

Include conclusion and info in journal

(1) <https://advocatesforyouth.org/wp-content/uploads/2019/09/FoSE-Toolkit-2018.pdf>

(2)

<https://www.ncsl.org/research/health/state-policies-on-sex-education-in-schools.aspx#sex%20ed%20and%20states>

(3) <https://sexetc.org/states/pennsylvania/>

(4)

<https://www.plannedparenthoodaction.org/planned-parenthood-pennsylvania-advocates/issues/comprehensive-sex-education-pennsylvania>

(5)

<https://www.inquirer.com/opinion/commentary/sex-ed-pennsylvania-abstinence-stds-harassment-20191106.html>

(6)

<https://www.legis.state.pa.us/CFDOCS/Legis/PN/Public/btCheck.cfm?txtType=PDF&sessYr=2019&sessInd=0&billBody=H&billTyp=B&billNbr=1586&pn=2034>

7 CYSD PDF

(1) <https://advocatesforyouth.org/wp-content/uploads/2019/09/FoSE-Toolkit-2018.pdf>

New focus:

Look at current sex ed at CYSD

-or look at sex ed in the 70s-80s

Look at state curriculum:

Sexuality information and education council's state profiles

Email principal/health teacher

Get copy of sex ed policy

Contact health phys ed curriculum supervisor

## National Sexuality Education Standards

(1) Things to watch out for

- (1) condoms and contraception encourages teens to have sex. FALSE
- (1) sexual orientation promotes homosexuality. FALSE

- (1) gender identity and gender expression is confusing when there are only two genders determined at one's birth. FALSE
- (1) mislead, misrepresent or withhold critical, life-saving information about condoms and contraception
- (1) shame, ignore or use harmful language in reference to LGBTQ students and/or students with LGBTQ parents
- (1) promote stereotypes about gender – i.e., boys are always interested in sex, girls should say no
- (1) promote a particular religion

National sex ed curriculum:

(2)

<https://www.ncsl.org/research/health/state-policies-on-sex-education-in-schools.aspx#sex%20ed%20and%20states>

- (2) 2017 centers for disease control and prevention survey- 40% of highschool students have had sex
- (2) Birth rate for women age 15-19 was 18.8 per 1000 women
- (2) Us has highest teen birth rate in the industrialized world
- (2) Teen mothers less likely to finish school
  - More likely to live in poverty
  - Depend on public assistance
  - Have poor health
- (2) Children are more likely to have
  - Health and cognitive disadvantages
  - "Come in contact" with child welfare and correctional systems
  - Live in poverty
  - Drop out of hs
  - Become teen parents
- (2) Teen pregnancy costs tax payers at least 9.4 billion
- (2) Between 1991 and 2015 teen birth rate dropped 64% causing about 4.4 billion in public savings
- (2) Sti's disproportionately affect adolescents
- (2) People 15-24 make up 25% of the sexually active population
  - (2) Young people get half of all new stis -- about 10 million new cases a year
- (2) Human papillomavirus (HPV)-- estimated that 35% of teens 14-19 have HPV

- (2) Reported cases of chlamydia, gonorrhea, and primary and secondary syphilis increased young people aged 15-24 between 2017-2018 [2017-2018](#)
- (2) Chlamydia rates are consistently high among women 15-24 yrs old
- (2) Men aged 15-24 have consistently high gonorrhea cases
- (2) Women with untreated STIs are more likely to experience long term health complications and are more likely to deal with infertility
- (2) Estimated cost of treating people with STIs is about 16 billion annually
  - (2) Cost associated with HIV account for about 81% of the cost
- (2) In 2017 about 21 percent of new HIV diagnoses among young people were 13-24
- (2) March 1 2020
  - (2) 29 states and the District of Columbia require public schools to teach sex education
    - (2) 27 of them mandate sex education and HIV education
  - (2) 39 states and the DCA require students to be taught about HIV
  - (2) 22 states require that if sex or HIV education is taught it must be medically factually or technically accurate
    - (2) The definition of medically accurate varies from state to state
    - (2) To combat that department of health has to check curriculum for accuracy
      - (2) Mandating that curriculum is based on info that is credible and medical professionals rely on
      - (2) published authorities upon which medical professionals rely.” (See [table on medically accuracy laws.](#))
  - (2) Many states define parents rights for sex education
    - (2) 25 states and the DCA require school districts to notify parents that there is sexual or HIV education
    - (2) 5 states require parental consent before children can be educated
    - (2) 36 states and the DCA allow parents to opt out on behalf of the children.
- (2) THIS SOURCE INCLUDES INFO ON SPECIFIC STATE STANDARDS
- (2) Medical accuracy requirement is due to rule [R277-474](#) of the Utah Administrative Code.
- (2) \*\*\*Medical accuracy is not outlined in state statute, rather it is included in the Virginia Department of Education [Standards of Learning Document for Family Life Resources.](#)

