

**JUST
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SEXUALITY EDUCATION IN TEXAS PUBLIC SCHOOLS



TEXAS
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In 2009, Dr. Wilson was awarded the Martha Licata Service Award by the Texas School Health Association (TSHA). The American Association for Health Education (AAHE) recognized Dr. Wilson with the Horizon Award in 2008. In 2007 she was presented the Texas A&M University - Division of Health Education Alumnus of the Year Award. Over the last five years she has been recognized with presidential citations awarded by the Department of Health, Physical Education, Recreation and Dance and the College of Education at Texas State University-San Marcos. She is the proud wife of James and mother of Emma Lu.

JUST SAY DON'T KNOW

SEXUALITY EDUCATION IN TEXAS PUBLIC SCHOOLS

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A Report from the
Texas Freedom Network Education Fund



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TABLE OF CONTENTS

AUTHOR'S PREFACE	v
INTRODUCTION	1
KEY FINDINGS	
What you don't know can hurt you...	
FINDING 1: Most Texas students receive no instruction about human sexuality apart from the promotion of sexual abstinence.	5
FINDING 2: Most school districts do not receive consistent or meaningful local input from their School Health Advisory Councils (SHACs) regarding sexuality education.	11
What you do know can also hurt you...	
FINDING 3: Sexuality education materials used in Texas schools regularly contain factual errors and perpetuate lies and distortions about condoms and STDs.	17
FINDING 4: Shaming and fear-based instruction are standard means of teaching students about sexuality.	27
FINDING 5: Instruction on human sexuality in Texas often promotes stereotypes and biases based on gender and sexual orientation.	33
FINDING 6: Some Texas classrooms mix religious instruction and Bible study into sexuality education programs.	39
RECOMMENDATIONS	47
APPENDIX A: Research Methodology	51
APPENDIX B: Relevant Texas Law & Code	53
APPENDIX C: Texas' Leading Role in the Abstinence-only Movement	59
ENDNOTES	61

AUTHOR'S PREFACE

At the beginning of every semester in one of my undergraduate health classes at Texas State University, I ask my students, “How many of you feel you received quality sexuality education from either your parents or school?” Typically, I see two or three hands out of 50 students. When I ask these 18- and 19-year-old students, the vast majority of whom are products of Texas public schools, why they didn’t learn this important information, their explanations have become a familiar litany: “We skipped the sex ed chapter in high school.” “Our teacher just told us ‘don’t do it.’” “We had speakers come to school and tell us condoms don’t work.” I thought I was no longer capable of being surprised by the ignorance among our students. Then last year a sincere male student asked aloud, “What is my risk for cervical cancer?” Clearly, ignorance surrounding sexuality and health is a problem among young people today.

During the course of my career as a health educator, I have also spent a good deal of time with colleagues who teach sexuality education in public high schools around Texas. Many of these teachers will admit they are terrified of the subject and often worry they will “get fired” for teaching basic information about disease prevention and sexual health. They live in fear of the dreaded complaint from an administrator or parent. Many express frustration at being unable to speak out about sexuality when they know of many students who are involved in risky sexual behaviors.

Both the students in my classes and the teachers in our public schools seem to have picked up on an unspoken rule in our state – when it comes to sexuality education, it’s best to keep your mouth shut.

My colleague Dr. Wilson and I have long suspected this “conspiracy of silence” surrounding sexuality has created an array of interrelated problems in the way we educate students in our schools. But in a public school system with more than 1,000 districts and 1,700 high school campuses, it is hard to move beyond anecdotes and get a big picture about sexuality education. That is why we enthusiastically agreed to partner with the Texas Freedom Network Education Fund in this ambitious project to paint a broad portrait of sexuality education in our state. We knew we were entering uncharted waters. To our knowledge, a study of this magnitude had never been undertaken on this controversial topic. We also knew that such a study could possibly open us to criticism on both personal and professional levels. But two thoughts settled our resolve to proceed. First, Dr. Wilson and I are both the parents of daughters who have attended or will attend Texas public schools. And second, we live in a state with one of the nation’s highest teen birthrates and a population of young people who rate well above national averages on virtually every published statistic involving sexual risk-taking behaviors. In the end, the stakes were just too high to remain on the sidelines.

This two-year project wouldn’t have been possible without the support, dedication and hard work of several key individuals. Ryan Valentine, deputy director of the Texas Freedom Network Education Fund, was the driving force behind this project and should be commended for his ability to keep the big picture in focus throughout. Because materials dealing with constitutional issues involving religious content fall outside our educational and professional expertise, Ryan evaluated those materials and

authored Finding 6 of this report. Dan Quinn, TFNEF communications director, provided excellent editorial assistance and asked tough, yet necessary questions as we progressed through this project. Both Ryan and Dan were instrumental in keeping us on track as we tried to conceptualize and follow through on this project.

As with most research projects of this scope, a number of graduate interns played crucial roles in carrying out the actual mechanics of the survey. Onnalita Maniccia, a graduate student in health education at Texas State University, devised and managed a system for organizing the mountain of documents collected from almost 1,000 school districts. Rebecca Takahashi, Courtney O'Dell, Whitney Self and Stefanie Perry also provided invaluable assistance in gathering and cataloguing this data. Texas State University graduate students Erin Mabon, Jill Maughan, Ruben Rodriguez, Brittany Rosen and Ashley Sauls assisted with the tedious process of reading documents submitted by school districts and additional fact-checking. It is no understatement to say that we could not have handled the volume of data submitted without the organizational skills and work ethic of these dedicated students. We would also like to extend our thanks to Dr. Mark Chancey of Southern Methodist University and religious liberty attorney John Ferguson for providing helpful guidance on evaluating religious content in classroom materials. Kate Morrison of the Sexuality Information and Education Council of the United States (SIECUS) also deserves a special thanks for her help in gathering demographic data for this project.

We would also like to acknowledge the support of the Office of the President at Texas State University. President Denise Trauth and her staff had to field several irate phone calls and e-mails from superintendents who questioned our involvement in this project. It was never clear to us if these superintendents were upset over the hassle of a public information request, the subject of the request, or both. Regardless, Dr. Trauth

never once questioned our study or discouraged us from completing our work.

Special recognition and thanks are also due to the health education teachers who are on the front lines in working with students in Texas public schools. Both Dr. Wilson and I have taught in public schools and continue to teach in the Texas State University teacher education program. In addition, I have served the public schools as a member of a local School Health Advisory Council and a school board trustee. We know firsthand the challenges teachers face in working within systems that often do not support evidence-based programs. Yet they regularly do a heroic job in addressing the health education needs of Texas youth. We hope this report is a catalyst for making changes at the local level to help these teachers better do their jobs.

Finally, we would like to give a special acknowledgement to Jordan Nadler. While a student at the LBJ School of Public Affairs at the University of Texas, Jordan served as an intern for the Texas Freedom Network Education Fund during the 2007-08 academic year. Jordan was often the primary point of contact for superintendents and district officials who received our public information request. In the course of collecting information from almost 1,000 districts, she was the recipient of all manner of complaints and the occasional angry lecture. Jordan endured all of this with a good nature and a professionalism that surely was sometimes not easy to muster. This patience came from a personal investment in the improvement of public education gained through her service with Teach for America in the Houston Independent School District. Jordan died unexpectedly in 2008, and she remains at the forefront of our thoughts as we release this report. For her committed service to this project and the youth of Texas, we dedicate this report to her memory.

David Wiley
JANUARY 2009

INTRODUCTION

From a legal standpoint, the question of teaching sexuality education in Texas public schools has long been settled. The Texas Education Code (TEC) clearly indicates that sexuality education instruction must be part of the curriculum for Texas public school students. The debate now centers on what type of sexuality education should be taught. Some argue that schools should pursue an abstinence-only approach, meaning students should learn that abstinence from sexual activity is the only healthy and morally correct option for unmarried people. Under this approach, students are given no information about contraception and other means of preventing pregnancy and sexually transmitted diseases (STDs), other than perhaps failure rates of contraceptive methods. Others insist schools teach abstinence-plus, meaning sexuality education should emphasize abstinence but also include medically accurate information on responsible pregnancy and disease prevention, including contraception.

The question is not merely an academic one. In fact, viewed against the backdrop of what is happening among Texas youth today, one might argue that it is one of the most pressing public health issues facing our state. Alarming, young Texans overall rate well above national averages on virtually every published statistic involving sexual risk-taking behaviors. The Centers for Disease Control and Prevention’s 2007 Youth Risk Behavior Survey compared Texas youth with a national sample of adolescents on several sexual risk-taking behaviors.¹ A sample of the results is found below.

Such numbers should be startling to parents, educators and responsible policy-makers. The outcomes of these risky behaviors are equally disturbing. In 2006 (the most recent year for which data were available) Texas had the third highest teen birthrate in the country at 63.1 live births per 1,000 teenagers ages 15-19. (The U.S. average was 41.9.)² This figure actually increased from 61.6 births per 1,000 the year before (2005), a year in which Texas led the nation in teen birthrates.³ In addition, it is estimated that Texas taxpayers spend approximately \$1 billion annually for the costs of teen childbearing.⁴

Clearly, something is wrong in Texas.

Texas: Flagship State for the Abstinence Movement

More than a decade ago, the Texas Legislature made the decision to promote abstinence over any other method of sexuality education in Texas schools. Lawmakers revised the Texas Education Code in 1995 to explicitly mandate that abstinence from sexual activity always be presented as the preferred choice of behavior in relationships for unmarried persons of school age. While the law does not prohibit other approaches to sexuality education, state officials have been almost completely committed to an abstinence-only philosophy. This commitment is reflected in the amount of abstinence-only federal funding the state receives – more than \$18 million in 2007 alone, more than any other state in the country.⁵

It must be noted here that a growing body of evidence indicates that abstinence-only programs are ineffective

Figure A

Risk Behavior	Texas Students %	U.S. Students %
Ever had sexual intercourse	52.9%	47.8%
Currently sexually active	38.7%	35.0%
Had intercourse with four or more persons during their life	17.1%	14.9%
Did not use a condom during last instance of sexual intercourse*	43.6%	38.5%

*Among students who were sexually active at the time

in changing teen sexual behavior. The most extensive longitudinal study of the behavioral impact of abstinence-only programs to date – by Mathematica Policy Research Inc. in 2006 – found that youth who participated in four evaluated programs were no more likely than youth not in the programs to have abstained from sex in the four to six years after they began participating in the study. Youth in both groups who reported having had sex also had similar numbers of sexual partners and had initiated sex at the same average age.⁶ Likewise, a longitudinal study conducted by researchers at Texas A&M University of state-funded funded abstinence education contractors in Texas found these programs to be ineffective in reducing middle school and high school youths’ intention to have sex before marriage. Although program personnel were committed to using effective curricula and developing positive relationships with students, a majority of the programs were using curricula that had factual inaccuracies or misleading information.⁷ Additional national studies have reported similar results.^{8,9}

Previous studies have also documented serious and pervasive problems with the accuracy of prominent federally funded, abstinence-only curricula. In 2004, California Congressman Henry Waxman of the U.S. House Committee on Government Reform examined abstinence-only sexuality programs and found them rife with distortions and false and misleading information. The congressional report found specifically that abstinence-only curricula contain scientific errors, present false information about the effectiveness of contraceptives, treat stereotypes about girls and boys as scientific fact, and often blur the line between science and religion.¹⁰

A Portrait of Sexuality Education in Texas Schools

Even as this mounting research evidence questioning the effectiveness and accuracy of abstinence-only sexuality education has caused other states to pull back from this approach, state policy-makers in Texas have remained stubbornly committed to it. But what does this policy look like when implemented in public school classrooms across the state? The answer, until now, was “no one really knows.” Texas has more than 1,000 school districts, which overall reflect an amazing diversity in terms of enrollment, size and location of the surrounding community, culture, ethnicity and race. Under the concept of local control, each district has a great deal of latitude in decisions about how to approach sexuality education. While state policy and curriculum standards establish general guidelines,

each local board of trustees decides how schools will teach about human sexuality. In addition to state-approved health textbooks, districts may also utilize programs created by outside organizations, guest speakers from outside agencies and their own “homegrown” materials for sexuality education. Clearly, broad generalizations about sexuality education in Texas based strictly on state policy are not sufficient to describe what actually happens when the policy is implemented in school classrooms.

In order to move beyond general studies that look at state-level policy or a sample of large abstinence-only programs, we decided to undertake a project that had never before been done: a comprehensive study of sexuality education in all of Texas’ public school districts. To collect this information, we contacted every district in Texas with a request for information about their sexuality education instruction. Because the request was made under the Texas Public Information Act, districts were required by law to turn over all relevant documents. In the end, 990 districts complied with the request, which means we received documents from over 96 percent of the state’s public school districts.

This report is based on the review and evaluation of tens of thousands of original documents returned from these districts: curricular materials, student handouts, speaker presentations, board policies, School Health Advisory Council (SHAC) minutes, and other relevant documents. Examples and statistics included in these pages are not speculative. We culled them from actual documents turned over by school districts or directly from outside programs that districts indicated they utilize.

After extensive review of this collection of materials, we can now say with certainty the following about the state of sexuality education in this state. Abstinence-only programs have a stranglehold on sexuality education in Texas public schools. An overwhelming majority of Texas school districts – more than 94 percent – do not give students any human sexuality instruction beyond abstinence. Additionally, just over 2 percent simply ignore sexuality education completely. What is left is a miniscule 4 percent of Texas school districts that teach any information about responsible pregnancy and STD prevention, including various contraceptive methods.

These statewide statistics, however, tell only part of the story. We discovered that SHACs are not fulfilling their

state-mandated role of providing community input into sexuality education instruction decisions for local school districts. More than 80 percent of school districts could not produce any formal SHAC recommendations on sexuality education instruction. Even more alarming, the quality of many abstinence-only programs used in Texas classrooms is shockingly poor. Classroom instruction is plagued by blatant errors of fact mixed with misleading information. Curricular materials commonly rely on scare tactics and shaming to teach students about sex. Outdated gender stereotypes and unconstitutional religious content find their way into instructional materials. The examples are numerous and widespread:

- misstatements downplaying the effectiveness of condoms in preventing pregnancy and sexually transmitted diseases (STDs);
- presenting exaggerated, “worst case” scenarios in attempts to scare students away from having sex;
- a lack of information about screening and treatment for STDs;
- shaming messages that suggest sex is somehow “dirty” and “immoral,” while unmarried people who are virgins are somehow “better” than those who have had sex;
- undocumented/uncited statements presented as “facts”; and
- religious messages (in some cases promoting religious discrimination) mixed with abstinence-only instruction.

These and other specific examples are highlighted throughout this report.

In short, based on the documents provided by Texas school districts, it is the professional opinion of the authors of this report that our schools are failing Texas families by turning out generations of sexually illiterate young people at a time of high rates of teen pregnancy and STDs. The broad findings in this report, while very disturbing, may not be wholly surprising to many in the health education field. Still, this study provides the first specific, in-depth examination of what is happening in classrooms, beyond the boardrooms where policy is established and companies where textbooks are developed and published.

Public opinion research shows that even in a state like Texas, famous for its conservative politics and religion,

most parents want their children to get information on abstinence and effective methods to prevent unintended pregnancy and sexually transmitted diseases. An August 2004 Scripps Howard Texas Poll found that 90 percent of Texans support “teaching students with age-appropriate, medically accurate sex education that includes information on abstinence, birth control, and prevention of sexually transmitted diseases.”¹¹ Other polling has found similarly strong levels of support among parents nationwide for medically accurate sexuality education that moves beyond simply promoting abstinence.^{12, 13} It is fair to ask, then, why abstinence-only policies have such an iron grip on Texas public schools. We hope more parents will insist that their elected officials and local school administrators answer that question and adjust public policies accordingly.

This study will show how much work must be done to achieve that goal.

FINDING I: MOST TEXAS STUDENTS RECEIVE NO INSTRUCTION ABOUT HUMAN SEXUALITY APART FROM THE PROMOTION OF SEXUAL ABSTINENCE.

Texas has long been held up as the poster child for abstinence-only sexuality education. This is not without justification. The Texas Education Code explicitly mandates that abstinence from sexual activity always be presented as the preferred choice of behavior in relationships for unmarried persons of school age. Further, Texas consistently leads the nation by a wide margin in federal abstinence education dollars – more than \$18 million in 2007 alone. (The state ranking second received just over \$13 million.)¹⁴ Indeed, by most previously available measures, Texas is the flagship state for the abstinence-only movement. What has not been known until this study, however, is how thoroughly the abstinence-only message has permeated into Texas school classrooms. After reviewing materials used in nearly every district in the state (990 out of 1,031, a 96.0 percent response rate), we can now say with certainty the following about the state of sexuality education in Texas:

“Abstinence-only programs have a stranglehold on sexuality education in Texas public schools.”

An overwhelming majority of Texas school districts – 94 percent – do not give students any human sexuality instruction beyond abstinence. Moreover, a small minority of school districts – just over 2 percent – ignore sexuality education completely. (See *Figure B*.) When you look at current enrollment figures for districts that teach exclusively abstinence (or nothing), you are left with

this sobering fact: more than 3.7 million Texas students currently attend school in a district where they will not encounter even the most basic information about how to protect themselves from unintended pregnancy and sexually transmitted diseases (STDs).¹⁵

While much of the remainder of this report will focus on concerns about what Texas students do learn in sexuality education lessons, this chapter wrestles with the equally significant problem of what they do not learn.

Ignoring Sexuality Education: ‘We Don’t Teach That Out Here’

Data collected for this survey revealed that 2.3 percent of school districts in Texas simply ignore sexuality education altogether. While the public information request each district answered for this study did not require an explanation for their decisions, many district officials seemed more than happy to share. Avoidance of controversy is the most common reason for censoring discussion of sexuality education. The superintendent from a small district in north Texas commented that “sexuality education is a very controversial issue” in his community. Unfortunately, the potential for controversy in the community is reason enough for some districts to skip the subject altogether. Recalling his biology teaching days, the superintendent admitted, “I know this is the cowardly way out, but when I taught biology I never got to the anatomy part.”¹⁶

Often the decision to withhold information about sexuality education is more explicitly linked to perceptions about prevailing religious or political opinion in the

community. An official from a school district in the Texas Panhandle was speaking for more than just his small district when he said:

I'm not quite sure what to do about this [public information] request. We're a small, conservative school in the Panhandle. We don't cover any of this information. If we did, I don't think I'd be the principal out here very long. We're a conservative, Christian community, and the parents handle that. I know the state says we have to cover this information, but we fly under the radar.¹⁷

A fax from a school district east of San Antonio echoed this sentiment from a Catholic perspective:

[Our town] is a small community, made up of mostly Catholics. Because of this, the ISD does not teach sex education, other than our school nurse who talks with 6th-grade girls about puberty. . . . We do have a high school textbook, however, we always skip the chapter regarding sex education.¹⁸

An interim superintendent at a small Central Texas district had the most interesting response in his e-mail:

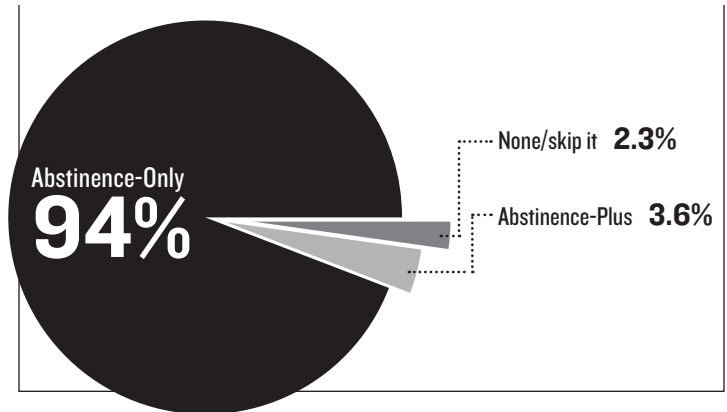
[We are] a small school with 301 students in grades PK to 12. Most of these kids live on a farm or have animals they feed and care for. They get a pretty good sex education from their animals.¹⁹

For the record, he was not alone. Another central Texas superintendent also reported that farm animals provide reliable sexuality education for students in his district.²⁰ We found it interesting that some officials seemed to interpret "sexuality education" as mostly a "how to" discussion. Given that Texas has one of the highest teen birthrates in the nation, clearly many of our young people already know "how to." What those young people clearly do not know is information about making responsible decisions with regard to pregnancy and disease prevention – a key component of effective sexuality education programs. In addition, sexuality education covers much more than information about sexual intercourse. For example, quality sexuality education programs include a focus on communication, decision-making, healthy relationships and other related topics.

In a candid, yet disturbing, conversation with Texas Freedom Network Education Fund staff on October

Figure B

Sexuality Education Materials in Texas Public Schools



31, 2007, a superintendent from a small district in west central Texas commented:

We're a small rural school district, and we don't follow laws we disagree with. Drug problems only arose when we started teaching about drugs, and if you teach kids about sex, kids will start having sex.

He further noted that they "don't have any problems with teen pregnancy" in the district. The reason he gave for such well-behaved teens is that "kids get smacked if they don't behave." He concluded without a trace of irony that he "would be surprised if there was a sixth-grader (in his district) that had been kissed."²¹

The primary reason school districts can ignore sexuality education is that the state does not routinely monitor whether or not districts follow the Texas Education Code. Consequently, school districts face no real penalties or sanctions if they choose to ignore sexuality education. Not only is there lax oversight at the state level, we now know that most school districts do not receive regular or reliable sexuality education input from their state-mandated School Health Advisory Councils (based on responses from school districts documented in Finding 2 of this report). Such a dynamic – lack of local or state-level accountability – allows these school districts to openly disregard elements of the education code and leave sexuality education out of the curriculum. Such actions perpetuate a "conspiracy of silence" that surrounds sexuality education in Texas.

Abstinent or Absent: Missing Information in the Classroom

While a small minority of students attend districts that deliberately censor sexuality education altogether, the

vast majority of Texas students attend school in districts where they hear an abstinence-only message – and nothing else. What does it mean to say that 94 percent of Texas schools adhere to a strict abstinence-only message? Abstinence-only sexuality education programs present abstinence as the only choice of acceptable behavior for unmarried youth. This is commonly understood. What is not so well known is the information that is not included in abstinence-only programs. The Sexuality Information and Education Council of the United States (SIECUS) notes that abstinence-only programs “rarely provide information on even the most basic topics in human sexuality such as puberty, reproductive anatomy, and sexual health.”²² The curricular materials, speakers and resources Texas districts provided for this study confirm this conclusion. In most of these materials, basic information about sexuality is omitted altogether. There is little to no information provided about anatomy and physiology, puberty, menstrual/ovulation cycles, planning of pregnancies, stages of pregnancy, signs and symptoms of STDs, how and where to be tested for STDs, effective methods of preventing pregnancies and STDs, and other related topics. The typical Texas classroom replaces a full discussion of these subjects with a mixture of personal opinion disguised as facts and character education and other self-esteem programs substituting for true sexuality education instruction. Though adherence to abstinence-only principles varies from program to program (and teacher to teacher), extensive coverage of basic sexual health information is the exception rather than the rule in the 94 percent of school districts that restrict their instruction to abstinence.

Some might argue that basic sexual health information is covered in the health textbook and, thus, there is no need for supplementary sexuality education programs to include this information. It is true that the state-approved health textbooks include basic anatomy and puberty information. However, effective sexuality education programs go well beyond minimal anatomy lessons, particularly pertaining to the symptoms and diagnosis of STDs and where to be tested for STDs and pregnancy. This information is nonexistent in most abstinence-only materials in Texas classrooms. Further, sexuality education is but one topic in health education instruction that must be covered in a one-semester, 18-week course in high school. Actual instruction time truly dedicated to sexuality education beyond the textbook is certainly limited, and there was no evidence provided by districts that showed any attempts to correlate the “basic” information in the textbooks with

information provided by outside speakers/programs. By far the most dangerous deficiency in abstinence-only programs is their well-documented aversion to any information about contraception and family planning. In most abstinence-only school districts, students learn nothing about the advantages and limitations of different methods of birth control, how to make contraception decisions, questions to ask a doctor about birth control, and similar issues. In fact, messages about family planning are either omitted or discussed in a negative tone. (False and misleading information about the efficacy of condoms and other contraceptives is discussed at length in Finding 3 of this report.)

