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Development of a Comprehensive Sex Education Curriculum

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Master of Public Health

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Yale School of Public Health

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Abstract

This paper describes the development of a comprehensive sex education (CSE) curriculum for The Country School (TCS), a coeducational, independent school in Madison, CT that serves approximately 200 students in Pre-Kindergarten through 8th grade. CSE describes a wide array of sex education programs and curricula that are scientifically accurate, culturally and age-appropriate, gender-sensitive and life skills-based. The goal for this project is multi-pronged: adapt existing health education programming, build out a new health and wellness program with a distinct scope and sequence for each grade level that includes resources and supports for ongoing parent education and professional development. To inform the development of this curriculum, a literature review for best practices and exemplary domestic and global models, semi-structured interviews with experts in the field of sex education, and surveys of TCS faculty, alumni (n=7), and parents (n=59) were conducted. This data collection yielded results that showed widespread support of implementing CSE for young students and led to the development of a recommended scope and sequence for each grade level and the compilation of resources for parents and educators, including books and publicly available lesson plans, for use at TCS.

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Development of a Comprehensive Sexual Education Curriculum for a Private, Independent Day
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Introduction

Comprehensive sexuality education (CSE) that is scientifically accurate, culturally and age-appropriate, gender-sensitive and life skills-based is a means to empower young people to protect their health, well-being and dignity. For decades, educators, policymakers, medical professionals, and parents have debated the best ways to teach students about sex and reproduction. The so-called “sex-ed debate” includes many conversations, for example: which topics are appropriate to teach students in school and how these topics should be taught. This debate has led to the development of a wide array of strategies for educating youth about sex, including CSE, abstinence-only education, and ignoring the topic altogether.

High rates of teen pregnancy and transmission of sexually transmitted infections (STIs) have fueled a push for abstinence-only education from a very vocal minority of religious and political conservatives who believe that more comprehensive sexual education (CSE) curricula will influence youth to engage in sexual behavior at earlier ages (Elia, 2009; Mays, 2017). Ironically, these health outcomes are also cited as reasons for the implementation of CSE in schools by proponents of CSE who argue that teen pregnancy and the transmission of STIs are the result of youth’s lack of access to medically accurate information about sex and sexuality. A large body of evidence has shown that conservative beliefs and anxieties regarding sexual education are misguided, as abstinence-only education has not been shown to help teens defer sexual activity or reduce the risk of contracting an STI (Elia, 2009; Mays, 2017). In contrast, evidence shows that CSE has a wide array of positive effects on students. Evaluations of

programs that include elements of CSE have shown that they “improve academic success; prevent sexual abuse, dating violence, and bullying; help young people develop healthier relationships; delay sexual initiation; reduce unintended pregnancy, HIV, and other STIs; and reduce sexual health disparities among lesbian, gay, bisexual, transgender, queer, and questioning (LGBTQ) young people” (SIECUS, 2018, p. 2). CSE programs that inform students about condoms and contraception as well as abstinence have also been found to delay the initiation of sexual activity and increase young people’s use of condoms and contraceptives when they decide to become sexually active (Lindberg & Maddow-Zimet, 2012).

In addition to the ongoing conversation being had by parents and educators about CSE, it is a highly political topic as well. Policy frameworks for CSE trace back to 1994 when the International Conference on Population and Development (ICPD) established a Programme of Action that demands governments take an active role in providing sexual education to foster the sexual and reproductive health of young people (Haberland & Rogow, 2014). Over the past two decades, policymakers, educators, and advocates have reaffirmed a commitment to implementing CSE globally. Leaders in the field of sex education have continued to refine the goals of CSE, asserting that sex education is a human right and that CSE can be used as a means to foster gender equity and empower youth through teaching about the ways that power and privilege create the cultural environments in which young people are making decisions about their bodies.

Although recognized as a fundamental human right, many students in the United States do not receive CSE. For the most part, the Federal government does not have a direct role in local education. Instead it leaves control to state and local bodies. This local power over what students will or will not learn about regarding sex, sexuality, and sexual health has led to the

development of a “patchwork” of sexual education curricula nationwide, with students in more progressive areas receiving CSE, some students receiving abstinence-only education, and others receiving no sex education at all. Currently, 39 states and the District of Columbia mandate sex education and/or HIV education, but only 17 states require that sexual education curricula include medically accurate information. Seven states require that students are given negative information on homosexuality and/or place a positive emphasis on heterosexuality, and only 19 states require that students be taught about condoms or contraception (Guttmacher Institute, 2019).

Public support of CSE is widespread with 74.9% and 86% of parents of children nine to twenty-one years of age reporting that the inclusion of sex education was “very important” in middle and high schools, respectively (Kantor & Levitz, 2017). The inclusion of sex education topics including puberty, healthy relationships, abstinence, birth control, and STIs in high school curricula each garnered over 94% support from parents, whereas the inclusion of the same topics in middle school was slightly lower, with the exception of puberty, which 97.7% of parents surveyed believe should be included in middle school curricula. Despite widespread support of school-based sex education, data from the Centers for Disease Control and Prevention (2019) show that a median of 42.8% of all high schools and 17.6% of middle schools in the United States cover all topics that have been identified as critical aspects of sex education (see Appendix A). Implementing CSE as young as Pre-K is imperative to ensure young people have the information, skills, and confidence they need to manage their sexual and reproductive health in the future. However, the unique needs of elementary and middle school students are often ignored in conversations about and development of sexual education curricula.

Sex Education in Independent Schools

More than 5.7 million students in the United States attend private elementary and secondary schools, accounting for 10.2% of elementary and secondary school students (Wang et al., 2019). Given that private schools are not beholden to the same government-imposed curricular standards as their public counterparts, these schools often have the freedom and resources to create innovative sex education curricula; however, a 2015 report from the National Association of Independent Schools highlighted certain barriers to implementation such as finding funding and time in the school schedule to implement these curricula and balancing other competing priorities (National Association of Independent Schools, 2015 as cited by Marshall et al., 2017). In addition to these barriers, independent schools often have to anticipate parental objections to the inclusion of certain health topics, particularly those relating to sex and sexuality (Marshall et al., 2017). These objections may be rooted in certain religious and cultural values held by parents and the school itself, requiring administrators and teachers to engage the entire school community in all stages of sex education implementation. A recent National Association of Independent Schools report details considerations and guidelines to help independent schools determine the best approach to CSE implementation for their contexts (Marshall et al. 2017).

Specific Aims and Objectives

This paper describes the development of a comprehensive sexual education curriculum for The Country School (TCS), a private, independent day school that serves students from Pre-Kindergarten to 8th grade. The goal for this project is multi-pronged: adapt existing health education programming, build out a new health and wellness program with a distinct scope and sequence for each grade level that includes resources and supports for ongoing parent education

and professional development. Engaging a variety of stakeholders, collecting data, and compiling resources helped to create a CSE curriculum that is appropriate for the TCS community, but is a process that can be used in a diversity of primary school settings.

Setting

The Country School (TCS) is a coeducational, independent school in Madison, CT that serves approximately 200 students in Pre-Kindergarten through 8th grade. TCS is a mission-driven institution, with a mission that reads as follows:

The Country School honors our students' creativity, sense of wonder, and intellectual curiosity. Our integrated curriculum aligns rigorous academics with a commitment to character and leadership development. We nurture every student's unique role in the community, empowering each to serve the common good. Graduates of The Country School face the future with confidence and an education that lasts a lifetime.

In addition to this mission statement, TCS has five core values that all community members abide by and which emerge in interactions students have with each other and with their educators, both in the classroom and through their extracurricular pursuits. These core values are Kindness, Integrity, Creativity, Confidence, and Resilience (Sullivan, 2016). In all aspects of school life, students are encouraged to practice these values, and the TCS curriculum provides ample opportunity for students to do so. Along with the mission and core values, TCS has three simple rules that serve to help develop a positive school culture: Be Kind to Others, Respect Everyone's Right to Learn, and Take Responsibility for Yourself and Your School. These rules are easy for TCS students to memorize and recite, allowing for the development of social cohesion. The mission, core values, and simple rules highlight the ethos of the school which centers the creation

of a positive learning environment characterized by healthy relationships between all community members. At TCS, the Responsive Classroom Approach is used to create a safe learning environment and positive school climate. The Responsive Classroom Approach, as operationalized by TCS is characterized by the five-year rotation of *CARES* (Cooperation, Assertion, Respect and Responsibility, Empathy, and Self-control), which creates a shared language for the entire school community. As described by Marshall and colleagues (2017) in their overview of sexuality education for independent schools, these core values of the school compromise the “hidden curriculum” of the school, and can lend themselves well to being incorporated into the development of comprehensive sex education for this unique school community.

Process

From the beginning, this project was a collaboration between educators, school health staff, school administrators, parents at TCS and individuals from the Yale School of Public Health. The early conversations that led to the formulation of this project came out of the school administration’s understanding of the existing gaps in the school’s health education curriculum, and a desire to move towards a more comprehensive health and wellness curriculum.

Multiple strategies were used to develop a CSE curriculum for TCS including a comprehensive, systematic review of peer reviewed literature and reports that focus on implementing CSE curricula in schools that serve elementary and middle school students. Results of a survey completed by The Country School faculty regarding how health topics are being integrated into school curriculum were analyzed to identify opportunities to incorporate CSE in various aspects of the curriculum. Surveys were also developed to assess parental attitudes and beliefs about the school’s role in health education and alumni reflections on the

TCS health curriculum. Semi-structured interviews were conducted with health educators at independent schools and other CSE experts to solicit advice on how to institutionalize policies and practices regarding CSE, and on potential resources or programs that would be beneficial for schools to use in implementing curricula at their own schools.

Literature Review

A search of scientific databases including Google Scholar, PubMed, and PsycInfo using keywords such as “sex education” “comprehensive sex education” and “sex education AND independent schools” yielded a wide array of articles describing best practices for CSE, global and domestic models for CSE implementation, and the outcomes of effective CSE. The literature review also included articles and reports from a variety of news sources and nonprofit organizations that compile nationwide data and report on programs, practices, and policies pertaining to sex education.

