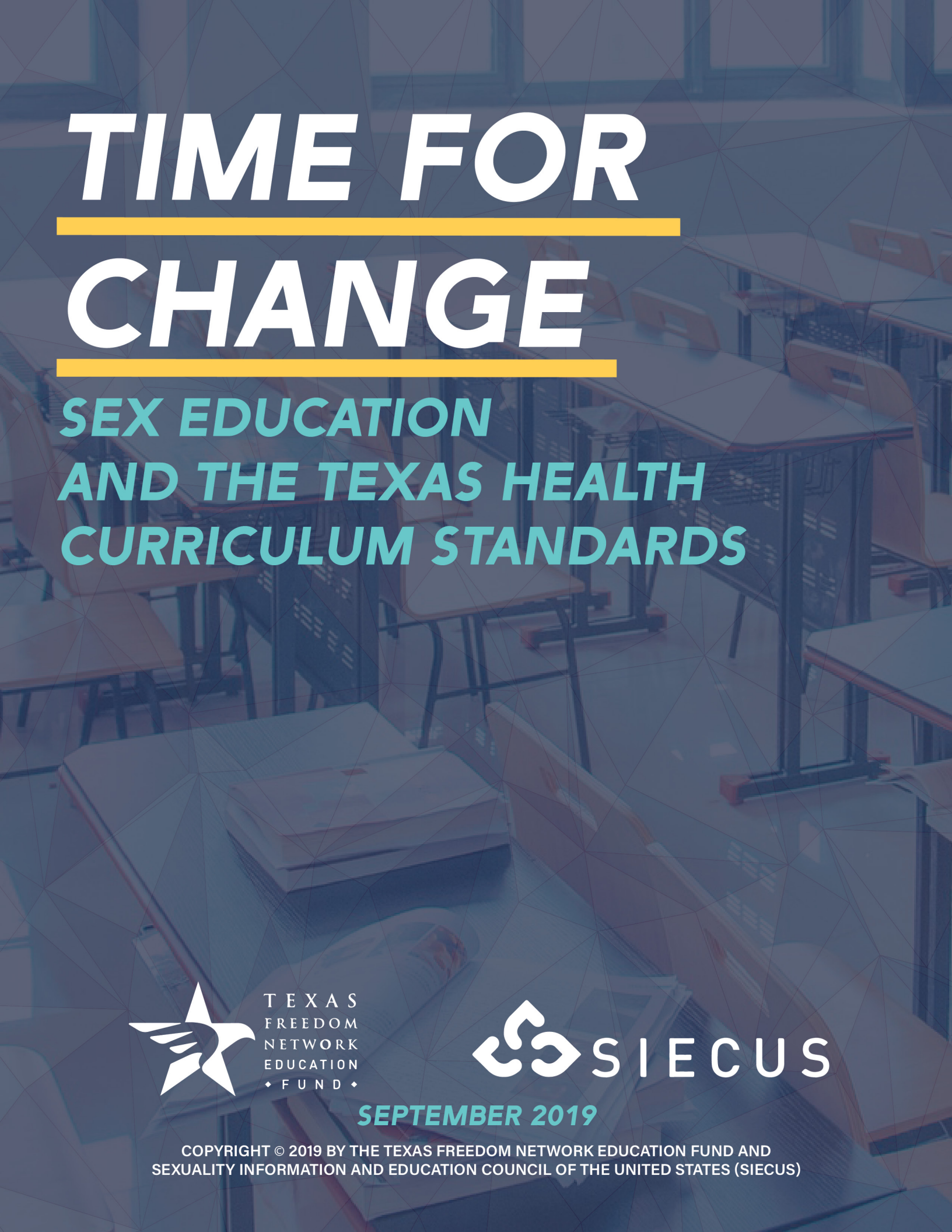
TIME FOR CHANGE

SEX EDUCATION AND THE TEXAS HEALTH CURRICULUM STANDARDS



TEXAS FREEDOM NETWORK EDUCATION FUND

SIECUS

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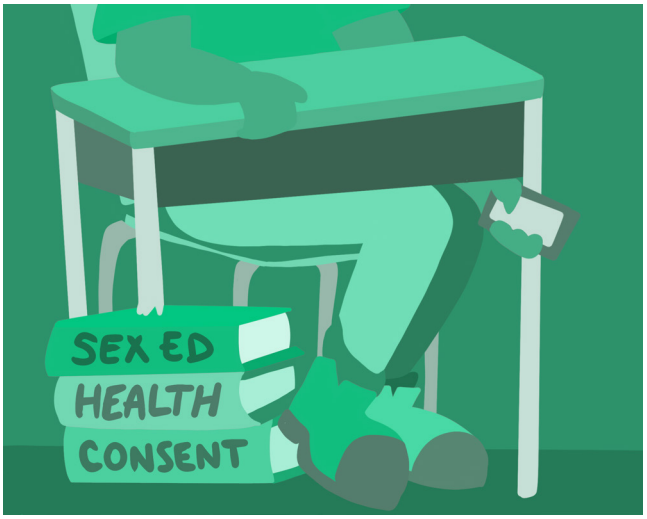
SECTION 1: A TROUBLED HISTORY

Texas has long been the virtual poster child for abstinence-only sex education. Yet the state has rates of teen births and multiple births to teens that consistently rank among the highest in the country. Other reproductive health care measures also point to serious concerns, including high rates of maternal mortality — particularly among people of color — and of sexually transmitted infections. The needs, even the existence, of LGBTQ+ students are essentially ignored in classrooms across the state. And an alarming percentage of Texas students report being victims of sexual violence. Clearly, it's time for change in Texas.

The revision of the state's public school health curriculum standards offers a once-in-a-generation opportunity for that change. The Texas Education Agency (TEA) and State Board of Education (SBOE) in 2019-20 are undertaking the first overhaul of those standards in more than 20 years. This report offers recommendations for what those standards should include about contraception, sexual orientation and gender identity, healthy relationships and other important topics involving sexuality and reproductive health.



CURRICULUM STANDARDS

State law gives the SBOE authority to establish the Texas Essential Knowledge and Skills (TEKS) curriculum standards, which guide instruction in public schools. School districts must teach to the health TEKS within the overall curriculum for Kindergarten through Grade 8. The SBOE has approved TEKS for high school health classes, but the Legislature in 2009 dropped that class as a high school graduation requirement. Even so, most school districts teach the class in high school, either as an elective or as a local graduation requirement.

