

Comprehensive Sexual Health Education Instructional Materials Review 2022

Glencoe Health 2022 with Human Sexuality

Year Published/Revised: 2022 (NOTE: Only the version “with Human Sexuality” was reviewed. This review does not apply to Glencoe Health 2022, which does not include sufficient sexual health content to meet WA CSHE requirements. OSPI does not review general health education instructional materials, as there are no legislative requirements related to general health education instructional materials other than the requirement that all instructional materials be unbiased.)

Publisher: Glencoe

Website: <https://www.mheducation.com/prek-12/program/glencoe-health-2022/MKTSP-GIF04MO.html?page=1&sortBy=title&order=asc&bu=seg>

Full or Supplemental: Full

Grade Level: 9-12

Student Population: General

Duration/Number of Lessons: 8 Lessons

Format and Features: Textbook (available online)

Available in Multiple Languages: No

Evidence-based/informed: Not indicated

National Standards Alignment: Yes

Consistent with WA Health Education Standards? Yes

Consistent with Comprehensive Sexual Health Education Law? No – see comments related to medical accuracy

Consistent with AIDS Omnibus Act? No – see comments related to medical accuracy

Inclusive Materials/Strategies: Yes

Bias Free Materials: Yes



Primary Subject Areas and Topics Required by Law:

- Anatomy and Physiology, Reproduction, and Pregnancy (Pregnancy for Grade 6+)
- Growth and Development/Puberty
- Self-Identity (gender stereotypes, gender identity, sexual orientation, etc.)
- Prevention (general)
 - HIV/AIDS Prevention
 - Pregnancy Prevention
 - STD Prevention
 - Health Care and Prevention Resources
- Healthy Relationships (general)
 - Affirmative Consent
 - Bystander Training
 - Intrapersonal and Interpersonal Communication Skills for Healthy Relationships
 - The development of meaningful relationships and avoidance of exploitative relationships
 - Understanding the influences of family, peers, community, and the media throughout life on healthy sexual relationships

Reviewer Comments:

Accuracy

Reviewer 223

Chlamydia description is incomplete, mentions only HSV II as a genital infection, doesn't state that Hep B is preventable with vaccination, Syphilis is not known to be infectious (syphilis is transmissible through close skin-to-skin contact), Bacterial vaginosis is not an STD.

Penis does not need to be erect to discharge semen, clitoris and vagina omitted from diagrams, uses "excitement" instead of arousal, a doctor is not needed for a pregnancy test and home pregnancy tests do not have a high rate of false negatives, IUDs omitted from birth control methods discussion, HIV transmission via blood transmission is no longer a concern.

No citations or references included to back up statements.

Reviewer 224

This resourced almost entirely lacked citations. This is particularly problematic on all statistics provided and comparative claims. It is also particularly problematic on highly specific medical



advice, as many of these recommendations are changing rapidly and/or without medical consensus. Although citation is essential on medical recommendations and statistics, it is also best practice on general information such as STI information (treatment, symptoms, etc.), reproductive changes, etc. Similarly, there are a number of generalizations without citation. Additionally, there are several claims and diagrams that are medically inaccurate.

Inaccurate Claims

- The discussion of intellectual development needs citation and is inaccurate. Discussion appears to be based off Piaget's theory of development. From 7-11 children have concrete operational thought in which logical thought and understanding of volume do occur. In general, there are many schools of thought regarding human development, each with inadequacies. Information should be presented in light of this uncertainty.
- The typical start to puberty is debated, but 9 years old is commonly accepted. 12-18 is certainly later than relevant authorities propose. Regardless citation is essential (25).
- In reality, both females and males grow bones and muscle in puberty (27).
- There is a lack of research about the cause of nocturnal emissions. The description provided is not supported by my review of medical literature (49).
- The urethra is mis-labeled as the arrow is pointing to the anus (53).
- Amenorrhea is classified on *UpToDate.com* as absence of menarche before 16 (55).
- Citation for embryonic development timeline. The size estimates are lower than commonly cited. Timing of neuron development is earlier here than other resources (78).
- Should cite studies about risk of caffeine to fetus. According to American College of Obstetricians and Gynecologists (ACOG), moderate consumption is not a risk to the fetus (88).
- Vasectomy reversal efficacy is understated. Efficacy is estimated 50-70%. Similarly, reversal of tubal ligation is estimated to be between 46% (older women) and 73% in younger women (108).
- Abortions are not all surgical procedures as they can also be pharmacologic (109).
- Claim that douching makes fertilization more likely is dubious. It may push sperm further into the vagina, but it is an inference that this increases fertilization (122).
- According to *UpToDate.com*, Hepatitis C therapy is associated with a 97 to 100 percent chance of being HCV RNA negative during long-term follow-up and can therefore be considered cure of the HCV infection (133).