Best Practices for CSE

A number of domestic organizations are researching and developing best practices for providing CSE to students of all ages. The Sexuality Information and Education Council of the United States (SIECUS) convened a task force to create national guidelines for best practices in implementing and teaching CSE curricula for students in elementary, middle, and high schools. SIECUS considers school-based CSE as a supplement to the sexual education that students receive from parents, community leaders, and medical professionals. SIECUS suggests that CSE

be integrated in curricula at all grade levels in ways that are affirming and age-appropriate. The SIECUS guidelines for CSE consist of six key concepts that should be addressed by teachers and added to any sexual education curriculum. These key concepts are: *Human Development*, including reproductive anatomy and puberty, as well as sexual and gender identity, *Relationships*, *Personal Skills* around decision making and communication, *Sexual Behavior*, which incorporates lessons on masturbation and abstinence, *Sexual Health*, which informs students on topics related to abortion, sexually transmitted infections (STIs), sexual violence, and contraception, and finally, *Society and Culture*, which explores gender roles, media, and religion (Sexuality Information and Education Council of the United States, 2004).

In addition to the SIECUS guidelines, the Centers for Disease Control and Prevention (CDC) has also developed a list of twenty specific sexual health topics that should be included in CSE curricula for students in grades 6-12 (see Appendix A). These topics are consistent with the guidelines SIECUS put forth, including teaching students on the benefits of abstinence, the efficacy of condoms, goal-setting and decision-making skills related to eliminating or reducing risk for HIV, other STDs, and pregnancy, and many others (Centers for Disease Control and Prevention, 2014).

Exemplar Models

Global

There are a variety of European models for the provision of comprehensive sexual education to primary and middle school students, most notably the Dutch model (Kaidbey & Engelman, 2017). “Spring Fever”, a key part of a national sex education initiative known as “Long Live Love”, is a week-long program targeted to students aged 4 to 11 during which

students learn about sex and relationships—such as crushes, puberty, consent, and contraception, among a variety of other topics—in ways that are age-appropriate and medically accurate. This programming has had lasting, positive effects on students, helping them develop the skills they need to decide if, when, and how they will engage in sexual activity, understand their anatomy, and appreciate the diversity of human identity. There is evidence that Dutch teens are benefitting from receiving CSE at young ages across a variety of sexual and reproductive health outcomes (Ferguson et al., 2008; Gabhainn et al., 2009; Graaf et al., 2017; World Bank, 2017; Bagchus, 2010 as cited by Van Haastrecht et al., 2017).

While the Netherlands has come to be a global exemplar for the provision of comprehensive sex education, there is room for improvement. Findings from a 2017 study of the sexual health of 20,500 Dutch youth aged 12 to 25 revealed the need to further explore the roles that sexual coercion, condom use, STI testing, unplanned pregnancy and abortion, and body image play in Dutch youth's sexual health (Graaf et al., 2017). Several themes emerged as important directions for future research and action in CSE; sexting, online dating, and changing norms surrounding sex and relationships need to be explored more in the development and implementation of sex education curricula to meet the needs of today's youth.

Nonetheless, the Dutch model has served as a great starting point for policymakers and educators in other countries attempting to implement similar programming for youth (Leerlooijer et al., 2011; Newby & Mathieu-Chartier, 2017), and could inspire programming in the United States, where the remainder of this paper will focus. Instead of attempting to implement Dutch materials in different countries, policymakers and educators should incorporate best practices exemplified by the model such as covering sexual pleasure, responsibility, and positivity into

their curricula, as opposed to fear-based tactics, stigmatizing language, or refusal to broach the topic at all.

Domestic

Certain school districts in the United States, most notably Broward County Public Schools in Florida, and Chicago Public Schools (CPS), have been leaders in implementing CSE curricula for their students starting in Kindergarten. Since 2014, the Broward County Public Schools policy ensures that students will be provided “age and developmentally appropriate, medically accurate, and comprehensive information about human sexuality as a normal and healthy aspect of human development” and be taught at least once a year in every grade level from K-12, preferably as part of the curriculum of core classes (School Board of Broward County, Florida, 2014). Similarly, California enacted the *California Healthy Youth Act* in 2016 which requires school districts across the state to provide CSE and HIV prevention education to students in grades seven through twelve. As per the California Healthy Youth Act, students will receive this instruction at least once in middle school and at least once in high school (California Healthy Youth Act, 2016).

The CPS Sexual Health Education Policy, adopted in 2013, puts forth specific requirements for school-based sex education in terms of program components, the amount of instruction students should receive, parent opt-out, professional development for health educators, and support and oversight from the city government (Chicago Public Schools, 2013). The policy requires that students enrolled in Chicago Public Schools receive sex education every year, with students in Kindergarten through 4th grade receiving a minimum of 300 minutes per year and students in 5th through 12th grades receiving a minimum of 675 minutes per year (Chicago Public Schools, 2013). Programming at each grade level builds upon skills students

learned in previous grades and incorporates new skills and information tailored to students' current developmental needs. In the Kindergarten through 4th grade sequence, students are taught about the following topics: "anatomy and physiology, reproduction, healthy relationships and personal safety" (Chicago Public Schools, n.d.). The 5th through 12th grade sequence covers "abstinence, healthy relationships (including informed decision-making, sexual orientation, gender identity and personal safety) medically-recommended contraceptives, transmission and prevention of sexually transmitted infections, including HIV" (Chicago Public Schools, n.d.). To ensure that these standards are met, educators who will be teaching sex education lessons are required to undergo a comprehensive sexual health educator training after which they receive a certificate valid for four years (Chicago Public Schools, 2013). As per Illinois law, parents and other legal guardians reserve the right to opt their child out of receiving sexual health education; however, the CPS policy includes that all parents will be offered information about the sex education their children delivered in school as a means to educate them and build their capacity to educate their children at home to supplement the lessons they receive in school.

Resources to Facilitate CSE Implementation

Efforts at CSE curriculum development and implementation in the United States have been happening at the state, school district, and individual school level with the help of nonprofits that work to develop lesson plans for use in schools and affect policy change at the federal and state levels through lobbying and advocacy (see Appendix B). One such organization is Advocates for Youth, a nonprofit that champions sexual health equity for all youth through the provision of "honest sex education" and sexual health services. To achieve their goal for providing honest sex education to youth across the United States, Advocates for Youth has developed "Rights, Respect, Responsibility: A K-12 Curriculum" (3Rs). Available to download

for free, 3Rs meets the National Sex Education standards and discusses all of the topics the CDC has put forth as essential for students to learn through school-based sex education. The authors, all of whom are sex education experts, solicited feedback from youth reviewers to ensure that the lessons were appropriate and relevant to youth themselves.. The 3Rs curriculum is intersectional in nature, ensuring that students see themselves reflected in the curriculum regardless of their sexuality, gender identity, or cultural background.

An increasing number of other resources are also publicly available online for parents, educators, and students themselves to engage with CSE concepts. One such resource is AMAZE.org, a project affiliated with Advocates for Youth. The website's mission is to serve as a space for youth to access medically-accurate, affirming sex education in the form of engaging videos that touch on a wide variety of topics including puberty, sexual orientation and gender identity, and accessing reproductive healthcare. In addition to these videos, AMAZE offers resources for parents and educators to build their capacity to have conversations with youth about sex and sexuality. Developed by Maine Family Planning's Prevention Program, the *Puberty Happens* curriculum targets students in 4th through 6th grade and includes activities focused on the social, emotional, and physical changes that happen during puberty, as well as lessons on body image, healthy relationships and internet safety.

Other popular CSE curricula include Our Whole Lives (OWL), FLASH and HealthSmart distributed by Education, Training and Research (ETR) Associates, and *Changes, Changes, Changes*. OWL was developed in partnership between the Unitarian Universalist Association and the United Church of Christ and has been implemented in faith-based and secular settings, including public, charter, and independent schools. This curriculum takes a lifespan approach, with lessons for young children, adolescents, young adults, and older adults, providing sex

education that values self-worth, sexual health, responsibility, justice and inclusivity (Lopez, 2011). Given its roots in a religious tradition, OWL takes a holistic approach to understanding sexuality and sex education, focusing on the spiritual and emotional aspects of sex and sexuality in addition to biology and decision-making (Perry, 2011), which differentiates it from many other curricula. Intended for use in elementary, middle, and high schools, FLASH is designed to prevent adolescent pregnancy, STIs, and sexual violence through teaching students about abstinence, condoms and other forms of contraception, consent, and decision-making. FLASH lessons encourage family involvement and are inclusive of a diversity of values around sex and sexuality. HealthSmart is ETR Associates' comprehensive K-12 health education program that includes sexual health units. The HealthSmart program has been aligned with many different national standards and initiatives including National Health Education Standards, National Sexuality Education Standards and Common Core State Standards. *Changes, Changes, Changes* is an up-to-date expansion of the classic book *New Methods for Puberty Education*, which provides educators with lesson plans for teaching students about the physical and emotional changes that occur during puberty and safe social media navigation, among other CSE topics.

All of the aforementioned resources are grounded in evidence and incorporate theoretical frameworks from public health and child development to ensure that students are receiving high quality, accurate, age- and developmentally-appropriate sex education. They also incorporate the characteristics of effective sexuality education put forth by Kirby (2007) for the development and implementation of effective CSE programs (see Appendix C).

Findings from TCS Data Collection

TCS Staff Survey

The TCS administration surveyed faculty to understand how they currently integrate health and wellness into their lessons. The survey findings offer insights into what is taught to students at each grade level, as well as gaps in TCS's current health and wellness instruction and faculty concerns about incorporating health and wellness programming into their existing curricula (see Appendix D).

It is noteworthy that TCS currently incorporates health and wellness into many aspects of the existing curriculum, with courses in physical education, science, and English taking time to discuss topics including healthy eating, mindfulness, and personal hygiene. With regard to CSE, TCS has incorporated many of the major concepts into its curriculum. Through the science curriculum, 7th graders are taught about the reproductive system. In Team Time and Class Meetings, students from Pre-Kindergarten to 8th grade are exposed to many concepts that are described as key aspects of CSE, including: healthy friendships and relationships, hygiene, decision making, empathy, respect, assertion, social media navigation, and awareness around substance use and abuse. This dedicated time in the school schedule is deeply important for the inclusion of CSE into the curriculum and can be maximized to incorporate even more CSE topics as the curriculum is developed and implemented over time. The incorporation of health and wellness in Technology and English courses at TCS typically happens for students in 7th and 8th grade. In Technology, 8th grade students discuss sexting, social media, and other technologies, helping students become aware of the ways that health decision making happens online. Faculty in the English department, especially those serving students in grades seven and eight, currently use literature to discuss identity, alcohol use, sex and sexual assault.

