

**REPORT OF THE  
JOINT SUBCOMMITTEE STUDYING**

**Teenage Pregnancy  
Prevention  
(Pursuant to HJR 280)**

**TO THE GOVERNOR AND  
THE GENERAL ASSEMBLY OF VIRGINIA**



**House Document No. 45**

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Report of the  
Joint Subcommittee Studying Teenage Pregnancy Prevention  
Pursuant to HJR 280  
To  
The Governor and the General Assembly of Virginia  
Richmond, Virginia  
January, 1988

To:       Honorable Gerald L. Baliles, Governor of Virginia  
          and  
          The General Assembly of Virginia

LEGISLATIVE HISTORY

The Joint Subcommittee Studying Teenage Pregnancy Prevention was established initially by the 1986 General Assembly via House Joint Resolution No. 61, which requested that the Joint Subcommittee study the problem of teenage pregnancy in Virginia and develop recommendations to reduce the incidence of teenage pregnancy.

At the conclusion of the first year of its study, the Joint Subcommittee recommended the introduction of several measures to the 1987 Session of the General Assembly. They were House Bill 1413, Family Life Education; H.J.R. 278, coordination of employment and training for at-risk youth; H.J.R. 279, coordination of teacher preparation courses in family life education at the collegiate level; H.J.R. 280, continuation of the Joint Subcommittee's study; and H.J.R. 281, work-study and training opportunities for teenage parents and other at-risk youth. Given the Board of Education's strong opinion that it should be granted the opportunity to consider whether to mandate the program in lieu of a legislative mandate, House Bill 1413 was amended to require the "Board of Education to develop standards of learning and curriculum guidelines for a comprehensive and sequential family life education program in the public schools for grades K-12." The bill required that the program provide instruction that is age appropriate for the student on family living and community relationships, the value of postponing sexual activity, human sexuality, human reproduction, and the etiology, prevention and effects of sexually transmitted diseases. All such instruction was required to be designed to promote parental involvement, foster positive self concept and to provide mechanisms for coping with peer pressure and the stresses of modern living. The Board also was required to establish requirements for appropriate training for family life educators by December 1, 1987. In addition, the Board was required to analyze the fiscal impact of implementing a mandatory statewide family life education program, recommend an apportionment of state and local funding for such programs, if not otherwise determined by law, and provide such data to the House Committee on Appropriations and the Senate Committee on Finance by December 1, 1987. All of the measures which were recommended by the Joint Subcommittee were passed.

With the passage of House Joint Resolution No. 280, the study was continued by the 1987 General Assembly for one year. The Joint Subcommittee was directed to review and to include in its deliberations, among other issues, the following:

- Full-time nurses in schools and school health care procedure;
- Character education programs in grades K-12 in public schools;
- Coordinated family planning counseling for teenagers and disadvantaged youth;
- Establishing hot-lines for information for teenagers;
- Advertising practices pertaining to sexual information;
- Roles of state, municipal and community organizations in family planning education programs and services;
- Notification requirements pertaining to abortion and contraceptives; and
- Counseling of teenage parents and information on child support enforcement.

The membership of the Joint Subcommittee remained as originally appointed. Delegate Joan H. Munford and Senator Elliot S. Schewel continued to serve as Chairman and Vice Chairman, respectively.

### ACTIVITIES OF THE JOINT SUBCOMMITTEE

The Joint Subcommittee embarked on the second year of its study with a review of its legislation that was passed by the 1987 General Assembly, the staff's status report and the issues which were carried over for further study by the Joint Subcommittee. The Joint Subcommittee held several meetings during this phase of its study to receive testimony from the Joseph P. Kennedy Foundation, Jr., representatives of the print and broadcast media, other states, state agencies and the public. A summary of its deliberations with such groups is as follows:

#### A. THE JOSEPH P. KENNEDY, JR. FOUNDATION

The Joint Subcommittee met with Mr. George A. Zitnay, Director of Program Development at the Joseph P. Kennedy, Jr. Foundation, on April 7, 1987, concerning the Foundation's adolescent pregnancy prevention program, the Community of Caring. This program is the product of over ten years of collaborative effort and experiment guided by Mrs. Eunice Kennedy Shriver. The program combines significant reproductive health facts and opportunities that foster self-esteem, promote positive family, personal and community relationships, enhance learning, and build critical thinking, and good decision-making skills, personal independence, a sense of responsibility and discipline, with moral education to prevent adolescent parenthood and to produce responsible, productive young adults. It marshals a variety of community resources to provide comprehensive, long-term caring services for adolescents and their families. The Community of Caring program, a self-contained educational unit consisting of twenty-three class sessions, is designed for those who work with adolescents and teenage parents. The curriculum integrates biomedical, psychological and sociological knowledge within a framework of practical, ethical reflection. The program focuses on bringing teenagers into a full community life by including the families of teenagers, schools, religious organizations, social service agencies, civic groups and businesses in the program. The Foundation's experience in

working with young people indicates that teenage pregnancy, as are many other problems of teenagers, is the result of hopelessness and lovelessness. To date, there are three Community of Caring programs in Virginia, funded by the Foundation, and another to begin during the 1988-1989 school year in Richmond City Public Schools.

## **B. REPRESENTATIVES OF THE MEDIA**

The Joint Subcommittee met with representatives of the national print and broadcast media and their local affiliates on June 12, 1987. During the first year of the subcommittee's study, it received testimony from parents, educators, health professionals and other interested citizens relative to their concern about the impact of sexual messages in the media on young people. In response to these concerns, the Joint Subcommittee conferred with representatives of the media regarding this issue. At the meeting, the Joint Subcommittee viewed a slide and audio presentation on the use of sex in the media. The presentation included advertisements for soap, perfume, lingerie, toiletries, jeans, etc. which are accessible to youth via television and magazines with general circulation, magazine and tabloid headlines, and recordings of popular tunes whose lyrics were sexually explicit or suggestive. Representing the media were Mr. Peter Easter, Executive Director of the Virginia Association of Broadcasters; Mr. John B. Summers, Executive Director of the National Association of Broadcasters; Mr. Henry Levinson, Manager of Station Services at the Television Information Office; Mr. Burt Levine of WROV-AM radio in Roanoke; and Ms. Anne Marie Morgan of Hoffman Communications. Although the Virginia Press Association was invited to participate in these discussions, it was unable to be represented.

Several of the media representatives indicated that broadcasters were responding to social issues through public service announcements at no charge. However, the demand for air time is great and there is not enough time to broadcast each interest group's concerns. It was noted that Virginia broadcasters have taken a special interest in alcohol and drunk driving, with stations across the Commonwealth having contributed \$11 million last year to bring the problem of drunk driving to the public's attention. The Joint Subcommittee also viewed the public service announcements, advertisements, investigative reports and special programs that some national broadcasters have produced to address teenage pregnancy and sexual responsibility. There also was expressed the concern for First Amendment issues and the responsibilities of broadcasters pursuant to the Federal Communications Act of 1934 and the regulations of the Federal Communications Commission. The Joint Subcommittee was informed that the Communications Act requires that broadcasters respond to local issues, needs and problems, keep a record of all public service announcements made to address the issues and establish a dialogue with the community. The law does not, however, allow the government to dictate which issues will be covered. Often, broadcasters rely on other stations for the coverage of issues. Each network has its own standards to which national ads must adhere and local station affiliates have the option of accepting or refusing an advertisement. However, the ability of broadcasters to determine, collectively, standards of conduct and to collaborate on the handling of other matters has been ruled by the U.S. Department of Justice to violate the anti-trust laws. Prior to this ruling, networks could control broadcasting more effectively through its Code of Conduct. The ruling unwittingly provided opportunities for the increased broadcasting of sex on television.

Although the governance of broadcasting was more effective under the Code of Conduct, revival of such standards and of legislative efforts to set standards cause the profession of journalism tremendous concern due to anti-trust exemptions, the lack of protection from civil suit for First Amendment violation, and the increased emphasis on the need for family viewing, particularly among the "creative community." The media representatives conceded that they have not done all that they could do to address the problem of sexually explicit and suggestive programming and advertising, but that a recent survey of broadcasters conducted in March, 1987, regarding coverage on AIDS, revealed that 36.3 percent of radio and 33 percent of television stations do accept ads for condoms.

It was noted that there is a need for a change in the attitude adults and children attitude toward sex. It was recommended that family life education programs be mandated without exemptions as many radio stations do not appeal to young people and thus the message regarding the hazards of teenage pregnancy may not be heard. It was noted by Hoffman Communications that it is possible to broadcast contemporary music which contains no sexually explicit or profane lyrics and still appeal to young people. This broadcasting company related that it is heavily involved in the community and sponsors many activities that are designed specifically for young people to provide opportunities for alcohol and drug free and supervised social events. It was agreed that consumers have more power to effect changes in broadcasting than they realize and that they should utilize this power to make their concerns known to advertisers.

### C. REPRESENTATIVES FROM OTHER STATES

In August, 1987, the Joint Subcommittee met with legislators from Maryland and Pennsylvania, two states noted for their innovative and effective programs to prevent teenage pregnancy. Delegate Samuel I. Rosenberg, member of the House of Delegates of the Maryland General Assembly, represented the State of Maryland and Representative Robert O'Donnell, member and Majority Whip of the Commonwealth of Pennsylvania State Legislature, represented the Commonwealth of Pennsylvania.

#### State of Maryland

The Joint Subcommittee was advised that Maryland's preventive teenage pregnancy programs were the result of the formation of a coalition on family planning of the pro-choice and pro-life groups to address the issue of abortion. The discussions of the coalition centered on the need to reduce the rate of teenage pregnancy and on those points on which both sides agreed. The result of the discussions was a letter to Governor Harry Hughes, signed by a majority of the members of the Maryland General Assembly, which requested that the Governor:

1. enhance the delivery of family planning services by expanding existing outreach efforts, sex education, male responsibility programs, and confidential family planning;
2. increase the number of Family Support Centers, a pilot project which provides teenage mothers and their babies with infant health care, school and employment counseling, and family planning counseling and referrals. The support centers receive both private and public funds;

3. establish a state adoption center that would, in appropriate cases, point pregnant adolescents toward adoption services. It is the consensus of the Coalition that abortion is not the preferable method of birth control;
4. expand Medicaid eligibility to 125% of the poverty level for approximately 1,000 women whose income makes them ineligible for reimbursement for prenatal, delivery and postnatal services; and
5. development of a massive and sophisticated public relations and media campaign to promote the concept, "It's o.k. to say no," and "male responsibility."

As a result of the Coalition's efforts, the 1986 Maryland General Assembly directed the Maryland Department of Health and Mental Hygiene to prepare a plan that would provide primary preventive family planning and reproductive health services to all persons in need of such assistance by 1992. The Coalition's second letter, which will be sent to Governor William Donald Schaefer, will urge him to provide \$4 million in his budget for fiscal year 1990 for the implementation of the five-year plan being developed by the Department of Health and Mental Hygiene. Delegate Rosenberg stated that the Coalition will request that emphasis be placed on outreach efforts, sex education, male responsibility programs and confidential family planning services. In addition, a minimum of \$150,000 per center will be requested for the Family Support Centers, increased funding to facilitate adoptions and better case management for pregnant teenagers, and \$200,000 for the public relations and media campaign. Absent this program expansion, it is estimated that thirty-three percent of Maryland women and eighty percent of teenagers at risk for an unintended pregnancy will remain without access to such services.

#### Commonwealth of Pennsylvania

The legislative efforts to address the problem of teenage pregnancy in Pennsylvania began in 1986 pursuant to a House Resolution which created a subcommittee to study the problem. In Pennsylvania, one out of every thirteen teenage girls become mothers before age eighteen, one-half of such pregnancies are aborted, and seventy-eight percent of teenage mothers are unmarried at the time of conception. In 1984, over ten percent of unmarried teenage girls under age eighteen gave birth to a second, third or fourth child. Eight out of ten teenage mothers do not complete high school, most teenage fathers do not complete high school, and such mothers are at high risk for a low birth weight baby and obstetrical complications, resulting in costly neonatal intensive care services, expensive long-term remediative medical care and an economic burden for families and society. Studies indicate that most fathers of the children of teenage girls were older, sexually attractive and not economically viable. The debate in Pennsylvania focused on whether sex education was beneficial.

To address the problem of teenage pregnancy, the subcommittee recommended that the Pennsylvania legislature appropriate funds to provide teenagers with human sexuality information and family planning services. It did not advocate the establishment of school-based health clinics as the subcommittee determined that there was no compelling evidence that such clinics were successful in reducing the rate

of teenage pregnancy. The subcommittee recommended that teenagers be provided realistic sex education that included instruction on the benefits of saying "no," contraception and life experiences. It was noted that it was possible to develop a model curriculum in which the result would be the elimination of teenage pregnancies, but the success of the program is determined by what happens in the classroom, a factor which cannot be controlled. Family life education is an optional program in Pennsylvania and varies widely among school districts. There is little follow-up to assess program effectiveness. The family life education program includes funding for teacher training, and provisions to improve pregnancy outcomes for parent and child. A hot-line for teenagers also operated out of the Governor's office until July, 1987. To ensure that no teenager is denied an education, funding is provided to permit schools to contract for child day care services for the children of teenage parents. Day care is a critical feature to teenage parents remaining in school. In addition, third party insurance benefits and Medicaid benefits were expanded to provide needed health care for teenage mothers and their children. The state also implemented and funded a program to provide up to two days hospitalization for teenage mothers who are not eligible for Medicaid or who are uninsured. Teenage fathers, at any time in which they are employed during that period, are required to share in the support of their children for the first eighteen years of the child's life.

Some of Pennsylvania's school districts have also implemented innovative preventive programs, such as counseling for teenage fathers, identification of and intervention for high risk populations, funding for child day care, and an upper elementary and junior high school class of hands-on parenting which approximated the responsibilities and burdens of parenthood. It was suggested to the Joint Subcommittee that a model program be developed and the school administrator be given the authority to implement and staff it at his discretion. Giving school administrators this latitude would enable them to choose staff persons who are the most competent, confident in dealing with the sensitive issue of human sexuality, and have a rapport with young people. It was noted that Pennsylvania did not elect to pursue the option of adoption with pregnant teenagers as there was an aggressive disinterest among such teens to consider adoption and many displayed no interest in including teenage fathers in the family setting. However, there appears to be an informal adoption in many families with the child of a teenage parent being cared for by the grandmother or an aunt. This phenomenon occurs more frequently in black families than in white families, and more often in urban areas than in rural areas. This situation creates enormous economic strain on the family. It was suggested that as most teenage pregnancies are unintended, there is no evidence that welfare benefits are an incentive for teenagers to become pregnant as such benefits are not significant enough to provide economic security. It was pointed out that there have been no empirical studies to establish a relationship between causality and result, and that each advocacy group, having its own special interests, will present data which will substantiate its position. Nevertheless, cohort studies have found that church-going young people are less likely to be sexually active, less likely to become pregnant, display less impulsivity, more likely to have a good self-concept and a positive outlook about the future than nonchurch-going youth. Such studies notwithstanding, there are interventions and factors which affect teenage pregnancy that are not within the purview or authority of the legislature to pursue.

Representative O'Donnell noted that the root concept of values is there is a consequence to behavior. Society believes that values make a difference, but it may not be provable that values, if taught, reduce teenage pregnancy. Therefore, values that should be included in family life education programs are those that are very basic to our national heritage and not religious. Representative O'Donnell stressed that family life education is only a tool, that such programs alone will not reduce teenage pregnancy, and that it is important to realize that there is a mixed message in "say no, but if you do have sexual intercourse, use a contraceptive." However, such dichotomies are a part of life and teenagers must come to terms with such inconsistencies themselves. He recommended that family life education programs in Virginia include teacher training, a mechanism for handling parental concerns and that outreach activities have a solid, clear purpose, be meticulously designed and likely to be effective before funding them.

#### D. STATE AGENCIES

At the request of the Joint Subcommittee, the Board of Education, the Departments of Education, Health, Social Services, Mental Health, Mental Retardation and Substance Abuse Services, the State Council of Higher Education, and the Governor's Employment and Training Department assisted the Joint Subcommittee by providing technical assistance and status reports on the implementation of legislation passed by the 1987 General Assembly respecting these agencies.

##### Board of Education and the Department of Education

— The Joint Subcommittee met on numerous occasions with the Curriculum, Instruction and Professional Relations Committee of the Board of Education concerning the development of the family life education curriculum and guidelines. The staff of the Department of Education was present at each of the Joint Subcommittee's meetings to provide technical assistance during this phase of the study. As reported to the Joint Subcommittee, the Board's activities in implementing House Bill No. 1413 (1987), Family Life Education, included the collection and review of available resources, and information obtained from the first of two series of regional public hearings throughout the Commonwealth held on April 27, 1987, to solicit the views of the public regarding the content of the program. Department officials also met with other state agencies and organizations providing family life services, and with local school personnel and teacher educators to coordinate efforts and to develop a plan for training school personnel to be involved in the program. Training criteria and resources were identified as well as arrangements for pre - and in-service education for family life educators. The first draft of the training proposal and an analysis of the state and local fiscal impact of implementing a mandatory statewide family life education program was also prepared.

A Curriculum Committee for Family Life Education was appointed by the Superintendent of Public Instruction. The Curriculum Committee was composed of child development specialists, grade-level consultants, experienced teachers of human sexuality, family management and parenting, school administrators, and representatives of the Virginia Parent Teacher Association. The Committee assisted the Department in the development of the first draft of the Standards of Learning (SOL's) for the curriculum and guidelines. The Department presented the first draft of the Standards of Learning for Family Life Education to the Joint Subcommittee Studying Teenage Pregnancy Prevention in April, 1987.

In late August, 1987, the Department conferred with other state agencies, and professional and community organizations were asked to review and respond to the program's materials, and the first draft of the Standards of Learning for Family Life Education was presented to the Board of Education in September, 1987. Materials, including the Standards, the sample units, and a summary of reactions from local school divisions, state agencies, professional organizations, community and civic groups, parents and other individuals were distributed during the second series of public hearings held in October, 1987. After the second series of public hearings, "individual and group responses received by the Department concerning the proposed program were analyzed and considered for inclusion in the second draft of the Standards of Learning." New objectives also were developed in response to the request of the Curriculum and Instruction Committee of the Board (Department of Education, 1988). There has not been opportunity for public comment on the amendment of the Standards of Learning. In November, 1987, the Board of Education approved a family life education curriculum which it determined satisfied the mandate of House Bill No. 1413. In December, 1987, the Board voted to require each local school division to implement a family life education program subject to the appropriations of the General Assembly for the start-up costs of the program. The provisions of the Standards and the Regulations are discussed in detail in the section, "Family Life Education Standards of Learning Objectives and Regulations" on page 17 of this report.

#### Department of Social Services

The Department of Social Services was requested to provide certain information regarding paternity laws, child support enforcement for adolescent fathers and the costs of assisting teenage mothers. The Department apprised the Joint Subcommittee that as of April, 1987, there were 56,534 active AFDC cases of which 2,679 were aid to dependent children cases wherein the female caretaker was age eighteen and under. The monthly cost per average case is \$221 for both mother and child. The annual cost for the AFDC program is \$7,098,228, with the state's share of the costs at \$3,326,229. In processing requests for assistance, the Department of Social Services does seek the father's name. However, the Department questions the legal effectiveness of adolescent males voluntarily acknowledging paternity and the ability of teenage fathers to contribute significantly to the care of their children when seeking the enforcement of child support. The Department noted that historically, child support enforcement was not aggressively pursued as the statutory base is not conducive to such enforcement and the pay off is less. However, due to recent federal action, Virginia's child support efforts have become more aggressive. Currently, sixty-two percent of the children whose families receive assistance are those for whom paternity has not been established. The federal government requires that paternity be established for seventy-five percent of all AFDC cases. Virginia's unestablished paternity rate is forty-eight percent, far below the federal requirement. The cost for the aid to families with dependent children program (AFDC) is \$175 million a year. Many young families seek assistance in an effort to escape long-term adverse economic effects, but tend to remain on assistance longer because of the difficulty of becoming economically independent without such assistance.

The Department is considering implementing a more aggressive approach during the in-take process to obtain better information regarding the paternity of children of applicants for assistance. It has already conferred with federal authorities concerning such an approach.

The Department also plans to improve its capability in collecting and researching statistical data concerning acknowledgment of paternity and subsequent child support enforcement efforts, and the full cost of providing assistance to the families of adolescent parents in Virginia. Early in the second phase of its study, the Joint Subcommittee had requested information on the number of child support petitions brought against teenage and adult males who are the fathers of the children of teenage girls in order to determine the extent to which such fathers are legally liable for the care and support of the children for whom they have acknowledged paternity. The Joint Subcommittee suggested to the Department that it proceed judiciously to secure child support from teenage and adult fathers as the burden of accountability must be made real and that such information regarding adolescent fathers would enable the Commonwealth to know the dimensions of the inability to collect from teenage fathers.

The Department testified that there has been little done to pursue the fathers of AFDC children. There is a need to reverse this trend and pursue such fathers for the support of their families. In some instances, the custodial parent who seeks assistance is uncooperative in providing information concerning the paternity of the child and the whereabouts of the father. It is believed that the majority of such parents do know who the father is and where he is, but refuse to provide needed information to assist the Department in securing the support from the father to which the family is entitled. The Department of Social Services has very recently established two model programs which are focused on the establishment of paternity and pursuing support from the absent father. The programs are located in Newport News and in Greenville-Emporia where thirty-four percent of AFDC cases were not workable for child support purposes. The program employs the technique of intensive interview during the in-take process. Thus far, 275 families have been interviewed. It was determined that a support order could be obtained for more than one-third of such cases. However, twenty-five percent of the custodial parents would not cooperate with the Department in its attempt to establish paternity. The Department noted that one possible remedy of this problem would be to deny eligibility status to receive AFDC benefits to custodial parents and their families who do not cooperate to establish paternity. However, this approach would penalize the dependent children of such families.

#### State Health Department

The State Health Department has worked cooperatively with the Department of Education in the development of the family life education program and has assisted the Joint Subcommittee in determining the availability and types of crisis hot lines that exist in the Commonwealth, and the services available through local health departments. With respect to meeting the family planning needs of teenagers, it was determined that some local health departments have expanded their hours, offer services specifically designed for teenagers, i.e. Teens Only Clinics, and in other ways have attempted to make such services not only available to teenagers, but accessible to them as well.

It was deemed appropriate and necessary that the State Health Department assume leadership in providing the expertise for instruction on certain components of the family life education program. It is envisioned that local school divisions will utilize the services and expertise of the State Health Department regarding health related matters in the curriculum.

## Governor's Employment and Training Department

In its report on the status of the implementation of House Joint Resolution No. 278 (1987), the Governor's Employment and Training Department stated that it administers the federal Job Training Partnership Act (JTPA) which seeks to prepare economically disadvantaged youth and adults with serious employment barriers to become productive members of the labor force. A major emphasis of the Act is coordination with other employment and training and related agencies and organizations. Virginia receives nearly \$42 million in federal funds for the JTPA program, of which it administers approximately \$37 million of the total funds.

The JTPA II-A, a youth program, served 6,752 economically disadvantaged youth between ages 14 and 21 at a cost of \$11.2 million for the program year 1986 (1986-1987 PY). Of this number served, 2,192 were drop-outs and 883 came from single head of households with dependent children under age eighteen. There were 6,253 youth between the ages of 16 and 21. The JTPA II-B, a summer youth program, served 8,022 economically disadvantaged youth between the ages of 14 and 21 during the summer of 1987 at a total cost of \$10.1 million. Of the number served, 5,868 were between the ages of 14 and 17, 6,741 were in the public schools, 564 were drop-outs and 250 were from single head of households with dependent children under age eighteen. These youth received work or pre-employment skills experiences and 2,420 received remedial education as required by the 1986 amendments to JTPA. Total expenditures for economically deprived youth who participated in the JTPA program were \$21,394,617 or 58% of the \$36,668,508 received by the Governor's Department during the PY 1986-1987. Of the youths who participated in the programs the Department was unable to determine how many were adolescent parents or had been adolescent parents.

In specific response to HJR 278, the Department has established a permanent summer employment and training institute for at-risk youth which will begin in August, 1988, and a youth committee as a part of the Governor's Job Training Coordinating Council which will compile information and make recommendations on employment and support services needed by at-risk youth. The Department also plans to encourage the business community to set aside a certain number of jobs for at-risk youth during the year, request general fund initiatives to provide for the integration of services of the Department of Social Services and the Job Training Partnership Act system, and the coordination of services and programs to address the problem of school drop-outs which are offered by local school divisions and community colleges.

## State Council of Higher Education

The State Council of Higher Education was requested via House Joint Resolution No. 279 (1987) to work collaboratively with the Board of Education to coordinate, ensure the enhancement or augmentation of existing programs on family life education and human sexuality at the collegiate level which would satisfy the requirements for an endorsement in family life education at minimum or no fiscal impact. The Department of Education and the State Council reported to the Joint Subcommittee that they agree that there should not be an endorsement in family life education, but that institutions of higher education would be more effective in assisting with the re-training of teachers and in offering in-service training to those teachers who are selected for the program. These agencies reported that they would continue to work cooperatively to

provide the necessary teacher training for the family life education program and encourage institutions of higher education to provide technical and instructional assistance to their local school divisions upon request.

## FINDINGS OF THE JOINT SUBCOMMITTEE

The high rate of teenage pregnancy has continued unabated. Each year in this nation more than one million teenage girls become pregnant. In Virginia in 1986, there were 19,827 teenage pregnancies. Although the number of such pregnancies dropped by 37 pregnancies, the rate increased slightly from 82.7 per 1,000 girls aged fifteen to nineteen in 1985 to 83.4 per 1,000 in 1986 (State Health Department, 1987).

Emphasis in the nation has begun to center more on providing preventive measures that attack some of the causal factors of teenage pregnancy. Most initiatives acknowledge the relationship between self-esteem, poverty, academic achievement and other psychosocial factors and teenage pregnancy. Other efforts include the enhancement and expansion of existing family life education programs, the provision of day care for the children of teen parents, greater parental involvement, male responsibility and out-reach programs for youth at-risk.

The Joint Subcommittee reaffirms its findings which were presented in its first report. Many factors contribute to teenage pregnancy, and there is no single solution that will solve the problem. Although it is not possible scientifically to predict or control human behavior and compulsions, the probability of premarital sexual intercourse is strongly influenced by certain psychosocial dynamics such as age, race, sex, self-concept, family factors, poverty, racism, societal influences and the media. The consequences remain overwhelmingly devastating and tragic.

### Health

The high rate of teenage pregnancy is still a significant factor in the high rate of infant mortality. Teenage mothers are at a much greater risk of giving birth to a low birth weight baby (less than 2,500 grams or 5 pounds, 8 ounces at birth) or premature baby than are other mothers. Low birth weight is considered one of the leading causes of infant mortality and is associated with increased occurrence of mental retardation, birth defects, growth and developmental problems, blindness, autism, cerebral palsy, epilepsy and severe congenital lung diseases as respiratory distress syndrome. Black mothers remain more likely than white mothers to give birth before age eighteen and almost eight times more likely to do so under age fifteen, which means that black mothers have more births at an age which correlates with the highest percentage of low birth weight babies (Legislative Task Force on Infant Mortality, 1986).

Another obvious health consequence of increased sexual activity is the spread of sexually transmitted diseases. According to data provided by the State Health Department, prior to 1972, sexually transmitted diseases (STD) control activities were primarily directed toward syphilis and its late complications. The gonorrhea control program was begun in 1972 by an appropriation of Congress to remediate the problem. Until the 1970's, gonorrhea was not considered a major public health problem in Virginia. However, by the late 1970's, the number of reported gonorrhea cases had reached almost 20,000 per year. From 1973 to 1979, the Gonorrhea Control Program

concentrated its efforts on developing and implementing a statewide screening program among women of childbearing age. In 1980, gonococcal pelvic inflammatory disease (GPID), a severe complication of untreated gonorrhea, became a priority health problem in Virginia.

During the early 1980's there was an expansion in the number of sexually transmitted diseases (STD). New diagnostic approaches have identified the extent, method of transmission, and clinical consequence of chlamydia, herpes and acquired immunodeficiency syndrome (AIDS). According to the State Department of Health, there have been 705 reported cases of AIDS in Virginia as of April 15, 1988. This is the cumulative figure since 1982. The number of people carrying the disease is estimated to be thirty to one hundred times greater than that. Although most of the victims of AIDS have been white homosexual males, the number of females and heterosexuals is increasing. There have been twelve reported cases of AIDS in children in Virginia to date. The Center for Disease Control estimates that 179,000 people will have died from AIDS by 1991 in this country. In addition, there are pervasive STDs in the Commonwealth which are not reportable by Virginia law, i.e. herpes, chlamydia, AIDS.