Because of the state's size, Texas has had a major influence on the national textbook market over the years. Publishers write textbooks to conform to the Texas standards and then sell those textbooks in other states as well. Advances in publishing technology can help publishers customize textbooks for specific states. Even so, Texas still has a strong influence over what students learn elsewhere, making the health curriculum standards overhaul in 2019-20 also important for students across the country.

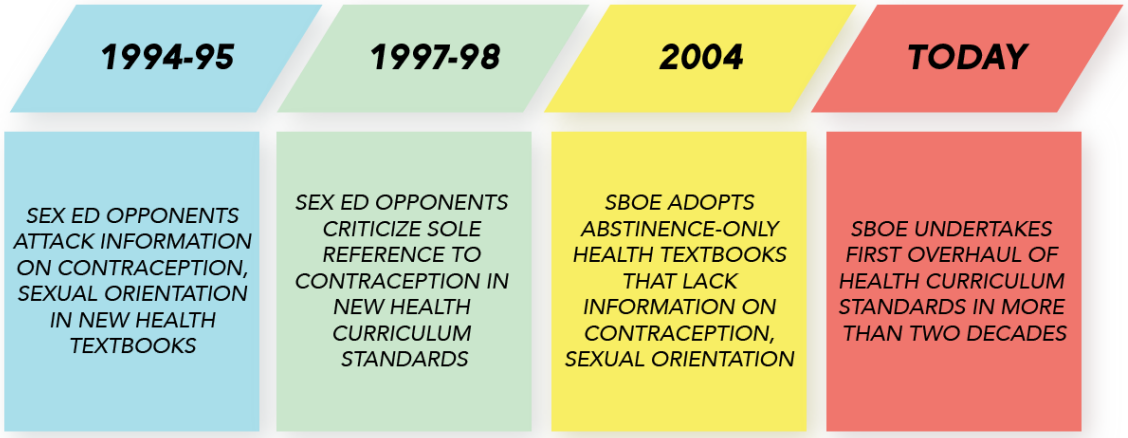
PAST CONTROVERSIES

The SBOE has been the center of heated debates over sex education in Texas in the past 25 years. These debates have included the adoption of health textbooks as well as curriculum standards.

1994-95

Critics on and off the board in 1994 objected to proposed high school health textbooks that included information on contraception and sexual orientation. Some also claimed simple line drawings of self-exams for breast and testicular cancer and educational illustrations

TIMELINE:
FLASHPOINTS IN TEXAS SEX ED DEBATE



of genitalia were too graphic for students. Even the inclusion of a textbook photograph of a mother leaving for work carrying a briefcase brought objections.[1] Critics called on the publisher to replace it with a photo of a woman in a traditional homemaking role. Faced with demands for so many changes, one publisher withdrew its textbook from consideration.[2]

In that fall's general election, opponents of the proposed textbooks launched a vitriolic campaign against board members who had voted to adopt them. Lurid campaign fliers charged, for example, that incumbents were promoting masturbation for five-year-old children and instruction about oral, anal, and vaginal sex. One declared that "liberal" incumbents were promoting a "radical leftist agenda" that included "homosexuality," "lesbian adoption," and "condom usage." Adding a racial component to the debate, the inflammatory flier included a photograph of a black man kissing a white man, both half-nude. The flier, charging board incumbents with "Austin-based child abuse," read: "Do you want your children learning about this in school? The liberals on the board of education do."[3] Republican victories that fall made Republicans a majority and gave social conservatives a powerful influence on the board.

State lawmakers in 1995 passed legislation requiring that public schools emphasize abstinence in sex education. But the law[4] (with various amendments since 1995) does not bar instruction on contraception and other methods of disease prevention beyond abstinence. School districts are left to decide what to include in sex education or whether to teach it at all.

1997-98

New health standards adopted by the SBOE in the late 1990s overwhelmingly emphasized abstinence. But sex education opponents still objected to the inclusion of a single standard calling for students to "analyze the effectiveness and ineffectiveness of barrier protection and other contraceptive methods, including the prevention of STDs, keeping in mind the effectiveness of remaining abstinent until marriage."[5] They argued that the standard violated the statute allowing school districts to decide whether to teach about contraception. A formal opinion from Texas Attorney General Dan Morales in January 1998, however, held that the board did have the authority to include that standard but that school districts could decide whether or not to teach it.[6] Those standards — still in place today — included nothing regarding sexual orientation or gender identity and expression.

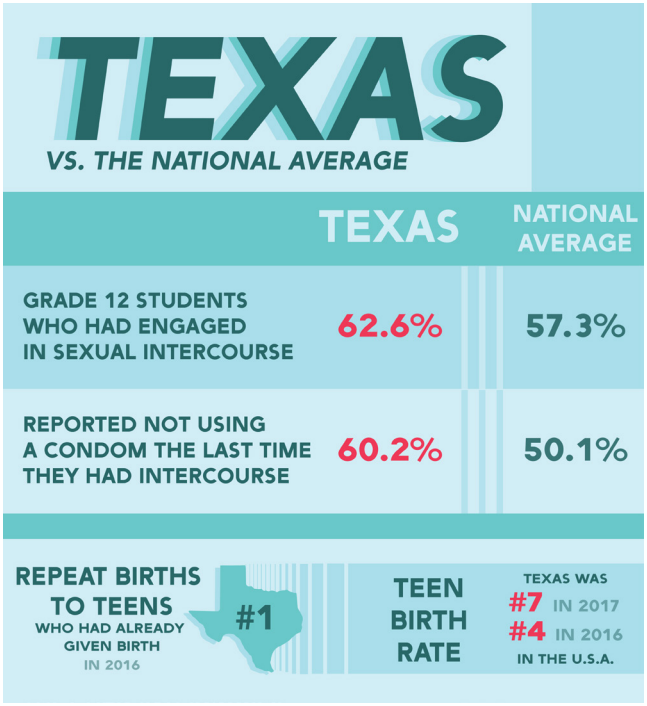
2004

Ten years after the firestorm around the 1994 health textbook adoption, publishers censored almost all information on contraception and sexual orientation in new textbooks they submitted for adoption in 2004. One textbook, for example, didn't mention condoms at all in a list of eight strategies for avoiding sexually transmitted infections (STIs). Among the strategies that made it in: "Get plenty of rest. When you're tired, it's hard to think clearly."[7] Another textbook actually identified using condoms as a high-risk behavior.[8] Such passages discourage the use of condoms even though research has shown that, if used correctly and consistently, they are effective in preventing the sexual transmission of HIV and other STIs as well as unintended pregnancy.[9]

Under pressure from social conservatives on and off the SBOE, publishers also agreed that their textbooks would define and present marriage as only a union of one man and one woman.[10] Some board members also demanded that the textbooks include information disparaging homosexuality and describing gay people as "more prone to self-destructive behaviors like depression, illegal drug use, and suicide."[11] Publishers resisted this latter demand. On the other hand, the textbooks were virtually silent on the topics of sexual orientation and gender identity and expression. Those textbooks remain in Texas classrooms today.