There were several CSE topics that faculty expressed a desire to discuss more with students. Those serving students in 4th grade and above discussed needing a curriculum that

would ensure that topics were covered when appropriate, expressed a desire for teaching students about reproduction and human anatomy earlier to “demystify” these topics before more in-depth conversations are had when students are older. Educators also expressed wanting to integrate more conversations about identity and substance use into their programming .

Concerns expressed about expanding health and wellness content in current curricula included one teacher feeling “not certain that I’m qualified to explicitly teach health and wellness in any great depth…” and another responding, “as an English teacher, I’d love to be sure they [students] understand context, but I don’t want to overreach…”. These responses highlight common barriers to implementing CSE and Health and Wellness curricula more broadly, with educators acknowledging a perceived lack of qualification to teach these topics and anxiety around overstepping their boundaries as educators (Klein & Breck, 2010; Preston, 2019). It is thus imperative for the TCS administration to ensure professional development opportunities and ongoing support for faculty as this program continues to grow and evolve.

TCS Alumni Survey

A convenience sample of recent TCS alumni (n=7) were surveyed by the TCS administration during an alumni reunion day to gain insights into what they perceived to be strengths and areas of improvements for lessons pertaining to health and wellness during their tenure at the school. Responses to the following three items are shown in Appendix E: “What did you learn at TCS that has helped in these areas (health and wellness)?”, “How should we help current students learn more on these topics?”, and “What is missing from our program?”. Students responses to the first question emphasized skills acquired such as decision-making and relationship-building, all of which are important to a variety of health domains. In terms of gaps, alumni suggested students would benefit from more information about time management and

stress. They listed a wide array of strategies they felt would help students acquire knowledge, including having one-on-one conversations with students, inviting guest speakers to give talks, hosting small group discussions, and allocating more time for conversations about health and wellness.

There were several limitations of this survey, most notably the small sample size, that prevent generalizing these results. Additionally, all the alumni surveyed were 9th graders, which may impact their thoughts on what TCS should be teaching, how the school should teach these topics, and even which of the health and wellness topics are relevant to their lives. Regardless, the information garnered from this key stakeholder group is consistent with findings from other sources and useful to inform future work.

TCS Parent Survey

Parent objection to Health & Wellness curricula, especially CSE, can limit schools' ability to implement this essential programming (Preston, 2019). Thus, TCS invited parents/caregivers to complete an anonymous, online survey to assess their beliefs and attitudes toward health education. All families received information about and a link to the survey via email; 59 people responded. Demographic data was not collected about participants, and no participants were excluded from analysis.

Parents/caregivers were asked to rate their level of agreement, using a five point Likert scale from strongly disagree (1) to strongly agree (5), with the following statement for 17 health topics based on CDC recommendations for school health education: "It is important that The Country School's health curriculum supports students in having knowledge and skills that enable them to make healthy, safe, and informed choices related to [topic]." Additional items specific to sexuality education, adapted from a recent national survey (Kantor & Levitz, 2017), asked

respondents to rate their level of agreement with the statement, “Sexuality education belongs in the Middle School curriculum” and to select “yes” or “no” about whether sexuality education in middle school should cover each of the following topics: puberty, birth control methods, abstinence, sexually transmitted infections (including HIV), healthy and unhealthy romantic relationships, and sexual orientation. The survey also asked parents/caregivers to rate how confident they felt having conversations with their children about the original 17 health and wellness topics and to respond to the following two open ended questions to better understand families’ health education needs: “What other health topics are important to your family and your child(ren)?” and “What health topics would you like to receive more information about?”. Finally, parents/caregivers were asked “what skills and talents do you have that might match with the health education needs of The Country School?”, and to provide their name if they would like to be contacted by TCS.

The survey findings suggest many families at TCS support the inclusion of the 17 health and wellness topics in the TCS Health and Wellness curriculum, although the level of enthusiasm somewhat varied by topic (see Appendix F, Table 1). Human development/puberty and internet safety had the most widespread support with 98% of respondents having agreed or strongly agreed with the inclusion of these topics and the remainder reporting they were “neutral” about their inclusion. Oral health garnered the lowest level of support with 64% of respondents agreeing, 28% being neutral, and 7% disagreeing that it should be part of the curriculum. While a majority of respondents (88%) agreed or strongly agreed that human sexuality should be part of the health and wellness curriculum, this topic also had the highest percent of families who disagreed or strongly disagreed with it being included (8.5%).

Approximately half (51%) of parents/caregivers supported the inclusion of all six sexuality education topics (puberty, birth control methods, abstinence, STIs, including HIV, healthy and unhealthy romantic relationships, and sexual orientation) in middle school sex education curricula (see Appendix F, Table 2). Notably, parents/caregivers unanimously supported the inclusion of puberty and the physical, social and emotional changes that take place during the teen years. Similarly, 95% and 94% of respondents were in favor of lessons covering STIs, including HIV, and healthy and unhealthy romantic relationships, respectively. Birth control methods, abstinence, and sexual orientation appear to be the most controversial topics with 27%, 19%, and 19% of parents responding that these topics do not belong in a middle school curriculum.

In addition to the quantitative data collected, respondents were invited to answer open-ended questions about the health topics that are important to them and their children. Multiple respondents noted mental health, consent/boundary setting, body image and media literacy as important health topics. Nutrition, death and dying, bullying, vaccination, and mindfulness were also mentioned.

Most respondents reported feeling confident in their ability to discuss the 17 health and wellness topics assessed with their children (see Appendix F, Table 3). All agreed or strongly agreed they were confident talking to their children about personal hygiene, physical activity, sleep, and tobacco/nicotine, whereas 80% and 81% reported feeling this way regarding human sexuality and internet safety, respectively. Topics parents/caregivers reported wanting more information about included mental health, human sexuality, gun violence, internet safety, and social media.

Overall, the quantitative and qualitative data collected from TCS parents/caregivers demonstrate positive stakeholder perception of this project. Multiple respondents expressed an interest in being involved in health education initiatives at the school (see Appendix F, Table 4). Several expressed the need for inclusive, validating education on sexual orientation and gender identity earlier in children's education. Several also acknowledged the importance of health and wellness education occurring in partnership with parents/caregivers noting that youth benefit from having multiple trustworthy sources of information and "parents should understand what is being taught to the students and when to be prepared to reinforce at home." For at least one respondent, this partnership meant "not rushing into topics that kids aren't really ready for" and that "some of this [health-related] information, I would like to impart only as a parent." Thus, it will be important to be transparent about content being delivered and, when appropriate, provide an option for families to opt out of some lessons within the Health and Wellness curricula.

Interviews with Experts

Semi-structured interviews were conducted with experts in the field of CSE (n=4) including: Justine Fonte, Director of Health and Wellness at The Dalton School; Dr. Miguel Marshall, K-12 school health and wellness consultant; Dr. Jennifer Hirsch, professor at the Mailman School of Public Health at Columbia University; and Sarah Gannon, Manager of Adult Education and Professional Training at Planned Parenthood of Southern New England, Inc. Each was sent an email explaining the purpose of the project and how his or her perspective would add value. The field guide consisted of questions related to each person's areas of expertise, including intersectionality, diversity and inclusion, community programs, and professional development, and solicited recommendations for resources for CSE implementation and program maintenance.

Justine Fonte's work as a Health Educator at The Dalton School and as an independent health education consultant centers social justice, as she believes that health education is social justice education. Through her consulting work, she has developed health curricula for a wide array of schools, while ensuring that these curricula are intersectional, sex-positive, progressive, and relevant to students' lived experiences. The interview with Fonte focused on three major themes: health education pedagogy, building inclusive curricula, and resources for curriculum development and implementation. In regard to health education pedagogy, Fonte stressed the need for professional development for teachers to ensure that they have the capacity to teach these topics in the most effective way possible for students. Fonte acknowledged that the teachers who will be introducing their students to these topics may not have ever received CSE themselves, making it imperative for school administrators to invest in adequate professional development for faculty before the implementation of any CSE curriculum. This professional development, Fonte added, should include education on implicit bias and social justice to educate teachers on how best to weave these concepts into their curricula in order to develop inclusive, progressive curricula.

Conversation with Dr. Hirsch revealed similar themes, especially with regards to the connections between diversity, equity, and inclusion (DEI) and sex education. Hirsch's work is particularly concerned with the ways that sexual misconduct happens on college campuses, and how students experience sexual violence differently as a function of their identity. She noted that prevention of sexual misconduct, in the form of school-based sex education for young students, is crucial. Although she is not an expert on developing CSE curricula for young students, Hirsch acknowledges the role parents and schools play in providing young people CSE both at home and at school as a means of preventing sexual violence. In conversations about sex education and

sexual violence prevention, Hirsch argues, “everyone is a stakeholder”, explaining that parents, educators, policymakers, and most importantly, students, have a stake in the development and implementation of CSE at young ages.

Through his consulting work, Dr. Marshall focuses on the development of health and wellness education for independent schools; as the lead author on the NAIS Overview of Sexuality Education for Independent Schools, Marshall has an extensive background in implementing sexuality education in independent schools and provided invaluable advice for the current project at TCS. The interview with Marshall took the form of him giving advice about how to go about implementing a CSE curriculum in an independent school. Marshall underscored the importance of meeting schools “where they are” when beginning the process of implementing CSE. This can take the form of tying implementation efforts into the school's mission, which provides a rationale for the project that can be easily understood by the school community. Marshall noted, for example, that if a school's mission touts leadership as a core value, an administration looking to create new or overhaul existing health and wellness curricula can work to incorporate messaging to parents and other stakeholders that the new CSE curriculum would work to help build students' capacities as leaders. To make this work easier and more streamlined, Marshall recommended organizing a formalized committee for the development and implementation of CSE- this committee should provide an opportunity for various members of the community- administrators, school health staff, educators, and parents- to voice concerns and help steer the project. In addition to appointing a steering committee, schools should consider investing in a dedicated role for an individual whose work would help maintain and continue to develop new strategies for teaching CSE. He also acknowledged the importance of data collection on student, parent, and teacher attitudes and needs as a launchpad

for creating systems and curricula that will work in a unique school community. Like Fonte, Marshall highlighted the need for professional development to ensure the effectiveness of the program, the importance of conversations about human identity in health and wellness curricula, and the need to involve parents at all steps of the process in order to connect conversations about health and wellness that are happening in school to ones that are happening at home.

