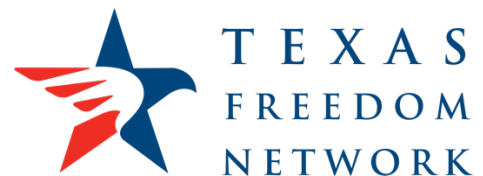


Recommendations for LGBTQ-Inclusive Sex Education in Texas

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Executive Summary

The legal artifacts mandating exclusionary, abstinence-only sex education in Texas currently ignore the sexual health and safety needs of a highly marginalized lesbian, gay, bisexual, transgender and questioning (LGBTQ) youth. As concerned health teachers responsible for human sexuality instruction in K-12 campuses statewide, we adapted guidelines from the National Sexuality Education Standards in order to create a checklist of minimum components necessary to develop a LGBTQ-inclusive sex education framework. We examined relevant sections governing the teaching of human sexuality to identify major problems with our current rules and curricula, and we conducted a two-part expert review of the artifacts in question. Our findings indicated strong anti-LGBTQ biases within our current sex education framework. We recommend revisions to both the language and content of current artifacts in order to better serve the sexual health and safety needs of LGBTQ youth.

TO: Mike Morath, Texas Commissioner of Education

FROM: Crystal Barragan, Texas State Health Teachers Association

DATE: July 5, 2016

SUBJECT: Recommendations for LGBTQ-inclusive sex education in Texas

Introduction

Guidelines for the implementation and delivery of sex education in Texas can be found within three legislative statutes: The Texas Health and Safety Code, the Texas Education Code and Chapter 163 of the Texas Administrative Code containing the Texas Knowledge and Skills for Health Education. Each of these codes contain rules which dictate how school districts and health education curriculum writers should approach the teaching of human sexuality on campuses offering K-12 instruction statewide.

Although these codes are publicly available under the Texas Legislature website, they are primarily written for school district coordinators, curriculum writers and teachers involved in creating human sexuality instructional materials. The language and density of these artifacts make them largely inaccessible for parents or students receiving the instruction. Furthermore, the artifacts present biases that exclude certain student populations. LGBTQ-related topics are completely ignored despite the mounting numbers of LGBTQ-identified students in our classrooms. Without equal access to safe and reliable information regarding their sexual health, LGBTQ students are being further marginalized and underrepresented across Texas.

In the following sections, we will provide an outline of our research motivations, methods and findings regarding the exclusiveness of these artifacts in relation to LGBTQ youth. This report follows our previous conversation and will expound upon recommendations for the implementation of comprehensive and inclusive state standards for human sexuality instruction.

Research Methods

Sex Education and LGBTQ Youth

As health teachers, we decided to research and advocate for the inclusiveness of our teaching framework on behalf of our LGBTQ-identified students. Excluded and often stigmatized in schools that do little to advocate for their rights and equality, LGBTQ youth are often left with alternative means of obtaining relevant sexuality information. According to the Gay, Lesbian, and Straight Education Network's (GLSEN) *National School Climate Survey*, a biennial survey of LGBTQ students about their school experiences, only about 5 percent of students reported being taught positive information about LGBTQ-related topics in their health classes (Kosciw, Greytak, Palmer & Boesen, 2014). In a separate report, GLSEN also found that that LGBTQ students are five times more likely than their non-LGBTQ peers to search for sexuality information online (2013).

According to the Human Rights Campaign Foundation (2015), various studies show that a lack of inclusive and comprehensive sex education can contribute to disproportionate adverse sexual health outcomes for LGBTQ youth. Based on this data, we concluded that in following an abstinence-until-marriage movement, Texas may be further marginalizing its LGBTQ youth. Our public school health programs should, by definition, serve the general public and provide equal access to sexuality information for all students. To that end, we galvanized our research on the effectiveness of current legislative statutes mandating our health curricula statewide.

