

“In a Satisfactory, Organized, and Scientific Fashion” Sex Education and Ontario’s Ministry of Education, 1955–1979

Brent Brenyo

Volume 114, Number 1, Spring 2022

URI: <https://id.erudit.org/iderudit/1088103ar>

DOI: <https://doi.org/10.7202/1088103ar>

[See table of contents](#)

Publisher(s)

The Ontario Historical Society

ISSN

0030-2953 (print)

2371-4654 (digital)

[Explore this journal](#)

Article abstract

Sex education in Ontario during the second half of the twentieth century was shaped by two policymaking paradigms: methodological rationalism and incrementalism. Structural transformations occurring within the modern liberal state at mid-century resulted in the emergence of technocratic policymaking, which allowed policymakers to employ a methodology of calculated rationalism. Technocratic policymaking—which intertwined policy formulation with the empirical aspects of socio-sexual problems—allowed educational bureaucrats to produce defensible policy based on quantifiable problems. However, interest group pluralism dictated that they also practice interest-group-directed incrementalism. These two decision-making models allowed the Ministry of Education to introduce sex education progressively between 1955 and 1979 in an attempt to ameliorate socio-sexual problems. As a result, sex education—under conditions of liberal modernity—was cumulatively institutionalized as part of Ontario public schooling.

Cite this article

Brenyo, B. (2022). “In a Satisfactory, Organized, and Scientific Fashion”: Sex Education and Ontario’s Ministry of Education, 1955–1979. *Ontario History*, 114(1), 18–41. <https://doi.org/10.7202/1088103ar>

“In a Satisfactory, Organized, and Scientific Fashion:”

Sex Education and Ontario’s Ministry of Education, 1955–1979

By Brent Brenyo

[Ken Campbell] doesn’t blame teachers or administration. He points the accusing finger at the government and its bureaucracy. It has imposed a “new state religion.” By government design, Campbell said, Christianity’s discipline and theology have been replaced in Ontario schools by atheism and libertinism.

Ken Campbell of the Campbell-Reese Evangelistic Association (and future leader of the Renaissance Committee of Halton) was a vocal opponent of sex education in Ontario during the 1970s. He saw himself as spokesman for the great majority of parents who wished to “regain control of the educational system from the hands of arrogant educational technocrats.”¹ Campbell’s insights are quite astute. Educational bureaucrats were primarily responsible for sex education’s institutionalization as part of Ontario public schooling. The Ministry of Education’s technocratic (governance by an elite of

experts) approach to sexual health problems largely shaped the form and content of sex education, and its strategic use of policymaking models ensured that sex education became a fact of life for many Ontarian students. While sex had been a concern of educational administrators in Ontario since the mid-nineteenth century, attempts to implement school-based sex education had been marred by controversy.² The Ministry of Education, however, was able to champion sex education and defend it to varying degrees of success throughout the later half of the twentieth century. Why? Sex education’s institutionalization at the hands of

¹ “Evangelist sets sights on school cleanup,” *Toronto Sun*, Monday 4 March 1974. Curriculum Services Branch administration files, B189232, Box 2, Sex Education (Physical & Health Education) 1974, Record Group 2–82–4, Archives of Ontario [hereafter RG and AO].

² Bruce Curtis, “Illicit’ Sexuality and Public Education, 1840-1907,” in *Sex in Schools: Canadian Education and Sexual Regulation*, ed. Susan Prentice (Montreal: Our School/Our Selves Education Foundation, 1994) 101-130; and Christabelle Sethna, “The Facts of Life: The Sex Instruction of Ontario Public School Children, 1900-1950.” (Ph.D. diss., University of Toronto, 1995).

Abstract

Sex education in Ontario during the second half of the twentieth century was shaped by two policymaking paradigms: methodological rationalism and incrementalism. Structural transformations occurring within the modern liberal state at mid-century resulted in the emergence of technocratic policymaking, which allowed policymakers to employ a methodology of calculated rationalism. Technocratic policymaking—which intertwined policy formulation with the empirical aspects of socio-sexual problems—allowed educational bureaucrats to produce defensible policy based on quantifiable problems. However, interest group pluralism dictated that they also practice interest-group-directed incrementalism. These two decision-making models allowed the Ministry of Education to introduce sex education progressively between 1955 and 1979 in an attempt to ameliorate socio-sexual problems. As a result, sex education—under conditions of liberal modernity—was cumulatively institutionalized as part of Ontario public schooling.

Résumé: L'éducation sexuelle en Ontario au cours de la seconde moitié du XX^e siècle a été façonnée par deux paradigmes d'élaboration de politiques : le rationalisme méthodologique et l'incrémentalisme. Les transformations structurelles survenues au sein de l'État libéral moderne au milieu du siècle ont entraîné l'émergence de l'élaboration de politiques technocratiques, qui ont permis aux décideurs d'employer une méthodologie de rationalisme calculé. L'élaboration technocratique des politiques - qui mêlait la formulation des politiques aux aspects empiriques des problèmes socio-sexuels - a permis aux bureaucrates de l'éducation de produire une politique défendable basée sur des problèmes quantifiables. Cependant, le pluralisme des groupes d'intérêt leur imposait de pratiquer également l'incrémentalisme dirigé par les groupes d'intérêt. Ces deux modèles de prise de décision ont permis au ministère de l'Éducation d'introduire progressivement l'éducation sexuelle entre 1955 et 1979 dans le but d'améliorer les problèmes socio-sexuels. Par conséquent, l'éducation sexuelle - dans les conditions de la modernité libérale - a été institutionnalisée de manière cumulative dans le cadre de l'enseignement public en Ontario.

educational bureaucrats was made possible by the structural transformations occurring within the liberal state at mid-century.

The creation of the welfare state, beginning in the 1940s and expanding in the 1960s, was based on an ideology of social—and gender and sexual—reconciliation and citizenship.³ Since the modern liberal state aimed to provide a comprehensive system of social insurance

“from cradle to grave,”⁴ sex became a major realm of state policy.⁵ Jeffrey Weeks notes that “at the heart of welfarism was a clear concern with the conditions of reproduction—both in its widest social sense, of producing a healthy workforce in the context of comprehensive social security and full employment; and in its narrow, biological sense, of improving the conditions of parenthood and childbirth.”⁶ This concern led to a more

³ Jeffrey Weeks argues that during the Second World War and subsequent postwar reconstruction period the seeds were sown for a “great transition” which over the next sixty years saw a fundamental re-ordering of the regimes of sexuality, and new forms of agency in relation to erotic and intimate life.” Jeffrey Weeks, *Sex, Politics, and Society: The Regulation of Sexuality Since 1800* 4th Ed. (Routledge: Abingdon, 2018), 251.

⁴ As expressed in the British government's report *Social Insurance and Allied Services* (Cmd. 6404) (The Beveridge Report).

⁵ R.W. Connell, “The State, gender, and sexual politics: Theory and appraisal,” *Theory and Society* 19 (1990), 531.

⁶ *Sex, Politics, and Society*, 251.

concerted state interventionism than ever before, as Weeks adds, “guided, it was fervently hoped by theorists of welfare, by the new insights of social scientific knowledge.”⁷

The interrelation of states and social knowledge had profound implications for policymaking. Interventionist social policies made life more systematic and quantifiable. Increasingly complex social legislation required centralized decision-making by specialists. This resulted in the emergence of technocratic policymaking. Technocracy denotes rule by technique, mode of analysis, and calculation.⁸ Technocrats, those who exercise authority by virtue of their technical and managerial competence such as operations researchers, policy analysts, welfare economists, management scientists, and statisticians, hoped to share in the aura of the sciences. As Ernest Sternberg notes, they wanted others to see in their work, “the application of an irrefutable reason and a scientific precision to public affairs.”⁹ Technocratic policymaking (methodological rationalism) carried with it its own characteristic form of decision making—quantitative reason.¹⁰ Technocratic liberalism budded in the 1930s and reached its full flowering in the 1960s, bringing an

unprecedented analytic rigour to policy-making. The application of quantitative methodology to the U.S. Department of Health, Education and Welfare during the 1960s brought about systematic planning, programming, and budgeting. Administrators engaged in quantitative administration or means-end reasoning for cost effectiveness and efficiency.¹¹ Means-ends rationalism had a significant role in the administration and policies of the modern educational state.

Ontario’s Department of Education was not immune from these developments. The liberal state’s greater emphasis on public health and welfare affected school programming. The department championed health education throughout the 1930s as a matter of grave national importance, and added health education as a subject of study to the curriculum in 1937.¹² Educational policymaking changed as well. In an increasingly systematized and quantifiable world, a technocratic approach to policymaking appeared to be the most appropriate and sensible strategy for bureaucratic action. According to Sternberg, it offered “a seemingly efficacious paradigm for administrative choice.”¹³ The belief that technocratic expertise would real-

⁷ *Ibid.*, 252.