SECTION 2:
THE STATE OF SEX EDUCATION IN TEXAS

The abstinence-only textbooks adopted by the SBOE in 2004 have remained in Texas classrooms ever since. Meanwhile, federal abstinence-only funding ballooned beginning in 1998 — from $60 million in 1998 to $177 million in 2008.[12] Texas received more federal abstinence-only funding than any other state each year from 2004 to 2018.[13] That funding has fueled the growth of numerous abstinence-only programs produced by advocacy and community-based organizations. This is true even though research shows such programs are not effective[14] and that comprehensive, evidence-based sex education does not lead to increases in sexual activity, delays the decision to begin having sex, and increases the likelihood of using contraception and STI-prevention when a person does have sex.[15] Moreover, polling shows that a large majority of Texas voters support an abstinence-plus approach to sex education — instruction that includes information about condoms and other forms of contraception along with abstinence.[16]



THE STAKES

Despite the state's emphasis on abstinence-only policies, many young Texans choose not to remain abstinent. In 2017, for example, 62.6 percent of Texas twelfth-graders reported having engaged in sexual intercourse by that age. That was more than five percentage points higher than the national average. More than 60 percent reported not using a condom the last time they had intercourse, 10 percentage points higher than the national average.[17] So it shouldn't be a surprise that Texas has consistently ranked near the top among the states in teen pregnancy and birth rates. Texas had the seventh-highest teen birth rate in 2017 (and the fourth-highest in 2016).[18] Texas in 2016 also had the highest rate of repeat births to teens — that is, births to teens who already had given birth.[19]

Additional data paint a stark picture of the challenges facing Texas, particularly when students don't get the education they need to make healthy and informed decisions:

- The HIV infection rate among Texas adolescents is higher than among teens nationally, 8 per 100,000 in Texas versus 5.7 per 100,000 nationally.[20]
- Texas has high rates of STI infection among teens ages 15-19: 15th-highest for gonorrhea, 17th-highest among the states for reported cases of syphilis and 21st-highest for chlamydia.[21]
- Texas teens report experiencing sexual violence at alarming rates. More than 1 in 7 female and 1 in 16 male high school students in 2017 reported experiencing sexual violence during the previous 12 months.[22]

Moreover, HIV in Texas disproportionately affects communities of color. In 2017, 37.3 percent of people living with HIV were black, 32.4 percent were Latino, and 25.5 percent were white.[23] The rate of black females living with HIV is nearly 15 times that of white females, while the rate of black males living with HIV is more than 4 times that of white males.[24]

But health statistics alone don't tell the whole story. In a state in which students of color make up a majority of public school enrollment, vulnerable populations such as low-income Texans, communities of color, and LGBTQ+ (lesbian, gay, bisexual, transgender, queer and other sexual and gender minorities) people already face particularly difficult obstacles accessing health care, including reproductive health care. These obstacles include lack of transportation or the ability to pay for care as well as language and literacy barriers. Some are structural, including the state's refusal to expand Medicaid under the Affordable Care Act and state laws and policies targeting abortion providers that have led to the closure of local health centers. These barriers restrict the freedom of individuals in low-income communities to choose their providers and desired reproductive health care services, including abortion care.

Discrimination also remains a challenge. History offers many examples of our health care system failing and even intentionally harming people of color, such as the horrific Tuskegee Experiment that left African-American men suffering from syphilis untreated for decades.[25] A September 2018 study explored how a history of racism, including discriminatory health care practices from slavery through the post-Civil Rights era, has helped leave African-American women particularly vulnerable to disparate sexual and reproductive health outcomes.[26] Among the most startling disparities in Texas is the maternal mortality rate.

> A 2018 state study showed that the pregnancy-related mortality rate for non-Hispanic African-American women was 2.3 times higher than the rate for non-Hispanic white women in 2012. This was true regardless of income, education, marital status and other health factors. The rate for Hispanic women was also higher than for non-Hispanic white women.[27]

Additionally, a 2017 nationwide survey[28] found that nearly 59.5 percent of LGBTQ+ students felt unsafe at school because of their sexual orientation and more than 44.6 percent because of their gender expression. "Fag," "dyke," and "tranny," for example, remain common slurs in schools, and a significant percentage of LGBTQ+ students report being victims of bullying and physical violence.

LGBTQ+ STUDENTS FEEL UNSAFE AT SCHOOL

59.5%
BECAUSE OF THEIR SEXUAL ORIENTATION

44.6%
BECAUSE OF THEIR GENDER EXPRESSION

This discrimination continues into adulthood. Another 2017 national study found that 8 percent of lesbian, gay, and bisexual survey respondents said a doctor or other health care provider had refused to treat them because of their sexual orientation, and 9 percent reported that their provider used harsh or abusive language when treating them. The percentages were even higher among transgender people, with 29 percent reporting a provider had refused to see them because of their gender identity and 21 percent saying they experienced harsh or abusive language.[29]

All of these problems are made worse by education policies that withhold from young people critical information about sexuality and health or that ignore (or even disparage) their very existence. Indeed, every person — regardless of age, race, ethnicity, gender, gender identity, or sexual orientation — has a fundamental right to complete and accurate information on sex and sexuality. Such information would provide young people with the tools they need to make important life decisions that protect their health — to be fully in charge of their own lives and well-being. But Texas denies most students that right by not providing information that allows them to fully understand the decisions they may make regarding sexual health.

