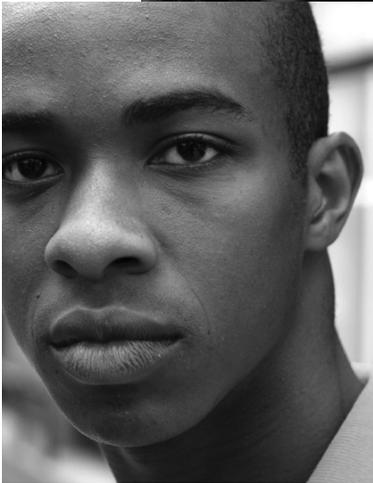


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PROVINCIAL CURRICULA OUTLINES



AUGUST 2010



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EXECUTIVE SUMMARY

Based on an analysis of the results of the *Survey on HIV/AIDS Education in Canadian Schools, 2008*,¹ produced by the Canadian AIDS Society, topic areas were identified for each grade level (K–3, 4–5, 6–8, 9–12) where HIV/AIDS curriculum should be targeted. Resources were then identified to meet these needs and compiled into a resource manual, with short fact sheets to fill resource gaps.

This survey found overwhelming support for the provision of HIV/AIDS education in schools. However, it also found that both educators and their students felt that the quality of HIV/AIDS education in their schools was only poor to fair. Students reported that when offered, it was extremely limited. Nearly one-third said that they had received no HIV/AIDS education in school in the last year, and just over one-quarter reported having received less than one hour. Parents and guardians in this survey reported that their children had received no HIV/AIDS education in the previous year or that they did not know if their children had received any, suggesting poor communication between school and home. This survey also found that, overall, educators felt ill-prepared to teach these topics, many having received little or no training to teach about HIV/AIDS. Educators also indicated that access to tools for HIV/AIDS education was very or extremely important in determining their willingness to teach about HIV/AIDS. In sum, this survey found that there is much to be done to remedy the state of HIV/AIDS education in Canada. Students need to receive more, better and consistent education on these topics, while teachers need pre-service and in-service education about how to teach these topics. In addition, parents need to be better informed about what, or if, their children are being taught about HIV/AIDS. This resource manual attempts to fill some of these gaps.

A review of current HIV/AIDS educational material used in Canada was conducted. Individuals, agencies, government personnel, groups and organizations were contacted during the search for this information. A database of this material was then formed. The collected material was analyzed with attention to whether the materials fell under one of the seven topic areas identified by parents, guardians, educators and students as important HIV/AIDS curriculum content. It was also evaluated to determine whether it was focussed on knowledge, attitudes or skills.

As determined by past research done on this topic, most Canadian educational jurisdictions have identified “learning outcomes”; very few have developed curricula to aid teachers in assisting students to meet these required outcomes. The primary focus remains on the knowledge or fact-based aspects of HIV/AIDS, with HIV transmission by sexual means as the primary focus. Other modes of transmission are virtually ignored.

¹ Canadian AIDS Society. (2008) *Survey on HIV/AIDS education in Canadian schools, 2008*. 29 pp. ISBN 0-921906-55-2. www.cdn aids.ca/surveyonHIVeducation

This resource manual should be used as a supplement to provincial and territorial resources, where they have been identified. Each resource list comes with tools educators can use to support the development, implementation and evaluation of HIV/AIDS curriculum. In some cases, age-appropriate learning activities have been identified by topic area. Where resources have been inadequate or unclear, fact sheets have been developed to fill in the gaps.

This Kindergarten to Grade 12 HIV/AIDS curriculum resource manual will be of use to educators and parents, as well as students. It will give educators access to resources to aid them in the development of HIV/AIDS curriculum for use in their classrooms, or more broadly, in their educational jurisdiction. For parents, it will serve as a resource manual that may be used to lobby their school boards to get them to implement an HIV/AIDS curriculum in their child's school. Students may find some curriculum resources suitable for independent use, to supplement the education they are receiving from their educators and parents.

INTRODUCTION: THE CURRENT STATUS OF HIV/AIDS EDUCATION IN CANADA

As part of the research for the development of this curriculum resource manual, an analysis of the current status of HIV/AIDS education in Canada was conducted.

Education in Canada falls outside the federal government’s mandate. To identify relevant print and electronic resources, we therefore contacted provincial and territorial ministries of education, school boards, districts and divisions, as well as individuals and organizations involved in the provision of education to children and youth in Canada, both in and out of school. In addition, the websites of the ministries of education in each jurisdiction were examined. Policies, guidelines, curricula, documents describing learning outcomes and other resources currently used to support the education of children and youth about HIV/AIDS were also identified.

The report findings begin with a discussion of previously identified issues related to HIV/AIDS education in Canada, and then proceed with a jurisdiction-by-jurisdiction overview. Contact information is provided for the Ministry of Education for each education jurisdiction, along with the name and web location of the Education Act. General health and HIV/AIDS-related education curricula and guidelines are also included. An analysis of these documents follows immediately afterwards.

In summary, Canada’s educational jurisdictions describe learning outcomes almost universally. These learning outcomes describe what a student should know, and by what age or grade that knowledge should be acquired. Learning outcomes vary from jurisdiction to jurisdiction. They are described for all subject areas, providing a snapshot of what each province or territory deems important for a student to learn. They also reveal what is missing from the curriculum. Many are overly broad or general; some are incomplete or contain inaccuracies. Most are subject-specific and do not make links across the curriculum. Frequently, these learning outcomes are not accompanied by learning, teaching or assessment strategies, or references to resources, the tools necessary for educators to ensure that these learning outcomes are met. In such a sensitive subject area as HIV/AIDS education, consistency of content and approach is vital to a successful program.

Ongoing Issues in HIV/AIDS Education²

In Canada, education is the responsibility of each province and territory, creating significant issues with consistency regarding all aspects of HIV/AIDS education in Canada, including:

- 1) Whether HIV/AIDS education is mandatory;
- 2) Grade at which HIV/AIDS education is introduced;
- 3) Content of the program of instruction;

² These consistency issues were identified by Maxine Rattner, previously contracted by the Canadian AIDS Society to assess the status of HIV/AIDS education in Canada, circa, 2003.

- 4) Time allotted to the program of instruction;
- 5) Subject heading under which HIV/AIDS education is categorized;
- 6) Whether HIV/AIDS education is integrated into Sexually Transmitted Infections (STI) education or taught separately;
- 7) Responsibility for teaching the subject matter; and
- 8) Political commitment of education leaders at the local, regional, provincial and federal levels.

1) Whether HIV/AIDS Education is Mandatory

National guidelines for sexual health education have existed since 1994. These *Canadian Guidelines for Sexual Health Education* (available at: <http://library.catie.ca/PDF/ATI-200005/26020.pdf>), “grounded on evidence-based research in a Canadian context [...] provide a detailed framework for the development of effective, broadly-based and inclusive sexual health education [...] designed to guide the efforts of professionals working in the area of sexual health education and promotion, including curriculum and program planners, policy makers, educators (in and out of school settings) and health care professionals.”³ The Guidelines do not mandate sexual health education.

The US has similar guidelines – Guidelines for Comprehensive Sexuality Education: Kindergarten to Grade 12. They do not prescribe the actual content of sexual health education either; however, they do provide a list of successful programs. Like their Canadian equivalent, these guidelines also do not mandate sexual health education, including HIV/AIDS education, in the US public health education system.⁴

Regularly updated national guidelines, which include curriculum documents that describe learning outcomes; learning, teaching and assessment strategies; as well as list relevant resources would greatly benefit educators and enable them to better meet the needs of children and youth.

Although learning outcomes are described for HIV/AIDS education in elementary, middle and high schools in most educational jurisdictions in Canada, this topic is not mandated in any provincial or territorial jurisdiction.⁵ In junior high and in high school, HIV/AIDS education is included in a variety of courses. Many of these courses, such as physical education or family studies, are not mandatory, or are not mandatory beyond a certain grade level, making it possible for students to avoid instruction in HIV/AIDS education through no fault of their own. In elementary school, if taught, HIV/AIDS education is usually included as part of a health education program.

³ Public Health Agency of Canada. (2009). *Canadian guidelines for sexual health education*. <http://www.phac-aspc.gc.ca/publicat/cgshe-ldnemss/index-eng.php>

⁴ National Guidelines Taskforce. Sexuality Information and Education Council of the United States (SIECUS). (2004). *Guideline for comprehensive health education: Kindergarten–12TH Grade*. (3RD ed.). Available online at: http://www.siecus.org/_data/global/images/guidelines.pdf

⁵ In the UK, sex education including education about HIV/AIDS is mandated in the Education Act, 1993. However the content of such education is not described. Department of Education. (1994). *Education act 1993: Sex education in schools*. (Circular 5/94).

Since policies exist to permit parents to exempt their children from education in these sensitive topics, some children and youth may not receive this education.⁶ It is not known how many parents request exemption for their children. In some of these jurisdictions, parents are provided with a sample of the education material expected to be covered within these units, so they may address these topics at home. Some school boards, districts and divisions require parents to provide evidence that these topics were covered in an out-of-school instruction setting by the parents, in a religious school or other faith-based education setting or by private instruction with a health or similar professional.⁷

When HIV/AIDS education is not mandatory, educators who are not comfortable with some or all sensitive topics may skip this material. As well, school boards/districts/divisions may not provide educators with the necessary resources. A requirement to teach specific topics, plus effective learning and teaching resources, would support educators in covering these important topics in their classrooms at all grade levels, from Kindergarten through Grade 12. An integrated approach to curriculum implementation would further reinforce this.

2) Grade at Which HIV/AIDS Education is Introduced

The grade at which HIV/AIDS education learning outcomes are explicitly described within provincial guidelines varies from Grade 1 to 8. Saskatchewan, as noted elsewhere, describes a series of HIV/AIDS learning outcomes that contain age-appropriate messages beginning in Grade 1. Other provinces do not describe specific HIV/AIDS-related learning outcomes until Grade 8. This is far too late for students to be introduced to this information if they are to fully integrate it and develop and master related skills before they need them. “We know from other studies that the average age for first sexual intercourse is 14.1 for boys and 14.5 for girls.”⁸ Various other studies report that alcohol and drug experimentation frequently occurs in the early teen years, as early as Grades 6 through 8.⁹ Students may be placed at increased risk of the negative consequences of unplanned and unprotected sexual intercourse, and may face the mental and physical consequences of alcohol and drug use, if they have not had specific instruction related to STIs and HIV/AIDS before they begin the healthy, normal period of exploration characteristic of adolescence. According to the CAS Survey parents, guardians and educators agreed that instruction in HIV/AIDS-related topics should begin at least by Grades 4 – 5.¹⁰

⁶ Critics of these policies have suggested that this parental veto infringes the rights of children to sex education. Measer, L., Tiffin, C., & Miller, K. (2000). *Young people's views on sex education: Education attitudes and behaviour*. Routledge. ISBN 0750708948, 9780708944. p. 24.

⁷ BC Ministry of Education. (2006). *Health and career education, K to 7*. ISBN 0-7726-5552-9. p. 19. <http://www.bced.gov.bc.ca/irp/hcek7.pdf>

⁸ CMEC (2003) as cited in CAS. (2008).p. 19

⁹ See for example, Poulin, C. & Elliot, D. (2007). *Student drug use in the Atlantic Provinces, 2007: Atlantic technical report*. Nova Scotia: Dalhousie University. ISBN 978-0-7703-1252-7. 161 pp. Available online at: http://www.health.gov.nl.ca/health/publications/at_tech_report_2007_web_cover.pdf

¹⁰ CAS (2008) p. 16. www.cdnaids.ca/surveyonHIVeducation

3) The Content of HIV/AIDS Education

The content of HIV/AIDS education varies considerably across Canada. All jurisdictions have developed curriculum documents describing learning outcomes for all subject areas, including sexual health and HIV/AIDS education. Often, these lists of learning outcomes are not accompanied by learning, teaching and assessment strategies or resources. For example, a learning outcome that is commonly listed in the early elementary grades states that students will identify each body part, its correct name and a specific function. Some provincial or territorial documents that list this learning outcome will expand it to include the specific body parts that students are expected to identify: chest/breasts/nipples, vagina, penis, etc. These body parts are not necessarily accurately identified (e.g., the vagina is an internal body part, while the vulva is the correct name for the external female genitalia). The female clitoris is the body part most analogous to the penis. Further, it is uncommon for these learning outcomes to describe the function of these body parts. The educators utilising these resources are left to correct or expand on this inaccurate or incomplete information.

An additional problem with these learning outcomes is their focus – almost all address the biomedical facts of HIV/AIDS. Some address acquisition of life-enhancing skills or behaviours. Very few address related ethical, moral or social issues; how the determinants of health affect who is likely to acquire the infection; elimination of HIV/AIDS-related stigma and discrimination; and the global impact of AIDS. Similar to the Council of Ministers of Education (CMEC) 1999 report, few instances exist in provincial and territorial education documents where learner-friendly and youth-friendly approaches to HIV/AIDS education were mandated.¹¹

4) Time Allotted to the Program of Instruction

In the study completed by CAS (2008), almost one-third of students reported they had received no HIV/AIDS instruction in school during the previous year, while just over one-quarter reported receiving less than one hour.¹² The number of hours of instruction reported to have been received by students is comparable to other studies previously conducted in Canada. The 1999 CMEC study revealed that “the average time per year spent on teaching about HIV/AIDS was 2.8 hours, with up to another two to five hours being spent on sexuality education.”¹³ The 2003 *Canadian Youth, Sexual Health and HIV/AIDS Study* reported that “the majority of adolescents indicate that they received only two or fewer hours of instruction” about HIV/AIDS in the previous year.¹⁴ This study further asserted that “it is very alarming that 27% of Grade 7 and 14% of Grade 9 and Grade 11 students have not received any instruction about HIV/AIDS over the

¹¹ CMEC. (1999). See section - 8.2.4 Planned instruction – Teaching methods. Available online at: <http://www.schoolfile.com/AIDSreport/instteachingmethods.htm>

¹² CAS. (2008). p. 13. www.cdnaids.ca/surveyonHIVeducation

¹³ CMEC. (1999). p. 7.

¹⁴ CMEC. (2003). p. 52.

last two years.”¹⁵ These findings are not altogether unexpected. As noted elsewhere in this report, many of the subjects in which HIV/AIDS education may be provided are optional courses for high school students – Physical Education, Family Studies and Cultural Studies.

Only some of the provincial and territorial learning outcomes documents described the number of hours allotted to HIV/AIDS education. For example, the BC Ministry of Education recommends a total time allotment of 5% instructional time per academic year for Health and Career Education; for each of Grades 1 to 7, the allotted time for this subject is estimated to be 45-50 hours per academic year, of which HIV/AIDS education makes up an even smaller fraction of instructional time.¹⁶ The few self-contained sexual health-related curricula that are used in some Canadian jurisdictions suggest that the comprehensive unit may be completed in 20 to 25 hours; the number of hours related specifically to HIV/AIDS is only a fraction of this total.¹⁷ An integrated approach to HIV/AIDS education would increase the total number of hours, as well as provide students with many different opportunities through which to interact with this topic.