### Education

The Joint Subcommittee maintains that education is significant to an individual's life options, economic attainment and sense of achievement. Consequently, those individuals who suffer educational deficits often have their hopes and goals, and personal gratification permanently thwarted. The findings regarding the relationship between poor academic skills and teenage pregnancy are:

- Eighteen - and nineteen-year-old women with poor basic skills are 2.5 times as likely to be mothers as are those with average basic skills;
- Eighteen - and nineteen-year-old men with poor basic skills are three times as likely to be fathers as are those with average basic skills;
- Teens with poor basic skills are five times as likely to become mothers before age sixteen as are those with average basic skills;
- Young women with poor or fair basic skills are four times as likely as those with average basic skills to have more than one child while in their teens;
- Young women with poor basic skills, whether black, white, or hispanic, are more than three times as likely to be parents as those with average or better basic skills;
- Almost all racial differences in the incidence of teen parenthood disappear when income and skills deficits are taken into account; more than half of the fifteen-to-eighteen-year-olds surveyed with family incomes below poverty have basic skills in the bottom skills group. Poor teens are four times as likely to have poor basic skills as are teens with family incomes above poverty;
- One in five poor teens with below average skills is a parent; and

- More than half of the black fifteen to eighteen year olds in the National Longitudinal Survey of Young Americans and four out of ten of the hispanic teens fell in the bottom skills group, compared with thirteen percent of the white teens. Among teens living in poverty, more than four out of ten white teens, more than half of hispanic teens, and more than six out of ten black teens fall in the bottom skills group (CDF, 1986).

### Economic Independence

One of the most visible consequences of teenage pregnancy is the loss of productive and contributing citizens because students who are unable to complete high school are unable to realize their full educational and occupational potential. Although early childbearing affects both males and females, its effect on females is stronger and increases over time. "Women who become mothers while adolescents exhibit reduced educational and occupational attainment, lower income and increased welfare dependency relative to their peers. A decade after high school, women who became mothers early were more likely to be working than their classmates, but in jobs of lower pay and prestige and with less job satisfaction" (Baldwin, 1985). Few of these women ever "catch up" to those who delayed their families.

Adolescent fathers are more likely to drop out of school and enter the labor force at an early age. Although adolescent fathers are more likely to be working than their classmates at higher pay and prestige, by eleven years out of high school, their classmates' investment in an education had begun to pay off in income and higher prestige jobs (Baldwin, 1985).

Teenage parents face difficult odds due to a truncated education and limited marketable skills. This dilemma is particularly poignant for black youth for whom "the unemployment rate in 1985 was 41.4 percent for black teenage males and 37.9 percent for black teenage females (Ladner, 1986). Increasingly, many of these unemployed black youths, who are frequently unskilled, are the parents of young children. Chronic unemployment for adolescent males and pregnancy for adolescent females are becoming twin social problems that afflict black youths, each of which renders hundreds of thousands impotent to cope with the exigencies of day-to-day living and the future" (Ladner, 1986).

### Family Structure

It is estimated that 3.3 million children live with teenage mothers, and that 1.6 million children under the age of five live with mothers who were teens when they gave birth (Ladner, 1986). In March, 1984, there were 450,000 family groups with children headed by married or unmarried fifteen-to-nineteen-year-olds. Nearly seventy-four percent of such families were living as subfamilies in another household, while twenty-six percent maintained their own households. Fifteen percent (66,000) of these families were married couple families with both parents present. Of this group, seventy percent (46,000) maintained their own households, while thirty percent lived as subfamilies. Eighty-five percent (384,000) of these families were headed by male or female teens whose spouse was not present. Of these, more than eighty percent (315,000) lived as subfamilies and nearly twenty percent (69,000) established their own household (Select Committee on Children and Youth, 1986). "Most teen marriages begin with a pregnancy.

Eight out of ten babies born to married fifteen-and-seventeen-year-old mothers were conceived before marriage. Although the differences in the total number of children borne to early and later childbearers is declining, women who have their first child as a teenager still tend to have larger families. Teen mothers are less likely than older mothers to be married at the time of the birth of their child, and teen marriages are more likely to dissolve than are marriages formed in the post-teen years" (CDF, 1987).

### The Children of Teenage Parents

Perhaps the most important social consequence of the tragedy of teenage pregnancy is the "insidious threat to the lives of the children of teenage parents. Born into poverty as infants to parents who are little more than children themselves" (Ladner, 1986), and into families at high risk for dysfunction and dissolution, these children suffer tremendous educational, health, cognitive and social deficits. Studies have found that the "children of teenage parents tend to be less healthy on the average than other children (Select Committee on Children and Youth, 1986), are at greater risk of lower intellectual and academic achievement, social behavior problems, and problems of self-control (Hayes, 1987), are more likely to repeat at least one grade in school (Ladner, 1986), and are more likely to become teenage parents themselves (Select Committee on Children and Youth, 1986; Ladner, 1986; Hayes, 1987). "As teenage mothers tend to be poor and less well-educated, receive less prenatal care, their children are likely to grow up in disadvantaged neighborhoods, to attend low-quality schools, and grow up in single-parent families (CDF, 1987). These problems are exacerbated by the fact that an increasing number of teen mothers are assuming a larger and major role in the day to day care of their children, as more grandmothers are in the labor force and many others are refusing to accept what was once the traditional responsibility of providing child care for their grandchildren. As a result, a generation is being reared by parents who have little or no preparation for that role. With little education herself, the teenage mother is unable to offer the intellectual nurturing and stimulation that the child needs.

The teen parent has little capacity to tend to routine matters as assisting with homework, meeting teachers on a regular basis, and encouraging the child to progress if there has been an educational failure. The adolescent parent has not had the experiences nor developed the emotional maturity to provide a child with a sense of identity, self-worth and stability. Lacking the proper perspective because the teen parent's psychosocial development has been severely interrupted, she is unable to give the child that which she does not know how to provide. If current trends continue, it is likely that child abuse and neglect will become more heavily correlated with teenage parenthood. The stress of unemployment, the inability to pursue educational opportunities, and to conceptualize the future with positive life options and goals, combined with emotional immaturity, encourages child abuse" (Ladner, 1986). Nevertheless, research indicates that certain health and educational programs can ameliorate these adverse conditions, and that such hardships are less likely to occur when teenage parents have a supportive network of parents and other adult family members (Select Committee on Children and Youth, 1986).

### Adolescent Fathers

The adolescent father has traditionally received little attention. There is a need among professionals for increased awareness of the problem that these young fathers

face and the services that they need. There also has been little attention paid to the male's role and responsibility in family planning and maternal and child health care.

Based on a national survey, it has been estimated that over fifty percent of seventeen year old boys have had sexual intercourse and almost one in five fourteen-year-old boys have had intercourse at least once. However, only two percent of fathers of teenage boys have discussed contraception with their sons, although over fifty-two percent of male teenagers indicated that they want to talk with their parents about sex. The study also revealed that a major factor in a woman's decision to use a contraceptive method is her partner's knowledge, beliefs and attitudes about sexuality and responsibility.

Recognizing that the young male is often forgotten in addressing the problems of teenage pregnancy, many civic and private organizations have begun programs especially designed to reach the adolescent male. Such programs have begun to address the stereotype of the teenage male as "incorrigible" and the characterization of the teenage father as one who victimizes his partner and abandons his family. Research has begun to document the significant impact fathers have on the development of their children, consequently, the teenage father presents an important challenge. These young men have a myriad of problems. Their youth, their limited opportunities, and their scant education all mitigate against easy solutions. However, multifaceted support programs which address the complex needs of adolescent fathers and their young families are required. In addition to such programs, the straight-forward, hard-hitting message, such as that being employed by the National Urban League, "Don't make a baby if you can't be a father," speaks frankly and directly to young males and confronts the mythical association of fatherhood and manhood. This message stresses that both partners bear equal responsibility for family planning and the consequences of sexual intercourse.

### Parental Responsibility

Parents are the primary educators of their children. Traditionally, parents have both a right and a duty to rear their children as they see fit, barring any acts prohibited by law. "Many parents are engaged in a crucial battle for the sexual purity of their children" (McDowell, 1987). However, given the more permissive attitude toward sex in our society, youth today are hard pressed on all sides to conform to current societal standards.

"A variety of antecedents have been examined to determine the factors that affect the chances that a teenager will have a child. Two general sets of characteristics that have been singled out as important antecedents are attitudes or motivations and knowledge of sex and contraception. Although considerable attention is being given to knowledge of sex and contraception, and notwithstanding knowledge is one of the factors involved in the complex set of actions and decisions leading to teenage pregnancy and childbearing, there is reason to believe that attitudes are also an important factor. Without a complementary and supportive set of attitudes that stress the notion of responsibility, knowledge about sex and contraception is not likely to affect behavior. The sexual and contraceptive behavior that would reduce risks of early pregnancy and childbearing requires not only knowledge about sex and contraceptives but also a responsible and concerned attitude. Thus, attitudes may be a critical link between knowledge and behavior" (Hanson, et al., 1987).

Consequently, as parents are the primary educators of their children, it is imperative that they demonstrate "honesty and willingness to discuss sexual issues with their children, to give them complete and correct information" (Potter, 1987) and to transmit such knowledge within the framework of their moral values and standards in order that their children might understand and appreciate the parents' perspectives on this sensitive issue, and to equip them to withstand the peer pressure and the lures of our culture. Parents must teach their children "the positive values of chastity," while providing sound practical reasons for waiting until marriage to engage in sexual intercourse. Parents must establish boundaries and guidelines in the home which nurture trust, a sense of responsibility, protect and demonstrate love and provide consistent, loving discipline. "The influence of parents is an important component in the complex set of factors affecting teenagers' childbearing behavior" (Hanson, et al., 1987). Studies conducted on the relationship between knowledge, attitudes and teenage pregnancy indicate that daughters of parents with traditional family values who communicate with them are less likely to initiate early sexual activity, and that children of parents who hold high educational expectations for their children, monitor homework, encourage and participate in their children's activities, know who their children's friends are, where they are, do not permit early dating, and supervise who they date lower the risks of early parenthood (Ginsburg and Hanson, 1986; Ginsburg, et al., 1987; Flick, 1986; Moore, et al., 1986; Robbins, et al., 1985).

### Public Costs

Early childbearing has a devastating impact on society, for when individuals cannot realize their full educational and occupational potential, society loses their economic contributions. Teenage pregnancy is a financially burdensome problem, exacting a significant toll upon the health care industry and public assistance programs. "The Congressional Budget Office has cited an Urban Institute study which estimated that in 1975, the federal government spent \$8.55 billion in AFDC benefits, Medicaid, and food stamps on AFDC households where the mother was a teenager when she had her first child. A second study cited by the Congressional Budget Office estimated that each of the 442,000 first teenage births in 1979 would cost federal, state, and local governments an average of \$18,700 every year over the next twenty years in additional health and welfare costs (Select Committee on Children and Youth, 1986). A recent study, Estimates of Public Costs for Teenage Childbearing: A Review of Recent Studies and Estimates of 1985 Public Costs, noted that the public cost for teenage childbearing range from \$13,852 to \$18,710 per baby every year (Center for Population Options, 1986). More recent cost estimates are that \$16.7 billion was spent in state and federal funds in 1985 for welfare aid to mothers who had children during their adolescence. In addition, most health insurance providers do not include obstetric services for adolescent mothers in their package of covered services. This contributes to many teenagers foregoing prenatal care, which increases the likelihood of a poor pregnancy outcome as teenage mothers are among the group most at risk for such an outcome. Poor pregnancy outcomes compound the problem, resulting in exorbitantly high expenditures for the medical care of mother and child. With the absence of covered obstetric services from private third party payors, teenage mothers must resort to Medicaid and other public assistance programs to secure necessary medical care. Given the fact that many providers and hospitals are refusing to care for indigent and Medicaid patients, teenage pregnancy complicates an already perplexing problem in the health care delivery system. In addition, if one-half million births occur to teenagers yearly, and if they and their offspring are more likely to require assistance from public

services, public expenditures will increase for programs such as AFDC, Medicaid, food stamps, WIC, Maternal and Child Health and Social Services Block Grants, and Title X. Hence, the public outlay for teenage pregnancy is considerable.

## **THE FAMILY LIFE EDUCATION STANDARDS OF LEARNING OBJECTIVES AND REGULATIONS**

The Joint Subcommittee, in its first report noted that it was not satisfied with the efforts of local school divisions to address the problem of teenage pregnancy in the Commonwealth. It stated that it did not believe that the public interest was served by allowing the public schools in Virginia to continue to choose whether family life education would be taught. As a result, the Joint Subcommittee recommended the passage of House Bill 1413 during the 1987 General Assembly. The bill as originally drafted would have mandated a comprehensive, sequential family life education program in grades K-12 in the public schools of the Commonwealth by 1990 with the following components:

- age appropriate instruction in family living and community relationships, the value of postponing sexual activity, human sexuality, human reproduction, and the etiology, effects and prevention of sexually transmitted diseases;
- instruction designed to promote parental involvement;
- instruction designed to foster positive self concepts and mechanisms for coping with peer pressure and the stresses of modern living; and
- requirements for appropriate training of teachers of family life education.

During the 1987 Session, House Bill 1413, (now § 22.1-207.1 of the Code of Virginia), was amended to require the Board of Education to develop such a curriculum and guidelines, to analyze the fiscal impact of the program and to recommend the apportionment of cost for the program between the state and localities.

The Standards of Learning Objectives reflect the requirements in § 22.1-207.1, (HB 1413), and provide a framework for the development of the family life education curriculum. The Standards are comprehensive in the scope of life skills and information to be covered and sequential in the presentation of the content areas to provide information that proceeds from a very elementary knowledge base and increases commensurately in complexity and sophistication with the developmental stages of children (Department of Education, 1988). The objectives are formulated in a manner to facilitate instruction on the human life cycle from birth unto death, to transmit the living skills necessary for survival, to foster the development of a positive self-concept, to assist children in developing an appreciation for family and community, and to assist children in understanding the awesome range of human potential and complexities in order that they may competently and confidently negotiate the exigencies of life.

The development of the Objectives and the mandating of the Family Life Education program created heated controversy throughout the course of the second

phase of the Joint Subcommittee's study. Various organizations and citizens throughout the Commonwealth expressed their opinions and pressed for both a more liberal approach and a more conservative approach to the program. Following exhaustive work by the Board of Education and the Department of Education and after numerous and extensive consultations with the Joint Subcommittee, the Board approved the Standards of Learning Objectives and Regulations for Family Life Education (Appendix E). In response to the concerns of various interest groups and at the request of the Curriculum and Instruction Committee of the Board, the approved Standards also included new objectives on life-long goals, contraception, human sexuality, instruction for the handicapped, and sex-separated classes. As a result of consultations with the Joint Subcommittee, the Department revised the references to homosexuality to clarify that it was not condoning activities which are illegal in the Commonwealth of Virginia. However, the Board of Education's decision in December, 1987, to mandate the program statewide was made on a 7-2 vote, with Mrs. Sandra A. Vaughan and Senator Adelard L. Brault dissenting. Their dissent was premised, in part, upon their objections to the content of the objectives at the elementary grade level, particularly grades K-3. The controversy regarding the program resulted in several legislative initiatives and floor amendments during the 1988 Session to modify the program and the funding proposal (Appendix C). The most contested features of the program were: the objectives for K-3, the mandatory program components, the lack of local control over the program's contents, provisions for opt-in/opt-out for parents, funding for the program, use of the term "premature sexual relations" as opposed to "premarital sexual relations," and whether the program should be mandatory or optional. The Board of Education proposed by regulation that local school boards which choose to adopt and implement a program which adheres to or exceeds the Standards of Learning Objectives and Regulations approved by the Board of Education shall receive full funding, and local school boards which choose to develop and implement a program which adheres to the regulations, but is determined to be less than the equivalent of the Board approved Standards of Learning Objectives and Regulations, shall receive funding on an equalized basis for the start-up costs of the program, pursuant to the Appropriations Act. Funding on an equalized basis would require state and local apportionment of the costs of the program, usually fifty percent depending on the school division. The start-up costs for the implementation of the program was estimated to be \$5.5 million for the next biennium. The start-up costs include funding for teacher training, preparing and printing curriculum guides, purchasing instructional materials, media information, and the parent/community involvement component. Many school divisions alleged that the "flexibility" which the Board assured was built into the Objectives and Regulations was negated by the mandatory program components and that the funding proposed was a deliberate disincentive to the local development and utilization of programs other than that which was developed and approved by the Board.

The 1988 General Assembly devoted hours of debate and discussion to the program and to the legislation which was introduced. Although the bills were all defeated, several Senate floor amendments to the budget bill were approved and the Governor amended the budget to provide funding for the Family Life Education program. Item 134, § 5 of Chapter 800 of the 1988 Acts of Assembly (the budget bill) states:

"Out of the amounts for financial Assistance for General Education, the Board of Education shall provide \$3,443,292 in the first year and \$1,341,447 in the second year to support the Family Life Education program. Local school divisions shall receive full payments out of these amounts if they implement the Standards of Learning for the Family Life Education Program promulgated by the Board of Education, or, if they implement a family life education program consistent with the guidelines developed by the Board of Education in December 1987 and as revised by the Board of Education anytime thereafter. The guidelines for locally developed programs require age appropriate instruction but do not require sexually explicit material to be taught in the elementary grades. It is further provided that no school division with a qualifying program as determined by the Department of Education shall receive less than \$3,500 in the first year of the biennium and \$1,350 in the second year of the biennium."

It is recognized that the success of the family life education program is dependent upon the active involvement, interest and participation of parents, community in-put, and the availability of qualified teachers. To facilitate the successful implementation of the family life education program, the Standards of Learning Regulations require broad-based community involvement, a publicly announced plan for teaching sensitive content in sex-separated classes, a plan for inclusion of appropriate instruction in family life education in the individualized education plan (I.E.P.) of all handicapped students, a plan that provides age-appropriate instruction, the inclusion of the medical community in the implementation of the program, and the identification of local agencies, organizations and support systems as resources for the program. To facilitate local control in determining the appropriate introduction of course content, local school boards are given the option of reassigning the objectives for grades K-6 to any other grade within the K-6 grade level. School boards are given more limited flexibility within grades 7-12, and may reassign objectives within the 7-12 grade level by only one grade level, up or down. Nevertheless, all family life education programs must include the mandatory program components set out in the Regulations (Appendix E). The program may be adopted for K-12 or K-10, however such scheduling must be accomplished in a manner to avoid interruption and detracting from instruction in the basic skills in elementary schools or in those courses required for graduation in the secondary schools.

The Joint Subcommittee notes the overwhelming expression from those who testified or contacted its members and staff concerning the importance of parental involvement in the development, implementation and participation in the programs. The Joint subcommittee stressed in its first report that:

Resolving the problem of teenage pregnancy is impossible without the participation of parents in the total process, and without the respect for and appreciation of the role, function and responsibilities of parents. Polls on the issue reveal that the public still believes that parents have the primary responsibility for providing sexuality instruction for their children. The poll findings also indicate that parents prefer to determine whether their children will be exposed to sex education and in what form that instruction will be provided. Public support for sex education programs in the public schools declines significantly if such instruction is provided without parental consent (Kenney and Orr, 1984).

The Joint Subcommittee therefore recommends that parental consent be required for participation in family life education programs in Virginia. This condition for participation is consistent with judicially and legislatively recognized exemptions and excusals from certain curriculum requirements under appropriate circumstances, Wisconsin v. Yoder, 406 U.S. 205 (1972); Valent v. New Jersey Board of Education, 114 N. J. Super. 63, 274 A.2d 832 (1971); and federal (P.L. 94-142, the Education for All Handicapped Children Act), and state laws (§§ 22.1-213 to 22.1-221, Code of Virginia) which mandate the accommodation of the unique instructional and related services needs of special education students pursuant to their I.E.P. As a corollary to parental consent for participation in such programs, it is essential that a mechanism also exist to permit parents to repudiate such consent.

In response to this concern, the regulations approved by the Board of Education require that local school boards provide an opportunity for parents and others to review curriculum and instructional materials prior to the beginning of actual instruction. Recognizing that parents have the primary responsibility for providing sexuality instruction for their children, and that many parents, because of their religious beliefs, values or philosophical perspectives, may have objections to the program or to its various components, local school boards must also provide an "opt-out" procedure which will ensure communication with parents to allow them the option of withdrawing their children from all or part of the family life education program.

Meaningful instruction in any educational program is dependent upon available qualified teachers. The approved regulations require that a family life education leader from each grade level shall be identified to assist in training teachers of family life education. Institutions of higher education are requested to work collaboratively with local school divisions in providing re-training and in-service training of teachers and in providing other appropriate technical assistance to ensure an adequate supply of qualified family life educators, and other instructional and administrative school personnel. Family life education leaders will also work with the community involvement team and assist in program implementation and evaluation.

The use of the term "premature sexual relations" as opposed to "premarital sexual relations," and the inclusion of homosexuality, abortion and contraception in the Standards of Learning Objectives prompted extended debate in the General Assembly. It was determined that the inclusion of these topics in the objectives reflects the comprehensive nature of the program, the need to address very emotional, value-laden, controversial issues in order that youth may be able to make responsible well-informed decisions in adulthood, and the values of a pluralistic society. However, many legislators expressed concern that the term "premarital sexual relations," should be used rather than "premature sexual relations" in order that the Standards might be made consistent with the sense and intent of the General Assembly respecting the purpose of family life education programs. Likewise many legislators voiced concern about the need to insure that objectives regarding homosexuality make explicit that sexual activities and conduct declared illegal in Virginia are not condoned. Consequently, the Board of Education amended the Standards to refer to "premarital" instead of "premature" sexual relations. The General Assembly was advised by the Department of Education that the objectives regarding homosexuality had been revised accordingly, and that the regulations approved by the Board also require local school divisions to include instruction on the relevant statutes of the Code of Virginia concerning prohibited sexual acts and conduct in the Commonwealth, and family law, stressing the rights and responsibilities of family members.

## RECOMMENDATIONS

Teenage pregnancy is a problem which confronts all of society. It is a problem too complex for any single solution as many of the mitigating factors are those that are the result of more permissive societal standards and other socioeconomic problems that are not readily amenable to easy and instant solutions. Many of the factors which influence teenage pregnancy and exacerbate the resulting consequences are those created and perpetuated by human compulsion. Other factors and consequences are those which have been allowed to flourish due to failure to address significantly the social and economic deprivation of many of our disadvantaged youth, a reluctance to confront directly the underlying psychosocial factors related to teenage pregnancy, in other than an obscure manner or not at all, and an abrogation of the responsibilities traditionally and rightfully that of our social institutions and community and civic organizations.

The Joint Subcommittee reiterates its position that teenage pregnancy is too complex for any single solution. However, there is much that state government can do through the resources of its vast agencies to effectuate the policies it believes will serve the public interest and promote the common good of the Commonwealth. Nevertheless, there are causative factors which are not amenable to legislative solutions that must be and should be assumed by the family, the religious community, and civic and community organizations which serve youth and their families.

It is the consensus of the Joint Subcommittee that the involvement of all strata of society is essential and critical to abating the problem of teenage pregnancy. The Joint Subcommittee, in its effort to convey the fact that it is absolutely imperative that all Virginians cooperate and all institutions of society resume their respective responsibilities to resolve the problem of teenage pregnancy, offers the following recommendations.

### STATE AGENCIES

#### Education/Higher Education

- 1. The Joint Subcommittee recommends that a comprehensive and sequential family life education curriculum be mandated in the public schools for grades K-12, with all of the provisions as set forth in House Bill 1413, 1987.*
- 2. The Joint Subcommittee recommends that additional funds be allocated in the 1988-1990 budget for the implementation of the Board of Education approved family life education program.*

### DISCUSSION

Considerable debate has ensued in the Commonwealth over the past year concerning the necessity for and the appropriateness of requiring family life education programs in the public schools. In its 1987 report, the Joint Subcommittee stated that:

It is not satisfied with the efforts of local school divisions to address the problem of teenage pregnancy in the Commonwealth. It does not believe that

the public interest is served by allowing the public schools in Virginia to continue to choose whether sex education will be taught . . . Avoidance of the issue by doing nothing is unacceptable and such stagnancy imperils the common good and the ability of the Commonwealth to remediate the problem . . . In strongly recommending that comprehensive and sequential family life education programs be implemented in the public schools of the Commonwealth, it does not intend to convey that such programs alone will significantly modify the behavior of students with a few hours of classroom instruction. This view would be unrealistic as teenagers are socialized by significant others, role models, the media and others with whom they have contact. Although studies on the relationship between knowledge and behavior have not documented empirically that increased knowledge results in changed behavior, studies which have been conducted on the effectiveness of family life education programs in the reduction of teenage pregnancy indicate that teenage girls, in particular, who are sexually active and have had such programs in school seem less likely than others to become pregnant" (Kenney and Orr, 1984).

The Joint Subcommittee believes that given the fact that "forty-four percent of teenage girls and sixty-four percent of teenage boys report that they were sexually active by their eighteenth birthday" (Hayes, 1987), public schools can assist in confronting the problem of teenage pregnancy by offering relevant instruction on human sexuality. It is agreed that the majority of teens understand the rudimentary principles for human reproduction; however, their knowledge of human sexuality is often founded on inaccuracies and misconceptions.

Due to the disparaging depiction of the intent of House Bill 1413 and the characterization of the resulting Standards of Learning Objectives and Regulations as merely "sex education," the Joint Subcommittee reiterates its belief that family life education encompasses the entire human life cycle and provides comprehensive instruction in essential living skills. It is not sufficient that family life education programs provide only basic biological and reproductive facts, as human sexuality is infinitely more than copulation. Likewise, family life education is infinitely more than sex education. As knowledge of human sexuality is incomplete without some acknowledgment of the need to cultivate sound interpersonal relationships and the interdependency of such relationships and sexual intimacy, teens need a complete understanding and an appreciation of the confluence of the affectionate and the physical components of human sexuality. Therefore, the recommendation to require a family life education program in the public schools is intended to address the broader causes of teenage pregnancy as well as other manifestations of the social morass which have been described as the "new morbidity," e.g. suicide, substance abuse, child abuse and neglect, family violence, homicide. Teenage pregnancy is but a symptom of deeper, more complex problems which begs our conscientious and deliberate attention today. Quality family life education programs can be instrumental in addressing the roots of these social problems, deleterious behaviors and life styles which now threaten the fabric of our society. Such programs, when adequately developed and carefully administered, provide a means to address the factors which may contribute to such societal problems as poverty, illiteracy, low academic achievement and single parent families by helping children to establish goals and priorities, to develop a desire and an appreciation for learning, by aiding them

in the development of good parenting skills, sound family management principles, interpersonal relationships and by nurturing self-esteem. Thus, such programs should encompass the breadth of the human experience from birth unto death and seek to prepare youth for assuming the responsibilities and privileges of adulthood.

The Joint Subcommittee believes that family life education is as important as the basic skills in helping youth develop into responsible, productive citizens. However, the implementation of family life education programs which will be effective in providing school age children in the Commonwealth with such vital instruction requires funding at a level which will facilitate the development of quality programs, sufficient instructional materials, parental and community participation, and the training of competent teachers. The Joint Subcommittee requests that additional funds be allocated in the 1988-1990 biennium budget to assist local school boards in the start-up costs for implementation of family life education programs.

*3. The Joint Subcommittee recommends that local school divisions be encouraged to establish alternative education programs for pregnant teens to facilitate their remaining in school.*

### DISCUSSION

Lack of education has been cited in the literature as both a determinant and a result of teenage pregnancy. Individuals who suffer educational deficits often have their hopes and goals, and personal gratification permanently delayed. It is also recognized that the level of education substantially affects income earnings and employment opportunities. "Young girls who give birth while they are in junior high school or high school complete on average fewer years of school, are less likely to earn a high school diploma, and are less likely to go on to college and graduate study than those who delay childbearing until their twenties. The younger the mother at the time of birth, the greater the educational decrement. Teenage fathers are also adversely affected, but not to the same degree as teenage mothers. In sum, the causal relationship between educational completion and age at first birth runs in both directions. The older a young woman at first birth, the more education she is likely to receive; the more years of schooling that a young woman has completed, the more likely she is to delay childbearing" (Hayes, 1987).

These facts demonstrate the necessity for the development of programs and services which would enable pregnant teens and teenage parents to remain in school and to return to complete their education. In Virginia, nearly 17,000 students drop out of school each year. "Twenty-eight percent of girls who drop out do so for health reasons. Many of them are pregnant" (Department of Education, undated). "A number of schools in other states have instituted special programs to help pregnant teenagers and young parents cope with the demands of school and pregnancy. A study of 127 cities in 1979-1980 found that ninety had at least one program for pregnant teenagers. Many such programs were sponsored by local departments of education and others were sponsored by health departments. Medical care, educational strands which frequently provide counseling, special education, nutrition, vocational assistance, GED preparation for returning young parents, special programs for teenage fathers, child care and family life education, are components of many of these programs. Although many public schools in the nation have responded by providing programs in separate facilities, home instruction is also offered to those who desire it. It should also be noted that the enactment of Title IX obligates public schools to help pregnant teens and young parents continue their education" (Kenney, 1987).