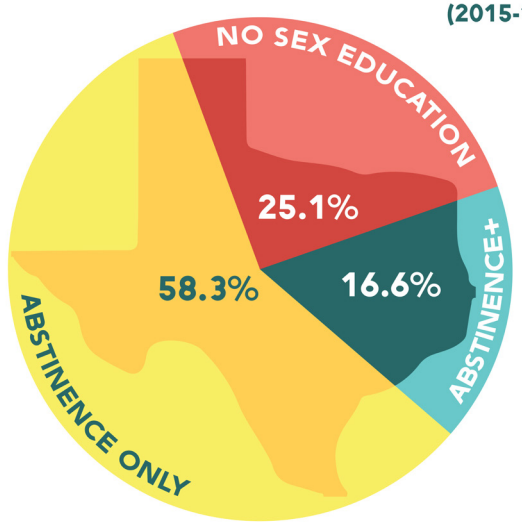
WHAT TEXAS PUBLIC SCHOOLS TEACH

A 2017 report from the Texas Freedom Network Education Fund[30] found that 58.3 percent of school districts across the state in the 2015-16 school year took an abstinence-only approach to sex education. That is, instruction in those classes included no medically accurate information on condoms and other forms of contraception and STI-prevention other than abstinence. About 25 percent of school districts taught no sex education at all.

The information Texas students get in abstinence-only instruction is inadequate and harmful. The TFN Education Fund's research found many problems with the instructional materials in these programs in classrooms across the state:

- Misleading information, including the falsehood that condoms and other contraception are ineffective and that using them is high-risk behavior
- Fear- and shame-based instruction as strategies to persuade students to remain abstinent
- Instruction that promotes stereotypes and dangerous misinformation about gender and sexual assault
- The presumption that all students in the classroom are heterosexual and cisgender (a person whose gender identity aligns with their sex assigned at birth) and that LGBTQ+ people are nonexistent or otherwise irrelevant
- Very little information about abortion, one of the most common and safest medical procedures in the United States, or misinformation and other messages designed to increase the stigma surrounding the procedure

WHAT TEXAS PUBLIC SCHOOL DISTRICTS TEACH ON SEX ED
(2015-16)



These problems are not limited to Texas, of course. Nor are these the only problems. For example, classroom curricula in and outside Texas are sometimes racially and culturally insensitive. Attempts to demonstrate "diversity" might begin and end with simply peppering content with stereotypically ethnic names. Some abstinence-only curricula also reinforce harmful stereotypes of black people, educators report.[31]

On a somewhat more encouraging note in Texas, nearly 17 percent of school districts took an abstinence-plus approach in 2015-16 — emphasizing abstinence while also including medically accurate information on contraception and disease prevention.[32] That figure represented a significant increase from less than 4 percent in the 2007-08 school year.[33] Moreover, eight of the ten largest school districts in the state (by enrollment) took an abstinence-plus approach. Progress is clearly happening, but far too slowly in a state with such alarming rates of teen pregnancy and STIs.

CHARACTERISTICS OF EFFECTIVE SEX EDUCATION PROGRAMS

School-based sex education is a vital setting where young people are able to gain the information and skills necessary to make healthy decisions about sex and sexuality. While families, religious and community groups, and health care professionals are also vital resources, schools remain a consistent and available forum for learning this information. An extensive review of HIV and sex education curricula has identified common characteristics of effective sex education programs.[34]

Effective sex education programs are carefully developed with specific goals and behaviors, the needs of the targeted population, and community values in mind. They are also

focused, using clear messages and examples, multiple activities to address the stated health goals, and sound teaching methods. Further, they create safe social environments and are appropriate to students' age, culture, and experience. Effective programs must also be accurately implemented and have support from school authorities. In addition, they must employ trained and qualified instructors and include strategies to overcome barriers to participation.

These characteristics are essential to sex education programs that reduce rates of STIs, HIV, and unintended pregnancy among young people. But programs must build on these measures, empowering and educating young people to make good decisions and emphasizing responsibility and respect.[35] Sex education programs are also more likely to succeed when schools welcome and affirm all students equally regardless of gender identity, sexual orientation, or race. School environments where all students feel safe and supported are essential to their ability to learn.

Sex education that is comprehensive embodies many of these characteristics and ensures that young people receive complete and quality information. This education provides information that is science- and evidence-based, medically accurate, age- and developmentally appropriate, and culturally responsive. Beginning in kindergarten and continuing at each grade level through 12th grade, effective programs provide information that addresses the physical, mental, emotional, and social dimensions of human sexuality for all young people. They are taught by trained educators and include information and skills development related to a range of topics. These topics include:

- human development (including puberty, reproduction, and pregnancy),
- relationships (including families, peers, romantic relationships, and dating),
- personal skills (including communication, negotiation, personal safety, consent, and decision-making),
- sexual behavior (including abstinence, sexual activity, and sexuality throughout life),
- sexual and reproductive health (HIV and other STIs, conxtraception, abortion, and pregnancy options), and
- society and culture.

Effective sex education has been shown to have many advantages, including:

- improving academic success,
- preventing sexual abuse, dating violence, and bullying,
- helping young people develop healthier relationships,
- delaying the start of sexual behavior,
- reducing unintended pregnancy as well as HIV and other STIs, and
- reducing sexual health disparities among LGBTQ+ young people.[36]

In fact, a 2012 study conducted by the CDC concluded that sex education programs that included instruction on the health benefits of both abstinence and contraception were likely to have positive effects on adolescent behavior. Among the young people in these programs, positive effects included:

- a decrease of 12 percent in sexual activity,
- an increase of 40 percent in contraception and condom use,
- a decrease of 40 percent in unprotected sex,
- a decrease of 11 percent in pregnancy rates, and
- a decrease of 35 percent in STI rates.[37]

Furthermore, research shows that sex education with information about both abstinence and contraception not only contributes to young people waiting longer to begin having sex, but also increases the likelihood of condom and contraception use when they do.[38]

Beyond instruction in pregnancy and HIV/STI prevention, research makes clear that sex education that is inclusive of LGBTQ+ youth and youth of color benefits young people and their sexual health. These components encourage positive youth development, decrease health disparities, and reduce stigma and shame.[39] Sex education that is relevant to LGBTQ+ youth includes information about gender identity and sexual orientation and incorporates positive examples of LGBTQ+ people, relationships, and families. It also emphasizes the need for all people to use condoms and other methods of preventing HIV/STI transmission and dispels stereotypes about behavior and identity.[40] When LGBTQ+ young people and youth of color see themselves reflected in sex education instruction, it becomes more relevant and applicable to their lives. That in turn results in more positive health outcomes.