The Texas Essential Knowledge and Skills (TEKS), or state curriculum standards, actually acknowledges the importance of covering this information. The TEKS for high school health courses states that students should be able to “analyze the effectiveness and ineffectiveness of barrier protection and other contraceptive methods including the prevention of Sexually Transmitted Diseases (STDs), keeping in mind the effectiveness of remaining abstinent until marriage.”²³ Unfortunately for Texas students, even the most rudimentary coverage of “barrier protection” is as an extremely rare occurrence. All but a handful of districts completely ignore this important provision in the curriculum standards.

Materials turned over for this study revealed that the five most commonly used vendor-supplied sex education programs in Texas are all abstinence-only providers:

- *Scott & White Worth the Wait*
168 districts (17.0%)
- *Aim for Success*
150 districts (15.2%)
- *Choosing the Best*
89 districts (9.0%)
- *W.A.I.T. Training*
53 districts (5.4%)
- *Me, My World, My Future (Teen Aid)*
28 districts (2.8%)

Aim for Success, an abstinence speaker bureau based in Dallas, typically provides no information about basic anatomy and physiology, puberty, menstrual and ovulation cycles, pros and cons of various methods of birth control or any other basic sexuality education information. Instead, *Aim for Success* speakers provide motivational “pep talks” for abstinence, breezing past foundational

information. Speakers refer to contraceptives – if they do so at all – exclusively in terms of their failure rates without providing key information as to what commonly causes contraceptives to fail (user error).²⁴

Scott & White Worth the Wait – another popular commercial program that is the most widely used curriculum in Texas school districts – does include some of the basic components of sexuality education (such as brief sections on anatomy, puberty and menstrual cycles). Yet the curriculum discusses only the drawbacks and limitations of birth control while vaguely and briefly suggesting STD testing.²⁵ Missed is the opportunity to emphasize the role of routine STD screenings, as well as how to locate health care providers and what to expect when seeking services from these providers.

In short, a student in one of the 96 percent of Texas secondary school classrooms that either ignore sexuality education (2.3 percent) or have a strict abstinence-only program (94 percent) graduates without any classroom instruction on:

- condoms or any other form of contraception (except possibly in terms of failure rates, which are regularly distorted or exaggerated – see Finding 3);
- basic family planning information, such as benefits and limitations of various birth control methods, stages of pregnancy and spacing of births; and
- signs, symptoms and treatment options for sexually transmitted diseases.

It is worth noting that the 2007 Youth Risk Behavior Survey revealed that 51 percent of Texas female high school students and 55 percent of male high school students reported having engaged in sexual intercourse at least once.²⁶ As health educators, the authors of this report would say the aforementioned list constitutes the minimum information sexually active teens should have in order to protect themselves from pregnancy and disease. Given Texas' high teen birth and STD rates, it seems clear that many young people are not receiving that information either from their families or, we now know with certainty, from their school curriculum. This is a serious public health concern. Moreover, even students who are not sexually active need this information. Developing a healthy view of one's sexuality is a normal stage of adolescent growth and development. After all, the overwhelming majority of people become sexually active at some point

in their lives, whether at 17, 27, 37 or even later. The real question is whether our young people will learn the life-protecting information they need from reliable or unreliable sources.

A Texas-sized Myth: 'The Textbook Covers Sexuality Education'

Approximately 29.4 percent of Texas school districts report that state-approved health textbooks are the sole source of sexuality education information in their schools. (That is, these districts did not report the use of any outside speakers, programs or other supplementary materials.) On one level, this is not surprising. Relying exclusively on the textbook as a "curriculum" is not unusual for most subjects taught in Texas public schools. Indeed, in most subject areas the textbook covers all the state-approved content outlined in curriculum standards. Sexuality education, however, is a glaring exception. In fact, high school health education textbooks in Texas are woefully inadequate in addressing sexuality education.

Seeking to avoid previous political battles over providing information on contraception and disease prevention in health textbooks, publishers simply self-censored the health education textbooks they submitted for the 2004 Texas adoption process. Consequently, abstinence-only sexuality education is presented as the only option in all the books except one (*Essentials of Health and Wellness*, Thomson/Delmar Learning). That particular health textbook – which our research revealed is used by less than 1 percent of school districts in the state – mentions the word "condom" exactly one time. Though a single mention of condoms as protection against unintended pregnancy and STDs is a far cry from a comprehensive approach, it does surpass the three other textbooks, which fail to mention the word "condom" or any other form of contraception or method of disease prevention except abstinence from intercourse or other sexual behaviors. The high school health textbooks approved for use in Texas classrooms are:

- Glencoe/McGraw-Hill: *Health*;
- Glencoe/McGraw-Hill: *Health and Wellness*;
- Holt, Rinehart and Winston: *Lifetime Health*; and
- Thomson/Delmar Learning: *Essentials of Health and Wellness*.

An examination of the health textbooks clearly shows that these books do not address TEKS 7I ("Analyze the

effectiveness and ineffectiveness of barrier protection and other contraceptive methods including the prevention of Sexually Transmitted Diseases [STDs], keeping in mind the effectiveness of remaining abstinent until marriage.”) in an even remotely satisfactory manner. In addition to ignoring condoms and other methods of responsible birth control and disease prevention, the state-approved textbooks also contain factually inaccurate information. Glencoe’s *Health* – the most widely used health textbook in the state – provides a list of “High-Risk Behaviors and STDs” that includes the following passage:

Engaging in either unprotected or protected sex. Barrier protection is not 100 percent effective in preventing the transmission of STDs, and it is not effective at all against HPV – the human papillomavirus. Abstinence from sexual activity is the only method that is 100 percent effective in preventing STDs.²⁷

First, students will find no definition of barrier protection anywhere in the textbook. In addition, the statement that barrier protection is “not effective at all against HPV” is simply inaccurate.* Most alarming, however, is the statement that even “protected sex” is a high-risk behavior – a reckless claim that flies in the face of mainstream public health advice and could discourage young people who choose to become sexually active from taking any precautions at all. The fact that a state-approved health textbook would provide such irresponsible information should be worrisome to every parent, even if it was not worrisome to the State Board of Education that approved it.

Textbook publishers rightly point out that more complete sexuality education information is found in the teacher’s editions and student supplements. However, only a handful of districts indicated in their responses to our public information request that they utilize one of the supplements for high school health textbooks – a microscopic 33 districts (or 0.03 percent). This is possibly because many health education teachers and curriculum directors are not even aware of the existence of the student supplements; thus these texts are never

ordered for students or teachers. As for teacher editions of the textbooks, students are unlikely ever to have access to those books or to the very limited information about contraception and disease prevention they contain.

Student textbooks do, however, extensively present the abstinence-only perspective by teaching about concepts thought to be associated with sexuality education such as character education, improving self-esteem, healthy marriages and choosing good friends. While these are important and appropriate skills for students to learn, this type of instruction is not sexuality education. Moreover, there is little support in the professional literature for the efficacy of developing self-esteem as a deterrent to risk-taking behaviors among youth.**

Lifetime Health from Holt, Rinehart and Winston provides a perfect illustration of the dangers of substituting one of these related skills (such as choosing good friends and developing appropriate decision-making skills) for sexuality education in a section titled “8 Steps to Protect Yourself from STDs.” None of the recommended steps includes using barrier protection or other mentions of condoms or disease prevention. The textbook does, however, suggest that students “get plenty of rest” so that they make better decisions.²⁸ This would be laughable if protecting students from STDs were not such a serious issue.

Simply put: in the 291 school districts that report the textbook as the only source of information for teaching sexuality education, students get no information about condoms or other methods of birth control – and those who use Glencoe’s *Health* textbook receive incorrect information.

Conclusions

These new data beg a pressing question: why has abstinence-only education achieved such a complete monopoly in Texas schools, particularly given that state law permits school districts to offer more responsible and complete information, studies show that abstinence-only programs are ineffective and public opinion in the state favors an abstinence-plus approach?²⁹ Although the data

* Though the exact efficacy of condoms in preventing HPV infection is still being investigated, to state “condoms don’t reduce your chance of getting infected with HPV” is inconsistent with medical research and CDC position statements. A more complete discussion of condom efficacy and HPV may be found in Finding 3 of this report.

** Research shows risk-taking declines through increasing one’s self-efficacy (i.e. “I can perform this behavior”), not necessarily through improving self-esteem. Research has indicated that youth who develop self-efficacy skills are more likely to resist peer pressure and less likely to have initiated sexual intercourse. See especially Kirby D, Roller LA, Wilson, MM, “Tool to Assess the Characteristics of Effective Sex and STD/HIV Education Programs,” Washington, DC: Healthy Teen Network; 2007. And Kirby D. Emerging Answers 2007: Research Findings on Programs to Reduce Teen Pregnancy and Sexually Transmitted Diseases, Washington, DC: The National Campaign to Prevent Teen and Unplanned Pregnancy, 2007. And Dolcini MM, Canin L, Gandelman A, Skolnik H. “Theoretical domains: A heuristic for teaching behavioral theory in HIV/STD prevention courses,” Health Promotion Practice, 2004; 5(4): 404-417. And Dilorio C, Resnicow K, Thomas S, Wang DT, Dudley WN, Dudley WN, Van Marter DE, Lipana J. Keepin’ it R.E.A.L.!: Program description and results of baseline assessment, Health Educ Behav., 2002; 29(1): 104-123.

gathered from school districts did not explicitly answer the “why” question, a recurring theme emerged – school districts are surprisingly uninformed about the law. It is a common misperception among teachers and administrators that “Texas is an abstinence-only state” (with “only” being the overriding directive). That is simply false. Neither the education code nor any other statute requires schools to present abstinence to the exclusion of other information or pedagogical strategies. According to state guidelines, abstinence is to be emphasized, but districts are not restricted to abstinence-only instruction. This crucial distinction has been widely misunderstood – perhaps deliberately, in some cases – and as a result, districts are unnecessarily penalizing students by withholding medically accurate, age-appropriate information about contraception and other proven strategies for protecting against unintended pregnancy and disease.

This fact is now beyond dispute: the overwhelming majority of Texas students receive credit for completing the health education requirement, graduate from high school, and enter into young adulthood with no formal school-based instruction on potentially life-saving information about preventing sexually transmitted diseases and unintended pregnancies (other than through abstinence). Texas students deserve more than a “technical” education in human sexuality as they strive to become healthy, productive adults in a complicated 21st-century world.

SEXUALITY EDUCATION: A Demographic Portrait of Texas

Texas is a big state, as most Texans are fond of pointing out. Yet Texas is also an extremely diverse state, particularly in terms of race, ethnicity and where people live (rural vs. urban). The state’s public school system naturally reflects this diversity. As a result, one might reasonably wonder whether any broad statements about sexuality education in “Texas classrooms” apply equally to the massive, urban district in a city like Houston and to a very small, rural district in far West Texas. Similarly, do such general statements apply to one of the state’s 230 majority Latino districts as well as to a majority Anglo district on the other side of the state?

As it turns out, the answer is both yes and no. When the data collected from schools are controlled for race/ethnicity, a remarkably consistent approach to sexuality education instruction emerges.

Race/Ethnicity and Sex Education

	% Abstinence-Only	% Abstinence-Plus	% Ignore
Statewide	94.0	3.6	2.3
Majority Latino (230 districts)	89.6	8.7	1.7
Majority African-American (16 districts)	87.5	0	12.5
Majority Minority (361 districts)	90.9	6.6	2.5
Majority Anglo (627 districts)	95.9	1.9	2.2

Interestingly, the predominant race/ethnicity of student enrollment in a district is nearly irrelevant when it comes to the content of sexuality education programs in Texas. Roughly nine out of ten districts restrict sexuality instruction to abstinence-only no matter the predominant ethnicity of their students. In particular, the abstinence-only figures for “majority minority” districts (90.9 percent of 361 districts) and majority Anglo districts (95.9 percent of 627 districts) are strikingly similar, and both are close to statewide averages. The one noteworthy variation is that not a single district with a majority African-American student population provides information beyond abstinence.

What about large, urban districts vs. small, rural districts? Controlling for district size does reveal a noteworthy variation in the data.

District Size and Sex Education*

	% Abstinence-Only	% Abstinence-Plus	% Ignore
Statewide	94.0	3.6	2.3
Urban (Largest 50 districts)	80.0	18.0	2.0
Rural (Smallest 50 districts)	84.0	0	16.0

*All of the state’s 50 largest districts are located in or overlap a metropolitan area (MSA), qualifying them as “urban” districts. Likewise, none of the 50 smallest districts are near an MSA. All of these are characterized as “rural.”

The size and location of a school district does affect the likelihood a student will encounter more comprehensive information (abstinence-plus). Students in large, urban districts still largely hear an abstinence-only message, but close to one in five districts include more comprehensive information. That is a substantially higher rate of abstinence-plus education than the state average. Compare that to rural areas, where we did not find a single instance of any information beyond abstinence among the state’s smallest districts. Worse still, 16 percent of these small, rural districts forgo sexuality education altogether.

FINDING 2: MOST SCHOOL DISTRICTS DO NOT RECEIVE CONSISTENT OR MEANINGFUL LOCAL INPUT FROM THEIR SCHOOL HEALTH ADVISORY COUNCILS (SHACs) REGARDING SEXUALITY EDUCATION.

Sexuality education in Texas public schools has long been a controversial subject and continues to generate passionate debate. What to teach and the appropriate grades at which to teach sexuality education are persistent dilemmas for state education leaders and politicians, as well as local school district officials, teachers and parents.

The Texas Legislature did not clearly define the roles of the Texas Education Agency and local school districts in dealing with this topic until the passage of Senate Bill 1 (SB 1) in 1995. (See Appendix B: Relevant State Law & Code.) SB 1 was a “rewrite” of the Texas Education Code (TEC) and included the requirement that every school district establish a School Health Advisory Council (SHAC). SB 1 included general guidelines for sexuality education instruction, but lawmakers also charged SHACs with providing recommendations to local boards of trustees for such instruction. Though the original role of SHACs was to focus exclusively on sexuality education, the Legislature has amended the statute several times, expanding the responsibilities of these councils to include other components of the coordinated school health program.

The Texas Education Code provides instructional parameters for sexuality instruction in public schools. The statute requires districts to emphasize abstinence over all other methods of preventing pregnancy and the transmission of STDs. If school districts choose to teach about condoms and other forms of contraception related to pregnancy and disease prevention, the law sets out requirements for how the effectiveness of those other methods should be presented. Though such detailed state regulations would normally be considered a “top-down mandate,” the actual decision about what to teach

in sexuality education is made by the local school board – supposedly with the advice of the SHAC – under the concept of “local control.” This governing structure is an unusual mixture of top-down mandates with local decision-making.

Many health educators have long suspected that this divided structure results in an inconsistent hodge-podge of sexuality education instruction that varies widely from school district to school district. The information school districts provided for this report confirms that suspicion; however, the quality of instructional materials and information is even more inconsistent and diverse than previously imagined. If lawmakers intended SHACs to ensure appropriate content and instruction in the classroom, data gathered for this report would indicate that this experiment in local control must be judged a failure.

SHACs – Missing in Action

In the 14 years since SB1 established SHACs, the state has not engaged in a comprehensive examination of how – or even if – SHACs are fulfilling their statutory obligation to provide local input on sexuality education decisions. After reviewing information turned over by Texas school districts for this study, however, we now know that the ideal of local input on sexuality education is largely a myth. The aggregate results of this research revealed some eye-opening realities about the function – or lack thereof – of SHACs:

- o Almost two-thirds (64.7 percent) of school districts indicated that their SHACs had not discussed the topic of sexuality education in the previous three years. (This was the case even though public schools

- purchased new textbooks for health classes in early 2005, a decision that ideally should have involved significant input from SHACs.)
- Worse, 80.5 percent of school districts could not produce any formal SHAC recommendation on sexuality education instruction, regardless of date. This means more than three-quarters of Texas school boards passed policies, adopted curricula and contracted with providers without any formal advice from their local SHACs.
 - Almost a quarter (24.8 percent) of districts reported no formal policy at all governing sexuality education. Teachers in these schools must address the sensitive topics surrounding human sexuality with no guidance – or protection – from a policy adopted by the local school board.

Because state policy presumes local community input via a SHAC, the obvious question is how school districts in Texas can conduct sexuality education instruction in the absence of any such input. In other words, how does a local school district comply with state law if its respective SHAC is not meeting regularly or does not even exist? The legislative intent of TEC 28.004 provides for local involvement in determining sexuality education instruction practices, but our research revealed ample evidence that the majority of Texas school districts ignore this requirement.

Providing Questionable Advice

A primary duty of a SHAC is to recommend the number of hours of instruction, appropriate grade levels and methods of instruction for human sexuality education. However, even among the minority of school districts that have a functioning* SHAC, it is rare indeed to find examples of informed, evidence-based recommendations regarding sexuality education instruction. The TEC includes no requirements that SHAC members have a background in health education, sexuality education, medicine, child development, curriculum evaluation or any other professional background or training that helps prepare the council to make informed recommendations to the local board of trustees. There is little wonder, then, that the materials returned for this study vary greatly in quality. We found numerous examples of SHAC members making recommendations about curriculum selection, pedagogical strategies, and age-appropriateness of material without any evidence of formal training in these areas.

* For purposes of this study, the term “functioning” denotes any SHAC that meets on a regular basis and demonstrates an effort to address the issues assigned in the Texas Education Code.

** Though the exact efficacy of condoms in preventing HPV infection is still being investigated, to state “condoms don’t reduce your chance of getting infected with HPV” is misleading and inconsistent with CDC position statements. See Finding 3 of this report for a fuller discussion of HPV and condom efficacy.

The lack of concrete guidance in the law, combined with the absence of trained local members, often results in SHAC recommendations that are inconsistent, contradictory and not based on current research in effective sexuality education programs.

Eanes ISD (in Austin) provides a good example of how a lack of training on local SHACs can result in inconsistent and even conflicting messages in a single school district. The Eanes SHAC recommended for use two documents that directly contradict each other. One document, “Condoms: What’s Still at Risk” from the *Medical Institute of Sexual Health*, makes this misleading statement:

Condoms don’t reduce your chances of getting infected with HPV, though they may slightly reduce your risk of getting genital warts or cancer.³⁰**

Yet the same SHAC also approved an article from *Current Health 2* magazine that states:

Today’s condoms, though, are extremely effective at reducing the risks of pregnancy and STIs (sexually transmitted infections).³¹

Approval of both documents places teachers in the awkward position of explaining which is the “approved” message regarding condom efficacy. This sort of inconsistency in content is not uncommon in Texas school districts. Glen Rose ISD, for instance, utilizes a Planned Parenthood theater troupe (*TeenAge Communication Theater*) that presents sexuality education from an abstinence-plus (i.e. abstinence plus contraception) perspective. The same district also provides students with a presentation called *Truth For Teens*, which is a strict abstinence-only program sponsored by Cross Timber Pregnancy Care Center.³² Ector County ISD

SHAC Facts:

65% of Texas school districts reported that their SHACs had not discussed the topic of sexuality education in the previous three years.

81% of school districts could not produce any formal SHAC recommendation on sexuality education instruction, regardless of date.

25% of districts have no formal policy at all governing sexuality education.

(Odessa) in West Texas has lurched back and forth in recent years between a comprehensive curriculum with a strong emphasis on contraception (*Dreamcatcher*) and an extremely restrictive abstinence-only program (*Teens Are Saying kNOW*) that teaches students “condoms offer virtually no protection against the most common STI’s.”³³ (See “When Politics Trump Health” on page 16 for further discussion of Ector County ISD.)

The lack of expertise of SHAC members also affects compliance with relevant state law. The SHAC for Anahuac ISD in Southeast Texas, for example, provided documentation of thoughtful and deliberate decision-making that might otherwise be characterized as a “model” SHAC. Yet the SHAC also made a recommendation that misconstrues state law. The approved SHAC minutes from a February 19, 2007, meeting state that “under the law” parents must “grant permission for their child to participate in human sexuality instruction.”³⁴ In fact, the law actually states that parents “must be informed of the basic content of human sexuality education instruction” and parents have the right to “opt out” their children from instruction.³⁵ There is no legal requirement that parents give “permission” (i.e. “opt-in”) for their children to receive sexuality education instruction. Local school districts have the option to create a local opt-in policy, but the state does not require such a process. Health educators generally regard opt-in policies as barriers to instruction. Such policies are also a bookkeeping nightmare for school district administrators and teachers. In any case, the vast majority of Texas parents do not object to sexuality education that includes information on both abstinence and contraception,³⁶ and opt-in policies serve only to deny instruction to students who fail to make it home with the permission slip or return the signed permission slip from their parents or guardians. Nevertheless, the Anahuac ISD SHAC proceeded to make local policy decisions based on an incorrect interpretation of state law.

Our research also found that SHACs sometimes act in ways that put the discomfort some teachers might feel with the topic of sexuality education above the health interests of students. One such case is in Electra ISD in North Texas. “Presenters and teachers have the right to avoid discussion of any subject which makes them uncomfortable,” according to a recommendation from a 1998 SHAC meeting in that district.³⁷ (Electra ISD provided no evidence that this policy was reconsidered or rescinded at a later date.) However well-meaning the intent of this policy, one can easily imagine the sorts of ideological censorship that could be justified under this

subjective standard. Potentially, a teacher could find any information about pregnancy or STD prevention to be objectionable or otherwise uncomfortable for him or her personally. The implication for such a policy is that students receive instruction based not on established curriculum standards for the topic, but rather on the personal comfort level of the teacher. Such practices add to a conspiracy of silence surrounding sexuality education instruction.

In a worst-case scenario, a SHAC recommendation can actually put the school in legal jeopardy. In Holliday ISD in North Texas, for instance, the SHAC recommended Debbie Koen’s *Hot Topics* program to the local school board. The SHAC reviewed an outline for this presentation that instructed students to consider “Whose Opinion Counts: Self, God, and Parents.” It also included a section on “Gods [sic] standard for dating.”³⁸ The obvious religious content in this material should have raised a red flag for SHAC members. Instead, they unanimously recommended it to the board and potentially placed the district at risk of a First Amendment lawsuit.

Likewise, the SHAC minutes at Joshua ISD indicate that two members attended a presentation entitled *Wonderful Days: Sexual Purity Presentation*. Based on a report from these members, the SHAC recommended the district also include this program. *Wonderful Days* is an explicitly Christian organization whose materials are full of biblical references intended for a sectarian religious audience, as even a quick check of its materials makes clear. The Web page for its programs trumpets:

The young girls in our nation have an essential role. They are extra-special. If they fail, then future families and our nation will fall. If they succeed, families, communities, and our nation will stand and will stand strong. They are a nation’s last line of defense! Need proof? Leviticus 19:29.³⁹

Whether intentional or not, individual SHAC members do sometimes bring certain religious and ideological agendas to their task, and those agendas regularly find expression in Texas classrooms, placing school districts at risk of litigation. (See Finding 6 of this report for a discussion of inappropriate religious content in sexuality education programs in Texas.)

Finally, only a handful of the state’s districts produced SHAC minutes or other materials that demonstrated a familiarity with current research into effective sexuality

information programs. Time and again we read through the deliberations of functioning SHACs that, with no apparent awareness of any problem, recommended programs full of factual errors, misleading information about contraception and STDs, inappropriate religious content and all manner of other flaws (all of which are explored in great detail in Findings 3-6 of this report). In an ideal world, every SHAC would engage in informed discussions, using contemporary research that results in sound, evidence-based decisions about effective sexuality education programs. That world might exist somewhere, but it's not Texas.

Getting It Right

It is important to note that nothing in this finding is intended to denigrate or diminish the service of community members, parents or school district employees who serve on their local SHACs. Many of these volunteers regularly do excellent – and often thankless – work across a range of issues related to student health. We discovered a number of examples of solid, functioning SHACs, including a few councils that demonstrated excellent diligence and leadership in fulfilling their responsibility to provide meaningful input to school boards and district administrators. These examples prove that with a committed, deliberate effort on the part of the school district, a SHAC can play a vital role in making certain schools provide responsible sexuality education.

Specifically, the Fort Worth ISD SHAC should be noted for its exemplary work in dealing with sexuality education. In its unanimous recommendation to the school board dated May 23, 2006, the Fort Worth ISD SHAC notes:

The current program, while providing information relating to all relevant areas of sexuality and personal responsibility, promotes abstinence as the most appropriate and effective means of contraception, but also provides relevant and necessary information regarding other means of contraception and disease prevention in a thoughtful and non-judgmental way. The council believes it is imperative that the high school age children in the district be armed with as much information as possible in relation to these matters.

