

Sex Education in California Public Schools

Are Students Learning What They Need to Know?

Executive Summary

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Copies of the full report *Sex Education in California Public Schools: Are Students Learning What They Need to Know?* are available from the ACLU of Northern California, 1663 Mission Street, Suite 460, San Francisco, California 94103, 415 621-2493, or at www.aclunc.org.



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Nearly a decade has passed since the publication of any statewide data documenting sex education and HIV/AIDS prevention education in California.

Meanwhile, California's teenagers continue to have rates of unintended pregnancy and sexually transmitted infections (STI) that would be considered a crisis in many countries. In fact, teen birth rates for California are higher than those for every other Western democracy in the world.¹ Although aggressive state efforts have helped to ameliorate the situation over the past decade, these troubling statistics raise a crucial question: Are California's public school students provided an adequate education about their sexual health?

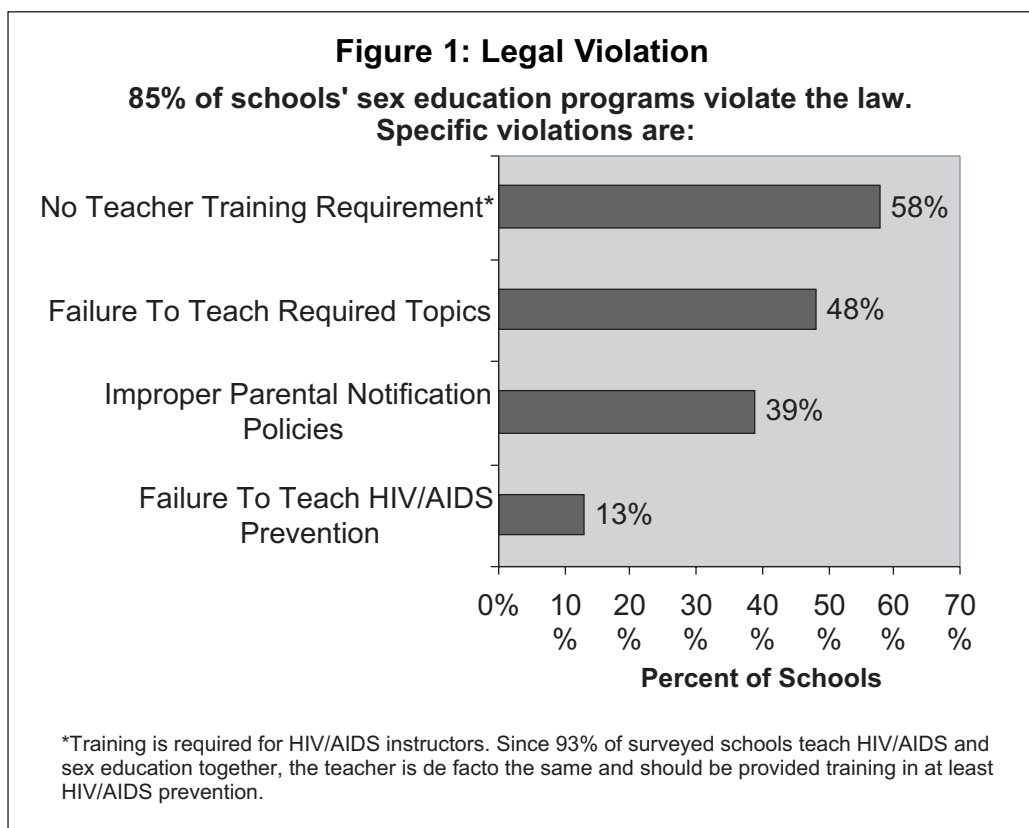
Comprehensive sex education—instruction that combines an abstinence message with information about condoms, contraception, communication and refusal skills—has been shown to be effective in preventing teen pregnancy and STI transmission.² Sex education also enhances students' understanding of themselves and their health by teaching about sexual development, decision-making, and relationships. According to a 2001 report by Surgeon General David Satcher: "School sexuality education is a vital component of community responsibility."³