*4. It is recommended that the Board of Education require all local school boards to develop a policy and protocol for handling cases of acquired immunodeficiency syndrome and AIDS-related complex within the school environment.*

#### DISCUSSION

AIDS and conditions commonly termed AIDS-Related Complex (ARC) are caused by retroviruses known as human immunodeficiency viruses (HIV). Acquired immunodeficiency syndrome or AIDS is an awesome, fatal disease for which there is no cure. It silently destroys the body's immune system, leaving its victims prey to a myriad of opportunistic diseases. AIDS was first identified in the early 1980's among young white homosexual men suffering from Kaposi's Sarcoma, and Pneumocystis Carinii pneumonia, conditions now associated with persons whose immune systems have been compromised. This disease is transmitted primarily through sexual activity, and also can be transmitted through the use of unsterilized hypodermic needles, intrauterine exposure and other parenteral contact, increasing the risk of exposure to the community-at-large. Precise scientific information on human immunodeficiency viruses and the unique characteristics of HIV is unknown at this time and tests are not available to determine conclusively the diagnosis of AIDS. Consequently, public officials are confronted with many difficult issues in determining the most efficacious course of action to prevent the spread of the disease. Unresolved public policy questions concerning privacy issues, public education and awareness, public school attendance of children who are victims of AIDS, and the rights of victims and the noninfected, are of great significance to parents of school age children, teachers and school administrators. Due to the complexity of the issues posed by AIDS for public schools, especially with the advent of litigation on behalf of afflicted children to permit their attendance at school, the Joint Subcommittee believes that the inclusion of objectives concerning the etiology, effects and prevention of sexually transmitted diseases will prove an effective intervention in reducing the rate of AIDS infection, and that it would be prudent of the Board of Education to require all local school divisions to develop and implement a policy and protocol for handling AIDS and ARC cases which occur in the school environment. In this manner, this very sensitive issue can be approached in a comprehensive and judicious manner in order to avoid public policy developed in haste and in response to hysteria.

*5. It is recommended that the State Council of Higher Education continue its collaboration with institutions of higher education and the Department of Education to provide for the re-training of teachers and in-service training in family life education.*

#### DISCUSSION

The Joint Subcommittee reaffirms its position that the quality of teachers is paramount to the success of any educational program. Family life education is an issue that is central and critical in the lives of human beings. There is no room for error. Teachers who would be assigned the responsibility of teaching family life education must possess broad knowledge of the subject matter, be comfortable with the issues and the language of human sexuality, and demonstrate mastery of the recognized competency and skills of the teaching profession. It is important that such individuals be knowledgeable in the content areas and skillful in his ability to impart the information. They must also be flexible, able to create an atmosphere of trust among parents and students and be

sensitive and respectful of the ideals and values that may be taught in the home. It is imperative that such teachers understand the importance of and accept and assume their position as role models.

It is recognized that a pool of competent teachers are required to provide quality family life education programs. The Board of Education approved regulations provides for the selection of such teachers at the local level. It is proposed that these teachers be re-trained to prepare them to teach family life education and that other administrative and instructional-related personnel be provided in-service training in family life education to equip them to adequately perform their assigned duties in this area. The State Council of Higher Education, the Department of Education, and institutions of higher education are encouraged to continue their collaborative efforts to assist local school divisions in the re-training and in-service training of selected teachers, and to provide such other technical assistance as may be requested to establish a cadre of experienced and qualified teachers.

*6. It is recommended that public institutions of higher education be encouraged to develop and implement innovative programs that provide opportunities for teenage parents to pursue a college education.*

#### DISCUSSION

Data reveal that few teenage parents complete high school or go on to higher education. The data also reveal that teenage pregnancy need not bring a youth's future to an fruitless, disastrous end. With appropriate incentives and interventions, teenage parents can overcome the hindrances posed by early parenthood. However, such incentives and interventions must be present and viable. Institutions of higher education, together with local school divisions, can develop such incentives and offer the needed interventions to assist such youth in rebuilding their futures. Such incentives could take the form of grants-in-aid or scholarships for those teenage parents who successfully complete high school with above average grades, significantly increase their academic standing, demonstrate community service, or complete high school without a repeat pregnancy.

The Joint Subcommittee notes the innovative program at St. Paul's College as among the possibilities that can be achieved. This college provides a program which offers young single mothers an opportunity to obtain a college education. These mothers are allowed to bring their young children with them to live on the campus at moderate costs, are granted financial assistance, and child care is available on campus for their children while they attend classes.

*7. The Joint Subcommittee endorses early childhood developmental programs for at-risk youth.*

#### DISCUSSION

Characteristics which are used to determine "at-risk" for the purposes of early interventions through developmental childhood education programs are the same factors which contribute to teenage pregnancy. The children of teenage parents "appear to be at higher risk of a variety of educational, health and behavioral problems. As they grow older, the children of teen parents appear to be at greater risk of lower intellectual and

academic achievement, social behavioral problems, and problems of self-control. They score consistently lower on I.Q. tests, on vocabulary and block design tests. The children's I.Q. scores decline by approximately one point for every year of schooling that their mother does not complete. Such children are usually from single-parent homes, are more likely to be absent, truant, disruptive in school and ultimately to drop out of school than children from two-parent families" (CDF, 1987). The children of teenage parents are more likely to become teenage parents themselves than are children of parents who delayed early childbearing.

Longitudinal studies conducted on at-risk young children who participated in quality early developmental childhood education programs indicate that such programs can "help prevent scholastic failure, improve the intellectual performance of such children, reduce such children's need for special education or to repeat a grade level, reduce juvenile delinquency, teenage pregnancy, unemployment and the need for welfare assistance" (Schweinhart, 1985). Lawrence J. Schweinhart noted in the report of one such study, *Changed Lives: The Effects of the Perry Preschool Program on Youths Through Age Nineteen*, "that rate of teenage pregnancies among girls in the program group was 64 pregnancies per 100 girls, compared to 117 pregnancies per 100 girls in the control group. Investment in quality early developmental childhood education programs are cost-effective. Major benefits include reductions in the cost for special education programs, crime, welfare assistance and an additional tax base due to increased lifetime earnings. Schweinhart noted further that "total benefits to taxpayers amount to about \$28,000 per participant, which is nearly six times the initial cost of a one-year program, or three times the cost of a two-year program."

### Health/Mental Health

8. *The Joint Subcommittee recommends that the State Department of Health and the Departments of Mental Health, Mental Retardation and Substance Abuse Services and Social Services provide components in their family planning programs and services that meet the needs of diverse populations, i.e. minorities, rural Virginians, the handicapped, teenage parents and nonsexually active teenagers.*

### DISCUSSION

Teenage pregnancy is not a problem unique to any particular socioeconomic, racial, ethnic or cultural group, or geographical area, therefore, it must be acknowledged that given the diversity of Virginia's population, one single solution will not suffice in all instances. Virginia's citizens represent a broad range of cultures, religions, ethnic groups, interests, values, weaknesses and strengths. Thus, programs designed to assist them in an area as personal as family planning must be provided sensitively, acknowledging social and cultural differences and diverse needs. Programs offered by these agencies must include components which address the needs of rural and urban Virginians, Blacks and Hispanics, the handicapped, teenage parents, Virginians who have language difficulties, (e.g. English as a second language), and nonsexually active teenagers. The programs must also recognize the various views and needs in the community regarding the appropriateness and use of various contraceptive devices and techniques.

9. *The Joint Subcommittee recommends that the State Health Department work with local communities to increase the accessibility of family planning services for teenagers.*

*10. The Joint Subcommittee recommends that the State Health Department cooperate and assist the Department of Education in providing needed health services to school age children and the delivery of the family life education program in the public schools.*

*11. The Joint Subcommittee recommends that funds be appropriated in the 1988-1990 budget biennium to fund the additional responsibilities to be assumed by the State Health Department in the implementation of the family life education program.*

*12. It is recommended that the State Health Department provide information and technical assistance to local school divisions upon request in the handling of cases of acquired immunodeficiency syndrome and AIDS-related complex within the school environment.*

## DISCUSSION

It has been noted previously in this report that a significant number of school age youth are sexually active by the time they reach their eighteenth birthday. Data indicate that among this group, pregnancy usually results within the first six months after initiation of sexual activity. However, it has been noted that many such teenagers do not or cannot avail themselves of family planning services due to lack of "accessibility." Often local health departments are open at hours during which time youth are unable to frequent them. In addition, testimony presented to the Joint Subcommittee indicated that youth also suffer from some of the same health problems which plague adults, and in many instances some youth do not receive adequate health care. Throughout the Commonwealth, the provision of needed school health services is fragmented and inconsistent. Such services are often added to the responsibilities of the assistant principal, guidance counselors and the school secretary. The reality of AIDS has permeated every area of society, including our schools. To date, in Virginia, there have been fourteen reported pediatric cases of AIDS. A few have been among school age children. Our public schools are being required to address a myriad of social problems which were not as prevalent in years past. Unfortunately, these problems will not be resolved easily or quickly. Consequently, we must address them forthrightly in order that our schools may proceed with the primary mission for which they have been charged. It is the position of the Joint Subcommittee, therefore, that whether to provide family planning services to teenagers, and where, must remain the province and at the discretion of the community.

The Joint Subcommittee, while acknowledging the overlapping of administrative duties among state agencies, believes that these areas are not the sole responsibility of public education, nor is it the responsibility of public schools to administer health policy or to ensure and protect the health and safety of the citizens of the Commonwealth. This mandate and the expertise to effectuate the State's health policies and programs is that of the State Department of Health. Therefore, the Joint Subcommittee recommends that the State Department of Health work with local communities to increase the accessibility of family planning services for teenagers at hours or locations convenient for them, assist the Department of Education in providing needed school health services in areas which lack them, assist in the implementation of the family life education program by providing expertise in the instruction of health related matters, and assist local school divisions upon request with the development of a policy and protocol for the handling of AIDS and ARC cases within the school environment.

The Joint Subcommittee recommends that funds be appropriated in the 1988-1990 budget biennium to assist the State Health Department in carrying out these additional responsibilities.

*13. The Joint Subcommittee recommends that the Better Beginnings Coalition of the Department of Mental Health, Mental Retardation and Substance Abuse Services assist parents and community groups in establishing crisis hot lines for teens throughout the Commonwealth.*

#### DISCUSSION

Testimony presented to the Joint Subcommittee indicate that crisis hot lines serve a very beneficial purpose in providing youth confidential access to information and counseling during crises and other episodal events in their lives. Hot lines also provide youth and others with critically needed interventions to impede rash and harmful actions. Hot lines can also be effective in providing information on other available community resources. The Better Beginnings Coalition, begun in 1982 as a Department initiative by Joseph J. Bevilacqua, Ph.D., former Commissioner of Mental Health and Mental Retardation, has had since its inception the purpose of improving the conditions which hinder a positive, healthy and productive start in life to many children in the Commonwealth. The focus of the program at that time became the prevention of teenage pregnancy. Through funding which was provided by the State Health Department, the Coalition offers several mini-grants to local communities to assist in the development of teenage pregnancy prevention projects. The Joint Subcommittee believes that the networking is available through local Better Beginnings coalitions to assist parents and community groups which desire crisis hot lines with the development and implementation of such hot lines.

#### Social Services/Children/Medical Assistance Services/Prevention

*14. The Joint Subcommittee recommends that for the purpose of child support enforcement, teenage fathers who have not reached the age of eighteen, but for whom paternity of a child has been established legally, be fully bound by the law as if such father had attained the age of eighteen years.*

*15. The Joint Subcommittee recommends that the Department of Social Services implement a mechanism to facilitate the follow-up of the legal establishment of paternity by teenage fathers and to aggressively seek compliance with child support laws by such fathers.*

*16. The Joint Subcommittee recommends that the Department of Social Services pursue efforts to update Virginia's paternity and child support enforcement laws.*

#### DISCUSSION

"There are a half million births to teenagers each year in this country. Today, one young woman in five becomes a mother before reaching her twentieth birthday" (Savage and Roberts, undated). Given the "high and increasing poverty rates of American children with absent parents," (Lerman, 1986) "adolescent childbearing has a significant impact on this nation's welfare system. Over one-half of the expenditures in the Aid to Families with Dependent Children (AFDC) program were for households in which the mother was

a teenager at the time of the birth of her first child. Estimates of the dollar cost of early parenthood ranged from five billion in AFDC expenditures and one billion in Food Stamp benefits yearly to 8.3 billion for total government welfare and health costs over a twenty year period for 442,000 births to teenagers in 1979. Adolescent pregnancy is an important component of welfare dependency" (Rivera-Caslae, et al., 1984).

Most pregnant teenagers and young parents experience financial difficulties as a result of early parenthood and are provided financial support through public support or private assistance from the male partner or their families (Rivera-Casale et al., 1984). "Due to burgeoning public costs to sustain such families, increased attention in being given to enhanced child support enforcement to secure support from absent fathers. Traditionally, child support enforcement services have not been aggressively pursued and have been considered as having limited financial potential where teenage parents are concerned. "Although the absent parent's ability to pay may be quite modest or extremely limited, this view toward absent fathers should not prevent state officials from seeking to legally establish paternity and to pursue collection from such fathers. Although child support enforcement will not deter teenage pregnancy or eliminate welfare dependency, reinforcement of the responsibility and accountability to support one's offspring must be made real" (Rivera-Caslae, et al., 1984).

Efforts to bring increased emphasis on the dual responsibility of both mother and father for the care and support of their children by requiring minimal payment, albeit symbolic, from absent fathers at any time in which he is employed during the first eighteen years of his child's life must be implemented. The benefits of pursuing the establishment of paternity and child support from absent fathers is borne out in the "emotional benefits children receive from knowing that their fathers are trying to help care for them," and in the cost savings to the public in reduced welfare costs (CDF, 1987).

*17. The Joint Subcommittee recommends that the Departments of Medical Assistance Services and Social Services investigate and pursue, where appropriate, federally sanctioned options to extend the benefits and services of federally funded health care and welfare programs to pregnant teenagers and their children.*

## DISCUSSION

The high rate of teenage pregnancy is a significant factor in the high rate of infant mortality. Teenage mothers are at a much greater risk of giving birth to a low birthweight (less than 2,500 grams or 5 pounds, 8 ounces at birth) or premature baby than are other mothers. Low birthweight is considered one of the leading causes of infant mortality and is associated with increased occurrence of mental retardation, birth defects, growth and developmental problems, blindness, autism, cerebral palsy, epilepsy, and severe lung congenital diseases as respiratory distress syndrome. Data indicate that black mothers are more likely than white mothers to give birth before age eighteen and almost eight times more likely to do so under age fifteen, which means that black mothers have more births at an age which correlates with the highest percentage of low birthweight babies. In Virginia, an average of 1,000 infants die each year, and in 1985, twenty percent of such deaths were attributed to teenage mothers.

Although there has been a reduction in the infant mortality rate in Virginia, it still remains above the national average of 10.6 per 100,000 women and the infant mortality rate for minority babies still more than double that for whites" (Legislative Task Force on Infant Mortality, 1986).

*18. The Joint Subcommittee recommends that the Department for Children work cooperatively with and assist parents, public schools and community organizations in providing directories and guides of community resources to teenagers.*

#### DISCUSSION

Testimony presented to the joint Subcommittee reveal a need to make the availability of programs and services in the community known to teens and their parents. Dissemination of this information would enable teens and their families to utilize needed services to a greater extent. The Joint Subcommittee therefore recommends that the Department for Children provide assistance to parents, schools and community groups in making local resources known to teenagers and their families.

*19. The Joint Subcommittee recommends that the Virginia Council on Coordinating Prevention monitor initiatives undertaken by state and local agencies, business and industry, private nonprofit and community organizations to prevent teenage pregnancy, determine whether further legislative action is required and report its findings and recommendations to the Governor and the 1989 General Assembly.*

*20. The Joint Subcommittee recommends that funds be appropriated to fund the Virginia Council on Coordinating Prevention in order that it might execute the duties and responsibilities mandated by § 9-267 et seq. of the Code of Virginia.*

#### DISCUSSION

The 1987 General Assembly created the Virginia Council on Coordinating Prevention to coordinate the preventive programs provided by the various state agencies. Prevention programs in Virginia include educational, social, health, mental health, substance abuse, correctional and the like, which are a part of the Commonwealth's effort to ameliorate and prevent chronic problems among citizens. The Council is charged with the development of a state plan for prevention which "shall coordinate and integrate the planning efforts of the state agencies and the private sector in order to provide a broad prevention agenda for the Commonwealth, enable communities to design and implement prevention programs that meet the identified needs of the community and facilitate the development of interagency and broad-based community involvement in the development of prevention programs.

It is not the Joint Subcommittee's intent that the Council should focus singly on the prevention of teenage pregnancy, but it reasons that programs to prevent teenage pregnancy are but one type of prevention program included within the purview of the Council. After careful and diligent review of the findings of its two-year study on teenage pregnancy, it is the Joint Subcommittee's position that there is a need to coordinate the many varied efforts being initiated to serve the same target population with limited state resources, to allow participation of the private sector and to enable localities to develop and implement programs which meet their needs.

The Council would logically serve as the entity to which this responsibility and authority has been given by the Legislature. The Council, having been established in statute, would provide the stability and permanency needed at the state level to provide long-term oversight of such programs and initiatives, and the accountability to the General Assembly through its reporting requirement. State policy respecting prevention programs and the needs of citizens can thus be determined wholistically and cost-effectively.

The Joint Subcommittee recognizes the fact that the Council did not receive an appropriation to employ staff and to execute its responsibilities. Therefore, the Joint Subcommittee recommends that sufficient funds be appropriated in the 1988-1990 budget biennium to allow the Council to proceed with its mandate. To do otherwise would defeat the purpose of the Council and delay the benefits which would accrue financially to the Commonwealth.

#### Employment/Training/Dropouts

21. *The Joint Subcommittee supports the Governor's Employment and Training Department's request for a general fund initiative to establish within the Department innovative demonstration projects for the integration and coordination of employment, training and support services provided by the Department and the Department of Social Services to assist teenage parents and hard-to-serve welfare clients.*

22. *The Joint Subcommittee supports the Governor's Employment and Training Department's request for a general fund initiative to establish within the Department demonstration projects to provide coordination of dropout prevention programs and employment, training and educational services provided by the Governor's Department, local school divisions and community colleges.*

#### DISCUSSION

The lack of proper and adequate marketable skills hinders one's occupational future and prevents economic independence. The Joint Subcommittee supports the efforts of the Governor's Employment and Training Department to coordinate the various vocational and employment related services to at-risk youth and the economically disadvantaged.

23. *The Joint Subcommittee recommends that business and industry in Virginia develop mentor programs in their communities to help foster the work ethic, and provide positive role models and incentives to succeed.*

24. *The Joint Subcommittee recommends that business and industry explore the feasibility of establishing scholarships for at-risk youth who successfully complete high school pursuant to certain eligibility criteria, e.g. academic excellence, good school attendance and citizenship, economically and socially disadvantaged, without a pregnancy.*

#### DISCUSSION

The Joint Subcommittee recognizes the need for the direct participation of business and industry in the prevention of teenage pregnancy. Roles which the business community could undertake are many. However, at-risk youth especially need opportunities which stimulate self-confidence, offer success and a sense of achievement

while fostering responsibility. These youth need positive role models to whom they can look for guidance and in whom they can see that success is attainable. The business community is in a unique position to provide such stimuli. The Joint Subcommittee strongly recommends that business and industry explore opportunities to assist at-risk youth in building a sound future, as one of the best preventatives for teenage pregnancy is hope for a productive future.

#### Public/Nonprofit/Community Organizations

Although the Joint Subcommittee singled out education as the initial offensive on teenage pregnancy during the first year of its study, and in this report has directed further recommendations to other state agencies, it recognizes that it is not the responsibility of the public schools or state government alone to resolve the problem of teenage pregnancy. Other social institutions have an equal responsibility and a vital role to play in the remediation of the crisis as well. The following recommendations reflect the Joint Subcommittees findings in areas which are significantly related to teenage pregnancy, but do not permit a legislative solution. Nevertheless, it is the Joint Subcommittee's position that it is essential that these matters be openly addressed and that it would be remiss in its responsibility to do otherwise. The remediation of teenage pregnancy requires the committed service of all Virginians.

*25. The Joint Subcommittee recommends that community organizations which serve children and youth aggressively seek parental participation in the development and implementation of such organizations' programs and services.*

*26. The Joint Subcommittee recommends that civic and community organizations which serve children and youth conscientiously select representatives and workers who are sensitive and responsive to the desires of parents when counseling youth concerning sexual matters and life choices.*

*27. The Joint Subcommittee encourages youth-oriented organizations such as Boys' Clubs and Girls' Clubs to provide constructive responsible adult supervised activities for youth and to promote its "say no to sex" campaign for teenagers in local communities.*

*28. The Joint Subcommittee encourages YMCA's and YWCA's to exert a greater effort to make facilities and programs available to disadvantaged youth and their families at low or no cost.*

*29. The Joint Subcommittee encourages Boy Scouts and Girl Scouts associations to develop initiatives which will rekindle the spirit of scouting, the building of good citizenship and the fostering of a sound character in the youth which they serve.*

*30. The Joint Subcommittee encourages youth-oriented organizations to work cooperatively to develop "role model" programs within their respective communities.*

*31. The Joint Subcommittee encourages nonprofit civic and community organizations to provide service opportunities for youth, e.g. companions to the elderly, candy strippers, volunteer assistance to the handicapped.*

## DISCUSSION

"Creative community involvement is required to promote responsible decisions about sexuality and other issues of concern to youth. Programs and services should be geared to enhance youth's self-esteem, self-confidence to abstain from sex and to promote the active involvement of parents in youth activities" (Buie, 1987). There is much that community and civic groups can do to provide positive experiences and productive leisure time and learning activities for youth that are consistent with community standards. Youth need opportunities to serve others and to see themselves as contributing members of the community. The availability of programs that allow youth to explore future career options and assist them in adhering to goal-directed decisions provide hope and help them to achieve their goals. The Joint Subcommittee also stresses the need for civic and community groups and organizations which serve youth to seek and encourage the participation of parents in the organizations' activities. The Joint Subcommittee further urges such organizations and groups to cultivate a sensitivity to the desires of parents when counseling youth about sexual matters and life choices and to select workers who are responsive to the desires of youth and their parents. Data indicate that where parents are actively involved in their children's activities, behavior, interest, and self-esteem are positively affected.

*32. The Joint Subcommittee encourages churches and related religious organizations to assume responsibility for providing moral education and leadership, the instilling of values, the promoting of the value of the family and family unity, and the fostering of self-esteem in the youth that they serve.*

*33. The Joint Subcommittee encourages churches and related religious organizations to provide youth-oriented activities and opportunities for family activities which promote interaction, communication, unity and fellowship.*

*34. The Joint Subcommittee encourages churches and related religious organizations to establish support groups for nonsexually active teenagers and provide family-centered instruction on human sexuality and family living skills which are consistent with their doctrines, standards and beliefs.*

## DISCUSSION

There was a time in United States history when unmarried adolescents played a lesser role in childbearing than is the case today. The question thus arises - why are so many teenagers in America willing to take the risks of out-of-wedlock pregnancies, early marriages and contracting sexually transmitted diseases? "For nearly 1,900 years, western civilization managed its teenage pregnancy problems through the creation and defense of an ascetic moral code. Under its terms, marriage was ordained by God and sustained by the institutional church as the only legitimate sexual bond. Human sexuality was channeled away from destructive and self-indulgent goals and toward fruitful, positive, and socially stable ends. While no system works perfectly, it worked reasonably well" (Carlson, 1986).

Today, however, a more permissive attitude toward sex and changing morals and values have lifted the restraints which once minimized adolescent pregnancy. For many individuals, our nation is now a society divided between two moralities. Family and church may advocate one set of morals and values while peers, the community, role models, and the media may advocate another.

Young people are bombarded with explicit and implied incentives for engaging in sexual activity in all forms - television, music, movies, advertisements, etc. As a result, many young people are suspended between two poles without the will to say "no", yet uncomfortable with sexually active lives. Unfortunately, the price of the coexistence of two opposing moral systems is a high and increasing level of teenage pregnancy (Carlson, 1986).

Considerable debate now rages in our society over what some perceive as a lack of moral direction, values versus value-free and the appropriateness of moral education in the public schools, particularly in family life education programs. Many churches and related religious organizations have picked up the gauntlet and increased their efforts to provide moral leadership and instruction, and family ministry. The Joint Subcommittee encourages such efforts as it is appropriate that the religious community be actively involved in reaching our youth to urge them from making decisions that adversely affect their future. The Joint Subcommittee encourages the religious community to provide support for youth who have decided to remain sexually unactive, as it is important that these youth have a strong support system that will undergird them in their decision and provide continued encouragement and incentives that will sustain them in their resistance of peer pressure. The religious community is also encouraged to provide human sexuality education to youth to facilitate the impartation of such information within the context of moral values and the consistency of its doctrines, standards or beliefs. Research on the relationship of attitudes, knowledge, family interaction and religiousness to teenage pregnancy reveal that active church involvement and activities which strengthen communication between parents and children and foster family unity are interventions that have been shown to be negatively correlated to teenage pregnancy. Studies conducted regarding the relationship between religiousness and teenage pregnancy indicate that "adolescents with strong religious attachments and whose religious values include sanctions against sex outside of marriage have reduced chances of unwed pregnancy" (Hanson, et. al., 1987; Ginsburg and Hanson, 1986; Ginsburg, et al., 1987; Flick, 1986; Moore, et al., 1986; Robbins, et al., 1985; Potter, 1987; McDowell, 1987; Wells, 1988).

*34. The Joint Subcommittee recommends that the print and broadcast media and advertisers in the Commonwealth and the nation be notified of the Legislature's concern regarding the effect of broadcasting sexually explicit and suggestive programs and commercials, the glamorization of sexual promiscuity and the lifestyles of celebrities on youth, and that means be devised to inform teenagers of the benefits of saying "no" to nonmarital sex, the problems of early parenthood and sexually transmitted diseases.*

*35. The Joint Subcommittee encourages state agencies to strengthen their cooperative efforts with representatives of the media to enhance joint efforts to prevent teenage pregnancy.*

*36. The Joint Subcommittee recommends that the Congress be memorialized to review the anti-trust laws regarding the media in order to enable the industry to govern itself.*

## DISCUSSION

The media have become a burgeoning multi-billion dollar industry and an omnipresent conduit for messages of all types which permeate every area of living. Considerable attention has been given to the pervasive message advanced by the media and its effect on today's youth.

It is maintained by some monitors of the mass media that the media's overwhelming interest in sex has created an intellectual climate of extreme permissiveness. The U.S. Bureau of the Census has determined that "the average American family has a television set turned on almost seven hours every day. Teenagers watch nearly 30 hours of television each week. They also listen to the radio for over 20 hours each week. By the time they graduate from high school teenagers have spent more time watching television than being in school. The media rank either just ahead or just behind peers and parents as the greatest forces influencing the values and behavior of teenagers. Television programming is replete with sexual comment, innuendo, and behavior" (JNMA, May, 1986). One study pointed out that during one year of average viewing, Americans are exposed to approximately 9,230 scenes of suggested sexual intercourse, sexual comment or innuendo. Another study of sex on soap operas pointed out that television portrays six times more extramarital sex than sex between spouses. It also indicated that 94 percent of the sexual encounters on soap operas are between people not married to each other. On any given day television viewers are exposed to between 70 and 90 commercials. These commercials use sex (innuendo and direct suggestion) to sell cars, travel, soft drinks, wine, toothpaste, clothes and almost anything else (JNMA, May, 1986).

In addition, it should be mentioned that the more than 20 hours of listening to the radio are filled to a large degree with sexually explicit lyrics of current pop chart songs (e.g., "I Want Your Sex" by George Michael, "Like A Virgin" by Madonna, "Sexual Healing" by Marvin Gaye). Some maintain that this is the height of hypocrisy for the same television and radio stations which use sex to attract viewers and listeners refuse to air advertisements for contraceptives (JNMA, May, 1986) or to broadcast programs which counter the new norm of sexual promiscuity and value relativism. "Thus, one can assume that it is all right for teenagers to see sexual intercourse performed, hear how good it feels, see and hear how good it looks, learn the techniques of foreplay, when to do them and under what circumstances, observe sexual aberrations, adulterous and incestuous relationships, and witness 'care free' romantic, titillating, brief sexual encounters that are spontaneous and slightly illicit which begin as a flaming, coruscating rise followed by a smoking burnt-out afterglow, but it is not all right for teenagers to know how to prevent the natural consequence of sexual intercourse, or the fact that certain diseases, sometimes fatal diseases, can be transmitted through copulation" (JNMA, May, 1986). The media is also remiss in exposing young viewers to the need to be responsible for their sexual conduct, the advantages of refraining from premarital sexual intercourse or the repercussions of pervasive sexual licentiousness on the individual and to society. In addition, there is a "formidable and persistent array of media pressures against monogamous marriage. The word, 'love', is constantly and repetitiously used as a synonym for intercourse or its preliminaries. Hence, sex is not linked to selflessness, responsibility, procreation, commitment or intimacy, but to a strong inner-directed desire for self-gratification" (Diamond and Diamond, 1985). This portrayal of love is not the foundation upon which sound, loving and stable marriages and families are built and sustained.

