime.[17]
  - Less likely to exercise self-efficacy and self-regulation[18]
  - *higher likelihood of experiencing sexual exploitation, dating violence, and unwanted or forced intercourse/rape*[19]

b) The SRA Approach

- instills a desire in students for optimal medical/sexual health, and to determine and protect their personal values and goals by abstaining from sexual activity until married/life-long partner. SRA instructs youth in the benefits of avoiding non-marital sex.
- develops in youth the skills to establish boundaries, and the refusal skills to reject negative peer pressure.
- is in alignment with the **Public Health** Primary Prevention Model (See below)



[9] Weed, Stan E. and Lickona (2014). Abstinence Education in Context: History, Evidence, Premises, and Comparison to Comprehensive Sexual Education. In Maureen Kenny (Ed.) Sex Education. Hauppage, NY:Nova Science Publishers. pp3-7. www.novapublishers.com
[10] National Marriage Project, (2011). Why Marriage Matters – Thirty Conclusions from the Social Sciences, Institute for American Values, NY
[11] The National Campaign.org , With One Voice 2012, America's Adults and Teens Sound off About Teen Pregnancy, Albert (author)
[12] Weed, Stan E. and Lickona (2014). Abstinence Education in Context: History, Evidence, Premises, and Comparison to Comprehensive Sexual Education. In Maureen Kenny (Ed.) Sex Education. Hauppage, NY:Nova Science Publishers. pp3-7. www.novapublishers.com
[13] Ibid
[14] Ibid
[15] National Marriage Project, (2011). Why Marriage Matters – Thirty Conclusions from the Social Sciences, Institute for American Values, NY
[16] Ibid
[17] WeedWeed, Stan E. and Lickona (2014). Abstinence Education in Context: History, Evidence, Premises, and Comparison to Comprehensive Sexual Education. In Maureen Kenny (Ed.) Sex Education. Hauppage, NY:Nova Science Publishers, pp3-7. www.novapublishers.com
[18]
[19] WeedWeed, Stan E. and Lickona (2014). Abstinence Education in Context: History, Evidence, Premises, and Comparison to Comprehensive Sexual Education. In Maureen Kenny (Ed.) Sex Education. Hauppage, NY:Nova Science Publishers, pp3-7. www.novapublishers.com

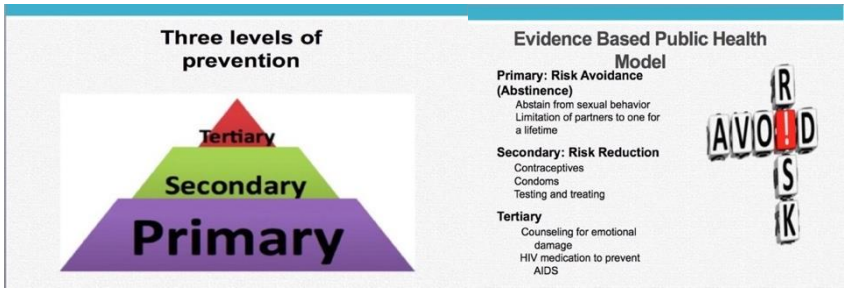
- is in alignment with the learning needs of my child who has not had sexual experience. Based upon **Differentiated Learning** this is the approach which best addresses his/her experience and interests. (see next page)
    - supports accurate instruction in the **efficacy of condoms**

3) Rationale for our Family Position: Our position is supported by…

a) Public Health model b) Differentiated Learning

c) Scientific and Medical Research

a) Examining CSE and SRA Through *the Public Health Prevention Model Lens* [20]



Public Health advocates a three-tier approach to high-risk health issues (sex, drugs, etc.).

