

## 1.0 BACKGROUND

### ***PURPOSE OF THE RESOURCE PACKET***

Sexuality, and expression of one's sexuality, is an important part of each person's identity. Achieving healthy sexuality and learning about this aspect of ourselves begins at birth and continues throughout our lives. This important and multi-dimensional concept involves anatomy, physiology, and growth and development, including self-esteem, body image, self-care, communication, values, an understanding of satisfying and healthy relationships, decision-making, sexual intimacy, responsibilities of parenthood, and a host of other relevant topics. Although parents are the primary sexuality educators of their children, children also receive messages about various aspects of sexuality from many other sources, including family members, friends, peers, schools, media, faith communities, and other institutions. Schools can be important partners with parents to provide children and adolescents with accurate and developmentally-appropriate sexuality education or human growth and development (HGD) instruction. The purpose of school-based sexuality education is to support children in gaining a positive view of sexuality and providing them with developmentally-appropriate knowledge and skills to make decisions now and in the future (National Sexuality Guidelines Task Force, 1991). Ideally, this instruction will enhance communication between parents or guardians and their children about this important topic.

The purpose of this *Human Growth and Development Resource Packet* is to provide school districts with information and resources to develop effective human growth and development programs in their schools that reflect the values and norms of the local community. This edition builds on the success of earlier editions and provides updated and new materials. It contains information and resources to help teachers, curriculum coordinators, administrators, and HGD advisory committee members:

- identify desired objectives, goals, and outcomes for a district's HGD program;
- evaluate existing or new curricula based on criteria of effective curricula;
- plan for implementation of a HGD curriculum; and
- educate others about the need, rationale, and approach the district develops to provide HGD instruction for its students.

### ***RATIONALE FOR HGD INSTRUCTION***

There are many reasons Wisconsin schools decide to provide human growth and development instruction:

- **Statutory support.** Wisconsin Statute sec. 118.019 encourages all school boards to provide age-appropriate instruction in human growth and development. The instruction should support and enhance communication between pupils and their parents, and provide pupils with the knowledge, skills, and support necessary to make healthy decisions now and throughout their lifetimes, and to make responsible decisions about sexual behavior.
- **Public health plan.** *Healthiest Wisconsin 2010: A Partnership Plan to Improve the Health of the Public* is the Wisconsin state health plan for the decade 2000-2010. The reduction of high risk sexual behavior is one of eleven health priorities

identified in the plan. More information on the state health plan can be obtained in Section 3 of this document and from the Department of Health Services' website at <http://dhs.wisconsin.gov/statehealthplan/>.

- **Youth risk behaviors.** Data document an unacceptably high number of Wisconsin youth engage in sexual behavior resulting in negative health outcomes. For example, too many young people experience pregnancy and sexually transmitted infections. The negative health outcomes are particularly striking when U.S. youth, including Wisconsin youth, are compared to their European counterparts. Young people need accurate information, motivation, and skills to avoid or reduce risks and promote their emotional and physical health.
- **Academic standards.** Wisconsin's model academic standards, especially in health education and family and consumer education, provide guidance about what students should know and be able to do at certain points in time. Human growth and development curriculum and instruction can be used to prepare students to meet these standards.
- **Parents and students want it.** National surveys underscore parental support for school-based sexuality education. For example, a recent survey conducted by National Public Radio, the Henry J. Kaiser Family Foundation, and the Kennedy School of Government called *Sex Education in America* documented that parents overwhelmingly support sexuality education in middle and high schools (National Public Radio et al., p. 5). According to this study, parents who support sexuality education believe the class will be helpful to their children, is effective in helping teens avoid HIV/AIDS and other sexually transmitted diseases and pregnancy, helps young people make responsible decisions about sex, and makes it easier for parents to talk with their children about sexuality.

The education and guidance provided by parents, in combination with accurate and age-appropriate human growth and development provided in schools, are important factors to promote health and well-being of young people. Decisions about how and when a school provides HGD instruction to meet the needs of youth in the community should be made as part of the HGD program planning process involving parents, teachers, school administrators, students, health care professionals, members of the clergy, and other residents of the school district.

### **APPROACHES TO SEXUALITY EDUCATION**

Many parents, educators, health professionals, clergy, and others have discussed the *type* of sexuality education they believe should be provided in the schools. Almost everyone agrees that the goal of school-based HGD instruction is to provide young people with the knowledge and skills to promote their health and well-being as they mature into sexually healthy adults.