Other charges levied at the media include its glamorization of the lives of celebrities. Tom Winship, editor of the Boston Globe and president of the American Society of Newspapers, stated that the "new tone and content of life style and living sections of most newspapers have degenerated into over designed pages of glicksy entertainment people, glamorous people and glamorous homes. Advertisements advance the notion, look like a sex pot and make it" (CDF, 1986).

Much attention is given in the media to the life styles of entertainment people, their current sex affairs, divorces, live-in temporary mates and children out-of-wedlock, all with the inference that these choices are acceptable life styles worthy of emulation. One Parade article was given to starlets with illegitimate children who have not experienced any negative consequences upon having their children and do not view marriage as a positive undertaking. News coverage of the births of their illegitimate children are glorified birth announcements. Unfortunately, many youth who may view certain celebrities as role models do not make an association between the wealth of the celebrity and the ability to provide for such children and his own lack of education, skills and training and very limited financial capacity to provide for any children he may have. Youth rarely are exposed to the stress and heartaches that befall the glamorous as they attempt to deal with severed relationships, broken families and multiple step-families.

Although the media's record concerning its handling of sex is dismal and perhaps deserving of criticism for its alleged role in promoting the sexual life styles that are prevalent today, the inclusion of sex, per se, in the media is not inappropriate; however, there is a need for sex in the media be treated with respect and propriety. In countering the effects of the media on youth, it has been suggested by Tom Winship that "citizens pressure the broadcast media into serving something other than raw sex by contacting the advertisers of programs and notifying local television and radio affiliates of the community's displeasure of certain ads and programming. Readers can insist that newspapers return to or include useful family advice in their life style and living sections and that this information include family situations, raising children during difficult times and occasional success stories. It is difficult to effect large societal changes without the cooperation of mainstream press, therefore citizens must make their concerns known to the media as they do respond to pressure."

The Joint Subcommittee was advised that the interpretation of a U.S. Department of Justice ruling that the media's former Code of Conduct violated anti-trust laws prohibits the industry from collectively addressing an issue of concern to it. Therefore, the Joint Subcommittee recommends also that the Congress be memorialized regarding the need to allow the media to established a code of conduct for self-governance.

It is the Joint Subcommittee's opinion that reducing teenage pregnancy requires the collective effort of the media, citizens and government. In this regard, the Joint Subcommittee encourages state agencies to cultivate and strengthen their relationships with representatives of the media to enhance their joint efforts and to ensure the success of collaborative endeavors to prevent teenage pregnancy.

## CONCLUSION

The Joint Subcommittee has probed the various factors related to teenage pregnancy, sought the assistance of professionals in a multidisciplinary approach, and entertained the several views of those citizens who contacted the Board of Education, the members of the Joint Subcommittee and its staff. The Joint Subcommittee believes that its focus on education as an appropriate and effective prevention strategy in the initial offensive against teenage pregnancy is one the most efficacious and beneficial initiatives that are available. However, it recognizes that it is not the sole responsibility of public education or state government to address this tragic problem.

Other social institutions must resume their responsibilities and contribute their time, talents and resources to helping our youth avoid decisions that may result in a very limited future. The Joint Subcommittee acknowledges the fact that education alone is not the panacea for teenage pregnancy, and that abatement of the problem rests with the collective and collaborative efforts of every segment of society. There is an undeniably critical role and place for the family, the church, the school, professionals of all disciplines, civic organizations, and youth-oriented associations in this endeavor. Recognizing the immediate need to reduce teenage pregnancy, the Joint Subcommittee urges the inclusion of parents and the community in the development and implementation of all family life education programs and any other efforts that may have this goal.

Proposed legislation which is directed to the public schools of the Commonwealth, other state agencies and social institutions, as well as legislation considered by the 1988 Session of the General Assembly regarding family life education programs, and the Board-approved Standards of Learning Objectives and Regulations, are appended to this report.

The Joint Subcommittee appreciates the assistance of all state agencies, and it especially thanks Mrs. Frances Lewis, the Curriculum, Instruction and Personnel Committee of the Board of Education, and the people of the Commonwealth for their contributions to this study.

Respectfully submitted

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## APPENDIX

- A. **House Joint Resolution No. 280  
House Joint Resolution No. 61  
House Bill 1413, (1987)  
§22.1-207.1, Code of Virginia**
- B. **Proposed Legislation**
- C. **Other Related Legislation, 1988 Session of the General Assembly**
- D. **Tables: 1986 Total Teenage Pregnancy Terminations**
- E. **Standards of Learning Objectives and Regulations for Family Life Education**
- F. **Dissent in Part of Delegate S. Vance Wilkins, Jr.**

APPENDIX A  
1987 SESSION

LD9035530

HOUSE JOINT RESOLUTION NO. 280

Offered January 27, 1987

*Requesting the continuation of the joint subcommittee studying teenage pregnancy.*

Patrons—Munford, Maxwell, Cooper and Wilkins; Senators: Gartlan and Schewel

Referred to the Committee on Rules

WHEREAS, House Joint Resolution No. 61 established a joint subcommittee to study the problem of teenage pregnancy in the Commonwealth; and

WHEREAS, the joint subcommittee, having found a need to provide accurate information regarding human sexuality and dynamics of family living, has recommended the implementation of comprehensive and sequential family life education programs in the public schools for grades K-12; and

WHEREAS, the joint subcommittee determined that there is a relationship between poverty, illiteracy and teenage pregnancy and has recommended certain programs to provide work/study training and employment opportunities for teenage parents and at-risk youth; and

WHEREAS, although the subcommittee has addressed many issues and potential solutions, no single policy or legislative proposal can provide a practical course of action to prevent future teenage pregnancies; and

WHEREAS, as a consequence, a more careful and deliberate examination of the issues is essential to fashioning other appropriate and feasible preventive strategies; and

WHEREAS, it is the consensus of the joint subcommittee that appropriate and deliberate action be undertaken to abate this tragedy; and

WHEREAS, the joint subcommittee has determined that it lacks sufficient time to conduct a comprehensive inquiry as to teenage pregnancy's causative factors to recommend further legislative action at this time; now, therefore, be it

RESOLVED by the House of Delegates, the Senate concurring, That the joint subcommittee studying teenage pregnancy shall be continued.

As part of its deliberations, the subcommittee shall review, among other issues, the following proposals:

1. Full-time nurses in schools and school health care procedure;
2. Character education programs in grades K-12 in public schools;
3. Coordinated family planning counseling for teenagers and disadvantaged youth;
4. Establishing hot-lines for information for teenagers;
5. Advertising practices pertaining to sexual information;
6. Roles of state, municipal and community organizations in family planning education programs and services;
7. Notification requirements pertaining to abortion and contraceptives; and
8. Counseling of teenage parents and information on child support enforcement.

The current membership of the joint subcommittee shall continue to serve.

The joint subcommittee shall complete its work no later than November 15, 1987, and thereafter submit its recommendations to the 1988 Session of the General Assembly.

The indirect costs of this study are estimated to be \$13,045; the direct costs of this study shall not exceed \$5,400.

# GENERAL ASSEMBLY OF VIRGINIA -- 1986 SESSION

## HOUSE JOINT RESOLUTION NO. 61

*Requesting the House Committees on Education and on Health, Welfare and Institutions and the Senate Committees on Education and Health and on Rehabilitation and Social Services to study the problem of teenage pregnancy in the Commonwealth.*

Agreed to by the House of Delegates, February 10, 1986

Agreed to by the Senate, February 28, 1986

WHEREAS, teenage pregnancy is a chronic problem of national magnitude, threatening the social fabric and burdening the health care industry and financial structure of society; and

WHEREAS, one-half of the \$170,728,946 expended by the Aid to Dependent Children program in Virginia during the last fiscal year went to families headed by mothers who had their first children as unmarried teenagers; and

WHEREAS, teenage pregnancy rates in the United States were determined to be seven times higher than those found in European countries with comparable rates of teenage sexual activity; and

WHEREAS, it is estimated that four out of every ten fourteen-year-old girls in the United States will become pregnant before the age of twenty; and

WHEREAS, in 1984 there were 10,444 live births, 8,687 induced abortions and 741 natural fetal deaths attributed to women age seventeen and under in Virginia; and

WHEREAS, the rate of teenage pregnancy in Virginia places the state among states with the highest rates of teenage pregnancy; and

WHEREAS, less than half the school divisions in Virginia offer programs of family life education; and

WHEREAS, teenage pregnancy is one of the leading causes of infant mortality because very young mothers are more likely to have a poor pregnancy outcome such as premature birth, preterm birth or a low birth weight baby; and

WHEREAS, Virginia's rate of infant mortality ranks among the highest in the country; and

WHEREAS, teenagers who have their education interrupted by a pregnancy usually never complete their education, frequently lack job skills and employment opportunities and often become financially dependent upon public social and health programs; and

WHEREAS, many states are studying this issue, including a new Wisconsin statute which places financial responsibility for the children of teenage parents upon the grandparents until the teenage parents reach the age of majority; and

WHEREAS, urgent steps are necessary to prevent teenage pregnancies in order to provide our young people with futures full of opportunities; now, therefore, be it

RESOLVED by the House of Delegates, the Senate concurring, That the House Committees on Education and on Health, Welfare and Institutions and the Senate Committees on Education and Health and on Rehabilitation and Social Services are requested to establish a joint subcommittee to study the problem of teenage pregnancy in the Commonwealth and to develop recommendations to reduce the incidence of teenage pregnancy through means such as, but not limited to, education, service delivery and financial responsibility.

The joint subcommittee shall consist of six members, two members each of the House Committees on Education and on Health, Welfare and Institutions to be appointed by the Speaker of the House and one member each of the Senate Committees on Education and Health and on Rehabilitation and Social Services to be appointed by the Senate Committee on Privileges and Elections.

The joint subcommittee shall complete its work prior to November 15, 1986.

The direct and indirect costs of this study are estimated to be \$14,970.

1987 SESSION  
ENGROSSED

HP7214530

HOUSE BILL NO. 1413  
AMENDMENT IN THE NATURE OF A SUBSTITUTE  
(Proposed by the House Committee on Education on  
February 6, 1987)  
(Patron Prior to Substitute—Delegate Munford)  
House Amendments in [ ] - February 8, 1987

A BILL to amend the Code of Virginia by adding a section numbered 22.1-207.1, relating to family life education.

Be it enacted by the General Assembly of Virginia:

1. That the Code of Virginia is amended by adding a section numbered 22.1-207.1 as follows:

§ 22.1-207.1. Family life education.—The Board of Education shall develop by December 1, 1987 standards of learning and curriculum guidelines for a comprehensive, sequential family life education curriculum in grades K through 12. Such curriculum guidelines shall include instruction in family living and community relationships, the value of postponing sexual activity, human sexuality, human reproduction, and the etiology, prevention and effects of sexually transmitted diseases. [ All such instruction shall be designed to promote parental involvement, foster positive self concepts and provide mechanisms for coping with peer pressure, and the stresses of modern living according to the students' developmental stages and abilities. ] The Board shall also establish by December 1, 1987, requirements for appropriate training for teachers of family life education.

By December 1, 1987, the Board of Education shall provide the House Committee on Appropriations and the Senate Committee on Finance on analysis of the state and local fiscal impact of implementing a mandatory statewide family life education program and a recommended apportionment of state and local funding such programs if not otherwise determined by law.

Official Use By Clerks

Passed By  
The House of Delegates  
without amendment   
with amendment   
substitute   
substitute w/amdt

Passed By The Senate  
without amendment   
with amendment   
substitute   
substitute w/amdt

Date: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Clerk of the House of Delegates

\_\_\_\_\_  
Clerk of the Senate

*Programs and Courses of Instruction Generally.*

**§ 22.1-207.1. Family life education.** — The Board of Education shall develop by December 1, 1987, standards of learning and curriculum guidelines for a comprehensive, sequential family life education curriculum in grades K through 12. Such curriculum guidelines shall include instruction as appropriate for the age of the student in family living and community relationships, the value of postponing sexual activity, human sexuality, human reproduction, and the etiology, prevention and effects of sexually transmitted diseases. All such instruction shall be designed to promote parental involvement, foster positive self concepts and provide mechanisms for coping with peer pressure and the stresses of modern living according to the students' developmental stages and abilities. The Board shall also establish by December 1, 1987, requirements for appropriate training for teachers of family life education.

By December 1, 1987, the Board of Education shall provide the House Committee on Appropriations and the Senate Committee on Finance an analysis of the state and local fiscal impact of implementing a mandatory statewide family life education program and a recommended apportionment of state and local funding for such programs if not otherwise determined by law. (1987, c. 371.)

**1988 SESSION**

**VIRGINIA ACTS OF ASSEMBLY - CHAPTER 782**

*An Act to amend and reenact § 20-61.1 of the Code of Virginia, relating to support of children of unwed parents by minor father.*

[H 609]

Approved APR 11 1988

Be it enacted by the General Assembly of Virginia:

1. That § 20-61.1 of the Code of Virginia is amended and reenacted as follows:

§ 20-61.1. Support of children of unwed parents by father; evidence of paternity.— Whenever in proceedings hereafter under this chapter concerning a child whose parents are not married, a man admits before any court having jurisdiction to try and dispose of the same, that he is the father of the child or the court finds that the man has voluntarily admitted paternity in writing, under oath, or if it be shown by other evidence beyond reasonable doubt that he is the father of the child and that he should be responsible for the support of the child, the court may then enter and enforce judgment for the support, maintenance and education of such child as if the child were born in lawful wedlock.

*In any proceeding to establish paternity or enforce an obligation for support and maintenance of a child of unwed parents, a male between the ages of fourteen and eighteen who is represented by a guardian ad litem pursuant to § 8.01-9 and who has not otherwise been emancipated shall not be deemed to be under a disability as provided in § 8.01-2. The court may enter an order establishing the paternity of the child based upon an admission of paternity by such male made under oath before the court or upon such other evidence as may be sufficient in law to support a finding of paternity. The order may provide for support and maintenance of the child by the father and shall be enforceable as if the father were an adult.*

Such other evidence that the man is the father of the child shall be limited to evidence of the following:

(1) That he cohabited openly with the mother at the probable time of the conception of the child; or

(2) That he gave consent to a physician or other person, not including the mother, charged with the responsibility of securing information for the preparation of a birth record that his name be used as the father of the child upon the birth records of the child; or

(3) That he allowed by a general course of conduct the common use of his surname by the child; or

(4) That he claimed the child as his child on any statement, tax return or other document filed and signed by him with any local, state or federal government or any agency thereof; or

(5) Results of medically reliable genetic blood grouping tests, which tests may include the human leukocyte antigen (HLA) test.

The findings of a court hereunder shall not be used against the man in any manner except for the specific purposes of this chapter and for the purposes of descent and distribution pursuant to Title 64.1.

Notwithstanding the provisions of § 19.2-271 or any other law, the judge or other court officer before whom a man has admitted paternity of any child, whose support is the subject of any proceeding brought under the provisions of this chapter, may testify, in any court having jurisdiction to conduct proceedings under this chapter, as to any admission of paternity made by such man in his court and as to any other facts directly affecting the relevancy or probative value of such admission.

# 1988 SESSION

LD2443530

## HOUSE JOINT RESOLUTION NO. 102

Offered January 26, 1988

*Memorializing Congress to allow the broadcast media to establish a code of conduct for sexually explicit content.*

Patrons—Munford, Maxwell, Cooper and Wilkins; Senators: Schewel and Gartlan

Referred to the Committee on Rules

WHEREAS, an estimated one million teenage girls become pregnant in the United States each year, and in the Commonwealth of Virginia in 1987, nearly 20,000 teenage girls became pregnant; and

WHEREAS, the tragic outcomes of teenage pregnancy result in wasted lives, unfulfilled hopes and costly remedial social and public assistance programs, and cost approximately \$16.5 billion in 1985 in federal and state funds to support these young, fragile families; and

WHEREAS, the Virginia General Assembly studied the problem of teenage pregnancy over the past two years and addressed the myriad of factors associated with the high rate of teenage pregnancy and multiple ways of preventing this problem; and

WHEREAS, the U.S. Bureau of the Census has determined that "the average teenager watches nearly thirty hours of television each week, listens to the radio for over twenty hours each week, and by the time they graduate from high school, teenagers have spent more time watching television than being in school"; and

WHEREAS, Census Bureau has also found that "the media rank either just ahead or just behind peers and parents as the greatest forces influencing the values and behavior of teenagers and television programming is replete with sexual comment, innuendo, and behavior"; and

WHEREAS, studies have revealed that (i) during one year of average viewing, Americans are exposed to approximately 9,230 scenes of suggested sexual intercourse, sexual comment or innuendo, (ii) television portrays six times more extramarital sex than sex between spouses, (iii) ninety-four percent of the sexual encounters on soap operas are between people not married to each other, and (iv) on any given day television viewers are exposed to between seventy and ninety commercials which use sex, innuendo and direct suggestion, to sell cars, travel, soft drinks, wine, toothpaste, clothes and almost anything else; and

WHEREAS, the more than twenty hours of listening to the radio are filled to a large degree with sexually explicit lyrics of current pop-chart songs; and

WHEREAS, during the course of the study, the General Assembly determined that the constant exposure of youth to sexually explicit and suggestive broadcasting may negatively influence their decisions regarding their sexual conduct; and

WHEREAS, there is much that the media can do to change their image and to expose young viewers to the need to be responsible for their sexual conduct, the advantages of abstaining from nonmarital sexual intercourse, and the repercussions of adolescent sexual activity on the individual and on society; and

WHEREAS, representatives of the broadcast media have indicated their willingness to cooperate in addressing the problem of teenage pregnancy by responding to community concerns for alternative viewing and for policing the airing of sexually explicit content to youth; and

WHEREAS, media representatives have noted that although some affiliates now provide public service announcements concerning AIDS, advertisements for condoms, and air specials on the problems of teenage pregnancy and adolescent parenthood, the media maintain that they are enjoined from controlling the airing of sexually explicit content; and

WHEREAS, representatives of the broadcast media have advised the General Assembly that, pursuant to a U.S. Department of Justice ruling, the industry's Code of Conduct violated anti-trust laws, and broadcasters are prohibited from collaboration on matters of

1 concern to them; and

2 WHEREAS, the General Assembly was further advised that this ruling unwittingly  
3 provided opportunities for increased sexually explicit and suggestive broadcasting; and

4 WHEREAS, the General Assembly believes that the ability of broadcasters to establish a  
5 code of conduct for the broadcasting of sexually explicit and suggestive programs and  
6 advertising would help to diminish the accessibility and negative effects of such  
7 broadcasting on youth; now, therefore, be it

8 RESOLVED by the House of Delegates, the Senate concurring, That the Congress of the  
9 United States is hereby memorialized to allow the broadcast media to establish a code of  
10 conduct for sexually explicit content; and, be it

11 RESOLVED FURTHER, That the Clerk of the House of Delegates transmit copies of  
12 this resolution to the Speaker of the United States House of Representatives, the President  
13 of the Senate of the United States, and the members of the Virginia delegation to the  
14 United States Congress, that they may be apprised of the sense of the General Assembly of  
15 Virginia in this matter.

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# 1988 SESSION

LD1598530

## HOUSE JOINT RESOLUTION NO. 103

Offered January 26, 1988

*Requesting certain state agencies to assist in the prevention of teenage pregnancy.*

Patrons—Munford, Maxwell and Cooper; Senators: Schewel and Gartlan

Referred to the Committee on Rules

WHEREAS, the Joint Subcommittee Studying the Prevention of Teenage Pregnancy was continued by the 1987 General Assembly to study further the causes of teenage pregnancy and ways in which it may be prevented and reduced in the Commonwealth; and

WHEREAS, the Joint Subcommittee recommended House Bill 1413 which required the Board of Education to develop Standards of Learning and guidelines for a comprehensive and sequential family life education program; and

WHEREAS, subsequent to the passage of House Bill 1413 by the 1987 General Assembly, the Joint Subcommittee continued its study, addressing the myriad of issues related to teenage pregnancy and maintaining close communication with the Board of Education in the development of the family life education program and with other relevant state agencies regarding other initiatives to stem the high rate of teenage pregnancy; and

WHEREAS, the joint subcommittee determined that there is a need for the provision of family planning services which acknowledges and recognizes the unique needs of diverse populations in Virginia, the need for accessible, confidential counseling and information, crisis hot lines for teenagers in crisis or at risk for adolescent parenthood, and a need for wider dissemination of information about community resources to teenagers and their parents; and

WHEREAS, the problem of teenage pregnancy is multifaceted, requires a multidisciplinary approach; and several state agencies have responsibility for serving children and their families in the Commonwealth, and appropriately so, given the diversity in statutory obligations and levels of expertise; and

WHEREAS, the business and the corporate community and many private, nonprofit, community groups have also begun initiatives to address the problem of teenage pregnancy; and

WHEREAS, the prevention of teenage pregnancy is more cost-effective than remediation of the adverse consequences of such pregnancies, thereby resulting in reduced costs for social and public assistance programs for teenage parents and their children; and

WHEREAS, it is the position of the joint subcommittee that a mechanism be instituted to continue the monitoring, development and coordination of state programs and services that adhere to the Comprehensive Prevention Plan, facilitate private, nonprofit initiatives and corporate and community participation, and marshal and coalesce the efforts of youth, parents and every facet of the community to reduce and prevent teenage pregnancy; and

WHEREAS, the ability to ensure state agency participation, adherence to state policies, goals and objectives, and the efficient, effective implementation and delivery of such programs and services is essential to the success of reducing and preventing teenage pregnancy, and therefore must be the responsibility of a state agency or the coordinated responsibility of the relevant state agencies which have been delegated the statutory authority to administer programs and services to children and their families and for prevention services, and the funding and qualified staff to execute this mammoth mission; now, therefore, be it

RESOLVED by the House of Delegates, the Senate concurring, That certain state agencies are requested to assist in the prevention of teenage pregnancy. The Secretary of Human Resources is requested to designate an agency or coordinate the overlapping responsibilities of relevant agencies to carry out the tasks enumerated herein.

The Departments of Health, Social Services, and Mental Health, Mental Retardation and Substance Abuse Services are requested to provide components in their family planning

1 programs and services that meet the needs of diverse populations, i.e. minorities, rural  
 2 Virginians, the handicapped, teenage parents and nonsexually active teenagers. The  
 3 Department of Health is requested to work with communities to increase the accessibility  
 4 of family planning services to teenagers. The Department of Mental Health, Mental  
 5 Retardation and Substance Abuse Services, through its program Better Beginnings Coalitions,  
 6 is requested to assist community groups that desire the implementation of crisis hot lines  
 7 for teenagers. The Department for Children is requested to work cooperatively with and  
 8 assist parents, public schools and community organizations in providing directories and  
 9 guides of community resources to teenagers and their parents.

10 The Secretary of Human Resources, the Departments of Health, Social Services, Mental  
 11 Health, Mental Retardation and Substance Abuse Services, and for Children shall submit a  
 12 written report on the status of the implementation of their respective charges stated herein  
 13 to the Clerk of the House of Delegates for the House Committee on Education and to the  
 14 Clerk of the Senate for the Senate Committee on Education and Health by December 1,  
 15 1988.

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# 1988 SESSION

LD1526530

## HOUSE JOINT RESOLUTION NO. 104

Offered January 26, 1988

*Endorsing the Family Life Education Standards of Learning Objectives and Regulations and teenage pregnancy prevention efforts.*

Patrons—Munford, Maxwell, Cooper and Wilkins; Senators: Schewel and Gartlan

Referred to the Committee on Rules

WHEREAS, during the second year of its study, the Joint Subcommittee Studying the Prevention of Teenage Pregnancy, having continued its analysis of the causes of, the myriad of issues related to, and ways by which the problem of teenage pregnancy may be remediated, having collaborated with the Board of Education in the development of the Standards of Learning Objectives and guidelines for a comprehensive and sequential family life education program, endorses such Standards and the regulations; and

WHEREAS, although the initial offensive on teenage pregnancy has been focused on education, the Joint Subcommittee recognizes the need for numerous state agencies to address this problem and to present a concerted effort to arrest the incidence of teenage pregnancy, it recommends that:

1. For the purpose of child support enforcement, teenage fathers who have not reached the age of eighteen, but for whom paternity of a child has been legally established, be fully bound by the law as if such father had attained the age of eighteen years;

2. The Department of Social Services implement a mechanism to facilitate the follow-up of the legal establishment of paternity by teenage fathers, aggressively seek the compliance of such fathers with child support laws, and pursue efforts to update Virginia's paternity and child support enforcement laws; and

WHEREAS, the Joint Subcommittee believes that there are causative factors which are not amenable to legislative solutions, and that remedial efforts to address these factors can more appropriately and should be assumed by the family, the religious community, and civic and community nonprofit organizations which serve youth and their families, it recommends that:

3. The print and broadcast media and advertisers in the Commonwealth and the nation be notified of the concern of the General Assembly regarding the effect of broadcasting sexually explicit and suggestive programs and commercials, the glamorization of sexual promiscuity and the lifestyles of celebrities on youth, and that the industry be encouraged to devise means to inform teenagers of the benefits of saying "no" to nonmarital sex and the problems of early parenthood and sexually transmitted diseases;

4. Business and industry in Virginia be encouraged to develop "mentor" programs in their communities to help foster the work ethic, provide positive role models and incentives to succeed, and explore the feasibility of establishing scholarships for at-risk youth who successfully complete high school pursuant to certain eligibility criteria, e.g., academic excellence, good attendance and citizenship, economic and social disadvantage, or without a pregnancy.

5. Civic and community organizations which serve children and youth be encouraged to conscientiously select representatives and workers who are sensitive and responsive to the desires of parents when counseling youth concerning sexual matters and life choices, and provide for the active participation of parents in their children's activities and for service opportunities for youth, e.g., companions to the elderly, candy strippers, volunteer assistance to the handicapped.

6. Youth-oriented organizations such as Boys' and Girls' Clubs, and Boy and Girl Scouts be encouraged to continue to provide constructive responsible adult-supervised activities for youth and to promote abstinence for teenagers in local communities.

7. Churches and related religious organizations be encouraged to continue to assume responsibility for providing moral education and leadership, the instilling of values, to

1 support nonsexually active teenagers in their decision to remain so, and to provide  
2 instruction on human sexuality and family living skills which are consistent with their  
3 doctrines, standards and beliefs; now, therefore, be it

4 RESOLVED by the House of Delegates, the Senate concurring, That the Department of  
5 Social Services, business and industry, the media, the religious community and other  
6 youth-oriented community and civic organizations be encouraged to carry out the respective  
7 charges recommended herein; and, be it

8 RESOLVED FURTHER, That the Clerk of the House of Delegates prepare a copy of  
9 this resolution for presentation to the Department of Social Services, the State Chamber of  
10 Commerce, the Virginia Association of Broadcasters, the Virginia Council of Churches, the  
11 Virginia Baptist General Convention, and the United Way of Greater Richmond in order  
12 that these organizations may be apprised of the sense of this body.

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APPENDIX C  
1988 SESSION

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**HOUSE BILL NO. 573**

Offered January 25, 1988

*A BILL to amend the Code of Virginia by adding a section numbered 22.1-207.2 relating to family life education.*

Patrons—Councill, Jones, R. B., Wilkins, Reynolds, Hawkins, Bloxom, Parker and Finney;  
Senators: Holland, R. J. and Houck

Referred to the Committee on Education

Be it enacted by the General Assembly of Virginia:

1. That the Code of Virginia is amended by adding a section numbered 22.1-207.2 as follows:

*§ 22.1-207.2. Local requirements for family life education.—If all of the instructional components set forth in § 22.1-207.1 are included in the local, comprehensive, sequential program, no local school board shall be required to implement a family life education program pursuant to the Board of Education's guidelines and standards of learning unless full funding is provided by the Commonwealth. In addition, a local school board may shift, as it deems appropriate, any and all of the objectives included in the Board's standards of learning for family life education to any grade.*

2. That an emergency exists and this act is in force from its passage.

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1988 SESSION

LD1552459

HOUSE BILL NO. 837

Offered January 26, 1988

A BILL to amend the Code of Virginia by adding a section numbered 22.1-207.2 relating to family life education.

Patrons—Finney, Councill, Reynolds, Hanger, Stosch, McClanan, Forehand, Woods, Hargrove, Harris, R. E., Orebaugh, Brickley, Creekmore and Martin; Senators: Buchanan, Colgan and Benedetti

Referred to the Committee on Education

Be it enacted by the General Assembly of Virginia:

1. That the Code of Virginia is amended by adding a section numbered 22.1-207.2 as follows:

§ 22.1-207.2. Local option for family life education program.—Local school boards shall have the option of implementing a locally developed family life education program, a program structured to match the Board of Education's standards of learning and guidelines for family life education or not implementing any family life education program.

2. That an emergency exists and this act is in force from its passage.

Official Use By Clerks

Passed By The House of Delegates

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Clerk of the House of Delegates

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1988 SESSION

LD2089455

HOUSE BILL NO. 907  
Offered January 26, 1988

A BILL to amend the Code of Virginia by adding a section numbered 22.1-207.2, relating to family life education.