5) Subject Heading Under Which HIV/AIDS Education is Categorized

HIV/AIDS education is most often taught within the context of a health education program, especially in elementary school. However, the name used to describe the health curriculum or program varies considerably across educational jurisdictions in Canada. Some of the subject areas under which HIV/AIDS learning outcomes are described include the following headings:

- Health and Life Skills¹⁸
- Health and Personal Development¹⁹
- Health and Physical Education²⁰
- Health Education²¹
- Health²²
- Personal Planning/Career and Personal Planning²³

¹⁵ CMEC (2003). p. 135.

¹⁶ BC Ministry of Education. (2006). Health and career education K to 7. ISBN 0-7726-5552-9. Available online at: <http://www.bced.gov.bc.ca/irp/hcek7.pdf>

¹⁷ Social Program Evaluation Group. (1998). Skills for healthy relationships: A program about sexuality, AIDS and other STDS. Queen's University. Available on-line at: <http://www.ece.gov.nt.ca/PDF1/Healthy%20Relationships.pdf>

¹⁸ Alberta Learning Curriculum. (2002). Health and life skills: Kindergarten to Grade 9. <http://education.alberta.ca/media/352978/healthgi.pdf>

¹⁹ Government of Newfoundland and Labrador, Department of Education. Health and personal development curriculum, adolescence: Health lifestyles. <http://www.ed.gov.nl.ca/edu/k12/curriculum/guides/health/index.html#adolescence>

²⁰ Government of Ontario, Department of Education. (1998). Health and physical education: The Ontario curriculum, Grades 1 - 8. <http://www.edu.gov.on.ca/eng/curriculum/elementary/health18curr.pdf>

²¹ Government of Saskatchewan, Department. (August 1998). Health education: A curriculum guide for the elementary level (Grades 1 – 5). <http://www.sasked.gov.sk.ca/docs/health/health1-5/index.html>

²² Government of the Northwest Territories, Department of Education, Culture and Employment. (2002). Northwest Territories school health program. http://www.ece.gov.nt.ca/Divisions/kindergarten_g12/Health%20K-9%20Single%20Files/Health1.htm

²³ Government of British Columbia. Ministry of Education. (1999). Personal planning, K to 7: Government of British Columbia, Ministry of Education integrated resource package. <http://www.bced.gov.bc.ca/irp/pp/pptoc.htm> and (1997). Career and personal planning, 8 to 12. <http://www.bced.gov.bc.ca/irp/plan10.pdf>

- Wellness²⁴
- Children’s Rights and Global Citizenship²⁵

The diversity of subject headings under which this topic is found makes analysis challenging. Some of these subjects are only taught in the early grades, where all elementary students would participate in them, unless exempted by their parents. Others are optional courses offered to junior and high school students. They are not mandatory and therefore students may not be exposed to them, through no fault of their own.

6) Whether HIV/AIDS Education Is Integrated into STI Education or Taught Separately

There is no consistency within Canada about whether HIV/AIDS education is integrated into or segregated from STI education. As noted in the item detailing inconsistencies in subject heading, in most jurisdictions HIV/AIDS instruction is often part of a health education program. Oftentimes, it is taught as part of a sexual health education unit or program, generally dealing with STIs. This placement of the topic may be useful to young teens, since sexual intercourse is the most likely way they are going to come into contact with the virus.

However, an integrated approach to HIV/AIDS education may better meet the needs of students in today’s world. They need to know not only how HIV/AIDS may affect them, but also its global impact. HIV is not just an STI. As a blood-borne infection, it may also be transmitted from an infected mother to an unborn child during pregnancy, childbirth or breastfeeding. While not as common a mode of transmission in Canada as it is globally, perinatal or mother-to-child-transmission was not described in any Canadian school-based education documents reviewed for this report. Youth also explore substance use, so they also need to learn about HIV transmission by intravenous injection with a contaminated needle or through other contaminated drug-related paraphernalia, such as crack pipes. Although some provinces do address substance use within their health education programs, many do not make a specific link between intravenous drug use and HIV infection. Lack of specificity makes it difficult to ascertain the jurisdiction’s intentions. Educators may be expected to make this link for their students.

Further, certain attributes distinct to HIV and not associated with other STIs are summed up in Newfoundland and Labrador’s curriculum: “Since AIDS at this time is not curable, since it is ultimately fatal, and also because it continues to carry social stigma, it warrants specific consideration in the curriculum.”²⁶

²⁴ Saskatchewan Learning. (1998). Wellness 10 A curriculum guide for the Secondary Level. Unit 3: Challenges for wellness: HIV/AIDS education. Available online at: <http://www.sasked.gov.sk.ca/docs/wellness/unit3a.html>

²⁵ The Children’s Rights Centre. (2003). Children’s Rights and Global Citizenship. University College of Cape Breton, Sydney, Nova Scotia, Canada. Available on-line from <http://discovery.uccb.ns.ca/psych/images/uploads/Gr12GlobalCitizenshipCurriculum.pdf>

²⁶ (Newfoundland) Department of Education. Adolescence: Healthy lifestyles (Health and personal development curriculum). p. 41-42. Available online at: <http://www.ed.gov.nl.ca/edu/k12/curriculum/guides/health/index.html#adolescence> p. 41-42.

7) Responsibility for Teaching the Subject Matter

Potentially, there are many educators who may be responsible for some or all of the provision of HIV/AIDS education in the school setting:

- teachers, including regular classroom teachers and specially-trained resource teachers;
- public or community health nurses;
- community-based educators such as public health nurses, sexual health nurses, sex educators and educators from community AIDS Service Organizations;
- peer youth educators; and
- chaplains, guidance counsellors and others.

It appears, from various provincial and territorial Ministry of Education documents – including lesson plans, curriculum guides and other documents related to HIV/AIDS – that regular classroom teachers are expected to teach this topic. Unfortunately, teachers have reported that they do not receive adequate pre-service or in-service training. The Council of Ministers of Education (CMEC) 1999 report *Schools, Public Health, Sexuality and HIV* found that about 20% of sex education teachers had no formal in-service training, and another 26.5% of teachers had attended only one workshop.²⁷ This is similar to the CAS Survey in which about only one-third of teachers reported they had received applicable training.²⁸ While teachers may be willing to teach this subject, they do not necessarily feel they have the knowledge or skills to do so. Of the 12 topics presented to them in the CAS survey, educators indicated they were least knowledgeable on HIV/AIDS research, treatment and the impact of HIV/AIDS on families. They were most knowledgeable about prevention and transmission of HIV/AIDS, as well as compassion for people living with HIV/AIDS.²⁹ With few curriculum resources available, classroom teachers may be uncomfortable discussing these sensitive matters, and may not have the language or skills necessary.

Some of the education documents analyzed suggest that community resource persons may be invited to supplement education on this topic. In these instances, it is often necessary for teachers to obtain permission from their school principal and/or school board, district and divisions, potentially limiting the use of community resources. There are a few instances where strong community involvement in HIV/AIDS instruction appears normative. Frequently, presenters from local AIDS service organizations are invited to do “one-off” classes for older students. One example where a community AIDS organization has developed and implemented an HIV/AIDS education program in collaboration with local school boards is Patrick4Life in the

²⁷ Council of Ministers of Education of Canada. (CMEC). (1999). *Schools, public health, sexuality and HIV: A status report*. (See section 8.2.9: Support for teachers – In-service). Available online at: <http://www.schoolfile.com/AIDSreport/instinservice.htm>

²⁸ Canadian AIDS Society. (CAS). (2008). *Survey on HIV/AIDS education in Canadian schools*. 29 pp. ISBN 0-921906-55-2. p. 23. www.cdnaids.ca/surveyonHIVeducation

²⁹ Educators reported that they were “knowledgeable” about the other topics, including HIV and the immune system; Living with HIV/AIDS, Stigma and Discrimination; Access to HIV/AIDS information and prevention tools; Access to HIV/AIDS services; and the Global Impact of HIV/AIDS. See CAS. (2008). p. 18.

North Bay, Ontario, district. During each week of their Partici-Patrick 10-week activity-focused program, Grades 4–8 students learn age-appropriate information and skills related to HIV/AIDS while using their daily activity time to work towards a 40K marathon.³⁰ There are plans for continued collaboration with the four local public and Catholic school boards, including curriculum and professional development.³¹

8) Political Commitment of Education Leaders at the Local, Regional, Provincial and Federal Levels

There has been a growing apathy towards HIV/AIDS since the 1980s. In the developed world, HIV infection has become a “chronic condition” that does not necessarily progress to AIDS due to medical advances in treatment. During the 1980s, early in the AIDS epidemic, the public health and the education systems were quick to respond. Provincial and territorial ministries worked together to develop policies and guidelines aimed at both prevention and transmission of HIV. Curricula were developed and implemented. Recently, less is being done. Curricula have not been consistently updated, and policies and guidelines are out-of-date.³²

There are some exemplary jurisdictions. In Saskatchewan, for example, in 1997 the Ministers of Health and Education declared the need to strengthen HIV/AIDS instruction in Saskatchewan schools for the following reasons:

- The Human Immunodeficiency Virus (HIV) infects people of all ages.
- The median age of persons infected with HIV is declining.
- There is still no cure for AIDS and no vaccine to prevent this disease.
- AIDS is totally preventable [emphasis in original].³³

Saskatchewan’s HIV/AIDS curriculum guides provide learning outcomes addressing HIV/AIDS from Grade 1 onward. The guides state young children must have this information in order to correct misinformation they may have picked up through media, peers or at home. This helps dispel fears; address stigma and discrimination; and acknowledge and support children who are HIV-infected, live with family members who are or know someone who is. Instruction is not addressed as a separate topic in their curriculum, but is addressed in context and provided in an age-appropriate manner. For example, in Grades 1 to 4, sexual transmission of HIV/AIDS is not addressed; in Grade 5, minimal factual information is provided. As students progress into

³⁰ For more information about Partici-Patrick, see their web page: <http://www.patrick4life.org/4youth.html> For information about Patrick4Life involvement in professional development and in curriculum development in the four North Bay District school boards, see a description of their work, and comments by leaders from each board online at <http://www.patrick4life.org/education.html>

³¹ For information about Patrick4Life involvement in professional development and in curriculum development in the four North Bay district school boards, see a description of their work and comments by leaders from each board online at <http://www.patrick4life.org/education.html>

³² Many learning-support documents date from the mid to late 90s. Many policies date to the earlier days of the AIDS epidemic and address the rights of HIV-infected staff and students. See for example: Department of Education, Educational Programs & Services Branch. (1988). Policy statement 707: Acquired Immune Deficiency Syndrome. Available online at: <http://www.gnb.ca/0000/pol/e/707A.pdf>

the middle and high school years, HIV/AIDS education is more explicit with reference to sexual transmission of the virus. Further, the province provides annual updates to educators that include updated statistics and resources.

The curricula of most provinces and territories date from the late 1990s or early 2000s – some are older. A few jurisdictions were in the process of revising their health education curricula, and some specifically indicated that they were addressing changes to the HIV/AIDS component of their health education programs. Ontario, for example, will be releasing new elementary and secondary health education guides to be implemented in the 2010 and 2011 academic years, respectively. These newly revised guides are being developed in consultation with the Ministry of Health’s AIDS Bureau.

Other Factors

Other factors affecting the provision of HIV/AIDS education in Canada include the influence of school principals and school boards, parents and community. Feedback from community organizations through the Canadian AIDS Society’s National Dialogue on HIV/AIDS in Canada’s school systems suggested that school boards and/or school principals may influence the content, amount and method of HIV/AIDS education taught within their districts or schools.³⁴

Parents also play a significant role in the content and placement of HIV/AIDS education in Canada’s school system. The introduction of the new *Health Education Curriculum* in New Brunswick in September 2004 resulted in an outcry from some parents who thought certain course materials were too explicit for the ages of the students for which they were designed. The Minister of Education of New Brunswick requested a review of the curricula and changes were made to accommodate parental concerns.³⁵

In another example, when the province’s new sexual health education booklet, *Sex? A Healthy Sexuality Resource* was released in Nova Scotia in 2004 the Ministry of Education changed their policy and required that Grades 7–9 students obtain parental permission in order to receive a copy. These incidents stand in contrast to the findings of the CAS 2008 Survey, wherein parents reported they felt instruction on some HIV/AIDS topics should begin in the primary grades, with most other topics introduced at the Grade 4–5 level.³⁶ It is therefore clear that more effort needs to be made to address the concerns of parents/guardians and community members who may belong to specific socio-cultural groups. Working with parents and communities will be discussed in greater detail elsewhere in this report.

³³ Saskatchewan Learning. (1998). Health education: A curriculum guide for the elementary level (Grades 1- 5) – Instructional and administrative guidelines. Available online at: <http://www.sasked.gov.sk.ca/docs/health/health1-5/inst.html>

³⁴ An email-based dialogue took place in May 2004, followed by a teleconference in June 2004.

³⁵ CBC (2005, January 20). Debate over sex education heating up. As cited in Canadian AIDS Society. (2005). Background paper: The status of HIV/AIDS education in Canada’s public education sector. Accessed online on March 14, 2009 at <http://www.cdnaids.ca/web/backgrnd.nsf/pages/cas-gen-0094>.

³⁶ CAS. (2008). p. 16. <http://www.cdnaids.ca/surveyonhiveducation>

Ministry of Education

Alberta Education
44 Capital Boulevard
10044–108 Street NW
Edmonton, AB T5J 5E6
<http://www.education.alberta.ca/>

Education Act

School Act.
<http://www.qp.gov.ab.ca/Documents/acts/So3.CFM>

Education Guidelines

Alberta Education. (2008). Guide to education ECS to Grade 12. ISSN 1496–7359.
<http://education.alberta.ca/media/832568/guidetoed.pdf>
Recently revised, and introduced during the 2008–2009 school year.

Provincial Resources

Alberta Learning. (2002). *Health and life skills K–9: Guide to implementation*. Alberta. ISBN: 9780778513650; ISBN-10: 0778513653.
<http://education.alberta.ca/media/352978/healthgi.pdf>

Alberta Learning. (2002). *Health and life skills K–9: Program guide*. Alberta.
<http://education.alberta.ca/media/313382/health.pdf>

Alberta Learning. (2002). *Career and life management (CALM) Guide to implementation: Senior high school*. Alberta. ISBN 0–7785–1363.
www.learning.gov.ab.ca/k_12/curriculum/bySubject/healthpls/default.asp

*Print copies are also available for purchase from the Learning Resources Centre (LRC).
They are available unbound and three-hole punched. Contains “Alberta Learning guidelines
for human sexuality education.” p. 20.*

Alberta Learning. (2002). *Career and life management (CALM): Program of studies: Senior high school*. Alberta. <http://education.alberta.ca/teachers/program/health/resources/calmguide.aspx>

Provides rationale and philosophy of the CALM Program. Describes general and specific learning outcomes.

School health curriculum, sexuality component: Elementary resources.
http://www.teachingsexualhealth.ca/media/pdf/elementary_hs_videos.pdf

Approved and recommended videos and resources for use in Elementary School.

