

**WHAT PARENTS SHOULD KNOW ABOUT THE
MASSACHUSETTS HEALTH CURRICULUM FRAMEWORKS**

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May 29, 2007

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Recently, legislation was introduced to require that the *Mass. Health Curriculum Frameworks* be mandated as the guiding document for all health education in the public schools. While much in the *Frameworks* is needed and well thought out, the portions regarding Reproduction, Sexuality and Family Life are deeply troubling.

In effect, the *Frameworks* would:

- dictate to local school districts what would be taught to children with respect to sexuality, contraception and abortion in public schools
- contradict the religious, spiritual and traditional values that parents might wish to impart to their children with respect to sexuality, marriage and respect for life (Christians, Muslims, Orthodox Jews, Catholics)
- replace traditional moral values with “politically correct” values;

Even though parents would still have the right to opt their children out, most parents may not be aware of how radical the Frameworks are, and thus fail to opt their children out of these classes.

Students would be taught:

- how to obtain an abortion without parental knowledge
- how to obtain contraceptives
- “behaviors” for pregnancy prevention
- acceptance of homosexual behavior

(see end notes)

We urge all parents to review the following information carefully and contact their legislators to ask them to vote “No” on legislation that undermines the rights of parents in education.

Learning Standards: Reproduction/Sexuality Pre-K-5

[means children ages as young as 4 or 5]:

Through the study of Development, students will

Identify the components, functions, and processes of the reproductive system

Students label the functions and/or systems of the reproductive system on a blank diagram

Identify the physical changes as related to the reproductive system during puberty

Invite the school nurse or a health care professional who specializes in children to discuss the changes that take place in boys and girls at puberty

Define sexual orientation using the correct terminology (such as heterosexual, and gay and lesbian.)

Mass. Comprehensive Health Curriculum Frameworks p. 38

Learning Standards: Family Life Pre-K-5

[pre-K – 5 means children as young as 4 or 5]

Describe different types of families, addressing membership and social influences and the function of family members

Mass. Comprehensive Health Curriculum Frameworks p. 46

Questions...

- Who will determine at what age this information will be presented? Are children in the same grade all equally ready for this information? How can you tell?
- How much detail is appropriate for children as young as 5?
- Will boys and girls who may be self-conscious be taught together or in separate classes?
- Wouldn't it be more appropriate to distribute materials to parents and have this taught at home when parents determine the time is best?
- Who will the health care professional be? What organizations might they represent? Planned Parenthood?
- What is the purpose of introducing the topic of homosexuality to very young children? Is it education or indoctrination?
- Will family life include discussions of households with "2 mommies" and "2 daddies" for kindergarten?
- Will this be education or indoctrination?
- (pre-K- 12) Why is any discussion of the benefits of traditional marriage omitted from the *Health Curriculum Frameworks*?

Learning Standards: Reproduction/Sexuality Grades 6-8

[means children as young as 11]:

Describe short- and long-term consequences of sexually- related risk behaviors and identify barriers and supports for making health-enhancing decisions

*Students discuss consequences around sexuality decisions
Determine and role-play steps that improve decision-making
(such as whom to consult, information overlooked)*

Describe behaviors and methods for pregnancy prevention, including abstinence

Define the types of sexually transmitted infection (STI's), including HIV/AIDS, and how they are prevented

Students report on the policies of various states and countries regarding STI's prevention among youth

Questions...

- What is meant by “barriers and supports for making health-enhancing decisions”?
- Who will be included as appropriate to consult in making decisions regarding sex? Family planning clinics? Will it include organizations such as Planned Parenthood?
- What “behaviors” will be discussed with regard to pregnancy prevention?
- Why are refusal skills for resisting social pressure not emphasized or included?
- If pregnancy prevention includes discussions of the various methods of birth control, doesn't this amount to approval of sexual relations for young teens?
- How much time will be given to abstinence, given that presentations on birth control could include the pill, condoms, diaphragms, injections, spermicides, cervical caps, the female condom, etc., etc., etc.?
- Will the high failure rates of condom use among young teens be presented?
- Will having students report on the states' policies regarding STI prevention among youth be a *de facto* way of teaching young teens how to obtain contraceptives without parental consent or involvement?

Learning Standards: Reproduction/Sexuality

Grades 9-12 [grades 9-12 means students as young as 14]:

Describe the effectiveness and consequences of various pregnancy, HIV, and STI prevention methods, including abstinence

Students identify ways to prevent pregnancy and sexually transmitted infections

Identify possible determinants of sexual orientation and analyze the weight of available research

Identify resources available for treatment of reproductive health problems

Interdisciplinary Objectives: Reproduction/Sexuality

Grades 9-12 [grades 9-12 means students as young as 14]:

(Law and Policy. Connects with History & Social Science: Civics and Government)

Identify and explain laws about reproductive services

Explain the laws about consensual sexual relationships and reproduction (e.g. Roe v. Wade, Bowers v. Hardwick)

Interdisciplinary Objectives: Disease Prevention and Control

Explain confidentiality laws and individuals rights to seek medical treatment

Questions...

