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## Managing Sex Education Controversy Deep in the Heart of Texas: A Case Study of the North East Independent School District (NEISD)

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### ABSTRACT

Comprehensive sexuality education (CSE), one of the key evidence-based strategies in our programmatic toolbox to address adolescent pregnancy and birth rates, remains a politically-charged issue countrywide. Though there is some funding available at the federal level, there are no national policies mandating the provision of sex education; as such, most decision-making occurs at the state or even the local level. Consequently, the provision of sex education and the quality and comprehensiveness of curricula used to do so are highly variable across the country, and are heavily influenced by the level of support or resistance in communities. This paper analyzes the experience of institutionalizing an evidence-based sex education in a large suburban school district in San Antonio, Texas, a socially conservative context. Understanding the politics of sex education is key to developing effective policies and strategies to ensure quality sex education programs are provided in public schools. However, there are no published papers documenting specific experiences with resistance to sex education in local communities in the USA. Given this, the strategies employed by opponents and the response by district officials can be informative for other school settings in the USA and around the world.

**Abbreviations:** AFLA: Adolescent Family Life Act; CHAMPSS: Choosing And Maintaining effective Programs for Sex education in Schools Model; CSE: Comprehensive sexuality education; DTL/RTL: Draw the Line/Respect the Line; HSAE: Human Sexuality and Abstinence Education, the middle school sex education curriculum in NEISD prior to 2008; NEISD: North East Independent School District; SAFA: San Antonio Family Association; SHAC: School health advisory council; STI: Sexually transmitted infection; TEC: Texas Education Code; TPIA: Texas Public Information Act; USA: United States of America; UTHSC: University of Texas Health Science Center

### KEYWORDS

Sexuality education; controversy; public schools; public awareness; controversy management; parent advisory committees

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## Introduction

Adolescents in the United States of America (USA) face a number of risks related to their sexual and reproductive health. The USA continues to have one of the highest teen pregnancy and birth rates among high-income countries, despite declines since 1990. (United Nations Statistics Division, 2015) Young people account for approximately 50% of all new STIs reported each year, and approximately 20% of all new HIV diagnoses. (Centers for Disease Control and Prevention, 2018a) Black and Hispanic adolescents have consistently worse outcomes across the country than their white peers related to their sexual and reproductive health (Power to Decide, 2019).

Comprehensive sexuality education (CSE) – which aims to “equip young people with knowledge, skills, attitudes and values that will empower them to: realize their health, well-being and dignity; develop respectful social and sexual relationships; consider how their choices affect their own well-being and that of others; and, understand and ensure the protection of their rights throughout their lives” – is a key evidence-based intervention to promote adolescent sexual and reproductive health and rights (Kirby, 2007; United Nations Educational, Scientific and Cultural Organization (UNESCO), 2018). Despite extensive evidence of its importance, CSE remains a politically-charged issue across the USA. Though there is some funding available at the federal level (Howell, 2007; U.S. Department of Health and Human Services Office of Adolescent Health, 2016; Youth.gov, n.d.), there are no national policies mandating the provision of sex education, and most decision-making occurs at the state or even the local level. Consequently, the provision of sex education and the quality and comprehensiveness of curricula used to do so are highly variable across the country, and are heavily influenced by the level of support or resistance in communities.

One of the key barriers to the delivery of good quality CSE in schools around the world is backlash and resistance (UNESCO, 2019). Thus, understanding the politics of sex education is key to developing and implementing effective CSE policies, strategies, and programs. However, there are no published papers documenting specific experiences with building support for CSE and overcoming resistance to it in local communities in the USA, and there are only a few published papers that focus on this issue in other countries (Chandra-Mouli, Gómez Garbero, Plesons, Lang, & Corona Vargas, 2018; Chandra-Mouli, Plesons, Hadi, Baig, & Lang, 2018). To fill this gap, this case study assesses the lessons that can be learned from the experience of the North East Independent School District (NEISD), a large

**Table 1.** Texan adolescents' need for sex education (Centers for Disease Control and Prevention, 2018b).

Youth risk behavior survey questions (2017)	Texas	USA
Ever had sexual intercourse	39.2%	39.5%
Were currently sexually active (within three months of the survey)	27.5%	28.7%
Had sexual intercourse with four or more persons during their life	11.2%	9.7%
Did NOT use a condom at last sexual intercourse (among currently sexually active youth)	52.4%	46.2%
Did NOT use birth control pills prior to last sexual intercourse (among currently sexually active youth)	85.9%	79.3%
Did NOT use any method to prevent pregnancy during last sexual intercourse (among currently sexually active youth)	23.1%	13.8%
Drank alcohol or used drugs before last sexual intercourse (among currently sexually active youth)	18.8%	19.1%

suburban school district in Texas, a socially conservative state where young people engage in sexual-risk taking behaviors at equal or higher rates than young people across the country (Table 1) (Centers for Disease Control and Prevention, 2018b). This case study does not seek to reiterate the evidence-base for CSE or to evaluate the quality of the sex education program in question. Instead, it aims to describe the lessons learned on adopting an evidence-based sex education curriculum in a politically and socially conservative climate by answering the following questions:

1. What process did the school district use to select and adopt a new middle school sex education curriculum?
2. What were the specific strategies used by local opposition groups to resist the curriculum decision?
3. How did the NEISD effectively build community support and overcome resistance to sex education?

### ***Brief history of sex education in the USA***

The first federal legislation to specifically address sexuality-related information in the USA was passed in 1871. This legislation, titled the Comstock Act, deemed all information dealing with human reproduction, contraception, and abortion to be “obscene” and criminalized its publication, distribution, and possession (Foster, 1957). Individuals convicted of violating the Comstock Act could receive up to five years of imprisonment with hard labor and a fine of up to \$2,000. Vestiges of this law were in place until the 1990s, when legislation was passed to repeal their remaining content on abortion (Encyclopedia Britannica: Editors, 2018).

The first formal school-based sex education program in the USA was the 1913 “Chicago Experiment” led by Dr. Ella Flagg Young, the first female Superintendent of Schools for the Chicago Public Schools. Despite concern

from many local board of education members that the public would reject such an initiative, Dr. Young succeeded in securing approval from the board to implement three lectures from specialists on the topic of “sex hygiene” using “simple, yet scientifically correct language” (Jensen, 2007). As noted at the time,

“Parental opposition to the teaching of sex hygiene has practically disappeared since the parents learned the exact nature of the new course... We first called meetings of parents and medical men who are conducting the lectures in schools, explained just what was to be taught. Parents who objected are now on our side and the only opposition that now exists comes from outside sources and from persons who do not really understand what we are teaching” (Young, 1913).

However, transcripts of the lectures were sent to officials in Washington, DC, who determined that they were illegal under the aforementioned Comstock Act. In response, the board of education members voted to end the program during only its second year and remove Dr. Young from office (New York Times, 1913).

Meanwhile, the federal government’s formal involvement in sex education began in the 1910–1920s and focused on educating military troops about the risk of STIs. This work was funded by the Chamberlain-Kahn Act of 1918 (Pierce, 1919) and used materials developed by a national organization called the American Social Hygiene Association.<sup>1</sup> Later, these materials were edited (i.e., content on condoms was removed) for use in public schools (Mead Project, 2018). More formally, organizations such as the Sex Information and Education Council of the USA, founded in 1964, spearheaded the promotion and formalization of sex education instructional standards (SIECUS, 2018).