Alberta Learning. (2006). Part I: Resource list by grade. K–9 health and life skills.
<http://education.alberta.ca/media/313635/part1.pdf>

Alberta Learning. (2006). Part II: Annotated bibliography. K–9 health and life skills.
<http://education.alberta.ca/media/313623/health69.pdf>

Education Polices and other Documents related to HIV/AIDS

Information bulletin on acquired immunodeficiency syndrome in educational settings.
<http://education.alberta.ca/media/1173959/hivaidsineducationalsettingsinformation.pdf>

Lesson Plans

HIV/AIDS Specific

Alberta Learning. (2002). *Health and life skills K-9: Guide to implementation*. Alberta.
ISBN: 9780778513650; ISBN-10: 0778513653.
<http://education.alberta.ca/media/352978/healthgi.pdf>

Grade 6 – *Wellness choices, preventing exposure to blood-borne diseases*. p. 426.

Grade 8 – *Wellness choices, sexually transmitted diseases (including HIV)*, pp. 569-570.

Student information master – Sexually transmitted diseases (including HIV), pp. 734-736.

Safer Sex

Alberta Learning. (2002). *Health and life skills K-9: Guide to implementation*. Alberta.
ISBN: 9780778513650; ISBN-10: 0778513653.
<http://education.alberta.ca/media/352978/healthgi.pdf>

Grade 9 – *Wellness choices, Safer sex*, p. 623.

Grade 9 – *Wellness choices, Develop strategies that address factors to prevent or reduce sexual risk*, p. 625 – 626.

Preventing Substance Use

Alberta. Alberta Learning. (2002). *Health and life skills K-9: Guide to implementation*.
ISBN: 9780778513650; ISBN-10: 0778513653.
<http://education.alberta.ca/media/352978/healthgi.pdf>

Grade 7 – *Wellness choice: Refusal skills*, pp. 501-502.

Student information master: Refusal skills, p. 726-727.

Alberta offers a *Health and Life Skills Kindergarten to Grade 9* program of studies whose stated aim is “to enable students to make well-informed, healthy choices and to develop behaviours that contribute to the well-being of self and others.” In the document describing the program rationale, philosophy and expected outcomes, *Health and Life Skills Kindergarten to Grade 9*, under the subject heading, “Healthy Sexuality Education,” it states that this subject is a mandatory component of the program of studies, but that “parents will retain the right to exempt their child from school instruction in human sexuality education.” It further states that “all human sexuality outcomes have been boldfaced and italicized to assist in identification of these outcomes.”

K-3

Although no specific sexual health education is mandated for these grade levels in Alberta, under the *General Outcome, Wellness Choices, Specific Outcome – Personal Health*, the learning outcome under the sub-heading, Grades K-3 states that students will:

- Identify external body parts, and describe the function of each.
- Demonstrate positive hygiene and health care habits; e.g., habits to reduce germ transmission, habits for dental hygiene.

The first learning objective could easily include the proper identification of sexual organs, including the nipples, breasts, vulva and the penis, giving students a basis of anatomical knowledge on which to build at a more appropriate grade level. The second objective could easily include a discussion of communicable and non-communicable diseases as other provinces do, including the common cold. This would also allow students to understand how viruses and diseases are spread. HIV/AIDS could be introduced at this level as a disease that is communicable, although omitting it would be in line with the policies and learning objectives of other provinces.

Grades 4-5

Under the *General Outcome, Wellness Choices, Specific Outcome – Personal Health*, the learning outcome under the sub-heading, Grade 5 states that students will:

- Describe physical, emotional and social changes that occur during puberty: e.g. menstruation, secondary sexual characteristics, changing identity and moods.
- Identify the basic components of the human reproductive system, and describe the basic functions of the various components.

The inclusion, under these learning objectives, of a discussion of how emotional changes might affect behaviours and a general discussion of risk-management would bring these learning objectives in line with age-appropriate guidelines in other provinces regarding decision-making abilities in youth of this age. It would also allow educators to implicitly discuss sexual health risk and vulnerabilities.

Grades 6–8

Grade 6

Under the *General Outcome, Wellness Choices, Specific Outcome – Personal Health*, the learning outcome under the sub-heading Grade 6 states that students will:

- Examine and evaluate the risk factors associated with exposure to blood-borne diseases – HIV, AIDS, hepatitis B/C (e.g., sharing needles, body piercing, tattooing, helping someone who is bleeding, being sexually active).

Grades 7–8

Under the *General Outcome, Wellness Choices, Specific Outcome section of Safety and Responsibility* (p. 12), learning outcomes for Grades 7, 8 and 9 state that students should be able to do the following:

- Identify and describe the responsibilities and consequences associated with involvement in a sexual relationship.
- Determine “safer” sex practices (e.g., communicate with partner, maintain abstinence, limit partners, access/use condoms/contraceptives properly).
- Examine the influences on personal decision making for responsible sexual behaviour.
- Describe symptoms, effect, treatments and prevention for common transmitted diseases (i.e., Chlamydia, HPV, herpes, gonorrhoea, hepatitis B/C, HIV).
- Examine abstinence and decisions to postpone sexual activity as health choices.
- Develop strategies that address factors to prevent or reduce sexual risk (e.g., abstain from drugs and alcohol, date in groups, use assertive behaviour).

Grades 9–12

Grade 9

The same learning outcomes for Grades 7 and 8 in Alberta apply to Grade 9 students in that province.

Grades 10–12

There is no health curriculum mandated for these grade levels. However, senior high school students are required to follow a course entitled Career and Life Management (CALM), described as “the core course for health literacy at the senior high school level in Alberta.” This course must be taken once at the senior level and is required for graduation. Several of the specific learning outcomes for this course cover healthy and/or sexual relationships. Under the general learning outcome Personal Choices students are expected to be able to:

- Explain the ongoing responsibility for being sexually healthy.
- Examine a range of behaviours and choices regarding sexual expression.
- Describe sexually healthy actions and choices for one’s body, including abstinence.
- Analyse strategies for choosing responsible and respectful sexual expression.

Ministry of Education

British Columbia Education
P.O. Box 9146, Stn. Prov. Govt.
Victoria, BC
V8W 9H1
<http://www.gov.bc.ca/bced/>

Education Act

School Act, 1996.
<http://www.bced.gov.bc.ca/legislation/schoollaw/revisedstatutescontents.pdf>

Education Guidelines

Curriculum subject areas and IRPs.
<http://www.bced.gov.bc.ca/irp/irp.htm>
Recently revised and introduced during the 2008–2009 school year.

Provincial Resources

Health-specific Guides or Curricula

BC Ministry of Education. (2006). *Health and career education K to 7*. ISBN 0-7726-5552-9.
<http://www.bced.gov.bc.ca/irp/hcek7.pdf>

BC Ministry of Education. (2005). *Health and career education 8 and 9 integrated resource package*. ISBN 0-7726-5364-X. <http://www.bced.gov.bc.ca/irp/hce89.pdf>

BC Ministry of Education. (2007). *Planning 10 integrated resource package*. ISBN 978-0-7726-5811-1.
<http://www.bced.gov.bc.ca/irp/plan10.pdf>

BC Ministry of Education. (1997). *Career and personal planning 11 to 12*.
This curriculum is applicable for students on the Adult Graduation Program only.
<http://www.bced.gov.bc.ca/irp/capp/capptoc.htm>

Education Policies and other Documents Related to HIV/AIDS

BC Ministry of Education. (1998). *Awareness of students with diverse learning needs: What the teacher needs to know*. (Vol. 2).
http://www.bced.gov.bc.ca/specialed/awareness/awareness_v2.pdf

Kindergarten to Grade 7

The *Health and Career Education K to 7* sets guideline standards for the curriculum, learning outcomes, timeframe and learning resources, as well as classroom assessment and grading for this subject. Outcomes are divided under the subheadings of Healthy Living, Healthy Relationships, Safety and Injury Prevention, and Substance Misuse Prevention. Below, learning objectives and outcomes are divided by age category.

K–3

Kindergarten

- Identify practices that contribute to health, including healthy eating, regular physical activity, emotional health practices and disease prevention practices.
- Use appropriate terminology to identify female and male private body parts.
- Differentiate between safe and unsafe substances in terms of their potential to benefit or harm the body (e.g., prescription medicine can benefit the body if used properly, any unknown substance can be dangerous).

Grade 1

- Identify practices that contribute to health, including healthy eating, regular physical activity and emotional health practices.
- Identify practices that help prevent the spread of communicable diseases and conditions (e.g., washing hands, covering sneezes, not sharing personal items).
- Use appropriate terminology to identify female and male private body parts.
- Demonstrate an understanding of the concept of unsafe substances (e.g., any unknown substance, any substance from an unknown person, any substance used for other than its intended purpose).

Grade 2

- Describe practices that contribute to physical and emotional health (e.g., regular physical activity, healthy eating, healthy relationships).
- Describe practices that help to prevent the spread of communicable diseases (e.g., hand washing, covering mouth when coughing, resting when sick, staying away from others when sick).
- Describe the potential harm associated with various unsafe substances (e.g., illness, burns).

- Demonstrate ways of refusing or avoiding harmful or unknown substances (e.g., say no and move away, refuse to go along with ideas you aren't sure of, tell a trusted adult if a confusing situation arises).

Grade 3

- Describe practices that help to prevent the spread of communicable diseases.
- Describe the nature and consequences of various forms of bullying behaviour, including the potential effects on those who are bullied and the potential consequences for students who bully.
- Describe the potential harm associated with various unsafe substances.
- Demonstrate ways of refusing or avoiding harmful or unknown substances.

Grades 4–5

Grade 4

- Differentiate between communicable diseases and non-communicable diseases (e.g., communicable diseases can be spread/contracted from person to person; non-communicable diseases cannot be “caught” from someone with the disease).
- Describe possible negative effects of substance misuse.
- Propose strategies for preventing or avoiding substance misuse.

Grade 5

- Identify factors that influence attitudes and decisions regarding healthy lifestyles.
- Describe strategies for contributing to a healthy, balanced lifestyle, including healthy eating, integrating regular physical activity and maintaining emotional health.
- Analyze behaviours that contribute to a safe and caring school environment (e.g., taking responsibility for personal actions, supporting others, promoting respect for diversity).

Grades 6–7

Grade 6

- Identify practices that reduce the risk of contracting life-threatening communicable diseases, including HIV, hepatitis B and C and meningococcal C.
- Assess the influence that peers have on individuals' attitudes and behaviours.
- Demonstrate an understanding of the harmful effects of stereotyping and discrimination.
- Identify school, local, provincial, national and international strategies for preventing and responding to discrimination, stereotyping and bullying.
- Apply appropriate strategies for responding to discrimination, stereotyping and bullying.

Grade 7

- Analyze factors (including media and peers) that influence personal health decisions.
- Demonstrate the ability to access community information and support services for a variety of health issues.
- Demonstrate an understanding of the life-threatening nature of HIV/AIDS (e.g., HIV/AIDS damages the immune system; there is currently no known cure for HIV/AIDS).
- Identify characteristics of healthy relationships and unhealthy relationships (e.g., healthy relationships – respect, open communication; unhealthy relationships – jealousy, power imbalance, lack of empathy).

This guide includes information about *The Alternative Delivery Policy*. This “outlines how students, and their parents or guardians, in consultation with their local school authority, may choose means other than instruction by a teacher within the regular classroom setting for addressing prescribed learning outcomes contained in the Health curriculum [...]. The policy recognises the family as the primary educator in the development of children’s attitudes, standards, and values, but the policy still requires that all prescribed learning outcomes be addressed and assessed in the agreed-upon alternative manner of delivery.” The policy does not permit schools from opting out of addressing or assessing any of the prescribed learning outcomes within the health and career education curriculum. Nor does it permit students to be excused from meeting any of these health-related learning outcomes (p. 19).

Document Cited

BC Ministry of Education. (2006) *Health and career education K to 7*. ISBN 0-7726-5552-9.
<http://www.bced.gov.bc.ca/irp/hcek7.pdf>

Grades 8 and 9

The *Grade 8 and 9 Health and Career Education* guides set out standards for the curriculum, learning outcomes, timeframe and learning resources, as well as classroom assessment and grading for this subject. The general learning outcomes listed that may be related to HIV/AIDS education are similar to those for Kindergarten to Grade 7.

- Characteristics affecting healthy lifestyles (e.g., physical activity, nutrition, emotional health issues, sexual decision making, prevention of spread of HIV/AIDS and other STIs).
- Skills needed to build healthy relationships (e.g., communication, problem solving), to deal with unhealthy relationships and to contribute to safe and caring school environments.
- Influences on and prevention of problematic substance use.

For Grade 8 and Grade 9, many learning outcomes under each heading may relate directly to HIV/AIDS education. They indicate that a student is expected to:

Grade 8

- Identify factors that influence healthy sexual decision making.
- Demonstrate an understanding of the consequences of contracting sexually transmitted infections, including HIV/AIDS (e.g., symptoms, short-term and long-term health issues).
- Analyze influences related to substance misuse (e.g., friends, family, media).
- Propose strategies that can assist youth in making healthy choices related to substance use (e.g., assertive communication, refusal/delay/negotiation skills, avoidance of risk situations, participating in alternative activities).

Grade 9

- Describe practices that promote healthy sexual decision making.
- Assess the short-term and long-term consequences of unsafe sexual behaviour (e.g., unplanned pregnancy, sexually transmitted infections including HIV/AIDS, negative impact on future goals).
- Propose strategies for building and maintaining healthy interpersonal relationships.
- Describe skills for avoiding or responding to unhealthy, abusive or exploitative relationships.
- Assess the potential physical, emotional and social consequences for themselves and others if they misuse substances.

Grade 10

The *Planning 10 Integrated Resource Package* sets standards for the curriculum, learning outcomes, timeframe and learning resources, as well as classroom assessment and grading for this subject, under which the topic Health is subsumed. Prescribed learning outcomes for each category are under the general topic *Health*.

Specific learning outcomes that may relate to HIV/AIDS education, outlined by subheading, expect students to be able to:

- Analyze factors that influence health (e.g., physical activity, nutrition, stress management).
- Analyze health information for validity and personal relevance.
- Demonstrate an understanding of skills needed to build and maintain healthy relationships.
- Analyze factors contributing to a safe and caring school.
- Evaluate the potential effects of an individual's health-related decisions on self, family and community.
- Analyze practices that promote healthy sexual decision making (e.g., recognizing influences, accessing accurate information, applying informed decision-making skills).

- Analyze practices associated with the prevention of HIV/AIDS.
- Analyze strategies for preventing substance misuse (e.g., recognizing influences, accessing accurate information, applying informed decision-making skills).

Document Cited

BC Ministry of Education. (2004). *Orientation to the planning*. 10 IRP.
http://www.bced.gov.bc.ca/irp/plan10_orient.pdf

Grade 11–12

Despite a course developed to aid students in developing career and personal goals, there is no health or sexuality curriculum specified for this course.