**Comprehensive sexuality education** refers to sexuality education on a range of topics that begins in kindergarten and continues through grade 12. It takes an approach much broader than preventing unplanned pregnancies and disease transmission. According to SIECUS (2001):

Comprehensive sexuality education has four main goals:

- To provide accurate information about human sexuality
- To provide an opportunity for young people to develop and understand their values, attitudes, and beliefs about sexuality
- To help young people develop relationships and interpersonal skills, and
- To help young people exercise responsibility regarding sexual relationships, including addressing abstinence, pressures to become prematurely involved in sexual intercourse, and the use of contraception and other sexual health measures.

The term **comprehensive sexuality education** also refers to HIV/AIDS, sexually transmitted infections (STI), and pregnancy prevention education that not only stresses abstinence, but also includes information on contraceptives and other ways to reduce risks of negative health outcomes. This approach is also called **abstinence-based**, or **abstinence-plus** education because it provides an abstinence message and it provides information about ways that youth who are sexually active can reduce their risks related to HIV/AIDS, STI, and unplanned pregnancy. Most of the commercially available abstinence-based curricula are designed for middle school and high school students.

2009 Wisconsin Act 134, signed into law on February 24, 2010, requires schools that choose to provide instruction in human growth and development to include information on both abstinence and contraception, among other topics.

**Abstinence education, abstinence-only education, or abstinence-only-until-marriage education** refers to sexuality education and HIV/AIDS, STI, and pregnancy prevention education that emphasizes abstinence from all sexual behaviors outside of marriage. Typically this approach does not include information about contraceptives other than their failure rates. Programs funded by the 1996 welfare reform law, Section 510 (b) of Title V of the Social Security Act (referred to as Title V Section 510 Abstinence Education Program) were required to adhere to an eight-point definition of abstinence education. According to the legislation, abstinence education refers to an education or motivational program which:

- A) Have as its exclusive purpose teaching the social, psychological, and health gains to be realized by abstaining from sexual activity
- B) Teach abstinence from sexual activity outside marriage as the expected standard for all school-age children
- C) Teach that abstinence from sexual activity is the only certain way to avoid out-of-wedlock pregnancy, sexually transmitted diseases, and other associated health problems
- D) Teach that a mutually faithful, monogamous relationship in the context of marriage is the expected standard of sexual activity
- E) Teach that sexual activity outside the context of marriage is likely to have harmful psychological and physical effects
- F) Teach that bearing children out-of-wedlock is likely to have harmful consequences for the child, the child's parents, and society

- G) Teach young people how to reject sexual advances and how alcohol and drug use increases vulnerability to sexual advances
- H) Teach the importance of attaining self-sufficiency before engaging in sexual activity.

Recipients of abstinence-only-until-marriage funds were required to emphasize all eight points, but were not permitted to contradict any of the points in information provided to young people. In addition, grant recipients were permitted to discuss contraception only in terms of failure rates.

Federal funding for abstinence-only-until-marriage programs has waned as evaluation results have shown no impact of the programs. The State of Wisconsin elected to turn back federal abstinence education funds in 2007.

### ***STATUS OF HGD INSTRUCTION IN WISCONSIN SCHOOLS***

At this time, it is not possible to accurately describe human growth and development or sexuality education that is occurring in K-12 classrooms in Wisconsin schools. The Department of Public Instruction (DPI) does not routinely collect data on curricula that are being used to teach human growth and development. As such, many questions remain about human growth and development instruction in Wisconsin schools. For example, what HGD curricula are most frequently used? To what extent are the curricula implemented as written? To what extent do students learn, develop skills, and reduce risk behaviors following HGD instruction?

The DPI does have a general picture of the health education topics, including sexuality education, that are taught in middle and high schools. Results from the 2008 Wisconsin School Health Profile, a survey of principals and lead health teachers supported by the Centers for Disease Control and Prevention (CDC), indicate that the vast majority of required health education courses in grades 6-12 include instruction on HIV (96%), human sexuality (94%), pregnancy prevention (88%), and STI prevention (94%) (Wisconsin DPI, 2009). With the exception of instruction about HIV, the survey does not provide information about the specific content, quantity, or quality of this instruction. With regard to HIV prevention, the survey found that all high school teachers taught abstinence as the most effective method to avoid HIV infection. The survey found that while the majority of schools address a number of topics as part of their HIV instruction, they are less likely to provide instruction on topics considered to be sensitive or controversial, including how to obtain condoms. The 2008 School Health Profile report can be obtained from [www.dpi.wi.gov/sspw/shepindex.html](http://www.dpi.wi.gov/sspw/shepindex.html).