This expansion and legitimization of sex education was met with increasing resistance from parents (often organized by religious groups) and conservative politicians. Backlash deemed the curricula “raw sex in the schoolhouse” and often focused on the “explicitness” of sex education and the lack of “proper” sexual morality (SIECUS, 2018; Drake, 1968). Alongside this, the first cases of AIDS were reported in the US in 1981. (Centers for Disease Control and Prevention, 1987a) In response to these developments, the federal government took two important actions. Firstly, Congress passed the Adolescent Family Life Act (AFLA) (commonly referred to as the “Chastity Law”), which provided financial support to educational programs to “promote self-discipline and other prudent approaches” to sex. Secondly, the Centers for Disease Control and

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<sup>1</sup>The ASHA was founded in 1914 and was the first national organization to provide sex education in the USA. It which strove for “medical and moral improvement;” it viewed male sexual activity as a “medical necessity” and focused the curricula on the “medical dangers of sexual immorality.” Women were typically excluded from education efforts, as their sex was seen as being under the “control” of their parents/husbands (Virginia Commonwealth University Social Welfare History Project, 2017).

Prevention published *Guidelines for Effective School Health Education to Prevent the Spread of AIDS* to assist school personnel and others in planning, implementing, and evaluating educational efforts to reduce the spread of HIV. While the guidelines heavily emphasized abstinence and cessation of HIV-related risk behaviors, the guidelines did promote the use of latex condoms for those engaging in sexual intercourse (Centers for Disease Control and Prevention, 1987b).

The federal government increased direct involvement in sex education in 1996 by passing the Welfare Reform Act (Public Law 104–193), which built on the aforementioned AFLA and provided \$50 million annually in federal funding for “abstinence-only” sex education.<sup>2</sup> (Planned Parenthood, 2016) To be eligible for these funds, recipients were required to develop and/or deliver educational programs in which “each element of A through H [definition of abstinence-only education was] meaningfully represented” (Figure 1) (Howell, 2007) and provide assurance that funded programs “do not promote contraception and/or condom use” (Howell, 2007). Since 1996, over \$1.5 billion in federal funds have been expended on these programs and these funds are still available to qualified applicants in the USA (Sex Information and Education Council of the US, 2009).

An eligible abstinence-only education program is one that:

- A. has as its exclusive purpose, teaching the social, psychological, and health gains to be realized by abstaining from sexual activity;
- B. teaches abstinence from sexual activity outside marriage as the expected standard for all school-age children;
- C. teaches that abstinence from sexual activity is the only certain way to avoid out-of-wedlock pregnancy, sexually transmitted diseases, and other associated health problems;
- D. teaches that a mutually faithful monogamous relationship in the context of marriage is the expected standard of human sexual activity;
- E. teaches that sexual activity outside the context of marriage is likely to have harmful psychological and physical effects;
- F. teaches that bearing children out-of-wedlock is likely to have harmful consequences for the child, the child’s parents, and society;
- G. teaches young people how to reject sexual advances and how alcohol and drug use increase vulnerability to sexual advances; and
- H. teaches the importance of attaining self-sufficiency before engaging in sexual activity.

**Figure 1.** Federal definition of abstinence-only education.

In 2004, an evaluation by Congress of 13 federally-funded abstinence-only sex education programs found that almost all of these programs contained false and misleading information about sexual and reproductive health, often blurred religion with science; and treated stereotypes about girls and boys as

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<sup>2</sup>It is important to note that unless individual school districts receive funding directly or indirectly (i.e. through the state departments of education or health) from the federal government, they are not bound by any federal rules or regulations regarding sex education instruction.

scientific fact. (Waxman, 2004) Based on the results of this evaluation, the General Accounting Office recommended in 2006 that “Health and Human Services reexamine its position and adopt measures to ensure that . . . abstinence education materials comply” with federal regulations for scientific and medical accuracy. (Government Accountability Office, 2006)

Beginning in 2010, the Obama Administration transformed the federal funding approach for sex education by authorizing two new funding streams for evidence-based programs. The Teen Pregnancy Prevention Program provided \$100 million for the replication of program models that had been rigorously evaluated and shown to be effective at reducing adolescent pregnancies, STIs, or other associated sexual risk behaviors, as well as for the development and evaluation of new innovative adolescent pregnancy prevention strategies (U.S. Department of Health and Human Services Office of Adolescent Health, 2016). The Personal Responsibility Education Program provided \$75 million for programs that addressed three of six adult preparation topics, specifically among high-risk adolescent populations (Youth.gov, n.d.).<sup>3</sup>

Starting in 2016, the Trump Administration cut funding for these two adolescent pregnancy prevention programs (Hellmenn, 2018). However, recent court rulings forced the Administration to reverse these decisions and continue to fund some of their recipients (Pikelo, 2018). Additionally, the federal government has returned to the abstinence-only education philosophy by favoring program applications that emphasize abstinence or “sexual risk-avoidance” (Belluck, 2018). Of note, these decisions have been influenced by Valerie Huber, a longtime abstinence-only proponent and previous director of the nonprofit Aspire (formerly known as the National Abstinence Education Association), who was appointed in June of 2017 as the Chief of Staff to the Assistant Secretary of Health in the USA Department of Health and Human Services (Hellmann, 2017).

### ***Brief overview of sex education in Texas***

Texas has the second largest public school system in the USA with over 5.2 million students enrolled in over 1000 school districts (Texas Education Agency, 2017–2018a). Unlike many other states, Texas public schools are organized and managed locally in geographically limited school districts by a school superintendent and an elected board of trustees with 7–9 school board members. A state-level bureaucracy – the Texas Education Agency – administers the laws and policies that govern education supported in whole or part by the state through implementation of the Texas Education Code

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<sup>3</sup>Adult preparation topics include Adolescent Development, Financial Literacy, Healthy Life Skills, Parent-Child Communication, Educational and Career Success, and Healthy Relationships (14).

...

- e) Any course materials and instruction relating to human sexuality, sexually transmitted diseases, or human immunodeficiency virus or acquired immune deficiency syndrome shall be selected by the board of trustees with the advice of the local school health advisory council and must:
  - 1) present abstinence from sexual activity as the preferred choice of behavior in relationship to all sexual activity for unmarried persons of school age;
  - 2) devote more attention to abstinence from sexual activity than to any other behavior;
  - 3) emphasize that abstinence from sexual activity, if used consistently and correctly, is the only method that is 100 percent effective in preventing pregnancy, sexually transmitted diseases, infection with human immunodeficiency virus or acquired immune deficiency syndrome, and the emotional trauma associated with adolescent sexual activity;
  - 4) direct adolescents to a standard of behavior in which abstinence from sexual activity before marriage is the most effective way to prevent pregnancy, sexually transmitted diseases, and infection with human immunodeficiency virus or acquired immune deficiency syndrome; and
  - 5) teach contraception and condom use in terms of human use reality rates instead of theoretical laboratory rates, if instruction on contraception and condoms is included in curriculum content.
- f) A school district may not distribute condoms in connection with instruction relating to human sexuality.
- g) A school district that provides human sexuality instruction may separate students according to sex for instructional purposes.
- h) The board of trustees shall determine the specific content of the district's instruction in human sexuality, in accordance with Subsections (e), (f), and (g).
- i) Before each school year, a school district shall provide written notice to a parent of each student enrolled in the district of the board of trustees' decision regarding whether the district will provide human sexuality instruction to district students. If instruction will be provided, the notice must include:
  - 1) a summary of the basic content of the district's human sexuality instruction to be provided to the student, including a statement informing the parent of the instructional requirements under state law;
  - 2) a statement of the parent's right to:
    - i. review curriculum materials as provided by Subsection (j); and
    - ii. remove the student from any part of the district's human sexuality instruction without subjecting the student to any disciplinary action, academic penalty, or other sanction imposed by the district or the student's school; and
  - 3) information describing the opportunities for parental involvement in the development of the curriculum to be used in human sexuality instruction, including information regarding the local school health advisory council established under Subsection (a).
- i-1) A parent may use the grievance procedure adopted under Section 26.011 concerning a complaint of a violation of Subsection (i).
- j) A school district shall make all curriculum materials used in the district's human sexuality instruction available for reasonable public inspection.