- (2) For additional resources, visit NCSL's [Teen Pregnancy Prevention](#) webpage

(3) <https://sexetc.org/states/pennsylvania/>

- (3) PA state law doesn't require schools to provide sex education
- (3) Schools must use materials that have been approved by local school district or be age appropriate and stress abstinence
- (3) If you want your school to offer comprehensive sex ed classes, be sure to learn more at [SIECUS](#)
- (3) HIV/AIDS other STD edu
  - (3) PA requires schools provide STD and HIV/AIDS education
  - (3) Must be age appropriate
  - (3) School districts must allow parents/guardians to review curriculum materials
  - (3) Parents/guardians can remove children from sex ed classes if principles/religious beliefs conflict with classes
    - (3) Opt out policy
- (3) Being a minor (17 and under) impacts your right to information services
- (3) Age of consent
  - (3) 16
  - (3) "Consent laws are meant to protect minors from being manipulated or forced into sex with older people.
  - (3) Consent laws vary depending on the type of sex and the gender of those having sex

- (3) There is a “close in age law” allowing certain teens of certain ages to consent to one another
- (3) Be teens must be at least 13 and cant be more that four years older
- (3) Minors in PA dont need parental permission to get tested for STD or HIV
  - (3) Also no requirement for parents to consent to treatment
  - (3) Minors need to ask about confidentiality when making an appointment
    - (3) This applies for any and all services including testing for pregnancy STI’s and HIV
  - (3) [Find an HIV testing site in your area](#) or call the **Centers for Disease Control’s 24-hour National AIDS Hotline at 1-800-CDC-INFO (232-4636).**
- (3) Pack of 12 condoms cost about \$12
- (3) Internal or female condoms about \$2-\$4 dollars per condom
- (3) Minors can get birth control without parental consent in PA
- (3) Tile X (ten) clinics provide confidential sexual and reproductive health care to teens and adults
  - (3) Services include prescriptions for the Pill pregnancy counseling and testing for pregnancy and STIs and STDs
  - (3) Charge on a “sliding-scale fee” basis
    - (3) They help you pay what you can afford you can pay in cash
- (3) Parental consent for abortoions for minors
  - (3) Alternative is getting a judge’s permission “judicial bypass”
  - (3) PA only provides Medicaid coverage for abortion only in the event of life endagerment of the pregnant person or if the pregnancy is the result of rape or incest

- (3) In PA a parent or legal guardian must be informed an individual is placing their baby up for adoption

(4)

<https://www.plannedparenthoodaction.org/planned-parenthood-pennsylvania-advocates/issues/comprehensive-sex-education-pennsylvania>

- (4) for 20 + years federal funding has been put towards abstinence only programs. AOUM deprives students from learning methods to practice safe sex that prevents unintended STDs and unwanted pregnancy
- (4) Teens who have experienced AOUM programs are less likely get tested for STDs or use contraceptives
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(5)

<https://www.inquirer.com/opinion/commentary/sex-ed-pennsylvania-abstinence-stds-harassment-20191106.html>

Opinion:

- (5) Argue that older generation was poorly educated but younger generation is worse because they have access to pornography/inappropriate content and poor education
- (5) Brian Sims (state rep) wants to pass H.Ouse bill 1586
  - (5) Would educate students to recognize consent,
  - (5) require comprehensive, medically accurate, age-appropriate [sexuality education in Pennsylvania's public schools](#).
  - (5) a [committee hearing for HB 1586](#) held at Jefferson University on October 17, educators, doctors, social workers, health organization leaders, parents, and students gave testimony
  - (5) Elicia Gonzales executive director of WOMens Medical Fund: “For some of us, our earliest memories of our bodies and touch are painful. We recall the stares, glares, and aggression that made us believe we were less than, we were the possessions of others, our body was not our own. Do you recall feeling embarrassed because your body looked differently from your friends or classmates? Remember the feeling of not knowing how to say ‘no,’ or ‘slow down,’ or ‘I’m not ready?’ Comprehensive sex ed looks like engaging in dialogue about feelings and emotions, not just plumbing and pathology.”

- (5) Carlee Warfield senior at Downingtown STEM Academy “Even though my teacher never uttered the phrase ‘sex education’ once, she *did* mention the act of sex. During a class lecture, she declared that the *only* way to prevent pregnancy or STDs is through abstinence. But when she said ‘abstinence,’ she laughed. Clearly, she didn’t even believe in the curriculum.”
- (5) Lynette Medley, founder and CEO of No More Secrets Mind Body Spirit, Inc.: “Our youth are at an age of instantaneous access. The average American young person spends over seven hours a day on media devices, often using multiple systems at once. Studies show that more than 75% of prime-time TV [programs contain sexual content](#). About half of those that use the Internet have been exposed to online porn in the last year. Are we are negligent by not having a comprehensive sexual health education component already?”