Medical Advice that is inaccurate or lacking nuance. The advice provided tends to be highly specific and covers areas where there is more nuance depending on patient characteristics and/or is quickly changing.

- There is debate among various health groups about the efficacy of breast-self exams and there is not a consensus on recommending them. For instance, the consensus on *UpToDate.com* is to not screen, but WHO recommends screening (52, 58).
- According to *UpToDate.com*, pap smears are not recommended for patients <21 years old and screening should occur every three years for patients age 21-29 (52, 57).
- For preeclampsia management, it is very common to do early delivery (87).



- Ultrasound is not commonly done until at least 7 weeks, according to *UpToDate.com* and ACOG. The resource implies that they are done earlier. Regardless, the claim that fetal heartbeat is detected at 5 weeks is early. After 6 weeks is more commonly accepted (90).
- Discussion of regular medical follow-up bridges into medical advice and certainly needs citation (90).
- Amniocentesis should optimally be done at 15-17 weeks per *UpToDate.com* (90).
- Although medication free births are possible in some cases, they are less common and not always medically appropriate. It should be made clear that medication free births are one viable but less common option (94).
- Contraindications to implant use are inaccurate. According to *UpToDate.com*, obesity is not a contraindication. The benefits of implants outweigh any theoretical risks for patients on seizure medications. Other medications listed are not contraindicated. Regardless detailed discussion with a doctor is necessary (106).
- The CDC recommendation for HPV vaccination is for everyone through the age of 26, not just females (128).

Incomplete Information:

- It is incomplete to not mention HPV and Hepatitis B vaccination in discussion of treatment (11).
- Seminal vesicle is not well labelled on this diagram and Cowper's gland not labelled (48).
- For completeness, IVF is another method of becoming a parent (70).
- Claim that embryo looks human at 8 weeks is not objective (80)
- Would be optimal to explain why using the rhythm method of birth control for teens is particularly difficult, beyond suggesting they are immature. Reasons include that it requires great attention to detail which is difficult, and that timing of menstrual cycles is more variable in adolescents (101).
- Emergency contraception omits discussion of copper IUDs which are the most effective form of emergency contraception (106).
- Resource downplays the effect anti-retroviral drugs have had on normalizing survival for HIV positive individuals (145).
- Proper and consistent use of condoms also dramatically reduces the risk of HIV (152).

Statistics needing citation (not exhaustive list):

- Percent of sexual content on TV and link between sexual content and sexual activity (16).
- Facts with number values must be cited in module 3. These include length of sperm maturation (many resources suggest longer than 64 days), number of sperm per ejaculate (range is on high end), length of vas deferens, prevalence of testicular cancer and undescended testicles, amount of blood on period, prevalence of breast cancer and ovarian cancer, relative prevalence of HPV.
- All statistics about prevalence of disease (throughout).
- All statistics about birth control efficacy.
- Citation for average age of marriage, prevalence of divorce (66, 68).



- Citation for number of pregnant females not immune to rubella, this number is lower than anticipated from my review of literature (88).
- Citation that patch has higher risk of clots (106).
- Citation for cost of medication needed, especially as it is influenced by factors such as insurance coverage (150).

Generalizations needing citation:

- Citation for claim that person with good self-concept is less likely to be involved in high-risk behaviors (18, 33).
- Generalizations about what form of dating teenagers are most comfortable with and about difficulties in marriage, teen marriage, and teen parenting (33,34, 67, 69, 72).
- Claim that abstinence deepens friendship is without support (39).
- Citation for factors that contribute to successful marriage (67).
- Cite claim that “teens tend to engage in high-risk behaviors” (145).

Full

Reviewer 202

As a school nurse, I would highly recommend this textbook. It is scientifically and biologically accurate, age appropriate, and free of bias. The book offers great suggestions to teachers and would be an excellent textbook for students learning about all aspects of sexual health.

Reviewer 211

The Glencoe Health with Human Sexuality curriculum is incredibly detailed, although it is limited in some respects. There could be greater inclusivity throughout the curriculum to include individuals of different cultures and individuals of different abilities. Additionally, most opportunities to extend the curriculum are limited to teacher notes and should be better incorporated into the entirety of the curriculum.

This curriculum contains several resources which make it ideal for remote learning environments, however its formatting makes it difficult to alter for English language learners or students with disabilities. Additionally, it lacks opportunities for peer communication and for students to practice skills in a classroom environment. For example, the online curriculum is heavily reading- and writing-based, and fails to include effective audio-visual components, or leave significant space for peer-discussions and practice outside of teacher’s notes.