**Figure 2.** Relevant elements of sex education instruction per the TEC 28.004.

(TEC) (Texas Education Agency, 2017–2018b). However, the majority of curricula decisions are reserved for the local school board through a concept known as “local control”.

Sex education is the only content area for which the TEC has specific restrictions and mandates for instruction (Figure 2).<sup>4</sup> While the TEC does not require Texas public schools to offer sex education; it stipulates that

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<sup>4</sup>However, there are curriculum standards for all content areas as found in the Texas Essential Knowledge and Skills (Texas Education Agency, 2017–2018c).

**Aim:** To ensure that “local community values are reflected in the district’s health education instruction” by providing recommendations regarding health education instruction. (19)

**Mandated since:** 1995 (with 11 revisions/amendments to its mandate in the years since)

**Leadership:** Parent chair/co-chairs

**Members:** Parents and community members (with a limited number of school district personnel) who are selected by the local school board, recruited by other members, or volunteer to serve.

**Requirements:** SHACs must have at least 5 members, meet at least four times per year, and post the number of SHAC meetings in the previous year on the school district’s web site. (19) There are no requirements stipulating credentials of members, frequency of meetings, how decisions are made (i.e. majority vote vs. consensus), maximum number of committee members, etc.

**Responsibility of local school boards:** Local school boards are statutorily required to consider the recommendations of the SHAC regarding the school health program, but are not bound to adopt the recommendations. (19)

**Figure 3.** School Health Advisory Councils (SHAC).

any sex education that is provided must *emphasize* abstinence. General guidelines for content on sex education instruction are included in the TEC Chapter 28.004, but implementation of the statute is left to the jurisdiction of the locally elected school board, with advice and input from the local School Health Advisory Council (SHAC). (Figure 3) (Texas Education Agency, n.d.)

These SHAC are parent and community member committees that are statutorily mandated to provide local school boards with recommendations about the school health program. Originally, these committees were tasked with making recommendations about sex education, but the statute has been amended many times over the years to cover the entire school health program. These committee members are appointed by the local school board, but there is no requirement that the members receive any training on sex education or coordinated school health. The SHAC’s role is merely advisory and the school board is under no obligation to act on the SHAC’s recommendations. (Texas Education Agency, n.d.)

Despite Texan adolescents’ clear need for sex education (Table 1), a 2009 evaluation of sex education in the state’s public schools found that schools were woefully inadequate in providing quality, evidence-based sex education to students. (Texas Freedom Network Education Fund, 2009) Researchers used the Texas Public Information Act (TPIA) to assess 990 school districts in Texas to determine the types of materials used to teach sex education in Texas public school classrooms. To date, it is the largest classroom sex education study conducted in Texas public schools (Texas Freedom Network Education Fund, 2009).

Specifically, it was found that approximately 25% of districts had no formal policy regarding sex education, and over 96% of Texas public schools

taught abstinence-only sex education or no sex education at all (Texas Freedom Network Education Fund, 2009). The sex education that was taught was rife with omissions and false information.<sup>5</sup> Additionally, many of the curricula materials used fear and shaming approaches to discourage sexual activity and perpetuated gender inequalities by placing the majority (if not all) responsibility for sexual decision-making on girls (Texas Freedom Network Education Fund, 2009).

Of particular interest were the evaluation's findings regarding SHACs. Sixty percent of districts had no meaningful input from their respective SHACs on sex education in the three years prior to the study and 80% could not point to *any* recommendation about sex education from their respective SHAC at *any* point in time (Texas Freedom Network Education Fund, 2009). Based on this research, the evaluation concluded that the majority of school districts either ignored or diminished the statute requiring input from the local SHAC on decisions about sex education (Texas Freedom Network Education Fund, 2009).

In 2009, state high school graduation requirements were revised to no longer mandate health education (the instructional platform for the overwhelming majority of sex education) for graduation (Texas Freedom Network Education Fund, 2017). In response, a follow-up evaluation was conducted in 2017 on the 2015–2016 school year to determine changes in sex education in Texas public schools since the original 2009 study.<sup>6</sup> Results indicated that the percentage of districts that taught no sex education soared from 2.3% in 2008 to over 25% in 2015–16. Districts offering no health education were more than four times more likely than other districts to offer no sex education at all (Texas Freedom Network Education Fund, 2017). Additionally, there were geographic differences in the types of sex education offered in Texas public schools: in general, rural and smaller school districts were more likely to take an abstinence-only approach or teach no sex education at all (Texas Freedom Network Education Fund, 2017).

However, in the 2017 study, though more districts overall indicated not teaching sex education, of those districts that reported teaching sex

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<sup>5</sup>In fact, of the districts that taught sex education in 2009, 30% reported using only one of the state-approved textbooks, none of which mentioned condoms (the only place where condoms are mentioned is in the teacher's edition of one of the four textbooks). For example, *Lifetime Health* from Holt, Rinehart and Winston has a section titled "8 Steps to Protect Yourself from STDs." None of the recommended steps includes using barrier protection. The textbook does, however, suggest that students "get plenty of rest" so that they make better decisions (Friedman, 2004). It is also worth noting that Texas has not adopted new health education textbooks since 2004.

<sup>6</sup>It is important to note that both the 2009 and 2017 studies only examined the types of materials adopted by school districts in Texas. There was no attempt to measure the extent to which these materials were used with fidelity within these school districts.

education, more of these districts appeared to adopt “abstinence-plus” materials (i.e., abstinence as the first and best choice for preventing pregnancy and STDs, but also scientific discussions of condoms and birth control), in many cases by adding optional units on condoms/contraception. The percentage of districts with materials that included accurate information about condoms and contraception increased from 3.6% in 2008 to 16.6% in 2015–16 (Texas Freedom Network Education Fund, 2017).

### ***The NEISD***

The NEISD is located in a rapidly growing area of San Antonio, Texas, the seventh largest city in the USA. (City Mayors Statistics, n.d.) With an annual budget exceeding \$552 million, the NEISD has over 9000 employees (including over 4300 teachers) and enrolls approximately 64,000 students. Approximately 26% of the district’s students identify as White, 59.4% Hispanic, 7.3% African American, and nearly 4.0% Asian. Forty-five percent of students are considered at-risk for dropping out of school (statewide average is ~51%) and 12.1% of NEISD students are considered Limited English Proficiency (statewide average is 18.8%). However, almost 92% of students who began ninth grade in 2013–2014 graduated on-time, which is slightly higher than the statewide average (The Texas Tribune, 2018).

