

ANCHORAGE SCHOOL DISTRICT
ANCHORAGE, ALASKA

ASD MEMORANDUM #167 (2010-2011)

December 6, 2010

TO: SCHOOL BOARD

FROM: OFFICE OF THE SUPERINTENDENT

SUBJECT: APPROVAL OF HIGH SCHOOL ELECTIVE COURSE: HEALTHY
RELATIONSHIPS/SEXUALITY EDUCATION

ASD Goal: All students will graduate from high school prepared for postsecondary academic/vocational/career opportunities.

RECOMMENDATION:

It is the Administration's recommendation that the School Board approve a high school elective course: Healthy Relationships/Sexuality Education to be initiated as a pilot at East High School beginning in January 2011.

PERTINENT FACTS:

The high school elective course: Healthy Relationships/Sexuality Education has been developed primarily in response to an expressed desire by high school students and parents to have such a course available as an option in high schools; and secondarily, as a response to troubling Alaska data on dating violence, teen pregnancy and disease transmission.

In the fall of 2008, the Superintendent held forums to get input from the community on graduation requirements and direction for 21st Century teaching and learning. A number of students and parents came forward in those meetings specifically requesting a semester-long course targeting healthy relationships and issues regarding sexuality. Additionally, in April 2009, the General Assembly of the Alaska Association of Student Governments (AASG) passed a state-wide resolution calling for the introduction of a comprehensive sex education class into the high school curriculum. This came on the heels of a separate resolution passed by the AASG General Assembly in the spring of 2008 that called for contraceptive education. (See Attachments A and B)

The School-Board appointed Health Curriculum Committee began development of curriculum for the requested elective course in September 2009. The enduring

understandings and instructional objectives proposed for this pilot (Attachment C) are the result of considerable deliberation by committee members based on current health promotion and disease prevention data with targeted input from students from a variety of backgrounds and high schools. Three interested teachers from East and Dimond high schools also participated in the development of the course.

Once completed, a draft curriculum guide was presented to high school principals for comment in November 2010.

Gary Snyder, an East High School highly-qualified science teacher has, with Principal Mike Graham's approval, stepped forward to pilot the course for grades 11 and 12 beginning in January 2011. Mr. Snyder has participated in professional development opportunities related to the content that included the Health and PE Department-sponsored credit class "Sexuality Education in the K 12 Classroom." Mr. Snyder is prepared to tackle the challenges presented by implementation of this new course.

Juniors and seniors wishing to enroll in this elective will be told to review the course syllabus with their parents, who will be asked to sign that they are aware of the content, in advance of participation in the course. Parents will also be alerted to the opportunity to review course materials and talk to the teacher at any time.

The success of the pilot will be determined through feedback from enrolled students and from the teacher's notes. Modifications, if necessary, will be made before implementation across the District in the 2011-2012 school year.

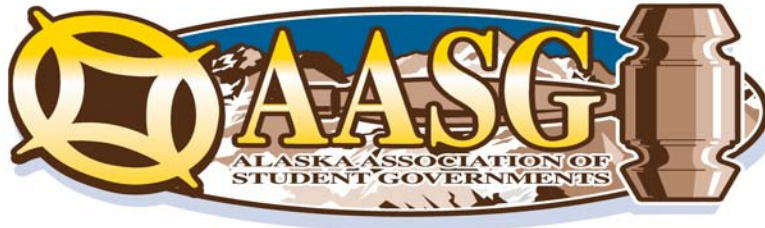
The course materials are available for review in the School Board mailroom.

CC/EG/ES/SV

Attachments

Prepared by: Enid Silverstein, Executive Director, Curriculum
Sharon Vaissiere, Coordinator, Health and Physical Education
Programs

Approved by: Ed Graff, Assistant Superintendent, Instruction



**Alaska Association of Student Governments
Spring Leadership Conference April 16-18, 2009**

**“Introducing a comprehensive sex education class into the high school curriculum”
Submitted by Mackenzie Curtis-Johnson and Samantha McNelly
South Anchorage High School**

**Resolution Passed by the
AASG GENERAL ASSEMBLY**

Be it resolved by the Alaska Association of Student Governments;