The council respects the rights and interests of other interested parties, and believes that all parents should have the right and ability to discuss these matters at home with their children. Having been charged with protecting the “best interests” of the children of the district as a whole, however, the

council encourages and recommends [that] the Fort Worth Independent School District continue to teach a comprehensive sexuality curriculum, including instruction regarding contraception.⁴⁰

This recommendation reflects a good understanding of state guidelines in affirming a focus on abstinence. But it goes beyond this to recommend that instruction include information on contraception presented in a “thoughtful and non-judgmental way” (while acknowledging that “all parents should have the right and ability to discuss these matters at home with their children”). Records also show the Fort Worth ISD SHAC meets on a regular basis, maintains thorough minutes of meetings, and covers a variety of topics besides sexuality education. Additionally, meetings are well-supported by district staff who make certain SHAC members have a clear understanding of relevant issues, including state law.

Another example of a well-functioning SHAC can be found in Canutillo ISD, located outside of El Paso in far west Texas. What is especially impressive about Canutillo ISD is the extensive evaluation process the SHAC undertook before recommending sexuality education programming to the school board. Records show that in 2005 the SHAC conducted a formal review of 31 separate sexuality education programs and curricular materials, evaluating them on a number of criteria including student interest, quality of material for students and parents, and cultural sensitivity. At least three SHAC members evaluated each resource, marking it “approved” or “disapproved.” Some of the comments were particularly insightful, such as a review of a lesson from *Scott & White Worth the Wait* entitled “Planning for a Healthy Marriage,” which observed:

- Too many unsupported generalizations
- Based on scare tactics
- Insensitive to children from single parent homes⁴¹

While not all SHAC member evaluations were based on current research on program effectiveness, the Canutillo SHAC at least took seriously its role in providing clear and thoughtful advice to the school board. Other districts around the state would do well to follow this example.

The Hays CISD, a fast-growing suburban district south of Austin, provides an excellent example of thorough deliberation in recommending an evidence-based sexuality education curriculum and policy to the school board.⁴² In two documents from June 2007 and October 2008

entitled “Human Sexuality Recommendations,” the Hays SHAC recommended the following guidelines for sexuality education instruction in the district:

- Ensure – through evaluation by a team of administrators and SHAC representatives – that the individuals who teach health are qualified and willing to teach the human sexuality education portion of the course.
- Ensure that the individuals who teach health understand the importance of highlighting abstinence as the attractive choice during the human sexuality education portion of the course.
- Require intensive training (a minimum of two days) for these individuals based on the “Putting What Works to Work” guidelines for curriculum. “Abstinence Plus” is the preferred approach.

The Hays CISD SHAC further recommended a local policy that reflects these guidelines, including:

- Staff responsible for human sexuality education will be adequately prepared and will participate in professional development activities to effectively deliver the program as planned.
- The District may offer seminars for parents or guardians that support and encourage their active involvement in the sexuality education of their children.

The Hays SHAC is notable for a variety of reasons, including the transparency of its process. (Agendas and minutes from SHAC meetings are clearly posted on the district’s Web site.) Also, the SHAC placed an emphasis on the role of parents as partners with the district in delivering effective sexuality education instruction. This particular SHAC also stands out for its extensive discussion about best-practices. It specifically cites “Putting What Works to Work” from the National Campaign to Prevent Teen and Unplanned Pregnancy.⁴³ This document identifies and consolidates evidence-based practices that help prevent teen pregnancy, translates this research into user-friendly materials, and works directly with states and communities to incorporate such practices into their work. (Full disclosure: the primary author of this report, Dr. David Wiley, is the chair of the Texas Campaign to Prevent Teen and Unplanned Pregnancy.)

The strong emphasis demonstrated by the Hays SHAC on ensuring teachers receive the necessary training to cover this material is unique among all of the districts

evaluated. This indicates a clear understanding of the role of staff development in teaching any subject, particularly one as sensitive as sexuality education. Members of the SHAC recognized that merely implementing a program/ curriculum without adequate training often results in ineffective delivery to students. In addition, it was clearly acknowledged that anyone teaching human sexuality education must not only believe in the program, she or he must also be comfortable teaching the subject matter and be willing to accept formal staff development/training.

Conclusions

The results of this study should serve as a wake-up call to policy-makers. In short, local input into decisions about sexuality education is a myth and, even when it exists, often results in ineffective sexuality education policies. The breakdown occurs across the spectrum:

- The majority of school districts have either not established a SHAC or can provide little or no evidence at all of a fully functioning SHAC.
- Of those districts that have a functioning SHAC, only a small percentage have produced a recent recommendation to the local school board about sexuality instruction.
- Of the minority of districts with SHACs that address sexuality instruction, materials turned over by many of those districts demonstrate little familiarity with contemporary, evidence-based research into effective sexuality education instruction.

One possible reason SHACs are undervalued in so many school districts across Texas is that there is no oversight or accountability for districts that do not comply with state law. In addition, because there is no mandate to include trained health educators or those with professional training in curriculum development, many SHACs may simply be unqualified to make credible, evidence-based recommendations.

The Texas Department of State Health Services does provide a few helpful tips for running an effective SHAC. Among these are:

- There should be regularly scheduled meetings advertised to the public, usually quarterly with more frequent meetings scheduled as needed.
- There should be agendas posted and minutes kept for public examination.
- [Districts should] identify strengths of SHAC members in working with different constituencies

When Politics Trumps Health

EVEN WHEN A SCHOOL HEALTH ADVISORY COUNCIL IS DILIGENT, THERE IS NO GUARANTEE THAT ELECTED SCHOOL BOARD MEMBERS WILL HEED THE COUNCIL'S RECOMMENDATIONS.

In 2003 the Ector County Independent School District's board of trustees in the West Texas city of Odessa voted to add an optional lesson on contraception to the district's abstinence-based curriculum.⁴⁵ Students could take the one-day lesson only with parental permission. The trustees' approval came after being informed that Ector County's rate of teen pregnancies ranked second among the state's 254 counties.⁴⁶

Just two years later, trustees reconsidered the issue. The district's SHAC voted to affirm the policy of offering the contraception lesson. A local physician agreed, telling trustees, "We have a body of information that can help protect our children. If we withhold that information, and they go out and get an STD, we're responsible for that."

But abstinence-only supporters were organized and vocal. "We cannot teach abstinence and contraception," a local minister warned trustees. "They contradict each other." To cheers from abstinence-only supporters crowded inside the meeting room, the trustees then voted to cast aside the recommendation of the SHAC and throw out the district's optional one-day lesson on contraception.⁴⁷

within the community (i.e. clergy, school board, media, etc.).

- The members of the SHAC should understand why evaluation is important in recommending evidence-based programs to the local school board.⁴⁴

These tips represent a good start, but more should clearly be expected of SHACs than the minimum. For example, school districts should actively seek out the advice of experts in the community (such as physicians, health educators, nurses, counselors and social workers) who can either serve as members or as technical consultants to the SHAC. Including as many local experts as possible should increase the likelihood that SHACs would make informed, evidence-based recommendations to local school boards. Additionally, there are a number of tools,

data sources, targeted prevention programs and other resources that address school health issues of which the "average" community volunteer might be unaware.

Given the high rates of teen sexual activity and birthrates in Texas, the failure of SHACs to provide useful guidance by employing research about effective sexuality education programs is magnified. It is clear that the current "system" exists in name only and that a renewed discussion among parents, community members and policy-makers about how Texas schools make decisions regarding sexuality education instruction is long overdue. Specific recommendations for improving the effectiveness of SHACs are included in the final section of this report are on pages 47-49.

FINDING 3: SEXUALITY EDUCATION MATERIALS USED IN TEXAS SCHOOLS REGULARLY CONTAIN FACTUAL ERRORS AND PERPETUATE LIES AND DISTORTIONS ABOUT CONDOMS AND STDs.

In Finding 1 of this report, we documented the absence of basic information about family planning and disease prevention – especially pertaining to condoms and other contraceptives – in Texas sexuality education materials. Such censorship of potentially life-saving information is appropriately condemned by many health professionals as negligent in the extreme. However, providing incorrect or misleading information to students goes beyond negligence; it is educational malfeasance. When information about proven methods to reduce the risk of STDs and pregnancy is simply missing from the curriculum, students might at least be motivated to investigate this information on their own. When they are given false or misleading messages intended to discredit proven pregnancy and disease prevention methods, the motivation to use these prevention techniques can be reduced and students are put at real risk. The expectation commonly applied to physicians should apply to health educators: first, do no harm. Unfortunately, the numerous examples of blatantly incorrect and misleading information in classroom materials make clear that Texas public schools fail this most basic test.

After analyzing sexuality education materials turned over by school districts under the Texas Public Information Act, we were able to document a factual error in 41 percent of school districts in the state. This means more than two out of five Texas secondary schools teach children demonstrably incorrect information in sexuality education instruction. As shocking as this figure may be, it actually understates the extent of misinformation in Texas secondary classrooms. Many districts include materials

that contain incomplete or inadequate information, which can have the effect of misleading students. While examples of these more subtle deceptions are documented in this finding, they are not included in the factual error rate of 41 percent cited above. (For a full explanation of how this study quantifies factual errors and misleading information, see “What Is a Factual Error?” on the following page.) This chapter will explore in detail the types of errors and misinformation that appear in Texas classrooms, focusing especially on inaccuracies about condoms and sexually transmitted diseases.

Bigger in Texas: The War on Condoms

Public health officials have recently sounded the alarm about an ongoing “war” against condoms that was carried out by the Bush administration and proponents of abstinence-only sexuality education as a way to promote their programs.* If a “war” is indeed being waged against condoms, Texas secondary school classrooms are on the front lines. Inaccurate information about condoms is by

Figure C

Errors in Sexuality Education Materials in Texas Secondary Schools

TYPE OF FACTUAL ERROR	% of Texas School Districts
Errors of any type	41.0%
Errors related to...	
Condoms	40.1%
All STDs (including HIV and HPV)	38.9%
HIV (exclusively)	23.6%
HPV (exclusively)	20.9%

* In 1999 the federal Centers for Disease Control and Prevention (CDC) published a fact sheet that encouraged sexually active people to use condoms to prevent HIV and other sexually transmitted infections. In 2001, under pressure from anti-condom activists within the Bush Administration, the CDC removed that document and replaced it a year later with a very different fact sheet that promoted abstinence over condom use, even for those who are sexually active.⁴⁸

far the most common type of factual error in sexuality education materials used in Texas. Our data show that 40.1 percent of school districts utilize materials that perpetuate at least one distortion about condoms – and many districts utilize curricular materials that include multiple errors. (The misleading information about condoms found in this study mirrors findings of a recent national research project on the same subject.⁴⁹) Examples range from silly to appalling, but most share a common purpose and likely effect – discouraging young people from using condoms.

Often misinformation about condoms is delivered directly and without subtlety. Abstinence speaker Pam Stenzel says: “Students, condoms aren’t safe. Never have been, never will be.”⁵⁰ Stenzel’s presentations or videos are used in only three districts in Texas, but this type of blanket condemnation of condoms is fairly typical. Consider just a few other examples:

- The *Teens are Saying kNOW (TASk)* program is a Midland-based abstinence program – sponsored by a local Christian crisis pregnancy center – used in 19 Texas school districts. Several of these districts turned over a *TASk* handout, presumably distributed to students, stating forthrightly (and without any citation): “Condoms offer virtually no protection against the most common STI’s.”⁵¹
- A curriculum entitled *No Apologies: The Truth About Life, Love, and Sex*, produced by the conservative faith-based group Focus on the Family and used in five Texas school districts, misleadingly notes: “In order for condoms to be effective, they have to be used consistently and correctly 100 percent of the time. Is that a realistic expectation for teens?”⁵²
- *Just Say Yes* is an abstinence speaker bureau based out of Dallas. Twelve Texas districts indicated that they offer a *Just Say Yes* program for students. One of their presenters, Howard Flaherty, tells students:

Long about now, some kids might be saying, “Man, I hope this guy talks to us about condoms.” Ok, I will. That’s another big fat lie from my generation to yours, and here’s the lie. The lie suggests that if you hand out a condom to young people that you’re going to lower teen pregnancy and disease. Not true. So when you’re taking away the natural consequences or trying to, and not giving people the message of personal responsibility, what you do is you mess them up worse. It’s a lie.⁵³

Some districts make misleading students about contraceptives their official policy, as with the policy at Edinburg CISD, which states: “Teachers shall only present use of contraceptives as risky behavior for teens.”⁵⁴ Though the language varies from district to district, the message that instruction like this communicates to students is consistent: “condoms and other contraceptives don’t work.” Such a dangerously misleading message would be appalling anywhere, but especially in a state with one of the nation’s highest teen birth rates.

Some abstinence programs go to even greater lengths to demonize condoms. A number of districts utilize skits and interactive student exercises that viscerally drive home the misleading message that condoms are ineffective. Baird ISD takes students through an exercise entitled “Leaky Balloon” intended to “illustrate the risks of condom failure.” At the end of the exercise, one unlucky boy is left holding a deflated balloon with a pin-hole. The curriculum directs the teacher to:

Explain that at least one of every fifty condoms does not meet leakage standards. Tell him that today he was just a little embarrassed because he got the leaky balloon, but had he been depending on the balloon not leaking to save his life, he would have been more than embarrassed. (i.e. If he had been the one to get a leaky condom, it could have meant he was at high risk or even death.)⁵⁵

What Is a Factual Error?

For purposes of quantifying errors in classroom materials considered for this study, we have made a distinction between “factual error” on the one hand and “distorted/misleading information” on the other. A “factual error” occurs when demonstrably false statistical or nonstatistical information is presented to students. For example, a handout that informs students that condoms fail 30 percent of the time (Brady ISD) or suggesting that contact with tears or sweat put you “at risk” for contracting HIV (*Wait Training*) are both examples of factual errors. Distorted or misleading information, on the other hand, consists of half-truths or statistics that have been

misinterpreted or not been fully explained. For example, many curricular materials include information like “condoms fail 15 percent of the time in preventing pregnancy.” This is not technically a factual error, since condom failure rates ranges from 2 to 15 percent according to the latest studies. However, when this information is not accompanied by any explanation, it is misleading about the actual efficacy of condoms. This sort of misleading and incomplete information, specifically about the efficacy of condoms, is far more common than straightforward errors of fact.

The “leaky balloon” is not even the worst example of grossly inaccurate condom-bashing we uncovered. Brady ISD utilizes a number of skits in its sexuality education instruction, including a skit titled “Jumping Off the Bridge” that concludes with the following explanation:

Giving a condom to a teen is just like saying, “Well if you insist on killing yourself by jumping off the bridge, at least wear these elbow pads – they may protect you some?” Knowing that STDs can kill and that there is at least a 30% failure rate is like helping the teen kill them self [sic]. It is a lie to call condoms “safe sex.” If there is a 30% failure rate of condoms against life threatening diseases, then calling them a way to have “safe sex” is like “helping” someone commit suicide by giving them elbow pads to “protect” them or finding them the safest spot from the bridge to jump.⁵⁶

The full text of the Brady skit is reprinted in *Figure D*.

Exaggerating the condom failure rate is another common tactic used to denigrate the effectiveness of contraception. Students in Texas schools can be forgiven if they are confused about the true efficacy of condoms. Curriculum materials used in the classroom often perpetuate that confusion. When it comes to the failure rate of condoms in preventing pregnancy, look at the wide range of statistics given to students in Texas classrooms:

- Centers for Disease Control and Prevention⁵⁷
2% - perfect use, 15% - typical use
- *Scott & White Worth the Wait*⁵⁸
15%
- *Sex Respect*⁵⁹
10 – 20%
- *Teens Are Saying kNOw(TASk)*⁶⁰
20 – 30% (for teens)
- Materials from Baird ISD⁶¹
50% (over five years)

Some of the inconsistency in instruction on condom efficacy is a failure to distinguish between lab or “perfect use” effectiveness rates and “typical use” rates. “Perfect use” refers to the failure rates of contraceptives when used perfectly, every single time. Researchers refer to failure in this circumstance as “method failure.” “Typical use” refers to contraceptive failure rates when users make mistakes using contraceptives. Researchers refer to failure in this circumstance as “user error.” With condoms, common user errors include inconsistent condom usage, opening

the condom package with one’s teeth, not using the condom from start to finish during intercourse, using an oil-based lubricant with the condom or not removing the condom by holding the base. The overwhelming reason for contraceptive failure is user error.⁶² Yet materials in Texas schools regularly highlight the highest possible “typical use” failure rate with no accompanying explanation, a subtle half-truth that has the effect of misleading students about the true effectiveness of condoms in preventing pregnancy. By not pointing out that it is often user error that leads to condom failure, abstinence-only programs reinforce the impression among students that condoms are highly unreliable. A curriculum entitled *Family Accountability Communicating Teen Sexuality*, or *FACTS*, (used in 20 Texas school districts) illustrates how statistics that are technically correct can be manipulated to disparage condoms. After noting that the “typical failure rate” for condoms is 14 percent, the curriculum explains to students:

Out of 100 sexually active women, if a condom is used, 14 of the women will experience an unintended pregnancy during the course of one year.⁶³

What *FACTS* and most other abstinence-only materials we saw do not explain to students is that the 14 percent unintended pregnancy rate is largely due to user error – errors that are more likely to occur when no one tells students about proper condom use. Students are left to assume that condoms are not reliable, when in reality it is often condom users who are unreliable. When condoms are used consistently and correctly, the risk for unintended pregnancy drops to 2 percent.⁶⁴ As an analogy, car crashes would certainly increase dramatically if there were no instruction on how to drive properly.

A final note about condom efficacy rates: though accurate statistics based on the latest research are extremely important, arguing over whether condoms are “75 percent” or “95 percent” effective in some ways obscures the most important point. What should be emphasized is that regardless of the precise estimate of condom efficacy, using a condom is far more effective in preventing STD transmission and unintended pregnancy than using no condom at all. As an example, the rate of pregnancy for couples using no method of birth control for one year is 85 percent. Even inconsistent and incorrect condom use cuts that rate to 15 percent.⁶⁵ The real tragedy of exaggerating condom failure rates is the message it gives to students – “don’t bother using something that does not work.”

We encountered numerous attempts to undermine confidence in condom effectiveness with more subtle, but equally untruthful arguments about flaws in condom manufacturing and exaggerated warnings about the danger of condoms “slipping off” or “breaking.” For example, in a widely used curriculum (89 districts) called *Choosing the Best Path*, a fill-in-the-blank worksheet matter-of-factly states: “because latex condoms are made of rubber, they can _____ [break] and _____ [slip off].”⁶⁶ This statement is misleading, if not outright false. According to a study in *Consumer Reports*, “with correct use, a condom will break as little as 2 percent of the time, authorities believe, and will slip off as little as 1 percent of the time.”⁶⁷ The CDC also estimates the actual breakage rate to be as low as two per 100 condoms.⁶⁸ A number of districts utilize materials from The Medical Institute (formerly The Medical Institute for Sexual Health), which inform students that “condom breakage and slippage is estimated to occur 1-4% of the time.”⁶⁹ This statistic is exceptionally misleading because it does not distinguish between latex and non-latex condoms. The non-latex condom (which is not recommended by medical authorities for STD prevention) has a higher breakage/slippage rate, some as high as four percent or eight times that of latex condoms. By comparison, latex condoms have an average 1.3 percent breakage/slippage rate.⁷⁰ Regarding manufacturing problems, upon FDA inspection, water leakage cannot exceed four condoms per thousand or the entire batch of condoms is recalled.⁷¹ Additionally, the more sensitive “air burst” test may be used in determining the strength of condoms.⁷²

Much of the misguided propaganda against condoms we encountered in Texas schools stems from a fundamental misunderstanding of the concept of risk reduction. Condoms are not “inadequate” or “flawed” because they do not eliminate 100 percent of the risk associated with pregnancy or STDs; instead condoms should be seen as tools for risk reduction. As a comparison, air bags in cars reduce mortality by 63 percent, while lap-shoulder belt use reduces mortality by 72 percent.⁷³ Motorcycle helmets are 37 percent effective in preventing fatal injuries and 67 percent effective in preventing traumatic brain injuries.⁷⁴ Though none of these public safety measures is “100 percent effective,” all are mandated by law in some fashion in most states. Whether based on ignorance or a deliberate attempt to mislead students, abstinence-only programs in Texas schools too often dismiss or malign condoms and other contraception because they are not “100 percent effective” – a specious and misleading argument.

Keep ‘Em Guessing: Lies and Misleading Information about HIV, HPV and Other STDs

Misinformation about STDs in Texas sexuality education materials is nearly as pervasive as factual errors about condoms. An astounding 38.9 percent of districts utilize curriculum materials or presentations that contain inaccurate information about sexually transmitted diseases. Instruction about HIV and human papillomavirus (HPV) is especially prone to error or misrepresentation in Texas classrooms, though no STD is exempt from distortion. We have catalogued a few representative examples below.

While more than a decade of extensive public education about HIV/AIDS has raised the disease’s profile in this country, it has ironically become the STD most subject to misleading or inaccurate information. In fact, 23.6 percent of Texas school districts utilize instructional materials with inaccurate information about HIV, much of it intended to convince students that condoms are ineffective in preventing transmission. A number of abstinence-only curricula repeat the decades-old and widely discredited “HIV is so small it passes through a condom” canard. The *FACTS* curriculum (used in 20 districts) provides one common version of this argument:

Any imperfections in the contraceptive not visible to the eye could allow sperm, STD or HIV to pass through the latex. Notice below the actual size difference between a human sperm cell and a variety of sexually transmitted disease organisms including Human Immunodeficiency Virus. If a sperm cell can get through, how much more can the HIV virus only 1/450th the size of a sperm!⁷⁵

The *Why kNOw?* curriculum (used in 21 Texas districts) repeats this myth with a misleading classroom activity. The teacher constructs an eighteen-foot long “Speedy the Sperm®,” which is designed to be exactly 450 times the size of a penny. After informing students that “the HIV virus is 450 times smaller than a human sperm,” the teacher is instructed to hold up the penny and say:

If the condom has a failure rate of 14% in preventing Speedy® from getting through to create a new life, what happens if this guy (the penny) gets through? You have a death: your own.⁷⁶

Figure D

'Jumping Off a Bridge' Skit

The following skit was submitted by Brady ISD and is a good example of subjecting students to the dangerous and misleading message that condoms are ineffective in preventing the transmission of STDs.

Explanation:

Blake: This skit illustrates the statistics of condoms. 70% of the time they work, but 30% of the time they fail in preventing most STDs. That's 1 out of 3. HPV and Syphilis are so small that they can slip through the condoms. Failure in preventing pregnancy is 15%. These statistics can hardly be considered "safe". The only "safe sex" is in a lifetime committed relationship.

Skit-Jumping off the Bridge

(Kendale stands where it appears she is about to the jump off the edge of a bridge. Then Jessie approaches her.)

Kendale: I'm just going to kill myself and get it over with.

Jessie: No, don't! Please!

Kendale: No, I'm going to do it and you can't stop me. I'm just going to kill myself.

Jessie: Okay. Well, if I can't talk you out of it, then I'll go ahead and help you. Here...uh...let's see. No. This isn't the best place. Over here would be better. The rocks look a little softer.

Kendale: Okay, well here I go.

Jessie: I really don't want to you to, but if you say you're gonna to do it anyway then I may as well help you – here put these elbow pads on.

(Kendale jumps off, maybe yells a little, and lies on the ground. Jessie cringes, seems a little sad, then walks on.)

Explanation:

Dara: Giving a condom to a teen is just like saying, "Well if you insist on killing yourself by jumping off the bridge, at least wear these elbow pads – they may protect you some?" Knowing that STDs can kill and that there is at least a 30% failure rate is like helping the teen kill them self. It is a lie to call condoms "safe sex". If there is a 30% failure rate of condoms against life threatening diseases, then calling them a way to have "safe sex" is like "helping" someone commit suicide by giving them elbow pads to "protect" them or finding them the safest spot from the bridge to jump.

Though found time and again in presentations and materials used in Texas, this argument ignores years of research showing that condoms are "highly effective" in providing protection against the transmission of HIV.⁷⁷ The CDC states clearly: "Laboratory studies have demonstrated that latex condoms provide an essentially impermeable barrier to particles the size of HIV."⁷⁸ Demonstrations and lectures such as those referenced above can be frighteningly effective, however, in planting the false impression with students that condoms offer little to no protection against HIV transmission.