The NEISD SHAC has been organized and active for many years. During the 2017–2018 school year, the SHAC met nine times, far exceeding the statutory requirement of four meetings per year. The SHAC is currently composed of 50 members who self-select into five thematic committees.<sup>7</sup> The current Chair of the SHAC has been a SHAC member for six years and Chair for four years, and brings a wealth of community service experience, as well as personal community connections.

## **Methods**

### ***Data collection***

To document the NEISD’s experience and draw out lessons learned on building support for CSE and navigating backlash to it, information was gathered from internal district documents, as well as from public media

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<sup>7</sup>One of these thematic committees is the NEISD Kids’ SHAC (KSHAC), which is intended to provide students perspectives on specific issues deemed appropriate for student input. The KSHAC includes 26 students from across the district – including at least one student from each secondary school – who are appointed by school principals. The group meets four times per year: twice with full SHAC and twice as KSHAC only. With regard to sex education, there is a strong sense within the NEISD that parents have the right to decide what is best for their child. As such, the KSHAC was not included in the sex education recommendation process (Munsell, 2018; Naylor, 2018; Sanchez-Roha, 2018).

reports, social media postings, and other documents related to the adoption of the middle school sex education curriculum.

To supplement this information, key informant interviews were conducted and audio-recorded in August of 2018 with key personnel from the NEISD, including the Superintendent, Associate Superintendent of Instruction and Campus Administration, School Board President, Director of Health and Physical Education, Lead Health Education teacher, and SHAC President. A set of standard questions were asked of each participant (Table 2). Based on the responses by the individual and their respective role (i.e., school district superintendent vs. parent volunteer vs curriculum director), additional exploratory questions were asked.

**Table 2.** Interview questions for key informants.

- 
1. What is your name and position with the school district?
  2. How long have you worked in the school district and how long in your current position?
  3. What specific role did you play in the sex ed controversy in the school district?
  4. What actions were taken that you feel were particularly helpful in managing the NEISD sex ed situation?
  5. What surprised you most about the controversy?
  6. What were the “lessons learned” about dealing with sex education controversy?
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### **Data analysis**

To answer the first research question (i.e., What process did the school district use to select and adopt a new middle school sex education curriculum?), a timeline of key events was developed from the literature review, and the rationale for the decisions made were elaborated through information attained in the key informant interviews.

To answer the second research question (i.e., What were the specific strategies used by local opposition groups to the curriculum decision?), information was elucidated from the key informant interviews on how the controversy manifested and how those who were opposed to the curriculum decision attempted to raise public attention and discredit the process.

To answer the third research question (i.e., How did the NEISD effectively build community support and overcome resistance to sex education?), information was elucidated from the literature review and the key informant interviews on the choices that the NEISD made and the processes it used to prepare for resistance and to respond to it when it arose. Additionally, the key informant interview responses were analyzed to assess the interviewees’ perceptions of the lessons learned from using these strategies. Given the similarities in many elements of the interviewees’ perceptions on this subject, broad response categories were identified and explained.

Given the case study format and small number of individuals interviewed ( $n = 6$ ), this study did not lend itself to extensive qualitative data analysis techniques of coding of responses and development of themes and subthemes.

## Findings

### ***What process did the school district use to select and adopt a new Middle school sex education curriculum?***

Prior to 2008, the middle school sex education curriculum was called “Human Sexuality and Abstinence Education” (HSAE). It was a condensed version of the “Worth the Wait” (now known as the “Living WELL Aware Adolescent Wellness & Sexual Health” Program), an abstinence-only sex education program commonly used in Texas schools (Sulak, 2018). The classes were taught by school nurses as a part of the middle school science curriculum. Sixth grade students received two class periods of instruction per year, while seventh and eighth grade students received three class periods of instruction per year.<sup>8</sup>

In 2008, the HSAE was modified based on a new curriculum called “Choosing the Best” (ETR Associates, 2018a). The curriculum content was considered abstinence-plus, but was not evidence-based. The classes were taught by state-certified and curricula-trained health and physical education teachers, instead of school nurses. Sixth grade students received six class periods of instruction per year and seventh and eighth grade students received eight class periods of discussion per year (Table 3).

**Table 3.** Sixth grade sexual health topics.

Human sexuality & abstinence educ curriculum (Sulak, 2018)	Choosing the best curriculum (ETR Associates, 2018a)
Emotional/physical changes with puberty	Goals and decisions
Menstruation	Qualities of friendships and relationships
Erections and nocturnal emissions	Avoiding unhealthy relationships (including sexual abuse)
Hygiene and healthy lifestyle habits	Risks of teen pregnancy and STDs
	Choosing abstinence/Learning to say “No”

In 2011, NEISD staff attended the UTHSC’s Third Annual Adolescent Health Course, (University of Texas Health Science Center, 2017) which included content on evidence-based programs according to legislation that was then being proposed in Texas. Based on this information, the NEISD SHAC decided to revise the curriculum again. In 2013, the “Classroom Health and Sex Education” Committee was formed to conduct a complete review of the HSAE program. Staff from Project WORTH (a youth-centered initiative funded by the San Antonio Metropolitan Health District) (City of San Antonio Metropolitan Health District, 2018) were engaged as an outside resource to support the review. At the same time, NEISD staff undertook curricula observations of two evidence-based alternatives (“Draw the Line/Respect the Line” (DTL/RTL) (ETR Associates, n.d.) and

<sup>8</sup>Although not addressed in detail in “Choosing the Best” and “DTL/RTL,” NEISD students receive information on basic anatomy and reproductive biology during grades 6 and 8 in science classes.

“It’s Your Game: Keep It Real” (University of Texas Prevention Research Center, 2017) in neighboring school districts.

Community outreach was initiated through online Parent Previews in which parents could log-in to a district website, review the entire curricula (including videos and supplemental materials), and provide feedback. In 2015, over 2800 “clicks” on this website were recorded. Additionally, face-to-face Parent Preview meetings on middle and high school campuses were organized. The percentage of eligible parents attending these in-person meetings were 4% (2013–14), 2% (2014–2015), and 1% (Fall 2015) (Munsell, 2018). During the 2013 Fall semester, there was close to 90% active participation by parents in providing permission<sup>9</sup> for their student to receive sex education; however, a total of 40 students were opted out of 47 specific lessons (the overwhelming majority being the lesson on STIs). (Munsell, 2018)

During the 2014–15 academic year, the Project WORTH consultants brought in staff from the University of Texas Health Science Center (UTHSC) in San Antonio to provide technical assistance in selecting an appropriate and evidence-based sex education program. Based on their professional advice, the NEISD decided to use an evaluation tool, called the “Choosing And Maintaining effective Programs for Sex education in Schools” (CHAMPSS) Model (University of Texas Health Science Center in Houston, 2015) to identify a suitable curriculum for their specific student population and district context (Munsell, 2018). Within this model, a Partner Needs and Resources Assessment was conducted to identify student trends and needs in the community, as well as other sources of adolescent sexual and reproductive health services, to identify partners and reduce the likelihood of service duplication. This data collection phase was noted as an important step in driving a data-based decision on the appropriate sex education curriculum.

