

WHAT PARENTS SHOULD KNOW ABOUT THE
MASSACHUSETTS HEALTH CURRICULUM
FRAMEWORKS

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Introduction

Currently the Massachusetts Health Curriculum Frameworks are simply the recommendations of the state regarding what should be taught in public school health classes. In the next legislative session, there will be an attempt to mandate that the Frameworks be adopted in every public school in Mass. and taught as part of the core curriculum. While much in the Curriculum Frameworks is needed and well thought out, the portions regarding Reproduction, Sexuality and Family are deeply troubling.

If adopted as a requirement, in effect, they would:

- usurp the role of parents as primary moral educators of their children;
- diminish or eliminate parents' rights to determine how and when the sensitive issues of sexuality, contraception and abortion would be taught;
- provide students with the following information:
 - how to obtain an abortion without informing your parents ¹
 - how to obtain condoms and contraceptives without informing your parents. ²
 - discussions of alternative sexual "behaviors" for pregnancy prevention ³
 - acceptance of homosexual behavior. ⁴
- contradict the religious, spiritual and traditional values that parents might wish to impart to their children (Christians, Orthodox Jews, Catholics, Muslims): traditional moral values would be replaced with "politically correct" values;
- eliminate any choice for local communities in determining what would be taught to their children.

We urge all parents to review the following information carefully, inform other families and friends as to their content and become involved in preserving the rights of parents to impart their values to their children.

For more information, contact: _____

Objectives to be taught by the end of grade 5 [pre-K-5 means children 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).

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- 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 organization might they represent? Planned Parenthood?
- What is the purpose of introducing the topic of homosexuality with very young children? Is it education or indoctrination?

Objectives to be taught by the end of grade 8 [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

Mass. Comprehensive Health Curriculum Frameworks p. 38

- Who will be included as appropriate to consult in making decisions regarding sex? Will it include organizations such as Planned Parenthood?
- What “behaviors” will be discussed with regard to pregnancy prevention? Why are refusal skills 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?

Objectives to be taught by the end of grade 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, and Disease Prevention and Control. *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*)

Explain confidentiality laws and individuals rights to seek medical treatment

Mass. Comprehensive Health Curriculum Frameworks p. 39, p. 56

- What “behaviors” will be discussed with regard to pregnancy prevention?
Why are refusal skills 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 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 the Family Research Council?

Family Life

Objectives to be taught by the end of grade 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

- Will this 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 traditional marriage omitted from the curriculum frameworks?

Current Legal Status of Parent's Rights

Massachusetts Parental Notification Law, Ch. 71 / Section 32A affirms parent's rights to oversee and govern their child's education in human sexuality. The law provides that:

- The school committee must formally adopt a human sexuality education policy;
- The schools must make all instructional materials for human sexuality curricula accessible to parents, guardians, and others for inspection and review;
- The school must have a written policy ensuring that school officials notify parents or guardians of any curriculum primarily involving sexuality education or issues (i.e. assemblies, guest presentations and workshops);
- Parents or guardians may exempt their children from any portion of a school's sexuality program through written notification to the school principal; the school shall take care to guarantee as little embarrassment to the children as possible.

Parents must take care to talk to school personnel and their children and to ask *specific* questions regarding the content of the school's sexuality curricula.

What will be taught about marriage?

What will be taught about abortion?

What will be taught about contraception?

What will be taught about homosexual behavior?

For more information, contact: _____

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 would include the Parental Notification laws with respect to a minor’s abortion, and the exceptions by way of judicial bypass, they will 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 would include abortion providers, or referrals to such agencies who could explain how to avoid Parental Notification in Mass; these are agencies that may have a vested financial interest in the outcome of a teenager’s decision.

2. **how to obtain condoms and contraceptives without informing your parents.**

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 alternative sexual “behaviors” for pregnancy prevention.**

This could include discussions of oral sex, sodomy and mutual masturbation; these topics would be discussed with students as young as 11 (p. 38).

4. **acceptance of homosexual behavior.**

Beginning 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).

Conspicuously **absent** from the curriculum are:

- discussions of the high failure rates of contraceptive use among teens;
- findings of the federal government that condoms have not proven effective in stopping the transmission of certain STD's, to the extent that the FDA plans to require a warning label on packaging;
- visual presentations of fetal development to ensure balance in any discussion of abortion;
- skills to resist peer pressure in the context of sexuality;
- discussions of traditional marriage as essential to the stability of family life and society, and the well-being of children.

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”.

Please keep me informed regarding the implementation of the Mass. Health Curriculum Frameworks and Parents' Rights with respect to education in human sexuality.

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