

Parents & Kids, Talking About Sex ©

Tackling Tough Topics - The New Montgomery County Health Education Curriculum: What Parents Should Know

The new Montgomery County health education curriculum does not take a neutral approach toward religious values. Indeed, the information is biased in favor of a point of view that is contrary to Catholic Church teachings on human sexuality.

Grade 8 Health Education

<http://www.mcps.k12.md.us/boe/meetings/agenda/2006-07/2007-0109/BoardHealthEdPaper1-9-07.pdf>

Family Life and Human Sexuality

The class on homosexuality teaches that homosexuality is innate. Students' vocabulary defines, "Innate – determined by factors present in an individual from birth." However, there are no replicated scientific studies that have proven a genetic, DNA cause of homosexuality. The class may also encourage students to prematurely label themselves as homosexual. The Board of Education's (BOE) Citizens Advisory Committee for Family Life and Human Development recommended the following clarification for the Teacher Resource (Session 2), "Children who have fleeting same-sex attractions may assume incorrectly that they are gay or lesbian. Mere fleeting attraction does not prove sexual orientation." Montgomery County Public Schools (MCPS) staff rejected this recommendation, stating the material "does not align with target indicators and objectives for the lesson."

High School Comprehensive Health Education

<http://www.mcps.k12.md.us/boe/meetings/agenda/2006-07/2007-0109/BoardHealthEdPaper1-9-07.pdf>

Family Life and Human Sexuality

As in 8th grade, 10th grade students are taught that homosexuality is innate. They are also told that gender identity is "your identification of yourself as a man or woman, based on the gender you feel to be inside" (Glencoe and Holt). Teachers are to say, if students ask how to determine their own sexual orientation, "Individuals at your age may be unsure of their sexual orientation. It is unwise to rush to label yourself during this formative time (APA)." But the students' class content is opposite, stating, "People can identify themselves as gay, lesbian, bisexual or transgender at any point of their lives. Some people come out at a young age; others wait until they have been adults for many years. For many people, 'coming out' is liberating and empowering and makes them feel whole and complete."

After reading "*Voices: Personal Statements on Being Different*," stories of students who discovered they had lesbian, gay, bisexual and transgender inclinations, students are asked questions like, "What example did Esperanza give for how she knew she was different from other girls at a very young age?" The correct answer from the Teacher Resource states that Esperanza has a lesbian sexual orientation because "When her grandfather read her fairy tales, she always imagined that she would marry the princess, not the prince."

Condom Use Demonstration Lesson

<http://www.mcps.k12.md.us/boe/meetings/agenda/2006-07/2007-0109/BoardHealthEdPaper1-9-07.pdf> page 73-110

“The Condom Use Demonstration Lesson” uses the term prophylactic – an item *intended to prevent a disease*, and states, “*Responsible individuals protect themselves and their partners from unwanted pregnancy and STI/STD.*” Discussions of the effectiveness rates for latex male condoms refer to the prevention of STD transmission during vaginal intercourse. The BOE Citizens Advisory Committee for Family Life and Human Development asked for an addition to the Student Resources Sheet to include “Any use of condoms for other than vaginal intercourse can increase the potential damage to the condom.” This recommendation was not accepted.

The Student Resource Sheet states

- ◆ “*Abstinence is the only 100% effective way to prevent unwanted pregnancy and sexually transmitted infections. Individuals who engage in sexual activity are **responsible** for **protecting** themselves and their partners from unwanted pregnancy and sexually transmitted infections.*”
- ◆ “*Condoms are 88% effective for preventing pregnancy with typical use (inconsistent and/or incorrect, FDA, 2005), and 97% effective with correct and consistent use. (FDA, 2001)*

Students are given a false sense of security by the 97% theoretical effectiveness rate for correct and consistent condom use. There is no mention that the actual effectiveness rate for a teenager’s first year of condom use can be even lower than the 88% mentioned in the class. The actual *user effectiveness* rate may be 83.5% because 16.5 % of 15 to 19 year olds get pregnant during the first year of condom use.¹ Moreover, this condom failure rate is for pregnancy, not STD/HIV infection. One reason the rate is lower for pregnancy is that a woman can get pregnant only during part of her monthly cycle. Condom failures at other times are not counted.