Ignorance about HIV/AIDS goes well beyond scare tactics about condom failure. All manner of outdated statistics and debunked myths about AIDS persist in Texas classrooms. A handout turned over by Baird ISD includes material that dates from the late 1980s. Among other anachronistic statistics, this document includes the following conclusion purportedly from a Dr. Helen Singer Kaplan of New York Hospital:

There is a growing concern among many health officials that the protection afforded by condoms [against AIDS] has been exaggerated. A recent

inspection by the Food and Drug Administration of more than 50,000 condoms revealed that at least one in 50 failed to meet leakage standards, the imported brands fared the worst. **Although lab studies have demonstrated that latex condoms block the entry of the AIDS virus, there is no scientific evidence that they do so during intercourse.** Furthermore, researchers note condoms have a 10% failure rate in preventing pregnancy and the protection they provide against AIDS could be considerably lower, since the virus is many times smaller than the human sperm.⁷⁹ (Emphasis added.)

It is questionable whether this information was ever accurate, but based on the current evidence-based research on HIV, it is clearly very misleading on several key facts. Teaching students that there is no scientific evidence that condoms block HIV is not just outdated; it is incorrect and dangerous.

It is not just older materials that perpetuate this falsehood, however. The abstinence curriculum *WAIT Training* (used in 53 districts) includes a handout on HIV/AIDS for students.⁸⁰ The exercise has three columns labeled "High Risk," "At Risk" or "No Risk." Each column has a bulleted list of activities. "Sharing needles for injecting drugs, steroids/vitamins/etc." and other behaviors are correctly listed in the "High Risk" column because they involve exchange of bodily fluids. A review of the curriculum by SIECUS, however, notes that the "At Risk" column contains many misleading assertions. The column lists "French kissing" as an "At Risk" activity. Although open mouth kissing could potentially involve the transmission of blood, the risk in this behavior is characterized by the CDC as "very low."⁸¹ The column also includes the words "tears," "sweat" and "saliva." Suggesting that coming in contact with these fluids puts an individual "at risk" is simply untrue. The CDC states clearly: "Contact with saliva, tears, or sweat has never been shown to result in transmission of HIV."⁸²

The particulars of these examples aside, it is alarming that some schools continue to rely on inaccurate statistics and other misleading information that the public health community long ago rejected (in some cases, more than a decade ago). Sadly, Texas classrooms are often where yesterday's "facts" about HIV/AIDS live on as if in a time warp.

HIV isn't the only STD that is subject to misleading information in abstinence-only programs. Human papillomavirus (HPV) has emerged in recent years as a prime target for anti-condom activists, who simultaneously trumpet its dire health consequences (the possibility of cervical cancer in women, if untreated) and questions about the effectiveness of condoms in preventing it. Unfortunately, as with other STDs, obfuscation and misinformation swirl around this topic in Texas sexuality education programs. We discovered inaccurate information about HPV in 20.9 percent of Texas school districts. Consider a few representative examples:

- *Austin Lifeguard* program materials incorrectly note: "There is virtually no evidence that condoms reduce the risk of HPV infection at all, though they may

slightly decrease the number of people who go on to get warts or cervical cancer."⁸³ *Lifeguard* is used by 10 Texas districts.

- Slides from an *Aim for Success* presentation about HPV state: "Condoms are ineffective!" And "Condoms – little to no benefit." And "As far as condoms go, there is plenty of evidence to suggest they don't do any good."⁸⁴ Though it is impossible to know if these particular slides are used in every presentation, *Aim for Success* materials or presentations appear in 150 Texas districts.
- *WAIT Training* dictates that students "should be told that condoms do not appear to provide any protection from HPV, (which causes 99% of all cervical cancer)."⁸⁵ *WAIT Training* is used by 53 Texas districts.

Where Does This Stuff Come From?

In sexuality education materials used in Texas classrooms, it is not uncommon to encounter facts and statistics unaccompanied by any citation. This makes it virtually impossible to identify the source of many of the claims found in these programs. However, a number of the questionable statistics can be traced back to two specific organizations: The Heritage Foundation, a think-tank whose mission is "to formulate and promote conservative public policies" (www.heritage.org), and The Medical Institute – formerly The Medical Institute for Sexual Health – founded by conservative physician Joe McIlhane (www.medinstitute.org). The Medical Institute is a long-time proponent of abstinence-only programs and traditionally promotes research supporting that specific philosophy. Below are two examples of how distorted or obscure studies that originate with these two groups become "mainstream facts" in abstinence-only programs.

The claim that "condoms provide a 50 percent reduction in the transmission rates of syphilis, gonorrhea and chlamydia" appears in a number of abstinence-only classroom materials (including *WAIT Training*, used in 53 Texas school districts). This statistic is found on The Medical Institute's Web site and is derived from three legitimate studies: one of Kenyan prostitutes, another of Ugandans living in areas with high HIV prevalence, and the third among patients who attended an urban sexually transmitted

disease clinic.¹⁰⁴ Clearly, each of the populations studied live in high-risk areas and/or exhibit high-risk behaviors. All of these studies did, in fact, conclude that inconsistent use of condoms provides little protection against STDs among these high-risk populations. However, the studies also stated clearly that "consistent condom use was protective with regards to sexually transmitted disease and should be encouraged for the prevention of sexually transmitted disease and human immunodeficiency virus."^{105, 106, 107} The "50 percent reduction" statistic is the most conservative risk-reduction factor among these exceptionally high-risk populations who use condoms inconsistently, yet it is presented by The Medical Institute – and subsequently abstinence-only curricular materials – as the "common" efficacy rate.

The claim that sexually active girls are three times and boys eight times more likely to commit suicide also finds its way into sexuality education instructional materials (including *WAIT Training* and a video titled "Teen Sex: The Rules Have Changed," used in three Texas districts). These statistics originate with the Heritage Foundation and are examples of using secondary data analysis to craft a conclusion that fits the conservative mission of the organization.

¹⁰⁸ The Heritage "finding" comes from research conducted by the National Longitudinal Study of Adolescent Health, to which analysts at the Heritage Foundation applied an overly broad definition of "sexually active" and used "general

unhappiness" as a substitute for true clinical depression. Any teen who indicated that he or she had ever had sexual intercourse was considered by the Heritage analysis to be "sexually active." Additionally, respondents were coded as clinically "depressed" if they indicated a "general state of unhappiness...a lot, most, or all of the time." This specious secondary analysis resulted in conclusions about the link between sexual activity and suicide that the authors of the original study themselves call into question:

While the association between teen sexual activity and depression is clear, that association may be subject to different theoretical interpretations. For example, it might be that depressed teenagers turn to sexual activity in an effort to assuage or escape their depression. In this interpretation, the link between sexual activity and depression might be caused by a higher level of sexual activity among those who are already depressed before commencing sexual activity. Thus, depression might lead to greater sexual activity rather than sexual activity's leading to depression.¹⁰⁹

None of this analysis is presented to students, of course, but the exceptionally misleading message that "premarital sex leads to depression and suicide" comes through loud and clear.

Materials like these demonstrate that there is a great deal of confusion about HPV in Texas classrooms. Human papillomavirus is the name of a group of viruses that includes more than 100 different strains or types. More than 30 of these viruses are sexually transmitted and can infect the genital area of men and women, including the skin of the penis, vulva, or anus, and the linings of the vagina, cervix, or rectum. Most people who become infected with HPV will not have any symptoms, and the infection often clears on its own.⁸⁶ Where the confusion lies is in the efficacy of condoms in helping to prevent the spread of HPV. Because HPV is a “field infection” (i.e., can infect the entire genital area), HPV can be spread through contact with areas not protected by a condom. Therefore, it is fair to say that genital HPV can not be entirely prevented by condom use.⁸⁷ However, to say that condoms “don’t work” or “provide little to no protection” is at best misleading, at worst inaccurate.

What abstinence-only programs often do not tell students, especially females, is the value of pap smears in the early detection of cervical cancer. In addition, students are regularly and erroneously led to believe that infection with HPV leads inevitably to cervical cancer. Further, we failed to discover in any of the abstinence-only materials gathered in this survey a single instance in which students were informed that most HPV infections clear up on their own. (A discussion of fear-based instruction surrounding HPV can be found in Finding 4.)

While HIV and HPV are the most common targets in the barrage of misinformation presented to Texas students, other STDs are not exempt from distortion. For examples, see *Figure E*.

Taken in isolation, all of these examples – and we catalogued dozens just like these in hundreds of districts around the state – can seem to be innocuous little “white lies” about basic facts regarding STDs. However, there is a detectable motive at work behind many of these seemingly “random” errors. STDs certainly have real and negative consequences for personal and public health, but most all abstinence-only curricula exaggerate the actual health consequences of STDs in an attempt to frighten students. Putting the ethics of misleading students aside, providing false information deprives students of critical information they need to make informed, wise choices – not just while they are in high school, but for their entire adult lives. Parents and policy-makers alike should demand that information in every public school classroom be medically and scientifically accurate. This minimum standard has clearly not been upheld in Texas classrooms.

Figure E

What Texas Students Learn & ‘Facts’

What Texas Students Learn:	Fact:
“Sex Still Has a Price Tag” video by abstinence speaker Pam Stenzel (used in 3 districts) states: “Ladies, you contract chlamydia one time in your life, cure it or not, and there is about a 25 percent chance that you will be sterile for the rest of your life.” ⁸⁸	According to the Centers for Disease Control and Prevention (CDC), about 40 percent of cases of untreated chlamydia lead to pelvic inflammatory disease (PID) and approximately 10 percent of acute cases of PID (not all PID becomes acute) lead to infertility. ⁸⁹ Stenzel also fails to note that these problems can be prevented with treatment for the infection.
<i>Scott & White Worth the Wait</i> curriculum (168 districts) tells students that pelvic inflammatory disease is “caused” by chlamydia and gonorrhea. ⁹⁰	Untreated chlamydia and gonorrhea can lead to PID. The program gives students little information about testing for STDs, which could alert them to the need for treatment.
<i>Austin Lifeguard</i> program materials (used in 10 districts) incorrectly note: “About a third of in vitro fertilization is necessary due to infertility caused by an STD (usually chlamydia or gonorrhea).” ⁹¹	The program does not distinguish between the causes of infertility and the need for in vitro fertilization. According to the American Society for Reproductive Medicine, about one-third of infertility cases are due to male problems, one-third to female problems, and one-third due to complication with the couple (and within this last group, 20% is unexplained). ⁹²
<i>WAIT Training</i> (used in 53 districts) tells teachers: “[Students] need to know that, when used every time, condoms at best only provide a 50% reduction in the transmission rates of syphilis, gonorrhea and chlamydia.” ⁹³	A study in the June 2005 issue of <i>Archives of Pediatrics and Adolescent Medicine</i> found that consistent and correct condom use provides a 90% reduction in the risk of gonorrhea and 60% reduction in the risk of chlamydia infection. ⁹⁴ For a discussion of the origins of this particular misleading statistic, see “Where Does This Stuff Come From?” on page 22.
Baird ISD includes an unreferenced fact sheet on STDs that states with bold certainty: “A young person who becomes sexually active at or before age 14 will contract an STD before graduating from high school. This is no longer the exception, but the rule.” ⁹⁵	The authors of this report are aware of no verifiable studies or other data to support this wild assertion.

Birds, Bees and Bull

SOME OF THE “FACTS” WE UNCOVERED IN TEXAS SEXUALITY EDUCATION MATERIALS SIMPLY DEFY DESCRIPTION OR CATEGORIZATION. THE FOLLOWING IS A SMALL SAMPLE OF THE BIZARRE AND UNSUPPORTED INFORMATION A TEXAS PUBLIC SCHOOL STUDENT MIGHT STUMBLE ACROSS DURING THE COURSE OF SEXUALITY EDUCATION INSTRUCTION.

“If a woman is dry, the sperm will die. If a woman is wet, a baby she may get!”⁹⁶

– From *Wonderful Days abstinence-only program*, in a section entitled “Natural Fertility Regulation.” Used by 3 Texas districts.

Although it is unclear exactly what is meant by this statement, if it is implying that a female’s fertility is linked to her arousal or vaginal lubrication, then it is not only false, but also wildly irresponsible.

“The divorce rate for two virgins who get married is less than 3%.”⁹⁷

– From the Life Enrichment Center in Midland, Tex.; materials adapted from *TASK* program, used in 19 Texas districts.

No source is cited for this bold assertion. The authors of this report are aware of no verifiable studies or other data to support this statistic.

“Fact: Sexually active teens are more likely to be depressed and to attempt suicide. Sexually active teens are less likely to be happy, more likely to be depressed, and more likely to attempt suicide. Teenage girls who are sexually active are three times more likely to be depressed and three times more likely to attempt suicide than girls who are not active. Teenage boys who are sexually active are more than twice as likely to be depressed and are almost ten times more likely to attempt suicide than boys who are not active.”⁹⁸ (Emphasis in original)

– “FAQ” from *WAIT Training* Web site, used by 53 Texas districts.

These statistics are based on a biased secondary analysis of published studies. See “Where Does This Stuff Come From?” on page 22 for a full explanation.

“An average 30-year-old has had 27.2 sexual partners.”⁹⁹

– Presentation by Pam Stenzel titled “Sex Still Has a Pricetag,” used in three Texas districts.

This uncited statistic is wildly exaggerated. According to the latest information from the National Center for Health Statistics, males 30-44 years of age reported an average (median) of 6-8 female sexual partners in their lifetimes. Among women 30-44 years of age, the median number of male sexual partners in their lifetimes was about four. The findings appear to be similar to previous surveys conducted in the early 1990’s.¹⁰⁰

“Schools put themselves at great economic risk in regard to liability issues [when they teach] ‘safer sex.’”¹⁰²

– From the *WAIT Training* program, used in 53 Texas districts

This attempt to frighten teachers away from teaching about contraceptives is not substantiated with a reference to any lawsuit or other legal action against a school or teacher that provided instruction on condoms. The authors of this report are not aware of any such legal challenge.

“Research has shown that this hormone [oxytocin] imprints a close bond to one’s present sexual partner. The bond without the lifetime commitment usually backfires, often causing possessiveness and jealousy and making the dating relationship worse rather than better. When the person normally doesn’t marry that pre-marital sex partner, this makes a later permanent relationship less intimate.”¹⁰¹

– From an abstinence-only curriculum titled *Sex Respect: The Option of True Sexual Freedom*, used in six Texas school districts.

No source is cited for this claim. The authors of this report are aware of no verifiable studies or other data to support it.

“There are over 29 common STD’s that today’s teenagers are facing. 5 of them are incurable. A generation ago there were only 2 and both were curable!”¹⁰³ (Emphasis in original)

– From the Life Enrichment Center in Midland; materials adapted from *TASK* program, used in 19 Texas districts.

This uncited reference is incorrect. Multiple STDs have existed for years. What has changed from the previous “generation” is the ability to detect these STDs, as well as an increased emphasis on STD testing among the general public.

A final note about factual inaccuracies involving STDs is warranted. Though not technically an error of fact, many of the instructional materials mentioned in this section are also guilty of the “sin of omission.” In the course of discussions about sexually transmitted diseases, these materials neglect the opportunity to stress the value of getting tested for STDs. Given the very real (and serious) health consequences of untreated STDs such as HIV, HPV and chlamydia, the greatest “error” involving STDs in Texas sexuality education may well be the missed opportunity to educate students about early diagnosis and treatment.

Conclusions

In 2004, U.S. Congressman Henry Waxman initiated a review of widely used and federally funded abstinence-only programs. That study found that some of the curricula commonly used by the largest federally funded abstinence-only programs contained “multiple scientific and medical inaccuracies.”¹¹⁰ The new data presented here not only confirm the conclusions of that earlier congressional study, they reveal just how widespread errors of fact really are in classroom instruction. We found that the alarming problems highlighted in the 2004 congressional report are still prevalent in Texas secondary schools.

Regardless of one’s personal opinions about sexuality education, we should all be able to agree on this point: students should not be taught incorrect information in school. The fact that over 40 percent of Texas school districts teach students factually incorrect information is simply unacceptable. We would not tolerate false information being taught in English or mathematics classes. Likewise, we should demand that any sexuality education or abstinence-only program, curricula or presentation in a Texas public school contain medically and scientifically accurate information.

Equally crucial, the state should forbid any program used in a public school from discouraging the use of condoms and contraceptives. If a district chooses not to educate students about contraceptives, they have the freedom under local control to do so. But a program can promote abstinence without discouraging condom or contraceptive use. Discouraging students who might already be sexually active (which is statistically more than half of Texas high school students) from using condoms is irresponsible in the extreme, and it occurs far too frequently in Texas classrooms.

FINDING 4: SHAMING AND FEAR-BASED INSTRUCTION ARE STANDARD MEANS OF TEACHING STUDENTS ABOUT SEXUALITY.

The late psychologist Sol Gordon once humorously observed: “Sex is dirty. Save it for someone you love.”¹¹¹ Gordon’s clever quip is actually a fairly accurate description of the kind of messages given to students in Texas secondary public schools every day. A common thread running throughout materials submitted by most districts is the use of fear- and shame-based instruction about sex. An emphasis on blatant scare tactics, guilt and embarrassment in relation to sexuality appears in classrooms across the state in multiple ways: curriculum resources produced by national or local groups, videos, presentations by guest speakers, teacher-developed materials and student assemblies. These tactics seem to make up the primary – and in some cases the only – instructional strategies for most abstinence-only programs used in Texas secondary schools.

Yet it is far from clear that fear and other negative messages are effective ways to educate young people about sexuality and health. Research has shown that using fear-based strategies does increase fear levels among students, but does little to actually change behavior.¹¹² Students must be taught self-efficacy skills (i.e. “I can do this”), not just be given scare tactics (i.e. “have sex and be prepared to die”). In fact, if both the perceived risks of sex and the perceived efficacy of prevention strategies are high, individuals are more likely to adopt preventive behaviors. However, when perceived risk is high but expectations about the effectiveness of prevention are low, individuals are likely to dismiss the risk message as propaganda.¹¹³ In short, telling students that “sex can kill” while providing abstinence as the “only” means of prevention (and ignoring or distorting information about condoms or other prevention strategies) is likely to result in many students completely ignoring the message.

A predominantly negative, fear-based approach to sexuality education actually creates and perpetuates a conspiracy of silence about sexuality. Presenting students with negative and shameful information about sexuality can implicitly

discourage questions about healthy sexuality, relationships, methods of protection, STD testing, sexual abuse and other important topics. This often means students feel too guilty, shamed or embarrassed to talk to trusted adults or to seek medical advice if they do engage in sexual behavior.¹¹⁴ Another unintended consequence of this conspiracy of silence is driving students with factual questions about sexuality and health to often-uninformed or inaccurate sources (such as peers, the Internet, television and movies and other elements of pop culture). Moreover, in the event that a young person does become pregnant or infected with an STD, he or she may be reluctant to seek the help they need from people they should trust the most.

In materials turned over by Texas school districts for this study, problems with fear-based instruction about sexuality tend to fall into three broad categories: exaggerating negative consequences of sexual behavior, demonizing sexually active youth and cultivating shame and guilt to discourage sexual activity. Examples of each of these are discussed below.

Sex = Death: Exaggerating Consequences of Sexual Behavior

Rising rates of teen pregnancy and STDs clearly highlight the potential health consequences of sexual activity among young people. Informing youth about these legitimate and very real risks is a necessary component of any responsible sexuality education program. Unfortunately, our research shows that students enrolled in Texas secondary schools are likely to hear a variety of exaggerated, distorted and even outright false information about the consequences of sexual behavior.

The state’s most widely used vendor-produced curriculum, *Scott & White Worth the Wait*, which is used in 17 percent of Texas school districts, is fairly typical in warning students that premarital sexual activity leads to depression, suicide and divorce later in life.¹¹⁵ Even its admonition that

Exaggerated Consequences of Sexual Behavior

“teenage sexual activity can create a multitude of medical, legal, and economic problems not only for individuals having sex but for society as a whole” still makes *Worth the Wait* rather tame in comparison to other materials.¹¹⁶ Baird ISD, for instance, utilizes a handout that screams in all capital letters:

FOR OUR YOUNG PEOPLE TO ENGAGE IN SEX NOW IS LIKE PLAYING RUSSIAN ROULETTE WITH ALL BUT ONE CHAMBER FULL!¹¹⁷

Although this is a particularly over-the-top example, hyperbole about the repercussions of sexual activity is a key element of many abstinence-only programs. Consider the short list of catastrophic consequences associated with sexual activity in *Figure F*.

Death is, in fact, not an uncommon theme when it comes to sexuality education in Texas. The *Why kNOW* curriculum, which is used in 21 Texas districts, tells sixth-graders:

“WARNING! Going on this ride could change your life forever, result in poverty, heartache, disease, and even DEATH.”¹¹⁸ [Emphasis in original]

Likewise, an abstinence-only video entitled “No Second Chance” (used in three Texas school districts) directly connects death to sex before marriage. The video features a scene in which a boy asks, “What if I have sex before marriage?” The evangelical educator in the video replies, “Well, I guess you’ll have to be prepared to die. And you’ll probably take with you your spouse and one or more of your children.”¹¹⁹

Humanpapilloma virus (HPV) is often singled out as a particularly ruthless killer. A video by abstinence speaker Pam Stenzel (used in three Texas districts) provides an excellent example of the distortions common to fear-based instruction about sex and HPV:

You’ve found this girl you love, I mean this is it, all those other girls, they were just messing around. This is the real thing. Pull out that diamond, look her in the eyes, if you’re really cool guys you get on your knees, you say marry me, by the way I’ve got genital warts, you’ll get it too, and we’ll both be treated for the rest of our lives in fact you’ll probably end up with a radical hysterectomy, cervical cancer, and possibly death but marry me.¹²⁰

According to materials and presentations in Texas public schools, having sex leads to...

Cervical Cancer (*FACTS*)¹⁵²
 Aggression Towards Women (Unattributed materials from Baird ISD)¹⁵³
 Suicide (*WAIT Training*)¹⁵⁴
 Divorce (*Scott & White Worth the Wait*)¹⁵⁵
 Infertility (*FACTS*)¹⁵⁶
 Poverty (Unattributed materials from Baird ISD)¹⁵⁷
 Radical Hysterectomy (Pam Stenzel)¹⁵⁸
 Low Self-Esteem (*Choosing the Best*)¹⁵⁹
 Disappointing God (Unattributed materials from Brady ISD)¹⁶⁰
 Death (Various)¹⁶¹

HPV is one of the most common STDs, with an estimated 20 million Americans infected by the virus.¹²¹ The virus can cause genital warts, and some strains of the virus can also lead to cervical and other forms of cancer, which can be fatal if untreated. That is certainly serious enough. Abstinence-only speakers like Stenzel, however, commonly paint HPV as equivalent to a terminal cancer diagnosis. Untreated HPV does lead to cervical cancer in some women but certainly is not directly “deadly.” Unfortunately, most students never encounter this full explanation.

Failure to make a distinction between treated and untreated STDs – particularly infection with HPV – is a common fear tactic in many materials and presentations in Texas secondary schools. Abstinence-only programs also typically fail to provide information, other than abstinence, about preventing and receiving treatment for STDs. In fact, numerous programs boldly assert that condoms provide no protection at all from HPV infection and related complications. (See Finding 3 for a more complete discussion of misleading information in instruction on HPV.) Research shows this all-encompassing, supposedly definitive claim to be untrue.^{122, 123} As a result of such disinformation, young people who choose to become sexually active may be at an even higher risk of infection and consequences.