⁸ Ernest Sternberg, “Incremental Versus Methodological Policymaking in the Liberal State,” *Administration & Society* 21:1 (1989), 58.

⁹ *Ibid.*, 60.

¹⁰ *Ibid.*

¹¹ See Leonard Merewitz and Stephen H. Sosnick, *The budget’s new clothes: a critique of planning-programming-budgeting and benefit-cost analysis* (Chicago: Rand McNally College Publishing Co., 1971).

¹² Theodore Christou, *Revisioning and Reframing Ontario’s Public Schools, 1919-1942* (Toronto: University of Toronto Press, 2012), 19-20 and 118-119.

¹³ Sternberg, “Incremental Versus Methodological Policymaking,” 55.

ize a conflict-free, liberal utopia “proved a ‘powerful political aphrodisiac’ for Bill Davis’ Department of Education in 1960s Ontario.”¹⁴ As Josh Cole explains:

These liberal technocrats believed in an early iteration of the ‘end of ideology’ thesis—that a truly modern society was one in which technical reason had replaced class conflict, and those who were its agents... became the new drivers of social and economic progress. For the intellectuals of the Peaceable Kingdom, consensus, derived from a purportedly apolitical rationality, was the path to a better world. Anything else smacked of pre-modernity.¹⁵

Such an approach suited the department and the ministers governing it, and more and more authority was inherited in department bureaucrats who claimed expertise in specific areas and who were securely lodged in their positions of authority.¹⁶ Consequently, the educational state brought its technocratic expertise to bear on many educational and social problems. The sexual health of students was no exception. Sex education—an extension of the welfare state—was concerned

with producing a healthy population in the interest of a liberal-capitalist order.¹⁷

The Ministry of Education, acting on the basis of “enlightened” expert knowledge, progressively introduced sex education in an attempt to ameliorate socio-sexual problems throughout the mid-to-late twentieth century. Sex education—a technocratic solution to such socio-sexual problems as venereal disease and teenage pregnancy—was seen by bureaucrats as the “rational” application of “neutral, objective, and value-free” scientific knowledge across the student body.¹⁸ Technocratic policymaking, which intertwined policy formulation with the empirical aspects of socio-sexual problems, allowed educational bureaucrats to produce defensible policies based on concrete (i.e. quantifiable) problems. The bureaucrats believed that this value-neutral scientific focus would avoid any moral or religious positions, or at least appear as such. The sex education that students received, therefore, was predominately a medicalized study of sex that stressed prevention and early treatment.

¹⁴ Josh Cole, “Experts and exiles: organic intellectuals, education, and the ‘Indian Problem’ in post-war Ontario, Canada,” *Pedagogica Historica* 55:2 (2019), 212.

¹⁵ *Ibid.*, 211.

¹⁶ Josh Cole, “Children, Liberalism and Utopia: Education, Hall-Dennis and Modernity in Ontario’s Long 1960s,” (Ph.D. diss., Queen’s University, 2015), 63.

¹⁷ Ian McKay, “The Liberal Order Framework: A prospectus for a reconnaissance of Canadian history,” *Canadian Historical Review* Vol. 81, No. 4 (Dec 2000), 617-45.

¹⁸ For studies of scientific knowledge and its use in policymaking—including epistemological debates related to values and objectivity—see Max Weber, *Methodology of the Social Sciences*, eds. Edward A. Shils and Henry A. Finch (New Brunswick: Free Press, 1949); Carol H. Weiss, *Using social research in public policy making* (Lexington: Lexington Books, 1977); Charles E. Lindblom and David K. Cohen, *Usable Knowledge: Social Science and Social Problem Solving* (New Haven: Yale University Press, 1979); David Collingridge and Colin Reeve, *Science speaks to power: the role of experts in policymaking* (London: Pitner, 1986); Helen E. Longino, *Science as social knowledge: values and objectivity in scientific inquiry* (Princeton: Princeton University Press, 1990); and Heather E. Douglas, *Science, policy, and the value-free ideal* (Pittsburgh: University of Pittsburgh Press, 2009).

Sex education was also shaped by interest-group-directed, incremental policymaking. While public life was becoming more enumerable and classifiable, and human activities such as sex were increasingly amenable to quantifiable analysis, structural conditions only partially allowed methodological rationalism to be efficacious as a policymaking model. Some interest groups held differing ideas towards the body and sex than the educational bureaucrats. Interest group pluralism dictated that the ministry be flexible and responsive to other actors. Incrementalism was a rational response.¹⁹ It allowed for sex education policy to be tailored to a wide variety of interests through the interest-group adjustment (or mutual partisan adjustment) process.²⁰ It implied policy compromise, but allowed policymakers to choose a course of action in which they were most successful, thereby sparing them the ignominy of policy retreat.²¹ While methodological rationalism stood at odds with incrementalism, centralized decision-making could result in the bu-

reaucracy appearing unresponsive or indifferent to the larger educational policy community. It was an impression that Ministers of Education, who were largely uninvolved in the policy formulation process, wished to avoid—lest it damage their electoral fortunes. As will be shown, incrementalism was particularly well-suited to the politics of education in Ontario, as ideologically diverse interest groups across the political spectrum attempted to shape sex education policy.

Ultimately, structural transformations occurring within the modern liberal state at mid-century generated the conditions in which sex education emerged and was institutionalized. The ministry's sex education policy reflected its statist liberalism amidst an increasingly secular, pluralistic, and sexually permissive society. Conceptualized as a program of disease prevention and health promotion, school-based sex education—an extension of the liberal interventionist state—was a technocratic solution to socio-sexual problems. Bureaucrats believed that sex education, if it was to be effective

¹⁹ Incrementalism as a theory of public policy was first developed in the 1950s by American political scientist Charles E. Lindblom. See Lindblom, "The Science of 'Muddling Through'" in *Public Administration Review* 19: 2 (Spring 1959), 79-88; David Braybrooke and Lindblom, *A Strategy of Decision: Policy Evaluation as a Social Process* (New York: Free Press of Glencoe, 1963), Lindblom, *The intelligence of democracy: Decision making through mutual adjustment* (New York: The Free Press, 1965) and Lindblom, "Still Muddling, Not Yet Through," in *Public Administration Review* 39:6 (Nov.-Dec. 1979), 517-26.

²⁰ "For when decisions are only incremental—i.e. closely related to known policies—it is easier for one group to anticipate the kind of moves another might make and easier too for it to make correction for injury," Lindblom, "The Science of 'Muddling Through,'" 86.

²¹ Some maintain that feasible policies only emerge through the interplay of self-serving interest groups, and that it is preferable to attempts at more methodical and comprehensive policymaking. As Lindblom notes, "A fast-moving sequence of small changes can more speedily accomplish a drastic alteration of the status quo than can an only infrequent major policy change. Incremental steps can be made quickly because they are only incremental... They do not rock the boat, do not stir up the great antagonisms and paralyzing schisms as do proposals for more drastic change." Lindblom, "Still Muddling," 520.

in remedying sexual health problems, had to be based on scientific data that accurately reflected human sexual behaviour. Some interest groups, however, rejected the educational state's empirical knowledge base and rationalism. Religious fundamentalists, Protestant and Catholic alike, dismissed the possibility that knowledge about human sexuality could be derived from empirical research alone. Fearing society's further secularization, they contested the pluralistic, liberal context in which sex education was created and taught. Interest-group pluralism, a defining feature of liberal democracies, necessitated interest-group-directed, incremental policymaking. While incrementalism at times circumscribed the ministry's preferred approach to sex education, bureaucratic control of the policymaking process meant that bureaucrats were able to approximate their intended design for sex education. Implicated in history, these policymaking paradigms allowed the Ministry of Education to progressively introduce sex education in an attempt to ameliorate socio-sexual problems throughout the mid-to-late twentieth century. As a result of the ministry's technocratic and incremental policymaking between 1955 and 1979, sex education—under conditions of liberal modernity—was cumulatively institutionalized as part of Ontario public schooling.

*'In a satisfactory, organized,
and scientific fashion:' Sex
education in the wake of the
Sexual Revolution*

Sex education's institutionalization was greatly aided by the "permissiveness" of the long 1960s. This term was used by sexologist Edward S. Herold used to describe the change in Canadians' sexual attitudes and moral values.²² Canadians expressed more liberal attitudes towards sex with changes in sexual behaviour paralleling the increasing incidence of venereal disease (VD).²³ While VD rates had steadily declined since 1947 with the mass production of penicillin—the definitive anti-venereal drug (and a major scientific breakthrough)—they were on the rise in Ontario by the late 1950s. VD rates remained consistently high—especially among the 20-29 age group (see **Figure 1** and **2**).