Additionally, teaching students about consent, personal boundaries, and healthy relationships helps young people differentiate between acceptable and unacceptable behaviors. And it helps them understand where and how to get help if they need it. Educating students about dating violence and ensuring that prevention policies are developed and enforced are important. Doing so decreases the incidence of sexual harassment in schools, and young people are less likely to experience dating violence as well as more likely to avoid perpetrating sexual violence.[41]

FOCUS: SEX EDUCATION IS A RACIAL JUSTICE ISSUE

Sex education gives young people the information they need to make informed decisions regarding their health and the ability to advocate for themselves in their health care throughout their lives. This is particularly important for young people of color, who face poorer health outcomes than white Americans and are more likely to be under-insured or lack health insurance altogether. People with limited resources also experience logistical barriers, such as taking time off of work, securing child care, or finding transportation to and from appointments. Language and cultural differences — particularly for immigrant populations — can result in breakdowns in communication that also lead to poorer health outcomes. All of this is made worse by the institutional and interpersonal discrimination and racism in health care settings that impact the care people of color receive.

Bias and discrimination exist not only in reproductive health care, but also in sex education. Largely due to funding policies and restrictions, youth of color often receive harmful and ineffective abstinence-only instruction rather than sex education that is comprehensive and medically accurate.[42] When sex education is offered, curricula often leave out the experiences of youth of color and fail to reflect the communities they serve. Indeed, policy-makers too often see alarming health statistics about minority youth as simply indications of negative behavior rather than a reflection of the limited resources and

services to which their communities have access. But young people are not at fault when their educational experiences are marked by a lack of sufficient funds, qualified teachers, and updated textbooks. And they are not at fault when society fails to provide them with the information and resources they need to make healthy choices that are right for them. Beyond sex education, the framing of public health statistics also shapes biases that communities of color face in health care services. When whole communities are seen only through the lens of health statistics, society begins to view them in the stereotypes perpetuated by isolated, uncontextualized data. Data points do not define or represent communities. But when health care providers view patients this way, they may be more likely to stereotype, misdiagnose, or undermine their patients' needs.[43]

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A LEGACY OF DISCRIMINATION

As with so much else, it is hard to ignore the history of discrimination when it comes to reproductive health among communities of color. Inequities and mistreatment in reproductive health care affecting women of color, for example, have been prevalent throughout history. From a legacy of slavery where black women were often sexually assaulted by white men — with estimates as high as 58 percent for enslaved women ages 15-30[44] — to forced sterilizations throughout the 1900s, the right and ability to make decisions about one's body was consistently stripped from women of color. Physicians such as James Marion Sims (known as the father of modern gynecology) used enslaved black women for experimentation in developing gynecological tools and procedures without anesthesia or consent.[45] Women of color were regarded as less than human and experienced reproductive health decisions being made on their behalf. Those in power decided who deserved or was fit to reproduce, denying these women their bodily autonomy. Legal segregation in health care, unequal or restricted access to Medicaid, and forced sterilization only scratch the surface of the horrific mistreatment experienced by women of color at the hands of their medical providers and public policy-makers throughout history.[46]

Indeed, public policies have often perpetuated the racist stereotype that black women are incapable mothers and should be restricted from having children. Sterilization or the insertion of long-acting reversible contraceptives (LARC) have been included as conditions in plea deals,[47] and involuntary sterilizations have been forced on incarcerated women as recently as 2013.[48] Women of color also face significant barriers to accessing reproductive health care. In as geographically large a state as Texas, the closure of many health clinics results in a significant decrease in reproductive health care access.[49] Low-income women who may not have access to transportation or childcare services may be unable to take the time off from work or physically travel to health care providers. Additionally, Latinas are uninsured at rates higher than the women of any other racial or ethnic group.[50] This can partially be explained

by high rates of poverty and concerns surrounding immigration status among the Latino community. But the problem is compounded by many states — including Texas — blocking the implementation of Medicaid expansion. Further, the Affordable Care Act excludes Texas' undocumented population from access to health insurance. It is therefore no surprise that Texas has one of the largest proportions of Latinos who are uninsured.[51]

Maternal mortality serves as a particularly striking example of the result of discrimination in health care. Women of color are more likely to die of pregnancy-related causes than white women. Even when controlling for age, socioeconomic status, and education, women of color still receive a lower quality of care. In fact, a wealthy black woman with an advanced degree is more likely to die from pregnancy-related complications than a poor white woman without a high school diploma. Medical providers routinely spend less time with patients of color, refuse to believe or underestimate the level of pain they experience, overlook their symptoms, and fail to take their complaints seriously.[52]

INFORMED DECISION-MAKING

All of these concerns illustrate the need for high quality, effective, and culturally appropriate sex education that is relevant to all young people. With the information, skills, and knowledge to make informed decisions about their health, young people are more capable of assessing their needs and advocating for themselves in their health care. Sex education that explains and takes into account the history of racism in reproductive health care also affirms the potential experiences of people of color. And it educates other young people about experiences of which they might not otherwise be aware.

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But in order for sex education to be relevant to youth of color, students must be able to see themselves in the curriculum. This is especially important in Texas, where more than 70 percent of public school students are non-white and more than half are Latino.[53] If instruction is presented in a way that leaves out or misrepresents youth of color, they are less likely to connect with the material presented, which can result in disparate health outcomes. Given that Texas has large Spanish-speaking communities, sex education must also be language-accessible for English-language learners. It may be easier for students who are working to develop more proficiency in English to take advantage of the information presented in sex education if terms and ideas are presented in English and other languages common in their communities. Additionally, sex education that is culturally appropriate and inclusive also means that the instructors look like their students. Young people of color are more likely to find instruction more meaningful and relatable if they can identify with their teachers.

Sex education must go beyond including pictures of diverse young people in textbooks to be culturally appropriate — it should be a vehicle for racial justice, addressing information, access, and equity around reproductive health and health care.

