

Montana Accreditation Standards for Health Enhancement

Montana Accreditation Standards are curricular requirements for schools and are adopted by the Board of Public Education as administrative rules under the laws of Montana.

Health Enhancement Standards are requirements for school curriculum specific to Health Enhancement. Schools are accountable for meeting the standards, but the standards are designed with flexibility because curricular content is the prerogative of the local district. In other words, schools must provide a curriculum-based Health Enhancement program that meets the standards but the content of what is in the curriculum is up to the local district. Benchmarks are provided to guide local districts in developing and implementing curricula that will meet the standards.

Content Standards are broad statements of the knowledge and skill concepts that are to be addressed. For example, Health Enhancement Content Standard 1 is: *Have a basic knowledge and understanding of concepts that promote comprehensive health.*

Benchmarks indicate what students should know and be able to do at certain grade levels.

How is a sexuality education component of a Health Enhancement program addressed in the Standards?

Content Standard 1 *Have a basic knowledge and understanding of concepts that promote comprehensive health.*

Benchmark by end of Grade 4 – identify personal health enhancing strategies that encompass disease prevention

Benchmark by end of Grade 8 – explain relationship between positive behaviors and the prevention of disease; explain personal health enhancing strategies that encompass sexual activity and disease prevention

Benchmark by the end of Grade 12 – analyze how attitudes and behaviors can impact health and disease prevention; explain impact of personal health on body systems, including the reproductive system; develop personal health enhancing strategies that encompass sexual activity and disease prevention.

Program Content

The content of the human sexuality component of a Health Enhancement program is a decision for the local school. The content should reflect the values of the community. Whether the approach is abstinence-based, abstinence until marriage or abstinence only, the materials used should be age-appropriate and medically and scientifically accurate. Public health supports a program that is age-appropriate, abstinence-based, and includes strategies and skills practice in refusal skills, negotiation skills, communication skills and resistance to peer pressure. Further, the program public health supports is designed to: (a) support youth who have not had sexual intercourse to continue to postpone the initiation of sexual intercourse, (b) help youth who have had sexual intercourse to re-establish abstinence, and (c) present information on disease prevention methods for those unable or unwilling to refrain from sexual intercourse. Persons who may become sexually active at a later or more appropriate time in their lives can use the information to make healthy decisions when they do become sexually active. The content should explain the health reasons for refraining from sexual intercourse as well as the health consequences for engaging in sexual intercourse.

Materials

Materials should include age-appropriate, clear, medically and scientifically correct, up-to-date information regarding sexual activity prior to and including a monogamous relationship through marriage. As can be seen by the benchmark for Grade 4, sexuality education is not stated as part of the curriculum. The first benchmark where sexuality education is mentioned is the by-the-end-of-Grade-8 benchmark. It is important to remember that curricular content (i.e., what is taught and when it is taught) is a local control decision made by the local school board.

Materials used in the sexuality education component of a Health Enhancement program should meet three areas of consideration. These are:

- Do the materials reflect the values and wishes of the community?
It is unlikely that no material will reflect the values of each individual person or family in a community, but the materials used can reflect the values of the community as a whole. The materials should be considered in view of the school as an extension of the community and not as an extension of an individual family. Reasonable questions to ask include: Is the material offensive to the community as a whole? Is the material discriminatory? Is the material presenting information the community thinks is important?
- Is the information presented in an educational manner?
Several questions can be asked in this instance: Is the information presented by a person trained and skilled in providing the information? Is the information developmentally and age appropriate for the intended audience? Is the information current? Does the information contain sex role stereotypes? Is the information culturally sensitive?
- Is the information presented correct and accurate?
In the case of human sexuality education, is the information based on current scientific, medical and public health knowledge? Is the information biased or discriminatory? Some videos become outdated and are either incorrect, incomplete or confusing. Many times it is left to the discretion of individual teachers as to whether supplementary materials fit within the parameters of the district's health education program. Health educators have current information in this area and public health professionals (such as local health departments, physicians and nurses) can assist in determining if the information is current and accurate.

Summary Statement

The Office of Public Instruction firmly endorses the concept of local control for schools. Although the sexuality education provided by a local school should be consistent with the most reasoned approach of public health and health education professionals, the content of curriculum is a decision to be made by the local school board with input from the community.