Re-envisioning Sex Education in Texas

Following our research on sex education and LGBTQ youth, we developed a set of guidelines for the creation of an inclusive sex education framework in Texas. We determined that a school health program should be an appropriate platform on which to discuss LGBTQ-related topics with students, and we looked to the *National Sexuality Education Standards: Core Content and Skills, K-12* as our general guide. Developed to articulate the essential minimum, core content for sexuality education, the *National Sexuality Education Standards* (2012) provide a “clear rationale for teaching sexuality education content and skills at different grade levels that is evidence-informed, age-appropriate and theory-driven” (p. 6). The standards outline the teaching of seven core human sexuality concepts which notably include the topic of “identity” (see Appendix A).

In analyzing the *National Sexuality Education Standards* as well as recommendations published by the Human Rights Campaign Foundation, we formed a checklist used to determine sexuality education framework that meets the needs of LGBTQ students (see Appendix B). As proposed in this checklist, sexuality education that is LGBTQ-inclusive should, at minimum:

- Be evidence-based, developmentally appropriate and theory-driven
- Include information for all students about sexual orientation and gender identity that is medically-accurate and age-appropriate
- Use inclusive language and gender-neutral terms that do not perpetuate gender stereotypes as fact
- Promote campus initiatives that advocate for the respect and acceptance of all people regardless of their gender identity, sexual orientation or sexual expression
- Be implemented at the state-level for ensured consistency

Current Problems

During our initial review of Texas Health and Safety Code §163, Texas Education Code (TEC) §28.004, and the Texas Knowledge and Skills (TEKS) for Health Education, we noted several problems we feel may contribute to an exclusionary overview of sex education statewide. In particular, Texas Health and Safety Code §163 featured clear homophobic and exclusionary language. 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.”

Multiple references to a “standard in sexual behavior” as well as policies allowing for the separation of students “according to sex for instructional purposes” in TEC §§28.004(e)(g) further suggested exclusionary biases against non-heterosexual marriages and relationships. In reviewing the TEKS for Health Education, we encountered no information relating to the teaching of LGBTQ-content or terms, such as topics concerning gender identity or sexual orientation.

Subsequently, we were able to identify major problems with the legal artifacts mandating the teaching human sexuality statewide. With an LGBTQ-identified audience in mind, our initial review of relevant human sexuality instruction provisions revealed:

- No mention of terms or topics relating to health and safety issues historically faced by LGBTQ-identified youth
- Exclusionary language that perpetuate gender stereotypes as fact
- Biased messages regarding marriage and sexual relationships that ignore non-heterosexual and non-cisgender marriages and relationships
- A lack of standardization of sex education curricular materials, which defaults to inconsistencies in portraying positive representations of LGBTQ-related content

Developing an Expert Review

Without question, the current sex education framework in Texas falls short in addressing issues that are relevant to LGBTQ-identified youth. Furthermore, as technical artifacts, the state guidelines for sex education feature major deficiencies that should be amended for compliance with the general principles of effective technical communication.

For a more detailed overview of the framework’s shortcomings, we conducted a two-part expert review of its overall effectiveness in representing the highly marginalized LGBTQ group. We extracted sections from the state legislative codes that directly relate to the teaching of human sexuality, and we compared those provisions both to our LGBTQ-inclusive checklist as well as to Markel’s “Measures of Excellence in Technical Documents” (see Appendix B). Following this heuristic evaluation, we also surveyed a group of Texas State University students in order to receive local community feedback regarding the artifacts’ inclusiveness with respect to LGBTQ students (see Appendix C).

Results

In general, the expert review resulted in findings which did not satisfy the minimum components for the development of a LGBTQ-inclusive sex education framework (see Appendix B). The expert review found that:

- 5 out of 5 criteria was incompliant with LGBTQ-inclusive guidelines derived from the *National Sexuality Education Standards*
- 4 out of 8 criteria was incompliant with Markel’s “Measures of Excellence in Technical Documents” (2015)

The survey results produced similar findings. In general, respondents did not feel Texas Health and Safety Code §163, Texas Education Code (TEC) §28.004, and the Texas Knowledge and Skills (TEKS) for Health Education adequately address the sexual health needs of LGBTQ

youth. What follows are samples of participants' responses upon their review of the relevant artifacts:

- "There's clearly a bias toward advocating for abstinence in lieu of teaching about contraceptive methods."
- "Students are not given the facts. The message is 'abstinence only' and this may lead to confusion and wrong perceptions. LGBTQ students are told their sexuality is wrong and is a lifestyle."
- "It seems as though students are assumed to be heterosexual. There is no mention of LGBTQ sexual education. The phrase 'separate students according to sex' would not have the intended effect considering lesbian or gay students."
- "I cannot find anything relating specifically to sexual orientation, therefore no, it would not be possible to have a consistent message [regarding LGBTQ-related topics] provided to students across the state."
- "The artifacts do not take into consideration anything but a heterosexual orientation. Information on LGBTQ students is largely absent, and when it is addressed, it is treated as a 'lifestyle'. The changes could be 1) recognizing LGBTQ sexual orientations as valid 2) an emphasis on factual information available for all students 3) present resources for LGBTQ youth experiencing bullying and encourage staff/teachers to be allies that LGBTQ students can turn to if they need help."

Conclusion

As indicated by the results of the expert review, Texas's laws are restricting the inclusion of LGBTQ topics in our schools, particularly within human sexuality instruction. Not only do these restrictions marginalize LGBTQ-identified students, but they also create opportunities for hostile school environments where LGBTQ students are further stigmatized. According to the HRC (2015), "for LGBTQ youth to experience comparable health benefits to their non-LGBTQ peers, sex education programs must be LGBTQ-inclusive" (p. 1). A failure to create an inclusive environment, as mentioned in our previous correspondence, "places LGBTQ youth at increased risk for negative sexual health outcomes" (HRC, 2015, p. 2).

Sex education is a logical venue for all students to learn about gender identity and sexual orientation. Health classes are also appropriate forums for the discussion of acceptance and respect for all people. As health teachers, we must teach in full recognition that there are young people of every sexual orientation and gender identity in our classrooms. In continuing to restrict the adoption of LGBTQ-inclusive sex education, however, we are eliminating our most underrepresented students from the discussion. Although Texas may face challenges in overcoming this obstacle, the overall benefits of implementing an evidence-based, inclusive sex education program outweigh the costs of continuing to provide students with incomplete and unreliable information regarding their sexual health. Irrespective of our personal beliefs or opinions on comprehensive sex education or LGBTQ-related topics, we must do more to advocate for the health, safety and inclusion of every student in our health education classrooms. Amending the artifacts that govern sexual health education in Texas will take us one step closer to achieving that goal.

Recommendation

Laced with exclusionary messages that further stigmatize and ignore the health needs of LGBTQ youth, Texas's education statutes on human sexuality instruction should be amended. Based on our findings, we believe a state-wide inclusion of LGBTQ-related content in sex education programs is needed to ensure our districts are providing all students, regardless of sexual orientation or sexual expression, safe and reliable information relating to their sexuality. Based on the data collected as a result of our expert review, we propose the following recommendations:

- Amendments to Texas Health and Safety Code §163, TEC §28.004, and a revision of the TEKS for Health Education to reflect evidence-based, comprehensive sex education that is LGBTQ-inclusive
- Amendments to Texas Health and Safety Code §163 and TEC §28.004 for the removal of biased, anti-LGBTQ messages that promote gender stereotypes as fact
- The inclusion of activities and campus initiatives within a state-mandated health education curriculum that promote the respect and acceptance of all people regardless of their gender identity, sexual orientation or sexual expression

Lesbian, gay, bisexual, transgender, and questioning youth “need and deserve to learn in settings that are inclusive of their experiences and that give them the education necessary to stay safe and healthy” (HRC, 2015). As educators, parents and community leaders, we must fight for LGBTQ youth's equal access to relevant and reliable sexual health information.

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Appendices

Appendix A: National Sexuality Education Standards

The National Sexuality Education Standards present performance indicators for what students should know and be able to do by the end of grades 2, 5, 8 and 12. The standards include seven sexuality education topics: anatomy and physiology, puberty and adolescent development, identity, pregnancy and preproduction, sexually transmitted diseases and HIV, healthy relationships and personal safety.