Ministry of Education:

Manitoba Education, Citizenship and Youth
156–450 Broadway
Winnipeg, MB R3C 0V8
<http://www.edu.gov.mb.ca/index.html>

Education Act

School Act.
<http://web2.gov.mb.ca/laws/statutes/ccsm/p250ei.php>

Education Guidelines

Curriculum Guidelines for Parents
Kindergarten to Grade 8.
<http://www.edu.gov.mb.ca/k12/cur/parents/index.html>

Grade 9 to Grade 12.
<http://www.edu.gov.mb.ca/k12/cur/parents/senior/index.html>

Provincial Resources

Health-specific Guides or Curricula

Manitoba Education, Citizenship and Youth. (2001). *K-4 Physical education/health education: A foundation for implementation* Manitoba. ISBN: 0-7711-2619-0.
<http://www.edu.gov.mb.ca/k12/cur/physhlth/foundation/index.html>

Manitoba Education, Citizenship and Youth. (2001). *Grades 5 to 8 physical education/health education: A foundation for implementation* Manitoba. ISBN: 0-7711-2453-8.
<http://www.edu.gov.mb.ca/k12/cur/physhlth/foundation/5-8/index.html>

Manitoba Education, Citizenship and Youth. (2008). *Physical education/health education: Grade 11 active healthy lifestyles. Manitoba physical education/health education curriculum framework of outcomes and a foundation for implementation*. Manitoba. ISBN-13: 978-0-7711-4016-7.
http://www.edu.gov.mb.ca/k12/cur/physhlth/frame_found_gr11/index.html

Education Policies and Other Documents Related to HIV/AIDS

About HIV/AIDS/Sexual Health
http://www.edu.gov.mb.ca/k12/cur/physhlth/hs_k-8/blms/index.html

The Kindergarten to Grade 4 Physical Education/Health Education: A Foundation for Implementation lists the General Learning Outcome (GLO) most related to HIV/AIDS under GLO 5 – Lifestyle Practices

The student will demonstrate the ability to make informed decisions for healthy living related to personal health practices, active living, healthy nutritional practices, substance use and abuse, and human sexuality.

Below are the prescribed learning outcomes potentially related to HIV/AIDS education for this level.

Kindergarten-Grade 3

- Identify the major parts of the body by their appropriate names (including sex organs).
- Identify common communicable diseases/illnesses/conditions in the classroom and home, and ways to prevent the spread of diseases/illnesses/conditions.
- Demonstrate appropriate healthy choices in case scenarios related to substance use.
- Use a decision-making/problem-solving process, with guidance, to determine consequences of good and poor daily health habits.
- Use avoidance and assertiveness skills in scenarios related to potentially dangerous situations.

Grade 4–5

Grade 4

- Develop a personal action plan for daily personal health practices.

The General Learning Outcome (GLO) for grades 5 to 8 that most relates to HIV/AIDS remains the same as in the Kindergarten to Grade 4 grade division – GLO 5 – Lifestyle Practices:

- The student will demonstrate the ability to make informed decisions for healthy living related to personal health practices, active living, healthy nutritional practices, substance use and abuse, and human sexuality.

Manitoba Education uses an alternating year approach for some content areas – for example prevention of substance use is addressed in Grades 5 and 7.

Prescribed learning outcomes for grades potentially related to HIV/AIDS education for Grades 5-7 are:

Grade 5

- Identify peer, cultural, media and social influences related to substance use and abuse.
- Apply strategies for preventing or avoiding substance use and abuse in different case scenarios.
- Identify characteristics and effects of HIV/AIDS on the immune system.

Grade 6–8

Grade 6

No prescribed learning outcomes in the Grade 6 guide were potentially related to HIV/AIDS education.

Grade 7

- Identify the positive and negative social factors that may influence avoidance and/or use of substances.
- Recognize the importance of sexual abstinence as a responsible decision for the adolescent males and females.
- Identify responsibilities and sources of support with regard to sex-related health issues.
- Identify the causes, nature, methods of transmission and methods of prevention of AIDS and HIV infection.
- Identify the common STIs, their symptoms and means of prevention.
- Apply decision-making/problem-solving strategies in case scenarios that focus on substance use and abuse.
- Apply a decision-making/problem-solving process in case scenarios for making informed decisions regarding responsible sexual behaviours.

Grade 8

There are no prescribed learning outcomes in the Grade 8 guide potentially related to HIV/AIDS education. Absence of learning outcomes for alternating years (6 and 8) is in line with the way in which Manitoba has organized course selection for courses that would include this type of material.

Grades 9–12

The General Learning Outcome (GLO) for Senior 1 and 2 that most relates to HIV/AIDS remains the same as in previous grade divisions – GLO 5 – Lifestyle Practices:

- The student will demonstrate the ability to make informed decisions for healthy living related to personal health practices, active living, healthy nutritional practices, substance use and abuse, and human sexuality.

Following are the prescribed learning outcomes potentially related to HIV/AIDS education for Senior 1 and 2.

Senior 1 (Grade 9)

- Explain the meaning of addiction and substance dependence and the possible effects on self and/or others.
- Examine the use and abuse of substances and potential consequences on personal health and well-being.
- Identify community agencies and resources available to support the prevention of substance use and abuse.
- Describe the potential consequences and risks associated with sexual behaviour and different types of contraceptive methods
- Review personal responsibilities and sources of support with regard to sex-related health issues.
- Examine behaviours that may decrease the risk of contracting HIV and behaviours that increase the risk of contracting HIV.
- Describe the symptoms of, effects of and treatments for the most common sexually transmitted infections.
- Apply problem-solving strategies to respond appropriately to issues related to substance use and/or abuse.
- Apply a decision-making process in case scenarios related to developing healthy relationships and responsible sexual behaviours.

Senior 2 (Grade 10)

- Demonstrate knowledge of healthy lifestyle practices that contribute to disease/illness prevention, including mental illness/disorders.
- Analyze issues concerning the use and abuse of legal and illegal substances.
- Examine current statistics on substance use as they affect healthy living, locally and nationally.
- Examine the influences on making decisions for responsible sexual behaviour.
- Review personal responsibilities and sources of support with regard to sex-related health issues.

- Explain health issues related to HIV/AIDS.
- Describe ways to prevent STIs to promote the health of society.
- Analyze effective responses to problems regarding substance use and abuse by self or others.
- Apply a decision-making/problem-solving process in case scenarios related to effective communication for building healthy relationships and demonstrating responsible sexual behaviours.

Grade 11

The Grade 11 curriculum framework contains a unit, Module E – Substance Use and Abuse Prevention. Lessons include:

Lesson 1: Legal and Illegal Substances

Lesson 2: Stages of Substance Use and Addiction

Lesson 3: Risks and Consequences of Substance Use

Lesson 4: Advocacy against Substance Use and Abuse

The Specific Learning Outcomes include:

- Explain ways in which drugs and other substances are classified.
- Explain the stages of involvement in substance use or abuse.

(Includes non-involvement, irregular involvement, regular involvement, harmful involvement and dependent involvement.)

- Examine factors that influence decisions regarding substance use and abuse.
- Use reliable information in making healthy decisions for helping self and/or others regarding substance use and abuse.

Module E does not specifically address direct or indirect links between substance use and HIV (i.e., the risk of intravenous drug use and the impact of substance use on decision-making skills).

Grade 12

The draft Grade 12 curriculum framework contains a unit, Module E – Healthy Relationships. A review of the unit found no learning outcomes related to HIV/AIDS, although educators could include discussions of STIs and HIV/AIDS in a unit on trust and openness in healthy relationships, including sexual relationships.

Department of Education

Place 2000
250 King Street
Fredericton, NB
E3N 9M9
<http://www.gnb.ca/0000/index-e.asp>

Education Act

Education Act, 1997
<http://www.gnb.ca/0062/acts/acts/e-01-12.htm>

Health-specific Curricula and Provincial Resources

Curricula include age-appropriate resource lists and suggested activities, complete with handouts.

NB Department of Education. (2001). *Health education curriculum, K-5*.
<http://www.gnb.ca/0000/publications/curric/healthk-5.pdf>

NB Department of Education. (2005). *Health education curriculum, Grade 6*.
<http://www.gnb.ca/0000/publications/curric/hcgr6.pdf>

NB Department of Education. (2005). *Health education curriculum, Grade 7*.
<http://www.gnb.ca/0000/publications/curric/hcgr7.pdf>

NB Department of Education. (2005). *Health education curriculum, Grade 8*.
<http://www.gnb.ca/0000/publications/curric/hcgr8.pdf>

NB Department of Education. (2007). *Physical education and health, Grade 9/10*.
<http://www.gnb.ca/0000/publications/curric/PhysicalEducationHealthGrade9-10.pdf>

Kindergarten–Grade 8

In *Health Education Curriculum, K-5, Grade 6, Grade 7, and Grade 8*, the Department of Education guidelines suggest that students will have developed the ability to “pursue an active, healthy life-style” by the end of their public school education. Outcomes and objectives include the development of health knowledge, skills and the adoption of healthy attitudes. A resource list to help teachers achieve each outcome is included. Appendices to each document include age-appropriate learning activity suggestions, complete with lesson plans and handouts.

In terms of potential for HIV/AIDS education, the following objectives have been targeted under various general learning outcomes, including “Caring for Yourself, your Family and your Community,” “Personal Wellness,” “Use, Misuse and Abuse of Materials” and “Growth and Development.”

K–Grade 3

Under the learning outcome, Protecting Yourself, Your Family and Your Community, students are expected to:

- Identify potentially harmful places and activities.
- Explain that some diseases and illnesses can be prevented.
- Distinguish between communicable and non-communicable diseases, specifically HIV/AIDS.

Under the learning outcome Personal Wellness, students are expected to:

- Identify types of activities that support a healthy lifestyle.

Under the learning outcome Growth and Development, students are expected to:

- Be aware of and describe physical changes. This outcome explicitly relates to the biological differences between boys and girls.
- Describe physical changes and growth.

Under the learning outcome Use, Misuse and Abuse of Materials, students are expected to:

- Describe how the use, misuse and abuse of drugs affect the body.

Grade 4–5

Under the learning outcome Protecting Yourself, Your Family and Your Community, students are expected to:

- Describe how the immune system acts in the body’s defence. Includes discussion of piercings and tattoos, as well as HIV/AIDS.
- Identify the effect disease has on the body.

Under the learning outcome Growth and Development, students are expected to:

- Identify changes that occur as a result of puberty.

Under the learning outcome Use, Misuse and Abuse of Materials, students are expected to:

- Identify health decision-making with regard to drug use and sexual activity/relationships.

Grade 6–8

Under the learning outcome Caring for Yourself, Your Family and Your Community, students are expected to:

- Describe selected examples of infectious and non-infectious disease, identifying their detection and prevention.
- Identify the relationship between high-risk behaviours and the resulting consequences.

These learning outcomes allow educators to discuss, in an age-appropriate way, HIV/AIDS as a disease and how this might relate to high risk behaviours (drug use and risky sex) and their consequences.

Under the learning outcome Growth and Development, students are expected to:

- Review the structure and function of the male and female reproductive systems.

Grades 9–10

In Physical Education and Health, the Department of Education incorporates health curriculum with physical education curriculum, which is a departure from the policy for grades K-8. As a result, the emphasis on health is subsumed in the emphasis on physical well-being. Sexuality and sexual activity is only mentioned twice with reference to learning outcomes for decision-making and STI prevention. There is no explicit mention of HIV/AIDS. Moreover, in the final two years of high school, health curriculum is not mandated at all.

- Use learned decision-making models to make informed decisions about sexual activity.
- Identify prevention strategies for STIs.

Grades 11–12

- There is mandated health curriculum for this level.

Ministry of Education

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Tel: 1.709.729.5097
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education@gov.nl.ca
<http://www.ed.gov.nl.ca/edu/index.html>

Education Act

Schools Act.
<http://www.assembly.nl.ca/legislation/sr/statutes/s12-2.htm#top>

Education Guidelines

KinderStart Program Guide
<http://www.ed.gov.nl.ca/edu/publications/k12/KinderStartGuide.pdf>

Department of Education, Division of Program Development, Government of Newfoundland and Labrador. (1997). *Early beginnings: A Kindergarten curriculum guide*.
<http://www.ed.gov.nl.ca/edu/k12/curriculum/guides/earlybeginnings/index.html>

Provincial Resources

Health-specific Guides or Curricula

Towards a Comprehensive School Health Program: A Primary Health Curriculum Guide.
<http://www.ed.gov.nl.ca/edu/k12/curriculum/guides/health/index.html#primary>

Towards a Comprehensive School Health Program: An Elementary Health Curriculum Guide.
<http://www.ed.gov.nl.ca/edu/k12/curriculum/guides/health/index.html#elementary>

Adolescence: Healthy Lifestyles (Health and Personal Development Curriculum).
<http://www.ed.gov.nl.ca/edu/k12/curriculum/guides/health/index.html#adolescence>

Grade 9 Health Curriculum Guide (Interim Guide).
<http://www.ed.gov.nl.ca/edu/k12/curriculum/guides/health/index.html#grade9>

Adolescent Healthy Lifestyles
<http://www.ed.gov.nl.ca/edu/k12/curriculum/guides/health/adolescence/resources.pdf>

Kindergarten

Although not specific to HIV/AIDS, the *Early Beginnings – Kindergarten Curriculum Guide* outlines learning outcomes under which education about HIV/AIDS could be introduced. For instance, the specific learning outcome of Citizenship indicates “demonstrating respect for the health of others” as one of the expected outcomes that students should attain (p.5), providing an opportunity to introduce the concept of compassion for people living with chronic illnesses such as HIV/ AIDS.

Another specific learning outcome, Personal Development, includes practising good health and fitness (p.5), under which prevention concepts could be introduced.

Social Studies and Enterprise Education is designed to promote the young child’s concept of self in the context of the home, school, neighbourhood and community through concrete or direct learning experiences. Specific curriculum outcomes include:

- Show awareness of the need for compassion, empathy, honesty and respect in dealing with others.
- Demonstrate compassion, empathy, honesty and respect in dealing with others.
- Demonstrate respect for personal and societal rights and responsibilities.

Health education is described in detail on pages 71 to 74 of this document. On p. 73, the list of specific learning outcomes states that the child will:

- Know that the body has many parts (e.g., arms, legs, hands, feet, head, ears, eyes, nose, neck). ***Simply adding the nipples, penis and vulva/vagina would make this a more comprehensive list, providing the child with the simple terms necessary to discuss healthy sexuality as they mature.***
- Demonstrate respect for the health of self, others and the environment. ***Introducing the concept that some people, such as those living with HIV/AIDS, have a weakened immune system and are more likely than others to get sick or stay sick longer, and thereby introducing and/or reinforcing basic hygiene habits such as covering one’s mouth and nose when coughing or sneezing, disposing of used tissues appropriately and washing one’s hands after using the toilet to prevent the spread of germs.***
- Identify and apply safety rules in a variety of everyday situations. ***Learning to apply the principles of universal precautions, such as calling for help when a classmate is injured and avoiding contact with someone else’s blood (i.e., from a bloody nose or skinned knee in the playground).***

The curriculum also includes learning outcomes under the heading of Religious Education. This program, Christian in its focus, addresses “what it means to belong and feel welcomed in the family and community.” Healthy sexuality education, including HIV/AIDS education, would easily integrate into its learning outcomes. For example, children are expected to “appreciate the uniqueness of their bodies,” which may include developing an understanding that they are responsible for making healthy decisions about lifestyle habits that respect their unique bodies. At this age, teaching may centre on encouraging and supporting children to eat well, exercise adequately and develop good hygiene habits. As the child matures, learning may be focused on preventing substance use, including alcohol, tobacco and other drugs; making wise decisions about tattoos and body-piercing; and practising safer sex techniques.

