



# HEALTH TEKS

## REPRODUCTIVE HEALTH AND PREVENTION

### 75% of Texas voters

### SUPPORT ABSTINENCE-PLUS SEX EDUCATION \*

Texas youth deserve access to medically accurate, age-appropriate sexual health education. "Abstinence-plus" sex education teaches students that abstinence is the safest choice, but also provides fact-based information on risk reduction, such as prevention of unintended pregnancy and sexually transmitted infections. This should include medically-accurate information on condoms and birth control, including long-acting reversible contraceptive (LARC) methods, which are more than 99% effective in actual use and recommended by doctors for use in adolescents. [1] Additionally, students should receive information on prevention of sexually transmitted infections, including the importance of testing and treatment, and updated information regarding the gains in HIV prevention and treatment. Abstinence-plus sex education should also offer information on key topics such as puberty, reproduction, biology, healthy relationships, consent, and boundaries.

While abstinence is 100% effective when used perfectly, it too can fail. By their senior year, 63% of Texas students report being sexually active, but nearly half of high school students reported not using a condom during their last sexual encounter. [2] Research shows that abstinence-plus health education doesn't make students more likely to become sexually active, but does give them the tools to have healthy relationships and healthy futures. [3]

#### TEKS Draft Language

- Contraceptive language is generally strong.
- No information is provided on LARC.
- STIs language is generally strong, but may benefit from wordsmithing.
- Language around puberty and menstruation is strong.
- Reproduction is not introduced until 7th grade
- Reproductive system is not introduced until 5th grade.

#### Recommended Language

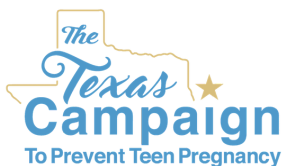
- Add language on both short and long term contraceptive methods.
- Remove remaining reference to STDs
- Introduce reproductive system and reproduction in earlier grades

Sources: \* Texas Campaign to Prevent Teen Pregnancy public opinion poll, conducted by Baseline & Associates, March 3 – 10, 2020. A representative sample of 601 Texas registered voters were contacted over the phone and online. Margin of error +/- 4%.

[1] COMMITTEE ON ADOLESCENCE. Pediatrics October 2014, 134 (4) e1244-e1256; DOI: <https://doi.org/10.1542/peds.2014-2299>

[2] Texas Youth Risk Behavior Surveillance System (YRBSS), 2017

[3] Joerg Dreweke, Guttmacher Policy Review. Promiscuity Propaganda: Access to Information and Services Does Not Lead to Increases in Sexual Activity. 2019





# HEALTH TEKS

## CONSENT AND HEALTHY RELATIONSHIPS

### 88% of Texas voters

### SUPPORT TEACHING CONSENT AND BOUNDARIES\*

While there are many definitions of "consent", it may generally be thought of as "the notion that we should respect one another's boundaries in order to be safe, preserve dignity, and build healthy relationships." [1] Romantic relationships are just one of many areas in which consent may be given or withheld. For example, kindergarteners may understand consent as being able to choose whether they want to hug a friend or to give them a high-five instead. In middle school, consent may relate to concepts such as sharing secrets, holding hands, or frequently communicating. Older teens should learn about factors such as alcohol use that may make it difficult to understand and respect boundaries set by others. At all ages, youth can gain protection from sexual abuse and exploitation by having the expectation that boundaries will be respected and the skills to talk about boundaries amongst their peers as well as adults.

Current TEKS adopted in the 1990s focus on a framework of refusal. While refusal is an important skill in many contexts, it is equally important for youth to learn that they must respect the boundaries set by other people about their bodies. The workgroup draft TEKS language includes a strong framework of consent, starting with protecting personal boundaries in elementary school, and include respect for the boundaries of others in middle school. The draft TEKS also provide other critical skills for healthy relationships, including emotional intelligence and self-regulation, communication, and online safety. These age-appropriate skills can benefit youth by laying an early foundation for a lifetime of healthy relationships.

#### Workgroup Draft Language

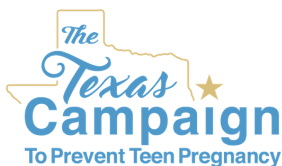
- A strong framework around consent and healthy relationships is included.
- Standards are included around respecting the boundaries of others in middle school
- Information is provided in a developmentally-appropriate way, such as setting boundaries around holding hands in middle school.

#### Recommended Language

- Adopt Workgroup language with wordsmithing.
- Add standard in elementary school about respecting the boundaries set by other people about their bodies.
- Introduce sexual abuse prevention in 4th grade

Sources: \*Texas Campaign to Prevent Teen Pregnancy public opinion poll, conducted by Baseline & Associates, March 3 – 10, 2020. A representative sample of 601 Texas registered voters were contacted over the phone and online. Margin of error +/- 4%.

[1] Tatter, Grace. "Consent at Every Age." Harvard Graduate School of Education. Dec. 19, 2018. <https://www.gse.harvard.edu/news/uk/18/12/consent-every-age>





# HEALTH TEKS INCLUSIVITY

## 75% of Texas voters

### SUPPORT TEACHING RESPECT FOR LGBTQ PEOPLE<sup>\*</sup>

Texas is a diverse state, and respect for all is a bipartisan Texas value.

LGBTQ youth face specific challenges related to bullying and discrimination. While most LGBTQ youth are well adjusted and mentally healthy, studies consistently find that LGBTQ youth have higher rates of mental health challenges and suicidality, as well as higher rates of teen pregnancy. Research suggests that bullying and discrimination may be a direct influencing factor. Affirming relationships with family members and peers provides a strong protective factor. Among key research:

- Perceived discrimination accounts for increased depressive symptomatology and elevated risks of self-harm and suicidal ideation among LGBT youth. [1]
- Each episode of LGBTQ victimization, such as physical or verbal harassment or abuse, increases the likelihood of self-harming behavior by 2.5 times on average. [2]
- LGBTQ youth have higher rates of teen pregnancy than youth who identify as heterosexual. This may be due to both higher risk factors and fewer protective factors. [3]

Current TEKS adopted in the 1990s do not acknowledge LGBTQ individuals. In the TEKS revision process, the State Board of Education has a powerful opportunity to reverse negative health trends for LGBTQ students across the state. Educators and curricula should emphasize respect for all people, including those of minority genders and sexual orientations, and must discourage harmful trends like bullying and discrimination.

#### Workgroup E Draft Language

- No language is included about LGBTQ individuals

#### Recommended Language

- Add language teaching respect for all people, regardless of sexual orientation or gender identity, in order to prevent bullying of LGBTQ youth

Sources: Texas Campaign to Prevent Teen Pregnancy public opinion poll, conducted by Baseline & Associates, March 3 – 10, 2020. A representative sample of 601 Texas registered voters were contacted over the phone and online. Margin of error +/- 4%.

[1] Youth Adolesc. 2009 Aug;38(7):1001-14. doi: 10.1007/s10964-009-9397-9. Epub 2009 Feb 24. Emotional distress among LGBT youth: the influence of perceived discrimination based on sexual orientation. Almeida J1, Johnson RM, Corliss HL, Molnar BE, Azrael D.

[2] IMPACT. (2010). Mental health disorders, psychological distress, and suicidality in a diverse sample of lesbian, gay, bisexual, and transgender youths. American Journal of Public Health. 100(12), 2426-32.

[3] Hodson K, Meads C, Bewley S. Lesbian and bisexual women's likelihood of becoming pregnant: a systematic review and meta-analysis. BJOG. 2017;124(3):393-402. doi:10.1111/1471-0528.14449