The STD/HIV risk is much greater than the pregnancy risk as any condom failure may result in an infection – yet the curriculum makes no mention that condom failure rates for STD/HIV infection are much higher than condom failure rates in preventing pregnancy.

The linkage of the words “prophylactic,” “responsible” and “protecting” for condom use, without the clarification that there is a difference between pregnancy and STD/HIV prevention effectiveness for condoms, can give students a false sense of security.

¹ Trussel J, Koenig JD, Stewart F, et al. (1997). Medical cost savings from adolescent contraceptive use. Family Planning Perspectives, 29: 248-255.

Parents’ Rights & Responsibility

1. All parents have the right and responsibility to be their child’s primary sexuality educator. Please see “Parents Can Make the Difference” on the home page of www.ParentsAndKidsTalking.com. Parents need to have dialogues with their child BEFORE their child attends any formal human sexuality education class.
2. Parents have to decide whether to give written permission (opt-in) for their child to participate in the Family Life and Human Sexuality unit and/or the Disease Prevention and Control unit in the health education class. **Even if a child does not participate in the classes, he/she may hear about the class content from their friends.**

3. "Should my child attend Montgomery County's new sex-ed classes?"

Parents have a dilemma: Kids aren't going to want to be singled out and "punished" with a packet of alternative lessons. On the other hand, parents don't want their child to receive misinformation that is contrary to Catholic/Christian teaching on so vital a topic as human sexuality. There is no easy answer. But this does present a great opportunity for parents to take the time to teach their children the truth. This may require parents themselves to learn more about what God teaches on human sexuality and to share this with their children, but it will be worth the effort.

Unless children are thoroughly informed about God's teachings on human sexuality, they run the risk of believing the misinformation presented in the new curriculum. Many years of religious education classes can be undone if only one or two of the messages from the new curriculum are accepted as truth by our children. While we as Catholics believe in "respecting differences" among all people, the most important thing for children to understand is who they are from a Christian/Catholic perspective. Parents have the right and responsibility to be their child's primary educator especially in the area of sexuality.

4. What happens when parents do not opt-in?

Under the new policy, students whose parents do not sign the opt-in form must substitute independent study for whole units of course content, not just several classes. Students who do not opt-in must engage in independent study in another academic area in the school for three weeks or more. These students will not attend the entire Family Life and Human Sexuality or the Disease Prevention and Control unit (7 or 8 classes for each unit).

- 8th grade has seven alternative lessons for the Family Life and Human Sexuality unit and five lessons for the Disease Prevention and Control unit
- 10th grade has eight alternative lessons for the Family Life and Human Sexuality unit and eight lessons for the Disease Prevention and Control unit

5. To prepare for a discussion with their child, parents must know

- The key areas of the health education curriculum for their child's grade – parents **MUST** get this information from their child's school.
 1. What do the classes include?
 2. What are the alternative lessons? Where will their child go for the alternative lessons? Who supervises the students? How are the lessons graded? When will their child meet with the teacher to get their instructions and then a follow-up review with the teacher?
 3. Some parents have decided to use the opt-in form to ask the principal to have their child attend the Family Life and Human Sexuality or Disease Prevention and Control units but skip the sexual orientation classes and condom demonstration lesson.
- The Church's teachings about these key areas
- How their child's health class content aligns or conflicts with God's teachings as revealed by the Catholic Church

6. How the Montgomery County Health Education Curriculum classes are presented.

- **Format of the Classes** - presented with the boys and girls together, sitting side-by-side. Many students report being uncomfortable and/or embarrassed when they are shown diagrams of the male and female anatomy.

PREPARE your child - Some report they felt something was WRONG with them for being “overly modest.” How could this make your child feel? If a child has been taught that they should respect their body, this male-female format can be embarrassing and confusing.

- **How the teacher presents the content** - Academic authority teaching. The teacher’s way of presenting, “this is your world,” may cause children to be frustrated or angry.

PREPARE your child - Mention before the classes that this might happen and anger about this is OK. Please note that the way the religion is presented in this class and history classes can also create feelings of confusion or anger.

7. Context of the Lessons

The lessons do not teach that sexual activity belongs within marriage between a man and a woman or that abstinence until marriage is a worthy goal. In short, the lessons attach no moral significance to sexuality – – an approach completely contrary to our deeply held Catholic beliefs.