Reviewer 214

Overall, I thought this was a well put together program. Modules follow a consistent organization pattern (i.e., all contain vocabulary, lesson reviews, assessments, and parental activities). The modules make for easy reading and the material is presented in a way that is easy to understand and follow. The shortcomings come in terms of representation. Photos were of people of typical gender stereotypes (women with long hair, men with short hair, women taking



care of babies, etc.). I saw no images representing homosexual couples, non-binary folks, and only one photo of a person with a disability. We may be able to assume that representation of these folks may happen in other health lessons, but I thought it was surprising not to see homosexual couples and non-binary people represented in the sexual health curriculum.

Reviewer 217

Introduction contains good teacher info including responding to student questions but does not go as far as discussing values questions and the importance of providing a range of responses.

Lots of images of white people, with few exceptions showing athletes of color.

Lessons establish solid foundation of understanding of terminology and concepts needed to build on lessons that follow.

Lesson leaves it up to the teacher as to how to lead a class discussion about gender role stereotypes.

While an attempt is made to use non-gendered terms for body parts and pregnancy/STDs/birth control, multiple references are made to female anatomy or pregnant females, or a female's body.

"Use of Emergency Contraception is controversial." Is leading. Lesson goes on to say "In some states, access...is limited to people over the age of 18." Feels like a deterrent.

Page 101 typo "sexual contract" instead of sexual contact.

Page 130 references gonorrhea only as the cause of PID when it may also be caused by chlamydia or other STDs. Somewhat misleading.

Page 136 references how some refer to STDs as Silent Epidemics or Silent Killers. This is not helpful in eliminating stigma.

HIV lesson includes conversation about PrEP and PEP.

Every image of real people in the HIV lessons pages are of people of color.

HIV lessons include good learning extensions and research activities.

Some language borders on scare tactics, "...is a fatal disorder..." Also, debate questions (page 144) are posed that may backfire, such as, "Have students debate whether an individual living with HIV should be allowed to play contact sports."

Lessons focusing on Gender Identity and Sexual Orientation had decent information and a good sequencing of information. Unfortunately, the reference to gender transitions emphasized hormones and surgery. There seemed to be a lack of mention of social transitioning...change of names, dress, pronouns, etc. Also used term "Preferred pronouns." Many bristle at the use of "preferred" as though it were a choice between a list of equally acceptable options. At one point,



there is talk of the strides made over time in support of LGBTQ+ rights, even citing gay marriage. This oversimplifies and downplays the very real and persistent mistreatment and dangers (and disproportionately high negative health outcomes) our LGBTQ young people face.

There are some good activities that ask student to practice allyship behaviors (although not called that)

Lessons consistently use the term Homosexual and not Gay, although the term LGBTQ+ is included throughout.

Reviewer 220

While the text acknowledges the existence of non-binary and trans* people in the gender expression section, the language in general is very binary and sometimes uses outdated terms like "sex change surgery". In the section about sexual abuse, the text pushes for reporting sexual abuse in a way that seems to ignore why people might choose not to, almost in a way that shames survivors for not reporting. I was relieved to see that information on updated HIV medications was included, as well as the fact that if viral load is small enough, there is no risk of transmission, but I wish there was more emphasis on these. Lacks comprehensive information on how to put on a condom properly. Teacher guide includes multiple possible activities to accompany the text, but many of them are outside research-based. The text in general seemed biased towards abstinence, despite including other birth control methods. Overall, it seemed like it was trying to be progressive for the sake of checking boxes while still maintaining a conservative undertone. At the end of the day, it is just a standard boring textbook.

Reviewer 222

For this curriculum to meet state standards, I would have to adapt nearly every lesson - from the learning objectives to the activities to the evaluations. It fails to meet state standards in several key ways that are not incidental or easily remedied, including many medically inaccurate statements and several definitions that are values-based or exclusionary to protected classes.

Overall, the tone of the curriculum is moralizing and didactic, and it engages students in discussions only of the benefits of abstinence and refusal skills rather than the full range of health promoting behaviors. The curriculum promotes abstinence to the point of excluding other options for STI and pregnancy prevention. For example, the student version of the textbook and assessments do not mention condoms, so the State standards would not be met unless the teacher added on additional information and activities.

There is a key for activities to mark them as At/On/Below grade level or for English Learners. Virtually none of the activities in the STI and HIV lessons are below grade level or for English learners. In other sections, almost all the English Learner activities are simply having students look up words, and below grade level activities are having students repeat back what was just taught.



Some lesson activities suggest facilitating discussions with youth about values-based or controversial topics without providing any resources for this facilitation. Without those resources or additional training, only a highly skilled teacher with experience facilitating discussion of those topics could navigate this in a way that was trauma-informed and productive.