Patrons—Dicks, Forehand, Reynolds, Finney, Stosch, Council and Woods; Senator: Gray

Referred to the Committee on Education

Be it enacted by the General Assembly of Virginia:

1. That the Code of Virginia is amended by adding a section numbered 22.1-207.2 as follows:

§ 22.1-207.2. Legislative intent; local requirements for family life education program; funding.—The General Assembly believes that there is great need to promote traditional family values among the young people of the Commonwealth through the implementation of a state-wide family life education program. While the General Assembly recognizes that such a program will not, in and of itself, provide a solution to the problems of teenage pregnancy, the incidence of sexually transmitted diseases, the use of illegal drugs among young people or reduce the number of young people dropping out of school, the General Assembly firmly believes that such a program will, when coupled with commitments from the family, church and community at large, have a positive impact on these problems.

Every local school board shall develop and implement a family life education program in grades 6 through 12 which shall include instruction as appropriate for the age of the student in family living and community relationships, the value of postponing sexual activity, human sexuality, human reproduction, and the etiology, prevention and effects of sexually transmitted diseases. All such instruction shall be designed to promote parental involvement, foster positive self-concepts and mechanisms for coping with peer pressure and the stresses of modern living according to the students' developmental stages and abilities.

Each local school board shall, throughout the family life education program, emphasize that homosexuality and other sexual activities, including cohabitation, are prohibited by law in the Commonwealth and include instruction on the applicable statutory law relating to sexual conduct and misconduct and family life such as those statutes concerned with marriage, support and abuse and neglect of children.

Each local school board shall also develop and implement a procedure to allow all parents or other persons having control or charge of a child to "opt out" of the family life education program. During the time that any family life education unit or class is being taught, each child whose parent has chosen to "opt out" shall be provided bonafide instruction.

Each local school board shall also (i) appoint a community involvement team which includes broad community representation such as parents, clergy, health professionals, school administrators, teachers and others; (ii) provide, annually, opportunity for parents and other interested parties to review the curriculum and instructional materials prior to the beginning of actual instruction; (iii) require those individuals selected to teach the family life education program to participate in the training program sponsored by the Department of Education; (iv) appoint a family life education leader for each grade level to assist in training instructors, to work with community involvement team and to assist in program implementation and evaluation; (v) involve medical professionals, where appropriate, to help teach the content of the family life education curriculum and to serve as resources to students and parents; (vi) ensure that local training and follow-up activities involve the community in understanding and implementing the family life education program; (vii) identify and use local agencies, organizations and support systems as resources for the family life education program; and (viii) announce publicly a plan for teaching sensitive content in sex-separated classes.

1988 SESSION

LD2293594

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**HOUSE BILL NO. 975**

Offered January 26, 1988

*A BILL to amend the Code of Virginia by adding a section numbered 22.1-207.2, relating to family life education.*

\_\_\_\_\_  
Patron—Wilkins  
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Referred to the Committee on Education

Be it enacted by the General Assembly of Virginia:

1. That the Code of Virginia is amended by adding a section numbered 22.1-207.2 as follows:

*§ 22.1-207.2. Certain matters prohibited.—No school board shall implement any course, unit or program which encourages, directly or indirectly, any sexual behavior other than abstinence prior to marriage.*

Official Use By Clerks

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The House of Delegates

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1988 SESSION

LD2295594

HOUSE BILL NO. 976

Offered January 26, 1988

A BILL to amend the Code of Virginia by adding a section numbered 22.1-207.2, relating to homosexuality.

Patron--Wilkins

Referred to the Committee on Education

Be it enacted by the General Assembly of Virginia:

1. That the Code of Virginia is amended by adding a section numbered 22.1-207.2 as follows:

§ 22.1-207.2. Certain subject matter prohibited.--No school board shall implement any course, unit or program which portrays homosexuality as other than deviant, dangerous and illegal.

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1988 SESSION

LD2278475

HOUSE BILL NO. 1072  
Offered January 26, 1988

A BILL to amend the Code of Virginia by adding a section numbered 22.1-207.2, relating to family life education.

Patron—Hanger

Referred to the Committee on Education

Be it enacted by the General Assembly of Virginia:

1. That the Code of Virginia is amended by adding a section numbered 22.1-207.2 as follows:

§ 22.1-207.2. Local requirements for family life education program.—Prior to July 1, 1990, no local school board shall be required to adopt and implement the family life education program approved by the Board of Education. In addition, state funding shall not be withheld from any local school board choosing to implement a family life education program, whether such program shall be based on the standards of learning approved by the Board or shall be an appropriate program developed locally.

The Board of Education shall monitor pilot programs to determine if such programs have any effect on reducing the rates of teenage pregnancy.

All local school boards shall be required to implement a family life education program by July 1, 1990. All such programs shall share in a state funding.

Official Use By Clerks

Passed By  
The House of Delegates

- without amendment
- with amendment
- substitute
- substitute w/amdt

Passed By The Senate

- without amendment
- with amendment
- substitute
- substitute w/amdt

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Clerk of the House of Delegates

Clerk of the Senate

1988 SESSION

LD1449459

HOUSE BILL NO. 1097

Offered January 26, 1988

1  
2  
3 A BILL to amend the Code of Virginia by adding a section numbered 22.1-207.2, relating  
4 to family life education.

5  
6 Patrons—Finney, Councill, Martin, Hagood, Reynolds, Hanger, Stosch, Woods, Hargrove,  
7 Harris, R. E., Orebaugh, DeBoer, Brown, Brickley and Creekmore; Senators: Colgan and  
8 Benedetti

9  
10 Referred to the Committee on Education

11  
12 Be it enacted by the General Assembly of Virginia:

13 1. That the Code of Virginia is amended by adding a section numbered 22.1-207.2 as  
14 follows:

15 § 22.1-207.2. Requirement for "opt-in."—Local school boards shall develop procedures for  
16 allowing parents or any other person in charge of a child to "opt-in" to the family life  
17 education program.

18 2. That an emergency exists and this act is in force from its passage.

Official Use By Clerks

Passed By  
The House of Delegates

- without amendment
- with amendment
- substitute
- substitute w/amdt

Passed By The Senate

- without amendment
- with amendment
- substitute
- substitute w/amdt

Date: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Clerk of the House of Delegates

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Clerk of the Senate

1988 SESSION

LD1868146

SENATE BILL NO. 339  
Offered January 26, 1988

A BILL to amend the Code of Virginia by adding a section numbered 22.1-207.2, relating to family life education.

Patron—Russell

Referred to the Committee on Education and Health

Be it enacted by the General Assembly of Virginia:

1. That the Code of Virginia is amended by adding a section numbered 22.1-207.2 as follows:

§ 22.1-207.2. Local requirements for family life education program; funding.—Every local school board shall implement a family life education program in grades 6 through 12 which include the curriculum components set forth in § 22.1-207.1. Local school boards shall have the option of implementing a locally developed family life education program or a program structured to comply with the Board of Education's standards of learning and guidelines for family life education. Each local school board shall develop and implement a procedure to provide all parents or other persons having charge of a child to "opt-out" of the family life education program.

From such funds as are appropriated, each local school board shall be provided funding for the implementation of such program.

Official Use By Clerks

Passed By The Senate

- without amendment
- with amendment
- substitute
- substitute w/amdt

Passed By The House of Delegates

- without amendment
- with amendment
- substitute
- substitute w/amdt

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Clerk of the Senate

Clerk of the House of Delegates

1988 SESSION

LD2292594

SENATE BILL NO. 372

Offered January 26, 1988

A BILL to amend the Code of Virginia by adding a section numbered 22.1-207.2, relating to family life education.

Patron—Joannou

Referred to the Committee on Education and Health

Be it enacted by the General Assembly of Virginia:

1. That the Code of Virginia is amended by adding a section numbered 22.1-207.2 as follows:

§ 22.1-207.2. Family life education.—No family life education program shall be implemented in this Commonwealth unless such program includes a course designed to encourage abstinence prior to marriage.

Official Use By Clerks

Passed By The Senate

- without amendment [ ]
with amendment [ ]
substitute [ ]
substitute w/amdt [ ]

Passed By The House of Delegates

- without amendment [ ]
with amendment [ ]
substitute [ ]
substitute w/amdt [ ]

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Clerk of the Senate

Clerk of the House of Delegates

# 1988 SESSION

LD3081103

**SENATE JOINT RESOLUTION NO. 60**  
**AMENDMENT IN THE NATURE OF A SUBSTITUTE**  
(Proposed by the House Committee on Rules  
on March 4, 1988)

(Patron Prior to Substitute—Senator Barker)

*Acknowledging the U.S. Secretary of Education and the U.S. Surgeon General's Statement on AIDS Education and sexual abstinence for teenagers.*

WHEREAS, on January 30, 1987, U.S. Secretary of Education William J. Bennett and U.S. Surgeon General C. Everett Koop stated that:

"AIDS is a serious threat to our citizenry. Education has a fundamental role to play in teaching our young people how to avoid that threat. With the appropriate involvement and approval of parents and the local community, schools should help teach young people about the danger of AIDS.

1. Our young people deserve the best scientific information about this disease, and the ways in which it is transmitted. The federal government has a responsibility to provide such information to local educational authorities.

2. As in other areas, decisions as to the proper timing, particular course content, and the like are fundamentally ones for states and local communities to make. But if schools do not teach sex education, such courses should include a discussion of the threat posed by AIDS. And as with sex education courses in general, it is especially important in a sensitive area like this one that school officials consult widely with parents, local public health officials and community members to determine when and how to introduce such material into the classroom.

3. . . . AIDS education (as part of sex education in general) should uphold monogamy in marriage as a desirable and worthy thing.

4. AIDS education guided by these principles can help protect our children from this terrible disease. But an AIDS education that accepts children's sexual activity as inevitable and focuses only on 'safe sex' will be at best ineffectual, at worst itself a cause of serious harm. Young people should be taught that the best precaution is abstinence until it is possible to establish a mutually faithful monogamous relationship."

WHEREAS, the Surgeon General's Report on AIDS and the Standards of Learning for Family Life Education adopted by the State Board of Education make it clear that the best way to avoid AIDS is a mutually faithful monogamous sexual relationship, and until it is possible to establish and maintain such a relationship, abstinence is safest; and

WHEREAS, this Statement on AIDS Education presents a clear and appropriate policy for providing needed education on one of the most important public health concerns of our time; now, therefore, be it

RESOLVED by the Senate, the House of Delegates concurring, That this body hereby acknowledges the Statement on AIDS Education and encourages the State Board of Education and local school boards to include these principles in the AIDS education programs which they may implement; and, be it

RESOLVED FURTHER, That the Clerk of the Senate prepare a copy of this resolution for presentation to the Board of Education and the several local school boards in the Commonwealth in order that they may be apprised of the sense of this body.

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## FACT SHEET

## TEEN PREGNANCIES IN VIRGINIA

1. The numbers and rates of pregnant teenagers in Virginia have been decreasing since 1980, except for a slight increase in rate for 1986. The number of teenagers who became pregnant in 1980 was 22,700 and by 1986 the number had dropped to 19,827. See Table I.
2. The rate of teen pregnancy (number of teenage females per 1,000 females) dropped from a high of 89.5 in 1980 to 83.4 in 1986. Table I.
3. Although the number and rate of 15 to 19 year old teens has shown a marked decrease in the seven year period, the teenage girls 14 and under have shown an increase. Table I.
4. Live births to all teenagers have decreased both in numbers and rate since 1980. However, live births to teens 14 and under have increased. Births to all teens decreased from 12,120 in 1980 to 10,475 in 1986. Births to teens 14 and under increased from 231 in 1980 to 286 in 1986.
5. The numbers of illegitimate babies born to Virginia teenagers has been increasing since 1980. For those 14 and under the percentage increased from 87.9 in 1980 to 92.0 in 1986. For those 15 - 19, the percentage increased from 49.9 in 1980 to 60.5 in 1986. Table I.
6. Induced abortions have decreased among all teenagers since 1980. In 1980 the number was 9,733 and in 1986 there were 8,563.
7. The average rate of pregnancy (83.4) in 1986 was surpassed by 49 counties or cities with the highest rate occurring in Petersburg at 178.0. This pregnancy rate is for girls 15 to 19. Table III.
8. Among girls 14 and under, the average rate for the state was 3.5 per 1,000. There were 39 cities/counties which ranked higher than the average. The highest ranking locality was Emporia with 21.9 rate. Table IV.
9. Between 1983 and 1987, the State Department of Health, Family Planning clinics served an increasing number of younger teenagers. Those under 15 years of age increased clinic use from 1401 in 1983 to 1,599 in 1987. Those 15 - 17 years of age had increases from 13,158 to 13,985 during the same period. However, those aged 18 to 19 decreased in clinic visits from 16,317 to 14,041. The general population of teenagers was showing a decrease during the same period of time. Table V.

Source: Va. State Dept. of Health, 1987.

# FACT SHEET

## SEX AND PREGNANCIES AMONG AMERICAN TEENAGERS

1. Approximately 50 per cent (44% girls, 64% boys) of America's teenagers report having experienced sexual intercourse before they reach the age of 18. (1986 Harris Poll).
2. Thirty-five per cent of teenagers between 15 and 19 report being sexually active on a regular basis.
3. Over 1 million teenagers become pregnant each year. About 70% of these pregnancies are unintended.
4. Of the total pregnancies each year:
  - Over 52 per cent result in live births
  - Over 42 per cent result in induced abortions
  - Over 5 per cent result in spontaneous abortions.
5. One-third of the live births are to married couples.
6. Two-thirds of the babies born to teenagers are born out of wedlock.
7. Unwed teenager mothers very rarely give up their babies for adoption. It is estimated that ninety per cent of white and virtually all black teen mothers keep their children.
8. Teenagers tend to wait an average of one year between initiation of sexual intercourse and the first attempt to use any type of contraception.
9. There are over 600,000 families with children five years old or younger headed by mothers aged 14-25. Two-thirds of these families are living below the officially designated poverty level.
10. Six out of ten women in families receiving Aid to Families with Dependent Children payments had given birth as teenagers.
11. Teenage sexual activity and unintended pregnancy affects all groups of socio-economic classes, ethnic groups, urban areas and suburban and rural areas as well as religious denominations.
12. Teenagers do not seem to learn much about sexuality from their parents. The Harris Poll stated that 50 per cent of teens would be nervous or afraid to bring up the subject of sex or birth control with their parents.

Sources include The Alan Guttmacher Institute  
Information compiled by J. Bailey, State Dept. of Health

	1975	1980	1981	1982	1983	1984	1985	1986
<b>TOTAL TEEN PREGNANCIES</b>								
Under 15 years	673	638	621	597	603	631	660	699
15 - 19 years	20,141	22,062	21,162	20,468	19,617	19,241	19,204	19,128
TOTAL PREGNANCIES	20,814	22,700	21,783	21,065	20,220	19,872	19,864	19,827
<b>TEEN PREGNANCY RATE (per 1,000 females, age 15-19)</b>								
	84.4	89.5	87.6	86.1	83.9	83.6	82.7	83.4
<b>LIVE BIRTHS TO TEENS</b>								
Under 15 years	296	231	242	250	234	225	254	286
15 - 19 years	13,266	11,889	11,306	10,981	10,500	10,219	10,242	10,189
TOTAL BIRTHS	13,562	12,120	11,548	11,231	10,734	10,444	10,496	10,475
<b>PER CENT OF ILLEGITIMATE BIRTHS TO TEENAGERS</b>								
Under 15 years	83.1	87.9	91.3	90.8	92.3	95.1	94.9	92.0
15 - 19 years	38.6	49.9	50.5	52.7	55.3	55.9	57.8	60.5
<b>INDUCED ABORTIONS</b>								
Under 15 years	345	375	359	325	354	379	384	391
15 - 19 years	5,959	9,358	8,979	8,635	8,378	8,308	8,200	8,172
TOTAL ABORTIONS	6,304	9,733	9,338	8,960	8,732	8,687	8,584	8,563
<b>FETAL DEATHS FOR TEENS</b>								
Under 15 years	32	32	20	22	15	27	22	22
15 - 19 years	916	815	877	852	739	714	762	767

Source: Va. State Dept. of Health

TOTAL TEEN PREGNANCIES BY PLANNING DISTRICT: 1 5; and RATES PER 1,000 FEMALES AGED 15-19 (198

Dist.	Counties/Cities	1982	1983	1984	1985	1986	Rate*
TOTAL STATE		21,065	20,220	19,872	19,864	19,827	83.4
1	Lee, Scott, Wise, Norton	327	316	312	320	303	70.2
2	Buchanan, Dickinson, Russell, Tazewell	485	419	368	361	337	53.2
3	Bland, Carr., Gray., Smyth, Wash., Wyth., Brist. Gal.	490	426	440	471	450	58.0
4	Floyd, Giles, Mont., Pulaski, Radford	439	466	449	478	497	60.4
5	Alleg., Bot., Craig, Roanoke, Clift. F., Coving., Roanoke City, Salem	827	839	901	895	814	78.4
6	August., Bath, Highl., Rockbr., Rockingh., B. Vist., Harrisonb., Lexing., Staunton, Waynesboro	647	591	557	551	536	53.4
7	Clarke, Freder., Page, Shenan., Warren, Winch.	409	368	342	365	380	69.1
8	Arling., Fairfax, Loudon, Pr. Wm., Alex., Fairfax City, Falls Ch., Manassas, Manass. Park	3527	3386	3282	3415	3287	77.3
9	Culp., Fauquier, Madison, Orange, Rappahan.	334	316	333	308	340	83.3
10	Albem., Fluvan., Greene, Louisa, Nelson, Charlottes.	548	538	548	523	528	67.3
11	Amherst, Appom., Bedford, Campb., Bed. Cty, Lynchb.	680	641	642	679	659	67.0
12	Frank., Henry, Patr., Pitts., Danv., Martinsv.	742	679	842	725	844	81.7
13	Brunswick, Halifax, Mecklenb., S. Boston	278	294	261	252	255	71.3
14	Amelia, Buckhm., Charl., Cumber., Lunenburg, Nottoway, Pr. Edward	360	306	304	278	318	74.5
15	Chas. Cty, Chesterf., Gooch., Hanover, Henrico, N. Kent, Powhatan, Rich. City	2824	2647	2487	2628	2682	95.0
16	Caroline, K. Geo., Spotsv., Stafford, Fredericksb.	519	526	528	498	497	71.1
17	Lancast., Northumber., Richmond, Westmoreland	171	130	132	124	166	106.4
18	Essex, Glouc., King & Q., K. Wm., Math., Middles.	200	189	206	190	199	74.7
19	Dinw., Grville, Pr. Geo., Surry, Sussex, Col Hghts., Emporia, Hopewell, Petersburg	851	863	798	812	764	107.4
20	I. of Wi., South., Chesap., Franklin City, Norfolk, Portsmouth, Suffolk, Va. Beach	4459	4378	4299	4213	4148	111.6
21	James Cty, York, Hampton, N. News, Poquos., Wmsburg	1733	1703	1662	1561	1638	98.0
22	Accomack, Northampton	213	198	173	211	181	96.5

TABLE 11

Source: State Dept. of Health

\*Ratio based on pregnancies per 1,000 females aged 15-19.

WITH PREGNANCY RATES FOR TEENS 15 - 19  
YEARS OF AGE IN 1986

TABLE III

Rank	County/City	Total Pregnancies	Rate per 1,000	Rank	County/City	Total Pregnancies	Rate per 1,000
1	Petersburg	292	178.0	26	Caroline Co.	86	99.2
2	Alexandria	485	175.9	27	Westmoreland Co	54	97.3
3	Falls Church	40	167.4	28	Arlington Co	341	94.9
4	Richmond Co.	40	152.9	29	Suffolk	220	94.6
5	Manassas	102	145.2	30	Henry Co.	234	94.1
6	Hopewell	133	142.1	31	Charlotte Co	43	93.8
7	Richmond City	1230	136.0	32	King William	38	92.5
8	Portsmouth	573	132.7	32	Williamsburg	125	92.5
9	Fairfax City	95	131.2	34	Pulaski Co	140	91.7
10	Norfolk	1370	130.0	35	New Kent	35	90.9
11	Newport News	804	129.2	36	Page Co	70	90.6
12	Emporia	22	122.6	37	Bath Co	17	90.4
13	Martinsville	83	120.5	38	Greene Co	30	90.1
14	Nottoway Co.	63	117.3	39	Salem	96	89.6
15	Franklin City	44	114.5	40	Prince William	618	89.1
16	Roanoke City	429	113.6	41	Giles Co	59	88.6
17	Lancaster Co.	43	109.0	42	Clifton Forge	15	86.4
18	Sussex	51	108.5	42	Essex	31	86.4
19	Culpeper	102	108.1	42	Northampton	55	86.4
20	Greensville	57	105.0	45	Orange Co	66	85.6
21	Covington	30	103.1	45	Henrico Co	608	85.6
21	Chesapeake	573	103.1	47	Cumberland	31	84.7
23	Accomack	126	101.5	48	S. Boston	27	83.9
24	Hampton	576	101.2	49	Buckingham Co	45	83.5
25	Va. Beach	1245	101.1	<u>VIRGINIA TOTAL</u>		<u>19,827</u>	<u>83.4</u>

Only the 49 highest ranking localities of the 135 total in Virginia are shown here. All others were below the state rate average of 83.4. Source: Va. State Dept. of Health.

HIGHEST RANKING COUNTIES/CITIES IN TERMS OF  
TEEN PREGNANCY RATES FOR TEENS UNDER 15  
YEARS OF AGE IN VIRGINIA IN 1986

TABLE IV

Rank	County/City	Number Pregnancies	Rate per 1,000	Rank	County/City	Number Pregnancies	Rate per 1,000
1	Emporia	3	21.9	21	Portsmouth	27	6.4
2	King & Queen	5	21.3	22	Accomack	7	6.2
3	Franklin City	6	20.7	23	Isle of Wight	5	5.6
4	Sussex	5	12.7	23	Mecklenburg	6	5.6
5	Richmond City	80	12.5	25	Manassas	4	5.5
6	South Boston	3	11.5	26	Henrico Co	31	5.0
7	Nelson Co	5	10.8	27	Pittsylvania	12	4.9
8	Lancaster Co	3	9.3	27	Danville	7	4.9
9	Northampton	5	8.8	29	Lynchburg	10	4.7
10	Greensville	4	8.6	29	Fluvanna Co	2	4.7
11	Alexandria	20	8.4	31	Charlotte Co	2	4.5
11	Newport News	45	8.4	31	Chesapeake	24	4.5
13	Petersburg	12	8.3	31	Hampton	20	4.5
14	Roanoke City	25	7.9	34	Salem	3	4.3
15	Buena Vista	2	7.7	35	Pulaski Co	5	4.0
16	Norfolk	64	7.4	35	Augusta Co	7	4.0
17	Suffolk	14	7.0	35	Nottoway Co	2	4.0
17	Hopewell	6	7.0	35	Caroline Co	3	4.0
19	Buckingham Co	3	6.6	39	Henry Co	8	3.8
19	Amherst Co	7	6.6	<u>VIRGINIA TOTAL</u>		<u>699</u>	<u>3.5</u>

Note: Counties/Cities having only one pregnancy to an under 15 year old teen are not included. Only the top 39 counties/cities of the total 135 units in the state are shown here. Those not shown fall below the state average of 3.5 per 1,000.  
Source: Virginia State Dept. of Health

TABLE V  
 NUMBER OF INDIVIDUAL TEENAGERS SERVED  
 THROUGH FAMILY PLANNING SERVICES  
 IN VIRGINIA'S HEALTH DEPARTMENT  
 1983 - 1987\*

Age Groups	1983/84	1984/85	1985/86	1986/87
Under 15 years of age	1,401	1,498	1,546	1,599
15 - 17 years of age	13,158	12,615	13,558	13,985
18 - 19 years of age	16,317	15,428	14,484	14,041
Total 15 - 19 year olds	29,475	28,043	28,042	28,026
Total teens served	30,876	29,541	29,588	29,625
Total population served	89,480	85,103	88,859	88,989

\*Figures for each year are for fiscal years: July 1 - June 30.  
 The total population for teenagers decreased during the 1983-87 years.  
 Source: Division of Family Planning, State Department of Health.

TABLE 28 - TEENAGE TOTAL PREGNANCY TERMINATIONS, LIVE BIRTHS, INDUCED ABORTIONS, AND NATURAL FETAL DEATHS BY PLANNING DISTRICT AND CITY OR COUNTY OF RESIDENCE, VIRGINIA, 1986

Planning District/ City or County	Teenage Total Pregnancy Terminations				Teenage Live Births				Teenage Induced Abortions				Teenage Natural Fetal Deaths			
	Total	Under 15	15-17	18-19	Total	Under 15	15-17	18-19	Total	Under 15	15-17	18-19	Total	Under 15	15-17	18-19
STATE OF VIRGINIA	19,827	699	7,501	11,627	10,475	286	3,500	6,689	8,563	391	3,717	4,455	789	22	284	483
<b>District 1</b>	<b>303</b>	<b>5</b>	<b>99</b>	<b>199</b>	<b>263</b>	<b>3</b>	<b>78</b>	<b>182</b>	<b>33</b>	<b>2</b>	<b>19</b>	<b>12</b>	<b>7</b>		<b>2</b>	<b>5</b>
Lee	93	1	27	65	83		22	61	8	1	5	2	2			2
Scott	59	2	24	33	52	2	18	32	5		5		2		1	1
Wise	136	2	40	94	116	1	32	83	17	1	7	9	3		1	2
Norton	15		8	7	12		6	6	3		2	1				
<b>District 2</b>	<b>337</b>	<b>4</b>	<b>104</b>	<b>229</b>	<b>267</b>	<b>2</b>	<b>81</b>	<b>184</b>	<b>47</b>	<b>1</b>	<b>17</b>	<b>29</b>	<b>23</b>	<b>1</b>	<b>6</b>	<b>16</b>
Buchanan	103	1	35	67	92	1	33	58	4		4	7	7		2	5
Dickenson	48		14	34	36		11	25	7		3	4	5			5
Russell	62	1	20	41	46		12	34	14	1	7	6	2		1	1
Tazewell	124	2	35	87	93	1	25	67	22		7	15	9	1	3	5
<b>District 3</b>	<b>450</b>	<b>11</b>	<b>184</b>	<b>255</b>	<b>323</b>	<b>6</b>	<b>121</b>	<b>196</b>	<b>107</b>	<b>5</b>	<b>57</b>	<b>45</b>	<b>20</b>		<b>6</b>	<b>14</b>
Bland	13	1	3	9	9		3	6	4	1	1	3				
Carroll	71	2	27	42	48		20	28	19	2	5	12	4		2	2
Grayson	36	1	16	19	26	1	10	15	10		6	4				
Smyth	94	1	38	55	69	1	23	45	18		14	4	7		1	6
Washington	112	3	47	62	81	2	30	49	26	1	15	10	5		2	3
Wythe	78	1	38	39	48	1	23	24	26		14	12	4		1	3
Bristol	26	1	7	18	25	1	6	18	1		1					
Galax	20	1	8	11	17		6	11	3	1	2					
<b>District 4</b>	<b>497</b>	<b>11</b>	<b>155</b>	<b>331</b>	<b>251</b>	<b>5</b>	<b>90</b>	<b>156</b>	<b>225</b>	<b>5</b>	<b>61</b>	<b>159</b>	<b>21</b>	<b>1</b>	<b>4</b>	<b>16</b>
Floyd	27		12	15	20		8	12	5		3	2	2		1	1
Giles	59		22	37	41		18	23	12		4	8	6			6
Montgomery	198	5	54	139	76	2	28	46	115	2	24	89	7	1	2	4
Pulaski	140	5	56	79	95	3	31	61	40	2	24	14	5		1	4
Radford	73	1	11	61	19		5	14	53	1	6	46	1			1
<b>District 5</b>	<b>814</b>	<b>34</b>	<b>316</b>	<b>464</b>	<b>407</b>	<b>14</b>	<b>136</b>	<b>257</b>	<b>360</b>	<b>20</b>	<b>163</b>	<b>177</b>	<b>47</b>		<b>17</b>	<b>30</b>
Alleghany	33	1	12	20	17	1	5	11	14		7	7	2			2
Botetourt	41	1	13	27	18		4	14	20	1	7	12	3		2	1
Craig	7		4	3	5		2	3	2		2					
Roanoke	163	3	58	102	62		22	40	92	3	33	56	9		3	6
Clifton Forge	15	1	4	10	12	1	3	8	2		1	1	1			1
Covington	30		11	19	22		7	15	5		2	3	3		2	1
Roanoke City	429	25	174	230	239	10	82	147	163	15	82	66	27		10	17
Salem	96	3	40	53	32	2	11	19	62	1	29	32	2			2
<b>District 6</b>	<b>536</b>	<b>16</b>	<b>195</b>	<b>325</b>	<b>297</b>	<b>6</b>	<b>99</b>	<b>192</b>	<b>222</b>	<b>10</b>	<b>87</b>	<b>125</b>	<b>17</b>		<b>9</b>	<b>8</b>
Augusta	148	7	62	79	61	1	23	37	84	6	38	40	3		1	2
Bath	17		9	8	10		6	4	7		3	4				
Highland	5		2	3	5		2	3								
Rockbridge	35		15	20	26		9	17	9		6	3				
Rockingham	154	2	50	102	86	1	26	59	60	1	19	40	8		5	3
Buena Vista	14	2	3	9	9	1	3	5	5	1		4				
Harrisonburg	54	3	17	34	27	1	12	14	25	2	5	18	2			2
Lexington	9		3	6	3		1	2	6		2	4				
Staunton	58		18	40	38		8	30	16		7	9	4		3	1
Waynesboro	42	2	16	24	32	2	9	21	10		7	3				
<b>District 7</b>	<b>380</b>	<b>4</b>	<b>131</b>	<b>245</b>	<b>289</b>	<b>3</b>	<b>89</b>	<b>197</b>	<b>59</b>	<b>1</b>	<b>31</b>	<b>27</b>	<b>32</b>		<b>11</b>	<b>21</b>
Clarke	29		9	20	19		4	15	10		5	5				
Frederick	78	1	23	54	61	1	17	43	11		5	6	6		1	5
Page	70	1	30	39	50		18	32	13	1	8	4	7		4	3
Shenandoah	65		22	43	54		16	38	7		4	3	4		2	2
Warren	69	2	23	44	50	2	15	33	13		7	6	6		1	5
Winchester	69		24	45	55		19	36	5		2	3	9		3	6
<b>District 8</b>	<b>3,287</b>	<b>70</b>	<b>1,270</b>	<b>1,947</b>	<b>1,274</b>	<b>22</b>	<b>401</b>	<b>851</b>	<b>1,912</b>	<b>48</b>	<b>834</b>	<b>1,030</b>	<b>101</b>		<b>35</b>	<b>66</b>
Arlington	341	5	134	202	155	1	46	108	175	4	81	90	11		7	4
Fairfax	1,366	21	544	801	450	6	133	311	881	15	399	467	35		12	23
Loudoun	218	5	89	124	82	1	26	55	132	4	62	66	4		1	3
Prince William	618	13	225	380	290	4	85	201	308	9	133	166	20		7	13
Alexandria	485	20	178	287	189	8	73	108	274	12	100	162	22		5	17
Fairfax City	95		40	55	19		8	11	75		32	43	1			1
Falls Church	40	1	18	21	7		3	4	32	1	14	17	1		1	
Manassas	102	4	36	62	65	2	22	41	30	2	12	16	7		2	5
Manassas Park	22	1	6	15	17		5	12	5	1	1	3				
<b>District 9</b>	<b>340</b>	<b>10</b>	<b>118</b>	<b>212</b>	<b>182</b>	<b>3</b>	<b>55</b>	<b>124</b>	<b>144</b>	<b>7</b>	<b>59</b>	<b>78</b>	<b>14</b>		<b>4</b>	<b>10</b>
Culpeper	102	3	36	63	64		21	43	35	3	13	19	3		2	1
Fauquier	135	6	49	80	61	3	20	38	66	3	27	36	8		2	6
Madison	25		6	19	18		4	14	7		2	5				
Orange	66	1	20	45	31		6	25	32	1	14	17	3			3
Rappahannock	12		7	5	8		4	4	4		3	1				
<b>District 10</b>	<b>528</b>	<b>18</b>	<b>194</b>	<b>316</b>	<b>239</b>	<b>4</b>	<b>83</b>	<b>152</b>	<b>259</b>	<b>14</b>	<b>97</b>	<b>148</b>	<b>30</b>		<b>14</b>	<b>16</b>
Albemarle	223	6	78	139	58		18	40	156	6	55	95	9		5	4
Fluvanna	31	2	13	16	19	1	9	9	9	1	4	4	3			3
Greene	30		9	21	17		4	13	10		3	7	3		2	1
Louisa	63	2	23	38	43		13	30	19	2	10	7	1			1
Nelson	40	5	13	22	24	1	8	15	14	4	4	6	2		1	1
Charlottesville	141	3	58	80	78	2	31	45	51	1	21	29	12		6	6
<b>District 11</b>	<b>659</b>	<b>18</b>	<b>252</b>	<b>389</b>	<b>362</b>	<b>6</b>	<b>113</b>	<b>243</b>	<b>262</b>	<b>12</b>	<b>126</b>	<b>124</b>	<b>35</b>		<b>13</b>	<b>22</b>
Amherst	109	7	33	69	59	1	16	42	45	6	16	23	5		1	4
Appomattox	46	1	17	28	27	1	5	21	17		10	7	2		2	
Bedford	106		41	65	68		22	46	38		19	19				
Campbell	114		49	65	65		20	45	37		24	13	12		5	7
Bedford City	14		4	10	10		3	7	2		1	1	2			2
Lynchburg	270	10	108	152	133	4	47	82	123	6	56	61	14		5	9