Primary (K–3)

The *Primary Health Curriculum Guide* has a unit on “Drug Education” which “focus[es] on how the body and different drugs interact and how personal choices about drugs affect the well-being of self and others [...] The Drug Education component is relevant to the specific needs of children in this province in terms of the impact of drug use, misuse, abuse and chemical dependency” (p. 16). “There is an emphasis on identification, prevention, treatment and the legal implications of substance abuse” (p. 17). The related “Key Stage Outcome” serves to enable children to:

- Understand the potential effects of substance use and the importance of being able to make decisions regarding what constitutes appropriate and inappropriate use of substances (p. 22).

One grade level outcome for Grade 1 could be used to relate information about HIV/AIDS, since its aim is to help the child to:

- Recognize that some people need medicine permanently or temporarily in order to be healthy.

The Self Care component “provides children with knowledge about disease-causing bacteria and viruses, allergies, health conditions and the degree to which a person can contribute to his/her own health through immunization, personal hygiene and disease prevention behaviour.” There were no grade level outcomes related to disease prevention and transmission.

There is a list of “Suggested Activities for Health across the Curriculum,” which includes:

- Do a class simulation of what it would be feel like to be HIV positive and living with AIDS. Students may want to discuss the feelings they had during the simulation (p. 41).

Grades 4–6

The *Elementary Health Curriculum Guide* continues with the same educational focuses that are described for the primary level. The Drug Education unit focuses on prevention of substance use, but does not specifically address the transmission of blood-borne diseases through injection drug use.

The Self Care grade level outcomes outline that students:

Grade 4

- Identify some chronic disorders such as allergies and asthma and some communicable diseases such as colds, flues and AIDS.
- Identify some ways to prevent the spread of communicable diseases.
- Know that the immune system is the body’s defence against disease.

Grade 5

- Explain the difference between a virus and bacteria.
- Understand that AIDS is caused by a virus that weakens the immune system.
- Realize that AIDS is not spread through casual contact.
- Understand that AIDS can be prevented, but not cured.
- Understand the need for caring and compassion towards people with AIDS and other terminal illnesses (p. 33).

NOTE: This is perhaps the only learning objective in any Canadian jurisdiction that specifically mentions the need to develop compassion towards people living with HIV/AIDS.

Grade 6

- Discuss how prevention and early detection relate to wellness.
- Describe the procedures involved in a medical examination.
- Describe the methods of transfer of common communicable diseases.
- Explain how AIDS is transmitted.
- Discuss personal responsibility in the prevention of such conditions as AIDS, heart disease and cancer.

A Grade 6 “Relationships” outcome prescribes that students “understand that the Provincial Human Rights Code protects people against discrimination,” providing an entry point for discussing the legal protections granted to people living with HIV/AIDS, as well as to those who identify as LBGTQ (p. 38).

The Guide supports the mainstreaming of health into all curriculum areas by providing a lengthy list of activities that may be implemented to integrate health issues into other subject areas, including:

- Class simulation on what it would feel like to be HIV positive and living with AIDS. (Students may want to discuss the feelings they had during the simulation.)
- Invite a person who is HIV infected or who has AIDS to speak with the class about living with HIV (p. 64).

Grade 7–9

This curriculum addresses the learning needs of students in grades 7 to 9. The overall goal of this curriculum is to support the objectives of HIV/AIDS education, including knowledge acquisition, development of positive attitudes towards self and others, and development of various skills necessary to support a healthy life. Learning outcomes related to HIV/AIDS are introduced in Grade 7 under the topic of sexually transmitted diseases.

Grade 7

- To be aware of the common sexually transmitted diseases and how they endanger health.
- To understand how sexually transmitted diseases are contracted.
- To understand how HIV infection affects the immune system.
- To be aware of how HIV infection is transmitted and not transmitted.
- To realize how feelings about HIV infection might affect behaviour.
- To increase understanding of AIDS as a social and medical issue.
- To identify responsible options and behaviours as they relate to AIDS and other sexually transmitted diseases.
- To practise assertiveness and refusal skills as ways of coping with sexual pressures.

Grade 8

- To explore concerns with respect to sexually transmitted diseases.

Grade 9

The Grade 9 curriculum is based on *Human Sexuality*. First Canadian Edition. Canada: McGrawHill-Ryerson, 2007, and the accompanying Teacher Resource. First Canadian Edition. Canada: McGrawHill-Ryerson, 2008. Many of the lesson plans suggest activities from *Back to Basics: A Sourcebook on Sexual and Reproductive Health Education*, Second Edition. Canadian Federation for Sexual Health, 2005. An order form for this resource is available online at: <http://www.cfsh.ca/OrderPublications/default.aspx>

There are several HIV/AIDS-related learning outcomes:

- Be knowledgeable about sexually transmitted infections (STIs).
- Identify and describe the mental, physical and emotional effects of contracting STIs.
- Identify and describe the psychosocial impact of living with HIV/AIDS.
- Assess strategies that could be employed to prevent the contraction and spread of STIs.
- Be aware of the implications of contracting an STI on the reproductive and sexual health of self and others.
- Be aware of reliable and accessible community resources when seeking sexual health information.

Grades 10-12

No learning objectives were identified for these grade levels.

Ministry of Education:

Education, Culture and Employment (ECE)
Box 1320
Yellowknife, NT X1A 2L9
<http://www.ece.gov.nt.ca/index.htm>

Education Act

Education Act, 1995.
<http://www.justice.gov.nt.ca/Legislation/..%5CPDF%5CACTS%5CEducation.pdf>

Education Guidelines

Department of Education, Culture and Employment. (2003). *Elementary junior school administrators' handbook – 2004–05*.

http://www.ece.gov.nt.ca/Divisions/kindergarten_g12/curriculum/Elementary%20and%20Junior%20Secondary%20School%20Handbook/List%20%20elementary_and_junior_secondary.htm

Department of Education, Culture and Employment. (2003). *Senior secondary school administrators' handbook – 2004–05*.

[http://www.ece.gov.nt.ca/Divisions/kindergarten_g12/curriculum/SENIOR_SECONDARY_handbook/Senior%20Sec%20Admin\(New\)/index.htm](http://www.ece.gov.nt.ca/Divisions/kindergarten_g12/curriculum/SENIOR_SECONDARY_handbook/Senior%20Sec%20Admin(New)/index.htm)

Territorial Resources

NT uses curriculum from a variety of sources, including Alberta, Manitoba, Saskatchewan, and the Western and Northern Canadian Protocol (WNCP), as well as curricula that have been developed to meet the needs of First Nations populations residing in the territory.

For more information, please consult:

http://www.ece.gov.nt.ca/Divisions/kindergarten_g12/curriculum/Elementary%20and%20Junior%20Secondary%20School%20Handbook/Elementary%20and%20Junior%20Secondary%20School%20Handbook%20Parts/9%20Approved%20School%20Curricula%200405.pdf

Health-specific Guides or Curricula

Department of Education, Culture and Employment. (1991). *K-9 NWT school health program*.

The guide may be downloaded by grade or by section at: http://www.ece.gov.nt.ca/Divisions/kindergarten_g12/Health%20K-9%20Single%20Files/Health1.htm

NWT School Health Program. (NWT Version, 1998) *Skills for healthy relationships: A program about sexuality, AIDS and other STDS*. Student Manual. 202 pp.

<http://www.ece.gov.nt.ca/PDF1/Healthy%20Relationships.pdf>

NWT School Health Program. (adapted 1998). *Challenging homophobia: An addendum to skills for healthy relationships*. 81 pp.

http://www.ece.gov.nt.ca/PDF1/Challenging_Homophobia.pdf

An adaptation of Health Canada's *Skills for Healthy Relationships*, 1995, this paper provides several lessons that address concepts, including heterosexism and homophobia, stigma and discrimination, as well as scenarios to adapt the activities in *Skills for Healthy Relationships* to include the LGBTQ population.

Grades K–5

Beginning in kindergarten and continuing through to Grade 9, the *School Health Program* describes learning objectives related to alcohol and drugs. In early grades, learning objectives are focused on the avoidance of unsafe or hazardous substances (i.e., accidental ingestion of household cleaning products). In Grade 6, learning outcomes begin addressing the influence of alcohol and drugs on the body and mind, on decision-making and on personal safety. In the latter grades, the focus shifts to legal implications of drug and alcohol use.

In Grade 6, the concept of AIDS as a serious, but preventable, communicable disease is introduced. Learning objectives concerning other sexually transmitted infections are introduced in Grade 7 and are continued in Grade 8.

Grades 6–8

Grade 6

For the general learning outcome Mental and Emotional Well-Being and under the theme of Relationships, the following learning objectives were identified:

- Describe discrimination.
- Describe how discrimination affects people.
- Describe how people learn to discriminate.

This is one of the few curriculum guides nation-wide that specifically describes learning outcomes related to discrimination.

For the general learning outcome Growth and Development, the following learning objectives were identified:

- Identify ways in which diseases are transmitted.
- Name the routes of germ entry into the body.
- Identify the body's three lines of defence that protect against disease.
- Identify the cause, nature and seriousness of AIDS.
- Describe how the disease AIDS is transmitted.
- Identify ways to prevent the spread of AIDS.

Grade 7

For the general learning outcome Family Life, the following objectives were identified:

- Define sexually transmitted diseases.
- Identify the causes, characteristics, consequences, treatment and prevention of chlamydia.
- Identify the causes, characteristics, consequences, treatment and prevention of gonorrhoea.

Grade 8

For the general learning outcome Family Life, the following objective was identified:

- Identify the causes, characteristics, consequences, treatment and prevention of common sexually transmitted diseases.

Grades 9–12

Grade 9

For the general learning outcome Growth and Development, for the theme of Body Systems, the following learning objectives were identified:

- Describe how germs enter the body.
- Describe the body's first two lines of defence.
- Describe how the immune system helps protect the body from disease.
- Describe common problem conditions related to the immune system.

Grades 10–12

There is no mandated curriculum for these grade levels; however, the following resources were adapted for specific use in the Northwest Territories and are age-appropriate.

NWT School Health Program. (NWT Version, 1998). *Skills for healthy relationships: A program about sexuality, AIDS and other STDs*. 202 pp.

<http://www.ece.gov.nt.ca/PDF1/Healthy%20Relationships.pdf>

Adapted for the Northwest Territories in 1998, this 20-25 hour HIV/AIDS education program is based on four components: knowledge, skills, attitudes and motivational supports. The four units covered include: Transmission; Responsible Behaviour: Safer Sex; and Health-Enhancing Supports. The program could be completed as a whole unit, or specific activities could be integrated into a health curriculum. It includes an evaluation component. Written a decade ago, some lessons may require updating, but very few.

NWT School Health Program. (adapted 1998). *Challenging homophobia: An addendum to skills for healthy relationships*. 81 pp. http://www.ece.gov.nt.ca/PDF1/Challenging_Homophobia.pdf

An adaptation of Health Canada's Skills for Healthy Relationships, 1995, this paper provides several lessons that address concepts including heterosexism and homophobia, stigma and discrimination, as well as scenarios to adapt the activities in Skills for Healthy Relationships to include the LGBTQ population.

Ministry of Education:

Department of Education
P.O. Box 578, 2021 Brunswick Street
Halifax, NS B3J 2S9
<http://www.ednet.ns.ca/>

Education Act

Education Act amended 2009.
<http://www.gov.ns.ca/legislature/legc/statutes/eductn.htm>

Education Guidelines:

Curriculum guidelines only are available on-line. Specific documentation is only available to teachers via a secure website.
<https://sapps.ednet.ns.ca/Cart/index.php?UID=2009032021572664.230.121.117>

Provincial Resources

Health-specific Guides or Curricula

A Question of Influence. A guide for drug and substance abuse education.
<http://www.ednet.ns.ca/pdfdocs/curriculum/Question-of-influence/CurriculumPRF5.pdf>

Foundation for Active, Healthy Living: Physical and Health Education Curriculum (1998).
http://www.ednet.ns.ca/pdfdocs/curriculum/ActiveHealthyLiving2005_sec.pdf

Health Education, Grades 4–6 (2003).
http://www.ednet.ns.ca/pdfdocs/curriculum/Health4-6_web.pdf

Let's Talk about...Health Education, Grades Primary–3.
http://www.ednet.ns.ca/pdfdocs/curriculum/LTAHealthP-3_web.pdf

Health-specific Resources

School Health Curriculum, Sexuality Component: Elementary Resources.
http://www.teachingsexualhealth.ca/media/pdf/elementary_hs_videos.pdf

HIV/AIDS-specific Resources

Health/Personal Development and Relationships: Outcomes Framework (draft).
<http://lifework.ednet.ns.ca/teachers/pdf/HEALTHpdoutcomes.pdf>

Virus Tag (group activity). http://lrt.ednet.ns.ca/PD/science_5_6/02_healthy_bodies/healthy_bodies_activities.doc

Note: At the time of drafting of this document Nova Scotia reported that its health education curriculum was under revision. As a result, available learning outcomes were used in this assessment.

The *Learning Outcome Framework: Health Education, Grades Primary–6*, produced by the Department of Education in April 2003, describes General Learning Outcomes and provides detailed Specific Curriculum Outcomes. The only learning outcome specific to HIV/AIDS education is found under the Grade 5, General Curriculum Outcome – Strategies for Health Living. The Specific Learning Outcome expects students to “demonstrate a knowledge of the symptoms and prevention of HIV/AIDS” (p. 15, B4.2).

There are more generally written learning outcomes that could address other topics within HIV/AIDS education, depending on the content chosen by the instructor, including:

Grades K–3

Grade 1 General Learning Outcome – Strategies for Healthy Living (p. 3)

- Identify symptoms of common communicable diseases and ways of preventing themselves and others from catching them.

Grade 2 General Learning Outcome – Strategies for Healthy Living (p.7)

- Identify and practise strategies for responding to common disease symptoms.
- Identify and practise hygiene at school related to the prevention of disease.

Grade 3 General Learning Outcome – Strategies for Positive Personal Development and Healthy Relationships (p.10)

- Demonstrate an awareness of peer support and influence.
- Identify and apply decision-making strategies.
- Identify and examine common reasons some people make potentially harmful lifestyle choices.

Grades 4–5

Grade 4 General Learning Outcome – Strategies for Healthy Living (p.11)

- Identify and practise strategies to avoid risks associated with others’ harmful involvement with tobacco, alcohol and other drugs.
- Demonstrate an understanding of ways the body protects itself from danger and disease.
- Demonstrate a knowledge of some ways that some long-term disease and medical conditions can be managed.

Grade 4 General Learning Outcome – Strategies for Positive Personal Development and Healthy Relationships (p. 13)

- Demonstrate an understanding that relationships entail both rights and responsibilities.
- Identify positive and negative examples of peer influence in decision-making.
- Demonstrate an awareness of the effect of harmful involvement with drugs or gambling on decision-making.

Grade 4 General Learning Outcome – Values and Practices for Healthy Living (p.12)

- Demonstrate an awareness of ways that friends, family and community groups can support healthy decision-making.

Grade 5 General Learning Outcome – Strategies for Healthy Living (p.15)

- Identify and demonstrate effective ways of responding to direct and indirect pressure to use alcohol and drugs.
- Demonstrate knowledge of the effect of tobacco, alcohol and cannabis on the body systems.