Not surprisingly, HIV/AIDS is also commonly used in attempts to frighten students about the dangers of sexual activity. The consequences of contracting HIV are certainly very real and very serious. Human immunodeficiency virus (HIV) is the only STD that could be considered “deadly.” (HIV does not cause death itself, but infection leads to a compromised immune system that can lead to death from opportunistic infections.) Nonetheless, many abstinence-only programs and presentations cannot resist the temptation to exaggerate and distort information

about HIV. In Ector County ISD (Odessa) and Midland ISD, for example, the *Midland/Odessa Area AIDS Support (MAAS)* program falsely tells youth that they (ages 10-15) are in the “highest risk group for HIV/AIDS.” This message is coupled with the dire warning:

When we [parents] were their age, we had no STDs to worry about that could kill us. Today, we list 7 in their world that can actually kill them....They constantly receive the message that “everything is acceptable today.” But what they are not being told is that if they do what is so accepted today THEY COULD DIE!¹²⁴
(Emphasis in original)

The truth is that men who have sex with men are at the highest risk for HIV infection.¹²⁵ But what is missed by this almost hysterical instructional strategy is that which demographic group one may belong to is not nearly as important as what behaviors are practiced. The age of an individual does not matter if he or she is engaging in high-risk, unprotected sexual activity. By focusing on groups rather than behaviors of individuals, students can assume a false sense of security because “I’m not in that group.” This is a good example of the misplaced emphasis that occurs in many fear-based programs. In this case, a single-minded obsession with frightening students actually gets in the way of informative, fact-based instruction about STDs that can help students make informed decisions.

Some programs are more creative in their attempts to frighten students. Baird ISD utilizes a student crossword puzzle exercise that includes the clue: “AIDS is not curable and will result in _____ [death].”¹²⁶ Skits and role playing sometimes reinforce the idea that sexual behavior always results in tragic consequences. In Brady ISD, a skit called “Jumping off the Bridge” discourages the use of condoms as protection from STDs, grossly exaggerating their failure rate in an effort to discredit their effectiveness at all:

Giving a condom to a teen is just like saying, ‘Well if you insist on killing yourself by jumping off the bridge, at least wear these elbow pads—they may protect you some?’ Knowing that STDs can kill and that there is at least a 30% failure rate of condoms against life threatening diseases, then calling them a way to have ‘safe sex’ is like ‘helping’ someone commit suicide by giving them elbow pads to ‘protect’ them or finding them the safest spot from the bridge to jump.¹²⁷

This skit is reproduced in full in *Figure D* on page 21.

The real danger in exercises like these is the perception that can be created among sexually active young people that there is nothing they can do to protect themselves from these tragic consequences.

Finally, many students learn that if an STD does not kill them, the psychological consequences of sex are just as dire. Abstinence-only materials regularly imply – and sometimes state outright – that the future is bleak for any student who engages in any premarital sexual activity. The point is carried so far sometimes that it likely seems absurd to some young people. For example, the *Why kNow?* curriculum (used in 21 school districts) informs students:

But if we take the bait, they could lead to our ultimate destruction or death. It may not be a physical death, but just as real – the death of a relationship, a friendship, a dream or a goal.¹²⁸

In typically over-the-top fashion, the *FACTS* curriculum (used in 20 school districts) puts it bluntly:

You know people talk about you behind your back because you’ve had sex with so many people. It’s so empty too. Finally you get sick of it all and attempt suicide.¹²⁹

To be clear, informing students of the legitimate consequences of sexual activity is a vitally important element of sexuality education. These abstinence-only programs do not err in providing this information. However, in their zeal to scare students into a positive behavior (i.e. refraining for sexual activity), time and again programs used in Texas classrooms exaggerate and even misrepresent the facts. The larger issue in each of these examples is the accuracy of instructional materials and credibility of educators. Effective education in any subject is impossible if the student does not trust the validity of materials and instruction.

The Monster Within: Demonizing Sexually Active Youth

Another common strategy employed in instruction about sexuality in many Texas secondary classrooms plays on existing tendencies among young people to judge the behavior of their peers. This approach demonizes those who fail to remain abstinent, while presenting those who refrain from sex as emotionally and morally superior.

Instructional materials commonly portray unmarried people who engage in any sexual behavior as “unhappy”

'The Present' Skit from Brady ISD

Sometimes strategies that promote shame (as well as those that manipulate other negative emotions) are so absurd that one wonders whether students take the lesson – and the teacher – seriously at all. The following is a skit entitled “The Present” used by Brady ISD in sexuality education instruction.

Skit-The Present

Callie: Our Hawaiian honeymoon is great!

Matt: I have this gift for you that I've been saving for a long time. I almost gave it away a couple of times, but I didn't. I wanted it to be special and brand new for you, even though I didn't know you at the time. I'm so glad I saved the whole thing for you. (Hands Callie a beautifully wrapped gift.)

Callie: Oh, this is beautiful! (Embarrassed.) Well, I have a gift for you, too. I'm afraid that I did give it away a few times, but I really thought it was the right person to give it to at the time. I've tried to re-wrap it and fix it up, but well, here. This is the best I can do. I really feel bad, but here it is. (Hands Matt tattered box.)

Explanation:

Kendale: The presents represent the couple's virginity. The girl has given her virginity away so that her present is torn up, symbolizing the possible contamination of STDs and the emotion weight of past relationships. The boy's present is beautiful because he hasn't given his away, so that there is no risk of contamination. He can rest assure any future diseases or medical conditions he or his wife may contract are not results of a sexually transmitted disease that he is responsible for.

Imelda: Whole families have died from AIDS because the mother or father had the disease before they got married and passed it to their spouse and then to the children at birth. Infertility is also many times the result of STDs. The risk for these heart-breaking situations can be greatly reduced by abstaining from sex until marriage. Even if you have had sex in the past, you can have a “secondary virginity” and save what is left of yourself for marriage.

individuals with low self-esteem and universally poor judgment. Sometimes sexually active students are depicted as prone to self-destructive and even illegal behaviors. A list of Frequently Asked Questions on the *WAIT Training* Web site (*WAIT Training* is used by 53 Texas districts) recycles a misleading “fact” from the conservative Heritage Foundation:

“Fact: Sexually active teens are more likely to be depressed and to attempt suicide. Sexually active teens are less likely to be happy, more likely to be depressed, and more likely to attempt suicide. Teenage girls who are sexually active are three times more likely to be depressed and three times more likely to attempt suicide than girls who are not active. Teenage boys who are sexually active are more than twice as likely to be depressed and are almost ten times more likely to attempt suicide than boys who are not active.”¹³⁰ (Emphasis in original)

These “statistics” are exceptionally misleading and biased (see “Where Does This Stuff Come From?” on page 22 for a full explanation), but they are effective in communicating to students that sex is inexorably linked to mental disorders, suicide risk and death. In a similar fashion, the *FACTS* curriculum compares sexual activity to substance abuse, fire, drunk driving, prostitution, and an ocean storm with “waves of enormous size [that] brought terror and death.”¹³¹ Such tactics simply reinforce the association of shame and fear

with sex, a natural human activity in which nearly all people will one day engage as adults.

There is no doubt that Texas youth are faced with pressure from their peers, pop culture and contemporary media regarding sexuality. Rather than focus on teaching students how to counter such pressures, some abstinence-only programs portray students who succumb to these pressures as inferior to those who do not. The representation of this “pressure” suggests that peers will look down on students who become sexually active. An educator with Education Service Center 12 in Wichita Falls, who actually consults with numerous school districts and trains teachers involved in teaching sexuality education, provides a typical example of this type of instruction. In his educator trainings, he asserts that sexually active students are “the topic of gossip and lies.”¹³² The abstinence-only curriculum *WAIT Training* suggests that young people who are not sexually active have the “ability” to develop their self-control and create a value system, indicating that sexually active youth do not possess this ability.¹³³

Character education, which can be a helpful component of a secondary curriculum, often takes a negative turn with such messages. Under this approach, students learn that engaging in sexual behavior of any kind is primarily to be judged a failure of character. Consequently, sexually active students are depicted as inferior to abstinent peers. The *Sex Respect* curriculum used in six Texas school districts teaches that sexually active youth lack self-control, give in to peer pressure and have low self-esteem.¹³⁴ Conversely, students who are not sexually active are assigned a morally superior status in which they can be expected to develop socially, emotionally and intellectually. The *No Apologies* curriculum used in five Texas districts sums up this perspective:

Destructive behaviors such as violence, dishonesty, drug abuse and sexual promiscuity arise from a common core—the absence of good character.¹³⁵

It is also critically important to note that for some teens sexual activity is not consensual, but a result of sexual coercion or assault.¹³⁶ For these teens, the message that sex is a result of moral weakness or causes psychological damage could add further trauma. Most of the sexuality education materials used in Texas schools barely touch on sexual abuse and rarely distinguish between wanted and unwanted sexual behavior. As an example, Baird ISD utilizes a handout entitled “Are You Contracepting Yourself?” that includes “sexual violence” and “aggression toward women” as potential consequences of deciding

to become sexually active.¹³⁷ No one chooses to be the victim of sexual assault, and victims of any type of sexual violence or aggression should never be made to feel guilty or ashamed. In a worst-case scenario, it is possible that students who were forced to engage in nonconsensual sexual activity will internalize guilt and shaming messages and not report these crimes and/or seek help.

You Should Be Ashamed of Yourself

Scare tactics are often accompanied in public school classrooms by strategies designed to cultivate feelings of shame, guilt and embarrassment surrounding sexual activity. Religion plays a role in a few of these cases, with sexually active students portrayed as letting God down and violating “God’s standards.”¹³⁸ (See Finding 6 for a discussion of religious content in sexuality education materials.) In most cases, however, shame-based messages focus on manipulating feelings of guilt and a loss of personal worth.

Some school districts, such as Burseson ISD, make this point very clearly. A PowerPoint presentation includes a slide titled “Sex outside of marriage starts a chain reaction.” The “chain reaction” includes:

sexual intercourse, guilt that comes with it, self deception (rationalizing) and desertion (we feel separation from the people that we let down because we are doing the forbidden: e.g. parents, future spouse, friends that are counting on you to be strong for them).¹³⁹

A number of strategies reinforce the suggestion that sexually active young people are damaged goods and engaging in sex will make future relationships, including marriage, difficult or even impossible. Various abstinence-only programs, such as *WAIT Training* and *Real Options for Women*, use a variation of an exercise in which students are instructed to apply clear tape, representing virginity, to their arms. In the *WAIT Training* version of this exercise, students are instructed to rip off the tape, signifying the breakup of a sexual relationship. The teacher then holds up the tape and shows that it is no longer clear: “He left some very special things on this tape. Skin, hair, cologne, DNA.” When the tape is applied to another student’s arm, students are told that they can see how the “bonding strength” of the tape has been diminished. Teachers are then instructed to ask students: “If this process gets repeated too many times, do you think it will affect this person’s (hold up the tape) marriage?”¹⁴⁰ The materials from *Real Options for*

Women – utilized in one Texas school district – explain that the tape demonstrates how easy it is to pass on STDs and how “emotional scars can lead to problems ‘bonding’ with their husband/wife one day.”¹⁴¹ One is left to wonder, of course, how this affects students who are already sexually active. For them, it must seem the die has already been cast, and the future seems grim indeed.

The most vivid example of this shame-based instruction comes from Brady ISD, which utilizes a skit where students are told that wrapped presents represent a couple’s virginity.¹⁴² (See *Figure G*.) The female’s present, representing her virginity, has been:

torn up, symbolizing the possible contamination of STDs and the emotion (sic) weight of past relationships. The boy’s present is beautiful because he hasn’t given his away, so there is no risk for contamination.

A narrator concludes the skit by telling students that “whole families have died from AIDS because the mother or father had the disease before they got married and passed it to their spouse and then to the children at birth.” The connotation of “sex” and “contamination” is clear: virginity is clean, while sex is not. But the skit offers hope of a sort:

Even if you have had sex in the past, you can have a ‘secondary virginity’ and save what is left of yourself for marriage.¹⁴³ (Emphasis added.)

As you can see, even sexually active youth who decide to become abstinent are not always spared from shaming. Some abstinence-only programs emphasize that sexually active students can choose to refrain from any further such activity through “secondary virginity” or “secondary abstinence.” These terms have been popularized by the abstinence-only movement but are not concepts supported or used in the scientific or medical communities.¹⁴⁴ Yet in multiple programs secondary virginity, while encouraged, apparently is never quite good enough. In *Choosing the Best PATH*, an exercise called “A Mint for Marriage” has students pass around an unwrapped peppermint patty. Once the candy is returned, the teacher asks if a student would like to eat it. The teacher is instructed to ask:

“Why is this patty no longer appealing?” The answer: “No one wants food that has been passed around. Neither would you want your future husband or wife to have been passed around.”

“Is there any way to make the food usable again? (Put it back in the wrapper, refrigerate it, and the bacteria will die. It will be almost like new.) Say that this is similar to renewed virginity, when a person who has been sexually active decides to be abstinent until marriage.”¹⁴⁵

Virginity pledges have become favorite activities of many abstinence-only providers and supporters. A number of programs used in Texas incorporate a virginity pledge, including *WAIT Training*,¹⁴⁶ *Choosing the Best*,¹⁴⁷ and *Scott & White Worth the Wait*¹⁴⁸ (the most widely used curriculum in the state). This activity, often conducted as a group function, is intended to guide teens towards an abstinent lifestyle until marriage. These pledges can also provide an additional mechanism to shame students who “break” their abstinence pledges. Recent research has suggested that the sexual behavior of those who take virginity pledges does not differ from that of non-pledgers. In fact, pledgers were less likely to protect themselves from pregnancy and disease before marriage. A study released in early 2009 found that though virginity pledges may not affect sexual behavior, they may decrease the likelihood of taking precautions during sex.¹⁴⁹ Another study found that over time, 53 percent of pledgers denied ever making a virginity pledge, demonstrating that abstinence-only promoters often hold these pledges in higher regard than the students who take them.¹⁵⁰ One thing is certain – this activity should not be confused for true sexuality education.

Finally, for reasons unknown, the *FACTS* program (used in 20 Texas districts) denigrates children from divorced families. The Teacher’s Edition of that curriculum states, “Children of divorce are 5 times as likely to be suspended

from school; 3 times as likely to need psychological counseling; and are absent from and late for school more.”¹⁵¹ Setting aside the fact that no citations are provided for these “facts,” it is unclear why students should be made to feel badly about having parents who are divorced, something over which they have no control. Apparently the purpose of this statement is to sanctify the “nuclear” family and warn students well in advance of marriage about the “evils” of divorce.

Conclusions

Health educators face a daunting task when teaching about the risks of premature sexual activity. A common argument by supporters of abstinence-only programs is “we don’t teach kids how to be safe smokers or drug users; why would we teach them about safe sex?” This is clearly a flawed comparison. Teaching about the risks of smoking or drug use is dramatically different than the risks of sexual activity because no parents want their child to grow up to become a successful smoker or drug user. Most parents do, however, want their children to eventually have positive and meaningful adult relationships in which sex and other topics are discussed in a mature and educated manner. Clearly, young people today should be told the truth about the dangers of engaging in sexual behavior. Those consequences – including pregnancy and infection with HIV and other STDs – are real. Yet research does not show that using fear is an effective education strategy, and the emphasis on shame and guilt as a strategy carries its own potential consequences. Surely, then, the over-the-top emphasis many abstinence-only programs place upon linking sex to disease, death, shame, guilt and embarrassment should be of concern to parents who want their children to grow into healthy, well-adjusted adults.

FINDING 5: INSTRUCTION ON HUMAN SEXUALITY IN TEXAS OFTEN PROMOTES STEREOTYPES AND BIASES BASED ON GENDER AND SEXUAL ORIENTATION.

The charge that abstinence-only materials and speakers often perpetuate harmful and outdated stereotypes has been a longstanding criticism of these programs. A recent report by Legal Momentum, in partnership with the Human Rights Program at Harvard Law School and the Program on International Health and Human Rights at the Harvard School of Public Health, has brought a renewed focus on these issues. The 2008 study documented numerous cases in which abstinence-only programs present gender stereotypes as truth and homophobic sentiments as fact.¹⁶²

The findings from our survey of sexuality education instruction in Texas public schools reveal that many of these same issues plague abstinence-only materials used in Texas secondary classrooms. The most common stereotypes that appear in the materials evaluated for this report include portraying outdated gender roles for females; typecasting women as gatekeepers of aggressive male sexuality; and in a handful of districts, including content that openly discriminates against gay and lesbian youth. This chapter will explore examples of these and other harmful stereotypes in Texas classrooms.

Back to the 1950s: 'Traditional' Gender Roles

Reading through sexuality education materials used in some Texas schools can be like stepping back in time to an earlier era when schools prescribed and enforced rigid gender roles for women and men. The “traditional” roles recommended for women one encounters in some of these materials can be especially jarring to the modern observer, as with the *No Apologies* curriculum developed by the conservative Christian group Focus on the Family. *No Apologies* was originally developed for use overseas in countries like Singapore, but is now included in public

schools in this country, including five districts in Texas. It advises students:

LADIES BE LADIES

In another article, we talked about chivalry and knights and gentlemen being gentlemen. But there are two sides to every coin, so girls, we have to ask: Are you acting like the kind of lady who would attract such a knight in shining armour? Think about it. Maturity attracts maturity. Class attracts class. Ladies attract gentlemen.¹⁶³

Other abstinence-only programs perpetuate a similarly restrictive – one might even say sexist – stereotype of women’s needs and ambitions:

WAIT Training (53 Texas districts) – Women need “financial support” and “family commitment.” Men need “domestic support” and “admiration.”¹⁶⁴

Why kNOW? (21 Texas districts) – “Women gauge their happiness and judge their success by their relationships,” while “men’s happiness and success hinge on their accomplishments.”¹⁶⁵

Abstinence speaker and Catholic apologist* Jason Evert – whose materials or presentations are used in four Texas districts – is at least aware that he may “sound politically incorrect” when he states on his Web site that:

a girl is out of place when she pursues. Likewise, the guy is out of place when he’s the one who has to be swept off his feet. We all know it. Just imagine a guy leaning over his balcony at night, blushing as he listens to a young lady serenading him from the garden below. It’s messed up!¹⁶⁶

* **Apologist** in this context denotes someone who argues in defense of Christianity.

It is tempting to dismiss such anachronistic ideas as harmless, if uncomfortable, clichés. However, these types of gender stereotypes can be dangerous because they undermine female self-esteem and self-efficacy. As Dr. Deborah Tolman, Professor of Human Sexuality Studies at San Francisco State University, puts it:

Our research shows that the more girls buy into stereotypes about how they are supposed to behave in relationships – most notably not to express or act on their own feelings and focus on others – and about treating their own bodies as objects, the lower their self-esteem and the more depressed they are. It is critical that there is now empirical evidence of the presence of such stereotypes as well as of the actual damage they cause.¹⁶⁷

A more significant issue in many abstinence-only materials is the underlying assumption that marriage is a singular goal for every female and that all problems related to sex and relationships disappear on one’s wedding night. Thus women are sometimes depicted as “safer” when they are married. The Web site for *Austin Lifeguard* (used in 10 districts) quotes the 16th-century Protestant Christian reformer Martin Luther:

Let the wife make her husband glad to come home and let him make her sorry to see him leave.¹⁶⁸

The *No Apologies* curriculum carries this idea of the dependent female to a disturbing conclusion:

(T)he safest place for a woman to live is married to a man.¹⁶⁹

Not only would many women object to the insulting suggestion that marriage to a male is necessary to experience security, this claim is demonstrably false in the millions of marriages that include domestic abuse. The fact that few abstinence-only programs discuss sexual assault or coercion in a thorough manner can compound this problem, missing an opportunity to discuss important issues associated with domestic violence in relationships. Further, this fixation on marriage can limit opportunities and even affect societal expectations for young women.

Several abstinence-only programs include information that purportedly describes sexual differences between males and females. There are legitimate reasons to highlight gender differences in sexuality education

information. For instance, teaching students how physical symptoms and complications of STDs differ between males and females is relevant information. The abstinence-only programs noted in this study, however, more often present caricatures based on simplistic stereotypes that ignore legitimate research into gender differences. These materials generally depict boys as sexual beings, whereas girls are portrayed as emotional beings. Consider this handout with no citations from Baird ISD:

Sexual Differences Between Male and Female:

MALE	FEMALE
“Erotic Bill”	“Romantic Susie”
Inclination for Sexual Intercourse	Not So Inclined to Want Intercourse
Easily Aroused	Not So Easily Aroused
Visual – “Turned On” Easily by Sight	Auditory – “Turned On” More By What She Hears
Focuses More on Genital Activity	Focuses More on Feelings
More Often	Less Frequently
May Tend to Use “Love” to Get Sex	May Tend to Use “Sex” To Get Love ¹⁷⁰

The *WAIT Training* curriculum – used in 53 districts – paints a similar picture of male vs. female sexuality:

Sexually speaking, it has been said that men are like microwaves and women are like crock pots. What does that mean? Generally, men get stimulated more easily than women and women take longer to get stimulated. Men are visual responders and women respond when they feel connected and close to someone.¹⁷¹

Restricting sexuality education to such narrow, predetermined gender stereotypes does not allow room for the broad diversity of gender roles and opportunities available to today’s youth. Consequently, students who may have none of the predetermined traits “assigned” to their respective genders – or those who are not yet interested in marriage – may dismiss such instruction as irrelevant to their personal situations.

Sexual Gatekeepers:

Girls are Responsible for ‘Uncontrollable’ Boys

One particularly troubling gender stereotype recurs time and again in abstinence-only materials reviewed for this study – the depiction of the female as the primary sexual gatekeeper. This stereotype is based on the idea that boys can not control their sexual urges and, as a result, responsibility for controlling sexual activity falls primarily

– or even exclusively – to girls. Not only does this stereotype unfairly burden the female with a responsibility both partners should share, there are also potentially dangerous consequences to such messages with regard to domestic violence and sexual assault.

A PowerPoint presentation from Burleson ISD (source unidentified) provides a typical example of this message. A slide entitled: “Women are in charge” instructs students:

- The woman sets the tone of the relationship.
- A man will respect the boundaries if the woman is serious about the limits.
- The man may have to set the limit but usually the woman is in charge.¹⁷²

Messages like this are problematic because they disregard or downplay male responsibility to set appropriate boundaries – or even respect boundaries set by the female partner. This approach can be interpreted by students as “letting the male off the hook” when it comes to responsibility for sexual behavior.

While teaching students that the “woman is in charge” might be dismissed as merely an inconvenient burden to females, some programs take this message a step further and use it to excuse inappropriate male sexual behavior. The *Why kNOW?* curriculum, for instance, includes a story about a young couple named Stephanie and Drew who are trying to remain abstinent until marriage. In this material, which is used in 21 Texas districts, students are told that Stephanie is too affectionate and wears tight clothing. Drew “likes her a lot, but lately keeping his hands off her has been a real job!” Stephanie has clearly communicated to Drew that she does not want to have sex – “her actions, however, are not matching her words.”¹⁷³ There are several problems with this exercise. First, as with the Burleson ISD material, the male is assigned a lesser responsibility for controlling his personal behavior. Beyond this, however, Stephanie has acted appropriately and communicated her desire to avoid sexual intercourse – she said “no” – yet the curriculum still blames her for aggressive male sexual behavior. Examples like this send a clear message that “boys will be boys” and are ultimately not responsible for their actions.

It can be a short step from excusing the male to blaming the female for aggressive male behavior – even sexual violence and assault. The *Just Say Yes* program – used in 12 districts around the state – comes dangerously close to crossing this line:

Girls, taking into consideration that guys are more easily sexually turned on by sight, you need to think long and hard about the way you dress and the way you come on to guys...If a guy is breathing, then he's probably turned on...How can you tell a girl is an easy target for a guy?...By the clothes she wears...A girl who shows a lot of skin and dresses seductively fits into one of three categories: 1) She's pretty ignorant when it comes to guys, and she has no clue what she's doing. 2) She's teasing her boyfriend which is extremely cruel to the poor guy! 3) She's giving her boyfriend an open invitation saying, “Here I am. Come take me.”¹⁷⁴

This passage shares the problems of the previous examples – placing responsibility for boundaries solely with the female and excusing male behavior (“poor guy”) – but the closing statement carries this line of thinking to a disturbing conclusion. The comment that “she’s giving her boyfriend an open invitation saying, ‘Here I am. Come take me’” clearly implies that the female’s clothing is inviting, even welcoming sexual behavior to which she has not consented. Those who study sexual assault will immediately recognize the dangers in giving this message to young men and women. Domestic violence prevention advocates have invested almost 50 years of public education to advance a simple message: when a woman says “no” to sexual activity, she means it. When curricular materials or a teacher sends the opposite message, there could be real and dangerous consequences for young women.