(continued)

TABLE 28 - TEENAGE TOTAL PREGNANCY TERMINATIONS, LIVE BIRTHS, INDUCED ABORTIONS, AND NATURAL FETAL DEATHS BY PLANNING DISTRICT AND CITY OR COUNTY OF RESIDENCE, VIRGINIA, 1986 (continued)

Planning District/ City or County	Teenage Total Pregnancy Terminations				Teenage Live Births				Teenage Induced Abortions				Teenage Natural Fetal Deaths			
	Total	Under 15	15-17	18-19	Total	Under 15	15-17	18-19	Total	Under 15	15-17	18-19	Total	Under 15	15-17	18-19
STATE OF VIRGINIA	19,827	699	7,501	11,627	10,475	286	3,500	6,689	8,563	391	3,717	4,455	789	22	284	483
District 12	844	32	329	483	485	14	175	296	314	18	135	161	45		19	26
Franklin	103	1	42	60	61		21	40	33	1	17	15	9		4	5
Henry	234	8	84	142	127	3	41	83	97	5	38	54	10		5	5
Patrick	54	2	23	29	34	2	13	19	17		8	9	3		2	1
Pittsylvania	223	12	79	132	118	3	37	78	95	9	38	48	10		4	6
Danville	147	7	65	75	99	4	46	49	39	3	17	19	9		2	7
Martinsville	83	2	36	45	46	2	17	27	33		17	16	4		2	2
District 13	255	13	101	141	148	6	48	94	89	6	48	35	18	1	5	12
Brunswick	45	2	18	25	30	2	9	19	12		8	4	3		1	2
Halifax	93	2	44	47	44		14	30	44	1	28	15	5	1	2	2
Mecklenburg	90	6	33	51	62	3	22	37	20	3	9	8	8		2	6
South Boston	27	3	6	18	12	1	3	8	13	2	3	8	2			2
District 14	318	11	123	184	197	7	71	119	112	4	48	60	9		4	5
Amelia	27	2	8	17	19	1	4	14	7	1	3	3	1		1	
Buckingham	45	3	15	27	33	1	9	23	9	2	4	3	3		2	1
Charlotte	43	2	21	20	29	2	14	13	13		6	7	1		1	
Cumberland	31		13	18	18		4	14	11		9	2	2			2
Lunenburg	41		15	26	21		9	12	18		6	12	2			2
Nottoway	63	2	25	36	38	1	16	21	25	1	9	15				
Prince Edward	68	2	26	40	39	2	15	22	29		11	18				
District 15	2,681	126	1,065	1,491	1,156	40	406	710	1,448	83	627	738	78	3	32	43
Charles City Co.	25		12	13	15		6	9	9		6	3	1			1
Chesterfield	570	10	241	319	193	5	58	130	360	5	178	177	17		5	12
Goochland	24		7	17	10		1	9	14		6	8				
Hanover	162	2	66	94	61	1	18	42	99	1	48	50	2			2
Henrico	608	31	253	324	181	4	64	113	408	24	179	205	19	3	10	6
New Kent	35	1	11	23	19	4	4	15	15	1	7	7	1			1
Powhatan	28	2	11	15	13	1	3	9	15	1	8	6				
Richmond City	1,230	80	464	686	664	29	252	383	528	51	195	282	38		17	21
District 16	497	13	193	291	273	6	88	179	207	6	100	101	17	1	5	11
Caroline	86	3	36	47	46	1	12	33	39	1	24	14	1	1		
King George	41	1	14	26	24	1	6	17	16		7	9	1		1	
Spotsylvania	142	5	62	75	86	2	36	48	52	3	25	24	4		1	3
Stafford	125	3	42	80	73	2	22	49	44	1	18	25	8		2	6
Fredericksburg	103	1	39	63	44		12	32	56	1	26	29	3		1	2
District 17	166	5	67	94	110	1	38	71	53	4	28	21	3		1	2
Lancaster	43	3	20	20	31	1	14	16	12	2	6	4				
Northumberland	29	1	7	21	20		4	16	8	1	3	4	1			1
Richmond	40	1	17	22	22		6	16	17	1	11	5	1			1
Westmoreland	54		23	31	37		14	23	16		8	8	1		1	
District 18	199	10	80	109	116	6	33	77	79	4	46	29	4		1	3
Essex	31		15	16	18		7	11	13		8	5				
Gloucester	70	4	26	40	44	2	10	32	25	2	16	7	1			1
King and Queen	22	5	5	12	14	3	3	8	6	2	2	2	2			2
King William	38	1	19	18	17	1	6	10	20		12	8	1		1	
Mathews	19		7	12	12		3	9	7		4	3				
Middlesex	19		8	11	11		4	7	8		4	4				
District 19	764	39	301	424	474	20	177	277	261	17	119	125	29	2	5	22
Dinwiddie	56	1	22	33	37		11	26	18	1	10	7	1		1	
Greeneville	57	4	24	29	47	2	21	24	10	2	3	5				
Prince George	79	5	32	42	48	1	21	26	28	4	11	13	3			3
Surry	24	1	13	10	16	1	7	8	8		6	2				
Sussex	51	5	22	24	31	2	10	19	17	2	11	4	3	1	1	1
Colonial Heights	50	2	19	29	19	1	7	11	29		12	17	2	1		1
Emporia	22	3	12	7	14	3	7	4	6		5	1	2			2
Hopewell	133	6	54	73	89	1	33	55	39	5	20	14	5		1	4
Petersburg	292	12	103	177	173	9	60	104	106	3	41	62	13		2	11
District 20	4,148	168	1,548	2,432	2,334	75	773	1,486	1,637	84	708	845	177	9	67	101
Isle of Wight	83	5	26	52	46	2	10	34	33	3	14	16	4		2	2
Southampton	40	1	16	23	23	1	10	12	14		6	8	3			3
Chesapeake	573	24	244	305	290	10	102	178	255	13	131	111	28	1	11	16
Franklin City	44	6	16	22	26	4	8	14	18	2	8	8				
Norfolk	1,370	64	459	847	858	29	288	541	446	31	146	269	66	4	25	37
Portsmouth	573	27	224	322	374	16	135	223	170	10	75	85	29	1	14	14
Suffolk	220	14	80	126	144	8	49	87	57	5	25	27	19	1	6	12
Virginia Beach	1,245	27	483	735	573	5	171	397	644	20	303	321	28	2	9	17
District 21	1,638	69	599	970	889	28	294	567	693	37	285	371	56	4	20	32
James City Co.	44		22	22	31		13	18	12		9	3	1			1
York	66	3	27	36	36		12	24	28	3	14	11	2		1	1
Hampton	576	20	218	338	284	6	101	177	271	14	106	151	21		11	10
Newport News	804	45	287	472	481	22	153	306	295	19	128	148	28	4	6	18
Poquoson	23		6	17	7		1	6	16		5	11	4			2
Williamsburg	125	1	39	85	50		14	36	71	1	23	47	4		2	2
District 22	181	12	76	93	139	9	51	79	37	3	21	13	5		4	1
Accomack	126	7	48	71	99	6	32	61	23	1	13	9	4		3	1
Northampton	55	5	28	22	40	3	19	18	14	2	8	4	1		1	
Unknown	4		1	3					3		1	2	1			1

Source: State Department of Health

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# **FAMILY LIFE EDUCATION**

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**Board of Education's Response  
to House Bill No. 1413**

**Revised March, 1988**

# FAMILY LIFE EDUCATION

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**1987 SESSION**  
**VIRGINIA ACTS OF ASSEMBLY - CHAPTER 371**

*An Act to amend the Code of Virginia by adding a section numbered 22.1-207.1, relating to family life education.*

[H 1413]

Approved    **MAR 24 1987**

Be it enacted by the General Assembly of Virginia:

1. That the Code of Virginia is amended by adding a section numbered 22.1-207.1 as follows:

*§ 22.1-207.1. Family life education.—The Board of Education shall develop by December 1, 1987, standards of learning and curriculum guidelines for a comprehensive, sequential family life education curriculum in grades K through 12. Such curriculum guidelines shall include instruction as appropriate for the age of the student in family living and community relationships, the value of postponing sexual activity, human sexuality, human reproduction, and the etiology, prevention and effects of sexually transmitted diseases. All such instruction shall be designed to promote parental involvement, foster positive self concepts and provide mechanisms for coping with peer pressure and the stresses of modern living according to the students' developmental stages and abilities. The Board shall also establish by December 1, 1987, requirements for appropriate training for teachers of family life education.*

*By December 1, 1987, the Board of Education shall provide the House Committee on Appropriations and the Senate Committee on Finance on analysis of the state and local fiscal impact of implementing a mandatory statewide family life education program and a recommended apportionment of state and local funding such programs if not otherwise determined by law.*

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President of the Senate

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Speaker of the House of Delegates

Approved:

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Governor

## INTRODUCTION

Many individuals, agencies, and organizations contributed their time, resources, and expertise in developing this document. Developmental phases and processes included the following: (1) collection and review of existing materials, information, and other resources; (2) first-draft development of Family Life Education materials and reactions; and (3) revisions and responses.

Phase 1, the collection and review of available resources, began in February 1987 and included information obtained during public hearings held throughout the state on April 27, 1987. During the period of February through June 1987, meetings were held with other state agencies, with organizations providing family life services, and with local school personnel and teacher educators to coordinate efforts and to develop a plan for the training of school personnel to be involved in the Family Life Education program. Training criteria and resources were identified for family life educators.

Phase 2, first-draft development and reactions, began in July 1987 with a major meeting of the Committee for Family Life Education—July 12-15, 1987. This committee was composed of child development specialists; grade-level consultants; experienced teachers of human sexuality, family management, and parenting; administrators; and representatives of the Parent-Teacher Association. They prepared the first draft of the Standards of Learning objectives for Family Life Education during a workshop held at Mary Baldwin College. Committee members also identified the themes on which the objectives were based: family and personal relationships, personal growth and development, human growth and development, and personal safety and disease prevention.

Phase 2, activities included also preparation of the first draft of the training proposal and an analysis of the state and local fiscal impact of implementing a statewide Family Life Education program. Another major development was the agency/organization review of the Standards of Learning objectives which culminated in a meeting at the Department of Education on August 12, 1987. Agencies and organizations were asked to review the materials, to react to presentations during the meeting, and to submit written recommendations for changes. The Standards of Learning objectives were presented to the Board of Education on September 18. Materials then were prepared for distribution during the second group of statewide public hearings held October 13, 1987.

During Phase 3, all individual and group responses from public hearings and from the agency/organization review of Family Life Education materials were analyzed and considered for inclusion in the second draft of the Standards of Learning. New objectives also were developed in response to the request of the Curriculum and Instruction Committee of the Board of Education. A revised version of the Standards of Learning objectives with proposed changes indicated was presented to the Board of Education and considered during a special meeting of the Board on November 16, 1987. At that time the Board approved, as amended, the contents of this document.

The Board of Education submitted to the General Assembly of Virginia the publication, Family Life Education: Board of Education's Response to House Bill No. 1413 on December 1, 1987.

## **BOARD OF EDUCATION REGULATIONS**

- I. Each local school board shall implement a program of Family Life Education subject to appropriations of the General Assembly for the costs of the program.
- II. The start-up costs to local school boards choosing to implement the Board of Education's approved Family Life Education program or a program developed locally in accordance with guidelines (III or IV) approved by the Board of Education shall be funded consistent with the Appropriations Act.
- III. The following guidelines shall be followed in the implementation of the Board of Education's approved Family Life Education program.
  - A. A community involvement team shall be identified and should include individuals such as a person from the central office, an elementary school principal, a middle school principal, a high school principal, teachers, a school board member, parents, one or more members of the clergy, a member of the medical profession, and others in the community.
  - B. There must be evidence of broad-based community involvement and an annual opportunity for parents and others to review curriculum and instructional materials prior to the beginning of actual instruction.
  - C. Those individuals selected by the localities to teach the Family Life Education program shall participate in the training program sponsored by the Department of Education.
  - D. A Family Life Education leader from each grade level shall be identified to assist in training individuals who will be teaching, to work with a community involvement team, and to assist in program implementation and evaluation.
  - E. Medical professionals shall be involved, where appropriate, to help teach the content of the Family Life Education curriculum and to serve as a resource to students and to parents.
  - F. Local training and follow-up activities shall involve the community in understanding and implementing the Family Life Education program.
  - G. Local agencies/organizations/support systems shall be identified and used as resources for the Family Life Education program.
  - H. An "opt-out" procedure shall be provided to ensure communication with the parent or guardian for permission for students to be excused from all or part of the program.
  - I. A plan for teaching sensitive content in sex-separated classes shall be announced publicly.
  - J. A plan shall be developed to include appropriate instruction in Family Life Education in the individualized education plan (I.E.P.) of all handicapped students.

- K. The Family Life Education Standards of Learning objectives approved by the Board of Education shall be used by the local school board. However, local school divisions may reassign the grade designation of the Standards of Learning objectives within grades K-6. The grade designation for objectives within grades 7-12 may be reassigned only one grade level, up or down. Also, the program may be adopted for kindergarten through grade 10 or kindergarten through grade 12; however, local scheduling of Family Life Education shall avoid any interruption or detraction from instruction in basic skills in elementary schools or in those courses required for graduation in the secondary schools.
  - L. The curriculum shall include education about those sections of statutory law applicable to instructional units relating to sexual conduct and misconduct and legal provisions relating to family life.
- IV. The following guidelines shall be followed in the implementation of the Family Life Education program developed locally.
- A. The Family Life Education program developed locally shall be comprehensive and sequential and include the following content areas and may include others at the discretion of the local school board:
    - 1. Family living and community relationships;
    - 2. The value of postponing sexual activity until marriage;
    - 3. Human sexuality;
    - 4. Human reproduction and contraception;
    - 5. The etiology, prevention, and effects of sexually transmitted diseases;
    - 6. Stress management and resistance to peer pressure;
    - 7. Development of positive self concepts and respect for others, including people of other races, religions, or origins;
    - 8. Parenting skills;
    - 9. Substance abuse; and
    - 10. Child abuse.
  - B. The Family Life Education program developed locally shall include and adhere to the following:
    - 1. A community involvement team shall be identified and should include individuals such as a person from the central office, an elementary school principal, a middle school principal, a high school principal, teachers, a school board member, parents, one or more members of the clergy, a member of the medical profession, and others in the community.

2. There must be evidence of broad-based community involvement and an annual opportunity for parents and others to review curriculum and instructional materials prior to the beginning of actual instruction.
3. Those individuals selected by the localities to teach the local Family Life Education program shall participate in the training program sponsored by the Department of Education.
4. A Family Life Education leader from each grade level shall be identified to assist in training individuals who will be teaching, to work with a community involvement team, and to assist in program implementation and evaluation.
5. Medical professionals shall be involved, where appropriate, to help teach the content of the Family Life Education curriculum and to serve as a resource to students and to parents.
6. Local training and follow-up activities shall involve the community in understanding and implementing the Family Life Education program.
7. Local agencies/organizations/support systems shall be identified and used as resources for the Family Life Education program.
8. An "opt-out" procedure shall be provided to ensure communication with the parent or guardian for permission for students to be excused from all or part of the program.
9. A plan for teaching sensitive content in sex-separated classes shall be announced publicly.
10. A plan shall be developed to include appropriate instruction in Family Life Education in the individualized education plan (I.E.P.) of all handicapped students.
11. Local scheduling of Family Life Education, to include kindergarten through grade 10 or kindergarten through grade 12, shall avoid any interruption or detraction from instruction in the basic skills in the elementary schools or in those courses required for graduation in the secondary schools.
12. A local curriculum plan shall use as a reference the Family Life Education Standards of Learning objectives approved by the Board of Education and shall provide age-appropriate instruction in relation to students' developmental stages and abilities.
13. The curriculum shall include education about those sections of statutory law applicable to instructional units relating to sexual conduct and misconduct and legal provisions relating to family life.

## KINDERGARTEN

- K.1 The student will experience success and positive feelings about self.**  
Descriptive Statement: This includes experiencing success in school work and home tasks, pride in his or her body, the effective handling of routine situations, and acceptance from others. These experiences are provided by the teacher through the climate of the classroom environment. Parents are encouraged to reinforce these positive experiences and feelings at home. Emphasis is placed on respect for racial and ethnic differences.
- K.2 The student will experience respect from and for others.**  
Descriptive Statement: Teachers and other adults at school actively listen to and accept feelings and opinions of the child. A classroom climate which protects the child from physical and emotional infringements by others is provided. The child also learns and practices courtesy and good manners.
- K.3 The student will become aware of the effects of his or her behavior on others and the effects of others' behavior on himself or herself.**  
Descriptive Statement: The teacher uses appropriate descriptive language to explain to a child how his or her behavior affects others positively as well as negatively. The same descriptive language is used to explain to a child the effects of others' behavior on him or her. This approach is reinforced by other school personnel and parents are encouraged to continue such explanations at home. The child is introduced to the concept of privacy, especially in the use of bathroom facilities. In addition, the importance of avoiding gossip about others' personal or family problems is stressed.
- K.4 The student will recognize that everyone is a member of a family and that families come in many forms.**  
Descriptive Statement: This includes a variety of family forms: traditional or two-parent families—mother, father, and children; extended families—relatives other than the immediate family living in the home; single-parent families; adoptive families; foster families; families with stepparents; and blended families—new families formed by the marriage of a man and woman with children from previous marriages.
- K.5 The student will identify members of his or her own family.**  
Descriptive Statement: This refers to identifying the adult and child members of the student's family.
- K.6 The student will develop an awareness of positive ways in which family members show love, affection, respect, and appreciation for each other.**  
Descriptive Statement: The focus is on the positive words and actions which convey care, protection, and guidance. This includes touching, listening, hugging, praising, encouraging, supporting, helping, and playing. It also includes helping the child understand that rules are made for safety and protection.
- K.7 The student will realize that physical affection can be an expression of friendship, of celebration, or of a loving family.**  
Descriptive Statement: It is important for the student to understand that appropriate expressions of affection are healthy for the individual and for the family.

- K.8 The student will recognize the elements of good and bad touches by others.**  
Descriptive Statement: Elements of good touches by others are identified as follows: (1) touching that can be done in front of anyone; (2) touching that is not a secret; (3) touching that makes the child feel good and not uncomfortable; (4) touching that is done to provide cleaning or medical care for the child; and (5) touching that is an expression of affection by a family member. Bad touches by others include the following: (1) touching on private parts of the body; (2) touching to be kept secret; and (3) touching that could produce bad feelings.
- K.9 The student will demonstrate how to say "no" to inappropriate approaches from family members, neighbors, strangers, and others.**  
Descriptive Statement: This involves learning how to say "no" in a loud voice while standing up and looking directly at the person. It is important for children to know that they should tell or report such happenings to a trusted adult such as a parent, teacher, minister, grandparent, or guardian. In addition, they should understand the need to continue telling about inappropriate approaches until someone listens and responds.
- K.10 The student will identify "feeling good" and "feeling bad."**  
Descriptive Statement: Descriptive words are used to help the child identify pleasant and unpleasant feelings. Parents are encouraged to reinforce expressions of feelings at home and to work with the teacher in a team approach to achieving this and other objectives.
- K.11 The student will find help safely if lost.**  
Descriptive Statement: Students learn their full names, addresses, telephone numbers, and how to find reliable help if lost in a mall or other public place.

## FIRST GRADE

- 1.1 The student will experience continuing success and good feelings about self.**  
Descriptive Statement: The teacher continues to provide a classroom environment that fosters experiences of success in school work, in self-acceptance of body image, in the handling of routine situations, and in group activities. The student is made aware of any behavior on his or her part that causes others to have bad feelings. Parents are encouraged to reinforce successful experiences and self-esteem at home.
- 1.2 The student will experience continuing respect from others.**  
Descriptive Statement: Teachers and other adults at school continue active listening and acceptance of the feelings and opinions of the child, providing a classroom climate that protects the child from physical and emotional infringement by others. Difficult situations, such as how to handle a bully on the playground, are discussed.
- 1.3 The student will become aware of the effects of his or her behavior on others and the effects of others' behavior on himself or herself.**  
Descriptive Statement: The teacher continues to use appropriate descriptive language to explain to a child how his or her behavior affects others both positively and negatively, and how others' behavior affects him or her. The child learns to respect others and their feelings.
- 1.4 The student will develop an understanding of the importance of a family and of different family patterns.**  
Descriptive Statement: The emphasis is on the need for loving parents, or other responsible adult(s) in the family, regardless of the type of family. The student advances from awareness of family forms at the kindergarten level to understanding the importance of the family and its various forms at the first-grade level. The following family patterns are included: two-parent families, extended families--relatives other than the immediate family living in the home, single-parent families, adoptive families, foster families, families with stepparents, and blended families--new families formed by the marriage of a man and woman with children from previous marriages.
- 1.5 The student will identify family members and their responsibilities in contributing to the successful functioning of the family.**  
Descriptive Statement: The focus is on the tasks that must be performed in order for a family to function successfully. Examples of tasks are providing food; providing shelter; providing and caring for clothing; providing money for these and other necessities; providing love and caring, including meeting the needs of elderly or handicapped family members; and providing for fun and play.
- 1.6 The student will realize that human beings and other mammals have babies and that the babies can be breast-fed.**  
Descriptive Statement: Content associated with this objective can be found in books, magazines, films, videos, and other materials. Pets may be used to demonstrate mammalian behavior. Parents are encouraged to assist with this objective during the course of normal family activities.
- 1.7 The student will use correct terminology when talking about body parts and functions.**  
Descriptive Statement: Terms included in this approach are urinate, bowel movement, penis, and vulva to substitute for colloquial or slang terminology. These terms are introduced as they occur in daily activities and are not taught directly. Parents are encouraged to reinforce correct terminology at home.

**1.8 The student will express his or her feelings of happiness, sadness, and anger to the teacher.**

Descriptive Statement: Teachers help children on an individual basis to recognize and express their feelings of happiness, sadness, and anger. Children are assisted in dealing appropriately with their feelings. If matters of a private nature arise, teachers are urged to contact parents so they can take a team approach to individual student problems.

**1.9 The student will become aware of appropriate behavior to use in dealing with his or her feelings.**

Descriptive Statement: The focus is on helping the child understand that feelings are different from behavior. The teacher helps the child understand that while feelings do influence behavior, each person can control his or her own behavior and the ways feelings are expressed. It is important for the teacher to help the child know that all feelings are valid. Appropriate strategies for expressing feelings include exercise, games, direct verbalization, art, music, dance, play, story telling, and creative drama.

**1.10 The student will experience the logical consequences of his or her behavior.**

Descriptive Statement: The child needs to have the opportunity to make developmentally appropriate choices in his or her daily living and to experience the outcomes (both positive and negative) of his or her choices. The foundation for responsible decision making at all ages involves being allowed to learn from one's choices. Examples of appropriate choices at this grade level include choosing from a list of appropriate foods, choosing from a variety of activities and learning centers, and choosing the sequence in which learning activities are completed. An example of an appropriate consequence would be to clean up a spilled beverage rather than to be punished for this.

**1.11 The student will realize that physical affection can be an expression of friendship, of celebration, or of a loving family.**

Descriptive Statement: The child is reminded that appropriate expressions of affection are important for individual and family well-being and that physical affection from family members and friends usually represents good touching.

**1.12 The student will demonstrate strategies for responses to inappropriate approaches from family members, neighbors, strangers, and others.**

Descriptive Statement: Elements of good and bad touching are reviewed, and methods of avoiding negative encounters are presented. Children learn how to tell a trusted adult, such as a parent, teacher, minister, grandparent, or guardian, about such incidents when they occur.