- What “behaviors” will be discussed with regard to pregnancy prevention?
- Why are refusal skills for resisting pressure not emphasized or included?
- Why is there no presentation of the facts of fetal development?
- If pregnancy prevention includes discussions of the various methods of birth control, doesn't this amount to approval of sexual relations for teens?
- How much time will be given to abstinence, given that presentations on birth control could include the pill, condoms, diaphragms, injections, spermicides, cervical caps, the female condom, etc., etc., etc.?
- Will the high failure rates and risks of birth control use among teens be presented?
- Will explaining laws about reproductive services and confidentiality be a *de facto* way of explaining to teens how to obtain an abortion or contraceptives and bypass parental notification and involvement?
- Which resources will be identified for treatment of “reproductive health problems”? Will this include abortion providers?
- Will discussion of court rulings regarding consensual sexual relationships – Bowers v. Hardwick, for example—provide *de facto* approval for teens of the practices of oral sex and sodomy?
- Will discussions of causes of homosexual orientation include materials provided by GLSEN, or will there be a balance?

Where is it?

Information missing from the Frameworks:

- high failure rates of teen contraception
- ineffectiveness of condoms in preventing the spread of herpes, chlamydia, HPV
- visuals of fetal development
- resistance skills for peer pressure with respect to sexual activity
- benefits of traditional marriage

Among the sources and selected resources listed in the Health Curriculum Frameworks:

National Guidelines Task Force, Guidelines for Comprehensive Sexuality Education: Kindergarten – 12th Grade. New York: **Sexuality Information and Education Council of the United States**. 1991

Kane, W.M., Step by Step to Comprehensive School Health: The Program Planning Guide, Santa Cruz, Ca. **ETR Associates**, 1993

Gay and Lesbian High School Curriculum and Staff Development Project. A Staff Development Manual for Anti-Homophobia Education in the Secondary School. Cambridge, Ma: Harvard graduate School of Education, 1993

Both SIECUS and ETR Associates are leading advocates for contraceptive education in the schools; SIECUS is also a leading advocate for “abortion rights”.

What to do

We urge all parents to contact their legislators to ask them to vote “No” on legislation that undermines the rights of parents in education. We urge all parents to begin a dialogue with other parents and with local school officials and ask specific questions.

What to ask

- What will students be taught about pre-marital sex?
- What will be taught about contraception?
- What will be taught about abortion?
- What will be taught about homosexual behavior?

Notes:

1. **how to obtain an abortion without informing your parents**

The *Frameworks* would require us to “Identify and explain laws about reproductive services” (p. 39) Since this could include the Parental Notification laws with respect to a minor’s abortion, and the exceptions by way of judicial bypass, they would in effect be teaching students as young as 14 how to obtain an abortion without their parents knowledge.

The *Frameworks* also require schools to identify resources available for treatment of “reproductive health problems” to students as young as 14 (p. 39). This could include abortion providers, or referrals to such agencies who could explain how to avoid Parental Notification in Mass; these could be agencies that may have a vested financial interest in the outcome of a teenager’s decision.

2. **how to obtain condoms and contraceptives** . The *Frameworks* would require schools to present methods for pregnancy prevention and STD (STI) prevention to kids as young as 11; students would report on the policies of various states regarding STD prevention among youth (p. 38). This may be the equivalent of a “how to” with respect to obtaining condoms; since schools must also identify “whom to consult” for students at this age, it could include agencies which provide birth control for kids.

3. **discuss “behaviors” for pregnancy prevention.** This could include discussions of oral sex and mutual masturbation; these topics could be discussed with students as young as 11 (p. 38).

4. **acceptance of homosexual behavior.** Beginning with children as young as 4 or 5, (pre-K – 5), the curriculum will introduce the terms “sexual orientation”, “gay” and “lesbian” (p. 38). In later grades, schools would identify possible determinants of sexual orientation (since the Frameworks only lists The Gay and Lesbian High School Curriculum and SEICUS as resources, we doubt that there will be any balance.) Schools would also identify resources available for treatment of “reproductive health problems”; this presumably includes agencies which accept/promote same sex experimentation. The Interdisciplinary Objectives would also have schools discuss with students the recent Supreme Court ruling which invalidated laws regarding sodomy (p. 39).