While penicillin could cure syphilis and gonorrhea rapidly, treatment still had to be promoted.²⁴ VD, if left untreated, continued to pose a threat to public health. Its hereditary effects were particularly severe.

Educational bureaucrats believed that the department had a role to play in providing young adults with the requisite sexual knowledge. This intervention specifically focused on students between the

²² Edward S. Herold, *Sexual Behaviour of Canadian Young People* (Markham: Fitzhenry & Whiteside Ltd., 1984), 12.

²³ *Ibid.*, 140-41.

²⁴ For a fascinating account of the history of venereal disease in Canada, see Jay Cassel, *The Secret Plague: Venereal Disease in Canada, 1838-1939* (Toronto: University of Toronto Press, 1987).

Figure 1:

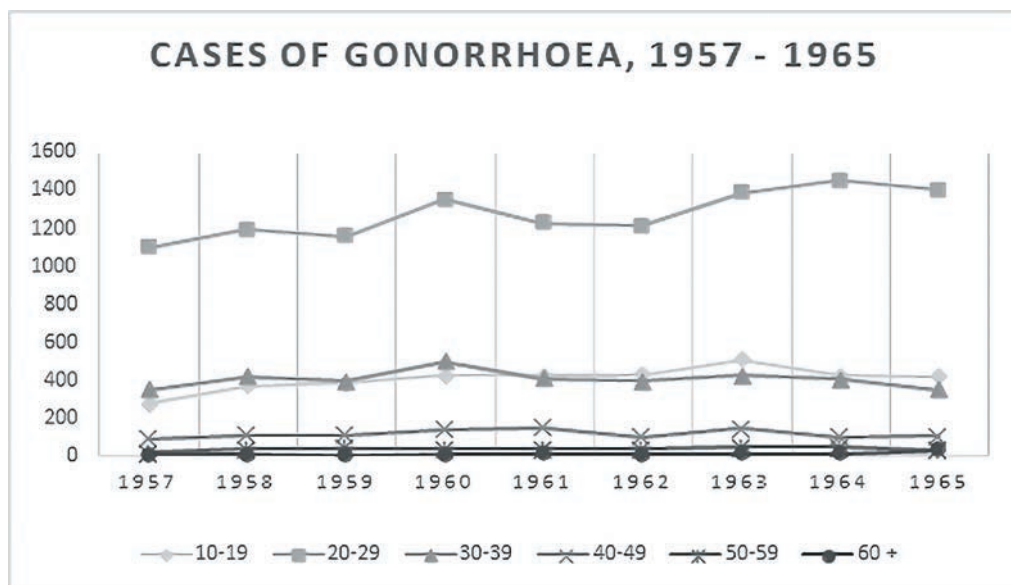
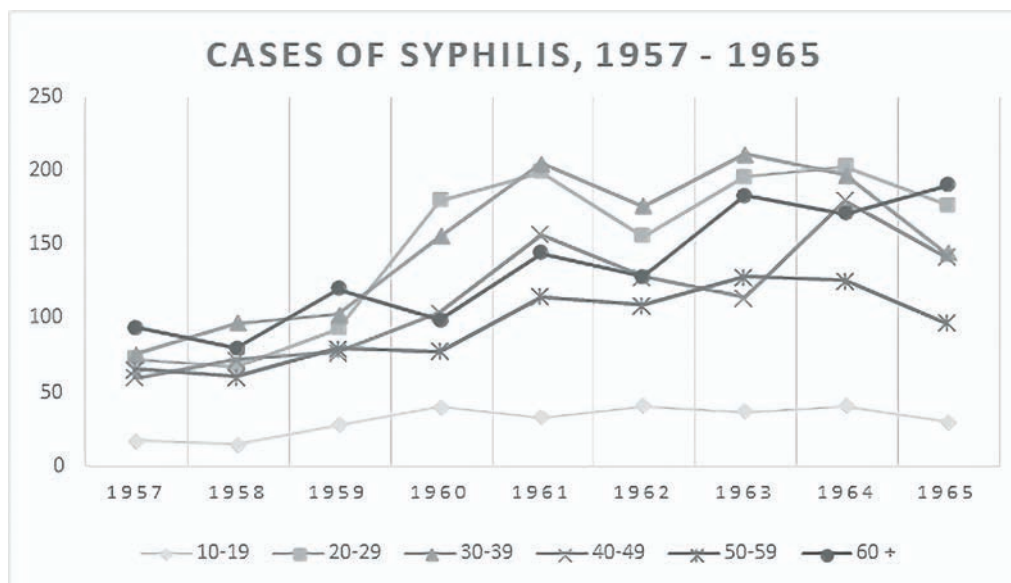


Figure 2:



*Information taken from the Annual Reports of the Ontario
Department of Health, 1957 - 1965.*

ages of 15 and 19 (roughly Grades 9-13). Jack Ross, the Director of the Physical and Health Education Branch, exemplified the technocratic impulse: "We feel we could contribute, and there seems to be a feeling that the problem of sex information can be presented in a satisfactory, organized, and scientific fashion."²⁵ Department bureaucrats were part of a liberal empiricist tradition,²⁶ and they were decidedly positivistic in their assumptions and attitudes. They considered students rational subjects who would defer to those most rational in society,²⁷ which in the field of sexual health was the medical profession.²⁸ Through guidance and education, students could calculate the impact of their sexual behaviour upon their health and better avoid "negative outcomes." Thus, the ministry's initial

forays into sex education were structured around a "science approach" that emphasized biological facts.²⁹ The Department of Education favoured the inclusion of sex education in health courses.³⁰ Educational bureaucrats strongly recommended that teachers make use of Department of Health pamphlets regarding VD, and they forwarded them to secondary school teachers throughout the late 1950s and early 1960s.³¹ Due to its growing incidence, VD was added as a topic of study to the 1960 Senior Physical Education Curriculum (Curriculum S.29, Grades 11-13).³²

Many provincial interest groups during the 1960s recognized the importance of sex instruction for students and supported sex education. Fear of VD was failing as a restraint on sexual activity,³³

²⁵ "Course is Health—No Sex Text for Teachers," *Globe and Mail*, 3 June 1963.

²⁶ R.D. Gidney and D.A. Lawr, "Bureaucracy vs. Community? The Origins of Bureaucratic Procedure in the Upper Canadian School System," *Journal of Social History* 13:3 (1980), 438-57; R.D. Gidney, "Centralization and education: The Origins of an Ontario Tradition," *Journal of Canadian Society* 7:4 (1972), 33-48.

²⁷ Cole, "Children, Liberalism and Utopia," 41.

²⁸ As Foucault notes, our knowledge of sexuality is connected to the production of the truth about sex, and the *scientia sexualis* with which Western society has equipped itself with enjoys a privileged position. Michel Foucault, *The History of Sexuality Volume 1: An Introduction*, ed. Allen Lane, trans. Robert Hurley (London: Penguin Books Ltd., 1971), 71.

²⁹ Letter to Mrs. Billesberger, from M.B. Parnall, Superintendent, Curriculum Division, 29 Mar. 1965. Correspondence files of the Director of the Physical and Health education branch, Curriculum, B289590, RG 2-92, AO.

³⁰ Memo to C.W. Booth, Assistant Superintendent for Secondary Education, from G.A. Wright, Director, Physical Education Branch, RE: Sex Education. 29 Sept. 1955. Correspondence Files of the Director of the Physical and Health Education Branch, Secondary Education to March 31, 1958. B244243, Box 3. RG 2-92, AO.

³¹ Memo to G.A. Wright, Director, Physical and Health Education Branch, from Dr. S.E. Acres, Venereal Disease Control Section, 28 June 1961. Correspondence Files of the Director of the Physical and Health Education Branch, Inter-Departmental Committee on Health #2, B244242, Box 2, RG 2-92, AO.

³² *Senior Division, Grades 11, 12, and 13, Physical Education Curriculum S.29*. Toronto: Department of Education, 1960.

³³ Douglas Owsram, *Born at the Right Time: A History of the Baby Boom Generation* (Toronto: University of Toronto Press, 1996), 263

and these groups believed that sex education had the potential to reform sexual behaviour through the protective value of knowledge. The Ontario Medical Association submitted a brief to the Committee on Aims and Objectives of Education in the Schools of Ontario; it recommended that sex education be introduced at earlier grades in Ontario schools. It also suggested that adult education classes be made available to parents to assist them in instructing children about sex in general and puberty in particular.³⁴ The Sex Information and Education Council of Canada, which aimed to educate the general public and combat sexual ignorance, misinformation, and personal guilt, recommended a comprehensive program of sex education for Ontario schools.³⁵ Educational groups also threw their support behind sex education. The Public Schools Trustees Association of Ontario wanted the government to es-

tablish compulsory sex education courses,³⁶ as did the Ontario Public Schools Men Teachers' Federation.³⁷ A *Globe and Mail* editorial championing sex education articulated a concern these groups shared when it called for a foundation of scientific fact—not religious edict—as the basis of the new morality.³⁸ Similar to the bureaucrats, these groups believed that sex education could help youth navigate changing sexual mores,³⁹ and refashion students as modern liberal subjects. Sex education seemed to enjoy a healthy degree of support, and the department believed that parents were “grateful for when the school was willing to take part of the responsibility for educating students.”⁴⁰ Thus, the branch's technocratic approach to sex education attempted to remake students as informed, self-regulating individuals who could take account of sexual health risks and adjust behaviour accordingly.⁴¹

³⁴ “Medical group backs junior sex education,” *Globe and Mail*, 18 Dec. 1965.