Four curricula were identified and screened through the CHAMPSS approach: “Making a Difference!” (ETR Associates, 2018b), “Promoting Health Among Teens! Abstinence Only” (ETR Associates, 2018c), “DTL/RTL” (ETR Associates, n.d.), and “It’s Your Game: Keep It Real” (University of Texas Prevention Research Center, 2017). An evaluation rubric was used to assess the curricula and to provide objectivity and transparency to the process. Lessons from each curriculum were outlined and positives (“green flags”), along with potential “red flags” and possible adaptations, were identified. Each curriculum was then evaluated using the individual lesson scoring sheets and staff from Project WORTH trained in curriculum evaluation provided technical assistance by training SHAC

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<sup>9</sup>The NEISD requires active parental consent for students to receive sex education (Supplementary Appendix A). This requirement exceeds the state’s TEC 28.004, in which parents only have to “opt-out” (i.e. provide passive consent) for their student to receive sex education. (Texas Education Agency, n.d.). In the NEISD, parents also have the option to consent to their student receiving general sex education instruction, but opt their student out of specific lessons.

committee members to use the lesson evaluation system (Munsell, 2018; Naylor, 2018; Sanchez-Roha, 2018).

Based on this thorough evaluation, the Committee recommended “DTL/RTL” to the full SHAC for approval. This choice continued the NEISD’s abstinence-plus approach, but included additional information about condoms. However, some modifications were included in this recommendation. For example, the Committee suggested substituting condom demonstrations with a condom education activity. In addition, the Committee decided that parents would continue to “opt-in” (i.e., provide active consent) for their student to receive the curriculum, and alternative lessons would be developed from an approved textbook for students who were opted-out of specific lessons (Munsell, 2018; Naylor, 2018; Sanchez-Roha, 2018) (Tables 4–7).

**Table 4.** Seventh and eighth grade sexual health topics.

Human sexuality & abstinence educ curriculum	Choosing the best curriculum
Reproductive systems	Emotional consequences of sex
Definitions of “sex”	Risks of STD and HIV/AIDS
Statistics, treatment, prevention, and risk of STDs	Teen pregnancy and prevention methods
Pregnancy prevention (abstinence)	Pressures to be sexually active
Realities of being a teen parent	Setting boundaries
Sex and the law	Practicing refusal skills
Practicing refusal skills	

**Table 5.** Sixth grade sexual health topics.

Draw the line/respect the line curriculum (ETR Associates, n.d.)
Draw the line/respect the line
Steps for drawing the line-part 1
Steps for drawing the line-part 2
The role play challenge
Friends respect the line

**Table 6.** Seventh grade sexual health topics.

Draw the line/respect the line curriculum
Welcome
Reasons for not having sex
Handling risky situations
Drawing the line in situations that could lead to sex
STD facts
STD and relationships
Making a commitment

**Table 7.** Eighth grade sexual health topics.

Draw the line/respect the line curriculum
HIV and teens
Draw the line challenge
Difficult moments
Sticking to your limit
Talking with a person who has HIV
Reduce your risk
Staying safe

In March 2016, the full SHAC voted to accept the Committee's recommendation and approved "DTL/RTL" to be presented to the school board for final approval. The recommendation was presented to the NEISD's Executive Leadership Team (i.e., upper administration) at their April 2016 meeting, and to the full school board at their May 2016 meeting. The school board voted unanimously to accept the SHAC's recommendation and the curriculum was slated for rollout in the Fall of 2016.

### ***What were the specific strategies used by local opposition groups to the curriculum decision?***

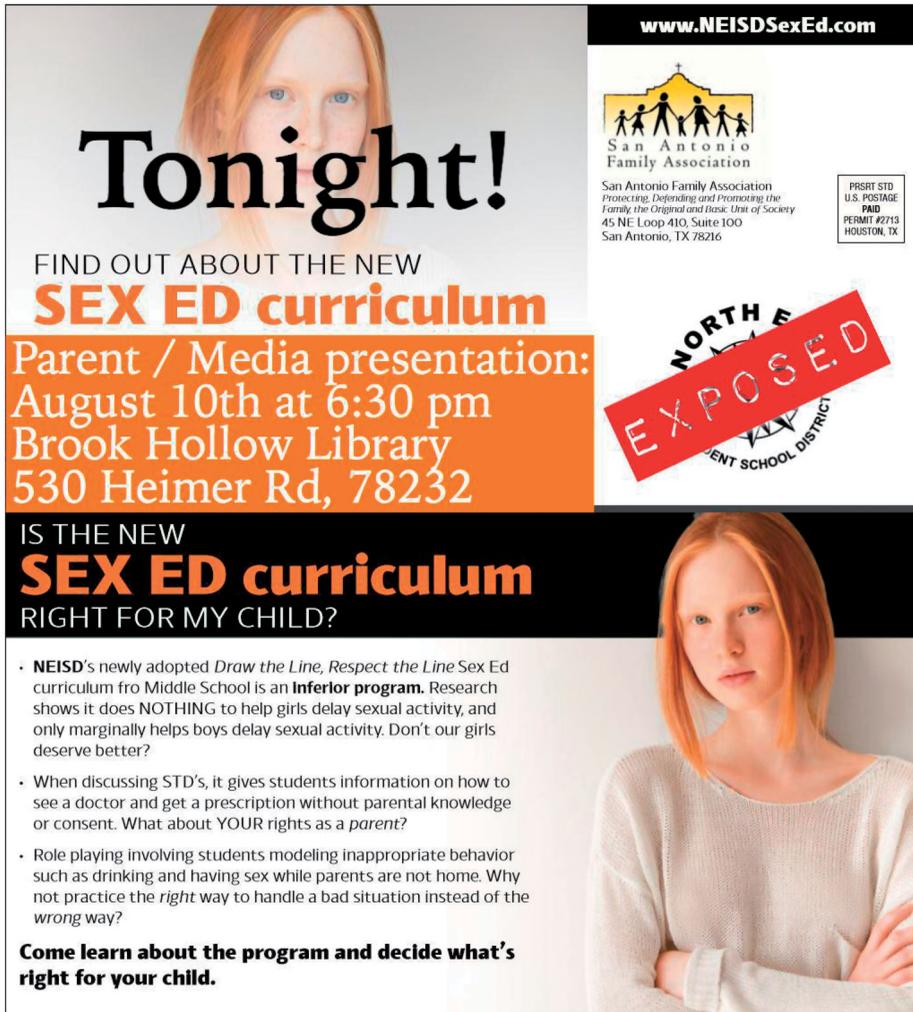
When the NEISD announced the decision to adopt the new curriculum, some parents in the community became concerned and aired their objections publicly. Person X\*<sup>10</sup>, member of the San Antonio Coalition for Life, requested to join SHAC. Person X was informed that new members were not being accepted at that time. However, she was told that she was welcome to attend the meetings as a member of the public, with the exception of those of the Classroom Health & Sex Education Committee, as they had been working on the curriculum adoption process for almost two years and were not accepting new feedback. Despite this information, Person X attempted to attend this committee meeting anyway.

Person X also conducted interviews with electronic and print media outlets in the greater San Antonio area in which she made false and misleading claims about the curriculum and school district. For example, she stated the curriculum was "inferior" and did "NOTHING" to help girls delay sexual activity. She also noted that the curriculum included "role-playing involving students modeling inappropriate behavior such as drinking and having sex while parents are not home." (Figure 4) Representatives from the NEISD repeatedly informed her that this was a mischaracterization, and that the role-play activity represented situations that student might be faced with in the future and should be prepared for. However, she persisted with public statements to the contrary.