## SECOND GRADE

- 2.1 **The student will recognize that everyone has strengths and weaknesses and that all persons need to be accepted and appreciated as worthwhile.**  
Descriptive Statement: The key idea is that all human beings are worthwhile and need to be accepted and appreciated as they are. The emphasis is on daily experiences in which children receive the message that they are worthwhile. In this environment the student is able to use his or her strengths to overcome weaknesses, to realize that not everyone has the same strengths and weaknesses, to change the things he or she can change, and to accept the things that cannot be changed. Care is taken to ensure that children view persons with a handicap as unique individuals with many strengths.
- 2.2 **The student will realize that adults other than parents also provide care and support for children.**  
Descriptive Statement: Adults, other than parents, who provide care and support for children include foster parents; child-care providers; day-care teachers; extended family members; neighbors; family friends; and personnel of community support agencies, civic organizations, and religious organizations.
- 2.3 **The student will become aware that babies grow inside the mother's body in a special place called the uterus.**  
Descriptive Statement: The purpose of this objective is to provide basic, age-appropriate information; to demonstrate ease or comfort in talking about reproduction-related topics; and to correct misinformation.
- 2.4 **The student will become aware of the need to take responsibility for the effects of his or her behavior on others.**  
Descriptive Statement: Through daily classroom experiences, the teacher can encourage children to express appreciation for positive peer behavior such as helping, sharing, being courteous, accepting others' opinions, and showing respect for others' possessions. When hurtful behavior occurs, children can be encouraged to make restitution by helping the victim solve the problem caused by the behavior.
- 2.5 **The student will demonstrate appropriate ways of dealing with feelings.**  
Descriptive Statement: Pleasant feelings (for example, those associated with success and praise) and unpleasant feelings (for example, those resulting from anger, rejection, isolation, and failure) are discussed. Appropriate behavior in response to pleasant and unpleasant feelings is practiced in pretend situations so that these desirable strategies are available when needed in real-life situations.
- 2.6 **The student will realize that physical affection can be an expression of friendship, of celebration, or of a loving family.**  
Descriptive Statement: The teacher continues to reinforce the concept that appropriate expressions of affection are healthy for the individual and for the family.
- 2.7 **The student will advance in readiness to say "no" and to tell a trusted adult, such as a parent, teacher, minister, grandparent, or guardian, in private about inappropriate approaches from family members, neighbors, strangers, and others.**  
Descriptive Statement: This is a review of the elements of good and bad touching, including how to handle inappropriate approaches.

**2.8 The student will be conscious of how commercials use our emotions to make us want products.**

**Descriptive Statement:** Children are introduced to the concept of media influences, which is developed further at higher grade levels. The students are given examples of techniques used by the media to create excitement and a desire to purchase products.

## THIRD GRADE

- 3.1 The student will demonstrate a sense of belonging in group work and play.**  
Descriptive Statement: The child experiences cooperative group games and acceptance as a member of the class. This involves reciprocal helping behavior. Participation in groups such as the scouts is encouraged.
- 3.2 The student will express what he or she likes about himself or herself to continue developing a positive self-image.**  
Descriptive Statement: Expressive media (for example, exercises, games, art, music, dance, and drama) are used for student expression of the capabilities, personality traits, and physical features that the child likes about himself or herself.
- 3.3 The student will become aware of the changes occurring in family life that affect daily living and produce strong feelings.**  
Descriptive Statement: Changes which occur include moving, the addition or birth of a sibling, the birth of a handicapped child, death, illness, separation, divorce, remarriage, and children leaving home. Children are assisted in adjusting to such changes on an individual basis through the teacher-parent team approach to problem solving.
- 3.4 The student will give examples of healthy coping strategies for dealing with the feelings produced by changes in the family.**  
Descriptive Statement: An essential component is providing a clear explanation of the changes which occur in families. Healthy coping strategies include vigorous physical activity such as exercises and games; talking about feelings; reading books; and creative expressions such as writing, art, music, dance, and drama. It is important that feelings be expressed openly in appropriate ways.
- 3.5 The student will identify external body parts associated with reproduction and elimination, using correct terms.**  
Descriptive Statement: External genitalia are explained, including such terms as penis, scrotum, vaginal opening, opening of the urethra, and anus.
- 3.6 The student will recognize that all human beings grow and develop in a given sequence but that rates and patterns vary with individuals.**  
Descriptive Statement: The student's own biographical data are used to chart growth and development patterns and sequences and to demonstrate and validate individual variations in development. Emphasis is placed also on different rates of learning, and students are taught to be tolerant of those who do not learn quickly.
- 3.7 The student will become aware that both a male and a female are necessary to have a baby.**  
Descriptive Statement: The focus is on the concept that babies begin with a sperm and an egg, with the male providing the sperm and the female providing the egg. This is an age-appropriate introduction to reproduction and is not intended to be an explicit explanation of the sexual process.
- 3.8 The student will comprehend that the baby grows inside the mother's body for nine months and then is born.**  
Descriptive Statement: The umbilical cord and placenta are introduced. Students also learn that at the end of nine months of development, the baby leaves the mother's body through the vagina or through a surgical process known as Caesarean section. The extent of the discussion of the birth process at this point is dependent upon the students and the topics that arise.

**3.9 The student will describe the types of behavior that enable him or her to gain friends or to lose friends.**

Descriptive Statement: Behavior that helps children make and keep friends includes: friendly attitudes, being aware of others' feelings, sharing, using appropriate language and behavior, and accepting the attitudes and feelings of others. Behavior that causes children to lose friends includes: verbal or physical aggression; embarrassing or criticizing the friend; excluding the friend from activities; and violations of the relationship, such as lying, gossiping, cheating, stealing, and breaking promises. Behavior in groups also is discussed with emphasis on the rights and responsibilities of being a member of a group.

**3.10 The student will practice safety rules in the home.**

Descriptive Statement: This involves following up on the safety/first-aid objectives for the third-grade health curriculum and focuses on telephone and door-answering safety when no adult is present. Parents are encouraged to discuss and develop safety precautions at home.

**3.11 The student will demonstrate to others how to respond appropriately to good touches and how to handle inappropriate approaches from relatives, neighbors, strangers, and others.**

Descriptive Statement: This is a continuing review of the elements of good and bad touches including responding appropriately both to good and to bad touches. When a good touch is welcomed by the child, he or she can respond by smiling, by returning a similar gesture, or by saying "thank you." Children also need continuing encouragement to tell a trusted adult in private about any inappropriate approaches. Other responses to inappropriate approaches include saying "no," getting away from the person quickly, or telling the person that he or she does not like the touch.

**3.12 The student will be conscious of how commercials use our emotions to make us want products.**

Descriptive Statement: Children review the concept of media influences. The students are given examples of techniques used by the media to create excitement and a desire to purchase products.

## FOURTH GRADE

- 4.1 The student will be able to identify the human reproductive organs.**  
Descriptive Statement: Emphasis is placed on the male reproductive organs: penis, testicles, scrotum, and urethra; and on the female reproductive organs: uterus, ovaries, vagina, and fallopian tubes.
- 4.2 The student will identify physical changes that begin to occur during puberty.**  
Descriptive Statement: The individual differences in growth patterns associated with male and female sexual changes are presented. Male characteristics presented include: increased width of shoulders, increased length of arms and legs, the pituitary gland that controls physical growth through hormones, the appearance of pubic and axillary hair, and changes in the voice. Female characteristics presented include: increased width and roundness of hips, development of breasts, the pituitary gland that controls physical growth through hormones, the appearance of pubic and axillary hair, and the onset of the menstrual cycle. Emphasis is placed on the fact that the onset of sexual changes and growth patterns varies with individuals and that this is natural. Students are helped on an individual basis to avoid being fearful if they are slower to develop than their peers. The harmful effects of teenage pregnancy are discussed along with the importance of avoiding premarital sexual activity. In addition, the importance of cleanliness in relation to these bodily changes is discussed. When problems arise, teachers and parents are encouraged to continue working together in a team approach to problem solving.
- 4.3 The student will develop an awareness of human fertilization and prenatal development.**  
Descriptive Statement: Instruction includes the uniting of the sperm and the egg and the development of the fetus inside the uterus.
- 4.4 The student will identify basic human emotions and effective ways of dealing with them.**  
Descriptive Statement: Emphasis is placed on understanding and dealing with strong emotions, both positive and negative. Students learn how to deal with joy and exuberance, as well as those emotions resulting from loss, rejection, divorce, death, illness, and moving. The student learns to manage appropriate responses to these feelings and to avoid self-destructive behavior.
- 4.5 The student will develop positive reactions to his or her strengths and weaknesses.**  
Descriptive Statement: This includes accepting personal responsibility for successes and failures, taking pride in successes, and understanding that mistakes can result in positive learning toward success next time.
- 4.6 The student will become aware of the need to assume responsibility within the family and to function effectively as a family member.**  
Descriptive Statement: The focus is on sharing tasks within the family and helping, supporting, and communicating with family members. Special attention is given to appropriate assistance and support for and communication with handicapped family members.

- 4.7 The student will describe the factors surrounding child abuse and child neglect.**  
Descriptive Statement: The terms child abuse and child neglect (including sexual abuse) are explained, as well as how to protect oneself and the importance of confiding in a trusted adult such as a parent, teacher, minister, grandparent, or guardian.
- 4.8 The student will identify factors contributing to the use of drugs.**  
Descriptive Statement: Discussion includes the motivation for using drugs and other substances—a need to feel "grown up," a need for peer acceptance, a "high" from the temporary effects of drugs, and/or a relief from psychic pain. Emphasis is placed on ways of dealing with one's needs and feelings without the use of drugs or other substances.
- 4.9 The student will recognize the dangers of substance abuse.**  
Descriptive Statement: The focus is on the misuse of tobacco, alcohol, and other drugs. Content includes the adverse effects of substance abuse on the individual and on the functioning of family members as a unit, including how substance abuse can be one of many contributing factors to family violence and child abuse.

## FIFTH GRADE

- 5.1 **The student will define the structure and function of the endocrine system.**  
Descriptive Statement: The basic parts of the endocrine system (pituitary gland and adrenal glands) and their functions are introduced.
- 5.2 **The student will identify the human reproductive organs in relation to the total anatomy.**  
Descriptive Statement: Emphasis is placed on the male reproductive organs: penis, testicles, scrotum, and urethra; and on the female reproductive organs: uterus, ovaries, vagina, and fallopian tubes. The reproductive organs are explained in relation to total human anatomy.
- 5.3 **The student will explain how human beings reproduce.**  
Descriptive Statement: Instruction includes the uniting of the sperm and the egg and the development of the unborn child inside the uterus. The development of the baby at different stages is illustrated. Emphasis is placed on the need to avoid premarital sexual activity. The importance of prenatal care is discussed also, as well as the profound effects of drugs on the mother and developing child.
- 5.4 **The student will recognize the relationship between the physical changes that occur during puberty and the developing capacity for reproduction.**  
Descriptive Statement: Physical changes that occur during puberty are summarized. Topics included are nocturnal emissions and erections; menstruation; instability of emotions, such as mood swings during puberty; development of a positive attitude toward one's sexuality; and the relationship between changes during puberty and one's ability to conceive and bear children.
- 5.5 **The student will realize the importance of nutrition for himself or herself and for pregnant women who need to eat nutritious foods and avoid dangerous substances while the baby is growing inside the uterus.**  
Descriptive Statement: This objective is incorporated into the nutrition component for the fifth-grade health curriculum.
- 5.6 **The student will identify reasons for avoiding sexual activity prior to marriage.**  
Descriptive Statement: The psychological, social, and physical consequences of premarital sexual relations are discussed, as well as the benefits of postponing sexual intercourse until one is physically and emotionally mature and has a positive, committed marital relationship. The detrimental effects of premarital sex, including teenage pregnancy, infant mortality, and sexually transmitted diseases, are emphasized, as well as the impact on one's reputation and self-esteem.
- 5.7 **The student will describe the effects of personal hygiene on one's self-concept.**  
Descriptive Statement: Discussion focuses on those bodily changes in puberty that require special attention to cleanliness and their relationship to a positive self-concept and acceptance from peers. Toxic shock syndrome and its relation to cleanliness are included.

- 5.8 The student will recognize the importance of contributing to a constructive group activity.**  
Descriptive Statement: The teacher emphasizes the individual's contribution to accepting responsibility, how this relates to group success or failure, and how opportunities for leadership may be presented.
- 5.9 The student will develop an increased understanding of the roles, duties, and responsibilities of family members.**  
Descriptive Statement: The student can achieve this by defining the traditional and changing roles, duties, and responsibilities of family members; by preparing for the life-long adjustments required for his or her changing roles; and by describing the emotional interactions involved in being a family member. Non-traditional career roles of males and females are discussed, and options for the life-long goals of women are presented.
- 5.10 The student will examine the messages from mass media related to sexuality.**  
Descriptive Statement: Printed materials, advertising, television, wearing apparel, movies, and music are discussed in relation to gender stereotyping and to the avoidance of sexual exploitation.
- 5.11 The student will develop skill in saying "no" to any social behavior or activity that he or she perceives as wrong for himself or herself.**  
Descriptive Statement: Discussion focuses on alternatives to situations such as rude behavior, smoking, alcohol or drug use, theft, vandalism, and premarital sexual relationships.
- 5.12 The student will recognize threatening or uncomfortable situations and how to react to them.**  
Descriptive Statement: These situations may include walking alone, opening doors for strangers, experiencing sexual abuse or incest, receiving obscene telephone calls, and facing dangers found in shopping malls. Ways of protecting oneself and recognizing and reporting such threats are stressed. The point is made, however, that most life situations are not threatening.
- 5.13 The student will explain the effects of substance abuse on the body.**  
Descriptive Statement: Emphasis is placed on the adverse effects of alcohol, drugs, and tobacco on the body. This information is related to physical and emotional growth during adolescence, including sexual development; to fetal development; and to any adverse effects upon the family unit.
- 5.14 The student will become aware of the existence of sexually transmitted diseases.**  
Descriptive Statement: The nature and myths regarding sexually transmitted diseases, including acquired immune deficiency syndrome (AIDS), is introduced. AIDS is explained as a deadly disease. Other diseases referred to include syphilis, gonorrhea, chlamydia, and genital herpes.

## SIXTH GRADE

- 6.1 The student will relate personal hygiene to the physical changes that occur during puberty.**  
Descriptive Statement: Changes during puberty are discussed in relation to the increased need for personal hygiene, for proper dental care, for frequent showering and shampooing, for the use of deodorants, for the use and disposal of pads and tampons, and for clean clothing.
- 6.2 The student will explain the effects of growth on development, attitudes and interests.**  
Descriptive Statement: The teacher provides opportunities for discussion of physical changes during puberty, group and nongroup relationships (cliques and loners), peer pressure, and boy/girl relationships. Emphasis is on the positive and normal aspects of differences among individuals.
- 6.3 The student will continue to identify physical and emotional changes that occur during puberty and their effects on growth and development.**  
Descriptive Statement: The following topics are discussed in relation to male and female changes during puberty: nocturnal emissions and erections; menstruation; masturbation; instability of emotions and ways of expressing these emotions appropriately; and approaches to developing a positive attitude toward one's sexuality.
- 6.4 The student will recall basic facts about sexually transmitted diseases.**  
Descriptive Statement: Factual information is presented regarding sexually transmitted diseases, including syphilis, gonorrhea, chlamydia, and genital herpes. Diseases of the genitalia common to adolescents which are not sexually transmitted are described so as to allay unnecessary fears (such as vaginitis, urethritis, etc).
- 6.5 The student will be able to describe the etiology, effects, and transmission of the AIDS virus.**  
Descriptive Statement: Instruction includes factual information regarding the AIDS virus and its transmission. The medical profession should be involved in teaching this objective (and other health-related topics) to include the most up-to-date facts.
- 6.6 The student will summarize the process of human reproduction and the benefits of postponing premarital sexual activity.**  
Descriptive Statement: This is a review of the reproductive process and the advantages of delaying sexual involvement. The possible detrimental effects of premarital sexual activity for both males and females are emphasized. They include sexually transmitted diseases, unwanted pregnancy, infant mortality, and psychological (reputation, self-esteem, etc.), social, economic, and physical consequences.
- 6.7 The student will describe personal characteristics that can contribute to happiness for self and others.**  
Descriptive Statement: This includes self-discipline, self-esteem, independence, acceptance of reality, acceptance of others, tolerance, concern for the needs of handicapped persons, loyalty, honesty, cooperation, diligence, respect for proper authority, and acceptance of responsibility for self in relation to others.

- 6.8 The student will demonstrate increased understanding of child abuse and neglect, including emotional and sexual abuse.**  
Descriptive Statement: This is accomplished by defining the types of abuse and explaining the need to report such situations to a trusted adult such as a parent, teacher, minister, grandparent, or guardian. The teacher helps students identify resources for the reporting and treatment of child abuse and family violence.
- 6.9 The student will become aware of community health-care and safety agencies and their functions.**  
Descriptive Statement: Instruction includes the availability of community agencies providing the following services: child abuse prevention; treatment of abuse victims; mental health counseling; teenage pregnancy prevention and counseling; family planning counseling; prenatal care; substance abuse prevention and treatment and support groups; suicide prevention; prevention and treatment of sexually transmitted diseases, including AIDS; other general and specialized medical services, including the role of the family physician or local health department; police department, fire department, and other safety services; and community services provided by religious organizations. Parents are encouraged to learn about these agencies and to use their services when needed.
- 6.10 The student will explain the effects of substance abuse on the individual, family, school, and society.**  
Descriptive Statement: The effects of alcohol, tobacco, and other drugs on the individual, family, school, and society are presented with emphasis on genetic risks and fetal development, the nature of addictive personalities, drunken driving, physical and sexual abuse, family violence, and the hazards of "second-hand" smoking. Information on local community resources for obtaining help with these problems is included.
- 6.11 The student will evaluate the messages from mass media related to sexuality and gender stereotyping.**  
Descriptive Statement: Students progress from examining media messages in the fifth grade to evaluating messages from mass media related to sexuality and gender stereotyping in the sixth grade. The avoidance of sexual exploitation and stereotyping is stressed.
- 6.12 The student will apply decision-making skills in solving specific problems and in determining the possible outcomes of his or her decisions.**  
Descriptive Statement: Instruction includes the steps in the decision-making process, problem solving, and assertive communication skills. Students relate decision-making and problem-solving skills to actual adolescent problems—their own or situations presented in case problems. The effects of decisions on life-long goals are emphasized, and students predict the possible outcomes of decisions made. Career and other options available to women are stressed as choices are identified in the decision-making process.

## SEVENTH GRADE

- 7.1 The student will identify his or her role and relationships within the family.**  
Descriptive Statement: Content includes identification of personal interactions; communication skills; ways of meeting emotional, physical, and intellectual needs; and the student's contribution to the family unit. Students learn the positive benefits of personal sacrifice to support family goals and needs when such a decision is indicated.
- 7.2 The student will recognize the physical development of his or her sex characteristics and how they affect emotional and social growth.**  
Descriptive Statement: Emphasis is placed on the biological and physiological changes of early adolescence. Attention is given to such secondary sex characteristics as body growth, genital changes, hormonal secretions, the onset of menstruation, and sex-response feelings. Instruction promotes self-awareness and alleviates anxiety through factual information regarding spontaneous erections, nocturnal emissions, masturbation, and differences in growth rates and development.
- 7.3 The student will realize that physical affection is not all sexual, but that it also can be an expression of friendship, of celebration, or of a loving family.**  
Descriptive Statement: The student learns that appropriate expressions of affection are essential for emotional, physical, and psychological health. Factual information about homosexuality is included. The student also is instructed in modes of handling the personal anxieties encountered frequently by adolescents. Such anxiety has led to increased dropout and teen suicide problems.
- 7.4 The student will recognize that sexual behaviors are conscious decisions; that it is important to say "no" to premarital and inappropriate sexual relationships; and that appropriate relationships are based on mutual respect, trust, and caring.**  
Descriptive Statement: Sexual feelings are interpreted as normal and to be expected, but not always to be manifested in behavior. Instruction includes explanation of the differences between needs and desires, assertive skills, problem solving or conflict resolution, and alternatives. Ways to say "no" to premarital sexual relations and ways that students can support each other in saying "no" are presented. In addition, the detrimental effects of teenage pregnancy, the nature of sexually transmitted diseases, and the benefits of delaying sexual activity until marriage are reviewed.
- 7.5 The student will identify messages in society related to sexuality.**  
Descriptive Statement: The teacher guides the student in discovering and analyzing messages about sexuality found in advertising media, music and videos, television, films, printed materials, and graffiti. Messages conveyed by adults also are addressed. Students learn to recognize gender stereotyping and sexual exploitation. They are encouraged to evaluate and counteract any negative effects identified and to engage in a variety of positive activities, rather than spending too much time viewing media programs containing negative components.

- 7.6 The student will be aware of the consequences of preteen and teenage sexual intercourse.**  
Descriptive Statement: Instruction focuses on updated, factual information regarding sexually transmitted diseases, including AIDS; pelvic inflammatory disease (PID); cervical cancer; unwanted pregnancy; and discussion about reputation, guilt, and anxiety. Discussion includes also the emotional and financial implications of sexual activity and parenting before marriage. Students are guided in identifying positive aspects about themselves as reasons for avoiding risk-taking behavior. They learn also about the positive results and freedoms associated with abstinence during the preteen and teenage years.
- 7.7 The student will list the adverse consequences of a pregnancy in early adolescence, as well as the positive benefits of postponing pregnancy until marriage.**  
Descriptive Statement: Instruction includes a review of pregnancy and childbirth from previous grade levels, as well as discussion of responsibilities involved and adverse consequences encompassing the emotional, physical, social, and economic impact on young parents, on their families, and on society. The nutritional implications of high-risk infants and teenage mothers also are included. The effects of an adolescent pregnancy on the student's life-long goals and potential achievements are emphasized, particularly in view of the many personal and career options available to women.
- 7.8 The student will describe the signs and symptoms of pregnancy.**  
Descriptive Statement: Instruction involves physical and psychological changes and the need for early detection of pregnancy through medical testing to ensure a healthy and successful pregnancy. Community resources for testing and/or further information are identified.
- 7.9 The student will develop an understanding of and responsibility for family planning.**  
Descriptive Statement: Content includes reasons for family planning, factors to be considered when planning a family, the role of the family physician, community resources, and methods of contraception.
- 7.10 The student will explain techniques for preventing and reporting sexual assault and molestation.**  
Descriptive Statement: Methods of handling assault and molestation, as well as prevention methods, are presented. Emphasis is placed on the importance of avoiding situations which could provide opportunities for molestation, including the homes and cars of acquaintances when no appropriate supervision is available. Key terms are defined, and approaches used by molesters are identified and explained. Community resources for victims of molestation and assault are identified.
- 7.11 The student will identify causes, symptoms, treatment, prevention, and transmission of sexually transmitted diseases, including AIDS.**  
Descriptive Statement: Topics include the nature, symptoms, treatment, transmission, and diagnosis of the following diseases in addition to AIDS: syphilis, gonorrhea, chlamydia, and genital herpes. In addition, myths are dispelled; for example students learn that one cannot contract a sexually transmitted disease from dirty dishes or clothing. High-risk activities, such as needle-sharing, intravenous drug abuse, are discussed. Community resources for the testing and treatment of sexually transmitted diseases are identified.

- 7.12 The student will identify the issues associated with friendships.**  
Descriptive Statement: The student accomplishes this by identifying characteristics of each type of friendship and by relating these characteristics to changes as one advances through the growth and development process.
- 7.13 The student will realize the role of peers and the peer group during adolescence, and the nature and purpose of dating.**  
Descriptive Statement: Discussion focuses on the qualities of friendship, the importance of participating in peer groups that encourage the development of positive personal traits, and the nature of dating. Group dating is presented as a positive first step in developing romantic relationships, demonstrating appropriate dating behavior, and fulfilling dating responsibilities.
- 7.14 The student will recognize contributions of various racial and ethnic groups to family life and society.**  
Descriptive Statement: Topics include the importance of racial and ethnic identity for families and the effects of negative stereotypes on families and individuals. Emphasis is placed on appreciation of racial and ethnic differences.
- 7.15 The student will increase his or her ability to listen to different points of view and to accept the rights of others to a differing point of view.**  
Descriptive Statement: Positive communication skills are developed to enhance relationships and to increase recognition of various points of view existing within families and society.

## EIGHTH GRADE

- 8.1 The student will relate stages of human development to his or her own developmental level.**  
Descriptive Statement: The student learns that people change as they age, according to their developmental level—physically, mentally, and emotionally. Physical development and human anatomy are reviewed. Stages of mental and emotional development are presented in relation to the student's present developmental level with the goal of increasing his or her self-understanding and self-acceptance—now and in the future. Commonly accepted theories of personal development are presented as they relate to the student's own development.
- 8.2 The student will recognize the development of sexuality as an aspect of the total personality.**  
Descriptive Statement: The primary factor to be presented is the development of one's own sexual identity.
- 8.3 The student will become aware of the need to think through decisions and to take responsibility for them.**  
Descriptive Statement: The impact of present decisions on future opportunities and personal development is stressed. Instruction includes also support skills for the decision-making process—assertive communication, identification of personal conflicts, and conflict resolution. Life-long educational, career, and personal development goals are examined in relation to present decisions and to options available to males and females at various stages of their lives.
- 8.4 The student will identify the issues associated with friendships.**  
Descriptive Statement: The student accomplishes this by reviewing the characteristics of friendships, by discussing the qualities of a good friend, and by relating the characteristics to changes as one continues to advance through the growth and development process.
- 8.5 The student will recognize the nature of dating during adolescence.**  
Descriptive Statement: Content includes the need for belonging, love, and affection, and the search for one's own identity. In addition, students examine the difference between love and infatuation and become aware that one learns about oneself from every relationship.
- 8.6 The student will interpret the messages in society related to sexuality.**  
Descriptive Statement: Students continue to discover and analyze messages about sexuality found in advertising media, music and videos, television, films, printed materials, and graffiti. Students also determine the impact of these messages on themselves and others and review how to counteract negative effects. Positive alternatives to media immersion are discussed.
- 8.7 The student will describe strategies for saying "no" to premarital sexual relations.**  
Descriptive Statement: The emphasis is on strengthening self-confidence and reinforcing assertive skills and decision-making skills. Students learn why and how to say "no" to premarital sexual relations and to situations that challenge their own values, how to manage peer pressure, and how to manage their own sexual feelings.

- 8.8 The student will develop the coping skills needed to deal with stress.**  
Descriptive Statement: Students identify possible sources of stress (for example, parental, peer, and school pressures; teenage pregnancy; and fear of AIDS); and the positive and negative ways in which individuals deal with these sources of stress. The point is made, however, that stress cannot be avoided and that it is not all negative. Information is provided to counteract negative approaches to dealing with stress, such as alcohol, drugs, and suicide. Students learn positive techniques for coping with stress (for example, exercise and sports, creative arts, religious activities and youth groups, and career-development and life-management activities).
- 8.9 The student will identify the stresses related to changing relationships in the home, school, and community.**  
Descriptive Statement: Emphasis is placed on the grief and adjustment processes associated with loss or change resulting from such circumstances as illness, a disabling condition, death, separation, divorce, loss of friendship, loss of income, or coping with substance abuse. The point is made, however, that changes may bring new opportunities to form friendships and to engage in new activities; that some relationships contain normal amounts of stress, especially in adolescents; and that stress is usually only temporary.
- 8.10 The student will analyze the issues related to teenage pregnancy.**  
Descriptive Statement: Issues such as the role of the teenage father and the adverse impact of pregnancy on both families are identified. The physical, social, emotional, legal, financial, educational, and nutritional implications of teenage pregnancy also are discussed.
- 8.11 The student will review facts about pregnancy prevention and disease control.**  
Descriptive Statement: Methods of contraception are analyzed in terms of their effectiveness in preventing pregnancy and the spread of disease. Abstinence is emphasized as the only method that is 100% effective in preventing pregnancy and the most effective method of minimizing the possibility of contracting sexually transmitted diseases.
- 8.12 The student will describe the effects of alcohol and drug abuse on families and peer relationships.**  
Descriptive Statement: The effects of substance abuse on judgment within the peer group in terms of social and sexual behavior are analyzed. The effects of such abuse within the family also are emphasized, including family violence.
- 8.13 The student will identify the effects and prevention of sexual assault, rape (including "date rape"), incestuous behavior, and molestation.**  
Descriptive Statement: Content includes developing assertive skills, resolving conflict, avoiding risk situations and provocative behavior and dress, saying "no," and identifying other alternatives. Information on referral services also is provided.
- 8.14 The student will recall the ways in which the AIDS virus is transmitted, and techniques for preventing this disease.**  
Descriptive Statement: This involves describing behaviors, including homosexuality, that put one at risk; dispelling myths regarding the transmission of the disease; and stressing abstinence and rejection of the use of illegal, intravenous drugs. The use of condoms in preventing the spread of AIDS is discussed.

## NINTH GRADE

- 9.1 The student will trace the human growth cycle in relation to parenting skills from the prenatal period through the elderly stage.**  
Descriptive Statement: Information about developmental levels throughout the life cycle—prenatal, infant, toddler, pre-kindergarten, school-age, adolescent, young adult, middle-age, and elderly—is related to the complexity of child-rearing and to the need for maturity before parenthood. Life-stage development is presented also to help students gain appreciation of their own development.
- 9.2 The student will explain the importance of the family as a basic unit of society and his or her responsibility as a member of the family.**  
Descriptive Statement: Topics include the function of the family, family forms, family strengths, and family influences on society.
- 9.3 The student will recognize the development of sexuality as an aspect of the total personality.**  
Descriptive Statement: Discussion focuses on the development of one's sexual identity. Internal and external conflicts associated with problems of sexual identity are addressed.
- 9.4 The student will review and apply the decision-making process.**  
Descriptive Statement: Students practice methods of gathering information and applying the decision-making process in practical situations. Emphasis is placed on the need for parental guidance, family and personal values, knowledge, and reason as bases for decision making.
- 9.5 The student will review the nature and purposes of dating.**  
Descriptive Statement: Topics include understanding family guidelines, the functions of dating, and coping with the pressures experienced in dating situations. Discussion also focuses on the importance of group dating, rather than dating as a couple, in early adolescence.
- 9.6 The student will realize the importance of setting standards for controlling sexual behavior and of postponing sexual relations until marriage.**  
Descriptive Statement: The physical, emotional, social, and economic consequences of premarital sexual relations continue to be emphasized along with reinforcement of assertive skills and ways to say "no" in terms that will enable the student to resist pressure from other teenagers and manage his or her own feelings and behavior.
- 9.7 The student will interpret the effects and prevention of sexual assault, rape (including "date rape"), incestuous behavior, and molestation.**  
Descriptive Statement: This is a review of the use of assertive skills, conflict resolution, avoidance of risk situations, and referral services in the community. In addition to identifying such factors, the student explains or interprets them to others.
- 9.8 The student will relate specific information on substance abuse to each stage of the life cycle.**  
Descriptive Statement: Emphasis is on substance use and abuse during pregnancy, puberty, and adolescence and its general effect on daily functioning.