(6)

<https://www.legis.state.pa.us/CFDOCS/Legis/PN/Public/btCheck.cfm?txtType=PDF&sessYr=2019&sessInd=0&billBody=H&billTyp=B&billNbr=1586&pn=2034>

(6) House bill No. 1586 2019

- (6) Introduced to Committee on Education June 6 2019
- (6) Amending March 10 1949 P.L.30 No.14
  - "An act relating to the public school system, including certain provisions applicable as well to private and parochial schools; amending, revising, consolidating and changing the laws relating thereto,"
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  - in terms and courses of study, providing for sexual health education; in sexual violence education at institutions of higher education, further providing for education program; and imposing duties on the Department of Education and the Department of Health.
    - Providing sexual education that includes topics like sexual violence education in “institutions of higher education” and furthering duties of the department of education and the Department of health.
- (6) Best way for youth to receive sex ed is through parental communication

- (6) Schools and “community groups are responsible to equip students enough to make “informed life decisions, protect their health, prevent unintended pregnancy, and reduce the transmission of STIs”
- (6) “Research” has found “highly effective sex education and HIV prvention programs” that impact several behavioral outcmes and health in a postive way
  - (6) Delay of sex activity
  - (6) Reduction in frequency of sex
  - (6) Number of sexual parterns and unprotected sex
  - (6) Condom use
  - (6) Long term impact include lower STI and Unintended pregnancy
- (6) Section 1 March 10 1949 (P.L.30, No. 14) “public cool code of 1949” amended by
  - (6) Section 1512.2. Sexual health edu.
  - (6) A each school will provide students with sexual health education that meets this criteria
    - (6) Info presended is medically accurate and evidence based including but not limited to
    - (6) Effectiveness safety proper use health benefits and side effects of all contraceptive methods are approved by the FDA for preventing unintended pregnancy
    - (6) Info about STIs including transmission nand the effectiveness of “various risk -reducing strategies including medication” are approved by the FDA
    - (6) such as pre exposure prophylaxis medication and post exposure prophylaxis medication
      - (6) Instructions and material (Age appropriate includes )
        - (6) Anatomy and physiology of human body as it relates to human reproductive organs and functions
        - (6) The benefits and reasons for delaying sexual activity
        - (6) Not engaging in sexual activity is the only reliable way to prevent pregnancy and reduce the risk of contracting STIS and STDs
        - (6) Impact of alcohol and drug use on decision making and partner communication
        - (6) Importance of healthy relationships that are based on mutual respect and open communication



- (6) Relevant elementary edu. on topics like friendship body parts puberty “good touch vs bad touch”
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- (6) Up to date info on available local resources for sexual and reproductive health care
  - (6) How to access the resources and legal rights individuals have when accessing the resources and resources available for victims of sexual assault and harassment
  - (6) Up to date contact info for the schools “Title IX Coordinator”
- (6) Address healthy relationships and social pressures in related to sexual behaviors
- (6) Establish affirmative consent standards that includes
  - (6) Both parties are responsible for getting defined consent before proceeding in any sexual activity including between individuals who have previously engaged in sexual activity with one another
  - (6) The absence of protest or resistance does not mean affirmative consent
- (6) Past sexual relations and existing relationships do not mean affirmative consent
- (6) Emphasis on the dangers of risks of sexting
  - (6) Include how easily shared images can be made public
  - (6) Images on the internet can be hard to remove
  - (6) Consequence of sexting may include criminal charges like child pornography and disseminating of indecent material to minors
  - (6) Discuss sexual activity as it relates to risks for STDS and unintended pregnancy
- (6) Encourage students to communicate with parents guardians and health care providers about sexuality without jeopardizing the students safety and well being
- (6) Are inclusive and do not promote bias against students regardless of race religion national origin gender gender

identity gender expression sexual orientation sexual expression or disability

- (6) Instructors are permitted to answer in good faith any questions initiated by students
- (6) Students can be exempt from sexual education curriculum without penalty
- (6) The Department of Health will develop and maintain a list of sexual health edu. Curricula consist me with the requirements should be updated annually
  - (6) Money appropriated by the general assembly for sexual health edu. withhold info that promotes health or life saving information about sexuality or are medically inaccurate or have been scientifically shown to be ineffective
  - Money that is meant for the sexual edu should not be used to withhold info that promotes life saving/health information about sxulaity or are medically inaccurate or have scientifically been proven to be ineffective.
- (6) Money cant be used to fund sex ed programs that promote gender or racial stereotypes and biases
  - (6) Insensitive or unresponsive to sexually active young people survivors of sexual violence “youth of all physical, developemental and mental abilities or youth of all gender identities gender expression or sexual orientations
  - (6) Or inconsistent with the “ethical imperative of medicine and public health
    - (6)Info about school districts sexual health edu instruction including curriculum info and list of written and audio visual materials used for education should be publicly available
      - (6) Plus a form for excusing students form sex ed
    - (6)Each school must include a comprehensive sexual education training under section 1205 for certified halth and secual education teachers
- Vocabulary that should be used and their definition:
  - (6) “Affirmative consent= an affirmative willing and conscious ongoing agreement between both parties of age to engage ins exual activity
  - (6) “Age appropriate= topics message and teaching methods appropriate to specific age groups of children and adolescents based on “developing