1. **Whereas**, there is no requirement for sex education in Alaskan schools, and the information students receive varies widely,
2. **Whereas**, in 2004, the public cost associated with teen childbearing in Alaska was conservatively estimated to be \$32 million,¹
3. **Whereas**, the cost associated with teen childbearing across the United States is \$9.1 billion annually,²
4. **Whereas**, teenage parents are less likely to finish high school and more likely to be unemployed,¹¹
5. **Whereas**, the teen pregnancy rate in the US is the highest among developed nations in the world,⁹
6. **Whereas**, the rate of gonorrhea in the United States is 74.3 times higher than in the Netherlands³, and the US rate of teen pregnancy is 8 times higher the Netherlands⁹, a country which has a history of comprehensive sex education,⁴
7. **Whereas**, in 2008 Alaska ranked #1 in the nation for the number of Chlamydia cases, a ranking it has held since 2000,⁵
8. **Whereas**, according to the Centers for Disease control, one in four teens in the US will contract an STI⁶,
9. **Whereas**, every year, more than 9 million new STIs occur among teens and young adults in the United States,⁷
10. **Whereas**, approximately 750,000 teen pregnancies occur each year, 82% are unintended, and more than one quarter end in abortion,⁷
11. **Whereas**, four in 10 girls will get pregnant at least once before they reach the age of 20,⁸
12. **Whereas**, in 2002, only 62% of sexually experienced female teens had received instruction about contraception before they first had sex, compared with 72% in 1995,⁷
13. **Whereas**, more than nine out of ten teachers believe that students should be taught about contraception, but one in four are prohibited from doing so,⁷
14. **Whereas**, The national campaign to Prevent Teen Pregnancy identified a “curriculum-based sex education that discusses abstinence and contraceptive use, offered as part of school classes or after school programs,” as the program with the strongest evidence of success,¹
15. **Whereas**, according to the Alaska division of Women’s, Children’s, and Family Health, 60% of teens wish they were getting more information about both abstinence and contraception,¹
16. **Whereas**, Planned Parenthood of the Great Northwest has initiated a petition which states “We, the youth of Alaska, deserve, want, and need, comprehensive, medically accurate, and age-appropriate sexual health education. In a state facing some of the highest rates of Chlamydia and Gonorrhea in the country, we need better information about protecting ourselves from sexually transmitted infections and

diseases. We deserve the opportunity to have unbiased, medically accurate information presented in our schools. We deserve to know about birth control, STD's, and abstinence. We deserve the real facts! It's time for comprehensive sex ed!"

17. **Whereas**, this petition was signed by over 300 youth, and a similar petition was signed by over 800 adults,
18. **Whereas**, abstinence only sex education does not delay sexual activity, and has been shown to decrease the use of contraception in sexually active teens,¹⁰
19. **Whereas**, comprehensive sex education is effective in lowering rates of teen sexual activity, pregnancy, and infection,¹⁰
20. **Therefore, be it resolved by the Alaska Association of Student Governments that AASG supports the addition of a mandatory, comprehensive, medically accurate, age-appropriate sex education class into the statewide curriculum for all high school students, which would satisfy a one-semester Physical Education requirement.**

Action Statement: This resolution, if approved by the GA of AASG should be sent to: the Anchorage School District, the Anchorage School Board, the Mayor of Anchorage, the State Board of Education and Early Development, and Alaska State Legislature.

References:

1: "Teen Pregnancy and Sexual Behavior in Alaska." Women's, Children's, and Family Health. September, 2008. State of Alaska. 4 Apr 2009
<http://www.epi.hss.state.ak.us/mchepi/pubs/facts/na/Vol3_Num22.pdf>.

2: Albert, Bill. "Teen Childbearing costs taxpayers \$9.1 billion annually." The National Campaign to prevent teen pregnancy. October, 2006. The National Campaign to prevent teen pregnancy. 4 Apr 2009
<http://www.thenationalcampaign.org/costs/pdf/press_releases/USA_press_release.pdf>.

3. Introduction. Opposing Viewpoints: Teenage Sexuality. Ed. Ken R. Wells. Michigan: Greenhaven Press, 2006. 10-12.

4. Jayson, Sharon. "Today's Topic: Sex Education." USA Today. 08 Sept. 2008. Academic Search Premier. EBSCO. NPHS Library. 5 Mar. 2009.
<<http://search.ebscohost.com/login.aspx?direct=true&db=aph&AN=J0E275638907208&site=ehost-live>>.

5: Hang, Christi. "Study finds high rate of STDs in Alaska, but few cases of HIV." Fairbanks Daily News-Miner. June 16, 2008. Fairbanks Daily News-Miner. 4 Apr 2009
<<http://www.newsminer.com/news/2008/jun/16/study-finds-high-rate-stds-alaska-few-cases-hiv/>>.