Sarah Gannon of Planned Parenthood of Southern New England (PPSNE) spoke extensively about local community programs that are available to supplement in-school CSE, allowing students and parents to develop skills for having these conversations. Gannon stressed the importance of parents receiving sex education alongside their children, noting the “Real Life Real Talk” program that PPSNE provides for parents. This 90-minute session allows parents to reflect on their own sex education and the impact their past experiences have on their parenting, gives parents a broad understanding of sexuality, and builds their capacity for talking with their children about sex through role play scenarios. These sessions are community-based, and occur at public libraries, parent group meetings, and in schools. In addition to parent programs, PPSNE also provides programming for youth, including Students Teaching About Responsible Sexuality (STARS), a peer education program, “Teen Life Real Talk”, a session where youth are taught basic concepts in sex education, and the monthly teen clinic at the PPSNE health center. These services and programs allow teens to engage with staff at PPSNE and their peers in community spaces to discuss sex and sexuality openly, access care, and receive CSE.

Recommended TCS CSE Curriculum

The SIECUS *Guidelines for Comprehensive Sexuality Education* provide an outline for the development of new CSE curricula, with steps that administrators and educators should take in this process to ensure that students receive the most effective instruction possible. Firstly,

creating a new curriculum requires that administrators and educators determine which topics students should learn based on need, competing priorities, and school resources. In soliciting information from faculty, alumni, and parents, TCS has collected important data from a diversity of stakeholders to inform future health and wellness programming. After choosing high-priority content areas, educators can create new or use existing lessons, such as those available in the resources described in Appendix B, that have specific goals and learning objectives to maximize student learning. Educators should employ a variety of teaching methods, including interactive discussions, presentations, small group projects, and homework assignments (SIECUS, 2004). Findings from the alumni survey support the use of a diversity of formats to deliver health education content.

Appendix G presents a recommended scope and sequence for the TCS CSE curriculum, including links to publicly available lesson plans. It is based on guidelines from the Connecticut Department of Education (DOE), SIECUS, the CDC, and the International Planned Parenthood Federation (IPPF). The Connecticut Content Standards (CS) for sex education (see Appendix H, Tables 1 and 2). were created as part of the *DOE Sexual Health Education Curriculum Framework* and intended to complement the *Healthy & Balanced Living Curriculum Framework*. Each CS is accompanied by a narrative which provides background information, performance indicators, essential questions and curricular outcomes. The 2012 Future of Sex Education Initiative (FoSE) National Sexuality Education Standards (see Appendix I) and CDC's list of critical sex education topics (see Appendix A) likewise provide content areas and evaluation metrics that TCS that can be used alongside Connecticut state guidelines. The FoSE standards come out of a theoretical framework based in social learning theory, social cognitive theory and the social ecological model of prevention. These evidence-based standards from

SIECUS align with the DOE standards, and the key concepts direct educators on how to develop and implement a curriculum that gives students the knowledge and skills to adopt healthy sexual behaviors. Coming from a more rights-based approach, the seven Essential Components of CSE according to the IPPF are *Gender, Sexual and Reproductive Health and HIV, Sexual rights and Sexual Citizenship, Pleasure, Violence, Diversity, and Relationships* (IPPF, 2010). While some content areas have to be altered in scope to be developmentally appropriate for TCS students, taken together, these guidelines provide a useful foundation for developing a curriculum to give students the knowledge and skills they need to adopt healthy sexual behaviors and assess its effectiveness. The recommended curriculum offers a linear, age and developmentally appropriate sequence for CSE at TCS that should be iterated based on stakeholder feedback, piloted in stages, and then further adapted as needed.

Gender-Segregated Versus Coed Instruction

Among the pedagogical considerations educators must make when implementing CSE with young learners is whether students should be taught in mixed gender or single-gender groups. At TCS, puberty and human development have traditionally been taught in sex-segregated groups. Arguments in favor of this approach include that when boys and girls are in separate classes, they may feel more comfortable asking questions about sex-specific topics, such as menstruation and nocturnal emissions. Those in favor of coed instruction counter that this concern can be alleviated by using a question box. Moreover, teaching sex education to all students together removes the stigma and mystery associated with the topic, helps them learn to communicate with each other about sensitive topics, provides an opportunity for them to develop empathy for the changes and challenges experienced by both sexes, ensures everyone receives the same content, and is inclusive of students who are transgender, nonbinary, intersex, or

gender non-conforming (Sellers, n.d; Gender Spectrum, 2019). Although they strongly advocate for coed instruction, the developers of the *3Rs* curriculum note that exceptions to this recommendation tend to occur during some of the fourth and fifth grade lessons on puberty (Schroeder et al., 2015). Below are recommendations for TCS as it considers the best way forward for its students (Sellers, n.d.):

- Offer evidence-based sex education with the same content and using the same strategies to all students.
- “Utilize both male and female instructors who are qualified, prepared, and enthusiastic about teaching sex education.”
- Provide instruction to coed classes for most lessons. Potentially offer one (optional) gender-segregated session for more in-depth discussion about topics that are unique to each sex, such as menstruation and nocturnal emissions.
- “Use a question box...Answer all questions in a developmentally appropriate and professional manner.”
- Use inclusive language and include positive representations of people of all identities.

Future Directions

Future directions for this project should include developing strategic partnerships with local high schools and community organizations.. Such partnerships would enable TCS to explore innovative modes of educating the entire community, through peer education programs for students, as well as ongoing parent education and professional development for faculty and staff. TCS should also continue to engage experts in the field as it builds its health and wellness curriculum. Justine Fonte, Director of health and Wellness at The Dalton School, and Dr. Miguel

Marshall, K-12 school health and wellness consultant, in particular, have expressed interest in continuing to serve as resources for this effort.. The results of the faculty survey show that in addition to relevant lessons during team time and class meetings, TCS is already incorporating CSE content into various subjects of instruction, including Science, Technology and English. However, a sustained effort is needed to do so in a systematic, streamlined way across grade levels. It is recommended that TCS create a dedicated role to oversee and coordinate CSE implementation for students in pre-K through 8th grade. This faculty member would serve as the point person for continued development, implementation, maintenance, and evaluation of the curriculum, working with students, parents, and faculty to ensure that it continues to grow and evolve with changes in CSE best practices and the TCS student body. Appendix J provides a list of trustworthy online resources to consider sharing with families. It also includes a lists of books to potentially incorporate into the CSE curriculum for different age groups or make available in the school health office or other accessible location to allow parents to deepen their understanding of the sex education their children are receiving at school and their role in continuing these conversations at home. Finally, a plan should be developed to evaluate TCS's CSE curriculum to ensure that it is meeting its intended goals. If of interest, this endeavor could potentially be supported by graduate students enrolled in the Community Health Program Evaluation course at the Yale School of Public Health or seeking to fulfill their internship or Applied Practice Experience requirements.

The impacts of comprehensive sex education throughout students' lives cannot be understated; starting honest, accurate, positive conversations about sex and sexuality with students as young as four years of age has the potential to benefit students as they grow older and engage with sex and sexuality in different ways. Moreover, skills acquired through CSE, such as

decision-making and communication, are relevant for other important health outcomes and will help students in a variety of domains as they grow older. Students spend most of their time at school and deserve to be taught the skills and information they need to be the agents of their own sexual and reproductive lives as they develop and into adulthood. By acknowledging students' rights to learn about sex and sexuality in a comprehensive, age-appropriate way, TCS is a leader, not just in CSE, but in education more generally.

Appendix A

Centers for Disease Control and Prevention's Sex Education Topics for Grades 6-12 (2019)

1. Benefits of being sexually abstinent
2. How to access valid and reliable health information, products, and services related to HIV, other STDs, and pregnancy
3. Influences of family, peers, media, technology, and other factors on sexual risk behaviors
4. Communication and negotiation skills related to eliminating or reducing risk for HIV, other STDs, and pregnancy
5. Goal-setting and decision-making skills related to eliminating or reducing risk for HIV, other STDs, and pregnancy
6. Influencing and supporting others to avoid or reduce sexual risk behaviors
7. The relationship between alcohol and other drug use and sexual risk behaviors
8. Importance of using condoms consistently and correctly
9. Importance of using a condom at the same time as another form of contraception to prevent both STDs and pregnancy
10. How to create and sustain healthy and respectful relationships
11. Importance of limiting the number of sexual partners
12. Preventive care that is necessary to maintain reproductive and sexual health
13. How HIV and other STDs are transmitted
14. Health consequences of HIV, other STDs, and pregnancy
15. Efficacy of condoms, that is, how well condoms work and do not work
16. How to obtain condoms
17. How to correctly use a condom
18. Methods of contraception other than condoms
19. Sexual orientation
20. Gender roles, gender identity, or gender expression

Appendix B Select Resources for Lesson Plans and Curriculum Development

[Advocates for Youth, “Rights, Respect, Responsibility” \(3Rs\) Curriculum](#)

Available at no cost on the Advocates for Youth website, the 3Rs curriculum includes lesson plans for students in grades Kindergarten through 12. This curriculum can be used sequentially or educators can choose individual lesson plans to use in their classrooms, depending on student need and time. Lessons are 40 minutes for grades K through 5 and 50 minutes for grades 6 through 12. In addition to in-class work, many of the lessons from students in grades K through 9 include homework assignments to be completed with a parents or other caregiver. Topics of discussion in the 3Rs curriculum include, but are not limited to families, consent, bullying, gender identity, sexual orientation, STIs, puberty, anatomy, and reproduction.

[AMAZE.org](#)

AMAZE is a free digital media platform intended to provide youth, particularly young adolescents, access to medically accurate, age-appropriate sex education in the form of short videos. In addition to videos for youth, the website houses a wide variety of parent resources to improve parents’ ability to communicate with their children about sex and sexuality, and resources for educators and healthcare providers, including lesson plans and toolkits.

[Changes, Changes, Changes](#)

Changes, Changes, Changes is a book available for online purchase at a cost of \$68. As an expanded edition of *New Methods for Puberty Education*, this book provides educators with lesson plans for teaching students about puberty, and instruction on how to implement the lessons in their classrooms. Topics covered in these lessons include physical and emotional changes that occur during puberty, safe social media navigation, among many others.