	Primary Level	Secondary Level	Tertiary Level
Also Known As …	• Risk Avoidance • Optimal Health	• Sexual Risk Reduction • Comprehensive Sex Ed (CSE)	
Focus	• ***Risk Avoidance*:** PREVENT disease or injury before it ever occurs.	▪ ***Risk Reduction*** REDUCE negative impact of engaging in non-marital / high risk sexual behaviour	***Soften the impact*** *of ongoing illness or injury that has lasting effects incurred through non-marital sex*
Target Audience	Teens NOT sexually experienced • No or limited sexual experience, or desire to abstain ▪ E.g. 91% of middle school, 68% of high school students are not sexually experienced	Sexually active youth • Primary Focus - 12% of high school youth who have had more than one partner.	*Youth who are infected, pregnant, abused*
Strategy / Message	Primary: Reinforce Prevention • Protect future and avoid the negative impact of non-marital sex • Instruct on the benefits of success sequencing and avoiding teen sex: • Improved academic achievement • Increased earning potential • Better physical, mental emotional health	Secondary: Reduce Risk : ▪ Contraception ▪ Non-reproductive sexual activities ▪ Reduce risk of abuse by instructing on consent ▪ Screening tests for STIs & treatment to prevent spread of infection and	▪ Ongoing medication to keep HIV from becoming AIDS ▪ Psychological counselling for the emotional impact of early

[20] Medical Institute for Sexual Health, Building Family Connections Instructor Guideline, p. 217

	Primary Level	Secondary Level	Tertiary Level
Also Known As …	• Risk Avoidance • Optimal Health	• Sexual Risk Reduction • Comprehensive Sex Ed (CSE)	
	• Etc. Help youth to protect their future by: abstain from oral, vaginal, and anal sex. ▪ establishing boundaries ▪ developing refusal skills to resist negative peer pressure.	worse consequences, such as PID. Encourage return to a lifestyle of abstinence, which is the ONLY risk avoidance lifestyle.	sexual behaviours. Encourage return to a lifestyle of abstinence, which is the ONLY risk avoidance lifestyle.

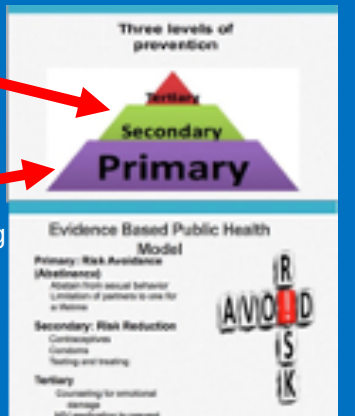
Where Do CSE and SRA Fit in the Public Health Model?

CSE is consistent with Secondary Level, Risk Reduction

- *Dominant approach in school sex ed*
- Treats all youth as sexually active (or will be)
- Not consistent with learning needs of most youth

SRA – is consistent with Primary Level, Risk Avoidance

- ***Healthiest approach*** - leads to optimal health and future protecting
- Consistent with the learning needs of most school youth
  - 91% of middle school, and 70% high school students are not sexually experienced
- The ***message we must provide for our youth***
- The message we advocate be available in schools



b) Examining CSE and SRA Through the Differentiated Learning Lens

Differentiated Learning is an educational strategy used by educators to tailor instruction to meet the learning needs of the students. The 3 criteria to examine when differentiating for student learning are:

- Student readiness/experience,
- Student interests,
- student learning preferences. [21]

[21] http://www.edugains.ca/resourcesDI/Brochures/DIBrochureOct08.pdf

After assessing, teachers then use this information to select appropriate resources, vary the instruction, and/or modify the learning environment and assessment so that maximum achievement is the result.

When it comes to sex education, there two broad groups of students with different learning needs based upon their readiness/experience and interests, and two sex education approaches.

Student Learning Groups	Sex Education Approaches
• No, or very limited sexual experience, and little desire to engage sexually • Sexually active and refusing to change.	• Primary Prevention / Sexual Risk Avoidance / Optimal Health • Secondary Reduction / Sexual Risk Reduction / Comprehensive Sex Education

Applying the Differentiated Learning Lens to Sexual Health Instruction
The chart below breaks down the experience/readiness level of students which is based on the sexual activity levels of our students as reported by their engagement in sexual intercourse.