This report aims to fill the information gap about sex education in California. It details the findings of a survey of middle and high school programs in 153 school districts across the state, representing 47% of California's unified (K-12) districts. Administered primarily by volunteers with several statewide organizations, the survey captured information from school administrators or teachers in both large urban districts such as Los Angeles Unified and small rural districts such as Plumas Unified in Plumas County. This resulting report explores the following questions:

Comprehensive sex education has been shown to be effective in preventing teen pregnancy and sexually transmitted infections

- How many schools are teaching sex education and HIV/ AIDS prevention today in California?
- What are the schools teaching in these classes?
- How well are schools interpreting and implementing *Education Code* requirements governing these programs?

The report reveals that California schools and parents overwhelmingly agree that sex education and HIV/AIDS education are important: nearly all schools provide instruction in these subjects and very few parents choose to withdraw their children from class.



However, the report also shows that teachers and administrators are operating in a state of confusion regarding state requirements, which are currently scattered throughout 11 separate statutes of the *Education Code*. This has led many schools to be out of compliance with California law, often unwittingly.

From a lack of mandatory instruction on HIV/ AIDS prevention, to failures to follow proper parental notification and consent procedures and to provide training to teachers, to omission of required topics, California schools are violating current law in a multitude of ways. Indeed, 85% of schools surveyed are

violating some aspect of the law governing HIV/AIDS prevention education and/or sex education.

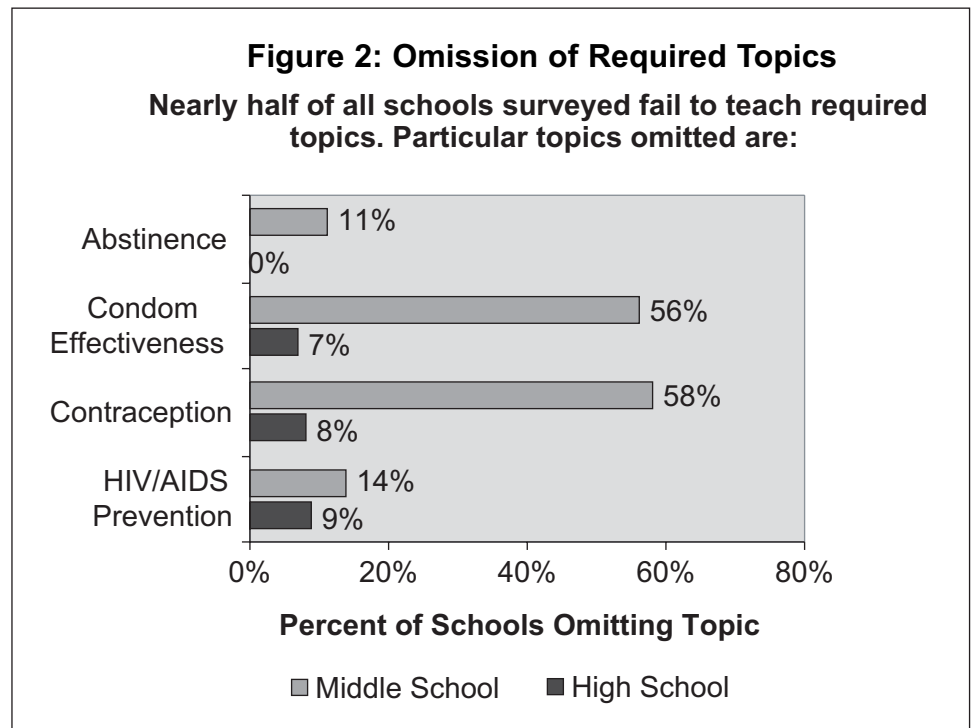
The state's current laws are designed to provide students with a medically accurate, comprehensive and bias-free education that will enable them to make informed decisions about their sexual health.

However, the confusing maze of statutes leads schools to provide incomplete or inadequate instruction that neither meets the needs of California's students nor the requirements of the *Education Code*. The state of California, this report concludes, must clarify and update the law governing sex education and HIV/AIDS instruction if it is serious about providing students with an adequate education that can help them protect their sexual health and reduce the state's high rates of teen pregnancy and sexually transmitted infection.