Sexual abuse and assault is a pressing issue among students in this particular age group. Approximately one in five female high school students report being physically and/or sexually abused by a dating partner.¹⁷⁵ Even more alarming, recent research has shown that both victims and abusers attribute the responsibility for violent dating behavior to victims. Reasons given include: provocation by the girl, the victim’s personality type, the girl’s need for affection, communication problems, and peer group influence.¹⁷⁶

Examples like the one above can reinforce this idea that the female is to blame by provoking aggressive male behavior. It signals to young women that their words are meaningless and, tragically, that even school officials (like teachers) do not respect those words. In a worst-case – but not uncommon – scenario, messages like this can present a barrier to reporting abuse or assault when it actually happens.

Keeping It Straight: Ignoring Gay and Lesbian Youth

Sexual orientation is rarely discussed in most of the materials and curricula used by Texas school districts. On one level, the authors of this report were pleased to find that blatantly discriminatory or homophobic materials are relatively rare in Texas sexuality education instruction. The discouraging aspect of this situation, however, is that virtually all curricula, lessons or activities submitted for this study assume that all students are heterosexual. In fact, based solely on materials used in sexuality education instruction, someone might conclude no lesbian, gay, bisexual, transgender or questioning (LGBTQ) students attend public schools in Texas. This is obviously not the case. Regardless of one's personal beliefs or opinions about sexual orientation, public schools, by definition, deal with the public and must teach all students that walk through the doors, regardless of sexual orientation. Ignoring or stigmatizing LGBTQ youth in school can contribute to homophobic attitudes and a school environment often hostile to these students.¹⁷⁷

Though examples of clear discrimination were not common, we did discover a few districts that include discriminatory content toward gay and lesbian students: 41 districts in the state – or 4.1 percent. Some districts have policies that explicitly address sexual orientation in a negative, even mean-spirited manner. Northside ISD (in San Antonio) operates under a policy that reads:

Shall not represent homosexuality as a normal or acceptable lifestyle; shall, when homosexuality is to be discussed in conjunction with education about sexually transmitted diseases, provide information of a factual nature only; and shall not explicitly discuss homosexual practices.¹⁷⁸ (Emphasis added.)

The policy at Edinburg CISD includes this same language, but goes a step further:

Instruction shall not represent homosexuality as a normal or acceptable lifestyle. Homosexuality shall be discussed in conjunction with education about sexually transmitted diseases. Teachers shall provide information of a factual nature only, and shall not explicitly discuss homosexual practices. **Students should be informed that homosexual acts are illegal in Texas and highly correlated with the transmission of AIDS.** Students shall be directed to seek value-oriented information regarding homosexuality from their parents/guardians.¹⁷⁹ (Emphasis added.)

Policies like these that wrongly depict gay and lesbian students as abnormal, diseased and unlawful actually take their lead from the current Health and Safety Code for the state of Texas. In the section relating to “Educational Program About Sexual Conduct And Substance Abuse,” the code specifies that:

Course materials and instructions relating to sexual education or sexually transmitted diseases should include: Emphasis, provided in a factual manner and from a public health perspective, that homosexuality is not a lifestyle acceptable to the general public and that homosexual conduct is a criminal offense under Section 21.06, Penal Code.¹⁸⁰

In fact, the U.S. Supreme Court ruled in *Lawrence v. Texas* (2003) that Section 21.06 of the Texas Penal Code and similar laws elsewhere that criminalized sexual intimacy between consenting individuals of the same sex are unconstitutional.¹⁸¹

Occasionally, content that is even more blatantly anti-gay turns up in instructional materials and presentations. David Gordon, an education specialist with a state Education Service Center, utilizes a handout that includes advice on how to answer “controversial questions.” The worksheet recommends that homosexuality should be labeled “a [sic] inappropriate decision that is made by some people.”¹⁸² This statement, based on personal prejudice, is made worse by the fact that Mr. Gordon actually consults with numerous school districts (13, according to information collected for this report) and trains teachers who are involved in teaching sexuality education.

The *FACTS* curriculum – used in 20 Texas districts – does not deal with sexual orientation extensively, but the brief section that does provides problematic commentary on this issue:

Whether transmitted by genes or acquired through the environment, sexual identity is not fully established until the late teens or early twenties.... Young persons may sense affection and even infatuation for a member of the same sex. This is not the same thing as ‘being’ homosexual. Any same sex ‘sexual experimentation’ can be confusing to young persons and should be strongly discouraged.¹⁸³

Implying that lesbian, gay, bisexual, transgendered and questioning individuals are “confused” can be damaging to youth, particularly young people who may already be the

target of discrimination by their peers. When messages like this are presented to students by authority figures (teachers or other instructors), they can also contribute to hostile school environments for LGBTQ youth.¹⁸⁴

There is a more subtle form of discrimination against LGBTQ youth that is common to most abstinence-only program materials used in the state – the strict instruction that sex only within the framework of marriage is permitted or healthy. Same-sex marriage, of course, is not currently legal in Texas. Therefore, abstinence-only-until-marriage instruction closes even the possibility of a sexual relationship for gay and lesbian young persons who cannot legally marry their partners.

Programs reinforce this restriction in various ways. Many simply restate the federal abstinence-only funding definition that a “mutually faithful monogamous relationship in the context of marriage is the expected standard of human sexual activity.”¹⁸⁵ Some materials, however, seem to go out of their way to drive home the message that homosexual students are excluded from sexuality instruction. The *Rural Abstinence Education Coalition* (used by 15 districts), for example, has school districts sign a letter of intent outlining the program. The letter includes a “Summary of Classroom Instruction” that states the following:

- (1) teach that abstinence from sexual activity outside the context of marriage is the expected standard for all school-aged children;
[...]
- (12) teach that “marriage” is defined as “only a legal union between one man and one woman as a husband and a wife, and the word “spouse” refers only to a person of the opposite sex who is a husband or a wife.”¹⁸⁶

Even the state-adopted health textbooks make a point to explicitly exclude LGBTQ students. After pressure from social conservatives on the State Board of Education, publishers in 2004 agreed to change the wording in their textbooks to emphasize that marriage is restricted to the union of a man and woman. Phrases like “married partners” and “when two people marry” were changed to “husband and wife” and “when a man and a woman marry.”¹⁸⁷ (Social conservatives argued at the time that phrases such as “married partners” and “couples” were “asexual stealth phrases” that promoted same-sex marriage.¹⁸⁸)

Whether directly through homophobic or discriminatory messages, or indirectly through the presentation of heterosexuality as the only legitimate sexual orientation, too many school districts in Texas stigmatize LGBTQ students. In recent years, there has been an effort to make certain that schools are a safe, welcoming environment for all students, regardless of sexual orientation. In the same way, sexuality education instruction should include all students, not just heterosexual youth.

Conclusions

Though most parents would agree that schools should promote the ideal of gender equality – or at least equality of opportunity for both genders – the instruction their children receive in abstinence-only programs regularly undermines this ideal by promoting outdated stereotypes. These gender stereotypes can be especially harmful to young women, who are confronted with restrictive, even sexist gender roles or forced to take responsibility for male’s aggressive sexual behavior. Likewise, gay and lesbian students are deliberately excluded from most sexuality education in Texas classrooms, and in some cases they are the subject of rhetoric that is hostile to their sexual orientation. All students deserve to learn important information about sexual health, free from bias toward any gender or orientation.

FINDING 6: SOME TEXAS CLASSROOMS MIX RELIGIOUS INSTRUCTION AND BIBLE STUDY INTO SEXUALITY EDUCATION PROGRAMS.

THIS FINDING AUTHORED BY

Ryan Valentine, *TFNEF deputy director*

While the intersection of religion and sexuality education has long been viewed as a hazardous one for public schools, most teachers and administrators manage to navigate these issues without major conflict. Prudent districts do this by recognizing a crucial distinction between the role of schools and the role of parents: schools are best equipped to cover the biological and scientific aspects of sexuality education, while moral and ethical guidance should be the domain of parents and religious congregations. Districts run into legal problems when they forget this important distinction and attempt to usurp the role of parents in providing religious instruction. Unfortunately, more than a few districts in Texas make this mistake.

According to materials returned for this report, 9.5 percent of Texas secondary school districts include inappropriate religious content in their sexuality education instruction. Religious messages are communicated through student handouts and exercises, curricular materials, videos, Web resources to which students are referred and speaker presentations (sometimes even delivered by local clergy). Not surprisingly, the particular expression of religion that dominates in Texas secondary schools is Christianity, primarily beliefs held in fundamentalist Protestant traditions. In fact, our research did not turn up a single incidence of reference to a non-Christian faith in sexuality education materials used in Texas.

Religious influence is evident in sexuality education programs used in Texas in two ways: direct, explicitly faith-based materials and content; and more subtle, indirect influence expressed through Christian speakers and church

support. This chapter deals with each of those influences, as well as the significant role faith-based crisis pregnancy centers play in public school sexuality education.

Abstinence: 'God's only policy'

A number of Texas school districts include content that is explicitly and pervasively religious in nature. In some cases, inclusion of religious material seems due more to a failure by district officials to carefully vet guest speakers and their curricular materials than a deliberate attempt to indoctrinate students. Whatever the motive, forcing students in a public school classroom to learn information that promotes one set of religious beliefs over all others is not only a violation of the U. S. Constitution's Establishment Clause, it also compromises the right of families to pass on their own beliefs to their children.

Some of the religious materials that districts provided in response to our request are produced by large, national abstinence-only programs, religious advocacy organizations or conservative Christian denominations. The *Why kNOW?* curriculum (used in 20 Texas school districts), for instance, contains numerous references to religion and religious organizations, even quoting a scriptural passage from the New Testament (1 Corinthians 13:4).¹⁸⁹ We also discovered that 18 districts around the state utilize videos or curricular materials produced or distributed by the conservative Christian advocacy group Focus on the Family, known for its involvement in "culture war" political issues and its Christian child-rearing materials.¹⁹⁰ Districts sometimes refer students to resources produced by specific Christian denominations, as in Elkhart ISD, where students are

referred to the Web site www.truelovewaits.com.¹⁹¹ The *True Love Waits* program is sponsored by LifeWay Christian Resources, which is owned and operated by the Southern Baptist Convention. Among other activities intended to encourage abstinence until “biblical marriage,” *True Love Waits* promotes a virginity pledge:

to God, myself, my family, my friends, my future mate, and my future children to a lifetime of purity including sexual abstinence from this day until the day I enter a biblical marriage relationship.¹⁹²

Religious Instruction & Public Schools – What Does the Law Say?

Religious instruction in public schools is limited because of the first phrase of the First Amendment of the U.S. Constitution – the so-called Establishment Clause. It states: “Congress shall make no law respecting an establishment of religion...” This clause has been interpreted by the courts to mean that the government – and by extension, public schools – must not:

- promote one religion or faith group over any other; or
- promote a religiously based life over a secularly based life.

This generally means that while schools may educate about religion, instructors must not promote or denigrate any religion.²²⁶

The close association of an abstinence-only education philosophy with corresponding teachings in certain religious traditions has created problems for some faith-based abstinence-only programs when they receive government support. In fact, there is a history of legal challenges to faith-based abstinence-only programs, most recently *ACLU of Massachusetts v. Leavitt, Secretary of U.S. Department of Health and Human Services* (2005).²²⁷ In that case, the Department of Health and Human Services (HHS) was sued over funding it provided to a faith-based abstinence-only program called *Silver Ring Thing*. Among other religious content the courts found problematic, *Silver Ring Thing* stated clearly:

The mission is to saturate the United States with a generation of young people who have taken a vow of sexual abstinence until marriage and put on the silver ring. This mission can only be achieved by offering a personal relationship with Jesus Christ as the best way to live a sexually pure life.²²⁸

The 2006 settlement resulted in an agreement by HHS to discontinue funding for the *Silver Ring Thing's* abstinence-only program as it was structured and made any future funding contingent on its compliance with federal law prohibiting the use of federal funds to support religious activities. As materials gathered for this report demonstrate, Texas secondary school districts could be opening themselves up to similar lawsuits that will divert funding away from education and towards resolving issues the courts have already settled.

While a few large programs like these are used in Texas schools, most of the religious content we discovered is “homegrown.” Such locally produced or teacher-created material – mostly unattributed to any author or source – tends to be more obviously and unapologetically sectarian than religious content in larger programs. Consider a handout used by Perrin-Whitt CISD entitled: “Things to look for in a mate.” (See *Figure 1* on page 44 for a full reproduction of this handout.) This document, presumably distributed to students, counsels young people searching for a mate to consider:

How they relate to God

- A. Is Jesus their first love?
- B. Trying to impress people or serve God?

[...]

Personal Discipline

F. Attitude

1. Willing to obey God, or hesitate to obey
2. Humility – willing to accept correction, put other first-Phil 2:3
3. Industrious – Proverbs 31:17, “Work is not what we do for a living, but with do with our living [sic]”¹⁹³

Teaching students that a dating partner must be approved by God or conform to a biblical standard of morality is a fairly common theme in the religious materials used in Texas sexuality education. The outline for an abstinence program called *Hot Topics* – produced by Debbie Koen and used in three north Texas districts – instructs students to consider “Whose Opinion Counts: Self, God, and Parents.” It also includes a section on “Gods [sic] standard for dating.”¹⁹⁴ Of course, moral guidelines like these are a part of many religious traditions and perfectly appropriate to discuss in homes and houses of worship. Imposing a religious test for dating becomes problematic, however, when it is taught in a public school setting to students who come from a variety faith backgrounds (or none at all). One can easily imagine the problems the question “Is Jesus their first love?” poses for Jewish, Muslim or Hindu students sitting in a Texas classroom.

In fact, some programs assume or impose an explicitly “Christian” view of sexuality and sexual mores. The most shocking example of this is a program called *Wonderful Days*, which is used in three Texas school districts in the Fort Worth area. *Wonderful Days* is a marriage promotion and abstinence-only program created by Roger Norman, a Texas lawyer, who unapologetically describes himself

as a member of the religious right.¹⁹⁵ Materials used by this program read more like Sunday school lessons than a course on sexuality education. Hardly a page can be found that does not include multiple references to Bible verses, invocation of Christian principles, even attempts to proselytize students with the Christian plan of salvation. The “Resources” portion of the *Wonderful Days* Web site (which the program touts as a key component of student instructional materials) gives the following advice to young people:

We can be born again of The Almighty Himself. We then take on His character with all of its resultant self-control, benefits, and great responsibility. You will be amazed when the “sperm” of His Spirit connects with the “ovum/egg” of your spirit and you become a “new person” with His character. How? Read about it in your Bible:

John 1:12: But as many as received Him, to them He gave the right to become children of Yahweh, even to those who believe in His name.

Romans 3:23: for all have sinned and fall short of the glory of Yahweh.

Romans 6:23: For the wages of sin is death, but the free gift of Yahweh is eternal life in Messiah Yahshua our Lord.

John 3:16: For Yahweh so loved the world, that He gave His only begotten Son, that whoever believes in Him shall not perish, but have eternal life.

Romans 10:9-10: that if you confess with your mouth Yahshua as Lord, and believe in your heart that Yahweh raised Him from the dead, you will be saved; for with the heart a person believes, resulting in righteousness, and with the mouth he confesses, resulting in salvation.¹⁹⁶

The courts have consistently ruled that proselytizing or any attempts to convert students is a violation of the Establishment Clause.¹⁹⁷ Despite the obvious inappropriateness of such explicitly religious content for public schools, *Wonderful Days* actually provides instruction on how community activists can get this information approved by the school board for use in the classroom. (It even provides a sample letter to the superintendent that encourages school administrators and board members to review the program’s Web site.¹⁹⁸) For

more examples of problematic religious content in the *Wonderful Days* program, see *Figure H*.

Another example of a pervasively religious program used in Texas public schools is *Motherwise*, a curriculum intended for use in Christian churches to “equip mothers worldwide with God’s truth that transforms the family.” The mission of *Motherwise* makes clear its religious purpose:

Our ministry has a global mission to embrace, educate, and encourage families in absolute surrender and total abandonment to Jesus Christ.¹⁹⁹

Edna ISD reported that a *Motherwise* presentation is a part of their sexuality education instruction, presented by a minister from a local Baptist church. Though it is unclear exactly what is included in the presentation at the school, it is difficult to imagine how religious content could be removed from a program that lists its three main course components as “Bible Study, Prayer, and Mothering Skills” – particularly if the presentation is not led by a teacher, but by a Baptist minister. Worse, the minutes from the November 2, 2006, meeting of the Edna ISD School Health Advisory Council (SHAC) noted approvingly, “At the HS our Community Resource person is currently taking pregnant students or students who are new mothers to ‘Mother Wisdom’ [*Motherwise*] classes at First Baptist Church.”²⁰⁰

Out of almost 1,000 school districts evaluated for this report, one district stood out in terms of troublesome religious content in sexuality education instruction: Brady ISD (located in central Texas). Brady ISD turned over a series of what appear to be student handouts that lay out a scriptural case for abstinence from sexual activity. Many of these handouts are structured in a “Question and Answer” format, and the tone and content clearly presumes a Christian audience. Though the sources for these documents are not anywhere identified, they have been lifted verbatim from the Web site www.gotquestions.org. The Web site describes its purpose as follows: “Got Questions Ministries seeks to glorify the Lord Jesus Christ by providing Biblical, applicable, and timely answers to spiritually-related questions through an internet presence.”²⁰¹ Here is a typical example of the type of information presented in these materials:

Question: “What does the Bible say about sex before marriage / premarital sex?”

Answer: Along with all other kinds of sexual immorality, sex before marriage / premarital sex is

repeatedly condemned in Scripture (Acts 15:20; Romans 1:29; 1 Corinthians 5:1; 6:13,18: 7:2; 10:8; 2 Corinthians 12:21; Galatians 5:19; Ephesians 5:3; Colossians 3:5; 1 Thessalonians 4:3; Jude 7). The Bible promotes abstinence before marriage...Sex between a husband and his wife is the only form of sexual relations that God approves of (Hebrews 13:4).

Sex before marriage has become so common for many reasons. Far too often we focus on the “recreation” of sex without recognizing the “re-creation” aspect. Yes, sex is pleasurable. God designed it that way. He wants men and women to enjoy sexual activity (within the confines of marriage). However, the primary purpose of sex is not pleasure, but rather reproduction... Abstinence is God’s only policy when it comes to sex before marriage. Abstinence saves lives, protects babies, gives sexual relations the proper value, and most importantly honors God.

Other questions included on the same handout:

Question: “Can you give me some Christian relationship advice?”

Question: “Are we supposed to be actively looking for a spouse, or waiting for God to bring a spouse to us?”

Question: “What does the Bible say about dating / courting?”

Question: “What is an appropriate level of intimacy before marriage?”²⁰²

(To this last question, the handout instructs: “...anything that even ‘hints’ of sexual immorality is inappropriate for a Christian. ...I, personally, would strongly advise a couple to not go beyond holding hands, hugging, and light kissing before marriage.”²⁰³)

Figure H

Wonderful Days: Sexual Purity Presentation

The following excerpts are from the Web site for *Wonderful Days*, a program used in three Texas districts.

What does your Creator have to say about sexual abstinence until marriage?

1 Thes. 4:3:

“For this is the will of Yahweh, your sanctification; that is, that you abstain from sexual immorality (fornication); ...”

Rom. 12:1-2 (KJV):

“I beseech you therefore, brethren, by the mercies of Yahweh, that ye present your bodies a living sacrifice, holy, acceptable unto Yahweh, which is your reasonable service.”

Rom. 13:13:

“Let us behave properly as in the day, not in carousing and drunkenness, nor in sexual promiscuity and sensuality, not in strife and jealousy.”

1 Cor. 5:11:

“But actually, I wrote to you not to associate with any so-called brother if he should be an immoral person ... not even to eat with such a one.”

1 Cor. 6:9-10:

“Or do you not know that the unrighteous shall not inherit the kingdom of Yahweh? Do not be deceived; neither fornicators, nor idolaters, nor adulterers, nor effeminate, nor homosexuals, ... shall inherit the kingdom of Yahweh.”

1 Cor. 6:19-20:

“Or do you not know that your body is a temple of the Holy Spirit who is in you, whom you have from Yahweh, and that you are not your own? For you have been bought with a price; therefore glorify Yahweh in your body.”

2 Cor. 12:21:

“I am afraid that when I come again my God may humiliate me before you, and I may mourn over many of those who have sinned in the past and have not repented of the impurity, immorality and sensuality which they have practiced.”

Gal. 5:19-21:

“Now the deeds of the flesh are evident, which are: immorality, impurity, sensuality, ... and things like these, of which I forewarn you just as I have forewarned you that those who practice such things shall not inherit the kingdom of Yahweh.”

Eph. 5:5:

“For this you know with certainty, that no immoral or impure person or covetous man, who is an idolater, has an inheritance in the kingdom of Messiah and Yahweh.”

Phil. 2:3-4:

“Do nothing from selfishness or empty conceit, but with humility of mind let each of you regard one another as more important than himself; do not merely look out for your own personal interests, but also for the interests of others.”

1 Tim. 1:9-10:

“Realizing the fact that the law is not made for a righteous man, but for those who are lawless and rebellious, for ... immoral men and homosexuals ... and whatever else is contrary to sound teaching.”

2 Tim. 2:22:

“Flee youthful lusts, and pursue righteousness, faith, love and peace, with those who call on the Lord from a pure heart.”

1 Pet. 2:11:

“Beloved, I urge you as aliens and strangers to abstain from fleshly lusts, which wage war against the soul.”

Acts 15:28-29:

“For it seemed good to the Holy Spirit and to us to lay upon you no greater burden than these essentials: that you abstain from things sacrificed from idols and from blood and from things strangled and from fornication; if you keep yourselves free from such things, you will do well. Farewell.”

Rev. 21:8:

“But for the cowardly and unbelieving and abominable and murderers and immoral persons and sorcerers and idolaters and all liars, their part will be in the lake that burns with fire and brimstone, which is the second death.”

Rev. 22:15:

“Outside are the dogs and the sorcerers and the immoral persons and the murderers and the idolaters, and everyone who loves and practices lying.”

Why would He give these commandments about sexual abstinence until marriage?

One answer: We were all designed so that our sex drive, which is a very strong drive, begins when we are approximately twelve, thirteen or fourteen. Yet, we were also designed so that we cannot marry and legally exercise our sex drive until years later, maybe even when in our twenties, when we become economically and emotionally able to be responsible for a family. What happened? Did the Master Designer make a big mistake? If not, what did He have in mind?

Why would He design STD’s?

Should not strong character be an ultimate goal of parents for our children? Do we, as parents, design checks and balances for our children to motivate their proper choices, which, in turn, produce their strong character? For example, we want them to learn obedience and caution. So, we tell them (a commandment?) not to play in the street. Stay in the yard. And, we design appropriate, unpleasant consequences if they violate our commandment. Why? Because we do not love or care for them? Or, because we do indeed love and care for them?

All quotes are from the New American Standard Version except for Romans 12:1-2. His name, Yahweh, *American Heritage Dictionary* (and see also “tetragrammaton”) has been restored in lieu of the title, God.

All of the Brady documents present abstinence as a command from God and the failure to remain abstinent as a sin. (“The Bible tells us that any kind of sex before marriage is immoral – it’s a sin. Matthew 15:19; 1 Corinthians 6:13; Ephesians 5:3”²⁰⁴) Even more troubling, these materials impose upon students a strict religious test for dating. Not once, but three separate times the handouts send the message that dating partners must share a religious affiliation or common beliefs in order to constitute a healthy or moral relationship:

Imperative to choosing to be in a relationship is finding the right person. The Bible tells us not to become unequally yoked with unbelievers (2 Corinthians 6:14-15)... A man should look for a woman who not only claims to be a Christian, but who also gives evidence of the fruit of the Spirit (Galatians 5:22-23).

Is this person a Christian, meaning has he or she been born again (John 3:3-8)? God tells us, as believers, not to become unequally yoked by marrying an unbeliever (2 Corinthians 6:14-15).

For a Christian, this is the time where he or she would find out if their potential marriage partner is also a believer in Christ. The Bible warns us that believers and unbelievers should not team up, because those living in the light (of Christ) and those living in darkness cannot live in harmony (2 Corinthians 6:14-15).²⁰⁵ (Emphasis added.)

Underlying each of the above examples is the assumption that all students are Christians and that Christian theological claims are true. These documents go well beyond teaching about Christian beliefs to presuming, and even advocating these beliefs. While acceptable in a religious setting, this is simply not appropriate for a public school classroom, legally or ethically (not least of all because it excludes or demeans the student who does not share the majority religious faith). Further, it is troubling that materials from a Christian ministry Web site that are not written by subject-area experts nor reviewed for accuracy by any scientist or educators can be presented to students as a reliable resource.