IDENTITY

Core Concepts	Analyzing Influences	Accessing Information	Interpersonal Communication	Decision Making	Goal Setting	Self-Management	Advocacy
BY THE END OF THE 2ND GRADE, STUDENTS SHOULD BE ABLE TO:							
Describe differences and similarities in how boys and girls may be expected to act	Provide examples of how friends, family, media, society, and culture influence ways in which boys and girls think they should act						
BY THE END OF THE 5TH GRADE, STUDENTS SHOULD BE ABLE TO:							
Define sexual orientation as romantic attraction to an individual of the same gender or of a different gender	Analyze external influences that have an impact on one's attitudes about gender, sexual orientation, and gender identity	Identify parents or other trusted adults to whom they can ask questions about sexual orientation				Demonstrate ways to treat others with dignity and respect	Demonstrate ways students can work together to promote dignity and respect for all people
BY THE END OF THE 8TH GRADE, STUDENTS SHOULD BE ABLE TO:							
Differentiate between gender identity, gender expression, and sexual orientation	Analyze the influence of peers, media, family, society, religion and culture on the expression of gender, sexual orientation, and identity	Access accurate information about gender identity, gender expression, and sexual orientation	Communicate respectfully with and about people of all gender identities, gender expressions, and sexual orientations				Develop a plan to promote dignity and respect for all people in the school community
Explain the range of gender roles							
BY THE END OF THE 12TH GRADE, STUDENTS SHOULD BE ABLE TO:							
Differentiate between biological sex, sexual orientation, and gender identity and expression						Explain how to promote safety, respect, awareness, and acceptance	Advocate for school policies and programs that promote dignity and respect for all
Distinguish between sexual orientation, sexual behavior, and sexual identity							

Source: Future of Sex Education, <http://www.futureofsexeducation.org>

Appendix B: Guidelines for LGBTQ-Inclusive Sex Education Standards

LGBTQ-INCLUSIVE GUIDELINES	YES	NO	COMMENTS
1. The sex education framework is evidence-based, age-appropriate and theory-driven.		X	While the artifacts state that course materials should include medically-accurate statistics on the efficacy of various forms of contraception, the language overemphasizes an adherence to abstinence-only instruction. Abstinence-only sex education is not evidence-based.
2. The sex education framework includes information for all students about sexual orientation and gender identity.		X	The artifacts do not include information pertaining to gender identity or sexual orientation.
3. The sex education framework uses inclusive language and gender-neutral terms that do not perpetuate gender stereotypes as fact.		X	The artifacts argue for a “standard of sexual behavior” that perpetuate heterosexual stereotypes as fact. Furthermore, the artifacts indicate that homosexuality is not an acceptable lifestyle.
4. The sex education framework promotes the inclusion of campus initiatives that advocate for the respect and acceptance of all people.		X	While the artifacts include some information about promoting respect for individual differences, there are no specific recommendations for the inclusion of campus initiatives (ie., a student-run Gay-Straight Alliance Club)
5. The sex education framework is standardized at the state level for ensured consistency.		X	Currently, local School Health Advisory Councils (SHACs) adopt human sexuality instructional materials according to rules set forth by state provisions. SHACs are at liberty to add components based on local community values. This flexibility results in an inconsistent portrayal of LGBTQ-related topics statewide.
TECHNICAL COMMUNICATION GUIDELINES	YES	NO	COMMENTS
1. Honesty. The artifacts are honest and do not mislead readers.		X	The text contains biases that can mislead or confuse readers.
2. Clarity. The artifacts convey a single meaning that the reader can understand easily.	X		
3. Accuracy. The artifacts convey information that is accurate.		X	The text contains sections that are not evidence-based.
4. Comprehensiveness. The artifacts provide all the information readers need.		X	The text is not inclusive of LGBTQ-related topics.
5. Accessibility. The artifacts are easily accessible and readable.		X	The text is dense and not written with students in mind.
6. Conciseness. The artifacts are concise enough to be useful to a busy reader.	X		
7. Professional appearance. The artifacts are neat and professional.	X		
8. Correctness. The artifacts adhere to conventions of grammar, punctuation, spelling, mechanics, and usage.	X		

Appendix C: Sex Education & LGBTQ Youth in Texas Survey

Introduction

The purpose of this survey is to help identify problems with current Texas laws and provisions that address human sexuality instruction in public schools.