[FLASH](#)

FLASH is a CSE curriculum developed by public health practitioners in Seattle-King County, Washington and available for purchase from the Education, Training, and Research (ETR) Associate’s [website](#). Intended for use in elementary, middle, and high schools, FLASH is designed to prevent adolescent pregnancy, STIs, and sexual violence through teaching students about abstinence, condoms and other forms of contraception, consent, and decision making. In addition to being evidence-based, FLASH lessons encourage family involvement and are inclusive of a diversity of values around sex and sexuality.

[HealthSmart](#)

ETR Associate’s HealthSmart Program is a comprehensive K-12 health education program, including sexual health units, designed to give children and youth the knowledge and skills to make healthy choices and establish life-long healthy behaviors. The HealthSmart

program has been aligned with many different national standards and initiatives including National Health Education Standards, National Sexuality Education Standards and Common Core State Standards.

[Our Whole Lives](#)

Available for online purchase, *Our Whole Lives* is a holistic curriculum with lessons for youth, adults, and older adults. Lessons for younger students touch on topics including reproduction, families, anatomy, body image, peer pressure, healthy relationships, and gender and sexual identity. This curriculum comes from the Unitarian Universalist and United Church of Christ faith traditions, but can be used in secular contexts as well, with both school- and home-based activities.

[Puberty Happens](#)

Available for free download from Maine Family Planning, *Puberty Happens* is a curriculum recommended for use with students in 4th through 6th grade. This curriculum includes activities focusing on the social, emotional, and physical changes that happen during puberty and offers support to educators on how to incorporate inclusive language that acknowledges students with a diversity of gender identities. In addition to lessons on puberty, this curriculum includes lessons on topics including body image, healthy relationships, and internet safety.

Appendix C

Kirby and colleagues’ (2006) 17 Characteristics of Effective Sex and HIV Education Programs

Characteristics Describing the Development of the Program	Characteristics Describing the Contents of the Program	Characteristics Describing the Implementation of the Program
<ol style="list-style-type: none"> 1. Involved multiple people with different backgrounds in theory, research and sex/HIV education to develop the curriculum 2. Assessed relevant needs and assets of target group 3. Used a logic model approach to develop the curriculum that specified the health goals, the behaviors affecting those health goals, the risk and protective factors affecting those behaviors, and the activities addressing those risk and protective factors 4. Designed activities consistent with community values and available resources (e.g., staff time, staff skills, facility space, and supplies) 5. Pilot-tested the program 	<p><i>Curriculum Goals and Objectives</i></p> <ol style="list-style-type: none"> 1. Focused on clear health goals – the prevention of STD/HIV and/or pregnancy 2. Focused narrowly on specific behaviors leading to these health goals (e.g., abstaining from sex or using condoms or other contraceptives), gave clear messages about these behaviors, and addressed situations that might lead to them and how to avoid them 3. Addressed multiple sexual psychosocial risk and protective factors affecting sexual behaviors (e.g., knowledge, perceived risks, values, attitudes, perceived norms, and self-efficacy) <p><i>Activities and Teaching Methodologies</i></p> <ol style="list-style-type: none"> 4. Created a safe social environment for youth to participate 5. Included multiple activities to change each of the targeted risk and protective factors 	<ol style="list-style-type: none"> 1. Secured at least minimal support from appropriate authorities such as ministries of health, school districts or community organizations 2. Selected educators with desired characteristics (whenever possible), trained them and provided monitoring, supervision and support 3. If needed, implemented activities to recruit and retain youth and overcome barriers to their involvement, e.g., publicized the program, offered food, or obtained consent 4. Implemented virtually all activities with reasonable fidelity

	<p>6. Employed instructionally sound teaching methods that actively involved the participants, that helped participants personalize the information, and that were designed to change each group of risk and protective factors</p> <p>7. Employed activities, instructional methods and behavioral messages that were appropriate to the youths' culture, developmental age, and sexual experience</p> <p>8. Covered topics in a logical sequence</p>	
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Appendix D

Results of TCS Faculty Survey to Identify Opportunities to Expand Health and Wellness Education

Grade	Science	Team Time and Class Meetings	Physical Education and Athletics	Technology
Pre-S		Keep hands to self, wash hands, wellness books		
Pre-K				
K				
1				
2	Garden focus, growing healthy food	Mindfulness, growth mindset, yoga		
3	Food chemistry, garden focus, growing healthy food	Hygiene, healthy friendships, staying healthy, challenges at recess, kindness	Play games that have to do with colors of vegetables or fruit and address another topic about nutrition and coincides with a specific activity	
4	Germes and microbes relating to health, Garden focus, growing healthy food	Choose Love, etiquette, mindfulness	Benefits of jump roping, lap running etc... which will address heart and lungs, upper body strength, power etc.	
5	Microbes as it relates to infectious disease (insect and waterborne diseases)	Peer-to-peer relationships, positive communication, empathy, self-awareness, respect and assertion		
6		Managing stress, decision making (including surrounding drugs and alcohol), social media navigation		
7	Reproductive System/Human Anatomy	Substance awareness, healthy lifestyle choices, decision making, social media navigation, managing stress, decision making (including surrounding drugs/alcohol), Identity/personality strengths		
8				Students read “Goodbye Stranger”, a book about issues related to technology Discussion of sexting, Snapchat, Instagram, and other technologies

Things faculty would like to have/do:

- “Resources and curriculum to ensure that certain topics get covered when appropriate”

- Teach more on “stress management, support and awareness of anxiety disorder, healthy food choices vs. what is available, particularly making healthy drinking choices in the dining hall (OJ and chocolate milk)”
- “Creating a curriculum that we can refer to will enhance the program and certainly identify areas that we are not covering but need to.”
- Teach basic anatomy and reproduction before middle school “to demystify before things get too awkward for the kids.”
- “Identity awareness is an area I could grow as an educator”
- Teach “more drug awareness (substances, effects, etc.)”
- Have health and wellness be two-pronged (physical and mental)
- Further develop parent education component
- Create health and wellness resource library

Concerns:

- “As an English teacher, I'd love to be sure they understand context, but I don't want to overreach.”
- “Not certain that I'm qualified to explicitly teach health and wellness in any great depth. Many of our FAS [faculty and staff] are good models of adult wellness, but not prepared to expertly teach curriculum.”

Appendix E

Results of TCS Alumni Survey (N=7)

Participant (9th grade high school student)	What did you learn at TCS that has helped in these areas (health and wellness) ?	How should we help current students learn more on these topics?	What is missing from our program?
1	Exercise	Talking to students one on one	Stress
2	Decision making, taking care of myself		Severity of different situations in high school Importance of sleep
3	Drugs can lead to bad habits, decision making	More time to discuss	Stress, sleep
4	Decision making, common sense	Guest speakers	Time management
5	Taking care of myself	Small group discussions	Staying focused
6	Building great relationships		
7	Decision making		

Appendix F

Results of TCS Parent Survey

Table 1. Parents' Endorsement of the Inclusion of Specific Topics in The Country School Health and Wellness Curriculum, (N=59)

Topic	“Agree” or “Strongly Agree” % (n)	“Neutral” % (n)	“Disagree” or “Strongly Disagree” % (n)
Alcohol	91.5 (54)	3.4 (2)	5.1 (3)
Drug/Substance Use	94.9 (56)	3.4 (2)	1.7 (1)
Emotional/Mental Health	93.2 (55)	3.4 (2)	3.4 (2)
Human Development/Puberty	98.3 (55)	1.7 (1)	0.0 (0)
Human Sexuality	88.1 (52)	3.4 (2)	8.5 (5)
Internet Safety	98.3 (58)	1.7 (1)	0.0 (0)
Nutrition/Healthy Eating	91.5 (54)	8.5 (5)	0.0 (0)
Oral Health	64.4 (38)	28.8 (17)	6.8 (4)
Personal Hygiene	79.6 (47)	16.9 (10)	3.4 (2)
Physical Activity	93.2 (52)	5.1 (3)	1.7 (1)
Relationships	88.1 (52)	10.2 (6)	1.7 (1)
Safety/Injury Prevention	76.3 (45)	20.3 (12)	3.4 (2)
Sleep	88.1 (52)	11.9 (7)	0.0 (0)
Social Media	96.6 (57)	1.7 (1)	1.7 (1)
Stress	91.5 (54)	6.8 (4)	1.7 (1)
Tobacco/Nicotine	94.9 (56)	1.7 (1)	3.4 (2)
Violence Prevention	94.9 (56)	5.1 (3)	0.0 (0)
Sexuality Education (in the middle school curriculum)	91.5 (54)	6.7 (4)	1.7 (1)

Table 2. Parents' Endorsements of Which Topics Should Be Included in Middle School Health and Wellness Curricula, (N=59)

Topic	"Yes" % (n)	"No" % (n)
Puberty and the physical, social and emotional changes that take place during the teen years	100.0 (59)	0.0 (0)
Birth control methods	72.9 (43)	27.1 (16)
Abstinence	81.4 (48)	18.6 (11)
Sexually Transmitted Infections, including HIV	94.9 (56)	5.1 (3)
Healthy and Unhealthy Romantic Relationships*	93.1 (54)	6.9 (4)
Sexual Orientation (e.g. information about being straight, gay, lesbian, or bisexual)	81.4 (48)	18.6 (11)

**Note: for this question, one participant abstained from answering*

Table 3. Parents' Confidence in Discussing Health and Wellness Topics with Their Child,
(N=59)

Topic	“Agree” or “Strongly Agree” % (n)	“Neutral” % (n)	“Disagree” or “Strongly Disagree” % (n)
Alcohol	96.6 (57)	3.4 (2)	0.0 (0)
Drug/Substance Use	94.9 (56)	5.1 (3)	0.0 (0)
Emotional/Mental Health	93.2 (55)	5.1 (3)	1.7 (1)
Human Development/Puberty	84.7 (50)	11.9 (7)	3.4 (2)
Human Sexuality	79.7 (47)	16.9 (10)	3.4 (2)
Internet Safety	81.4 (48)	16.9 (10)	1.7 (1)
Nutrition/Healthy Eating	94.9 (56)	5.1 (3)	0.0 (0)
Oral Health	96.6 (57)	3.4 (2)	0.0 (0)
Personal Hygiene	100.0 (59)	0.0 (0)	0.0 (0)
Physical Activity	100.0 (59)	0.0 (0)	0.0 (0)
Relationships	93.2 (55)	6.8 (4)	0.0 (0)
Safety/Injury Prevention	98.3 (57)	1.7 (1)	0.0 (0)
Sleep	100.0 (59)	0.0 (0)	0.0 (0)
Social Media	88.1 (52)	6.8 (4)	5.1 (3)
Stress	86.4 (51)	10.2 (6)	3.4 (2)
Tobacco/Nicotine	100.0 (59)	0.0 (0)	0.0 (0)
Violence Prevention	93.2 (55)	6.8 (4)	0.0 (0)

Appendix G
The Country School
Recommended Comprehensive Sexuality Education (CSE) Curriculum Scope and Sequence
Grades PK-8

Pre-K and Kindergarten

- Lesson 1: [Personal Space](#)
 - In line with existing TCS Kindergarten programming around acknowledging and respecting others' personal space, this lesson would form the basis of ongoing conversations about appropriate touch, consent, and personal space.
- Lesson 2: [Different Kinds of Families](#)
 - This lesson will introduce students to different kinds of families, allowing educators to start a conversation about respect and diversity.