6: "Researchers Report on Teen condom Use." RedOrbit. September 9, 2008. 4 Apr 2009
<http://www.redorbit.com/news/education/1548871/researchers_report_on_teen_condom_use/>.

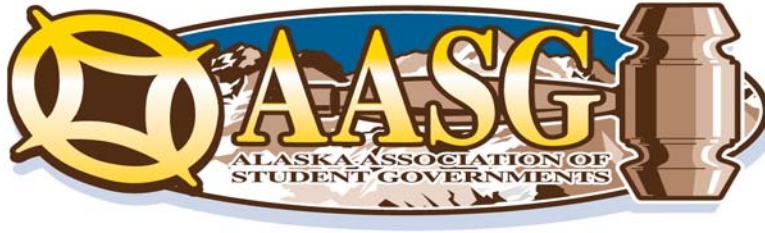
7. Guttmacher Institute. Facts on Sexual Education in the United States. Guttmacher Institute In Brief. Dec. 2006. 12 Feb. 2009 <http://www.guttmacher.org/pubs/fb_sexED2006.html>.

8. "Risk Taking and Sexual Behavior." The Truth About Sexual Behavior and Unplanned Pregnancy. Ed. Mark J. Kittleson. New York: Book Builders LLC, 2005. 1-9.

9. "Facts on American Teens' Sexual and Reproductive Health." Guttmacher Institute. 2009. Guttmacher Institute. 8 Apr 2009 <http://www.guttmacher.org/pubs/fb_ATSRH.html>

10. "Effective Sex Education." *Advocates for Youth*. April 8, 2009. Advocates for Youth. 8 Apr 2009. <<http://www.advocatesforyouth.org/publications/factsheet/fssexcur.htm>>

11. O'Halloran, Peggy. "Pregnancy, Poverty, School and Employment." *Minnesota Organization on Adolescent Pregnancy, Prevention and Parenting*. April 1998. Minnesota Organization on Adolescent Pregnancy, Prevention, and Parenting. 8 Apr 2009. <O'Halloran, Peggy. "Pregnancy, Poverty, School and Employment." <<http://www.moapp.org/Documents/pregnancypovertyschoolandemployment.pdf>>



Alaska Association of Student Governments

Spring Conference, April 2008

Resolution 11

“Contraceptive Education”

Submitted by Cameron Mackey, Ketchikan High School

PASSED BY THE GENERAL ASSEMBLY

1. **Whereas,** Teenage students need thorough education regarding their sexual health.
2. **Whereas,** Teaching students about sexually transmitted diseases and merely advising abstinence is not adequate.
3. **Whereas,** According to a 2005 report conducted by the CDC, 33.9 percent of all teenagers in 9th to 12th grade are sexually active.
4. **Whereas,** There are a number of contraceptive and preventative measures available to students.

5. **Whereas,** According to the same report by the CDC in 2005, 68.2 percent of sexually active teens would use condoms if they were more thoroughly educated regarding their use.
6. **Whereas,** Without proper education and teaching regarding their use, contraceptives are rendered useless.
7. **Whereas,** Without proper education and training regarding the use of contraceptives, students are rendered vulnerable.
8. **Whereas,** Adolescents are at an increased risk of contracting STDs.
9. **Whereas,** According to research done by the American Social Health Association, 1 in 4 sexually active teens contracts an STD every year.
10. **Whereas,** The spread of sexual contraceptives and sexual education could decrease the disease spread among young people.
11. **Whereas,** According to the report by the American Social Health Association, 48% of sexually active teens aged 14-18 want more information regarding sexual health and contraceptives. Also, 6 out of 10 of these teens had only seen a health care provider once.
12. **Whereas,** many schools offer abstinence only or abstinence majority.
13. **Whereas,** in many states which decline from teaching contraceptives, a rise of spread of disease has been seen.
14. **Whereas,** The United States has the highest teenage birth-rate world-wide, almost twice as high as those of England, Wales and Canada, and eight times as high as those of the Netherlands and Japan.
15. **Whereas,** The overall health of Alaskans could improve if contraceptives and their use is taught in the high schools of the state.
16. **Therefore, be it resolved by the Alaskan Association of Student Governments that all high schools within the state of Alaska**
17. **be encouraged to include instruction regarding contraceptives, their availability and their use within their own Health curriculum.**

“American Social Health Association.” 10 March 2008. http://www.ashastd.org/learn/learn_statistics.cfm

CDC: “Centers for Disease Control and Prevention.” 10 March 2008. <http://www.cdc.gov/>

Destination: State Governor's Office, State House of Representatives, Alaska State Senate, Alaska State School Board Association.