The guidelines for human sexuality instruction in Texas are outlined within the following state provisions:

- **Texas Health and Safety Code**
- **Texas Education Code**
- **Texas Essential Knowledge and Skills (TEKS) for Health Education**

These codes will be used as artifacts for evaluating the inclusiveness of sex education in relation to LGBTQ youth in Texas.

Texas Health and Safety Code Chapter 163

The Texas Health and Safety Code §163 establishes rules for the development of a state-sponsored sex education program. This code is passed and amended by Texas Legislature.

<http://www.statutes.legis.state.tx.us/Docs/HS/htm/HS.163.htm>

1. What are your initial reactions after reviewing Texas Health and Safety Code §163? Do you feel the language used in this artifact reflects unbiased statements regarding sexuality?
2. Do you think the Texas Healthy Safety statute is effective in securing equal access to reliable human sexuality instruction for all student populations in Texas? Why or why not?

Texas Education Code Section 28.004

Texas Education Code §28.004 provides school districts with guidelines for the implementation of a local health education program. According to this statute, local School Health Advisory Councils (SHACs) must use the rules outlined in Section 28.004(e) to determine the specific content of their district's instruction on human sexuality. Local SHACs can add additional instructional elements to their district's existing sex education curricula at their discretion, but each health program must continue to emphasize abstinence-only instruction. This code is passed and amended by Texas Legislature.

<http://www.statutes.legis.state.tx.us/Docs/ED/htm/ED.28.htm#28.004>

3. What are your thoughts on the localized approach to sex education in Texas public schools? Should local community values determine a school district's instruction on human sexuality? Why or why not?
 4. Note the content and use of language in subsections 28.004 (e), (f), and (g) regarding course materials and instruction on human sexuality. Do you think these subsections ignore the sexual health needs of LGBTQ students? Explain.
-

Texas Knowledge and Skills for Health Education
Texas Administrative Code
Chapter 115

The Texas Essential Knowledge and Skills (TEKS) for Health Education are the curriculum standards for health education courses taught in Texas public schools. The standards promote age-appropriate discussions on safety and injury prevention, substance abuse, tobacco use, human sexuality, physical education, and lifelong healthy eating. The TEKS standards are adopted and amended by the State Board of Education.

<http://ritter.tea.state.tx.us/rules/tac/chapter115/ch115b.html>

5. A student brings up the topic of sexual orientation during a discussion on human development in a middle school health class. Which of the TEKS standards could the student's health teacher refer to when addressing sexual orientation or gender identity in the classroom? Based on the current TEKS standards, is it possible to have a consistent message statewide regarding LGBTQ-related topics?
6. Do you think these artifacts provide a comprehensive and inclusive overview of sexuality instruction for all students in Texas public schools? What changes or additions would you make to ensure Texas school districts provide all students with complete and reliable information regarding their sexual health?

Source: SurveyMonkey, <https://www.surveymonkey.com/r/KJ3WFYH>

Appendix D: Relevant Texas Law and Code

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 (H.B. [1379](#)), Sec. 2, eff. September 1, 2007.

EDUCATION CODE
TITLE 2. PUBLIC EDUCATION
SUBTITLE F. CURRICULUM, PROGRAMS, AND SERVICES

CHAPTER 28. COURSES OF STUDY; ADVANCEMENT
SUBCHAPTER A. ESSENTIAL KNOWLEDGE AND SKILLS; CURRICULUM

Sec. 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) policies, procedures, strategies, and curriculum appropriate for specific grade levels designed to prevent obesity, cardiovascular disease, Type 2 diabetes, and mental health concerns through coordination of:

- (A) health education;
- (B) physical education and physical activity;
- (C) nutrition services;
- (D) parental involvement;
- (E) instruction to prevent the use of tobacco;
- (F) school health services;
- (G) counseling and guidance services;
- (H) a safe and healthy school environment; and
- (I) school employee wellness;

(3) appropriate grade levels and methods of instruction for human sexuality instruction;

(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; and
- (5) if feasible, joint use agreements or strategies for collaboration between the school district and community organizations or agencies.