1st grade

- Lesson 1: [Identifying Body Parts](#)
 - In accordance with CT state health education guidelines, this lesson will teach students the accurate names for body parts
 - This [video](#) from AMAZE.org could be helpful in having this conversation with students
- Lesson 2: [Asking for Help](#)
 - This lesson teaches students how to identify a trusted adult for when they need help or have questions

2nd grade

- Lesson 1: [Reproduction Basics](#)
 - This lesson introduces students to the idea of reproduction and that all living things reproduce. It could align with the garden focus that TCS science teachers already incorporate in the 2nd grade curriculum, with explanations of how plants reproduce
- Lesson 2: [Bullying](#)
 - In line with the CT sexual health education standards, this lesson plan teaches students about bullying and teasing and why neither are acceptable
 - This [video](#) could be helpful in starting a conversation about different forms of bullying with students.
- Lesson 3: [Gender & Gender Roles](#)
 - Meeting CT sexual health education standards around teaching students about stereotypes, this lesson introduces students to the concepts of gender and gender roles, teaching them that they should not feel limited by gender roles that they may see in the media.

3rd grade

- Lesson 1: [Healthy Relationships](#)

- This lesson from *Advocates for Youth* teaches students about the hallmarks of healthy relationships by focusing on helping them understand what makes a good friendship. This lesson falls in line with CT sexual health standards and TCS' existing curricular focus on healthy friendships in 3rd grade team time and class meetings.
- Lesson 2: [Respecting Others](#)
 - In this lesson, students will learn how to treat others with dignity and respect, especially LGBTQ people. This lesson aligns with the CT sexual health standards, as students should know how to demonstrate care and consideration for others by the end of 4th grade.
- Lesson 3: [Bystander Intervention](#)
 - This lesson provides students the skills to intervene when they witness someone being bullied or are being bullied themselves. This lesson provides students the tools to be leaders in their communities and encourage others to stand up and intervene when they see others being bullied.

4th grade

- Lesson 1: [Puberty Basics](#)
 - This lesson introduces students to the concept of puberty and the various changes that will happen during puberty. Historically, TCS has taught students about puberty in the 5th grade, but providing this lesson earlier would increase the likelihood that students have access to this information before they start puberty and allow for additional lessons to reinforce learning in subsequent years. This lesson plan is the first of a three part series focused on puberty and reproduction that also includes units for [Grade 5](#) and [Grade 7](#) that could be used in addition to or in lieu of others listed for older age groups below.
- Lesson 2: [How to Communicate](#)
 - This lesson will teach students how to communicate about sensitive topics. It does focus on abstinence, so the lesson plan would need to be adapted to focus on communication strategies more generally.
- Lesson 3: [Self-Esteem](#)
 - This lesson from *FLASH* helps students learn about self-esteem and belonging, affirm themselves, and acknowledge how someone may feel if they are left out.

5th grade

- Lesson 1: [Puberty Deep Dive](#)
 - This lesson from *Puberty Happens* provides a deep dive into puberty that will build on the knowledge students gained in the 4th grade lesson. Either lesson can be tailored to incorporate preexisting TCS lesson plans, which include the *Always Changing and Growing Up* videos from Procter & Gamble. This lesson provides more interactive and engaging activities, as well as activities for students to do at home with their parents. Two additional units about [reproductive and sexual](#)

[anatomy](#) and [social and relationship changes](#) that can occur during puberty also could be used in addition or in lieu of others recommended for older age groups below.

- Lesson 2: [Mental and Emotional Health](#)
 - This lesson comes from the Chicago Public Schools’ sexual health curriculum and focuses on adolescent health and hygiene. Many of these topics are covered in the 4th and 5th grade puberty lessons, but could be taught as a standalone lesson. In giving this lesson, teachers can focus on the content that highlights the social and emotional changes that accompany puberty and how students can manage their mental health.
- Lesson 3: [Understanding HIV](#)
 - This lesson provides an overview of HIV, explaining to students in age appropriate ways what the virus is, how it is transmitted, and how transmission can be prevented.
- Lesson 4: [Sexual Orientation & Respecting Difference](#)
 - This lesson helps students understand the difference between “liking” and “loving” and introduces students to sexual orientation, helping them understand what it means, and different ways people label their sexual orientation. This lesson also includes an activity to be done at home, to allow students to identify a trusted adult with whom to talk about these topics.

6th grade

- Lesson 1: [Body Image](#)
 - This lesson from Teaching Tolerance introduces students to the idea of body image, especially the ways that body size and shape may impact one’s body image. This lesson was written for older students, so would need to be adapted to be relatable and appropriate for this age group.
 - This [video](#) introduces the concept of body image and explains a range of factors that contribute to how a person feels and perceives their own body.
 - Geared towards youth entering or going through puberty, this [video](#) affirms all types of bodies and identities.
- Lesson 2: [Peer Pressure](#)
 - This lesson teaches students about the advantages and disadvantages of being in a group and identifies skills for managing and coping with peer pressure.
 - To supplement this lesson, educators can consider including this [video](#) from AMAZE that informs students about peer pressure and its impacts.
 - Additional AMAZE videos related to peer pressure and how it relates to bullying, consent, and mental health can be found [here](#)
- Lesson 3: [Navigating Social Media](#)

- Common Sense Media has compiled 12 lesson plans for students in 3rd through 8th grade to learn how to navigate social media. Depending on the needs of the class, teachers can choose which topics seem most pertinent to their students.
- Lesson 4: [Boundaries](#)
 - This lesson teaches students how to communicate their boundaries and respects others' boundaries. This lesson touches on sexual assault, so it may require a trigger warning or a note to parents.

7th grade

- Lesson 1: [Human Reproduction](#)
 - TCS' 7th grade science curriculum already includes a unit that focuses on the reproductive system and human anatomy. This lesson could be included as part of other activities that students do in class to learn about human reproduction.
- Lesson 2: [Decision Making- How Do We Make Choices](#)
 - This lesson teaches students about the SMART model for decision-making, giving them the skills to make the choices for themselves. The lesson focuses on sexual health decisions but could be adapted for a variety of other health outcomes.
- Lesson 3: [STIs and HIV Prevention](#)
 - This lesson teaches students about sexually transmitted infections (STIs), including HIV, how they are and are not transmitted and potential impacts.
- Lesson 4: [Managing Stress](#)
 - This lesson from ETR Associates provides students the skills they need to manage stress.

8th grade

- Lesson 1: [Healthy/Unhealthy Relationships](#)
 - This lesson builds upon prior lessons on friendship and communication to help them understand the characteristics of healthy and unhealthy relationships.
 - Amaze.org has a series of short videos on [Healthy Relationships](#) that cover a variety of topics on friendships, peer pressure, consent, and romantic relationships for ages 10-14.
- Lesson 2: [Choices](#)
 - This lesson from Advocates for Youth discusses various types of contraception, including abstinence and condoms.
- Lesson 3: [Substance Use & Misuse](#)
 - This lesson plan from Scholastic introduces students to the ways that abusing substances impacts the body and health. This lesson aligns with existing TCS programming around decision making regarding drugs and alcohol.
- Lesson 4: [Accessing Resources](#)
 - This Advocates for Youth lesson teaches students how to identify accurate sources of sex education/sexual health information. Given that students at TCS

will move on to different high schools that all have different sex education curricula, it is imperative that students be taught how to identify and access sexual health resources.

- Lesson 5: [Consent](#)
 - This lesson teaches students about consent and the role it plays in sexual decision making. Designed for high school students, it can be readily adapted for middle school populations

Appendix H

Connecticut Standards for Sex Education

Table 1. Connecticut Department of Education Content Standards for Sex Education

Content Standard	Essential Question	Curricular Outcome
1: Core Concepts: Physical, Mental, Emotional and Social Growth and Development	What do I need to know about my growth and development and its relationship to that of others to stay healthy?	Students will comprehend concepts related to physical, mental, emotional, and social development and the impact on self and others.
2: Accessing Health Information and Resources	How and where do I find valid sexual health information and resources?	Students will demonstrate the ability to access valid sexual health information, products and services.
3: Self-Management of Healthy Behaviors	What can I do to achieve sexual health?	Students will demonstrate the ability to practice health-enhancing behaviors to avoid and reduce sexual health risks.
4: Analyzing Internal and External Influences	What influences my attitudes, behaviors and decisions related to my sexual health?	Students will analyze the influence of family, peers, culture, media, technology and other factors on sexual health attitudes, behaviors and decisions.
5: Communication Skills	What interpersonal communication skills do I need in order to have a positive effect on my sexual health?	Students will demonstrate the ability to use interpersonal communication skills to avoid or reduce health risks and contribute to sexual health.
6: Decision-Making Skills	What decision-making skills do I need to maintain my sexual health?	Students will demonstrate the ability to use decision-making skills that contribute to sexual health.
7: Goal-Setting Skills	How do I use the goal-setting	Students will use goal-setting

	process to take responsibility for my sexual health?	skills to contribute to sexual health.
8: Advocacy	What can I do to advocate for responsible behaviors related to sexual health based on accurate health information?	Students will demonstrate the ability to advocate and support others in making responsible choices related to sexual health.