³⁵ Minutes of Third Meeting, 23 Feb. 1965. External Organization liaison files of the Physical and Health Education Branch, SIECCAN, B483274, Box 6, RG 2–93, AO.

³⁶ “Trustees recommend compulsory sex classes,” *Globe and Mail*, 26 Oct. 1966.

³⁷ “Men teachers vote for sex education,” *Globe and Mail*, 18 Aug. 1967.

³⁸ “A foundation of fact for the new morality,” *Globe and Mail*, 27 Oct. 1966.

³⁹ For a discussion of the sexual revolution's impact on Canadian society and the changes it wrought in social and sexual behaviour, see O'ram, *Born at the Right Time* and Bryan D. Palmer, *Canada's 1960s: The Ironies of Identity in a Rebellious Era* (Toronto: University of Toronto Press, 2009).

⁴⁰ Health Education. n.d. (circa 1961) Inter-Departmental Committee on health #2, B244242, Box 2, RG 2–92, AO. This seems to hold true today. While parents continue to express their support for a broadly-based sexual health education program, they believe that sex education should be a shared responsibility between the home and school. See Alexander McKay et. al. “Ontario parents' opinions and attitudes towards sexual health education in the schools,” *The Canadian Journal of Human Sexuality* 23:3 (2014), 159–66.

⁴¹ School-based sex education shared similar aims with the “new public health” and “health promotion” movements of the mid-to-late twentieth century, which attempted to change individuals' behaviour. Individuals were “expected to be self-monitoring and to take account of risks and adjust behaviour accordingly.” See Catherine Carstairs et. al. *Be wise! Be healthy!: morality and citizenship in Canadian public health campaigns* (Vancouver: UBC Press, 2018), 6.

When the Senior Curriculum was updated in 1968, the curriculum committee responsible for its revision provided students with a more thorough study of syphilis and gonorrhea (Curriculum S.29A).⁴² Through an exploration of statistics, social factors, and public health campaigns, students could further their understanding about VD and, it was hoped, better avoid possible negative health outcomes. The technocratic approach to sex education placed little emphasis on moralizing. Curriculum S.29A included a directive to teachers warning them against lecturing, pontificating, or moralizing when discussing what was acceptable.⁴³ Drawing inspiration from biologist and sexologist Alfred Kinsey's scientific approach to human sexuality, technocratically-minded bureaucrats believed that science, not morality, should govern sex education. Kinsey's work, which "plotted human sexual options and behaviors as covalent points along a natural spectrum or continuum,"⁴⁴ influenced the concept bureaucrats employed to help teachers discuss human sexuality. Teachers were expected to emphasize the

concept "range of normal."⁴⁵ The concept, expressly stated, "would emphasize the idea of individuality, and the acceptance of individual differences in others."⁴⁶ Bureaucrats believed that sex education should be primarily shaped by scientific data that accurately reflected human sexual behaviour. Therefore, students were expected to develop an understanding of human sexuality not only as a means of reproduction, but also as an aspect of individual personality—one that came with related responsibilities.⁴⁷ While the curriculum presented students with clear and precise technical information about VD, it notably did not include any information about condoms. This was due to the historical context. The sale and distribution of contraceptives was still technically illegal—even though the practice of "family planning" was widespread.⁴⁸ Department bureaucrats, however, debated its inclusion. During the mid-1960s, the curriculum committee responsible for the revision of the Curriculum S.29 considered including "that controversial topic, family planning" as part of the Senior Physical and Health Education Curricu-

⁴² Dr. Percy Vivian, former Minister of Health and Public Welfare (1943 to 1946) served as a consultant during the revision process. Ontario Department of Education, *Growing into Maturity in a Changing World and Family Health in a Changing World: Senior Division Health Education, Curriculum S.29A* (Toronto: Department of Education, 1969), 18-19.

⁴³ Ontario Department of Education, *Senior Division Health Education, Curriculum S.29A*, 3.

⁴⁴ Judith A. Allen et. al., *The Kinsey Institute: The First Seventy-five Years* (Indiana University Press, 2017), 19.

⁴⁵ Ontario Department of Education, *Senior Division Health Education, Curriculum S.29A*, 3.

⁴⁶ *Ibid.*

⁴⁷ *Ibid.*

⁴⁸ Angus McLaren and Arlene Tigar McLaren, *The Bedroom and the State: The Changing Practices and Politics of Contraception and Abortion in Canada, 1880-1997* (Toronto: Oxford University Press, 1997), 132.

lum.⁴⁹ But this was a particularly tricky subject to incorporate into curriculum due to its illegality.

The bureaucrats' preferred approach was greatly strengthened after the passage of Bill C-150 into law in May 1969. *The Criminal Law Amendment Act, 1968-1969* legalized the advertising and sale of birth control and decriminalized homosexual acts between two consenting adults if they were twenty-one years of age or older. While abortion was also decriminalized—ending the total ban on abortions—it was only permissible under specific circumstances. The Act seemed to permit a differentiation of law from morality when it came to such issues as abortion, contraception, and homosexuality. The Act, however, embodied liberal beliefs about moral offences and legal intervention into private life and led to the further liberalization—i.e. secularization—of society.⁵⁰ It did not seek to impose a particular pattern of moral behaviour on individuals; it advocated for the individualization (and privatization) of ethical decision-making. Consequently, there was a partial retreat of the law from the regulation of private behaviour.⁵¹ When asked

by a *Globe and Mail* reporter in 1967 if contraception would be taught in schools, Max Parnall, Superintendent of the Curriculum Division, replied “certainly not. Nor will we touch upon perversion. We in effect will stick to how babies come into the world.”⁵² Despite the bureaucrats' belief that sex education should accurately reflect human sexual behaviour, they understood that the educational system was not a harbinger of social change. Sex education reflected the socio-cultural and legal terrain. After May 1969, however, the omission of this information would have been artificial and undercut the credibility of any such program.

Some of these aspects of human sexuality would be broached when the Department of Education and the Department of Health collaborated on a *VD Teaching Kit* for use in schools. This bureaucratic initiative, which stemmed from the Department of Education's long-held desire to provide students and teachers with more information than what could be included in a limited publication like a curriculum document, was an ambitious undertaking.⁵³ It was made possible by the 1970 Report of the Task

⁴⁹ Meeting of the Curriculum Committee—Health, 7 Jan 1965. Correspondence files of the Director of the Physical and Health Education Branch, Curriculum—Revision of Health Courses, B289590, RG 2-92, AO.

⁵⁰ Bill C-150 drew inspiration from Britain's *Wolfenden Report* (1957) and *Sexual Offences Act* (1967). See Stuart Chambers, “Pierre Elliot Trudeau and Bill C-150: A Rational Approach to Homosexual Acts, 1968-1969,” *The Journal of Homosexuality* 57:2 (2010), 253.

⁵¹ The 1969 liberalization of the law was regarded as an incomplete victory by many, however, because abortion and homosexuality were only partially decriminalized. For recent work discussing *The Criminal Amendment Act* and its legacies, see Christopher Dummitt and Christabelle Sethna (eds.) *No Place for the State: The Origins and Legacies of the 1969 Omnibus Bill*, (UBC Press, 2020).

⁵² “Just the Bare Facts in Ontario,” *Globe and Mail*, 18 Feb. 1967.

⁵³ Memo to Dr. J.R. McCarthy, Deputy Minister, from R.P. Vivian, M.D., RE: Senior Health Curriculum, 18 Dec. 1968. General Curriculum Correspondence files, Health Consultant Dr. R.P. Vivian

Force on Venereal Disease, which found that there was a continuing annual increase in the reported incidence of venereal disease in Ontario, especially among youths and young adults.⁵⁴ To see the resource to completion, a special project group was established consisting of personnel from the Department of Health and the Department of Education's Curriculum Branch. The newly formed Curriculum Branch, which assumed the functions and staff of the Physical and Health Education Branch, exemplified the ministry's flourishing technocratic liberalism.⁵⁵ It had a relatively progressive orientation, and continued to employ a methodology of calculated rationalism in its decision-making.⁵⁶ Consequently, the *VD Teaching Kit* was shaped by a technocratic emphasis on clinical objectivity.