(d) The board of trustees shall appoint at least five 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. One of those members shall serve as chair or co-chair of the council. 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;
- (9) nonprofit health organizations; and
- (10) local domestic violence programs.

(d-1) The local school health advisory council shall meet at least four times each year.

(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;
- (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) Before each school year, a school district shall provide written notice to a parent of each student enrolled in the district of the board of trustees' decision regarding whether the district will provide human sexuality instruction to district students. If instruction will be provided, the notice must include:

- (1) a summary of the basic content of the district's human sexuality instruction to be provided to the student, including a statement informing the parent of the instructional requirements under state law;
- (2) a statement of the parent's right to:
 - (A) review curriculum materials as provided by Subsection (j); and
 - (B) remove the student from any part of the district's human sexuality instruction without subjecting the student to any disciplinary action, academic penalty, or other sanction imposed by the district or the student's school; and
- (3) information describing the opportunities for parental involvement in the development of the curriculum to be used in human sexuality instruction, including information regarding the local school health advisory council established under Subsection (a).

(i-1) A parent may use the grievance procedure adopted under Section [26.011](#) concerning a complaint of a violation of Subsection (i).

(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 the amount and level of physical activity required by Section [28.002\(l\)](#);
- (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 e-cigarettes, as defined by Section [38.006](#), and tobacco products by students and others on school campuses or at school-sponsored or school-related activities; and
- (3) a statement providing notice to parents that they can request in writing their child's physical fitness assessment results at the end of the school year.
- (l) The local school health advisory council shall consider and make policy recommendations to the district concerning the importance of daily recess for elementary school students. The council must consider research regarding unstructured and undirected play, academic and social development, and the health benefits of daily recess in making the recommendations. The council shall ensure that local community values are reflected in any policy recommendation made to the district under this subsection.
- (l-1) The local school health advisory council shall establish a physical activity and fitness planning subcommittee to consider issues relating to student physical activity and fitness and make policy recommendations to increase physical activity and improve fitness among students.
- (m) In addition to performing other duties, the local school health advisory council shall submit to the board of trustees, at least annually, a written report that includes:
- (1) any council recommendation concerning the school district's health education curriculum and instruction or related matters that the council has not previously submitted to the board;
 - (2) any suggested modification to a council recommendation previously submitted to the board;
 - (3) a detailed explanation of the council's activities during the period between the date of the current report and the date of the last prior written report; and
 - (4) any recommendations made by the physical activity and fitness planning subcommittee.
- (m-1) Expired.
- (m-2) Expired.
- (n) Any joint use agreement that a school district and community organization or agency enter into based on a recommendation of the local school health advisory council under Subsection (c)(5) must address liability for the school district and community organization or agency in the agreement.

Added by Acts 1995, 74th Leg., ch. 260, Sec. 1, eff. May 30, 1995. Amended by Acts 2001, 77th Leg., ch. 907, Sec. 2, eff. June 14, 2001; Acts 2003, 78th Leg., ch. 944, Sec. 1, 2, eff. Sept. 1, 2003.

Amended by:

Acts 2005, 79th Leg., Ch. 784 (S.B. [42](#)), Sec. 2, eff. June 17, 2005.

Acts 2007, 80th Leg., R.S., Ch. 1377 (S.B. [530](#)), Sec. 2, eff. June 15, 2007.

Acts 2009, 81st Leg., R.S., Ch. 729 (S.B. [283](#)), Sec. 1, eff. September 1, 2009.

Acts 2011, 82nd Leg., R.S., Ch. 1235 (S.B. [736](#)), Sec. 1, eff. June 17, 2011.