Table 2: Topics within Each Content Standard Students Should Be Exposed to by the End of Kindergarten, 4th, and 8th Grade

Grade Level	Topics Related to Each Content Standard
By the end of Kindergarten students should know...	<p>CS 1: Different kinds of families, Body Parts/ Anatomy, Personal Space/ Consent, Appropriate touching</p> <p>CS 2: Identifying trusted adults</p> <p>CS 3: Express feelings in a healthy way, treating others with dignity and respect</p> <p>CS 4: Understand roles of family & media in health</p> <p>CS 5: Healthy ways to communicate needs/ wants with others, communicate empathy</p> <p>CS 6: Making health related decisions/ identifying people who can help you make those decisions</p> <p>CS 7: Identifying goals</p> <p>CS 8: Fairness/ respect for others</p>
By the end of 4th grade students should know...	<p>CS 1: Expression of affection, self-esteem/respect, proper names for gender-specific anatomy, beginning understanding of puberty, healthy relationships, continued conversations around consent, (in)appropriate touching, gender expression, germs and how they cause illness</p> <p>CS 2: Identify trusted adults to talk to about puberty/development,</p> <p>CS 3: Express feelings appropriately, health enhancing behaviors, responses to bullying/harassment</p> <p>CS 4: Influences on behaviors/ attitudes (media, family, peers, etc.), technology safety ,</p> <p>CS 5: communication styles, healthy ways to express emotions and feelings, ways to take action if someone is making you feel uncomfortable, respect for different kinds of</p>

	<p>families/identities, empathy, identify forms of communication that constitute sexual harassment</p> <p>CS 6: personal decisions & their impact on the self, factors that could impact the ability to make healthy choices (peer pressure)</p> <p>CS 7: identify goals & do effective goal setting</p> <p>CS 8: care & consideration for others, stereotypes, promote positive, healthy interpersonal relationships, persuade others to intervene when people are being bullied</p>
<p>By the end of 8th grade students should know</p>	<p>CS 1: body image and self-esteem can impact decision-making regarding sexual behaviors, describe male and female repro/sexual systems and how they work, puberty, compare and contrast unhealthy and healthy relationships, healthy & unhealthy dating practices, Differentiate between gender identity, sexual orientation, and the concept of gender roles, abstinence, contraception, impact of teen pregnancy, STI transmission & prevention</p> <p>CS 2: identify trusted adults to talk to about puberty, development, sex, distinguish between reliable and unreliable info, process of getting help to report sexual harassment, trafficking, discuss legal age of consent</p> <p>CS 3: importance of self-control, strategies for abstinence, discussion of safe social media use, personal responsibility for sexual behavior</p> <p>CS 4: internal and external influences on sexual behavior, influence of alcohol and other drugs on sexual behavior, technology and safe usage,</p> <p>CS 5: positive ways to communicate with others, verbal and nonverbal ways to refuse sexual pressure, how to communicate boundaries</p> <p>CS 6: impact that external influences (e.g. partners, peers, family, community) have on decision-making about sex, predict how deciding to remain abstinent protects ones' sexual health, how the use of alcohol and other drugs impacts the decision to remain abstinent or be sexually active</p> <p>CS 7: Discuss how internal and external influences may affect goal-setting,</p> <p>CS 8: Compassion for others, the impact of discrimination/how to respond to discrimination, Discuss the benefits of and advocate for developmentally appropriate, medically accurate sexual health education</p>

2012 Future of Sex Education Initiative¹ National Sexuality Education Standards

List 1. Essential Topics for K-12 Sexuality Education (Future of Sex Education Initiative, 2012)

1. **Anatomy and Physiology:** provides a foundation for understanding basic human functioning.
2. **Puberty and Adolescent Development:** addresses a pivotal milestone for every person that has an impact on physical, social and emotional development.
3. **Identity:** addresses several fundamental aspects of people's understanding of who they are.
4. **Pregnancy and Reproduction:** addresses information about how pregnancy happens and decision-making to avoid a pregnancy.
5. **Sexually Transmitted Diseases and HIV:** provides both content and skills for understanding and avoiding STDs and HIV, including how they are transmitted, their signs and symptoms and testing and treatment.
6. **Healthy Relationships:** offers guidance to students on how to successfully navigate changing relationships among family, peers and partners. Special emphasis is given in the National Sexuality Education Standards to the increasing use and impact of technology within relationships.
7. **Personal Safety:** emphasizes the need for a growing awareness, creation and maintenance of safe school environments for all students.

Table 1. Key Concepts Addressed in the National Sexuality Education Standards

Concept	Description
Personalization	The ability of students to perceive the core content and skills as relevant to their lives increases the likelihood that they will both learn and retain them. Ensuring that students see themselves represented in the materials and learning activities used can assist in furthering personalization
Susceptibility	It is widely understood that many young people do not perceive that they are susceptible to the risks of certain behaviors, including sexual activity. Learning activities should encourage students to assess the

¹ The Future of Sex Education (FoSE) Initiative is a partnership between Advocates for Youth, Answer and the Sexuality Information and Education Council of the U.S. (SIECUS)

	relative risks of various behaviors, without exaggeration, to highlight their susceptibility to the potential negative outcomes of those behaviors.
Self Efficacy	Even if students believe they are susceptible, they may not believe they can do anything to reduce their level of risk. Helping students overcome misinformation and develop confidence by practicing skills necessary to manage risk are key to a successful sexuality education curriculum.
Social Norms	Given that middle and high school students are highly influenced by their peers, the perception of what other students are, or are not, doing influences their behavior. Debunking perceptions and highlighting positive behaviors among teens (i.e., the majority of teens are abstinent in middle school and early high school and when they first engage in sexual intercourse many use condoms) can further the adoption of health-positive behaviors.
Skills	Mastery of functional knowledge is necessary but not sufficient to influence behaviors. Skill development is critical to a student's ability to apply core content to their lives

Appendix J Resources for Parents and Students

Websites

[Advocates for Youth](#)

The Parents' Sex Ed Center provides information and resources on the role of parents as sex educators.

[Amaze](#)

Amaze offers short, fun animated videos on a wealth of sexual health topics presented in sex positive, inclusive and medically accurate ways.

[Answer](#)

Answer provides links to books, organizations, websites, and workshops that can support parents in their critical role as sexuality educators of their children.

[American Academy of Pediatrics](#)

The HealthyChildren.org site provides general information related to child health including specific guidance on child and adolescent development.

[Center on Media and Child Health](#)

The Center on Media and Child Health at Boston Children's Hospital mission is to educate and empower children and those who care for them to create and consume media in ways that optimize children's health and development.

[KidsHealth](#)

KidsHealth is a comprehensive health website for parents, kids and teens on health and development.

[PFLAG](#)

PFLAG provides resources for parents, families, friends, and allies of LGBTQ people including publications, educational programs, and advocacy campaigns

[Planned Parenthood](#)

Planned Parenthood's Tools for Parents provides resources and information for talking with children and teens about sex, sexuality and relationships.

[Power to Decide, the Campaign to Prevent Unplanned Pregnancy](#)

Research and data on the power of parents in preventing teen pregnancy.

[Scarleteen](#)

Scarleteen provides comprehensive, inclusive, thoughtful and progressive sex, sexual health and relationships education.

[Teaching Sexual Health](#)

Teaching Sexual health provides sexual development questions, tips, and strategies, as well as resources, factsheets, parent packages, and webisodes, this website offers a wealth of information for parent educators.

Books about sexuality for children at different ages

What Makes A Baby by Cory Silverberg (ages 3-7)

It's Not the Stork!: A Book About Girls, Boys, Babies, Bodies, Families and Friends by Robie Harris (ages 4 -8)

What's the Big Secret?: Talking about Sex with Girls and Boys by Laurie Krasny Brown and Marc Brown (ages 4-8)

It's So Amazing!: A Book about Eggs, Sperm, Birth, Babies, and Families by Robie Harris (ages 7-10)

Sex is a Funny Word: A Book about Bodies, Feelings, and YOU by Cory Silverberg (ages 7-10)

Celebrate Your Body (and Its Changes, Too!): The Ultimate Puberty Book for Girls by Sonya Renee Taylor (ages 8-12)

The Care and Keeping of You 1: The Body Book for Girls by Valorie Lee Schaefer (ages 8-10)

Guy Stuff: The Body Book for Boys by Cara Natterson (ages 9-12)

It's Perfectly Normal: Changing Bodies, Growing up, Sex, and Sexual Health by Robie Harris (ages 10-13)

Will Puberty Last My Whole Life?: REAL Answers to REAL Questions from Preteens About Body Changes, Sex, and Other Growing-Up Stuff by Julie Metzger and Robert Lehman (ages 9-12)

Boying Up: How to Be Brave, Bold and Brilliant by Mayim Bialik (ages 12-17)

Girling Up: How to Be Strong, Smart and Spectacular by Mayim Bialik (ages 12-17)

Wait, What?: A Comic Book Guide to Relationships, Bodies, and Growing Up by Heather Corinna (ages 12-17)

S.E.X.: The All-You-Need-To-Know Sexuality Guide to Get You Through Your Teens and Twenties by Heather Corinna (ages 14-18)

Books about consent

No Means No!: Teaching children about personal boundaries, respect and consent; empowering kids by Jayneen Sanders (ages 3-9)

² Many of the books listed above pertaining to sexuality also include content about consent.