SECTION 3:
RECOMMENDATIONS FOR REVISING THE TEXAS HEALTH CURRICULUM STANDARDS

The following recommendations address four broad topics important in effective sex education:

1) contraception and STI prevention,

2) comprehensive reproductive health care,

3) sexual orientation and gender identity and expression, and

4) consent and sexual violence prevention.

The current standards offer limited coverage or — especially in the cases of sexual orientation/gender identity and abortion — are entirely silent on these topics. This section provides specific recommendations by grade that the Texas SBOE should strive to include in the new health TEKS.

RECOMMENDATIONS

CONTRACEPTION AND STI PREVENTION

Sex education that teaches effective, medically accurate, and age-appropriate methods of preventing pregnancy and STIs, including abstinence, gives young people the information needed to make healthy decisions. Almost all young people will engage in sexual activity during their lifetimes. And while not all young people engage in sexual activity in high school, nearly 63 percent of Texas twelfth-graders in 2017 reported having had sex by that age.[54] Programs that emphasize abstinence to the exclusion of other health information do not provide young people with the knowledge needed to make healthy decisions.

By each of the grades indicated below, students should learn age-appropriate information about reproduction, methods of pregnancy and STI prevention, including abstinence, decision-making and influencing factors around these concepts, as well as how to access health care services.

Students should be able to:

K-2

- Explain that all living things may have the capacity to reproduce

3-5

- Define sexual intercourse and its relationship to human reproduction
- Define STIs, including HIV, and dispel common myths of transmission
- Define sexual abstinence

6-8

- Describe sexual abstinence as it relates to pregnancy and STI/HIV prevention
- Describe STIs, including HIV, how common they are, their signs, symptoms, and potential impacts, and how they are and are not transmitted
- Explain the health benefits, risks, and effectiveness rates of various methods of contraception, and STI/HIV prevention, including abstinence, condoms, vaccines (e.g., hepatitis B vaccine, HPV vaccine), medication (e.g., PrEP, PEP), and emergency contraception
- Identify medically accurate sources of information on, as well as prevention, testing, and treatment resources for STIs, including HIV
- Describe the steps to using the range of barrier methods correctly
- Examine how peers, family, media, society, community, and culture influence decisions about engaging in safer sexual decision-making and sexual behaviors and the decision of whether and when to become pregnant
- Demonstrate the use of effective communication and negotiation skills about the use of contraception and STI/HIV prevention methods, including abstinence and condoms

9-12

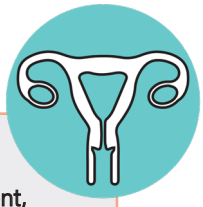
- Compare and contrast the health benefits, risks, and effectiveness rates of various methods of contraception, and STI/HIV prevention, including abstinence, condoms, vaccines (e.g., hepatitis B vaccine, HPV vaccine), medication (e.g., PrEP, PEP), and emergency contraception
- Explain the associated risks of sexual activity
- Apply a decision-making model to choices about contraception and safer sex practices, including abstinence and barrier methods
- Describe the steps to using a condom correctly
- Describe common symptoms or lack thereof and treatments for STIs, including HIV
- Analyze the impact of STI stigma, including HIV stigma, and conscious and unconscious biases on interpersonal communication, prevention, testing, and treatment, including possible risk of STI/HIV disclosure
- Explain how to access medically accurate sources of information as well as local STI/HIV prevention, testing, care, and treatment resources
- Demonstrate skills to communicate with a partner about STI and HIV prevention and testing
- Demonstrate skills to communicate with health care providers about STI/HIV prevention and testing, including how to advocate for one's sexual health needs
- Analyze individual responsibility about testing for and informing partners about STIs and HIV status

RECOMMENDATIONS

COMPREHENSIVE REPRODUCTIVE HEALTH CARE

Young people should have the right to make informed decisions about their body. This includes information about and access to the full spectrum of reproductive health care, including abortion. Young people face significant barriers to abortion access, including cost, parental notification requirements, mandatory waiting periods, limited clinics, and lack of transportation. Education and information about abortion and abortion access should not be one of these barriers. Teaching young people about all pregnancy options helps to tackle the stigma and shame that is often associated with abortion and provides fact-based information that clarifies myths about the safe and common procedure.

By each of the grades indicated below, students should learn about all available pregnancy options, including birth, adoption, and abortion, medically accurate information regarding fetal development and pregnancy, decision-making and influencing factors around these concepts, as well as how to access health care services.



Students should be able to:

6-8

- Describe the signs of a pregnancy, healthy prenatal care, medically accurate information about fetal development, and the range of ways pregnancy can occur
- Identify medically accurate resources about pregnancy prevention and reproductive health care
- Define emergency contraception and describe its mechanism of action
- Identify medically accurate information about emergency contraception and where to access it
- Identify medically accurate sources of pregnancy-related information and support including pregnancy options, safe surrender policies, and prenatal care

9-12

- Analyze the laws related to reproductive and sexual health care services (e.g., contraception, prenatal care, emergency contraception, abortion), as they relate to minors
- Compare and contrast the laws relating to pregnancy, adoption, abortion, and parenting
- Describe medically accurate information about fetal development
- Analyze internal and external influences on decisions about pregnancy options, including birth, adoption, and abortion
- Access medically accurate information about contraceptive methods, including emergency contraception and condoms, and evaluate the pros and cons of each option
- Access medically accurate information about all legally available pregnancy options and evaluate the pros and cons of each option

RECOMMENDATIONS

SEXUAL ORIENTATION AND GENDER IDENTITY AND EXPRESSION

Describing cisgender[55] and heterosexual identities and relationships as normative in sex education has a negative impact on LGBTQ+ young people. Sex education often ignores the needs of LGBTQ+ youth by only discussing sexuality within the confines of heterosexual marriage. LGBTQ+ youth of color are particularly left out of the conversation, with very few health educators or programs that relate directly to their experiences with LGBTQ+ and race-based discrimination. Sex education that is inclusive of and relevant to LGBTQ+ youth is imperative to fostering positive development, decreasing health disparities, and reducing stigma and shame.

By each of the grades indicated below, students should learn about gender roles, gender identity and expression, and sexual orientation, and how to promote and demonstrate respect, understanding, and acceptance of all identities.