Soon to be involved was Person Y member of the pro-life group, the San Antonio Family Association (SAFA). The SAFA has been involved in protests against abortion rights at the San Antonio Annual Martin Luther King Jr. Day March and is very politically active in the area. In August 2016, SAFA began hosting a series of seminars for parents to discuss the new sex education curriculum (Figure 4). The meetings were misleadingly titled "NEISD Sex Ed Parent Education Seminar" and an associated website (as of March 2016) (San Antonio Family Association, 2018) implied school

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<sup>10</sup>Anonymous identifiers are used to distinguish different opponents of the NESID adopted curriculum.



**www.NEISDSexEd.com**

**Tonight!**

FIND OUT ABOUT THE NEW  
**SEX ED curriculum**

Parent / Media presentation:  
August 10th at 6:30 pm  
Brook Hollow Library  
530 Heimer Rd, 78232

IS THE NEW  
**SEX ED curriculum**  
RIGHT FOR MY CHILD?

- NEISD's newly adopted *Draw the Line, Respect the Line* Sex Ed curriculum for Middle School is an **inferior program**. Research shows it does NOTHING to help girls delay sexual activity, and only marginally helps boys delay sexual activity. Don't our girls deserve better?
- When discussing STD's, it gives students information on how to see a doctor and get a prescription without parental knowledge or consent. What about YOUR rights as a *parent*?
- Role playing involving students modeling inappropriate behavior such as drinking and having sex while parents are not home. Why not practice the *right* way to handle a bad situation instead of the *wrong* way?

**Come learn about the program and decide what's right for your child.**

San Antonio Family Association  
*Protecting, Depending and Promoting the Family, the Original and Basic Unit of Society*  
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San Antonio, TX 78216

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**EXPOSED**

**Figure 4.** “NEISD Sex Ed Parent Education Seminar” announcement.

district involvement/endorsement of these meetings when, in fact, the NEISD had no involvement. This raised a tremendous amount of confusion in the community. In response, NEISD officials sent a letter to all middle school parents informing them of the curriculum’s content and notifying them that the school district was not involved with these meetings and would not be in attendance.

In these parent seminars, inaccurate and misleading information was provided to attendees. For example, there were claims that the NEISD was “promoting anal and oral sex” and the curriculum may violate “child exploitation laws.” At one SAFA seminar, an “educator’s kit” that contained a dildo and condoms was displayed, and attendees were told that the kit would be used in NEISD classrooms, despite numerous clarifications from the NEISD that the curriculum included no condom demonstrations. At

another seminar, the NEISD was charged with illegally approving the curriculum, based on the false allegation that the NEISD had signed a contract with the curriculum's publisher before the board had officially voted to adopt the curriculum. Other information was misinterpreted: for example, the NEISD was accused of circumventing parents by advising students to "call a doctor if you think you are pregnant." Similarly, SAFA accused the NEISD of "encouraging children to have sex" because students younger than 13 received education about sex and reproduction. (KSAT 12, 2016; News 4 San Antonio, 2017; San Antonio Current, 2016)

To increase participation at these parent seminars, SAFA sent out "robocalls" (an automated telephone call that delivers specific messages to a target audience), which included many of these accusations, to households in the NEISD attendance zone. The administration of NEISD responded by sending two letters to SAFA requesting they stop spreading inaccurate information about the sex education program. While the meetings continued, attendance was relatively sparse and the community outrage expected by SAFA did not transpire.

Finally, a third individual, Person Z became involved in the debate by evaluating the lessons, despite having no training in health education, sex education, or curriculum design and implementation. Through her Facebook page "Flag on the Play" (Beckett, 2017), Person Z used a series of videos called "A Parent's Point of View" to provide results of her curriculum "evaluation". Many of the aforementioned falsehoods were repeated in this video series, along with pleas that parents testify at NEISD school board meetings to encourage the board reconsider their curriculum adoption decision. Person Z also filed formal appeals with the Texas Education Agency in an attempt to overturn the board's decision; however, this proved unsuccessful as the Texas Education Agency upheld the school district's decision.

In addition to these strategies, opponents of the curriculum also used the TPIA<sup>11</sup> to search for evidence that the district did not follow a policy or an e-mail exchange that indicated nefarious reasons for selecting the curriculum. During the 18-month public debate about the sex education program, the NEISD received 36 requests for records (i.e., district policy documents, minutes of meetings, e-mail correspondence about the curriculum) that had to be responded to by the Director of Health and Physical Education within a prescribed time deadline and with 100% completion. A subtler purpose of these requests was to overwhelm district staff with extra work

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<sup>11</sup>The TPIA gives citizens the right to access government records under the assumption that all government information is presumed to be available to the public (with exceptions) (Texas Comptroller of Public Accounts, n.d.).

in complying with the law. Even after the 36 record requests, no damaging information was discovered. (Naylor, 2018)

In the end, the school board stood by their original vote and did not revisit the issue as part of an agenda item during any board meeting. The curriculum has been taught in the middle schools since 2016 with over 98% of parents opting-in their student for the program. (Naylor, 2018)

### ***How did the NEISD effectively build community support and overcome resistance to sex education?***

The NEISD case study points to a number of important strategies that can be used to build community support for sex education and overcome resistance.

#### ***Understanding the context through personal and institutional relationships***

In the case of the NEISD, the health education staff had been in place for a number of years and developed personal and professional rapport within the district and community at large. The program director had been with the NEISD since 2004 and the lead health education teacher had 19 years of experience with the district. Such consistent public presence lent itself to the development of trust between parents and school staff. Similarly, because of their hands-on experience in the community (e.g., though engagement as athletic coaches in school and community sports leagues), these administrators had a rich understanding of the social mores and values in the community, as well as the pressing sexual and reproductive health needs of the student population. Similarly, they were widely known as caring educators who were committed to addressing the health needs of all students. The longevity and record of professionalism of the staff led to parents' trust that the district would continue to make decisions in the best interests of students.

The NEISD SHAC also contributed a great deal to the understanding of cultural and societal climate. As an active 50-person council with representation from multiple demographic, political, and social aspects of the community, the SHAC functioned as a true "voice" of the community (Munsell, 2018; Naylor, 2018; Sanchez-Roha, 2018).

In order to provide additional data to inform district decision-makers, the district conducted the Partner Needs and Resources Assessment (which is part of the CHAMPSS Model), and identified existing programs, services and resources addressing adolescent pregnancy and STIs/HIV. Of particular interest was whether these organizations implemented evidence-based programs and if any of these entities wished to partner with the NEISD.

In doing so, this process helped to build institutional relationships that resulted in long-term collaborative efforts.

### ***Ensuring transparency***

The NEISD built shared support and understanding in the community by prioritizing complete transparency at all steps of the process. By making the approved materials (including the lesson evaluation rubrics) available to parents through in-person and on-line Parent Preview sessions<sup>12</sup> and requiring active consent, the likelihood that a parent could claim he/she did not know what the curriculum contained or that he/she did not approve of the curriculum were greatly reduced. Similarly, it is often the case that opposition groups look for minor bureaucratic process deviations to claim the flawed process resulted in a flawed decision and thus make the school district re-start the process. As such, the district followed the TEC process with precision to preempt claims that the district violated state law in selecting and adopting the curriculum.