Including materials like the ones mentioned here in a public school classroom puts a district in clear legal jeopardy. The presentation of religious instruction in this

way is not neutral, as the courts require. In fact, the tone in the materials described here is clearly devotional, not academic. It places the school in the position of promoting a particular view of religion – in this case, Christianity – over all others. This is precisely the type of “specifically religious activities” that the courts have consistently ruled are a violation of the Establishment Clause.²⁰⁶

Indirect Religious Influence

While the preceding examples represent clear-cut violations of students’ religious freedom, religious influence on sexuality education is more commonly manifest in subtle, indirect ways: the use of religious speakers, materials produced by sectarian organizations, and partnerships with local churches.

A number of Texas school districts utilize speakers in their sexuality education instruction whose relevant affiliation is not with a health or educational organization; rather, their primary affiliation is religious. Here are a few examples of religious speakers with which districts contracted to provide sexuality education instruction:

- o Jason Evert – “full-time apologist* with Catholic Answers, the nation’s largest lay-run apostolate for apologetics and evangelization.”²⁰⁷ (Lindsay, Bay City, Alvin and Flour Bluff ISDs)
- o Terri McLaughlin – education coordinator for the faith-based anti-abortion lobbying group Texans for Life²⁰⁸ (Boles ISD)
- o Lyndy Phillips – identified by district as a Christian motivational speaker; ordained minister and served over 13 years as a full-time youth and associate pastor.²⁰⁹ (Channing ISD)
- o David Crain – Christian musician and speaker: “As a speaker, David’s message is always delivered in a way that entertains while drawing the listener into a deeper relationship with Christ.”²¹⁰ (Grape Creek ISD)

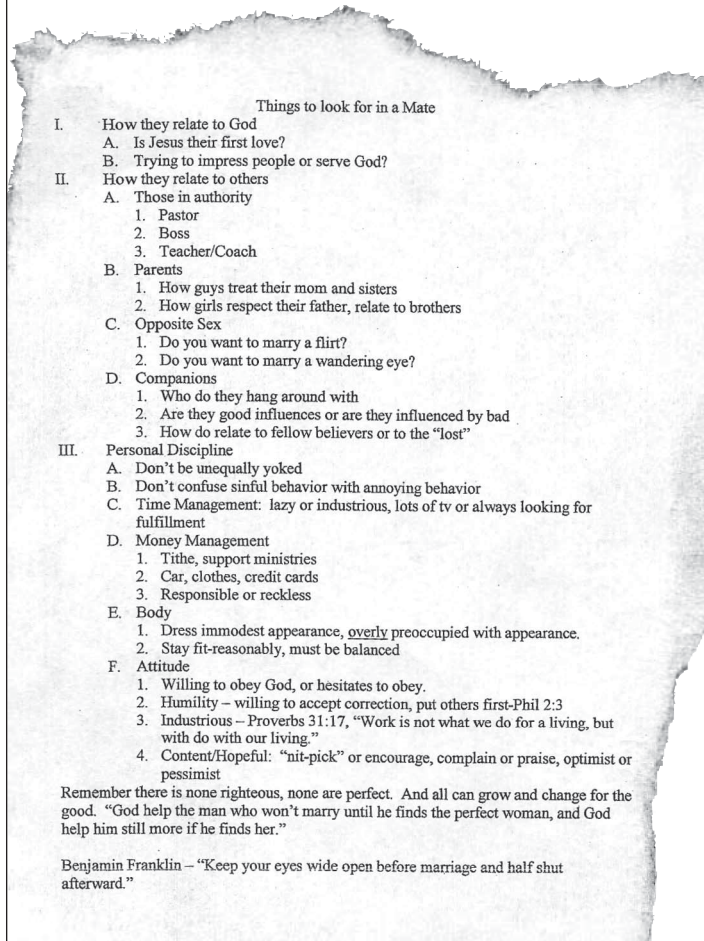
Some districts even utilize local clergy – typically youth pastors – to deliver presentations about abstinence. Dublin ISD reported a list of approved “character education” presenters, which included ministers from several area churches (three Baptist churches and a Church of Christ).²¹¹ Utilizing clergy to facilitate sexuality education presentations appears to be a common tactic of the *Austin LifeGuard Character and Sexuality Education* abstinence-only program. Several districts reported that the *LifeGuard*

* **Apologist** in this context denotes someone who argues in defense of Christianity.

Figure 1

'Things to Look for in a Mate' from Perrin-Whitt CISD

The following is an exact reproduction of a student handout utilized by Perrin-Whitt CISD.



program was presented in their schools by local youth ministers (Gonzales, La Grange, Lewisville ISDs).²¹² Though their published materials avoid any direct religious content, *Lifeguard* is itself operated by a religious organization – Austin LifeCare, a “Christian faith-based” crisis pregnancy center that touts its “life-changing Bible study” in helping women who have had abortions.²¹³ The *Lifeguard* program also lists Austin’s Brentwood Oaks Church of Christ as one of its three principal community partners.²¹⁴

Another example of a religious organization that markets its abstinence-only materials to public schools is Midland/Odessa Area AIDS Support (MAAS), utilized in Midland and Ector County ISDs. MAAS does not hide its religious mission:

Founded in Midland, Texas in 1991, MAAS quickly evolved into an abstinence-based, and Christ-centered AIDS education ministry reaching out to area high school students and their parents, attacking misconceived notions of disease, and potentially deadly sexual practices, at the source.²¹⁵

It appears this organization was created in a local Presbyterian church as a Christian ministry to those diagnosed with HIV/AIDS and their families – a laudable, even courageous enterprise in the conservative environment of West Texas. However, the appropriate setting for a “Christ-centered AIDS education ministry” is a church, not a public school.

Utilizing religious presenters, though not a de facto constitutional violation, has the potential to create problems in a public school setting. Even if ministers and other religious speakers intend to “secularize” their content during public school presentations, it can be very easy to respond to student questions – even inadvertently – from a religious perspective, particularly when one’s primary training and experience come from ministry in a church. School districts can mitigate this risk by closely monitoring presentations to ensure speakers refrain from religious messages. It is not clear that all districts do this consistently, however, or that district officials are even aware of what constitutes inappropriate religious content. As an example, when district officials in Lewisville ISD could not answer our requests for additional information about the materials they submitted, they actually forwarded our request to the youth pastor at a local Assembly of God church.²¹⁶

Religious organizations not only provide speakers, on occasion they support and encourage abstinence-only education in public schools through other means. Documents from Bay City ISD note that Holy Cross Catholic Parish paid for the deposit to bring Catholic apologist Jason Evert to the high school to give an abstinence presentation.²¹⁷ Grape Creek ISD provided facilities for an abstinence program, as the middle school report to their SHAC on April 4, 2006, notes:

Sexual abstinence presentation called ‘Teens Are Saying Know’ by the Women’s Coalition from Midland. This was done over the course of three days during the Enrichment classes. Boys were in the ‘Rock’ building at Grape Creek Baptist Church while the girls were in the sanctuary.²¹⁸

Decisions about sexuality education in La Grange ISD are apparently not only made by the SHAC and school board, but also a group of local ministers. The SHAC minutes of August 24, 2004, state:

He [chair] explained that our human sexuality program is abstinence based and any changes to it go through the Health Advisory Committee as well as the Ministerial Alliance and the Board.²¹⁹

Likewise, SHAC minutes of December 14, 2005, in San Marcos CISD note that the SHAC was willing to make a positive recommendation of a video entitled “Why Wait?” pending a review of the video by “Pastor Burton.”²²⁰ It should be noted that the Texas Education Code (TEC) 28.004 requires local School Health Advisory Councils to make recommendations about sexuality education to the local school board. There is no mandate that any other group or individual approve curricular recommendations or changes. In fact, the TEC gives that authority exclusively to SHACs.

While identifying conclusive examples of proselytizing or religious instruction with this type of indirect religious influence is more difficult, it nevertheless points to the close association between abstinence education and religious beliefs in many Texas school districts. Utilizing religious speakers and materials provided by a faith-based organization creates the potential for inappropriate religious influence.

Faith-Based Crisis Pregnancy Centers

An emerging trend in sexuality education programs in Texas secondary schools is the use of materials or speakers from crisis pregnancy centers. Crisis pregnancy centers are nonprofit organizations that offer counseling to pregnant women intended to persuade them to give birth rather than have an abortion. Nearly all of these organizations are established by or affiliated with Christian anti-abortion groups. (It should be noted that sound sexuality education neither promotes nor discourages abortion.) Our research found that 64 Texas school districts include materials or speakers from crisis pregnancy centers in their sexuality education instruction.

Almost all of the crisis pregnancy centers that partner with Texas schools are affiliated with faith-based, Christian ministries. The Cross Timbers Pregnancy Care Center in Stephenville, for instance, works with 12

districts to present its abstinence program called *Truth For Teens*. The organization has recently removed all religious references from its Web site, but as recently as July 2007, Cross Timbers proudly labeled itself “a Christian Ministry,” boasting:

Our staff of employees and volunteers have come together from area churches to minister to those in need of our services. This group of men and women are all born again Christians...We believe many problems can be lessened or avoided altogether if we maintain a close contact with the Lord God.²²¹

Similarly, Wise Choices Pregnancy Center provides speakers for abstinence programs in five Texas school districts. Wise Choices has a mission statement that is “centered on giving young women power to make positive choices for their lives in a three-fold manner.”

For their eternity – We desire to give the clients we encounter a one-on-one evangelist message of the love, mercy, and forgiveness of Jesus Christ. This can obviously impact her eternal destiny.

For their physical bodies – We want to give these young women information regarding physical lifestyle changes that can improve their quality of life and impact her ability to end destructive patterns of living.

For their baby – We show the young woman the first picture of the life she is carrying inside her through Ultrasound technology, God uses these images to save babies’ lives.²²²

A number of districts around the state (19) utilize an abstinence-only program called *Teens Are Saying kNOW (TASk)* that was apparently developed specifically for crisis pregnancy centers to present in public schools. (It should be noted that *TASk* materials include a number of false or misleading factual claims. See Finding 3 of this report for examples.) The Midland Life Center seems to be the primary Texas promoter of this program. According to a pamphlet Ector County ISD returned with materials that district uses in sexuality education instruction, the Midland Life Center is a “Christ-centered department of compassion and mercy to help restore that which is broken.”²²³ Though none of the actual *TASk* materials available on their Web site contain religious language or content, there is reason to believe that when these materials are presented by the staff of one of these faith-based crisis pregnancy centers, religion can easily slip into

the presentations. The outline of a seminar about *TASK* sponsored by Maranatha Pregnancy Center in Texarkana gives a window into how this can happen:

Teenagers will be asked to make and [sic] abstinence commitment at the end of the seminar. She/he will be asked to sign a commitment card that says, "Believing that true love waits, I make a commitment to God, myself, my family, those I date, and my future mate to be sexually pure until the day I enter marriage."²²⁴

The problematic connection between crisis pregnancy centers and abstinence-only programs has been made previously. The report initiated by Congressman Henry Waxman of the U.S. House Committee on Government Reform in 2006 found that some abstinence-only programs include materials from crisis pregnancy centers that provide "misleading information about the physical and psychological effects of legal abortions."²²⁵ While not a common theme in the materials reviewed for this report, we did discover misleading information about abortion in a few instances. More troubling to the authors of this report, however, is the clearly inappropriate evangelical Christian

mission that infuses many of these centers. Giving speakers from a faith-based organization a platform in a public school setting creates the possibility of a government-sanctioned religious message. To avoid legal entanglements, school districts would do well to avoid any organization whose purpose is primarily religious and limit their instructional resources to programs that approach sexuality education from a scientific or medical perspective.

Conclusions

Far too often in Texas, school districts betray the trust of parents by forcing religious and moral instruction on students in their sexuality education instruction. For many young people, the decision to refrain from sexual activity is grounded in religious teachings or faith convictions, and any student or parent who chooses to do so can make use of faith-based resources that encourage abstinence in their homes or places of worship. Texas public schools, however, include a diversity of students from a wide variety of religious and nonreligious backgrounds. Parents – and the courts – properly expect the public school to avoid religious instruction and respect the right of parents to pass along their own beliefs and religious faith.

RECOMMENDATIONS:

As the findings presented in this report demonstrate, teaching sexuality education can be an extremely challenging task for public school educators. While some Texas school districts are doing a good job responding to this challenge, far too many fall short. Though the task may seem daunting, the authors of this report believe every district is capable of implementing a sexuality education program that is medically sound and effective. In addition, an evidenced-based, effective program can still be responsive to the expectations of parents by including both an emphasis on abstinence and disease and pregnancy prevention methods. Achieving this goal, however, is going to require some changes to existing public policy, as well as a renewed commitment by local school districts to a few concrete, but relatively simple actions that will improve the quality of sexuality education instruction. What follows are two sets of recommendations based on the findings of this report: first, recommendations for school districts (and for parents and community members who wish to become involved), and second, recommendations for policy-makers. It is the authors' sincere hope that this report – and these recommendations – spark efforts to move Texas toward more effective sexuality education that helps keep our young people healthy.

Recommendations for School Districts

Many of the problems and deficiencies in sexuality education instruction identified by this study can be improved by a few simple, common-sense actions that do not require changes to federal or state law. If parents and other community members begin to raise these issues through their local School Health Advisory Councils (SHACs) – and districts work to ensure that SHACs meet regularly and make recommendations to school boards – then sexuality education in Texas could improve dramatically in concrete and meaningful ways.

I. Utilize qualified classroom teachers to teach sexuality education and ensure they receive necessary training.

As every professional educator should know, the most important element of effective instruction in any subject area is a qualified and motivated teacher. An effective sexuality education teacher needs two skills: the teacher

must be highly motivated and able to relate to young people; but equally important is that the teacher have a professional background in health education or other relevant fields. Specifically, districts should only utilize certified health education teachers to provide sexuality education instruction. Moreover, districts should ensure that teachers are provided staff development opportunities in order to stay current on topics related to sexuality education. Given that the health and safety 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.

2. Utilize only curricular materials from reputable sources that ensure medical accuracy and appropriate content.

Development of sound and effective sexuality education curricula is an extremely rigorous process that requires specific training and extensive field testing and peer review. As this study reveals, there is a veritable cottage industry of amateur “sexuality education” materials produced by groups or individuals with no relevant professional background or credentials. These materials – many of which do not reflect current research into effective sexuality 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 safest course for districts to follow is to utilize only materials that are developed and produced by professionals in a relevant field.

There are two excellent resources to help district officials and local SHAC members identify reputable materials. First, the federal Centers for Disease Control and Prevention (CDC) recently released the Health Education Curriculum Analysis Tool (HECAT), a turn-key Web tool for evaluating all health education curricula, including for sexuality education.²²⁹ Additionally, the National Campaign to Prevent Teen and Unplanned Pregnancy has identified 17 characteristics of effective sexuality and STD/HIV education programs based on programs that have had a positive impact on changing behavior of youth.²³⁰ SHAC members and district personnel would

do well to measure all potential materials against the widely accepted professional standards laid out by these organizations.

3. Carefully vet all guest speakers and monitor all sexuality education presentations provided by outside individuals or groups.

This study found that many districts supplement classroom instruction on human sexuality with presentations conducted by speakers or outside groups. As with curricular materials, all guest speakers who address any topic related to sexuality education should be vetted to ensure they provide reliable, 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. One simple way to help assure the content presented by speakers is appropriate is for the local school board to adopt a policy requiring the SHAC to review and approve any presentation before it is offered to students. Further, any presentation by an outside speaker made to students should be monitored by district officials – and ideally members of the SHAC – to ensure accurate information and appropriate content.

4. Instruction must extend beyond the approved health education textbooks.

As Finding 1 of this report makes clear, the approved health textbooks alone are insufficient resources for providing useful sexuality education to students. Particularly when it comes to sexuality education, Texas' state-approved health education textbooks are woefully inadequate. These books lack even the most basic information about disease and pregnancy prevention, failing to satisfy the minimal state curriculum requirement that they address "barrier protection and other contraceptive methods."²³¹ Until the state adopts textbooks that cover this information in a thorough manner – in the student editions – districts that wish to provide sound sexuality education instruction should supplement the textbook with additional information from credible health and other medical sources.

Recommendations for Policy-Makers

Though districts and SHAC members can effect significant improvements in sexuality education in their local schools, the ultimate solutions to the problems identified by this study must also include fundamental

changes in public policy at the state and federal levels. Given that Texas has one of the highest teen birth rates in the nation (and that this rate continues to rise), it is critical that policy-makers move aggressively to change course and insist upon effective, evidence-based sexuality education programs.

1. (Federal) The federal government should discontinue its funding for abstinence-only programs (through Title V Maternal-Child Health Block grant and the Community-Based Abstinence-Education program) and begin funding abstinence-plus sexuality education that emphasizes abstinence first but also provides medically accurate information on responsible pregnancy and disease prevention, including methods of contraception.

Not only is there a growing body of evidence that abstinence-only programs are ineffective in changing teen sexual behavior, this study noted numerous instances in which federal abstinence-only dollars supported materials and programs that include misleading and dangerously inaccurate information. Such programs will continue to proliferate as long as they enjoy the support of federal budget dollars.

2. (State) The Texas Legislature should reject Title V federal funding that requires abstinence-only sexuality education.

Nearly half the states in the nation have currently rejected Title V abstinence-only funds.²³² Yet Texas continues to accept more federal funding for abstinence-only programs than any other state. These funds often support ineffective programs that are rife with problems, as this report has conclusively documented.

3. (State) The Texas Legislature should require that information provided to students be free from factual errors and should prohibit programs that discuss condoms or contraceptives from providing information that discourages their use.

The findings of this report show that too often the only information provided to Texas students about condoms or other contraceptives is inaccurate and intended to discourage their use. A program can promote abstinence without discouraging condom or contraceptive use. Discouraging students who might already be sexually active (which is statistically more than half of Texas high school students) from using condoms is irresponsible in the extreme.

4. (State) The Texas Legislature should amend the Texas Education Code (Section 28.004) to require school sexuality education instruction to include scientifically accurate information about condoms and contraceptives (including typical use rates), while maintaining a strong emphasis on abstinence as the first and best choice for teens.

This recommendation would replace existing statutory language that requires an emphasis on abstinence, but makes information about disease or pregnancy prevention involving contraception and condom use optional for school districts.

5. (State) The Texas State Board of Education should adopt curriculum standards (Texas Essential Knowledge and Skills, or TEKS) and health education textbooks (student editions) that emphasize abstinence but also provide medically accurate information on responsible pregnancy and disease prevention, including contraception.

Textbooks currently used by students in Texas public schools fail to provide even basic information on condoms

and other forms of contraception and disease prevention. Any information contained in the curriculum standards and textbooks should be recognized as accurate by professional organizations such as the Centers for Disease Control and Prevention, American College of Obstetrics and Gynecology or the American Academy of Pediatrics.

6. (State) The Texas Legislature should amend the Texas Education Code (Section 28.004) to require local School Health Advisory Councils (SHACs) to review sexuality education policies and make evidence-based recommendations to local school boards of trustees at least every three years, and require SHAC membership to include at least one certified health professional or health educator.

As a part of their review, SHACs should certify that any sexuality education materials used by the district comply with relevant federal law, including the First Amendment of the U.S. Constitution and Title IX of the Education Amendments of 1972. In addition, the Legislature should strongly encourage districts to provide training for SHAC members on the characteristics of effective programs and curriculum evaluation.

APPENDIX A: RESEARCH METHODOLOGY

On September 20, 2007, the Texas Freedom Network Education Fund (TFNEF) mailed a request under the Texas Public Information Act to every school district in the state (1,031 districts, excluding charter schools). That request, co-signed by Drs. David Wiley and Kelly Wilson of Texas State University-San Marcos, was intended to collect information about sexuality education instruction in Texas public schools. The text of that request appears here:

This request is made under the Texas Public Information Act, Chapter 552 of the Texas Government Code. In accordance with the Act, which requires that the Officer of Public Records shall promptly produce such information for inspection or duplication, or both, we respectfully request copies of (all requests apply to the 2006-2007 and 2007-2008 academic years unless otherwise specified):

1. A complete list that indicates which, if any, of the state-conforming health education textbooks used in your district to teach human sexuality (i.e. comprehensive or abstinence education), puberty education, human growth and development, or family life education (5th grade and above). Please note that we have attached a list of TEKS-conforming health education textbooks that might expedite the process. If your school(s) use one or more of those textbooks, you need only check the appropriate boxes on the list to satisfy item #1 of this request.
2. Other than the state-conforming textbooks listed in item #1, a copy of the cover, title page and copyright page of all textbooks, workbooks or handbooks, and other instructional or curriculum materials used to teach human sexuality (i.e. comprehensive or abstinence education), puberty education, human growth and development, or family life education (5th grade and above).
3. Course schedules, listings or other documents that reflect what courses are offered (5th grade and above) in your school district that contain information about human sexuality, puberty education, human growth and development, or family life education and/or any course in which sexuality education is a primary component.
4. A listing of and contact information for all contracted and non-contracted speakers, presenters, or volunteers other than the regular classroom teacher who deliver(ed) instruction about human sexuality, puberty education, human growth and development, or family life education.
5. The agendas and minutes from any school board, School Health Advisory Council (SHAC), Health Education Advisory Council (HEAC), or other committee meetings in the past three years during which human sexuality,

puberty education, human growth and development, or family life education was an agenda item or was discussed.

6. A copy the most recent recommendations, regardless of date, from the SHAC/HEAC to the local school board or district administration about district sexuality education policy, including the date of those recommendations.
7. A copy of the current school district sexuality education policy, including the date the policy was adopted and whether it was adopted by the school board or the district administration.

In order to make response to item #1 easier for school districts, a checklist of state-conforming health education textbooks was included with the request.

Starting October 31, 2007, TFNEF staff initiated follow-up communications to districts that had not responded. Repeated attempts were made by e-mail, fax and telephone to solicit a response from every school district. As of January, 31, 2009, 990 districts had satisfied the information request in full by submitting complete information – a 96.0 percent return rate (based on 1,031 districts).

Upon receipt of responsive materials from a district, a TFNEF research assistant confirmed that all questions had been answered in full and created a unique file for the district. (The research assistant initiated follow-up communications with any district that submitted incomplete information.) Subsequently, the authors of this report (Drs. Wiley and Wilson) – with the help of research assistants in the health education graduate program at Texas State University – reviewed and evaluated each file. Based on this evaluation, TFNEF and Texas State University research assistants entered basic statistical data into a specially designed database (created and maintained using Statistical Package for the Social Sciences – SPSS). The database was used to track basic information about each district, including:

- Textbooks and related supplementary materials
- Instruction materials other than textbook (if any)
- Guest speakers/presenters (if any)
- Type of school board policy on sexuality education (if any)
- SHAC recommendations and discussion of sexuality education (if any)
- Current enrollment (provided by Texas Education Agency)
- Student ethnicity (provided by National Center for Education Statistics)

Methods of Evaluation

Responsive materials were evaluated using several protocols. First, the authors – with the help of health education research assistants

– directly reviewed and evaluated any documents or other materials provided by school districts. In some cases, however, documents indicated that a district utilized speakers, programs or curricular materials in its sexuality education instruction, but a complete copy or explanation of those resources was not provided in the district response. In cases where we lacked complete information, we utilized a variety of secondary sources to gather all the relevant data:

- When possible, we requested that the district provide more complete information or refer us to the original provider for this material.
- The health education library at Texas State University contains copies of many prominent sexuality education programs, which we regularly consulted.
- The Sexuality Information and Education Council of the United States (SIECUS) has conducted extensive, well-documented reviews of many of the major abstinence-only curricula, and these reviews were utilized to provide additional information about these curricula.
- Many sexuality education programs make materials available on their respective Web sites or upon request. This material was also evaluated.
- When no other written records were available, health education research assistants at Texas State University conducted several telephone or e-mail interviews with abstinence-only program personnel.

Every case where this secondary source material was utilized in this report is noted by an in-text explanation or endnote reference.