The kit displayed a belief in science and medicine as agents of reform and en-

lightenment. It presented students with evidenced-based, factual information free from overt moral judgements. The *Teacher's Guide* proclaimed that "fear and guilt are major factors in adding to confusion in this area. Fear and guilt have no place in the classroom if instruction is to have positive and lasting effects on people's behaviours."⁵⁷ If the goal was to educate people and encourage them to seek treatment if infected, then guilt worked against these aims. The kit's resources addressed various aspects of human sexuality free from association with sin or immorality. Topics such as premarital and extramarital sex, homosexuality, and bisexuality were presented in strictly clinical terms within the context of disease transmission.⁵⁸ Moreover, the common presumption that VD was carried and spread primarily by infected prostitutes was refuted.⁵⁹ How was the topic of homosexuality itself to be treated? Assistant

1968–1969, B289576, Box 2, RG 2–81–3, AO.

⁵⁴ The report also stated that it was generally accepted that the incidence was much higher than the statistics indicated. Ontario Department of Health, *Report of the Task Force on Venereal Diseases* (1970), Curriculum implementation and development files, Venereal Diseases (Arts) Health Education 1971, B240945, Container 3, RG 2–81–4, AO.

⁵⁵ In April 1972 during a wide-ranging reorganization of the Government of Ontario, the Department of Education became the Ministry of Education. The Curriculum Branch was split into the Curriculum Services Branch and the Curriculum Development Branch, but both branches were amalgamated in June 1976 to re-create the Curriculum Branch.

⁵⁶ The Curriculum Branch's "various factions" (and individual members) exemplified everything from a "modest conservatism" to an "extreme liberalism." Memo to H.K. Fisher, Assistant Deputy Minister, from R.G. Rist, Director, Curriculum Services Branch, Subject: Physical and Health Education, 14 June 1974. Curriculum Services Branch administration files, Physical & Health Education—General 1974, B189232, Box 2, RG 2–82–4, AO.

⁵⁷ *VD Teaching Kit Part 1: Teacher's Guide—Sexually Transmitted Diseases VD* (Toronto: Ministry of Health, 1973), 2.

⁵⁸ Ontario Ministry of Health, *VD Teaching Kit Part 1*, Transparency 6a/b "The Spread of VD" (Toronto: Ministry of Health, 1973), 7–8.

⁵⁹ Ontario Ministry of Health, *VD Teaching Kit Part 10*, "Numbers can be misleading, and so can partners" (Toronto: Ministry of Health, 1973) p.1.

Superintendent of Curriculum, Gerry MacMartin, believed that homosexuality should be identified as one variant of human sexuality. In a classroom setting, teachers were expected to inform students about how “very little” was known about homosexuality and discuss some views about it. Students were expected to develop, as MacMartin notes, “an appreciation and respect for (but not a support of) the positions held by people who react to their sexuality in the various ways that existed in our society and others. Implicit in this is the development of respect for the persons themselves who live their lives as they do.”⁶⁰ Since students were taught to be accepting of differences, homosexuality was to be neither condemned nor endorsed—merely understood within an unacknowledged heteronormative framework.⁶¹

The kit made very clear that venereal disease was a health problem which

affected everyone regardless of gender, ethnicity, socio-economic class, occupation, or sexual orientation. While one resource identified youths and homosexuals as high-risk groups, it acknowledged that VD was “so widespread that it is idle to brand any persons or group of persons as the chief instigators of infection.”⁶² Nonetheless, these two groups were targeted because they were not likely to seek out treatment and divulge contacts. Fear and guilt were some reasons people did not seek out treatment—especially due to public exposure. Prompt diagnosis and the identification of contacts, however, were essential to breaking the chain of infection.

The instructional materials also made reference to prophylaxis. Students were informed that “simple precautions, with hygienic solutions and condoms, help. But they are no guarantee.”⁶³ They were told that “a condom will not give the user complete protection, but [it] does assure

⁶⁰ Memo to W.E.P. Fleck, Director, Curriculum Development Branch, from G.M. MacMartin, Educational Officer, Curriculum Development Branch, Subject: Comments Related to the Letter of Mr. Ken Campbell to Mayor Anne MacArthur, 28 Feb. 1974. Curriculum Development Files, Sex Education (Family Planning) 1974, B131689, Box 5, RG 2–82–1, AO.

⁶¹ Though the Curriculum Branch considered including homosexuality as a topic of study in the 1975 Senior P&HE curriculum, it was never explicitly included in Physical and Health Education Curriculum guidelines during the period under study, most likely due to the growing social conservative backlash against the gay and lesbian rights-based, equality-seeking movement throughout the mid-to-late 1970s. The Curriculum Branch maintained, however, that the guidelines were broad enough to allow for it to be incorporated into a course of study by teachers who wished to do so. See Letter to Ian Turner, Provincial Affairs Co-ordinator, GATE, from Thomas Wells, Minister of Education, 1 Dec. 1975. Curriculum guideline development files, Homosexuality 1975, B131691 Box 11, RG 2–82–1, AO and Intra-Ministry memo to John Storey, Director, Curriculum Branch, from R.A.L. Thomas, Assistant Deputy Minister, 9 Sept. 1977. Curriculum Branch administration files, Homosexuality, B100599, Box 2, RG 2–82–5, AO.

⁶² Ontario Ministry of Health, *VD Teaching Kit Part 10*, “Numbers can be misleading, and so can partners” (Toronto: Ministry of Health, 1973) p.1.

⁶³ Ontario Ministry of Health, *VD Teaching Kit Part 10*, “No guarantee of prevention, but some things help a little” (Toronto, Ministry of Health, 1973) p.4.

⁶⁴ Ontario Ministry of Health, *VD Teaching Kit Part 1*, Transparency 7a/b/clear “Probability of Infection” (Toronto: Ministry of Health, 1973), 8-9.

some measure of protection, especially from gonorrhea.”⁶⁴ Of course, abstinence was said to be “the only method of assuring complete freedom from VD.”⁶⁵ The kit even touched upon non-reproductive sex. Transparency 7—Probability of Infection—highlighted that VD could be transmitted through anal sex. It obliquely referred to the sex act when it told students that “anal-rectal infections can be asymptomatic and so not diagnosed.”⁶⁶

The kit did not shy away from premarital sex and the permissiveness of the decade. Transparency 7 also prompted teachers to discuss emerging patterns such as “casual sexual behaviour.”⁶⁷ Students, teachers were told, might enjoy debating whether the “new morality” and the freedom of sexual relationships caused the increased amount of VD. The same transparency suggested that students could also debate the belief held by some that society “would pay heavily for this new permissiveness.”⁶⁸ Even though the goal was disease prevention, the kit did not advocate a single standard of behaviour for students. It addressed the permissiveness of the age, but demonstrated that there were many different attitudes and responses towards this new morality. The kit, following *Living and*

Learning's suggestion, helped teachers incorporate discussion of sexual ethics into their curriculum programming.⁶⁹ It cautiously promoted the ethics of choice.

The kit was thus shaped by the medical profession's insistence that fear and guilt had no place in medicine; premarital, extramarital, and gay sex were phenomena, not sins. The message implicitly conveyed to students through the *VD Teaching Kit* was that for any rational individual—one who could consider and value the consequences of their actions upon their sexual health as well as the health of others—a medicalized study of sex was all that was necessary to avoid negative health outcomes. Early diagnosis, prompt treatment, and the identification of contacts were essential to preventing the spread of disease and protecting public health.

The technocratic approach to sex education was well-received by school boards. By October 1973, seventy-one schoolboards across the nine regions had a kit in their possession.⁷⁰ Ultimately, 128 out of the 130 public school boards requested and received the kit. The initial response to the kit was so favourable that the Ministry of Health prepared another 250 kits and delivered them to

⁶⁵ *Ibid.*

⁶⁶ *Ibid.*

⁶⁷ *Ibid.*

⁶⁸ *Ibid.*

⁶⁹ The Provincial Committee on Aims and Objectives of Education in the Schools of Ontario, *Living and Learning* (Ontario Department of Education, 1968), 182.

⁷⁰ Memo to Program Consultants in Physical and Health Education, from M. Pattenden, Health Education Consultant, Communications Branch, Ministry of Health, RE: VD Teaching Kits located with Boards of Education, 16 Oct. 1973. Physical and health education curriculum files, Venereal Diseases 2, B328109, Box 3D, RG 2–245, AO.

school boards using the formula of one kit for every five thousand secondary school students. These were also provided at no cost to school boards.⁷¹ Program consultants noted that the kits were “favourably received” by boards, “supported by trustees,” and “in constant use” by teachers.⁷² The only criticism noted was that the Ministry of Education could not provide more free of charge.⁷³ If a school board wanted to purchase more kits, they would be available at the cost of \$110 each.⁷⁴ The kit even caught the attention of the four Western Canadian Directors of Curriculum, of whom each requested a copy of the kit after a spring 1975 meeting in Victoria.⁷⁵ The *VD Teaching Kit* was a modest success. The department’s technocratic approach to sex education continued to flourish, but there were limits to bureaucrats’ sexual realism.