Applying the Differentiated Learning Lens to Sexual Health Instruction			
Age / Level of Students	**Canadian Statistics**	**Primary Prevention / Sexual Risk Avoidance / Optimal Health Choice** % of students abstinent or with limited sexual experience	**Secondary Level / Sexual Risk Reduction** % of students with multiple sexual experiences
Jr High School Gr. 7 & 8 (age 12 – 14)	91% of students no sexual experience 9% of students have had intercourse [22]at least once. Multiple partners – there seems to be no data available	91% of students have no sexual experience. Primary Prevention / Risk Avoidance programs would be in alignment with the experience and mindset of at least **91% of students.**	SRR may be the better program for 9**% of students** NOTE: Could be much less. Some students may desire to re-commit to abstinence (Interest level).
High School Gr 9 – 12	Never had intercourse ……..62% Intercourse at least once[23]…….38% Multiple partners……...32.5%[24] 32.5% x 38% = 12% of h.s. students Therefore • only 12% of high school students have had more than one partner. And • 38% - 12%= 26% have had intercourse only once or with only one partner	SRA is the ideal program for the following students: • never had intercourse (62%) • intercourse only once, or more than once with the same partner, and would like to re-commit to abstinence (up to 26%) • more than one partner, and would like to recommit to abstinence SRA is the best program for 62% + 26% = **88% of the high school population.**	SRR would likely be the desired program for **12% of students** who have had multiple partners and have no interested in the optimal health choice.

c) Examining CSE and SRA Through the Medical Research Lens

i)

Notable Quotes

- **Douglas Kirby**, the former leading Sexual Risk Reduction (SRR) "comprehensive" sex education researcher stated in his published research of Reducing the Risk, a comprehensive sex education program: *"...it may actually be easier to delay the onset of intercourse than to increase contraceptive practice."* [25]

[22] https://www.imfcanada.org/sites/default/files/teen%20sexual%20activity_2013.pdf
[23] https://tasccalberta.com/wp-content/uploads/2017/11/Youth-Sexuality-Trends-2017.pdf
[24] https://tasccalberta.com/wp-content/uploads/2017/11/Youth-Sexuality-Trends-2017.pdf
[25] Kirby, D., Barth, R. P., Leland, N., & Fetro, J. V. (1991). Reducing the Risk: Impact of a new curriculum on sexual risk-taking. Family Planning Perspectives, 23(6), 253-263.

- **House Energy and Commerce Committee**, the committee of jurisdiction for sex education in the USA: [26]
  "When it comes to preventing high-risk behavior among teens, the evidence is clear: risk avoidance is the most effective strategy. This is true of successful public health campaigns to reduce teenage smoking, drinking, and reckless driving, and it is also true of sex education curricula."

ii) Instruction in Sexually Transmitted Diseases & Condoms

1. CSE based curricula instructs youth to use a condom if they choose to be sexually active. This led to a false sense of security because the failure rate of condoms (see chart) is not taught.

Always Using a Condom for Vaginal Sex Decreases the Chance of Getting …

STI	Approximate Risk Reduction
HIV	85%
Chlamydia	50%
Gonorrhea	50%
Syphilis	50%
Herpes	30%
HPV	Up to 70%

* Condoms are less effective with anal intercourse

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has

2. Students need to be informed about the consequences of teen sexual activity, including and pregnancy.
   For example:

STIs

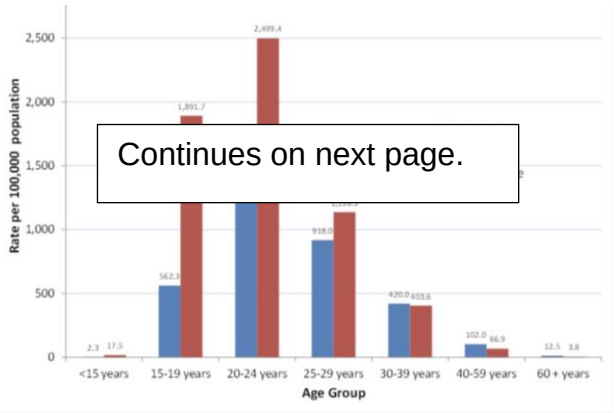
a) Chlamydia Rate (most frequent STI)
Between 1998 and 2015 cases rose - 300% (3), Gonorrhea has increased 367% and Syphilis 900%.

STI	1998 Mandates condom instruction.	2015	% Change
Chlamydia	39 372 cases	117 499 cases	+ 298.4 %
Gonorrhea	5 076 cases	18 645 cases	+ 367.4 %
Syphilis	501 cases	4 551 cases	+ 908.4%

b) 15 – 24-year-olds (only 12.3% of population) account for 67% of chlamydia cases (4)

c) STIs contribute to serious, life-threatening complications including cancers, infertility, ectopic pregnancy, spontaneous abortions, stillbirth, low birth weight, neurologic damage, and death.