Students should be able to:

K-2

- Explain that some people's gender matches what their body looks like on the outside and others' do not
- Identify ways students can treat all people with dignity and respect, regardless of their gender, gender identity, gender expression, or other identity characteristics

3-5

- Describe a range of ways people may express their gender
- Define sexual orientation as attraction to an individual of the same gender and/or a different gender(s) and explain that everyone has a sexual orientation
- Define gender identity, cisgender, transgender, and gender non-binary and explain that gender, gender roles, and gender expression exist along a spectrum
- Demonstrate an understanding of gender-role stereotypes and their potential impacts on people of all genders
- Identify parents or other trusted adults to whom students can ask questions about gender, gender-role stereotypes, and gender identity
- Demonstrate ways students can treat people of all sexual orientations, genders, gender expressions, and gender identities, including other students, their family members, and members of the school community, with dignity and respect

6-8

- Differentiate between sexual orientation and gender identity
- Define sex assigned at birth and gender identity and explain how they may or may not differ
- Explain the range of sexual orientations, genders and gender identities

6-8

- Explain that sexual orientation can be romantic, emotional, and/or sexual attraction to an individual of the same gender and/or a different gender(s)
- Demonstrate ways students can treat people of all sexual orientations, including other students, their family members, and members of the school community, with dignity and respect

9-12

- Compare and contrast between sexual orientation, sexual behavior, and sexual identity
- Differentiate between sex assigned at birth, sexual orientation, gender identity, and gender expression
- Analyze the influence of peers, media, family, society, religion and culture on a person's attitudes, beliefs, and expectations about sexual orientation and sexual identity as well as on gender, gender identity, gender roles, and gender expression and their impact on health behaviors and health disparities
- Explain how to promote safety, respect, awareness, and acceptance for people of all sexual orientations
- Evaluate credible sources about sexual orientation, gender, gender identity, and gender expression

RECOMMENDATIONS

CONSENT AND SEXUAL VIOLENCE PREVENTION

In addition to healthy relationships, consent and sexual violence prevention topics are vital in sex education. With the rise of the #MeToo movement, experiences of sexual harassment, assault, and abuse have come to light across our society, including among young people. In fact, ages 12-34 are the highest risk years for rape and sexual assault, and women ages 16-19 are four times more likely than the general population to become victims of rape, attempted rape, or sexual assault.[56] These numbers increase significantly for girls in the juvenile justice system, women of color, and LGBTQ+ people. Teaching concepts related to consent and sexual assault beginning at a young age can help lay the foundation for understanding body autonomy and respect. As young people get older, sexual violence prevention education instills in them a need for respectful, effective communication, the ability to differentiate between acceptable and unacceptable behaviors, and an understanding of where and how to get help if they need it. Because the behaviors and attitudes learned by young people shape how they act as adults, this information is essential throughout their lives.

By each of the grades indicated below, students should learn about respecting others' personal boundaries and communicating their own, forms of abuse (including sexual abuse), how to communicate about and prevent such abuse, and decision-making and influencing factors around these concepts.

Students should be able to:

K-2

- Define personal boundaries and demonstrate ways to show respect for someone's personal boundaries
- Demonstrate how to respond when someone says or does something that does not respect personal boundaries
- Explain that people of all ages and abilities have the right to tell others not to touch their body when they do not want to be touched and that no one has the right to touch anyone else without permission if they do not want to be touched
- Identify parents and other trusted adults students can talk to if they are being bullied, teased, abused, or touched when they do not want to be
- Demonstrate how to clearly say no, how to leave an uncomfortable situation, and how to identify and talk with a trusted adult if a student is being touched when they do not want to be touched

3-5

- Define consent and explain how consent relates to personal boundaries
- Demonstrate how to communicate your personal boundaries and how to respect other people's personal boundaries
- Define child abuse, including physical, emotional, and sexual abuse, sexual harassment, and domestic violence, and explain why they are harmful
- Demonstrate ways to communicate with a parent or other trusted adult if a student is being mistreated or abused

- Describe effective strategies to respond when you are or you see someone else being teased, harassed, bullied, or abused
- Describe ways to treat others with dignity and respect

6-8

- Define sexual consent
- Describe the potential impacts of power differences such as age, gender, status, or position within relationships
- Describe strategies to use social media safely, legally, and respectfully
- Define sexual harassment, sexual abuse, sexual assault, incest, rape, domestic violence, and dating violence and explain why they are harmful and their potential impacts
- Explain that no one has the right to touch anyone else in a sexual manner if they do not want to be touched
- Define sexual harassment, sexual abuse, sexual assault, incest, rape, domestic violence, and dating violence and explain why they are harmful and their potential impacts
- Define human trafficking and sex trafficking
- Describe the influence of drugs and alcohol on one's capacity to give and receive sexual consent as well as the laws (e.g., age of consent laws, child pornography laws) that impact young people's sexual health and rights and the ability to give and receive sexual consent

9-12

- Describe sexual consent
- Define the cycle of violence and how it relates to sexual abuse, domestic violence, and dating violence
- Analyze the laws related to interpersonal and sexual violence (e.g., sexual harassment, sexual abuse, sexual assault, domestic violence)
- Describe the characteristics of five types of abuse, including physical abuse, emotional abuse, psychological abuse, financial abuse, and sexual abuse
- Describe potential impacts of power and privilege (e.g., age, race, ethnicity, sexual orientation, gender, gender identity, socio-economic status, immigration status, ability) within romantic or sexual relationships
- Analyze factors, including alcohol and other substances, that can affect the ability to give and receive sexual consent as well as the laws (e.g., age of consent laws, child pornography laws) that impact young people's sexual health and rights and ability to give and receive sexual consent
- Demonstrate how to access valid information and resources to help a student who is being bullied or harassed or who is a survivor of sexual abuse, incest, rape, sexual harassment, sexual assault, domestic violence, and dating violence
- Develop a safety plan to get out of an unsafe or unhealthy relationship

APPENDIX

RECOMMENDATIONS FOR SCHOOLS THAT BRING IN COMMUNITY-BASED ORGANIZATIONS FOR SEX EDUCATION

School districts have a variety of options for providing sex education. Some create their own curricular materials. Others obtain them from third-party sources or bring in community-based organizations that provide instruction. A representative sampling of Texas school districts in 2016 identified dozens of third-party programs and presenters from community-based organizations used for sex education. The community-based organizations ranged from public health institutions that have professional expertise in this field to faith-based entities that do not.[57] The survey didn't ask districts why they brought in outside presenters and curriculum materials, but the reasons are likely numerous – including the lack of trained instructors on school staff and the desire to have a community-based organization teach a topic that might be considered controversial or sensitive. Moreover, resource-strapped districts may choose to bring in an organization largely because it has received its own funding. Often that funding comes through federal abstinence-only grants.