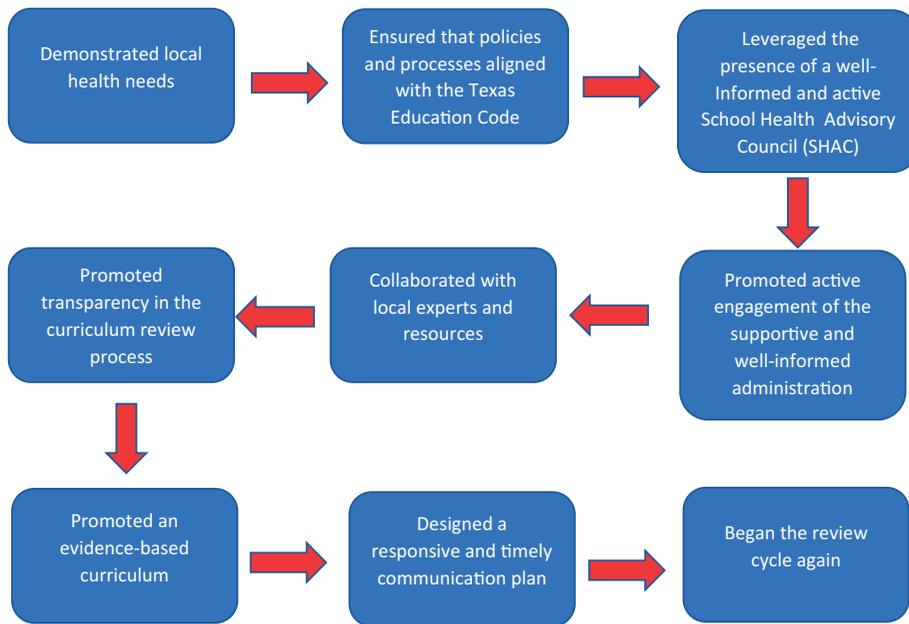
### ***Using a structured, thorough, and evidence-based process***

The painstaking work of the SHAC in reviewing curricula using a structured process (including a lesson scoring system) with external experts was helpful in explaining why “DTL/RTL” was selected over the other curricula under consideration. This process – which took almost three years from start to finish – eliminated potential accusations that the selection was done in secrecy or was predetermined. This also helped to reduce claims that the process was rushed or was determined as a “knee-jerk reaction.” While opponents could have challenged the final decision of the board, it would have been difficult to criticize the district of doing anything less than due diligence in the process (Gottardy, 2018; Naylor, 2018; Newman, 2018).

Additionally, the engagement of external experts from Project WORTH and the UTHSC added credibility to the process and to the SHAC as a whole, and complemented the community connections that NEISD staff and SHAC members brought to the table. These institutional relationships have the potential of extending to other projects and, perhaps, can help to address future controversy about health programs. With their involvement, the end result was a thorough process (Figure 5) and a well-thought-out decision, guided by science and implemented by trusted adults in the community (Munsell, 2018; Naylor, 2018).

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<sup>12</sup>Per state law, sex education curricula (i.e. past and current) was/is available for parent review.



**Figure 5.** The NEISD curriculum adoption process.

### ***Providing targeted professional development***

The NEISD ensured that the program's teachers were well-trained and could serve as ambassadors to navigate sensitivities. Firstly, all instructors for the middle school sex education curriculum were state-certified Secondary Health teachers, trained specifically in the approved curriculum. Secondly, teacher training for the new curriculum, DTL/RTL, was required of all middle school Physical Education and Health staff. The training was held over a two-day period, totaling approximately 16 hours. Facilitators were DTL/RTL-trained staff from the UTHSC, and administrators were also invited to attend. The training included an overview of the foundations of DTL/RTL, a review of the curricula for all three grade levels (6th, 7th, and 8th), and information on answering challenging questions. Importantly, the trainings also included participatory activities to practice applying new knowledge and skills; for example, the teachers were required to teach a lesson from one of the grade levels to one of their peers, who then provided them with constructive feedback. These trainings helped to ensure that the curriculum was delivered as intended (i.e., with fidelity), that teachers were aware of the sensitivities around the program, and that it was represented in a credible way to the community.

### ***Ensuring active engagement and support from senior leadership***

Clearly, the SHAC provided a clear recommendation and direction for the school district administration in considering the sex education curriculum

decision. The NEISD administration and senior leadership were supportive of the SHAC's decision from the beginning and did not waver in the face of public criticism. The SHAC followed a thorough and structured process in their review, selection, and recommendation, and ensured that state law was followed to perfection. Paying attention to such details made it easier for the district administration to stand by their recommendation. Additionally, the Director of Health and Physical Education Department made certain that the senior administration was kept apprised of all developments to reduce the chances of unexpected complications that could cause concern for the district (Gottardy, 2018; Grona, 2018; Newman, 2018). To that end, the superintendent was actively engaged and informed throughout the entire process. Although he was self-described as a "conservative person", he recognized the sex education curriculum needed to address issues beyond abstinence, and asked numerous questions about the content in anticipation of potential community controversy. His personal conviction in supporting the SHAC and empowering his administrators to do their jobs was paramount to the process' success (Gottardy, 2018).

#### ***Directly countering misinformation and opposition***

The school district was responsive from the start in answering all media inquiries about the curriculum and associated controversy, and ensuring that incorrect and misleading statements were challenged. The Director of Health and Physical Education was appointed as the central spokesperson to ensure that messages were consistent, and all questions to NEISD staff and SHAC members were referred to the spokesperson. This spokesperson was also in constant contact with the Lead Health Education Teacher to ensure all questions were answered with 100% accuracy. The spokesperson also had the administrative responsibility of the SHAC, therefore she was well-versed in the specific workings of the SHAC as well as the details of the curriculum adoption decision. In addition, the district immediately and actively addressed misstatements and misinterpretation about the curriculum from opposition groups. For example, when a representative of SAFA discussed a condom role play activity ("Herman Uses a Condom") that the district had removed from the curriculum, the district spokesperson directly corrected the statement and emphasized that SAFA had "been told several times" that the activity had been removed. Similarly, the NEISD responded to incorrect and misleading information presented through robocalls by sending a letter to all middle school parents informing them of the facts about the program (Newman, 2018). Finally, school board members, including the school board president and those who served as ex-officio (non-voting) members of the SHAC and were thereby

well-informed about the curriculum and the approval process, also made themselves available to meet with individual members of the public. However, only a handful of opponents took them up on this offer. A representative from SAFA went as far as to promise an “endorsement” of one school board member’s reelection campaign if she agreed to support an overturn of the original decision of the board. The school board member respectfully declined the offer and was subsequently reelected regardless (Grona, 2018).

### *Operationalizing a strategic response to deal with resistance*

Several specific and strategic responses were used to deal with controversy in the NEISD. First, incorrect and misleading statements were immediately challenged. The NEISD realized the threat that incorrect and misleading statements could represent if believed by the community, and realized the falsehoods would not “go away” on their own. Professional communication using a single spokesperson to continuously restate the facts about the curriculum and the process used by the SHAC helped to manage the public relations aspect of the controversy.

Second, the NEISD closed SHAC meetings from the public. The Texas Open Meetings Act (Texas Attorney General, 2018) requires that certain meetings must be held in public, but the district determined that SHAC meetings were not covered under this policy. While meetings had been open prior to the controversy, closing these meetings became immediately necessary when one opponent attempted to interrogate a student during a joint SHAC/KSHAC meeting.