Funding provides another measure of support for sexuality education. In recent years there has been no funding earmarked for DPI or cooperative educational service agencies (CESAs) to provide technical support to school districts for HGD instruction. DPI has received federal funding from the CDC to provide technical assistance and consultation to school districts on HIV/STI prevention and school health programs and education.

## **SCOPE OF HGD INSTRUCTION**

This *Human Growth and Development Resource Packet* addresses sexuality, and sexuality education, as a complex and multi-dimensional topic. Sexuality education can include developmentally-appropriate discussion of human development, relationships, personal skills, sexual behavior, sexual health, and the influences of society and culture. Each school district will decide which components of sexuality will be addressed as part of its HGD program. Some districts may decide to provide HGD as a distinct unit of instruction; others may decide to integrate it into Health, Family, and Consumer Education, Developmental Guidance, Science, Social Studies, English, or other subjects.

As a result of 2009 Wisconsin Act 134, school districts have limited ability to determine the content. All human growth and development instruction must:

- Use instructional methods and materials that do not promote bias against pupils of any race, gender, religion, sexual orientation, or ethnic or cultural background, or against sexually active pupils or children with disabilities.
- Promote self-esteem and positive interpersonal skills, with an emphasis on healthy relationships, including friendships, marriage, and romantic and familial relationships.
- Identify counseling, medical, and legal resources for survivors of sexual abuse and assault, including resources for escaping violent relationships; and present medically accurate information to pupils.
- Present abstinence from sexual activity as the preferred choice of behavior in relationship to all sexual activity for unmarried pupils.
- Emphasize that abstinence from sexual activity before marriage is the most effective way to prevent pregnancy and sexually transmitted diseases, including human immunodeficiency virus and acquired immunodeficiency syndrome.
- Present medically accurate information and, when age-appropriate, address:
  - a) The importance of communication about sexuality and decision making about sexual behavior between the pupil and the pupil's parents, guardians, or other family members.
  - b) Reproductive and sexual anatomy and physiology, including biological, psychosocial, and emotional changes that accompany maturation.
  - c) Puberty, pregnancy, parenting, body image, and gender stereotypes.
  - d) The skills needed to make responsible decisions about sexuality and sexual behavior throughout the pupil's life, including how to refrain from making inappropriate verbal, physical, and sexual advances and how to recognize, rebuff, and report any unwanted or inappropriate verbal, physical, and sexual behaviors.
  - e) The benefits of and reasons for abstaining from sexual activity. Instruction under this subdivision shall stress the value of abstinence as the most reliable way to prevent pregnancy and sexually transmitted infections.
  - f) The health benefits, side effects, and proper use of contraceptives and barrier methods approved by the federal food and drug administration to prevent pregnancy and barrier methods approved by the federal food and drug administration to prevent sexually transmitted infections.

- g) Methods for developing healthy life skills, including setting goals, making responsible decisions, communicating, and managing stress.
- h) How alcohol and drug use affect responsible decision making.
- i) The impact of media and one's peers on thoughts, feelings, and behaviors related to sexuality.
- j) Marriage and parental responsibility.
- k) Criminal penalties for engaging in sexual activities involving a child.
- l) Sex offender registration requirements, including who is required to report, what information must be reported, who has access to the information reported, and the implications of being registered.

The timing and specific content for each of these topics is determined in the school district. The local school board must be advised by a broad school-community advisory committee.

School districts will also identify community partners to support the human growth and development program. The Wisconsin DPI supports local partnerships of parents, teachers, school administrators, students, health care professionals, members of the clergy, and other community partners to address youth risk behaviors and provide mutually reinforcing prevention and health promotion messages for children and youth. Young people need to hear messages that refraining from sexual intercourse and alcohol and other drugs is the most effective prevention strategy to prevent unintended pregnancies, STIs, and HIV/AIDS. Local partnerships can help create a climate in schools and the community that supports young people who choose to abstain. Similarly, local partnerships can provide education and resources to help young people reduce their risks if and when they do become sexually active.

### ***HGD PROGRAM PLANNING***

Developing and implementing a K-12 HGD curriculum, like any important program, requires careful planning to increase the likelihood that the program will achieve its desired outcomes. Program planning consists of a series of activities that collectively help educators design, develop, and deliver a program for the target audience. Key planning activities for developing a HGD program include:

- Involving key stakeholders (parents, teachers, school administrators, curriculum coordinators, students, health care professionals, members of the clergy, etc.) in the planning process.
- Identifying appropriate goals and objectives based on the current situation, assets, problem, or needs in the school and community.
- Determining the curriculum or program with the “best fit” or alternatively, developing a new program, replicating an existing program, tailoring a program for a new target population, or adapting a program for a new target population.
- Assuring that human and material resources are in place.
- Assuring that students are ready to participate in the program.
- Implementing the program.
- Evaluating the program.
- Revising the program for future implementation.