We recommend, first, that the Texas Legislature once again make health class a high school graduation requirement and that all school districts take an abstinence-plus approach to sex education in those classrooms. We also recommend that school districts utilize qualified classroom teachers to teach sex education and ensure they receive necessary training. Given that the health and well-being of young people may be dependent upon information they receive in their health class, school districts should place the highest possible priority on utilizing certified and well-informed teachers in health education. Nevertheless, the following are suggestions for districts that choose to bring in community-based organizations for health classes. We urge districts to ensure that these organizations provide instruction guided by the recommended standards identified in this report.

1. Ensure that school district administrators, principals and board members understand that the Texas Education Code does not require abstinence-only sex education.

School board members and district and school staff should understand the elements of Texas Education Code (TEC) 28.004[58] that address health education, including sex education. In particular, the TEC requires that districts emphasize abstinence in sex ed, but it does not require abstinence-only instruction. That means districts have the flexibility to choose community-based organizations that provide evidence-based, medically accurate instruction on contraception that is also culturally responsive and includes information that is relevant and affirming for all students – including LGBTQ+ students – in the classroom.

2. Train members of the local School Health Advisory Councils (SHAC) to evaluate sex education programs and presenters using evidence-based standards.

TEC 28.004 requires each local district to appoint a SHAC to evaluate curricula and make recommendations to its school board on issues like sex education. Districts should

provide annual training for SHAC members in best practices in evaluating sexuality curricula. The recommendations in this report, the Professional Learning Standards for Sex Education,[59] and the National Sex Education Standards[60] should be key resources in these trainings.

3. Utilize only evidence-based curricular materials with developmentally and culturally responsive content.

Development of sound and effective sex education curricula is an extremely rigorous process that requires specific training and extensive field-testing and peer review. Alarmingly, groups or individuals with no relevant professional background or credentials have created a veritable cottage industry producing amateur "sex education" materials. Those materials — many of which do not reflect current research on effective sex education instruction and include false or misleading information — are marketed to districts over the Internet and through various non-medical advocacy groups. Given the enormous disparity in quality of these resources, the best course for districts to follow is to utilize only materials developed and produced by professionals in a relevant field.

Published research shows "what works" in sex education, and Texas school district officials, teachers, and SHAC members should be trained in these elements. Specifically, researchers have identified key components of sex education that can guide the work of school district officials in developing effective, local policies about adoption of sex education materials. No longer do district officials have to "guess" at what works. Research is clear about evidence-based practices to improve the overall health and well-being of young people. Organizations such as SIECUS, Gender Spectrum, GLSEN, Answer and Advocates for Youth are excellent resources. Another good resource is the federal Centers for Disease Control's "Registries of Programs Effective in Reducing Youth Risk Behaviors."[61]

4. Carefully vet all guest speakers and monitor all sex education presentations provided by outside individuals or groups, including so-called "crisis pregnancy centers."

It is not uncommon for public schools to turn to guest speakers (and outside curriculum programs) that rely heavily on ineffective strategies for sex education. Such presentations often include misleading information and/or attempt to shame or scare students into remaining abstinent. Research shows that such shame and fear-based strategies are not effective.[62]

"Crisis pregnancy centers" (CPCs), sometimes also called pregnancy resource centers, are among the most common community-based organizations that provide sex education in Texas public schools.[63] CPCs are a growing source of misinformation about sex education. Moreover, the core purpose of such organizations is to discourage and prevent people from seeking or receiving abortion care. It is simply inappropriate for public schools to invite outside organizations into sex education classrooms to misinform students and pursue an agenda that opposes teaching accurate information about a safe, legal medical procedure one in four women[64] choose as part of their reproductive health care.

As this report's recommendations make

clear, sex education should include age-appropriate discussions on abortion. For students in middle school and high school, instruction should focus on the safety, legality, availability and restrictions placed on the procedure, as well as the various religious, social and cultural reasons a person may or may not choose to have an abortion.[65]

In any case, the local School Health Advisory Council should carefully vet all guest speakers who address any topic related to sex education and the curriculum materials they use to ensure they provide reliable, medically accurate information. Though motivational or character-education speakers often market themselves as credible experts, only speakers with professional backgrounds in health education or human sexuality should speak to students about these issues.

5. Community-based organizations must ensure and demonstrate that they are providing medically accurate, inclusive instruction in schools.

This includes recognizing the substantial ethnic, language, religious and socio-economic diversity in Texas public school enrollment today. Moreover, organizations providing sex education must not assume all students in the classroom are heterosexual or cisgender and must provide information relevant to and affirming of students identifying as LGBTQ+ and gender-nonconforming.

The majority of enrollment in Texas public schools today is made up of students of color, and the percentage of students who were English language learners rose from 14.1 percent in 2000 to 16.8 percent in 2015.[66] Moreover, U.S. CDC survey data indicate that 8 percent of high school students in the United States identify as lesbian, gay or bisexual.[67] A 2017 national study estimated that 150,000 young people from 13 to 17 — or about .7 percent of that age group — identify as transgender.[68] In such a diverse environment, the needs and approaches in sexuality instruction must be inclusive and affirming of all young people. Organizations with ideological objections to providing such inclusive instruction that addresses the health and safety of all students and the unique challenges they may face should not be invited into public school classrooms that educate millions of Texas youth.

CONSULTANTS

Researchers from the Texas Freedom Network Education Fund and the Sexuality Information and Education Council of the United States (SIECUS) wrote this report. The following contributors consulted on the contents and provided recommendations.

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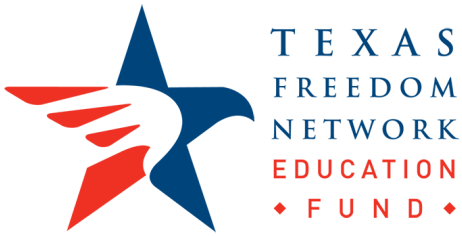

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