- 9.9 The student will be able to explain the process of reproduction.**  
Descriptive Statement: Instructional components include anatomy, physiology, conception, fertility, fetal development, childbirth, and prenatal care.
- 9.10 The student will demonstrate understanding of specific health issues, including the ability to conduct particular self-examinations.**  
Descriptive Statement: The focus is on factual information about menstruation, toxic shock syndrome, pre-menstrual syndrome, menopause, and male-and female-specific concerns. Disease prevention through self-assessment and self-examination is reinforced with emphasis on breast and testicular self-examination.
- 9.11 The student will demonstrate knowledge of pregnancy prevention and disease control.**  
Descriptive Statement: Topics include planning for adult relationships, a review of factors to consider in planning for a family, misconceptions about contraception, a review of methods of contraception in relation to effectiveness in pregnancy prevention and disease control, and the decisions associated with contraception. Abortion is not presented as a method of birth control, but spontaneous abortion or miscarriage is explained and the risks of induced abortion are analyzed.
- 9.12 The student will explain the transmission and prevention of the AIDS virus.**  
Descriptive Statement: This is a review of the ways in which the AIDS virus is transmitted, and the techniques for preventing this disease.
- 9.13 The student will identify the effects of discrimination.**  
Descriptive Statement: The teacher helps students identify forms of discrimination including ageism, racism, and sexism and the consequences of discrimination on individual and family life. Discussion focuses on the value and importance of differences among individuals and families.
- 9.14 The student will begin to identify educational and career goals.**  
Descriptive Statement: Students formulate educational and career objectives. A "life goals" project provides the structure for achieving this objective, and students complete activities that enable them to gain insight into the variety of personal and career options available to males and females.

## TENTH GRADE

- 10.1 The student will determine how maturation affects adolescents.**  
Descriptive Statement: Emphasis is placed on the process of adolescent development as it relates to self-image, self-esteem, physiological changes, identification of human needs, constructive responses to emotions, the decision-making process, sources of values, and self-discipline.
- 10.2 The student will describe his or her own attitudes concerning expectations of self and interpersonal relationships.**  
Descriptive Statement: Friendships, dating or group activities, stages of developing relationships, assertiveness, types of love, communication, and individual and family roles are stressed.
- 10.3 The student will examine values, morals, and ethics essential to the growth and maintenance of positive human relationships.**  
Descriptive Statement: The universal values of honesty, trustworthiness, self-control, responsibility for self and others, and social justice are discussed as well as the development of moral and ethical systems.
- 10.4 The student will use the steps in the decision-making process to solve specific problems.**  
Descriptive Statement: Instruction deals with the six steps of the decision-making process as they relate to personal, social, and peer pressures and to media messages. These steps include: identifying the problem; listing all possible alternatives; evaluating the alternatives and their consequences based on personal and familial beliefs as well as societal values; choosing an alternative that promotes the good in self, others, and society; acting on the decision; and evaluating the results. Resources in the community that can assist in evaluating alternatives are identified.
- 10.5 The student will recognize the need to abstain from premarital sexual intercourse.**  
Descriptive Statement: Content focuses on the need to consider life-long goals in relation to pressures for present sexual activity. Topics include readiness for parenthood, the consequences of non-marital pregnancy, the effects of sexually transmitted diseases, the impact on reputation and on present and future goals, the importance of adhering to family values, the need to complete educational plans, the burdens of financial responsibilities, and interference with future goals and job opportunities. The positive benefits of postponing sexual activity until marriage are emphasized, especially the opportunities available to young men and women who concentrate on attaining their personal, educational, and career goals. In addition, abstinence continues to be emphasized as the only method that is 100% effective in preventing pregnancy.
- 10.6 The student will recognize alternatives to premarital sexual intercourse for expressing feelings and affection.**  
Descriptive Statement: Students are guided toward communicating feelings and affection through talking; through expressing ideas, values, and goals; through social and recreational contacts and community service; and through positive body language and caring gestures, rather than through premarital sexual intercourse.

- 10.7 The student will explain the factors to be considered in preparing for dating and marriage.**  
Descriptive Statement: Steps involved in relationships are identified, including friendships; dating (casual, double/group, single, blind, steady, and leading to marriage); and mate selection.
- 10.8 The student will examine factors to be considered in life-goal planning.**  
Descriptive Statement: Discussion includes life-long career goals in relation to economics and continuing education, considering the possibilities of marriage and preparing for a family, and/or career development plans. Family planning, including methods of contraception, is reviewed.
- 10.9 The student will describe the signs and symptoms of pregnancy.**  
Descriptive Statement: Instruction involves physical and psychological changes and the need for early detection of pregnancy through medical testing to ensure a healthy and successful pregnancy. Community resources for testing and/or further information are identified.
- 10.10 The student will analyze the factors associated with a healthy pregnancy.**  
Descriptive Statement: Content focuses on causes of low birth weight such as smoking, poor nutrition, and use of alcohol and other drugs as well as the effects of sexually transmitted diseases, including AIDS. Other consequences of good and poor health habits, including the importance of quality prenatal care, are stressed.
- 10.11 The student will explain the importance of supportive roles of the mother and father through pregnancy and birth.**  
Descriptive Statement: Topics for discussion include the responsibilities of each parent in relation to proper prenatal care; the effects of heredity; possible abnormal outcomes such as miscarriage, birth defects, still-birth, and premature birth; and the stages of fetal development prior to birth.
- 10.12 The student will describe available birthing options.**  
Descriptive Statement: Prepared materials on childbirth education are primary resources. Birthing alternatives, such as natural childbirth, are examined.
- 10.13 The student will identify the stages of the birthing process.**  
Descriptive Statement: The stages of the birthing process include the onset of the process and the three stages of labor and delivery—dilation, birth, and expulsion of placenta.
- 10.14 The student will analyze the skills and attitudes needed to become a competent parent.**  
Descriptive Statement: Attitudes toward parenting styles are examined. Instruction also includes various parenting strategies described by authorities. Students have opportunities to identify parenting skills they wish to develop. Emphasis is placed on the joint participation of mother and father and sharing of parenting responsibilities. The point is made that single parents can receive support from friends, from the extended family, and from community resources.
- 10.15 The student will describe adjustments to be made after the birth of a child.**  
Descriptive Statement: The newborn child as a source of joy and love is emphasized; however, the impact on the family of caring for a newborn infant is examined, including the effects on income, educational plans, leisure time, time available for sleep, and interpersonal relationships.

**10.16 The student will compile a list of community agencies and resources available to assist individuals and families.**

Descriptive Statement: Examples of community resources to be listed are mental health services, social services, religious organizations, private agencies, hot lines, day-care centers, nursing homes, and the department of health.

**10.17 The student will review the positive aspects of family life as a basic unit of society and as a means of personal development.**

Descriptive Statement: Instruction includes a review of family functions and forms, with particular emphasis on family interactions. The family unit is described as a primary factor for the development of one's personality and for preparation for adulthood as either a married or a single person. The relationship of the family unit to the community and the world is stressed.

## ELEVENTH GRADE

- 11.1 The student will evaluate individual strengths and weaknesses in relation to personal, educational, and career goals.**  
Descriptive Statement: Students are guided through a realistic self-assessment including working toward personal improvement, setting short-and long-term goals, formulating action plans, establishing priorities, and using school and community resources. Emphasis is placed on the variety of choices available to young women and the need for sound decision making.
- 11.2 The student will relate major theories of human development to his or her own situation and/or developmental level.**  
Descriptive Statement: A review of the major theories of personal developmental stages is followed by analysis of each stage as it relates to the student's own development. Students are made aware that these are theories, that they are not all inclusive, and that they may or may not relate to the student's individual life.
- 11.3 The student will recognize advantages of abstinence from premarital sexual relations, reinforcing methods of saying "no" to undesirable behavior.**  
Descriptive Statement: The physical, emotional, social, and economic consequences of premarital sexual relations continue to be stressed, and students progress in development of assertive skills, including methods of saying "no" in ways that enable them to resist pressure from other teenagers and manage their own feelings and behavior.
- 11.4 The student will explain how television can have both positive and negative effects on the development of individuals—children, adolescents, and adults.**  
Descriptive Statement: Content includes types of messages conveyed on television; techniques for analyzing television programs and commercials; and strategies for evaluating television offerings according to their potential to entertain, to educate, to reinforce concepts, to guide or misguide behavior, and to promote violence.
- 11.5 The student will express his or her own attitude toward parenting.**  
Descriptive Statement: This centers on the student's own opinions about parenthood—possible reasons for becoming a parent, realistic role expectations for parenthood, and parental responsibilities. It includes also discussion of the responsibilities of parents who have children with characteristics that may be displeasing to the parent(s).
- 11.6 The student will develop skill in making parenting decisions.**  
Descriptive Statement: Students explore the relationship between personal and family development and planning for parenthood. They analyze the factors to be considered in family planning, such as education, career development, finances, and maturity.
- 11.7 The student will classify the major problems, issues, and decisions related to each stage of the family life cycle.**  
Descriptive Statement: The life cycle and how it applies to individuals and families is covered along with developmental tasks and needs of individual family members.

- 11.8 **The student will identify parenthood options in terms of questions to be answered and decisions to be made.**  
Descriptive Statement: Discussion includes readiness to be a parent; family planning issues and spacing of children; choices resulting from infertility, genetic factors, and birth defects; and expenses associated with parenthood. Discussion includes also the positive aspects of parenting for the individual and for society.
- 11.9 **The student will describe characteristics of newborn infants.**  
Descriptive Statement: Characteristics include physical appearance, medical tests to assess normalcy, observable infant behavior, emotional and physical needs of the child, and decisions related to circumcision.
- 11.10 **The student will recall ways to cope with common fears and concerns regarding the care of newborn infants.**  
Descriptive Statement: The emphasis is on parent-child relationships, such as bonding, special care requirements, feeding schedules, stress, Sudden Infant Death Syndrome (SIDS), sleep patterns, colic, smothering, apnea, medications, illness, and breast and bottle feeding.
- 11.11 **The student will describe the adjustments family members face in the postnatal period.**  
Descriptive Statement: Adjustments to be considered include how the baby's needs affect other family members and their schedules. Consideration is given to the expectations of relatives and to adult needs for privacy, recreation, and time with other children. The issue of sibling rivalry is also discussed.
- 11.12 **The student will explain the stages of growth and development in children.**  
Descriptive Statement: Topics included are the growth patterns of children, behavior patterns to be expected as children develop, and appropriate parent responses in reacting to and in guiding children's behavior.
- 11.13 **The student will calculate the personal considerations and financial costs of childbearing.**  
Descriptive Statement: This includes the following considerations: the economic costs of raising a child, including the expenses of medical care before and after pregnancy; the costs of educating a child; the social considerations, including the investment of time and energy needed for quality child care; and the opportunity considerations, such as staying home to care for a child rather than pursuing an education or a career. This is balanced with discussion regarding the rewards of having children.
- 11.14 **The student will identify criteria for selecting adequate child-care services.**  
Descriptive Statement: This is achieved by guiding the student in identifying child-care alternatives and in establishing guidelines for selecting appropriate care, considering pre-school education, after-school day care, the problems of children in self-care ("latchkey") situations, and the need for quality and quantity of time in maintaining the well-being of the child.
- 11.15 **The student will analyze community resources to meet specific needs.**  
Descriptive Statement: This analysis focuses on community health-care resources, employee benefits and programs, support agencies and services, sources of educational information about child care and parenting, and family planning resources.

## TWELFTH GRADE

- 12.1 The student will describe the value of the home and family as primary sources of enrichment and personal renewal.**  
Descriptive Statement: Content focuses on the importance of home and family as a support system, as a nurturing influence in developing values and attitudes, and as an example or role model for the student's future home and lifestyle.
- 12.2 The student will analyze the effects of cultural and family patterns on individual and family development.**  
Descriptive Statement: Topics such as kinship, family cultural background and customs, family religious traditions, and the changing family in today's society are analyzed.
- 12.3 The student will describe types of adjustments and sources of conflict in interpersonal relationships.**  
Descriptive Statement: Students learn that adjustments in relationships are to be expected and are not all bad. Instruction also includes common problems, commitment to the relationship, communication skills, decision-making strategies, compromise, and other methods of conflict resolution.
- 12.4 The student will explain how parental responsibilities change throughout the family life cycle.**  
Descriptive Statement: The following topics are reviewed: the family life cycle; family structures; cultural and religious influences on parental behavior; psychosocial developmental stages; the developmental tasks of parents and children through the life cycle; strategies for parenting; nutritional needs of family members throughout the life cycle; family roles and responsibilities at various stages; and conflict resolution.
- 12.5 The student will recognize problems of individuals with handicapping conditions and ways in which families can be sensitive to and make adjustments for these needs.**  
Descriptive Statement: The emphasis is on managing and coping with the emotional and financial stress brought on by the special needs of individual family members with such conditions as chronic illness, physical and emotional handicaps, and learning disabilities. The use of community resources, educational institutions, and personal skills is included.
- 12.6 The student will develop a plan for managing resources in the home.**  
Descriptive Statement: This involves developing a household budget that achieves family goals. Time and energy management and the role of personal skills also are discussed.
- 12.7 The student will interpret state laws that affect family life.**  
Descriptive Statement: Current laws in Virginia are reviewed as well as any pending legislation affecting individuals and families regarding marriage, divorce, adoption, child abuse, and legal responsibilities of parents.

- 12.8 The student will identify ways of preventing and/or coping with various types of violence.**  
Descriptive Statement: Content includes issues associated with dating violence, spouse abuse, sexual assault, physical and verbal child abuse, family violence, and abuse of the elderly and disabled; violence prevention strategies; and identification of local support groups and agencies. Emphasis is placed on abuse as an unacceptable form of behavior that should not be tolerated. The need to report violence to appropriate authorities and agencies is presented as well as methods of reporting.
- 12.9 The student will analyze stress and crisis situations which affect family life.**  
Descriptive Statement: Stress situations and crises in the family are emphasized, particularly parental crises, death and dying, the termination of a marriage, role changes, job conflicts, loss of income, and serious illness. Students learn ways to prevent and manage such situations and crises and to ensure that the final outcome is positive.
- 12.10 The student will identify procedures and criteria for assessing community resources that deal with individual and family problems.**  
Descriptive Statement: Students learn how to locate community resources and how to evaluate them in selecting appropriate assistance with individual and family problems.
- 12.11 The student will interpret rationale for saying "no" to premarital sexual activity.**  
Descriptive Statement: The student progresses in assertive skills associated with saying "no" and knows the physical, emotional, social, and economic implications of premarital sexual relations.
- 12.12 The student will prepare a plan for the fulfillment of life-long goals.**  
Descriptive Statement: Each student develops a plan designed to achieve the goals previously identified and based on the self-assessment activity in the eleventh grade. The plan includes strategies for attaining personal, educational, and career goals. The student continues to be made aware of the variety of opportunities and choices available.

# **GUIDELINES FOR TRAINING INDIVIDUALS WHO WILL BE TEACHING FAMILY LIFE EDUCATION**

## **INTRODUCTION**

Individuals who teach Family Life Education must be trained in its content, teaching strategies, use of instructional materials, assessment methods, and ways to involve parents. In order to ensure consistency in dealing with sensitive content and issues, a comprehensive and systematic training program is essential. The training program uses a combination of workshops and technology. All those who will be teaching Family Life Education shall participate in the state training program and the follow-up activities in the local school division.

## **TRAINING PROGRAM**

Each school division superintendent will be asked to designate a Family Life Education contact person and one leader for each grade level to participate in state training activities.

In the summer of 1988, a training workshop for school division contact persons will be held to orient them to Family Life Education and to outline their responsibilities in follow-up activities with those who will be teaching Family Life Education and with others involved in the local school division. Their role will be to give leadership to planning, coordinating, implementing, and evaluating the Family Life Education program in the school division.

In addition, a training workshop for 13 leaders, representing kindergarten through grade 12 from the 139 school divisions, will be held in the summer of 1988. These leaders will train those who will be teaching Family Life Education, visit in classrooms, and conduct other activities related to the program. A total of 14 college/university professors and 14 public health and/or school nurses also will be involved in the training. They will assist in training on a regional basis.

The school division contact persons and leaders will be responsible for determining if the program is being properly implemented. Information on the program will be collected through a research design that will be developed by an external evaluator. The results will be reported to the Board of Education.

During the 1988-89 school year, teleconferences for training will be conducted as follows:

(K-12)	One Teleconference
(K-3)	Two Teleconferences
(4-6)	Two Teleconferences
(7-9)	Two Teleconferences
(10-12)	Two Teleconferences

Teleconferences will involve experts and will be followed up in the local school divisions with appropriate training activities. A training package for individuals teaching Family Life Education will be developed and used as a part of the follow-up experience at the local level.

Family Life Education will be implemented in the school year 1989-90. A follow-up workshop for school division contact persons will be held during the fall of 1989. The workshop will provide opportunities to discuss the start-up of the program and to present additional information that may be needed. Also during the fall, a follow-up teleconference on implementation of the program will be held with those who are involved in the program.

In the spring of 1990, teleconferences will be held with all those who will be teaching, and an evaluation session will be held with school division contact persons.

## **SUMMARY**

This design provides for consistency in training personnel and implementing the Family Life Education program. The provision for support and follow-up is based on research findings indicating that if effective training and follow-up activities are not provided, there is little likelihood of individuals putting into practice what they have been trained to do. The evaluation will be designed to determine, on a continuing basis, what is actually taking place in the classroom and how parents view the program. This approach to evaluation should provide useful information about the success of the program, both immediate and long-term.

## **GUIDELINES FOR PARENT/COMMUNITY INVOLVEMENT**

### **INTRODUCTION**

An important element in the successful implementation of a Family Life Education program is parent/community involvement. A theme that runs throughout the program is the parent/teacher team approach to Family Life Education. Because of the sensitive nature of program content, a planned approach to parent/community involvement is critical.

### **PLAN FOR PARENT/COMMUNITY INVOLVEMENT**

Each school division superintendent will identify a community involvement team which should include individuals such as central office personnel, an elementary school principal, a middle school principal, a high school principal, teachers, a school board member, parents, one or more members of the clergy, a member of the medical profession, and others in the community.

A workshop for community involvement team leaders, one from each local school division, will be held during the summer of 1988. The purpose of the workshop is to train the leaders to work with parents and individuals and groups within the community. A national expert in family life education will be asked to conduct the workshop and to assist the Department of Education in preparing a training package for community involvement teams. In the fall of 1988, a teleconference for parent/community involvement teams will be conducted.

The community involvement team members will work with others in their localities to explain the Family Life Education program and to solicit support and involvement in its implementation.

A follow-up teleconference will be held later in the 1988-89 school year to discuss parent/community involvement and to furnish additional information.

### **PARENT INVOLVEMENT ACTIVITIES**

Two orientation and information television programs on Family Life Education for parents will be developed and aired through open broadcast during the 1988-89 school year. Brochures also will be developed for parents to outline the key components of Family Life Education and the role of parents in the program.

Each teacher of Family Life Education will be asked to meet with parents of students to be involved in the program. Provision will be made for an on-going review of curriculum and instructional materials before they are used in the classroom. A resource center containing Family Life Education materials to be checked out by parents will be recommended for every school.

The State Health Department shall be requested to develop a television series on teenage pregnancy. The series will include four programs featuring medical experts.

**APPENDIX F**

**DISSENT IN PART OF DELEGATE S. VANCE WILKINS, JR.**



COMMONWEALTH OF VIRGINIA  
HOUSE OF DELEGATES  
RICHMOND

S. VANCE WILKINS, JR.  
ROUTE 1  
AMHERST, VIRGINIA 24521  
TWENTY-FOURTH DISTRICT

COMMITTEE ASSIGNMENTS:  
GENERAL LAWS  
HEALTH, WELFARE AND INSTITUTIONS  
LABOR AND COMMERCE  
MINING AND MINERAL RESOURCES

JUNE 2, 1988

DISSENT IN PART ON THE  
REPORT AND RECOMMENDATIONS OF THE

JOINT SUBCOMMITTEE STUDYING TEENAGE PREGNANCY PREVENTION  
PURSUANT TO HJR 280

TO THE GOVERNOR AND  
THE GENERAL ASSEMBLY OF VIRGINIA

BY:

S. VANCE WILKINS, JR.  
MEMBER OF THE JOINT SUBCOMMITTEE

DISSENT IN PART  
OF  
DELEGATE S. VANCE WILKINS, JR.  
ON THE REPORT AND RECOMMENDATIONS OF THE  
JOINT SUBCOMMITTEE STUDYING TEENAGE PREGNANCY PREVENTION  
PURSUANT TO HJR 280

While I generally agree with the concept of Family Life Education as an aid to reducing teenage pregnancy, I respectfully dissent from the following recommendations and findings of the Joint Subcommittee for the reasons assigned.

*RECOMMENDATIONS 1 and 2*

I cannot recommend that a comprehensive Family Life Education (FLE) Program be mandated, as exemplified by the Board of Education's recommended Standards of Learning (SOL), neither can I recommend that any additional funds be spent on such a program.

My dissent is based upon three fatal flaws in the Board of Education's program. First, the Board of Education's sex education component is not a value-oriented abstinence program. Rather, it is a Safe-Sex program, which our findings indicate that in and of itself, will not reduce teen pregnancy, and may, in fact, exacerbate the problem.

Second, the assumption that all teenagers are going to indulge in sexual intercourse and therefore must be taught responsible contraceptive behavior is a fallacious assumption. There is no such thing as responsible sex for unmarried teenagers. The Board of Education's program, along these lines, was developed by some of the same people who drafted and implemented FLE programs in the Northern Virginia communities of Arlington, Falls Church and Alexandria. These three areas have among the highest incidences of teen pregnancy in the entire state. The evidence is plain and compelling that FLE programs which send a mixed message to children apparently do not work. There is no empirical evidence in any study presented to our subcommittee that shows that a comprehensive sex education program has done anything to reduce teenage pregnancy.

On the other hand, there was very little study or emphasis in the subcommittee on two programs for which conclusive empirical evidence does exist, establishing that they succeed in reducing teen pregnancy. One of the programs is Sex Respect, the other is Teen-Aid. I will concentrate my remarks on the Teen-Aid program since the data for this program as implemented in the San Marcos, California school system is so dramatic and compelling that no other factors could have had a significant effect in the drop in teenage pregnancy. In 1983-1984, there were 178 teenage pregnancies in San Marcos High School, one in five girls on campus. Three years after the implementation of the Teen-Aid program they had only 20 teen pregnancies in approximately the same student population. This is a tremendous decrease, from a rate of 200 pregnancies per 1,000 girls to approximately 22 per 1,000 girls. In light of the above, I cannot recommend that we either spend money or implement a program for which there is a mounting body of evidence to contend that it does more harm than good, when there are other programs, in place, that are working.

The third fatal flaw is the lack of parental involvement in the Board of Education program. In several places in this report, our findings were that parental involvement is essential to the success of any FLE program. Yet, in the State mandated program, there is no mechanism, no means, no instructional material and no text that involves the parents in the teaching of family life education to their children. Both Sex Respect and Teen-Aid include worksheets requiring parental participation as integral parts of each program. Why do we mandate a program that does not include the one factor which we have concluded is essential to the success of any program?

The following are references made in this report of the importance of parental involvement:

The Family Life Education Standards of Learning and Regulations. HB 1413 set forth that the program be "designed to promote parental involvement."

Parental Responsibility Section. "Parents are the primary educators of their children, consequently, it is imperative that they . . . discuss sexual issues with their children . . . to transmit such knowledge within the framework of their moral values and standards."

The Family Life Education Standards of Learning and Regulations. "The Joint Subcommittee notes the overwhelming expression from those who testified or contacted its members and staff concerning the importance of parental involvement in the development, implementation and participation in the programs."

The Joint subcommittee stressed in its first report that resolving the problem of teenage pregnancy is impossible without the participation of parents in the total process, and without the respect for and appreciation of the role, function and responsibilities of parents.

#### *RECOMMENDATION 5*

I very strongly concur with Recommendation 5. The quality of the teacher who is assigned the responsibility of teaching Family Life Education must be paramount, and I agree that such teachers must understand the importance of, and accept and assume their position as role models. In view of this, I recommend that swingers and homosexuals be prohibited from teaching the Family Life Education curriculum.

#### *RECOMMENDATIONS 8, 9, 10 and 11*

I respectfully dissent from these Recommendations. Teen pregnancy rates skyrocketed in Virginia after 1972 when the Virginia Code was amended to permit minors to receive birth control without parental consent or notification. The State Department of Health, through its local health departments, is one of the primary organs of the state government dispensing contraceptives to teenagers without parental knowledge, and often, against their wishes. I recommend that appropriate action be taken to allow this law to be changed to require parental permission to dispense contraceptives. In 1980, the State of Utah passed a law requiring parental consent for minors to be given birth control, and the rate of pregnancy and abortion among girls 15-17 fell.

Another serious problem is the fact that the State Department of Health, via its local health departments, is also procuring abortions for teenagers without parental knowledge or permission. This became legal in Virginia in 1973, and our teenage pregnancy rate continued to increase. I recommend that a Parental Notification Law for abortions be adopted in Virginia. When such laws were enacted in Minnesota, Rhode Island, Massachusetts and Utah, they all experienced a definite drop in the teenage pregnancy rate. Instead of recommending that the State Department of Health continue activities that have only resulted in more teen pregnancies, I recommend that such practices stop. There is certainly no need for the State Department of Health, or any other department of government, to provide components in our Family Planning programs and services that meet the "needs" of the sexually non-active teenagers -- the further such teenagers can stay from the State Department of Health and its local departments, the better off they'll be.

*RECOMMENDATIONS 14, 15, 16 and 17*

I concur wholeheartedly with these Recommendations.

*RECOMMENDATIONS 13 and 18*

I can only support 13 and 18 if, in every case, the agency to which the child is referred, whether through a Hotline or through directories, is an agency that is required to inform the parent of any counseling, treatment, contraception or abortion to be performed by that agency.

*RECOMMENDATIONS 19 and 20*

These recommendations probably refer to just one more government agency that may not be needed. I do not concur, I do not strongly disagree. However, I recommend that statistics be kept by the State Department of Health on teenage pregnancy rates to allow comparison of programs implemented in different localities as to their effectiveness in reducing the teenage pregnancy rate. There is no need to mandate a program if we're not going to monitor it to see if it works. In effect, if we mandate the State Board of Education program, we're mandating a program which is very similar to programs which have been proven not to work. There are other programs, such as Sex Respect and Teen-Aid, which I feel would work in reducing pregnancy, and I would like to have figures to compare such programs with the State Program. Maybe at a future time we will mandate a program that works.

*RECOMMENDATIONS 21 and 22*

Recommendations 21 and 22 are covered more than adequately in the Teen-Aid program which I recommend. I do not concur with requesting additional funds for programs which have proven to be of dubious value. In 1987, San Marcos, California received special recognition for the lowest drop out rate in the State of California (1.9%). Their average daily attendance is now 99.1% and the number of "A" students has gone from 2.2% to 4.4%.

*RECOMMENDATIONS 23 and 24 through 33*

I concur wholeheartedly with these recommendations.

*RECOMMENDATION 34*

I concur with this recommendation. Even though we encourage the churches and parents to coordinate the moral education of their children, we have to realize that many children do not have good role models, and do not attend church. The schools used to provide moral guidance in their texts and through their teachers. This needs to be done today. There are moral values which are beneficial to the community, such as abstinence from premarital sexual activity, which can and should be taught in the schools as a value.

*RECOMMENDATIONS 35, 36 and 37*

I concur with these recommendations.

Dissent in Part of Delegate S. Vance Wilkins, Jr.  
June 2, 1988  
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I further recommend that in future studies of Teen Pregnancy we study those states such as Utah, whose pregnancy rates are less than half that of Virginia. The subcommittee instead studied only states such as Maryland, where a Safe-Sex program like that recommended by our State Board of Education is already in effect, and where their teen pregnancy rate is one-and-one-half times that of Virginia. We did not study a state that had a different program from our State mandated plan, or a state with documented success in lowering the rate of teen pregnancies, which is our goal.

Respectfully submitted,

A handwritten signature in black ink, appearing to read 'S. Vance Wilkins, Jr.', written in a cursive style.

S. Vance Wilkins, Jr.