Based on all available materials and the evaluation by the report authors, a single research assistant – Onnalita Maniccia – catalogued and entered into the SPSS database information related to the content of sexuality education materials for each district, including:

- Sexuality education philosophy (Abstinence-only, Abstinence-plus or Do Not Teach)
- Materials included factual inaccuracy
- Materials included factual inaccuracy specifically related to condoms, HIV, HPV, Other STDs
- Materials included inappropriate religious content

The authors of this report wish to make two important notes about the criteria used to categorize districts for the above data points. First, with regard to sexuality education philosophy, we applied an extremely broad definition for “abstinence-plus” when evaluating school districts. A district that included any curricular materials or speakers that mentioned even the most basic information about effective contraceptive use was determined to follow an “abstinence-plus” philosophy. Districts providing materials that did not include information about contraceptives – or referred to them only in terms of failure rates – were categorized as “abstinence-only” districts. Likewise, districts that reported using only the state-approved health textbook were categorized as “abstinence-only” districts.

Second, a school district was determined to utilize materials or speakers that included factual errors or religious content when (a) direct evidence was documented in responsive documents provided by the district; or (b) a district acknowledged utilizing instructional materials that were determined by our secondary sources to contain factual errors or religious content (provided that the district did not indicate modifications were made to materials to eliminate or correct this information).

All percentages included in the text of this report are based on a total number of 990 districts that responded to our public information requests.

Finally, it should be noted that this research is funded by the Texas Freedom Network Education Fund. The funding, the actual conduct of the survey and the interpretation of the results are solely due to, and the responsibility of, the authors of this report and the Texas Freedom Network Education Fund and do not necessarily reflect the opinion of Texas State University-San Marcos.

APPENDIX B: RELEVANT TEXAS LAW & CODE

There are three places in Texas law and code that address sexuality education instruction in Texas public schools: Texas Education Code, Texas Essential Knowledge and Skills and Texas Health and Safety Code. The Texas Legislature passes and amends the Texas Education Code and Texas Health and Safety Code. The State Board of Education adopts and amends the Texas Essential Knowledge and Skills, or curriculum standards. The relevant portions of each are listed below.

Texas Education Code

Section 28.004

Local School Health Advisory Council And Health Education Instruction

§ 28.004. LOCAL SCHOOL HEALTH ADVISORY COUNCIL AND HEALTH

EDUCATION INSTRUCTION. (a) The board of trustees of each school district shall establish a local school health advisory council to assist the district in ensuring that local community values are reflected in the district's health education instruction.

- (b) A school district must consider the recommendations of the local school health advisory council before changing the district's health education curriculum or instruction.
- (c) The local school health advisory council's duties include recommending:
 - (1) the number of hours of instruction to be provided in health education;
 - (2) curriculum appropriate for specific grade levels designed to prevent obesity, cardiovascular disease, and Type 2 diabetes through coordination of:
 - (A) health education;
 - (B) physical education and physical activity;
 - (C) nutrition services;
 - (D) parental involvement; and
 - (E) instruction to prevent the use of tobacco;
 - (3) appropriate grade levels and methods of instruction for human sexuality instruction; and
 - (4) strategies for integrating the curriculum components specified by Subdivision (2) with the following elements in a coordinated school health program for the district:
 - (A) school health services;
 - (B) counseling and guidance services;
 - (C) a safe and healthy school environment; and
 - (D) school employee wellness.
- (d) The board of trustees shall appoint members to the local school health advisory council. A majority of the members must be persons who are parents of students enrolled in the district and who are not employed by the district. The board of trustees also may appoint one or more persons from each of the following groups or a representative from a group other than a group specified under this subsection:
 - (1) public school teachers;
 - (2) public school administrators;
 - (3) district students;
 - (4) health care professionals;
 - (5) the business community;
 - (6) law enforcement;
 - (7) senior citizens;
 - (8) the clergy; and
 - (9) nonprofit health organizations.
- (e) Any course materials and instruction relating to human sexuality, sexually transmitted diseases, or human immunodeficiency virus or acquired immune deficiency syndrome shall be selected by the board of trustees with the advice of the local school health advisory council and must:
 - (1) present abstinence from sexual activity as the preferred choice of behavior in relationship to all sexual activity for unmarried persons of school age;
 - (2) devote more attention to abstinence from sexual activity than to any other behavior;
 - (3) emphasize that abstinence from sexual activity, if used consistently and correctly, is the only method that is 100 percent effective in preventing pregnancy, sexually transmitted diseases, infection with human immunodeficiency virus or acquired immune deficiency syndrome, and the emotional trauma associated with adolescent sexual activity;

Texas Essential Knowledge and Skills

Chapter 115. Texas Essential Knowledge and Skills for Health Education
Subchapter C. High School

§115.32. Health I, Grades 9-10 (One-Half Credit).

(a) Introduction.

(1) In health education, students acquire the health information and skills necessary to become healthy adults and learn about behaviors in which they should and should not participate. To achieve that goal, students will understand the following: students should first seek guidance in the area of health from their parents; personal behaviors can increase or reduce health risks throughout the lifespan; health is influenced by a variety of factors; students can recognize and utilize health information and products; and personal/interpersonal skills are needed to promote individual, family, and community health.

(2) In Health 1, students develop skills that will make them health-literate adults. Students gain a deeper understanding of the knowledge and behaviors they use to safeguard their health, particularly pertaining to health risks. Students are taught how to access accurate information that they can use to promote health for themselves and others. Students use problem-solving, research, goal-setting and communication skills to protect their health and that of the community.

(b) Knowledge and skills.

- (1) Health information. The student analyzes health information and applies strategies for enhancing and maintaining personal health throughout the life span. The student is expected to:
- (A) relate the nation's health goals and objectives to individual, family, and community health;
 - (B) examine the relationship among body composition, diet, and fitness;
 - (C) explain the relationship between nutrition, quality of life, and disease;
 - (D) describe the causes, symptoms, and treatment of eating disorders;
 - (E) examine issues related to death and grieving;
 - (F) discuss health-related social issues such as organ donation and homelessness;
 - (G) analyze strategies to prevent suicides;
 - (H) examine causes and effects of stress and develop strategies for managing stress and coping with anxiety and depression; and
 - (I) describe the importance of taking responsibility for establishing and implementing health maintenance for individuals and family members of all ages.
- (7) Health behaviors. The student analyzes the relationship between unsafe behaviors and personal health and develops strategies to promote resiliency throughout the life span. The student is expected to:
- (A) analyze the harmful effects of alcohol, tobacco, drugs, and other substances such as physical, mental, social, and legal consequences;
 - (B) explain the relationship between alcohol, tobacco, and other drugs and other substances used by adolescents and the role these substances play in unsafe situations such as Human Immunodeficiency Virus (HIV)/Sexually Transmitted Disease (STD), unplanned pregnancies, and motor vehicle accidents;
 - (C) develop strategies for preventing use of tobacco, alcohol, and other addictive substances;
 - (D) analyze the importance of alternatives to drug and substance use;
 - (E) analyze and apply strategies for avoiding violence, gangs, weapons, and drugs;
 - (F) analyze strategies for preventing and responding to deliberate and accidental injuries;
 - (G) analyze the relationship between the use of refusal skills and the avoidance of unsafe situations such as sexual abstinence;
 - (H) analyze the importance and benefits of abstinence as it relates to emotional health and the prevention of pregnancy and sexually-transmitted diseases;
 - (I) analyze the effectiveness and ineffectiveness of barrier protection and other contraceptive methods including the prevention of Sexually Transmitted Diseases (STDs), keeping in mind the effectiveness of remaining abstinent until marriage;
 - (J) analyze the importance of healthy strategies that prevent physical, sexual, and emotional abuse such as date rape;
 - (K) analyze the importance of abstinence from sexual activity as the preferred choice of behavior in relationship to all sexual activity for unmarried persons of school age; and
 - (L) discuss abstinence from sexual activity as the only method that is 100% effective in preventing pregnancy, sexually transmitted diseases, and the sexual transmission of HIV or acquired immune deficiency syndrome, and the emotional trauma associated with adolescent sexual activity.

Source: The provisions of this §115.32 adopted to be effective September 1, 1998, 22 TexReg 7740.

- (4) direct adolescents to a standard of behavior in which abstinence from sexual activity before marriage is the most effective way to prevent pregnancy, sexually transmitted diseases, and infection with human immunodeficiency virus or acquired immune deficiency syndrome; and
- (5) teach contraception and condom use in terms of human use reality rates instead of theoretical laboratory rates, if instruction on contraception and condoms is included in curriculum content.
- (f) A school district may not distribute condoms in connection with instruction relating to human sexuality.
- (g) A school district that provides human sexuality instruction may separate students according to sex for instructional purposes.
- (h) The board of trustees shall determine the specific content of the district's instruction in human sexuality, in accordance with Subsections (e), (f), and (g).
- (i) A school district shall notify a parent of each student enrolled in the district of:
 - (1) the basic content of the district's human sexuality instruction to be provided to the student; and
 - (2) the parent's right to remove the student from any part of the district's human sexuality instruction.
- (j) A school district shall make all curriculum materials used in the district's human sexuality instruction available for reasonable public inspection.
- (k) A school district shall publish in the student handbook and post on the district's Internet website, if the district has an Internet website:
 - (1) a statement of the policies adopted to ensure that elementary school, middle school, and junior high school students engage in at least 30 minutes per school day or 135 minutes per school week of physical activity; and
 - (2) a statement of:
 - (A) the number of times during the preceding year the district's school health advisory council has met;
 - (B) whether the district has adopted and enforces policies to ensure that district campuses comply with agency vending machine and food service guidelines for restricting student access to vending machines; and
 - (C) whether the district has adopted and enforces policies and procedures that prescribe penalties for the use of tobacco products by students and others on school campuses or at school-sponsored or school-related activities.

Added by Acts 1995, 74th Leg., ch. 260, § 1, eff. May 30, 1995.

Amended by Acts 2001, 77th Leg., ch. 907, § 2, eff. June 14, 2001; Acts 2003, 78th Leg., ch. 944, § 1, 2, eff. Sept. 1, 2003; Acts 2005, 79th Leg., ch. 784, § 2, eff. June 17, 2005.

Texas Education Code
Section 26.010

Exemption From Instruction

§ 26.010. EXEMPTION FROM INSTRUCTION.

- (a) A parent is entitled to remove the parent's child temporarily from a class or other school activity that conflicts with the parent's religious or moral beliefs if the parent presents or delivers to the teacher of the parent's child a written statement authorizing the removal of the child from the class or other school activity. A parent is not entitled to remove the parent's child from a class or other school activity to avoid a test or to prevent the child from taking a subject for an entire semester.
- (b) This section does not exempt a child from satisfying grade level or graduation requirements in a manner acceptable to the school district and the agency.

Added by Acts 1995, 74th Leg., ch. 260, § 1, eff. May 30, 1995.

Available at:

<http://tlo2.tlc.state.tx.us/statutes/ed.toc.htm>

§15.23. Health Education, Grade 7-8.

(a) Introduction.

(1) In health education, students acquire the health information and skills necessary to become healthy adults and learn about behaviors in which they should and should not participate. To achieve that goal, students will understand the following: students should first seek guidance in the area of health from their parents; personal behaviors can increase or reduce health risks throughout the lifespan; health is influenced by a variety of factors; students can recognize and utilize health information and products; and personal/interpersonal skills are needed to promote individual, family, and community health.

(2) In middle school, students learn about health behaviors that will safeguard their health as well as information related to understanding puberty and the reproductive process. Students are taught about factors in their environment that impact, not only their health and the health of their families, but the health of their communities as well. Middle school students learn to refine their critical-thinking skills to avoid unsafe situations, analyze health information and products, and maintain healthy relationships. Students begin to investigate health in the broader context of community.

(b) Knowledge and skills.

(1) Health information. The student comprehends ways to enhance and maintain personal health throughout the life span. The student is expected to:

- (A) analyze the interrelationships of physical, mental, and social health;
- (B) identify and describe types of eating disorders such as bulimia, anorexia, or overeating;
- (C) identify and describe lifetime strategies for prevention and early identification of disorders such as depression and anxiety that may lead to long-term disability; and
- (D) describe the life cycle of human beings including birth, dying, and death.

(2) Health information. The student recognizes ways that body structure and function relate to personal health throughout the life span. The student is expected to:

- (A) explain how differences in growth patterns among adolescents such as onset of puberty may affect personal health;
- (B) describe the influence of the endocrine system on growth and development;
- (C) compare and contrast changes in males and females;
- (D) describe physiological and emotional changes that occur during pregnancy; and
- (E) examine physical and emotional development during adolescence.

(3) Health information. The student comprehends and utilizes concepts relating to health promotion and disease prevention throughout the life span. The student is expected to:

- (A) explain the role of preventive health measures, immunizations, and treatment in disease prevention such as wellness exams and dental check-ups;
- (B) analyze risks for contracting specific diseases based on pathogenic, genetic, age, cultural, environmental, and behavioral factors;
- (C) distinguish risk factors associated with communicable and noncommunicable diseases; and
- (D) summarize the facts related to Human Immunodeficiency Virus (HIV) infection and sexually transmitted diseases.

(4) Health information. The student knows how to research, access, analyze, and use health information. The student is expected to:

- (A) use critical thinking to analyze and use health information such as interpreting media messages;
- (B) develop evaluation criteria for health information;
- (C) demonstrate ways to use health information to help self and others; and
- (D) discuss the legal implications regarding sexual activity as it relates to minor persons.

(5) Health behaviors. The student engages in behaviors that reduce health risks throughout the life span. The student is expected to:

- (A) analyze and demonstrate strategies for preventing and responding to deliberate and accidental injuries;
- (B) describe the dangers associated with a variety of weapons;
- (C) identify strategies for prevention and intervention of emotional, physical, and sexual abuse;
- (D) identify information relating to abstinence;
- (E) analyze the importance of abstinence from sexual activity as the preferred choice of behavior in relationship to all sexual activity for unmarried persons of school age;
- (F) discuss abstinence from sexual activity as the only method that is 100% effective in preventing pregnancy, sexually transmitted diseases, and the sexual transmission of HIV or acquired immune deficiency syndrome, and the emotional trauma associated with adolescent sexual activity;
- (G) demonstrate basic first-aid procedures including Cardiopulmonary Resuscitation (CPR) and the choking rescue;
- (H) explain the impact of chemical dependency and addiction to tobacco, alcohol, drugs and other substances;
- (I) relate medicine and other drug use to communicable disease, prenatal health, health problems in later life, and other adverse consequences;

- (J) identify ways to prevent the use of tobacco, alcohol, and other drugs such as alternative activities;
- (K) apply strategies for avoiding violence, gangs, weapons and drugs; and
- (L) explain the importance of complying with rules prohibiting possession of drugs and weapons.

Source: The provisions of this §115.23 adopted to be effective September 1, 1998, 22 TexReg 7740.

§115.22. Health Education, Grade 6

(a) Introduction.

(1) In health education, students acquire the health information and skills necessary to become healthy adults and learn about behaviors in which they should and should not participate. To achieve that goal, students will understand the following: students should first seek guidance in the area of health from their parents; personal behaviors can increase or reduce health risks throughout the lifespan; health is influenced by a variety of factors; students can recognize and utilize health information and products; and personal/interpersonal skills are needed to promote individual, family, and community health.

(2) In middle school, students learn about health behaviors that will safeguard their health as well as information related to understanding puberty and the reproductive process. Students are taught about factors in their environment that impact, not only their health and the health of their families, but the health of their communities as well. Middle school students learn to refine their critical-thinking skills to avoid unsafe situations, analyze health information and products, and maintain healthy relationships. Students begin to investigate health in the broader context of community.

(b) Knowledge and skills.

- (1) Health information. The student comprehends ways to enhance and maintain personal health throughout the life span. The student is expected to:
- (A) analyze healthy and unhealthy dietary practices;
 - (B) explain the importance of a personal dietary and exercise plan;
 - (C) compare immediate and long-range effects of personal health care choices such as personal and dental hygiene;
 - (D) identify causes and affects associated with poor body image such as eating disorders and growth patterns;
 - (E) examine the concept of cost versus effectiveness of health-care products;
 - (F) describe the mental, physical, and social benefits of regular exercise and fitness;
 - (G) describe the importance of establishing and implementing a periodic health-maintenance clinical assessment; and
 - (H) demonstrate strategies for managing stress.
- (2) Health information. The student recognizes ways that body structure and function relate to personal health throughout the life span. The student is expected to:
- (A) analyze the relationships among the body systems;
 - (B) describe changes in male and female anatomy and physiology during puberty;
 - (C) analyze the role of hormones as they relate to growth and development and personal health; and
 - (D) describe menstrual health and identify the relationship to reproduction.
- (5) Health behaviors. The student engages in behaviors that reduce health risks throughout the life span. The student is expected to:
- (A) analyze the use and abuse of prescriptions and non-prescription medications such as over-the-counter;
 - (B) examine social influences on drug-taking behaviors;
 - (C) describe chemical dependency and addiction to tobacco, alcohol, and other drugs and substances;
 - (D) explain the relationship between tobacco, alcohol, drugs, and other substances and the role these items play in unsafe situations such as drinking and driving and Human Immunodeficiency Virus (HIV)/Sexually Transmitted Disease (STD) transmission;
 - (E) identify ways to prevent the use of tobacco, alcohol, drugs, and other substances such as alternative activities;
 - (F) demonstrate an understanding of basic first-aid procedures;
 - (G) demonstrate strategies for the prevention of and response to deliberate and accidental injuries such as using conflict resolution skills instead of fighting and wearing a seat belt;
 - (H) identify and describe strategies for avoiding drugs, violence, gangs, weapons, and other harmful situations; and
 - (I) explain the consequences of sexual activity and the benefits of abstinence.

Source: The provisions of this §115.22 adopted to be effective September 1, 1998, 22 TexReg 7740.

Available at:

<http://ritter.tea.state.tx.us/rules/tac/chapter115/>

Texas Health and Safety Code
Title 2. Health
Subtitle H. Public Health Provisions
Chapter 163
Education Program About Sexual Conduct And Substance Abuse

Sec. 163.001. PROGRAM. (a) The department shall develop a model public health education program suitable for school-age children and shall make the program available to any person on request. The program should emphasize:

- (1) that abstinence from sexual intercourse is the most effective protection against unwanted teenage pregnancy, sexually transmitted diseases, and acquired immune deficiency syndrome (AIDS) when transmitted sexually;
 - (2) that abstinence from sexual intercourse outside of lawful marriage is the expected societal standard for school-age unmarried persons; and
 - (3) the physical, emotional, and psychological dangers of substance abuse, including the risk of acquired immune deficiency syndrome (AIDS) through the sharing of needles during intravenous drug usage.
- (b) Course materials and instruction relating to sexual education or sexually transmitted diseases should be age appropriate.

Added by Acts 1991, 72nd Leg., ch. 14, Sec. 51, eff. Sept. 1, 1991.

Sec. 163.002. INSTRUCTIONAL ELEMENTS. Course materials and instruction relating to sexual education or sexually transmitted diseases should include:

- (1) an emphasis on sexual abstinence as the only completely reliable method of avoiding unwanted teenage pregnancy and sexually transmitted diseases;
- (2) an emphasis on the importance of self-control, responsibility, and ethical conduct in making decisions relating to sexual behavior;
- (3) statistics, based on the latest medical information, that indicate the efficacy of the various forms of contraception;
- (4) information concerning the laws relating to the financial responsibilities associated with pregnancy, childbirth, and child rearing;
- (5) information concerning the laws prohibiting sexual abuse and the legal and counseling options available to victims of sexual abuse;
- (6) information on how to cope with and rebuff unwanted physical and verbal sexual advances, as well as the importance of avoiding the sexual exploitation of other persons;
- (7) psychologically sound methods of resisting unwanted peer pressure; and
- (8) emphasis, provided in a factual manner and from a public health perspective, that homosexuality is not a lifestyle acceptable to the general public and that homosexual conduct is a criminal offense under Section 21.06, Penal Code.

Added by Acts 1991, 72nd Leg., ch. 14, Sec. 51, eff. Sept. 1, 1991.

Sec. 163.003. ADDITIONAL INSTRUCTIONAL ELEMENTS REGARDING HUMAN PAPILLOMAVIRUS. Course materials and instruction relating to sexually transmitted diseases must be available in English and in Spanish and should include:

- (1) the following specific information on human papillomavirus:
 - (A) that sexual intercourse is not required to become infected with human papillomavirus and that the avoidance of skin-to-skin contact involving the genital areas offers the best protection;
 - (B) that both males and females may be infected with human papillomavirus and symptoms may not be present;
 - (C) that younger women are at greater risk of human papillomavirus infection than older women; and
 - (D) that human papillomavirus may be transmitted to an infant during childbirth;
- (2) information regarding the role of human papillomavirus in the development of genital warts, cervical cancer, and other diseases; and
- (3) information regarding the continuing need for women to undergo Pap smear testing, even if they have received a vaccination against human papillomavirus.

Added by Acts 2007, 80th Leg., R.S., Ch. 59, Sec. 2, eff. September 1, 2007.

Available at:

<http://tlo2.tlc.state.tx.us/statutes/docs/HS/content/htm/hs.002.00.000163.00.htm#163.001.00>

APPENDIX C: TEXAS' LEADING ROLE IN THE ABSTINENCE-ONLY MOVEMENT

One would be hard-pressed to find a state with public policy makers so dedicated to the proposition that abstinence-only programs are the sole solution for reducing high rates of teen birth and sexually transmitted disease. However, the Lone Star State's obsession with the abstinence-only movement does not just affect the education of Texas students. For several important reasons, its effects have been felt across the country.

First, George Bush brought to the White House in 2001 the same zeal for abstinence-only programs that he manifested as Texas governor. In the first legislative session after Gov. Bush's election in 1994, state lawmakers mandated that public schools promote abstinence and downplay the effectiveness of condoms and other methods of responsible pregnancy and disease prevention in sexuality education. After moving to the White House, President Bush expanded the federal government's role in promoting (and funding) abstinence-only programs. His efforts were backed by an array of pressure groups on the religious right, including the Family Research Council, the American Family Association and Focus on the Family. Not surprisingly, perhaps, Texas has received more federal abstinence-only funding than any other state - \$18 million in 2007 alone.²³³

Second, the size of its population relative to other states gives Texas tremendous influence in the education market. Only California purchases more school textbooks than Texas, and - unlike California - Texas has a centralized textbook adoption process for all grades, K-12. The State Board of Education approves all textbooks for use in Texas public schools. California does the same for grades K-8, but not for high school.²³⁴ The centralized adoption process and the state's huge population make Texas a primary market for textbook publishers. As a result, publishers commonly craft their textbooks for the Texas market and then sell those books to schools in smaller states around the country. Consequently, in health education as in other disciplines, as Texas goes, so goes much of the nation.

Third, Texas is home to a number of prominent abstinence-only advocates and programs that offer their

materials and presentations outside the Lone Star State. Among them are The Medical Institute, also known as the Medical Institute for Sexual Health (based in Austin), *Aim for Success* (based in Dallas) and *Scott & White Worth the Wait*[®] (based in Temple). These organizations have been the recipients of millions of federal abstinence-only dollars,²³⁵ either directly or indirectly through fees paid for presentations and other services. In addition, President Bush appointed the head of The Medical Institute, Dr. Joe McIlhaney, Jr. - one of the most prominent and vociferous opponents of comprehensive sexuality education - to the Presidential Advisory Council on HIV/AIDS. McIlhaney has also served as a "contributing author" for a leading high school health textbook, *Lifetime Health* (Holt, Rinehart and Winston, © 2005). The textbook fails even to mention condoms and other forms contraception and STD prevention other than through abstinence.

Dr. McIlhaney founded The Medical Institute for Sexual Health in 1992. Over the years the organization has published a wealth of materials promoting abstinence and downplaying the effectiveness of condoms. Many of those materials and the data they present make their way into abstinence-only programs in Texas and across the country. In addition, The Medical Institute received funding from the Bush-era Centers for Disease Control and Prevention (through a congressional earmark²³⁶) to create a sexual-health curriculum for doctors in training. Appointed to head the curriculum project was Dr. David Hager, a prominent opponent of federal approval for over-the-counter emergency contraception. The panel appointed by Hager to write the curriculum lacked significant representation from academic experts on STDs.²³⁷

The Medical Institute also has played a prominent role in promoting the misconception that condoms are next to useless in preventing the transmission of the human papillomavirus (HPV).²³⁸ As data collected for this report demonstrate, the specious claim that condoms are ineffective in preventing the transmission of HPV is a widely used strategy by abstinence-only programs to attack condoms.

ENDNOTES

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