“HEALTHY RELATIONSHIPS/SEXUALITY EDUCATION”

One Semester, Pilot-Course Outline for Students in 11th and 12th Grades

Acknowledgement: It is healthier for adolescents to postpone sexual intercourse and many make this choice. At the same time, knowledge about human sexuality is helpful, not harmful; and students deserve accurate information about relationships and sexuality to guide their immediate and future decision-making.

“ENDURING UNDERSTANDINGS”		
TIME TO COMMIT	MESSAGES AND ATTITUDES AFFECTING TEEN SEXUALITY	OBJECTIVES Students will:
10- 15 DAYS	Healthy attitudes about one’s own body, one’s sexuality, and the social & psychological forces that support or erode same are important to healthy relationships.	<ol style="list-style-type: none"> 1. Develop group cohesion through the sharing of ideas 2. Analyze various positive and negative influences on human sexuality 3. Differentiate between healthy and unhealthy sexual behaviors 4. Explore how self-esteem and body image affect sexuality including cultural and societal norms 5. Recognize the benefits and limitations of establishing personal boundaries
TIME TO COMMIT	SEXUAL GROWTH & DEVELOPMENT	OBJECTIVES Students will:
5-10 DAYS	Comprehension of the anatomical and physiological development of sexual beings better informs one’s decisions.	<ol style="list-style-type: none"> 1. Describe the anatomy and physiology of reproductive system over the life span 2. Discuss genetic determination of male/female with variations and genetic mutations 3. Define the “sexual response cycle” 4. Know terms as they relate to anatomy and sexual diversity

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TIME TO COMMIT	IDENTITY, INTEGRITY & INDEPENDENCE	OBJECTIVES Students will:
15 DAYS	Who am I? What are my values? and How will I pursue my independence? are questions integral to healthy sexual decision-making.	<ol style="list-style-type: none"> 1. Explore on a personal level the influences on their identity 2. Define and prioritize personal values 3. Discuss the stages of independence and self-sufficiency skills 4. Describe communication styles and identify personal style (as related to cultural/regional differences) 5. Discuss “tool set” for promoting more effective communication (e.g., eye contact, listening, restating, acknowledging, not interrupting)
TIME TO COMMIT	HEALTHY RELATIONSHIPS	OBJECTIVES Students will:
15 DAYS	Human relationships are varied and require insight and practice to maintain.	<ol style="list-style-type: none"> 1. Explore stages of relationships (attraction, initiation, conflict, break up, make-up....etc) 2. Learn the components of the relationship “triangle” (attraction, emotional closeness, commitment) 3. Learn about the variety of intimate relationships (friendship, sexual, spousal, significant other)

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		4. Develop insight into skills needed for a healthy relationships 5. Recognize the characteristics of unhealthy relationships including warning signs and issues related to consent 6. Examine the effects of drugs, alcohol and other chemical substances on relationships
TIME TO COMMIT	REPRODUCTIVE HEALTH	OBJECTIVES Students will:
15 DAYS	Reproductive health covers a broad spectrum of decisions and personal needs therefore, young adults must be empowered to make healthy reproductive decisions.	1. Understand the different forms of contraception and how they work 2. Examine responsibilities associated with pregnancy 3. Understand STIs, including HIV/AIDS, modes of transmission and treatment options 4. Increase awareness of local resource options related to reproductive health 5. Examine the effects of drugs and alcohol use on reproduction (e.g., fetal development, sperm count)
TIME TO COMMIT	SEXUALITY ISSUES	OBJECTIVES Students will:
10 DAYS	Different points of view on sexuality issues come from a broad spectrum of influences	1. Examine national and global controversial issues and challenges related to sexuality (including harassment,

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	including media, cultural norms, community and the law.	interpersonal violence and exploitation) 2. Explore internet and other social network media for their limitations and possible dangers related to sexual health 3. Explore community, religious, cultural, demographic impacts and biases on sexuality 4. Examine the laws related to sexual behavior and a) consenting and non-consenting individuals, b) use of electronic and technological devices, c) interpersonal violence, d) possession of child pornography
TIME TO COMMIT	REALIZING PERSONAL HEALTHY RELATIONSHIP GOALS	OBJECTIVES Students will:
5- 10 DAYS	Knowledge and personal reflection promote healthy sexual and relationship decisions. Setting goals for healthy relationships empower youth to make positive decisions.	1. Demonstrate personal insight into sexual and relationship decisions