In Wisconsin Statute sec. 118.019 under the *advisory committee* heading it reads, "The advisory committee shall develop the human growth and development curriculum and advise the school board on the design, review and implementation of the advisory committee's human growth and development curriculum." "Develop" can be interpreted in the broad sense of ongoing development/evolution. If interpreted this way, the advisory committee does not necessarily write the curriculum (lessons), especially if the school district has a curriculum in place, which is the case for most districts. Feedback, edits, decisions on topics and timing are all effective ways for a committee to work and develop a curriculum. However, nothing in the law prevents the committee from actually writing and developing lessons or a curriculum, for that matter.

When developing a curriculum it is important to consider the background, skills, and knowledge of those responsible for writing the curriculum. Usually the primary curriculum writers are the content specialists within the district, which would include teachers and curriculum coordinators who have formal professional preparation in curriculum, instruction, and student assessment. The level of involvement in the actual writing of new or revised lessons can vary greatly among advisory committees because the competency level of advisory committees can also vary greatly. In the end, the level of involvement is the school district's decision. For more information on HGD advisory committees see Section 4 of this document.

Increasingly, organizations are using logic models as part of the planning process. A logic model is a concise, causal description showing the connections between perceived needs, available resources, program activities, and program goals. In terms of planning a HGD program, a logic model can help clarify the current situation and a district's rationale for the HGD program based on documented health indicators such as rates of teen pregnancy, STI, and self-reported high risk sexual behaviors. A logic model can also identify necessary resources to implement the program. In the case of HGD, important resources include statutory guidance, a local HGD advisory committee, and school staff members who will actually implement the HGD program or curriculum. The logic model also describes the important activities, such as communicating with parents, and of course, actually providing HGD instruction. And finally, a logic model encourages clarity about the short-term outcomes and longer-term goals or impacts of the HGD program. Specifically, the logic model encourages districts to articulate the knowledge, attitudes, and intentions expected from the HGD curriculum and instruction, and the desired longer-term impacts. In short, a logic model can articulate how a school or school district's HGD program contributes to the health of young people. See Resource 1.2: HGD Program Planning Logic Model for an example of a completed logic model.

### **Web-based Resources**

For additional information on program planning and logic models, see The Educators' Resource Center for Youth Sexual Risk Behavior Prevention at <http://www.hcet.org/ASRBP/tabid/70/Default.aspx>. This site is designed to serve staff from Wisconsin schools, community-based organizations, and government agencies, as well as others in Wisconsin who are working to prevent youth sexual risk-taking and

related health consequences. In addition, the UW-Extension Program Development and Evaluation, [www.uwex.edu/ces/pdande/evaluation/evallogicmodel.html](http://www.uwex.edu/ces/pdande/evaluation/evallogicmodel.html), and ETR's Resource Center for Adolescent Pregnancy Prevention, <http://www.etr.org/recapp/documents/BDILOGICMODEL20030924.pdf>, have developed resources to assist with the development of logic models.

### **ORGANIZATION OF THE HGD RESOURCE PACKET**

The HGD Resource Packet includes eight sections. Each section is designed to provide background information and resources for planning HGD programs. Most of the sections include numerous resources, including background information, worksheets, information handouts, and sources for additional information.

Section 1.0 Background

Section 2.0 State Statutes

Section 3.0 Profile of Wisconsin Youth

Section 4.0 HGD Advisory Committee

Section 5.0 Parental Communication

Section 6.0 Effective HGD Curriculum, Instruction, and Assessment

Section 7.0 Professional Development for School Staff

Section 8.0 Resources

Your commitment to strengthening your school district's HGD instruction is important—not only as it contributes to the knowledge, skills, and attitudes of children and young people in the upcoming months, but also as it contributes to their health and wellness in the years ahead.

#### References:

National Public Radio, Henry J. Kaiser Family Foundation, and Kennedy School of Government. 2004. *Sex Education in America*. Washington, D.C.

SIECUS. Report Supplement. Issues and Answers: Fact Sheet on Sexuality Education. 29: 6, p. 2 (August/September, 2001).

Wisconsin Department of Public Instruction. 2009. Wisconsin School Health Profile Report. [www.dpi.wi.gov/sspw/shepindex.html](http://www.dpi.wi.gov/sspw/shepindex.html) (Accessed: April 1, 2010).