Third, contact information for SHAC members was removed from public documents because of ongoing communication and harassment from the opposition. Although this information for the members of the SHAC is no longer available to the public, the district established an e-mail link on the SHAC website for the general public to submit questions or inquiries. Additionally, having a single point of contact provided the district with the ability to direct inquiries or questions to the appropriate individuals for response.

Fourth, the SHAC shifted from using formal bylaws to committee regulations. Formal bylaws create the opportunity for minor mistakes to be made in following these bylaws and thus, could give sex education opponents a platform for challenging all actions by the committee. Committee regulations are more informal statements of processes and procedures that do not carry the legal significance of formal bylaws. Other committees in the NEISD used these regulations to conduct business, which created consistency in all citizen committee functioning within the district. This shift had been initiated prior to the controversy; however, the opponents tried to

seize upon a minor infraction to claim the process and the SHAC membership was flawed and illegal, in hopes of forcing the SHAC to begin their work anew.

Fifth, the SHAC followed sound, established practices to review, select, and recommend their new middle school sex education curriculum. However, a new practice – whereby voting on new, sensitive, or complex information occurs in the subsequent meeting after the information is first presented – was initiated in response to the controversy and in a continued desire to strengthen the process. This new step in the process helped everyone to sufficiently understand the information and issues related to the recommendation/decision, and have time to ask questions and consider the issue fully (Munsell, 2018; Naylor, 2018).

Finally, the superintendent noted that for future curricula reviews – which occur on a three-year cycle in the NSEID – he would consider sending letters to parents to inform them in advance to reduce and quell any organized opposition to the process. It was suggested that notifying parents in advance would support a proactive approach to preempt resistance, rather than responding to concerns in a reactive manner (Gottardy, 2018).

### ***Post-Script***

In the 2018 session of the Texas Legislature, the Texas Family Association proposed an extensive legislative agenda that included new requirements for SHAC that would possibly impact the adoption process of sex education programs in Texas public schools. Of particular note was that all three of the organizers of the NEISD protest were a part of this initiative (Texas Family Association, 2019).

Specifically, the organization had numerous goals, one of which was “Support parental rights, accountability, and transparency by enacting changes in the law called for in the Republican Party Platform.” Their proposed changes were as follows:

State of Texas should adopt changes to TEC 28.004 to require every member of the SHAC to be appointed by the Board of Trustees; require every school district to post SHAC meeting minutes, full and fair disclosure of the contents of the human sexuality instruction; and proposed changes to health education; close loopholes and prohibit contraception distribution and demonstration; and expand the grievance process to cover the entire section of TEC 28.004.

In practice, this legislation (Senate Bill 784) would have required districts to have a curriculum adoption policy that mirrors the textbook adoption process in Texas, as well as two public hearings to discuss sex education recommendations. It also would have required that districts make copies of all curriculum materials available on their web sites, and provide these

copies – as well as a day-by-day description of content covered in sex education classes – to parents upon request. As noted by the oral testimony, many of these proposed changes were a result of the opponents' experiences with the NEISD (Texas Family Association, 2019).

The bill was successfully passed out of committee (19–11), but eventually failed to become law (Texas Legislature, 2019).

## Discussion

The NEISD was able to navigate the complex Texas conservative culture to adopt a strong, evidence-based sex education program with support from the community, SHAC, board of trustees, and upper administration. They did so by building community support and navigating backlash with a variety of approaches – including understanding the context through personal and institutional relationships; ensuring transparency; using a structured, thorough, and evidence-based process; ensuring active engagement and support from senior leadership; directly countering misinformation and opposition; and operationalizing a strategic response to deal with resistance.

This case study raises a number of useful implications for promoting CSE in the USA and elsewhere. First, it highlights tensions around the appropriate role for parents in influencing CSE curricula. While the SHAC regulations are intended to provide community input to a potentially controversial subject, there is no requirement that SHAC or school board members (who themselves may be parents) to be trained in evidence-based practices, including curriculum evaluation. While it is possible that some committee and board members might have a background in education and/or pedagogy, specific training about sex education is highly unlikely. This highlights the need for a discussion about the appropriate level of influence for those with little to no training in what it is they are being asked to assess.

Second, the tactics used by the individuals/groups in this case study appear to be fairly common strategies for backlash. These tactics include alarming unsuspecting parents about incorrect or misconstrued information in curricula, attacking the process used to adopt or design a curriculum, using public information requests to burden school staff, calling meetings that give the appearance of being school sponsored, and reaching out to community members using anonymous robocalls. While there is variation in the specifics of each strategy, the basic premise is the same; alarm and confuse parents in an attempt to create a community uproar. The good news is that these complaints are usually from a few community members and do not represent widespread outrage (Chandra-Mouli et al., 2018). Though a great deal of noise was created about the sex education program in NEISD, in reality, the overwhelming majority of parents supported the

program as exemplified by their over 98% opt-in for their students to attend classes.

Third, just as there are similarities in the strategies used to oppose CSE, there appear to be similarities in strategies that have worked to build support for CSE and overcome resistance to it – even in very different contexts. For example, despite a wave of backlash that paralyzed sex education in most states in India, *Udaan*, a school-based adolescent education program has achieved remarkable success in sustaining and scaling up its program in Jharkhand. Much like the NEISD, community support for *Udaan* was built by ensuring the curriculum was responsive to the local context, capitalizing on an enabling policy environment, institutionalizing *Udaan* through government-led implementation, prioritizing careful selection and training of teachers, emphasizing monitoring and evaluation to ensure quality and accountability, and engaging with community gatekeepers. *Udaan* effectively responded to resistance by organizing a formal curriculum review, orienting editors of local newspapers on the program; directly responding to questions and concerns; and implementing proactive actions for positive visibility (Chandra-Mouli et al., 2018).

Fourth, just because local efforts to limit sex education might be unsuccessful, opponents may well recruit others and attempt to sway laws and/or regulations at a different level (e.g., the state level). Such action requires local officials to be vigilant of legislative efforts at the state and national level and to recruit and inform others in the public school community of new and/or proposed legislation that could impact CSE in schools.

Finally, many of the observations by Dr. Ella Flagg Young in 1913 still resonate today. More than a century ago, she noted that only a small number of parents actively oppose CSE and that many complainants are intentionally or unintentionally misinformed. She highlighted the fact that successful adoption of CSE programs is tied to acknowledging the roles of science and morality together in the community (Young, 1913). The fact that many of the issues she noted over 100 years ago are still relevant today is indicative of the fact that there is still much work to be done.

One strength of this paper was the ability of the researchers to interview a variety of school district officials and community members, including the school board president. Having a variety of perspectives on such a nuanced, controversial issue provided a broad perspective on how the controversy was managed within the district. In addition, much of the controversy occurred in public; as such, documents were easily accessed to verify the activities discussed in this paper. This paper could have been strengthened by interviewing opponents of the curriculum. However, due to the fact that the controversy had become dormant, it was decided that contacting these opponents would increase the likelihood that controversy could reemerge.

In addition, discussions with classroom teachers about the issue relating to the opt-in process could have strengthened the findings.

## Conclusion

Controversy surrounding sex education is nothing new in the USA, especially in the traditionally more conservative South. In many contexts, CSE is about politics just as much as it is about science. Advocates for quality CSE must be well-versed in both strategies. Given this, the lessons learned on the strategies employed by opponents in the NEISD and the response used by the school district officials to successfully navigate the backlash can inform planning and decision making in other school settings in the USA and around the world.

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