Grade 5 General Learning Outcome – Values and Practices for Healthy Living (p.16)

- Demonstrate an awareness of the effects of stereotyping and discrimination.

Grade 5 General Learning Outcome – Strategies for Positive Personal Development and Healthy Relationships (p. 16)

- Demonstrate an understanding of the effect of self-esteem on decision-making.
- Identify and practise strategies for strengthening self-esteem.
- Identify positive and negative examples of peer influence in decision-making.

Grades 6–8

Grade 6 – General Learning Outcome – Strategies for Healthy Living (p.17)

- Identify services in the community for the prevention of disease.

Grade 6 – General Learning Outcome – Strategies for Positive Personal Development and Health Relationship (p.18)

- Apply decision-making strategies to complex and/or challenging problems.
- Identify the consequences of being sexually active.

Likewise, *Learning Outcomes Framework Health/Personal Development and Relationships Grades 7–9* (2004) describes General Learning Outcomes and provides detailed Specific Curriculum Outcomes. There are three Grade 8 learning outcomes associated with HIV/AIDS; there are no specific HIV/AIDS learning outcomes in either Grade 7 or Grade 9.

Grade 8 – General Learning Outcome – Strategies for Healthy Living (p. 7 - 8)

- Identify risks and related precautions of being sexually active.
- Identify and practise strategies for preventing HIV/AIDS.

Grade 8 – General Learning Outcome – Values and Practices for Healthy Living (p. 8)

- Demonstrate empathy toward people living with HIV/AIDS.

Many of the learning outcomes described in these documents address knowledge acquisition, while some address skills development. Only a few focus on the development of positive attitudes.

Grades 9–12

Other Learning Tools or Resources

In response to the *Canadian Youth, Sexual Health and HIV/AIDS Study*,³⁷ the government of Nova Scotia developed *Sex? – A Healthy Sexuality Resource*, a sex education manual designed with youth for youth. It was distributed in September 2004 to students from Grades 10 to 12. Students in Grades 7 through 9 were able to obtain a copy if their parents signed a consent form distributed in a sealed envelope. Students could also obtain this resource through public health services. This document was the result of a three-year development process in which youth “told them they wanted a resource they could keep with them.” The book includes information about HIV/AIDS, such as:

- No/Low/Medium/High Risk Sexual Activities (pp. 14–15).
- How to access free condoms and oral dams (p. 52).
- “Good answers for excuses for not using condoms or oral dams” (p. 54–55).

Students in grades 7–9 who are not able to obtain parental permission were not able to formally access the book. Undoubtedly, given the nature of the book, it was shared by peers. However, lack of universal accessibility in these grades meant that students did not have direct access to material designed by youth for youth before the onset of sexual activity, when sexual health and HIV/AIDS education are most important. It is unclear whether the book is considered a stand-alone document or whether it is used as a classroom resource. This book would be an excellent educational tool for students in other provinces and territories nationwide with minimal adaptation.

Nova Scotia is the only jurisdiction that addresses the global impact of HIV/AIDS specifically. Global Studies is a required credit to graduate in Nova Scotia. Students can choose to take either Global History 12 or Global Geography 12. Within this course, they use the *Children’s*

³⁷ Email communication with Judy Streach, Minister of Education, Tuesday, January 20, 2009.

Rights and Global Citizenship curriculum designed for use with Grade 11/12 in the subject areas of Global Studies, Law, Sociology and Political Science. However, since this curriculum is designed for students in the latter grades of high school, the information will not reach those students who leave school earlier for any reason, even though it is used in a mandatory course. For instance, in Nova Scotia an average of 84.8% of students graduate from high school, which means that roughly 15.2% of students in Nova Scotia will not necessarily access the information in this course.

Like most other provinces, “Nova Scotia has not developed any specific curriculum supplements to support the learning and teaching of this topic within health education at this time; however, [they] do have media resources available to teachers through [their] Learning and Technology Services. Print resources approved for use in Nova Scotia are available through [their] Authorized Learning Resources List.”³⁸

Documents Cited

University College of Cape Breton (Sydney, Nova Scotia, Canada). The Children’s Rights Centre. (2003). *Children’s Rights and Global Citizenship*. Available on-line from:

<http://discovery.uccb.ns.ca/psych/images/uploads/Gr12GlobalCitizenshipCurriculum.pdf>

Department of Education. (2003, April). *The learning outcomes framework: Health education, Grades Primary–6*. Available online at: http://www.ednet.ns.ca/pdfdocs/outcomes/by_subject/health_p-6.pdf

Department of Education. (2004). *Learning outcomes framework health/personal development and relationships, Grades 7–9*. Available on-line at: http://www.ednet.ns.ca/pdfdocs/outcomes/by_subject/health_7-9.pdf

Department of Health Promotion and Protection (Halifax: Nova Scotia). Healthy Sexuality Working Group. (2008). *Sex? – A healthy sexuality resource*. 126 pp. ISBN 0-88871-851-9 Available on-line at: http://www.gov.ns.ca/hpp/publications/11032_SexBook_Feb10_En.pdf

Other Curriculum Resources

While not specifically designed for use in HIV/AIDS education, the *Children’s Rights and Curriculum Resource* designed for Grade 8 students addresses Rights and Sexuality, including Sex Ed, Partners and Dating Rituals, Date Rape Myths, Sex in Songs and The Condom Debate (pp. 96-110). Learning outcomes under the Sex Ed subheading expect students to be able to discuss why teens decide to have or not have sex, consider the influence of peer pressure on sex and everyone’s right to say “no” to sex. Both topics could encourage youth to develop skills related to HIV prevention and transmission. Under The Condom Debate subheading, the primary learning outcome is vital to HIV prevention: discuss ‘responsible’ sex and respecting your partner’s right to say ‘no’. There are several scenarios or case studies presented that are designed to stimulate discussion about communication within relationships and encourage

³⁸ Email communication with Judy Streach, Minister of Education, Tuesday, January 20, 2009.

the appropriate use of condoms. In one case presented, failure to use a condom resulted in an unintended pregnancy; however, there is no discussion of the use of condoms to prevent STIs or HIV, specifically. Condom use for prevention and avoidance of transmission of STIs and HIV could easily be incorporated into some of the scenarios.

CBU Children's Rights Centre
Room CC249
Phone: 902.563.1440
Fax: 902.563.1902
Email: childrens_rights@capebretonu.ca

Cape Breton University
P.O. Box 5300
Sydney, NS B1P 6L2
http://discovery.uccb.ns.ca/psych/images/uploads/final_grade_8_curriculum.pdf

Ministry of Education

Department of Education
c/o Legislative Assembly of Nunavut
Box 1200
Iqaluit, NU XoA oHo
<http://www.edu.gov.nu.ca/>

Education Act

Nunavut has adopted the Northwest Territories Education Act 2004.
<http://www.justice.gov.nt.ca/Legislation/..PDF\ACTS\Education.pdf>

Education Guidelines

Currently, Nunavut uses Kindergarten to Grade 6 curriculum guides borrowed and adapted from Alberta Education, and these will remain in effect until new standards are developed.

Nunavut uses the grades 7 to 12 curriculum guides from the Northwest Territories.

Provincial Resources

There are no specific lesson plans or curriculum guidelines for health, sexuality, HIV/AIDS or substance abuse. Nunavut educators borrow heavily from the Northwest Territories curriculum guides, as well as the Alberta Education curriculum guides. There are future plans to develop specific curriculum in these areas as the development of the territory progresses.

Ministry of Education

Ontario Ministry of Education
Public Inquiries Unit
2nd Floor, 880 Bay Street
Toronto, ON M7A 1N3
<http://www.edu.gov.on.ca/eng/>

Education Act

Education Act, 2008.
http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_90e02_e.htm

Education Guidelines

The Ontario Curriculum

Elementary.
<http://www.edu.gov.on.ca/eng/curriculum/elementary/>

Secondary.
<http://www.edu.gov.on.ca/eng/curriculum/secondary/>

Recently revised, and introduced during the 2008–2009 school year

Provincial Resources

General

E-Learning Ontario.
<http://www.elearningontario.ca/eng/Default.aspx>

Provides teachers, parents and students with access to online resources, including thousands of teacher-shared resources with lesson plans, activities, maps and interactive multimedia objects.

Health-specific Guides or Curricula

The Ontario Curriculum Grades 1–8: Health and Physical Education, 1998.
<http://www.edu.gov.on.ca/eng/curriculum/elementary/health18curr.txt>

The Ontario Curriculum, Grades 9 and 10: Health and Physical Education, 1999.

<http://www.edu.gov.on.ca/eng/curriculum/secondary/health910curr.txt>

The Ontario Curriculum, Grades 11 and 12: Health and Physical Education, 2000.

<http://www.edu.gov.on.ca/eng/curriculum/secondary/health1112curr.txt>

Education Policies and other Documents Related to HIV/AIDS

The province does not have a formal policy regarding HIV/AIDS.

NOTE: The Health and Physical Education guides are currently under revision. The Elementary guide is expected to be released in late spring 2009, with implementation set for the following academic year, 2010. The guidelines for secondary school are scheduled for release in 2010, with implementation set for 2011. These newly revised guides are being developed in consultation with the Ministry of Health's AIDS Bureau.

AIDS Bureau

Ministry of Health and Long-Term Care

393 University Avenue, Suite 2100

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Ontario is one of the many educational jurisdictions that combine health and physical education throughout Grades 1 to 12.

The *Ontario Curriculum, Grades 1 – 8: Health and Physical Education*, 1998, lists learning outcomes, but not learning/teaching strategies, assessment strategies or resources.

The Curriculum states that the *Healthy Living* strand includes instruction in knowledge and skills related to healthy eating, growth and development, personal safety and injury prevention, and substance use and abuse. Growth and development education is one of the four components of the *Healthy Living* strand. It “focuses on an understanding of sexuality in its broadest context – sexual development, reproductive health, interpersonal relationships, affection, abstinence, body image, and gender roles.” This document states that “because of the sensitive nature of these topics, parents or guardians must be informed about the content of the curriculum and time of delivery.”

K-3

Grade 1

Through the **Growth and Development** component, students will:

- Identify the major parts of the body by their proper names.

Among the HIV/AIDS-related learning outcomes in the **Personal Safety and Injury Prevention** component, students will:

- Describe exploitative behaviours (e.g., abusive behaviours, bullying, inappropriate touching) and the feelings associated with them.

Under the **Healthy Living** strand and the **Substance Use and Abuse** module, students will:

- Employ decision-making skills to identify when and how medicines should be used (e.g., seeking out adult assistance).

Grade 2

Among the HIV/AIDS-related learning outcomes in the **Personal Safety and Injury Prevention** component, students will:

- Describe how germs are transmitted and how this relates to personal hygiene (e.g., using tissues, washing hands before eating).

Under the **Healthy Living** strand and the **Substance Use and Abuse** module, students will:

- Use decision-making skills to identify healthy alternatives to drug use (e.g., fresh air and exercise can help relieve headaches).

Grade 3

Through the **Growth and Development** component, students will:

- Use a problem-solving process to identify ways of obtaining support for personal safety in the home, school and community.

Under the **Healthy Living** strand and the **Substance Use and Abuse** module, students will:

- Define the term drug and identify a variety of legal and illegal drugs; and
- Use decision-making skills to make healthy choices about drug use and recognize the effects of various substances (e.g., nicotine, caffeine, alcohol) on the body.

Grades 4–5

Grade 4

- Identify the characteristics of healthy relationships (e.g., showing consideration of others' feelings by avoiding negative communication).
- Identify the challenges (e.g., conflicting opinions) and responsibilities in their relationships with family and friends.

Grade 5

Among the HIV/AIDS-related learning outcomes in the **Personal Safety and Injury Prevention** component, students will:

- Explain how people's actions (e.g., bullying, excluding others) can affect the feelings and reactions of others.

Through the **Growth and Development** component, students will:

- Identify strategies to deal positively with stress and pressures that result from relationships with family and friends.
- Identify factors (e.g., trust, honesty, caring) that enhance healthy relationships with friends, family and peers.

Under the **Healthy Living** strand and the **Substance Use and Abuse** module, students will:

- Describe the short- and long-term effects of alcohol use and abuse.
- Apply decision-making skills to make healthy choices about alcohol use, and recognize factors (e.g., the media, family members, friends, laws) that can influence the decision to drink alcohol; and
- Demonstrate resistance techniques (e.g., avoidance, walking away) and assertiveness skills (e.g., saying no) to deal with peer pressure in situations pertaining to substance use and abuse.

Grades 6-8

Grade 6

Under the **Healthy Living** strand and the **Substance Use and Abuse** module, students will:

- Describe the short and long-term effects of cannabis and other illicit drugs.
- Determine influences (e.g., interpersonal, personal, legal, economic) on the use and abuse of tobacco and other drugs (e.g., alcohol, cannabis, LSD) and consider them as part of a decision-making process to make healthy choices.
- Identify people and community agencies that support making healthy choices regarding substance use and abuse.

Grade 7

In Grade 7, when most students are 14 years of age or older and many have begun having sexual experiences, STIs are mentioned for the first time:

- Identify the methods of transmission and the symptoms of sexually transmitted diseases (STDs) and ways to prevent them.
- Use effective communication skills (e.g., refusal skills, active listening) to deal with various relationships and situations.
- Explain the term **abstinence** as it applies to healthy sexuality.
- Identify sources of support with regard to issues related to healthy sexuality (e.g., parents/guardians, doctors).

Among the HIV/AIDS-related learning outcomes in the **Personal Safety and Injury Prevention** component, students will:

- Describe harassment and identify ways of dealing with it (e.g., by communicating feelings and reporting incidents of harassment).
- Identify people and resources that can support someone experiencing harassment.

Under the **Healthy Living** strand and the **Substance Use and Abuse** module, students will:

- Apply a decision-making process to make informed choices regarding drug use; and
- Demonstrate strategies (e.g., saying no, walking away) that can be used to counter pressures to smoke, drink and take drugs, and identify healthy alternatives to drug use.

Grade 8

In the Grade 8 learning outcomes, HIV/AIDS are specifically mentioned for the first time:

- Explain the importance of abstinence as a positive choice for adolescents.
- Identify symptoms, methods of transmission, prevention and high-risk behaviours related to common STDs, HIV and AIDS.
- Apply living skills (e.g., decision-making, assertiveness and refusal skills) in making informed decisions, and analyze the consequences of engaging in sexual activities and using drugs.
- Identify sources of support (e.g., parents/guardians, doctors) related to healthy sexuality issues.

Under the **Healthy Living** strand and the **Substance Use and Abuse** module, students will:

- Outline the possible negative consequences of substance use and abuse (e.g., fetal alcohol syndrome, effects of steroid use, accidents when drinking and driving).
- Identify those school and community resources that are involved in education about substance use and abuse, and those involved in preventing and treating substance abuse.
- Apply the steps of a decision-making process to address age-specific situations related to personal health and well-being in which substance use or abuse is one of the factors.

At no point is injection drug use as a risk factor for the transmission of HIV/AIDS mentioned, although educators could easily incorporate them under the guise of any of these learning objectives in order to inform students of the dangers of unprotected sex and needle sharing for injection drug users.

