

National standards

CYSD standards

PA standards

General info for sex edu

General info for sex edu

OTHER:

- (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

Misconceptions in sex ed:

(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 gender stereotypes– i.e., boys are always interested in sex, girls should say no
- (1) promote a particular religion
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Testimonies:

- (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 negligent by not having a comprehensive sexual health education component already?”

PA standards

- (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 to be age appropriate and stress abstinence

Additional PA standards

CONSENT

- (3) Being a minor (17 and under) impacts your right to information services
- (3) Age of consent 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) Teenagers must be at least 13 and cannot be more than four years older

TEEN PREGNANCY

- (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) 2017 Centers for Disease Control and Prevention survey- 40% of high school students have had sex
- (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 taxpayers at least 9.4 billion
- (2) Between 1991 and 2015 teen birth rate dropped 64% causing about 4.4 billion in public savings

STDs

- (3) PA requires schools provide STD and HIV/AIDS education
- (3) Must be age appropriate

SEX & STIs/STDs

- (2) STIs disproportionately affect adolescents
- (2) People 15-24 make up 25% of the sexually active population
- (2) STIs disproportionately impact adolescents

- (2) People 15-24 make up 25% of the sexually active population
 - (2) Young people get half of all new STIs
 - Equal to 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 among young people aged 15-24 between 2017-2018
- (2) Chlamydia rates consistently high in 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

PA Parental Rights

- (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) In PA a parent or legal guardian must be informed an individual is placing their baby up for adoption
- (2) Many states define parents rights for sex education
- (2) 25 states and the DOC 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 DOC allow parents to opt out on behalf of the children
- (3) Parental consent for abortions 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 endangerment of the pregnant person or if the pregnancy is the result of rape or incest

MINOR'S RIGHTS

- (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 STIs and HIV
- (3) Find an HIV testing site in your area or call the **Centers for Disease**
- 6) Students can be exempt from sexual education curriculum without penalty
- **Control's 24-hour National AIDS Hotline at 1-800-CDC-INFO (232-4636).**
- (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

HOUSE BILL 1586

Summary:

- (5) Brian Sims (state rep) wants to pass HOUse blll 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 testimony given by educators, doctors, social workers, health organization leaders, parents, and students

- (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

HOUSE BILL

- (6) "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,"
 - (6)Providing sexual education that includes topics like sexual violence education in “instituions of higher education”and furthering duties of the department of education and the Department of health.
- (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

CONTENT

Age appropriate

- (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

Communication

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- (6) Encourage students to communicate with parents guardians and health care providers about sexuality without jeopardizing the students safety and well being
- (6) Instructors are permitted to answer in good faith any questions initiated by students
- (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) Or inconsistent with the “ethical imperative of medicine and public health”
 - (6) Plus a form for excusing students from sex ed
 - (6) Each school must include a comprehensive sexual education training under section 1205 for certified health and sexual education teachers

Money

- (6) Money that is meant for the sexual edu should not be used to withhold info that promotes life saving/health information about sexuality or are medically inaccurate or has scientifically been proven to be ineffective.
- (6) Money can't be used to fund sex ed programs that promote gender or racial stereotypes and biases
 - (6) can't promote insensitive or be unresponsive to sexually active young people survivors of sexual violence “youth of all physical, developmental and mental abilities or youth of all gender identities gender expression or sexual orientations

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CONSENT

- (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

SEXTING

- (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

GENDER IDENTITY AND SEXUALITY

- (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

COMMUNITY/PARENTAL RESPONSIBILITY

- (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”

VOCABULARY

- 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 in sexual 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 social 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 developing 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

Being Proactive: (3) If you want your school to offer comprehensive sex ed classes, be sure to learn more at [SIECUS](#)

CYSD standards

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 owns 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.

National standards

STATE BY STATE

- (2) March 1 2020
- (2) 29 states and the District of Columbia require public schools to teach sex education
- (2) 27 of states mandate sex education and HIV education
- (2) 39 states and the DOA 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 medically inaccurate information the department of health checks curriculum for accuracy
 - (2) mandate 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) 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.