cognitive emotional and behavioral capacity typically for the age group”

- (6) Comprehensive sexual education= all instruction that addresses physical mental and emotional aspects sexuality
  - (6) Is designed to motivate and assist students in maintaining and improving their sexual health preventing disease and reducing health related risk behaviors
  - (6) Empowers students to develop and demonstrate sexual health related knowledge attitudes skills and age appropriate practices
- (6) Gender expression expression of an individual's gender may be through behavior clothing haircut or voice and may not conform to socially defined behaviors and characteristics typically associated with being either masculine or feminine
- (6) Gender identity= internal sense of individual's in relation to whether the individual is female male a combination or m/f neither or another gender regardless of the individual's designated sex at birth or gender expression
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## (7)CYSD PDF

### Concepts of Health 8th

HE.8.1.1 - Analyze factors that impact growth and development between adolescence and adulthood.

- (7) Differentiate between risk behaviors, risk situations and healthful behaviors.
- (7) Describe the details of fetal development.
- (7) Compare the different birthing processes (natural childbirth (outlining the stages of labor), caesarean
- (7) birth, miscarriages, and multiple births, still
- (7) Define abstinence.
  - (7) Define reasons for choosing abstinence.
  - (7) Recognize the benefits of abstinence as pertaining to adolescence
- (7) identify sexually transmitted diseases.
  - (7) List and compare signs & symptoms of sexually transmitted diseases/HIV
  - (7) List and compare methods of contraception
  - (7) Discriminate between responsible and irresponsible choices that affect personal health.
- (7) Identify skills necessary to build healthy social relationships.
- (7) Recognize the responsibilities of parenthood.
- (7) compare physical changes body goes through during puberty \

- (7) Explain the functions of the male and female anatomy and reproduction
- (7) Trace the path of the sperm and egg through the reproductive systems.
- (7) Calculate the menstrual cycle.
- (7) Explain the concept of fertilization.

### **Healthful Living**

HE.8.2.1-identify and describe health care products and services that impact adolescent health practices.

- (7) Discuss male and female reproductive exams and their impact on adolescent health practices.

### **Concepts of Health (9th)**

- (7) Analyze factors that impact growth and development between adolescence and adulthood.

- (7) Classify various sexually transmitted diseases.
- (7) Compare and contrast signs and symptoms of sexually transmitted diseases.
- (7) Analyze the organs of the male and female reproductive systems.
- (7) Evaluate the signs and symptoms of pregnancy.
- (7) Examine the stages of pregnancy.
- (7) Classify the processes and stages of labor and delivery.
- (7) Analyze the contributing factors that influence personal health and wellness.

Classify methods of contraception.

- (7) Recognize prevention measures as related to sexually transmitted diseases.
- (7) Assess the relationship between healthy food choices and disease
- (7) Discuss abstinence, premarital sex and secondary virginity as personal choices of handling one's own sexuality
- (7) Recognize prevention measures as related to sexually transmitted diseases.
- (7) Show preventative health care methods for the reproductive systems.
- (7) Explain why prenatal care is important.

### **Healthful Living 9th**

Healthful Living

(7) HE.9.2.1 -Identify and describe health care products and services that impact adolescent health practices.

- (7) Evaluate male and female reproductive exams and their impact on adolescent health practices.

(7) HE.9.2.2 -Identify and describe health care products and services that impact adolescent health practices.

- (7) Analyze the relationships between the media and adolescent consumer choices.
- (7) Investigate the relationship between dietary information and adolescent consumer choices.

(7) HE.9.2.3 Analyze media health and safety messages and describe their impact on personal health and safety.

- (7) Assess the effect of internet, media, and technology on adolescent choices\\

(7) HE.9.2.4- Analyze and apply a decision-making process to adolescent health and safety issues.

- (7) Compare reliability rates for various forms of contraception.
- (7) Investigate and apply the decision-making process to adolescent health issues as related to homosexuality, nutrition, stress management, and mental
- (7) Analyze the components of a healthy relationship.
- (7) judge how communication and refusal skills can positively influence one's health

(7) HE.9.2.5- Explain the interrelationship between the environment and personal health.