*‘Medically, pedagogically,
and morally wrong’: Interest-
group-directed incrementalism
and the Physical and Health
Education Curriculum*

The *VD Teaching Kit* was a step towards liberal modernity. So too were Physical and Health Education Curriculum documents.⁷⁶ These reflect the Curriculum Branch’s technocratic approach to sex education, but they were also shaped by interest-group-directed, incremental policymaking. While the Curriculum Branch was relatively insulated, it could not ignore the larger educational policy community, which was often a conglomeration of competing interests.⁷⁷ Some of these interests were at odds with the ministry’s technocratic approach to

⁷¹ Response to W.E.P. Fleck, Director, Curriculum Development Branch, from G.M. MacMartin, Educational Officer, “Response to the VD Kit prepared by the Ministry of Health in co-operation with the Ministry of Education,” 2 Dec. 1974. Curriculum guideline development files, Health Education–Venereal Diseases 1974, B128941, Box 6, RG 2–82–1, AO.

⁷² Memo to W.E.P. Fleck, Director, Curriculum Development Branch, from G.M. MacMartin, Educational Officer, “Further information regarding the use of the Teachers’ VD Kit in the schools as requested by the Minister,” 12 Dec. 1974. Curriculum guideline development files, Health Education–Venereal Diseases 1974, B128941, Box 6, RG 2–82–1, AO.

⁷³ *Ibid.*

⁷⁴ Response to W.E.P. Fleck, Director, Curriculum Development Branch, from G.M. MacMartin, Educational Officer, “Response to the VD Kit prepared by the Ministry of Health in co-operation with the Ministry of Education,” 2 Dec. 1974. Curriculum guideline development files, Health Education–Venereal Diseases 1974, B128941, Box 6, RG 2–82–1, AO.

⁷⁵ Memo to Western Provinces Directors of Curriculum, from W.E.P. Fleck, Director, Curriculum Development Branch, RE: Venereal Disease Kits, 29 May 1975. Curriculum guideline development files, Health Education–Venereal Disease (Arts) 1975, B128941, Box 6, RG 2–82–1, AO.

⁷⁶ Curriculum documents are policy statements about the nature of studies to be undertaken. They provide information about the curriculum itself (what students should know and be able to do) and how it connects to Ministry of Education policies, programs, and priorities.

⁷⁷ The policy community is comprised of the various stakeholders in the educational process, whose interests are affected by policy development. See Ronald Manzer, *Public Schools and Political Ideas: Canadian Educational Policy in Historical Perspective* (Toronto: University of Toronto Press, 1994), 18–32.

sex education. The interplay of self-serving interest groups, presided over by the “official” interest group (the Ministry of Education or, more specifically, the relevant branches), also produced policy.⁷⁸

Sometimes the policymaking climate was conducive to the Curriculum Branch's technocratic approach to sex education. This was the case during the mid-1970s when birth control became an important instrument of policy.⁷⁹ The Ministry of Health Task Force on Family Planning, established in 1973, examined all aspects of family planning in the province. It urged the Ministry of Education to include the “principles, purposes, and methods of birth control” as part of the curriculum and ensure a comprehensive sex education program in the schools.⁸⁰ The 1973 Intermediate Physical and Health Education Curriculum document (at the time the most recent P&HE curriculum) did not explicitly include the topics of “family planning,” “birth control,” and/or “abortion.” While the topic of “pre-marital pregnancies and births” was mentioned under the Human

Growth and Development strand of the 1973 curriculum, and it is likely that discussion of family planning and birth control was included with this topic,⁸¹ this vagueness was problematic and it led the task force and other groups to demand greater clarity on what could be taught.

The task force suggested that “guidelines for elementary and secondary schools should be more explicit in their delineation of content for family planning and birth control and the stages for its presentation.”⁸² In March 1974, the Ontario Status of Women Council also pressured the ministry to “provide curriculum guidelines for family planning and sexuality programs in the schools.”⁸³ They wanted the implementation of these programs to be actively encouraged as a regular part of the existing curriculum. In a letter appended to its brief, the council highlighted that while it used the term “family planning” since it was the designation of the task force, it strongly urged that the term “birth control” be used instead to “avoid the impression that these services are limited to persons

⁷⁸ Ian E. Housego, “Pluralist Politics and Educational Decision-Making” in *School Boards and the Political Fact: a report on the conference, 'The Politics of Education: some main themes and issues'*, ed. Peter J. Cistone (Toronto: OISE, 1972), 13-23.

⁷⁹ McLaren & McLaren, *The Bedroom and the State*, 136.

⁸⁰ Position Paper on Family Planning Services in Ontario prepared for the Social Development Policy Field by the Task Force on Family Planning, Comprising the Ministries of Health, Community and Social Services, Education, and the Colleges and Universities. Curriculum guideline development files, Sex Education & Family Planning (Arts) 1974, B131689, Box 5, RG 2-82-1, AO.

⁸¹ Ontario Ministry of Education, *Physical and Health Education Intermediate Division*, 1973 (Toronto: Ministry of Education), 7. Dr. Marion Powell of the Ontario Medical Association's Advisory Committee helped revise the curriculum.

⁸² *Ibid.*

⁸³ Brief to the Task Force on Family Planning, March 1974. Ontario Status of Women Council #1 1974, Curriculum Development Branch administration files, B244216, Box 14, RG 2-82-2, AO.

in a family situation.”⁸⁴ Planned Parenthood Ontario also recommended that birth control be included as a topic within the curriculum. At its October 1974 conference “Directions for the Future: Needs and Priorities,” which was the first Ontario-wide birth control and sex education conference, it passed a resolution recommending that the Ontario Ministry of Education develop and implement programs on human sexuality and birth control for Grades 9-12.⁸⁵

There was some opposition to the inclusion of birth control as a topic of study. The Reverend H.F. MacEwen, Chairman of the Committee against Moral Pollution in the Schools (CAMPS), wrote to Minister of Education Robert Welch to criticize sex education as it was currently practiced. The group argued that the inclusion of birth control and abortion as a subject for instruction was “medically, pedagogically, and morally wrong,” and that schools should be “teaching chastity as the best precaution against preg-

nancy and venereal disease.”⁸⁶ The group opined that teaching sex education apart from Biblical standards would lead towards “more sex immorality, perversion, illegitimacy, and venereal disease.”⁸⁷ The brief CAMPS submitted to the ministry argued that such lessons might not only facilitate pre-marital sexual relations, but also give students the impression that the school condoned them.⁸⁸

The Curriculum Branch responded favourably to recommendations that the topic of family planning be included in curriculum because it legitimized and built upon the work it had accomplished to date. The topic of “family planning” was ultimately included under the “Human Families” strand of the 1975 Senior Physical and Health Education Curriculum. The related concepts of “legal considerations” and “individual rights” were presented with this topic.⁸⁹ The ministry decided to use the more euphemistic term “family planning” instead of “birth control,” but the associated passages were

⁸⁴ Submission to Task Force on Family Planning from Marjorie Penny, Executive Officer, Secretariat of Social Development–Ontario Status of Women Council, 15 Mar. 1974. Ontario Status of Women Council #1 1974, Curriculum Development Branch administration files, B244216, Box 14, RG 2–82–2, AO.

⁸⁵ “Directions for the Future: Needs and Priorities Program” enclosed in letter to Thomas Wells, Minister of Education, from Eleanor M. McDonald, Planned Parenthood Provincial Co-Ordinator Chairperson, Conference Planning Committee, 12 Sept. 1974. Curriculum guideline development files, Sex Education & Family Planning (Arts) 1974, B131689, Box 5, RG 2–82–1, AO.

⁸⁶ “Stop Moral Pollution,” CAMPS. Curriculum Implementation and Development Files, Curriculum Reports–Brief from the Committee Against Moral Pollution 1971, B240935, Box G6, RG 2–81–4, AO.

⁸⁷ *Ibid.*

⁸⁸ Brief to Robert Welch, Minister of Education, from H.F. MacEwen, CAMPS Chairman, 6 July 1971. Curriculum Implementation and Development Files, Curriculum Reports - Brief from the Committee Against Moral Pollution 1971, B240935, Box G6, RG 2–81–4, AO.

⁸⁹ Ontario Ministry of Education, *Senior Physical and Health Education Curriculum*, 1975 (Toronto: Ministry of Education), 4

written in an open-ended manner which allowed for a broad interpretation of family planning. The Curriculum Branch was careful to avoid the impression that it was condoning premarital sex, yet it did not promote a single standard of morality or behaviour as advocated by some groups, which was difficult to do in the wake of Bill C-150.