Don't Touch My Hair! by Sharee Miller (ages 4-8)

I Said No! A Kid-to-kid Guide to Keeping Private Parts Private by Kimberly King (ages 3-7)

Let's Talk About Body Boundaries, Consent and Respect: Teach children about body ownership, respect, feelings, choices and recognizing bullying by Jayneen Sanders (ages 4-10)

My Body! What I Say Goes!: A book to empower and teach children about personal body safety, feelings, safe and unsafe touch, private parts, secrets and surprises, consent, and respectful relationships by Jayneen Sanders (ages 3-10)

Miles is the Boss of His Body by Samantha Kurtzman-Counter (ages 8-12)

Books about diversity that celebrate our differences

The Family Book by Todd Parr (ages 3-6)

Families, Families, Families! by Suzanne Lang and Max Lang (ages 3-7)

The Great Big Book of Families by Mary Hoffman (ages 5-8)

Heather Has Two Mommies by Leslea Newman and Laura Cornell (for ages 3 - 7)

And Tango Makes Three by Justin Richardson and Peter Parnell (ages 4-8)

I am Jazz by Jessica Herthel and Jazz Jennings (ages 4-8)

Who Are You?: The Kid's Guide to Gender Identity by Brook Pessin-Whedbee (ages 5-8)

It Feels Good To Be Yourself: A Book About Gender Identity by Theresa Thorn (ages 4-8)

Annie's Plaid Shirt by Stacy B. Davis and Rachael Balsaitis (ages 3-8)

It's Okay To Be Different by Todd Parr (ages 3-6)

Red: A Crayon's Story by Michael Hall (ages 4-8)

What I like About Me! By Allia Zobel Nolan (ages 3-5)

The Colors of Us by Karen Katz (ages 4-8)

References

- Advocates for Youth. (n.d.-a). *Rights, Respect, Responsibility (The 3Rs): An Age-Appropriate, Comprehensive Sexuality Education Curriculum Grades K – 12*. Advocates for Youth. Retrieved March 6, 2020, from <https://3rs.org/3rs-curriculum/3rs-curric-search/>
- Advocates for Youth. (n.d.-b). *Science Behind 3Rs. Rights, Respect, Responsibility*. Retrieved March 5, 2020, from <https://3rs.org/3rs-curriculum/science-behind-3rs/>
- Bandura, A. (1977). Self-efficacy: Toward a unifying theory of behavioral change. *Psychological Review*, 84(2), 191–215. <https://doi.org/10.1037/0033-295X.84.2.191>
- California Department of Education. (2019, November 20). *Comprehensive Sexual Health & HIV/AIDS Instruction*. California Department of Education. <https://www.cde.ca.gov/ls/he/se/>
- California Healthy Youth Act, no. AB 329 (2016). https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201520160AB329
- Centers for Disease Control and Prevention. (2014). *School Health Policies and Practices Study- Health Education Fact Sheet*. https://www.cdc.gov/healthyyouth/data/shpps/pdf/2014factsheets/health_education_shpps2014.pdf
- Centers for Disease Control and Prevention. (2019). *School Health Profiles 2018: Characteristics of Health Programs Among Secondary Schools*. <https://www.cdc.gov/healthyyouth/data/profiles/pdf/2018/CDC-Profiles-2018.pdf>
- Chicago Public Schools. (n.d.) *Sexual Health Education Scope and Sequence for grades Kindergarten to High School*. http://zapata.cps.edu/uploads/8/0/7/4/80747268/sexual_health_education_scope_and_sequence_k-hs.pdf
- Chicago Public Schools. (2013). *Sexual Health Education* (No. 13-0227-PO1; Chicago Public Schools Policy Manual). <https://policy.cps.edu/download.aspx?ID=57>
- Elia, J. P. (2009). School-Based Sexuality Education: A Century of Sexual and Social Control. In E. Schroeder & J. Kuriansky (Eds.), *Sexuality Education: Past, Present, and Future* (Vol. 1, pp. 33–58). Praeger Publishers.
- Ferguson, R. M., Vanwesenbeeck, I., & Knijn, T. (2008). A matter of facts... and more: An exploratory analysis of the content of sexuality education in The Netherlands. *Sex Education*, 8(1), 93–106. <https://doi.org/10.1080/14681810701811878>
- Future of Sex Education Initiative. (2012). *National Sexuality Education Standards: Core Content and Skills, K-12*. Future of Sex Education Initiative. <https://siecus.org/wp-content/uploads/2018/07/National-Sexuality-Education-Standards.pdf>

- Future of Sex Education Initiative. (2016). *Building a Foundation for Sexual Health Is a K–12 Endeavor: Evidence Underpinning the National Sexuality Education Standards*. <https://advocatesforyouth.org/wp-content/uploads/2019/09/Building-a-foundation-for-Sexual-Health.pdf>
- Gender Spectrum. (2019). *Principles of Gender-Inclusive Puberty and Health Education*. https://www.genderspectrum.org/staging/wp-content/uploads/2019/02/GenderSpectrum_2019_report_WEB_final.pdf
- Graaf, H. de, Borne, M. van den, Nikkelen, S. W. C., Twisk, D., Meijer, S., Rutgers, K. seksualiteit, & Stichting Aids Fonds en Soa Aids Nederland. (2017). *Seks onder je 25e: Seksuele gezondheid van jongeren in Nederland anno 2017*. Uitgeverij Eburon.
- Guttmacher Institute. (2019). *Sex and HIV Education*. <https://www.guttmacher.org/state-policy/explore/sex-and-hiv-education>
- Haberland, N., & Rogow, D. (2014). Sexuality Education: Emerging Trends in Evidence and Practice. *Journal of Adolescent Health, 56*(1), S15–S21.
- International Planned Parenthood Federation. (2010). *IPPF Framework for Comprehensive Sexuality Education (CSE)*. https://www.ippf.org/sites/default/files/ippf_framework_for_comprehensive_sexuality_education.pdf
- Kaidbey, M., & Engelman, R. (2017). Our Bodies, Our Future: Expanding Comprehensive Sexuality Education. In Worldwatch Institute, *EarthEd* (pp. 179–189). Island Press/Center for Resource Economics. https://doi.org/10.5822/978-1-61091-843-5_15
- Kantor, L., & Levitz, N. (2017). Parents' views on sex education in schools: How much do Democrats and Republicans agree? *PLoS ONE, 12*(7). <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5495344/>
- Kirby, D., Laris, B. A., & Roller, L. (2006). *Sex and HIV Education Programs for Youth: Their Impact and Important Characteristics*. ETR Associates. <http://recapp.etr.org/recapp/documents/programs/SexHIVedProgs.pdf>
- Kirby, D., Roller, L. A., & Wilson, M. M. (2007). *Tool to Assess the Characteristics of Effective Sex and STD/HIV Education Programs*. ETR Associates.
- Leerlooijer, J. N., Ruiter, R. A. C., Reinders, J., Darwisyah, W., Kok, G., & Bartholomew, L. K. (2011). The World Starts With Me: Using intervention mapping for the systematic adaptation and transfer of school-based sexuality education from Uganda to Indonesia. *Translational Behavioral Medicine, 1*(2), 331–340. <https://doi.org/10.1007/s13142-011-0041-3>
- Lindberg, L. D., & Maddow-Zimet, I. (2012). Consequences of Sex Education on Teen and Young Adult Sexual Behaviors and Outcomes. *Journal of Adolescent Health, 51*(4), 332–338. <https://doi.org/10.1016/j.jadohealth.2011.12.028>

- Lopez, M. (2011). Faith Matters: Developing the Our Whole Lives Evaluation and Promotion Project. *American Journal of Sexuality Education*, 6(1), 13–19. <https://doi.org/10.1080/15546128.2011.547338>
- Marshall, M. G., Marques, S. S., Fonte, J. A., & Patel, A. (2017). *Sexuality Education: An Overview for Independent Schools*. National Association for Independent Schools. <https://www.nais.org/media/Nais/Articles/Documents/Member/Sexuality-Education-for-Independent-Schools.pdf>
- Mays, M. (2017, August 4). *Sex education is now the law, but conservative school leaders aren't happy about it*. Center for Health Journalism. <https://www.centerforhealthjournalism.org/fellowships/projects/sex-education-now-law-conservative-school-leaders-aren%E2%80%99t-happy-about-it>
- National Association of Independent Schools. (2015). *2015 NAIS and ISHA Survey on Health and Well-Being in Independent Schools*. Washington, DC: National Association of Independent Schools.
- Newby, K. V., & Mathieu-Chartier, S. (2017). Spring fever: Process evaluation of a sex and relationships education programme for primary school pupils. *Sex Education*, 18(1), 90–106. <https://doi.org/10.1080/14681811.2017.1392297>
- Perry, B. (2011). *Healthy sexuality for sexual violence prevention: A report on promising curriculum-based approaches*. Virginia Sexual & Domestic Violence Action Alliance. https://www.communitysolutionsva.org//files/Healthy_Sexuality_ReportFINAL_DRAFT.pdf
- Preston, M. (2019). “I'd rather beg for forgiveness than ask for permission”: Sexuality education teachers' mediated agency and resistance. *Teaching and Teacher Education*, 77, 332-340.
- Rutgers, & Soa Aids Nederland. (2017). *Main conclusions: Sex under the age of 25 2017*. <http://seksonderje25e.nl/files/uploads/Sex%20under%20the%20age%2025%202017%20summary.pdf>
- Schroeder, E., Goldfarb, E., & Gelperin N. (2015). *Rights, Respect, Responsibility A K-12 Sexuality Education Curriculum Teacher's Guide*. <https://advocatesforyouth.org/wp-content/uploads/2018/10/teachers-guide-1.pdf>
- Sellers, W.L. (n.d.) Sex Education in Elementary Schools: Gender Segregated or Coed? Puberty: The Wonder Years. <https://pubertycurriculum.com/sex-education-in-elementary-schools-gender-segregated-or-coed/>
- Sexuality Information and Education Council of the United States. (2004). *Guidelines for Comprehensive Sexuality Education*. Sexuality Information and Education Council of the United States. <https://siecus.org/wp-content/uploads/2018/07/Guidelines-CSE.pdf>

- Sexuality Information and Education Council of the United States. (2017). *State Laws and Policies Across the United States*. <https://siecus.org/wp-content/uploads/2018/07/SIECUS-SP-FY17-State-Law-and-Policy-Chart.pdf>
- Sexuality Information and Education Council of the United States. (2018). *CSE Federal Fact Sheet*. <https://siecus.org/wp-content/uploads/2018/07/CSE-Federal-Factsheet-May-2018-FINAL.pdf>
- Sullivan, T. (2016). *The Country School Handbook 2016-17*. http://www.thecountryschool.org/uploaded/student_life/TheCountrySchoolHandbook2016-17.pdf
- Van Haastrecht, P., Reitzema, E., Van Der Vlugt, I., & Krijgsman, P. (2017). Springfever: Online Teaching Package For Primary Schools in the Netherlands. *The Journal of Sexual Medicine*, 14(5, Supplement 4), e276. <https://doi.org/10.1016/j.jsxm.2017.04.687>
- Wang, K., Rathbun, A., & Musu, L. (2019). *School Choice in the United States: 2019*. 106. <https://nces.ed.gov/pubs2019/2019106.pdf>