Canada: Rate of Chlamydia Infection by Sex and Age, 2017



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3. HPV Throat & Oral Cancer … Between 2012 & 2015 there was a 350% increase in throat cancer due to oral sex. Oral Sex with 6 people or more results in an 8.6 times greater risk of getting throat cancer. (5)

4. Whether or not a pregnancy or STI occurs, sexual initiation has been associated with poorer emotional health for adolescents, including lower self-esteem, regret of sexual activity sexual activity, depression, and suicide (3x increase in females and 8x increase in males), as well as a higher likelihood of experiencing sexual exploitation, dating

[26] U.S. House of Representatives Energy & Commerce Committee. A better approach to teen preg- nancy prevention: Sexual risk avoidance. (2012, July 6). Retrieved June 22, 2015 from http://ener- gycommerce.house.gov/press-release/committee-analysis-highlights-most-effective- strategies- prevent-teenage-pregnancy

violence, and unwanted or forced intercourse.

5. Program Must be Highly Graphic to Achieve Goal of Reducing Risk

Please note: This is not consistent with my child's level of interest or preferential learning.

If the curriculum supports students engaging in consensual, respectful, mutually satisfying sexual relations, there is a responsibility to provide all of the needed information to reduce risk.

To meet the goal of reducing the risks of STI transmission the program must be very explicit/graphic; providing information about all forms of sexual activity, the various STIs that are transferred through the different sexual activities, and techniques to reduce the risk.

Below is a chart of sexual activities, the STIs which may be transferred, and strategies to reduce the risks. If the goal of the program is to reduce the risk of transmitting STIs between youth who choose to be sexually active, then this is what the children will need to be taught. .

If the program does not provide this kind of explicit detail, then it affirms sexual activity without providing the needed information – definitely an ethical issue.

The Following Chart was Created from information in the *Safer Sex Guide*[27]

Sexual Activity	STIs the Can Be Transferred	Ways to Reduce Risk
Kissing	HSV 1 or 2, HPV, Syphilis, Gonorrhea, genital warts, chlamydia	Avoid kissing if you or your partners have sores on the lips or mouth, or if one of you has an active oral infection (such as a herpes outbreak).
Mutual Masturbation	Syphilis, Herpes, HPV, Hep B	Risk of infection increases when more fingers or whole hand are inside the vagina or anus, as this can cause small tears or trauma, which can cause a transmission. To prevent STI transmission, latex or nitrile gloves can be used. There is higher risk of infection if someone puts their fingers in their mouth or a partner's mouth after touching the genitals or anus.
Oral Sex on Genitals	Chlamydia, Gonorrhea, HPV, Herpes (HSV), Syphilis, HIV, trichomoniasis	Infections can be passed from mouth to genitals, or vice versa. The female vagina should be covered with a barrier such as an oral dam or cut condom. The male partner should cover his penis with a condom.
Sharing Sex Toys	Chlamydia, Gonorrhea, Hep B, Hep C, Herpes (HSV), HIV, HPV, Syphilis	Wash sex toys thoroughly with soap or disinfectant before and after each use. Use a new condom on inserted toys for each partner. Make sure you change the condoms between partners. Place a condom or oral dam between a vibrator and the skin.
Oral Sex on Anus	Hep B, Herpes (HSV), HPV, Syphilis, Chlamydia, Gonorrhea	Infections can be passed from mouth to anus, or vice versa. Cover the anus with a barrier such as an oral dam or cut condom.
Penis – Vagina Intercourse	Chlamydia, Gonorrhea, Hep B, Herpes (HSV), HIV, HPV, Syphilis, Hep C	Infections can be passed from penis to vagina or vice versa. Use a condom
Penis – Anus Intercourse	Chlamydia, Gonorrhea, Hep B, Herpes (HSV), HIV, HPV, Syphilis, Hep C	Infections can be passed from penis to anus, or vice versa. Use a condom

[27] https://www.catie.ca/sites/default/files/CATIE_SaferSexGuide_2016_English_WEB.pdf