Ministry policy continued to be shaped by interest-group-directed incrementalism and methodological rationalism. Abortion had become a very contentious issue by the mid-1970s, as the decriminalization of abortion became a goal of many, led by the actions and public narratives of the second wave feminist movement.⁹⁰ Moreover, teenage pregnancy and abortion was an ongoing concern for Ontario's Ministry of Health and Ministry of Education. Statistics for the years of 1975-1979 (Table 1) indicated that while the pregnancy rate for those aged 15-19-years was decreasing, that for 10-14-year-olds was fluctuating. Abortions for both age groups continued to rise.⁹¹ Teenage pregnancy posed serious health risks to mother and child, and among women who had had therapeutic abortions, the frequency of reported

complications was highest among the two youngest age groups (10-14 and 15-19).⁹²

Abortion, however, was a divisive public issue which elicited heated debate. Ontario's Ministry of Education was forced by anti-abortion groups to clarify whether or not abortion was a valid curriculum topic and carefully determine how it would respond to the rising number of abortions.

The Alliance for Life, founded in 1968 to coordinate the activity of anti-abortion educational groups across the country, expressed concern with the rising number of abortions. While most of its members were predominantly Catholic, they made common cause with anyone fighting against abortion who wanted to reinstate Christianity as "the guardian of the nation's morality."⁹³ It brought a teaching resource, *Sex Education—A Teacher's Guide*, to the ministry's attention. The teacher's guide, produced by the Department of National Health and Welfare, consisted of six educational booklets. The group expressed its "very serious objections to pamphlet number four—*Birth Control & Abortion*."⁹⁴ The group believed that the pamphlet was

⁹⁰ McLaren & McLaren, *The Bedroom and the State*, 142.

⁹¹ 1975 was the first complete year for which abortions in Ontario were classified by the age of the woman. See Ministry of Health Statistics, Teenage Pregnancy in Ontario (10-19 years of age) 1975-1979 by number and age specific rate. Elementary Education Branch operational files, Areas of Study, Medicine and Education 1981, B205140, Box 19, RG 2-303, AO.

⁹² Minister of Supply and Services Canada, *Report of the Committee on the Operation of the Abortion Law* (Ottawa: Supply and Services Canada, 1977), 310-311.

⁹³ Michael W. Cuneo, *Catholics against the Church: Anti-Abortion protest in Toronto, 1969-1985* (Toronto: University of Toronto Press, 1989), 43.

⁹⁴ Letter to Thomas Wells, Minister of Education, from Gwen Landolt, President, Alliance for Life, 7 Jan 1977. Curriculum Branch administration files, Sex Education and Family Planning #1 1977, B101506, Box 1, RG 2-82-5, AO.

Table 1

Ministry of Health Statistics
Teenage Pregnancy in Ontario (10–19 years of age)
1975–1979 by number and age specific rate

Year	Age Group	# of Abortions	# of Live Births	Total Pregnancies	Rate per 1000 female population
1975	10–14	261	111	372	0.92
	15–19	7286	14039	21325	55.04
1976	10–14	293	107	400	1.02
	15–19	7802	13217	21019	53.17
1977	10–14	273	81	354	0.93
	15–19	8094	12342	20436	50.98
1978	10–14	227	93	320	0.88
	15–19	8538	11445	19983	49.12
1979	10–14	237	118	355	1.03
	15–19	8989	10408	19397	48.03

“an obvious attempt to manipulate the student into accepting the pro-abortion position,” and was “totally unacceptable for use in our schools.”⁹⁵ The group erroneously claimed that the booklet equated abortion with birth control in an attempt to prevent the teaching of both. The ministry was unequivocal about its position: “the government of Ontario has never promoted abortion as a form of birth control; preventing conception contin-

ues to be the objective of the family planning program.”⁹⁶ While the Physical and Health Education Curriculum included discussion of family planning, it did not explicitly include abortion as a topic of study.

The Ontario Conference of Catholic Bishops also voiced its concerns about the booklet on birth control and abortion. In a letter addressed to Minister of Education Thomas Wells, General Secre-

⁹⁵ *Ibid.*

⁹⁶ Letter to John Phillips, from William G. Davis, Premier of Ontario, 24 Jan. 1977. Curriculum Branch administration files, Sex Education and Family Planning #1 1977, B100622, Box 1, RG 2–82–5, AO. See also Letter to Thomas Wells, Minister of Education, from Graham Watson, Executive Director, Alliance for Life, 23 June 1977. Curriculum Branch administration files, Sex Education and Family Planning #1, B10062, Box 1, RG 2–82–5, AO.

tary A.J. MacDougall stated that the bishops of Ontario had “serious objections to some of the content and the manner of presentation. Indeed, given the fact of a divided Canadian society on the morality of abortion, the Bishops were—as many pro-life organizations have been—genuinely upset by the blatant pro-abortion bias of the text.”⁹⁷ The booklet, however, did not contain a “pro-abortion bias,” as it gave equitable treatment to the diverse points of view on abortion and presented them in an impartial manner. The booklet highlighted the Catholic belief that any deliberate attempt to do away with the fetus is a mortal sin.⁹⁸ To the Catholic bishops it appeared as if the booklet had a pro-abortion bias since their theology precluded them from accepting as legitimate any other points of view presented in the booklet.

Ministry policy regarding abortion and birth control was shaped by interest-group-directed incrementalism and methodological rationalism. Due to the growing political power of Catholicism within the province and Bill Davis’ decision to court it,⁹⁹ the topic of abor-

tion was not included within curriculum guidelines. A numbered memorandum was sent out to regional directors of education, directors of education, and principals of schools on 14 February 1977 to clarify ministry policy. The memo stressed that caution was “particularly pertinent” when materials dealing with family planning were involved, but “it should be noted that the topic of abortion is not specified in Ministry of Education guidelines.”¹⁰⁰ This was at odds with the Director of Curriculum’s stance on abortion. Kel Crossley argued that the topic of abortion was an area for personal decision-making: “The fact that abortion legislation does exist in Canada cannot be disputed. Whether it should continue to exist or whether it should have been enacted in the first place is a question each individual must answer for himself.”¹⁰¹ Crossley considered it an appropriate topic of study for senior students, and even stated that means of eliminating pregnancy resulting from pre-marital intercourse should be a topic of study. He qualified his statement, however, by claiming that this topic should only be

⁹⁷ Letter to Thomas Wells, Minister of Education, from A.J. MacDougall, General Secretary, Ontario Conference of Catholic Bishops, 4 Nov. 1977. Curriculum Branch administration files, Sex Education, Federal Government 1978, B127420, Box 11, RG 2–82–5, AO.

⁹⁸ Minister of National Health and Welfare, *Sex Education—A Teacher’s Guide: Birth Control & Abortion* (Ottawa: Department of National Health and Welfare, 1976), 35.

⁹⁹ R.D. Gidney, *From Hope to Harris: The Reshaping of Ontario’s Schools* (Toronto: University of Toronto Press, 1999), 127.

¹⁰⁰ Numbered Memo 1976–77:26 to Regional Directors of Education, Directors of Education, Principals of Schools, from R.A.L. Thomas, Assistant Deputy Minister, 14 Feb. 1977. Curriculum Branch administration files, Sex Education and Family Planning #2 1977, B101506, Box 1, RG 2–82–5, AO.

¹⁰¹ Report to Robert Welch, Minister of Education, from J.K. Crossley, Director of Curriculum, RE: The Brief from the Committee against Moral Pollution, 13 Jun 1971. Curriculum Implementation and Development files, Curriculum Reports—Brief from the Committee Against Moral Pollution 1971, B240935, Box G6, RG 2–81–4, AO.

for students whose parents supported their involvement in such a course.

The Ministry of Health's findings, however, were not casually dismissed by the Curriculum Branch. Birth control policy was a product of calculated rationalism.¹⁰² Unlike abortion, birth control had become a more acceptable topic of study. A 1978 Gallup poll revealed strong approval for sex education (79%), as well as for the teaching of birth control (91.6%).¹⁰³ Canadians were increasingly accepting of birth control/conception control. The ministry was also better informed of the extent to which family planning and birth control were taught within the province. A 1975 study revealed that secondary school teachers strongly supported the teaching of birth control. Eighty percent of those not teaching sex education and a staggering 92% of those teaching sex education agreed that schools should inform teenagers about the different methods of birth control.¹⁰⁴ Moreover, 90% of

high school physical and health education teachers indicated that they taught the topics of family planning, birth control—and abortion.¹⁰⁵ While the ministry had been issuing more prescriptive and descriptive curriculum guidelines, it had not yet clarified its position on abortion. Teachers may have believed that the topic fell under the conceptual aegis of “family planning” or, based on Crossley's above comments, “premarital pregnancies and births.” After the February 1977 memo, however, it remained to be seen if teachers would broach the subject of abortion without explicit ministry approval. While Canadians may not have been as divided on the issue of abortion as the Catholic bishops believed or let on,¹⁰⁶ the Davis government was not likely going to allow the bureaucrats to alienate social conservative groups whose electoral support it was actively seeking.¹⁰⁷

The Curriculum Branch believed that sex education could help reduce

¹⁰² As Sternberg notes, methodologies of calculated rationalism, “prospered when public affairs took on the structural character of quantifiability.” See Sternberg, “Incremental Versus Methodological Policy-making,” 67.