Acts 2013, 83rd Leg., R.S., Ch. 892 (H.B. [1018](#)), Sec. 1, eff. September 1, 2013.

Acts 2013, 83rd Leg., R.S., Ch. 1321 (S.B. [460](#)), Sec. 3, eff. September 1, 2013.

Acts 2015, 84th Leg., R.S., Ch. 181 (S.B. [97](#)), Sec. 37, eff. October 1, 2015.

Chapter 115. Texas Essential Knowledge and Skills for Health Education

Subchapter B. Middle School

Statutory Authority: The provisions of this Subchapter B issued under the Texas Education Code, §§7.102(c)(4), 28.002(s), 37.001, and 37.0832, unless otherwise noted.

§115.21. Implementation of Texas Essential Knowledge and Skills for Health Education, Middle School.

The provisions of this subchapter shall supersede §75.29(g) and §75.45 of this title (relating to Health Education) beginning September 1, 1998.

Source: The provisions of this §115.21 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.

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

- (A) describe various modes of disease transmission;
- (B) compare healthy cell growth to cell growth in the disease process; and
- (C) list noncommunicable and hereditary diseases and respective prevention and treatment techniques.

(4) Health information. The student comprehends ways of researching, accessing, and analyzing health information. The student is expected to:

- (A) list ways to evaluate health products, practices, and services such as sunblocks, dietary aides, and over-the-counter medications; and
- (B) use critical thinking to research and evaluate health information.

(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.

(6) Influencing factors. The student understands how factors in the environment influence individual and community health. The student is expected to:

- (A) identify factors that affect an individual's physical, emotional, and social health such as school climate and safety measures; and
- (B) make healthy choices from among environmental alternatives such as leaving a smoke-filled room or selecting healthy snacks from vending machines.

(7) Influencing factors. The student recognizes how relationships influence individual health behaviors including skills necessary for building and maintaining relationships. The student is expected to:

- (A) differentiate between positive and negative relationships that can affect individual health such as clubs, gangs, or families;
- (B) explain ways of maintaining healthy relationships such as resisting peer pressure to engage in unsafe behavior;
- (C) practice conflict resolution/mediation skills;
- (D) describe strategies such as abstinence for communicating refusal to engage in unsafe behaviors; and
- (E) describe methods for communicating important issues with parents and peers.

(8) Influencing factors. The student comprehends how media and technology influence individual and community health. The student is expected to:

- (A) identify and analyze various media and technologies that influence individual and community health such as computer software and the World Wide Web; and
- (B) explain the relationship between health needs and technology development such as the development of a Human Immunodeficiency Virus (HIV) vaccine.

(9) Influencing factors. The student differentiates between positive and negative family influences. The student is expected to:

- (A) develop strategies for supporting and respecting all family members; and
- (B) identify strategies for coping with unhealthy behaviors in the family such as abuse, alcoholism, and neglect.

(10) Personal/interpersonal skills. The student describes healthy and respectful ways to communicate consideration and respect for self, family, friends, and others. The student is expected to:

- (A) demonstrate ways to communicate empathy to others and have consideration for others;
- (B) assess healthy ways of responding to disrespectful behaviors such as mediation;
- (C) practice methods for self-control;
- (D) describe healthy ways to express affection and love;
- (E) describe ways to manage anxiety and grief;
- (F) describe ways to control anger and emotions when responding to others;

- (G) demonstrate strategies for showing respect for individual differences such as race, physical appearance, and socio-economic status;
 - (H) define stress and its effects on individual health and relationships; and
 - (I) identify stressors and their impact on the health of the individual and family.
- (11) Personal/interpersonal skills. The student analyzes information and applies critical-thinking, decision-making, goal-setting and problem-solving skills for making health-promoting decisions. The student is expected to:
- (A) seek the input of parents and other trusted adults in problem solving and goal setting;
 - (B) demonstrate the use of refusal skills in unsafe situations;
 - (C) explain the impact of peer pressure on decision making;
 - (D) compare the risks and benefits of various health behaviors such as choosing not to smoke; and
 - (E) identify the possible health implications of long-term personal and vocational goals.
- (12) Bullying prevention. The student engages in behaviors that reduce the risk of bullying throughout the life span. The student is expected to:
- (A) analyze the impact that bullying has on both victims and bullies;
 - (B) identify strategies for prevention and intervention of all forms of bullying such as emotional, physical, social, and sexual;
 - (C) describe healthy ways to be assertive without being aggressive; and
 - (D) assess healthy and appropriate ways of responding to bullying.