Grades 9–12

The secondary school health and physical education program adds a fourth strand, *Living Skills*, to the three other strands – *Physical Activity*, *Active Living*, *Healthy Living* – that exist in the elementary school program. The overall expectation is that students will learn to:

- Use appropriate decision-making skills to achieve goals related to personal health.
- Explain the effectiveness of various conflict resolution processes in daily situations.
- Use appropriate social skills when working collaboratively with others.

Grade 9

The learning outcomes for the course Healthy Active Living Education, under the heading Healthy Growth and Sexuality, include being able to:

- Describe the factors that lead to responsible sexual relationships.
- Describe the relative effectiveness of methods of preventing pregnancies and sexually transmitted diseases (e.g., abstinence, condoms, oral contraceptives).

- Demonstrate understanding of how to use decision-making and assertiveness skills effectively to promote healthy sexuality (e.g., healthy human relationships, avoiding unwanted pregnancies and STDs such as HIV/AIDS).
- Demonstrate understanding of the pressures on teens to be sexually active; and
- Identify community support services related to sexual health concerns (p. 10).

Learning outcomes under the heading **Substance Use and Abuse** include being able to:

- Explain the effects of the use and abuse of alcohol, tobacco and other drugs.
- Identify the major factors that contribute to the use of alcohol, tobacco and other drugs.
- Identify the school and community resources involved in education, prevention and treatment with respect to alcohol, tobacco and other drug.
- Demonstrate and use both decision-making and assertion skills with respect to media influences and peer pressure related to alcohol, tobacco and other drugs.

Grade 10

The learning outcomes for the course Healthy Active Living Education, under the heading Healthy Growth and Sexuality, include being able to:

- Describe environmental influences on sexuality (e.g., cultural, social and media influences).
- Explain the effects (e.g., STDs, HIV/AIDS) of choices related to sexual intimacy (e.g., abstinence, using birth control).
- Identify available information and support services related to sexual health concerns.
- Demonstrate understanding of how to use decision-making skills effectively to support choices related to responsible sexuality (p. 15).

Learning outcomes under the heading Substance Use and Abuse include the ability to:

- Describe the physiological and sociological effects of substance use.

Grade 11

The learning outcomes for the course Healthy Active Living Education, under the heading Healthy Growth and Sexuality, include being able to:

- Demonstrate the skills needed to sustain honest, respectful and responsible relationships.
- Describe sources of information on and services related to sexual and reproductive health.
- Assess reproductive and sexual health care information and services (p. 11).

The learning outcomes under the **Determinants of Health** strand, under the heading Specific Expectations – Personal Factors, will ensure students can:

- Analyze how various lifestyle choices (e.g., decisions pertaining to nutrition, physical activity and smoking) affect health.
- Explain how stress and one’s ability to cope with stress affect personal health; and
- Implement a personal plan for health.

Social Factors include being able to:

- Describe how family, peers and community influence personal health.
- Analyze the social factors that influence personal health (e.g., employment, education, socio-economic status, isolation, rural and urban settings, access to health and recreational services).

The learning outcomes for Health for Life under the **Community Health** strand, under the heading Specific Expectations – Health Promotion, will ensure students can:

- Explain methods used to prevent the transmission of communicable diseases (e.g., abstinence from practices that may lead to contamination, avoidance of drugs).
- Evaluate the effectiveness of different types of treatment for the most common communicable diseases (e.g., hepatitis B, tuberculosis, STDs, HIV/AIDS) (p. 16).

Documents Cited:

Ministry of Education and Training. (1998). *The Ontario curriculum, Grades 1 – 8: Health and physical education*. Queen’s Printer for Ontario. ISBN 0-7778-7576-4.
<http://www.edu.gov.on.ca/eng/curriculum/elementary/health18curr.pdf>

Ministry of Education and Training. (1999). *The Ontario curriculum, Grades 9 and 10: Health and physical education*. Queen’s Printer for Ontario, 1999.
ISBN 978-1-4249-5793-4 (PDF); ISBN 978-1-4249-5794-1 (TXT).
<http://www.edu.gov.on.ca/eng/curriculum/secondary/health910curr.pdf>

Ministry of Education and Training. (2000). *The Ontario curriculum, Grades 11 and 12: Health and physical education*. Queen’s Printer for Ontario.
ISBN 978-1-4249-5797-2 (PDF); ISBN 978-1-4249-5798-9 (TXT).
<http://www.edu.gov.on.ca/eng/curriculum/secondary/health1112curr.pdf>

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<http://www.gov.pe.ca/educ>

Education Act

School Act.
http://www.gov.pe.ca/law/statutes/pdf/s-02_1.pdf

Education Guidelines

<http://www.gov.pe.ca/eecd/index.php3?number=1025899&lang=E>

Provincial Resources

PEI Department of Education. *Elementary Program of Studies and List of Authorized Materials*, 2008-09.

http://www.gov.pe.ca/photos/original/ed_elemps_0809.pdf

PEI Department of Education. *Intermediate Program of Studies and List of Authorized Materials*, 2007-08. http://www.gov.pe.ca/photos/original/ed_ips_0708.pdf

PEI Department of Education. *Senior High Program of Studies and List of Authorized Materials*, 2008-09. http://www.gov.pe.ca/photos/original/ed_sps_0809.pdf

PEI Health Curriculum – Grade 1. http://www.gov.pe.ca/photos/original/ed_heal1_0708.pdf

PEI Health Curriculum – Grade 2. http://www.gov.pe.ca/photos/original/ed_heal2_0708.pdf

PEI Health Curriculum – Grade 3. http://www.gov.pe.ca/photos/original/ed_heal3_0708.pdf

PEI Department of Education. (2006). *PEI Health curriculum – Grade 7*.

http://www.gov.pe.ca/photos/original/ed_heal7_08.pdf

PEI Department of Education. (2006). *PEI Health curriculum – Grade 8*.

http://www.gov.pe.ca/photos/original/ed_heal8_0708.pdf

PEI Department of Education. (2006). *PEI Health curriculum – Grade 9*.

http://www.gov.pe.ca/photos/original/ed_heal9_0708.pdf

PEI has reproduced/adapted the *Kindergarten to Grade 9 Health and Life Skills Guide to Implementation* from Alberta Education (Alberta Learning, 2002) for use in the province.

Each of the curriculum documents provides an overview of the philosophy of the program and includes information about meeting the needs of all learners, assessment and evaluation, and guidance for use of the Curriculum and all related resources. Contrary to many provinces, PEI includes not just learning outcomes, but describes related strategies for learning, teaching and assessment and lists approved resources. Many lessons include further notes to the teacher to aid in classroom instruction.

K–3

Grade 1

For the general curriculum outcome titled Wellness Choices and the specific outcome of Personal Health, students will be expected to:

- Demonstrate positive hygiene and health-care habits.

For the general curriculum outcome titled Relationship Choices and under the specific theme of Interactions, students will be expected to:

- Explain how personal behaviours and attitudes can influence the feelings and actions of others.

Grade 2

For the general curriculum outcome titled Wellness Choices and the specific outcome of Personal Health, students will be expected to:

- Examine the need for positive health habits.
- Demonstrate appreciation for one’s own body.

For the general curriculum outcome titled Relationship Choices and under the specific theme of Interactions, students will be expected to:

- Demonstrate inclusive behaviours, regardless of individual/family differences or circumstances.

Grade 3

For the general curriculum outcome titled Relationship Choices and under the specific theme of Interactions, students will be expected to:

- Identify possible psychological and physiological responses to stress.
- Develop strategies to deal with stress and change.

For the general curriculum outcome titled Wellness Choices and the specific outcome of Personal Health, students will be expected to:

- Improve and practise positive health habits.
- Describe the importance of decision-making and refusal skills when offered inappropriate substances.

The general nature of these learning objectives should allow educators to create specific and age-appropriate lesson plans for building a foundation for HIV/AIDS education in the future. In the sole learning objective identified for Grade 1, positive hygiene and health care habits could easily include a discussion of how germs and diseases are transmitted and how transmission can be prevented using the example of the common cold. In Grade 2, educators could expand on this, and under the objective of appreciating one's body, students could be introduced to the various body parts, including their sexual organs, and relate how germs and disease might infect their bodies through certain body parts. One of the learning objectives for Grade 3 – decision making – could allow educators to build on previous knowledge by developing lessons that ask students to make decisions that are healthy for their bodies in relation to potentially harmful substances and diseases.

Grades 6–8

Grade 7

Under the learning objective that addresses Substance Abuse, students will be expected to:

- Analyze social factors that may influence avoidance and/or use of particular substances.

This learning objective is ideal for the introduction of a discussion of the ways in which substance abuse can lead to increased risk of infection, including a direct discussion of intravenous drug use, but also a more age-appropriate discussion of how certain substances affect our bodies as well as our ability to make good healthy decisions about our bodies.

Possible HIV/AIDS-related outcomes in the Sexual Health learning objective state students will be able to:

- Identify the effects of social influences on sexuality.
- Analyze the influences on personal decision making for responsible sexual behaviour.
- Demonstrate an understanding that abstinence and postponement of sexual activity are responsible decisions for adolescents.

For the general curriculum outcome titled Relationship Choices and under the specific theme of Interactions, students, will be expected to:

- Differentiate between choice and coercion in decision-making for self and others.

Grade 8

Under the Grade 8 heading, STIs are listed, but there is no specific mention of HIV.

In Grade 8, a specific learning outcome states that students will be expected to:

- Demonstrate an understanding of responsibilities and consequences associated with being sexually active.

The accompanying information discussing learning/teaching strategies states that students will understand that the responsibilities of sexual activity include knowing the risks (protection against STI/HIV) and understanding that the physical consequences include an increased probability of acquiring HIV. These are repeated in the Grade 9 curriculum document.

Another specific learning outcome states that students will be expected to:

- Describe symptoms, effects, treatments and prevention for a common sexually transmitted infection. ***HIV is included in the list of STIs that students are expected to study.***

Grades 9–12

Grade 9

In Grade 9 specific learning outcomes state students will be expected to:

- Determine “safer” sex practices.
- Develop strategies that address factors to prevent or reduce the risk of STIs and HIV.

It is noted in the *Grade 7 Health Curriculum* that “these Sexual Health outcomes may only be taught with written permission from parents/guardians.” This statement is repeated in both the Grade 8 and the Grade 9 curriculum guides. These documents go on to add that schools will provide students with alternate learning experiences, but do not indicate what these will be, or if parents are expected to address these sensitive subjects with their children at home or in other settings. A sample permission letter is enclosed in each curriculum that lists the topics that are addressed in the sexual health unit for that grade. A specific permission form is required for student participation in a condom use demonstration “taught by specially trained public health personnel.”

For the general curriculum outcome titled Relationship Choices and under the specific theme of Interactions, students will be expected to:

- Use decision-making skills to select appropriate risk-taking activities for personal growth and empowerment.

Grades 10–12

For this age category, no health education is mandated.

Documents Cited:

Alberta Learning. (2002). *Health and life skills K–9: Guide to implementation*. Alberta. ISBN: 9780778513650; ISBN-10: 0778513653.

<http://education.alberta.ca/media/352978/healthgi.pdf>

PEI Department of Education. (2006). *PEI health curriculum – Grade 1*.

http://www.gov.pe.ca/photos/original/ed_heal1_0708.pdf

PEI Department of Education. (2006). *PEI health curriculum – Grade 2*.

http://www.gov.pe.ca/photos/original/ed_heal2_0708.pdf

PEI Department of Education. (2006). *PEI health curriculum – Grade 3*.

http://www.gov.pe.ca/photos/original/ed_heal3_0708.pdf

PEI Department of Education. (2006). *PEI health curriculum – Grade 7*.

http://www.gov.pe.ca/photos/original/ed_heal7_08.pdf

PEI Department of Education. (2006). *PEI health curriculum – Grade 8*.

http://www.gov.pe.ca/photos/original/ed_heal8_0708.pdf

PEI Department of Education. (2006). *PEI health curriculum – Grade 9*.

http://www.gov.pe.ca/photos/original/ed_heal9_0708.pdf

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http://www.mels.gouv.qc.ca/GR-PUB/m_englis.htm

Education Act

Education Act.
http://www.mels.gouv.qc.ca/legislat/Lois_a.htm#index

Education Guidelines

General

Ministère de l'Éducation, du Loisir et du Sport. (2005). *Éducation in Québec : An overview*. ISBN 2-550-47378-7 (print). ISBN 2-550-47379-5 (on-line).
<http://www.mels.gouv.qc.ca/daic/pdf/educqceng.pdf>

Éducation, Loisir et Sport Québec. (2001). *Quebec education program: Preschool education and elementary education*. ISBN 2-550-37958-6.
http://www.mels.gouv.qc.ca/DGFJ/dp/programme_de_formation/primaire/educprg2001h.htm
(English Version, download by chapter or by full text, in colour or black and white.)

Éducation, Loisir et Sport Québec. (2004). *Quebec education program: Secondary School education cycle one*. ISBN 2-550-42071-3.
http://www.mels.gouv.qc.ca/DGFJ/dp/programme_de_formation/secondaire/qepsecfirstcycle.htm
(English Version, download by chapter or by full text, in colour or black and white.)

Éducation, Loisir et Sport Québec. (2002). *Competency levels by cycle: Elementary School*. ISBN 2-550-39033-4.
<http://www.meq.gouv.qc.ca/DGFJ/de/pdf/levelselementary.pdf>

Éducation, Loisir et Sport Québec. (2008). *Québec education program elementary education update: Ethics and religious culture*. 104 pp.
https://www7.mels.gouv.qc.ca/DC/ECR/pdf/ecr_elementary.pdf

Éducation, Loisir et Sport Québec. (2008). *Québec education program elementary education update: Physical and health education*. 42 pp.

Éducation, Loisir et Sport Québec. (2008). *Québec education program secondary education first cycle: Physical and health education*. 25 pp.

Comparable education guides are available in French in accordance with the French Language Charter adopted by the province of Quebec in 1977.

NOTE:

The Ministry of Education has a series of documents, under the heading *Condition féminine*, addressing sexual harassment in schools, including a teacher's guide, student's guide and lesson plans dating from 1996. It is unclear whether this curriculum is still in use. The documents may be viewed online in pdf format at: <http://www.mels.gouv.qc.ca/GR-PUB/menu-gen-int-a.htm>

Quebec reformed its curriculum in 2005, resulting in changes to the *Québec Education Program* (QEP) for the elementary grades. A new subject area was added – Personal Development. The two components of this subject area are the Ethics and Religious Culture program and Physical Education and Health.

The Ethics and Religious Culture program replaced Moral Education, the Catholic and Protestant Religious and Moral Instruction programs in September 2008. The stated goals of this new subject area include enabling students to reflect and work on their personal development, to begin to understand themselves, to recognize their true value, to take responsibility for themselves and relate to others in a constructive way (p.252). The Ethics and Religious Culture program component is mandatory for all students in public and private schools throughout the elementary grades, as well as those in Secondary Cycle One and Two. One of the stated objectives of this change is to foster dialogue and community life in a pluralist and democratic society (p. 293).

The curriculum document also discusses the new responsibilities for teachers and specifically states that since the subject material touches on complex, delicate personal and family dynamics, they are required to be discreet and respectful, to not promote their own beliefs and points of view. They are also required to ensure that the classroom is a safe place for students (p.293).