¹⁰³ Canadian Institute of Public Opinion, Gallup Poll, March 1978, #410, q.2a & q.2b (Gallup Canada Inc.).

¹⁰⁴ Ministry of Education officials helped construct the questionnaire which was sent to secondary school teachers. Edward Herold, *Sex Education in Ontario Public Schools Part II: The Secondary Schools*, May 1975, 15.

¹⁰⁵ The quality or intensity of instruction was not evaluated. Moreover, Catholic secondary school teachers were not included in the study. This decision stemmed from information Herold received from officials of the Ontario English Catholic Teachers Federation, which claimed that “the teaching of sex education in Catholic schools is not concentrated in specific disciplines as in public schools.” Herold, 4.

¹⁰⁶ Approximately 60% of Canadians accepted abortion in order to preserve a woman's health. See Canadian Institute of Public Opinion, Gallup Poll, July 1975, #378 q.10a, q.10b, q.10c, q.10d (Gallup Canada Inc.) and Canadian Institute of Public Opinion, Gallup Poll, March 1978, #410 q.3a, q.3b#1, q.3b#2, q.3b#3 (Gallup Canada Inc.).

¹⁰⁷ Tom Warner, *Losing Control: Canada's Social Conservatives in the Age of Rights*, (Toronto: Between the Lines, 2010), 115.

the incidence of teenage pregnancy. As a result, the topics of “conception control” and “premarital pregnancy” were included in the “Human Growth and Development” strand of the 1978 Intermediate Physical and Health Education Curriculum document. This was an important addition made to the final draft version that reflected the ongoing concern with abortion and teenage pregnancy.¹⁰⁸ Students in Grades 9 and 10 would be around 14-16 years old, and with the abortion rate highest among females between 15-19 years, it was deemed an appropriate time to teach students about conception control. (Family planning, as previously mentioned, was a topic of study for students in Grades 11-13.) While the topic of “premarital pregnancies and births” was included in the 1973 Intermediate Physical and Health Education Curriculum and implied discussion of family planning, the inclusion of “conception control” was less ambiguous. The term “conception control” simultaneously made clear that the topic would not involve discussion of abortion and helped avoid the impression that conception control information and services were limited to married couples. Interest-group-directed incrementalism required the Curriculum Branch to carefully balance competing interests, including its

own. Physical and Health Education Curriculum documents were ultimately products of calculated rationalism as well as pluralistic bargaining.

Ultimately, the two policy-making paradigms served the bureaucrats well. By the end of the decade, it seemed as if Ontarians were satisfied with the content of sex education. The 1978-79 provincial review report of “Human Growth and Development” (the area of study in the Physical and Health Education curriculum that contained the topics of conception control and premarital pregnancies and births) revealed that,

program superintendents and principals indicated that community response to units of instruction in human growth and development is strongly favourable, or there is no reaction at all. In the data gathered there is no evidence of significant negative reaction to the content of units of instruction in human growth and development.¹⁰⁹

The generally positive response to sex education was also borne out by the fact that “most principals reported that they never had a request from a parent to have a student excused from any of the human growth and development units of their courses.”¹¹⁰ Based on local community response, Ontarians were supportive of—if also somewhat apathetic about—sex education.

¹⁰⁸ Draft Intermediate Physical and Health Education Guideline, Curriculum Branch administration files, Physical and Health Education Intermediate Division Committee 1976, 289612, Box 12, RG 2-82-5, AO. Compare with Ontario Ministry of Education, *Physical and Health Education Curriculum Guideline for the Intermediate Division* 1978 (Toronto: Ministry of Education).

¹⁰⁹ Ontario Ministry of Education Research and Evaluation Branch, “Human Growth and Development,” in *Provincial Review Reports* Vol. 2, No. 13, 1978-1979 (Toronto: Ministry of Education), 5.

¹¹⁰ *Ibid.*, 6.

Conclusion

Methodological rationalism displaced incrementalism as the norm, if not always the practice, of educational policymaking during the 1960s and 1970s. While these policymaking paradigms existed uneasily alongside each other in the modern liberal state, both policymaking paradigms were necessary for sex education's realization. Bureaucrats may have preferred centralized decision-making, which allowed them to engage in comprehensive and anticipatory problem-solving, but opposition dictated that they also practice interest-group-directed incrementalism. Strategic use of both policymaking models allowed the ministry to cumulatively institutionalize sex education as part of Ontario public schooling.

Educational bureaucrats employed a methodology of calculated rationalism in their attempt to ameliorate socio-sexual problems, which resulted in a biologically and physiologically accurate sex education for students. Empiricism revealed the pluralistic nature of society and highlighted the differences (as well as commonalities) in human sexual behaviour and experience. Consequently, sex education policy reflected liberal values such as individual self-determination and tolerance of individual and group differences in behaviour and belief. It also cautiously promoted the ethics of choice. The technocratic liberalism that underpinned sex education policy, however, was strongly utilitarian. Sex education was conceptualized as a 'one-size-fits-

most' solution to socio-sexual problems that promoted individual responsibility for sexual health and compliance with public health policies.

Sex education was also shaped by interest-group-directed, incremental policymaking. While public life was becoming more enumerable and classifiable, and human activities such as sex were increasingly amenable to quantifiable analysis, structural conditions only partially allowed methodological rationalism to be efficacious as a policymaking model. Some interest groups rejected the educational state's empirical knowledge base and rationalism. Religious fundamentalists did not share the bureaucrats' positivism and attacked the liberal values embedded in and perpetuated by sex education. Interest group pluralism dictated that the ministry be flexible and responsive to other actors. Incrementalism allowed for sex education policy to be tailored to a wide variety of competing interests through the interest-group adjustment process. It implied policy compromise, but allowed policymakers to choose a successful course of action that would appease various interest groups and allow them to continue to address sexual health problems. The distinction the ministry made between abortion and conception control in order to address teenage pregnancy is a prime example. Technocratically-minded bureaucrats wanted sex education to be primarily shaped by scientific data that accurately reflected human sexual behaviour—but there were limits to their sexual realism.

Ultimately, sex education was very much a product of bureaucratic design. Educational bureaucrats, who possessed an imposing list of powers “without parallel in any other activity in the modern state,”¹¹¹ were heavily involved in the creative formulation of policy. Ministers of Education, who lacked technical and procedural knowledge about the ministry and educational system and were not well-informed about sexual health problems, preferred to leave the “content” or “substance” of policy to department bureaucrats. It seems as if the role of the minister was simply to ratify or reject policy.¹¹² The bureaucracy largely determined the form and content of sex education, albeit within the parameters established by the governing party's politics.¹¹³ Technocratically-minded bureaucrats did not ignore pressing, quantifiable socio-sexual problems. They believed schools had a role to play in providing

youth with the requisite sexual knowledge. While sex education included abstinence as a solution to socio-sexual problems, bureaucrats also wanted sex education to reflect the full-range of human sexual behaviour and society's laws. This was haltingly realized after the passage of Bill C-150. While incrementalism (i.e. compromise) at times circumscribed their technocratic approach to sex education, bureaucratic control of the policymaking process allowed them to approximate their intended design for sex education. Due to the ministry's technocratic and incremental policymaking, sex education was cumulatively institutionalized as part of Ontario public schooling, resulting in sex education becoming a fact of life for many students in Ontario. While sex education may have left much to be desired, it had been given an institutional legacy, allowing for its further refinement and/or reform.

¹¹¹ Frank MacKinnon, *The Politics of Education: A Study of the Political Administration of the Public Schools* (University of Toronto Press, 1960), 29.

¹¹² Housego, “Pluralist Politics and Educational Decision-Making,” 15.

¹¹³ John J. Stapleton suggests that “in some cases, the internal negotiations within a department of education are more important determinants of policy than are the external negotiations with interest groups.” See Stapleton, “The Department of Education as a Policy-Maker: The Case of the Credit System in Ontario,” in *The Politics of Canadian Education: 1977 Yearbook of the Canadian Society for the Study of Education* 4, June 1977, ed. J.H.A. Wallin (Edmonton: University of Alberta, 1977), 44.