Source: The provisions of this §115.22 adopted to be effective September 1, 1998, 22 TexReg 7740; amended to be effective August 26, 2013, 38 TexReg 3413.

§115.23. Health Education, Grades 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.
- (6) Influencing factors. The student understands how physical and social environmental factors can influence individual and community health throughout the life span. The student is expected to:
- (A) relate physical and social environmental factors to individual and community health such as climate and gangs; and
 - (B) describe the application of strategies for controlling the environment such as emission control, water quality, and waste management.
- (7) Influencing factors. The student investigates positive and negative relationships that influence individual, family, and community health. The student is expected to:
- (A) analyze positive and negative relationships that influence individual and community health such as families, peers, and role models; and
 - (B) develop strategies for monitoring positive and negative relationships that influence health.

- (8) Influencing factors. The student researches ways in which media and technology influence individual and community health throughout the life span. The student is expected to:
- (A) explain the role of media and technology in influencing individuals and community health such as watching television or reading a newspaper and billboard; and
 - (B) explain how programmers develop media to influence buying decisions.
- (9) Influencing factors. The student understands how social factors impact personal, family, community, and world health. The student is expected to:
- (A) describe personal health behaviors and knowledge unique to different generations and populations; and
 - (B) describe characteristics that contribute to family health.
- (10) Personal/interpersonal skills. The student recognizes and uses communication skills in building and maintaining healthy relationships. The student is expected to:
- (A) differentiate between positive and negative peer pressure;
 - (B) describe the application of effective coping skills;
 - (C) distinguish between effective and ineffective listening such as paying attention to the speaker versus not making eye-contact;
 - (D) summarize and relate conflict resolution/mediation skills to personal situations; and
 - (E) appraise the importance of social groups.
- (11) Personal/interpersonal skills. The student understands, analyzes, and applies healthy ways to communicate consideration and respect for self, family, friends, and others. The student is expected to:
- (A) describe techniques for responding to criticism;
 - (B) demonstrate strategies for coping with problems and stress;
 - (C) describe strategies to show respect for individual differences including age differences;
 - (D) describe methods of communicating emotions;
 - (E) describe the effect of stress on personal and family health; and
 - (F) describe the relationships between emotions and stress.
- (12) Personal/interpersonal skills. The student analyzes information and applies critical-thinking, decision-making, goal-setting and problem-solving skills for making health-promoting decisions. The student is expected to:
- (A) interpret critical issues related to solving health problems;
 - (B) relate practices and steps necessary for making health decisions;
 - (C) appraise the risks and benefits of decision-making about personal health;
 - (D) predict the consequences of refusal skills in various situations;
 - (E) examine the effects of peer pressure on decision making;
 - (F) develop strategies for setting long-term personal and vocational goals; and
 - (G) demonstrate time-management skills.
- (13) Bullying prevention. The student analyzes bullying information and applies strategies for enhancing and maintaining healthy personal relationships throughout the life span. The student is expected to:
- (A) analyze strategies for preventing bullying, harassment, dating violence, and sexual assault;
 - (B) describe the seriousness of various forms of bullying such as harassment, acquaintance rape, and sexual abuse;
 - (C) demonstrate empathy toward others;
 - (D) analyze ways to show disapproval of inconsiderate and disrespectful bullying behavior; and
 - (E) recognize the responsibility to report bullying behavior.

Source: The provisions of this §115.23 adopted to be effective September 1, 1998, 22 TexReg 7740; amended to be effective August 26, 2013, 38 TexReg 3413.