The Ethics and Religious Culture program encourages students to engage in three activities:

- Reflect on ethical questions.
- Demonstrate an understanding of the phenomenon of religion.
- Engage in dialogue.

The curriculum states that learning and evaluation situations are designed for each year of instruction that has been developed in light of their complementarity and not sequentially or in a linear manner (p.297).

This curriculum document also provides guidance for teachers on cross-curricular integration of this subject area and avidly promotes stimulating learning and evaluating situations. The document also stresses the need for diverse resources “in order to nurture ethical reflection and foster exploration from different perspectives regarding religious diversity and other representations of the world or human beings” (p.308). There are also lists of further suggested readings for educators.

Learning outcomes are described in the form of broad statements, rather than specific objective criteria. This is due to the focus on acquiring skills for living, rather than solely on the acquisition of bodies of knowledge. For example, ethical issues that may be related to HIV/AIDS education presented in Elementary Cycle Three include:

- Respecting children’s rights.
- Hypersexualization of young girls.

- Forms of discrimination and prejudice in one’s environment and in the media.
- Search for what constitutes a just society.
- Effects of ignorance.
- Autonomy in adolescence.

Any one of these broad learning objectives could be used to incorporate health and sexuality, as well as a discussion of substance abuse; however, the most appropriate would be the learning outcome that outlines the effects of ignorance. A unit on the impact of ignorance on health (sexual and other) and healthy decision-making would be appropriate and indeed warranted at this age level. Elementary Cycle Three constitutes what other provinces would regard as grades 5–6. At this level, it would be appropriate to introduce discussions of sexual activity and disease in line with other provincial learning outcomes on the subject, including HIV/AIDS and intravenous drug use.

Secondary Cycle Two – using specific cases taken from literature and current events, help students reflect on:

- Indifference, tolerance and intolerance.
- The nature of justice, the questions it raises and its implications.
- The complexity of human beings and the challenges to consistency between human actions, feelings and ideas in certain contexts.

Secondary Cycle Two constitutes what other provinces would regard as Grades 10–11 (Quebec does not mandate grade 12 education). At this level, explicit discussion of sex, sexuality and healthy living would be appropriate under any one of the learning objectives listed above. Educators could develop health education units under the rubric of the complexity of human beings and the rift between knowledge and actions with reference to drug use and sexual activity. Indeed, these objectives lend themselves well to allowing students to explore sexuality in their own context, as well as in a global setting. A unit on HIV/AIDS in Canada, as well as the developing world would fit nicely into a discussion of the nature of justice, indifference and intolerance.

The Physical Education and Health component lists its aim as ensuring that students will gradually learn to take charge of their own health and well-being. Key features of this competency include the ability to:

- Analyze the impact of some personal lifestyle habits on one’s own health and well-being.
- Develop a plan to change some personal lifestyle habits.
- Carry out a plan in order to change some personal lifestyle habits.
- Assess the results of the plan.

The Physical Education and Health component of the curriculum might be the ideal setting in which to introduce sexual health education at this level. Educators could focus on the anatomical and biological components of STIS and HIV/AIDS, as well as the effects of drug abuse on the body and how to prevent exposure and infection. This, in theory, could complement units in other areas of study that would focus on tolerance and stigma with reference to these specific topics.

Like the Ethics and Religious Culture program document, this document also offers educators ideas for cross-curricular activities and resources.

Documents Cited

Éducation, Loisir et Sport Québec. (2008). *Québec education program elementary education update: Ethics and religious culture*. 104 pp.

https://www7.mels.gouv.qc.ca/DC/ECR/pdf/ecr_elementary.pdf

Éducation, Loisir et Sport Québec. (2008). *Québec education program secondary education update: Ethics and religious culture*. 96 pp.

https://www7.mels.gouv.qc.ca/DC/ECR/pdf/ecr_secondary.pdf

Éducation, Loisir et Sport Québec. (2008). *Québec education program elementary education update: Physical and health education*. 42 pp.

Ministry of Education

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<http://www.education.gov.sk.ca/>

Education Act

Education Act.
<http://www.publications.gov.sk.ca/details.cfm?p=487>

Education Guidelines

English Curriculum guidelines by subject.
<http://www.education.gov.sk.ca/curr-rscs>

Provincial Resources

Health-specific Guides or Curricula

Health Education, *A Curriculum Guide for the Elementary Level (Grades 1-5)*.
<http://www.sasked.gov.sk.ca/docs/health/health1-5/index.html>

Health Education, *An Information Bulletin for Administrators (Grades 1-5)*.
<http://www.sasked.gov.sk.ca/docs/health/health1-5/infobul/index.html>

Health Education, *A Curriculum Guide for the Middle Level (Grades 6-9)*, 1998.
<http://www.sasked.gov.sk.ca/docs/health/health6-9/index.html>

Saskatchewan Learning. (1998). *Wellness 10: A curriculum guide for the secondary level*.
Unit 3: Challenges for Wellness: HIV/AIDS Education.
<http://www.sasked.gov.sk.ca/docs/wellness/unit3a.html>

HIV/AIDS Specific

HIV/AIDS Education in the Middle Years – 1998.

Grade 6 Unit – <http://www.sasked.gov.sk.ca/docs/health/health6-9/g6hiv.html>

Grade 7 Unit – <http://www.sasked.gov.sk.ca/docs/health/health6-9/g7hiv.html>

Grade 8 Unit – <http://www.sasked.gov.sk.ca/docs/health/health6-9/g8hiv.html>

Grade 9 Unit – <http://www.sasked.gov.sk.ca/docs/health/health6-9/g9hiv.html>

Saskatchewan Learning. (n.d.). *Grade 6 health education: “Affirming standards” HIV/AIDS education: Prevention of substance abuse.*

<http://www.mjscregionalintersectoralcommittee.org/drugstrategy/curriculum/GRADE%206%20HEALTH%20EDUCATION%20HIV%20AIDS%20UNIT%20-20Final%20Version.doc>.

(Link used during writing of this document; it is no longer available)

HIV/AIDS Education Update Grade 6 (2007).

[http://www.education.gov.sk.ca/adx/asp/adxgetmedia.aspx?DocID=&MedialD=699&Filename=HIV-AIDS \(Grade 6\) Winter 2007 Update.pdf](http://www.education.gov.sk.ca/adx/asp/adxgetmedia.aspx?DocID=&MedialD=699&Filename=HIV-AIDS (Grade 6) Winter 2007 Update.pdf)

HIV/AIDS Education Grade 8

http://www.rqhealth.ca/rads/pdf_files/grade8_decisionmaking_process.pdf

NOTE:

Curriculum reviews were taking place at the time of this writing, but were not yet available when this document was prepared.

New resource: <http://www.education.gov.sk.ca/adx/asp/adxGetMedia.aspx?DocID=2728>

In 1997, the Saskatchewan Ministers of Health and of Education jointly declared the need to strengthen HIV/AIDS education in Saskatchewan schools for the following reasons:

- HIV infection (AIDS) is totally preventable.
- HIV/AIDS is a major health risk.
- The median age of persons infected with HIV is declining.

Effective September 1997, it became provincial policy to provide HIV/AIDS instruction to students in Grades 1–9. However, like many other educational jurisdictions in Canada, Saskatchewan states that “due to the sensitivity of the topic for some families or students, parents have the option to withdraw their son or daughter from HIV/AIDS education” (p. 13). No provision appears to be in place to encourage parents to provide this information in another manner or in another setting. The policy goes on to state that “in most cases at the elementary level, HIV/AIDS is addressed in a maximum of one or two lessons. At the grade five level, most of the sample unit deals with the topic [...] [T]eachers should therefore identify the lesson(s) where HIV/AIDS is to be addressed and make alternate arrangements for students who do not attend HIV/AIDS lessons.”

Curriculum documents strongly support the establishment of a health education liaison committee in each community made up of parents, educators, health professionals and community members. The suggested role of the committee is to assist in acquiring and selecting resources that meet community needs. It is hoped that such links between school and community will reduce the hesitation of parents to permit their children to participate in HIV/AIDS and other health education. Further, the suggested parent information letter template serves as a mini HIV/AIDS education unit.

In Saskatchewan, in contrast to many other provinces, specific HIV/AIDS learning outcomes are described beginning in the early primary grades. For example, in a chart providing an overview of HIV/AIDS education at the elementary levels indicates:

K-3

Grade 1: The concept of infectious diseases is introduced with examples like colds, chicken pox and measles. The immune system is discussed and likened to guards fighting off germs and viruses that try to attack our body. Activities focus on adopting practices to prevent infections and infectious diseases, and to keep our immune system strong. HIV is explicitly cited as an example of an enemy stronger than our “guards,” and AIDS as an infectious disease caused by this virus. However, it is made clear that, unlike colds and chicken pox, AIDS cannot be transmitted by playing with or touching someone who has it.

Grade 2: One of the sample units at this level focuses on emotional support for people who are ill. A story book in which a child is rejected by peers because he has AIDS serves as the basis for discussing how the HIV spread. The reading of this story leads into the broader topic of demonstrating compassion toward people who are sick.

Grade 3: The transmission of HIV is discussed in the context of universal precautions. For example, one suggested activity focuses on what children should do if they were to find a used hypodermic syringe. Other activities in the Grade 3 unit focus on managing or controlling diseases, and HIV/AIDS is one of the suggested diseases for research.

Grades 4–5

Grade 4: The role of technology and medical research in the development and evolution of treatments for various illnesses is the focus in this grade. Both the advantages and the limitations of technology in medical research are explored. Progress in treatment options for HIV infection is addressed.

Grade 5: Students learn more specific information about the transmission of HIV, including that the most common routes of transmission are engaging in sexual activities with an infected person and sharing needles for drug use. One suggested activity requires students to explore common misconceptions about HIV/AIDS.

Sample lesson plans develop these concepts further. Accompanying support documents provide annotated lists of suggested instructional resources.

Grades 6–8

The HIV/AIDS Foundational Objectives for Students in Grades 6–9, and in Wellness 10 outline that:

- Students will know and use appropriate health resources to develop a factual information base about HIV/AIDS.
- Students will know how HIV can be transmitted and ways to avoid or reduce the risk of HIV infection.
- Students will practise evaluating HIV/AIDS information for the purpose of deciding which resources to retain as part of a factual information base upon which to make health-enhancing decisions.
- Students will design and implement an action plan to maintain a current and dynamic HIV/AIDS information base.

These are further refined in the following learning objectives, whereby students will:

- Identify HIV/AIDS information sources.
- Examine personal knowledge in terms of what they already know and what they want to know.
- Identify selection criteria for sources of information.

- Distinguish between primary and secondary sources of information, and expert and non-expert sources.
- Identify four ways HIV is transmitted (i.e., through blood products and transfusions, sexual intercourse, needle sharing and perinatal transmission) and ways to avoid or reduce the risk of HIV infection.
- Explore basic safety precautions related to emergency situations.
- Identify how feelings about HIV infection might affect behaviour.
- Form their personal response, in ways that affirm their personal standards, to some of the problems facing society in regard to AIDS.
- Gather accurate, up-to-date information about HIV/AIDS from a variety of sources.
- Seek out information from people who may be knowledgeable (e.g., parents, teachers, guidance counsellors, community agencies and health care workers).
- Seek information through a steadily expanding network of options, including other libraries and databases.
- Evaluate the source of HIV/AIDS information.
- Render a judgement and support that judgement by referring to clearly defined criteria.
- Explore challenges related to evaluating HIV/AIDS information.
- Recognize the importance of respecting facts, evidence and views of others when engaging in rational discussions.
- Act upon the principle of respect for people.
- Identify strategies to use in evaluating HIV/AIDS information.
- Explore the consequences of not evaluating HIV/AIDS information.
- Establish a goal to access and evaluate HIV/AIDS information.
- Consciously evaluate what is being read, heard or viewed.
- Design and carry out an action plan to maintain an accurate, up-to-date, factual information base using at least three reliable sources.
- Evaluate their personal action plans and re-design them as necessary.

All of these learning objectives are focused on knowledge acquisition. Although there are other areas of the Saskatchewan curriculum that address personal development, including relationship skills, these do not appear to be linked with the HIV/AIDS unit, so it is difficult to determine whether students would be supported to develop skills related to negotiating intimacy needs, safer sex situations and condom use.

Saskatchewan is one of the jurisdictions that addresses prevention of substance abuse as part of its HIV/AIDS education. The HIV/AIDS Education unit is a required component of Grade 6 Health Education. This Curriculum update emphasises that provision of HIV/AIDS education

is a shared responsibility and notes “this curriculum support material was written and organized by the Regina and Area Drug Strategy Education Project in partnership with the Regina Public School Board, the Regina Catholic School Board, the Prairie Valley School Division, and Saskatchewan Learning.” It adds substance use-related information to the HIV/AIDS learning outcomes, as well as some learning/teaching strategies.

Grades 9–10

Please consult discussion for Grades 6–8 for guidelines and objectives that target grades 9–10.

Grades 11–12

No health education curriculum documents for Grades 11 and 12 were identified.

Documents Cited

Saskatchewan Learning. (1998). *Health education: A curriculum guide for the elementary levels (Grades 1 – 5)*. <http://www.sasked.gov.sk.ca/docs/health/health1-5/inst.html#hiv>

HIV/AIDS Education at the Elementary Level.

<http://www.sasked.gov.sk.ca/docs/health/health1-5/implement/hiv/sld1fac.html>

Saskatchewan Learning. (1998). *Health education: A curriculum guide for the middle level (Grades 6 – 9)*. <http://www.sasked.gov.sk.ca/docs/health/health6-9/index.html>

HIV/AIDS Education in the Middle Years.

Grade 6 Unit – <http://www.sasked.gov.sk.ca/docs/health/health6-9/g6hiv.html>

Grade 7 Unit – <http://www.sasked.gov.sk.ca/docs/health/health6-9/g7hiv.html>

Grade 8 Unit – <http://www.sasked.gov.sk.ca/docs/health/health6-9/g8hiv.html>

Grade 9 Unit – <http://www.sasked.gov.sk.ca/docs/health/health6-9/g9hiv.html>

Saskatchewan Learning. (1998). *Wellness 10 a curriculum guide for the secondary level.*

Unit 3: Challenges for wellness HIV/AIDS education.

<http://www.sasked.gov.sk.ca/docs/wellness/unit3a.html>

Saskatchewan Learning. (n.d.). *Grade 6 health education: Affirming standards. HIV/AIDS education: Prevention of substance abuse*. <http://www.mjscregionalintersectoralcommittee.org/drugstrategy/curriculum/GRADE%206%20HEALTH%20EDUCATION%20HIV%20AIDS%20UNIT%20-%20Final%20Version.doc>

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Education Act

<http://www.gov.yk.ca/legislation/acts/education.pdf>

Education Guidelines

Currently Yukon uses the curriculum guides borrowed and adapted from British Columbia.

Provincial Resources

There are no specific lesson plans or curriculum guidelines for health, sexuality, HIV/AIDS or substance abuse. Yukon educators borrow heavily from the British Columbian curriculum guides. There are no future plans to develop independent curriculum, although the Yukon government supports the development of common curriculum frameworks for northern and western Canada.