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Key Findings

1. Nearly all middle and high schools provide instruction in sex education and HIV/AIDS prevention education, and most teach these subjects together:
 - 94% of schools teach HIV/AIDS prevention education, which is mandated by law;
 - An even larger number, 96%, teach sex education, which is not mandated.
 - 93% teach these two subjects together. This is logical, in view of the substantial overlap between the two courses. However, the current law creates confusion and difficulty for schools that combine the classes, because statutory requirements for parental notice and consent differ for sex education and HIV/AIDS prevention education.
 - 42% of middle schools teach these subjects in sixth grade. Although the survey did not inquire into what was taught prior to sixth grade, 28% volunteered that they taught sex education and/or HIV/AIDS prevention education in earlier elementary grades as well.
2. Schools are confused about the legal requirements governing HIV/AIDS and sex education classes, and many are in violation of the *Education Code*.
 - 15% of schools find the laws governing sex education and HIV/AIDS prevention education confusing, and another 26% are unfamiliar with the laws;



- 55% say they find the laws clear. However, of this group 88% are violating one or more provisions of the *Education Code*.
- Overall, 85% of schools are violating some aspect of the law governing HIV/AIDS prevention education and/or sex education.
- These violations include:
 - 48% of schools do not cover required topics. The *Education Code* requires that HIV/AIDS prevention education classes cover, among other things, abstinence and condom effectiveness; sex education classes are required to cover abstinence, condom effectiveness and contraceptive effectiveness. However:
 - ✓ 56% of middle schools and 7% of high schools fail to cover condom effectiveness;
 - ✓ 58% of middle schools and 8% of high schools fail to cover contraception; and
 - ✓ 11% of middle schools fail to cover abstinence.*

* All high schools cover abstinence.

- 13% of schools fail to provide HIV/AIDS prevention education in the required grades. The law states that HIV/AIDS prevention education must be taught at least once in middle school and once in high school. 14% of middle schools and 9% of high schools are not doing so.
- 58% of schools have no training requirement for HIV/AIDS prevention education teachers. The law requires that in-service training be provided periodically to HIV/AIDS prevention instructors to enable them to learn of new developments (this training is voluntary for teachers who have demonstrated expertise or received state training.)
- 39% of schools follow improper parental notification and consent procedures. Currently, HIV/AIDS prevention education classes may require affirmative parental consent (opt-in), but sex education classes are not so authorized by law—parents must specifically request that their child not attend these classes (opt-out). However, 37% of schools have opt-in policies for their sex education and/or combined sex education and HIV/AIDS education classes, thus violating this provision; another 2% are in violation by having no parental withdrawal policy at all.

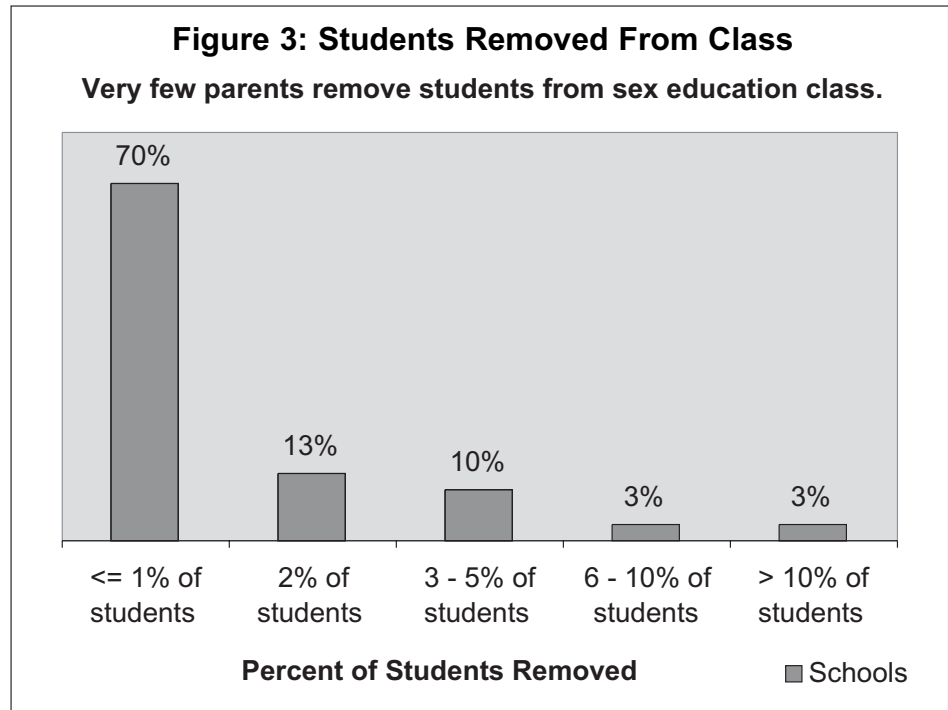
3. Schools rely on outdated resources to develop programs that comply with California law and standards for health education:

- 52% indicated that they used the *California Family Life/Sex Education Guidelines* as a resource in developing their sex education program. This publication dates to 1987, prior to the enactment of content requirements for sex education classes. Consequently, it misrepresents the current law, leading schools to believe, for example, that condom effectiveness and contraception are not required topics in sex education classes.
- 79% used the *Health Framework for California Public Schools*, which is a valuable resource for schools overall but whose section on sex education (family life) also misrepresents the *Education Code* requirements.*

4. Confusion about the law causes schools to make inappropriate changes to their sex education programs when faced with community pressure.

- Nearly one-third (30%) of schools have been pressured to change their sex education programs.
- In 75% of cases, this pressure was for less sex education to be taught, including pressure to omit required topics such as condom effectiveness and contraception from instruction.

* This error will be corrected in a new version of the *Health Framework* to be released in 2003.



- Active community involvement is an important component of successful sex education programs and community members have a right to advocate for changes to them, but school districts have a duty to comply with the law, and an obligation to reject requests to adopt educational policies or curricula in violation of the *Education Code*. Nevertheless:
- 27% of pressured schools changed their programs as a result, and several now have programs that violate the *Education Code*.

5. Parents want their children to receive sex education.

- In 70% of schools, no more than 1% of families withdraw their children from this instruction;
- In only 6% of schools do more than 5% of families withdraw their children.
- The numbers corresponding to these percentages are also very small—65% of schools say that two students or fewer are withheld from class and another 19% say that three to five students are withheld.

Recommendations

State and local agencies, parents, and community members should take action to improve sex education programs in California public schools and to ensure that students are receiving important information that will help protect their health.

1. The California Legislature should revise and consolidate sex education and HIV/AIDS prevention education statutes to make them clear and consistent. The new legal requirements should include a uniform opt-out provision for sex education and HIV/AIDS prevention education and related evaluation, to minimize confusion and violation of the law. It should also establish age-appropriate grade floors from which required topics must be covered, since middle schools are most likely to omit required topics from their classes.
2. The California Department of Education should use the coordinated compliance review process and other mechanisms to monitor school-based HIV/AIDS and sex education programs and to bring them into compliance with the *Education Code* when necessary.
3. The state should, at a minimum, continue current levels of funding for the School Health Connections office of the California Department of Education, as well as for the Healthy Kids Resource Center. These are the sole state agencies providing guidance, training, and information to schools regarding sex education and HIV/AIDS prevention education.
4. The California Department of Education should publish a revised version of the outdated *Family Life/Sex Education Guidelines* as a resource for schools to use in developing sex education programs that meet the requirements of the law and the health needs of California students.
5. The Legislature should mandate a combined sex education and HIV/AIDS prevention education program, so that every student in California has an opportunity to receive important information about sexual health.
6. Schools should adopt sex education programs that have been shown to be effective, or that contain the characteristics found in effective programs.⁴
7. Schools should ensure that curriculum materials are up-to-date and should provide teachers with adequate training in sex education and HIV/AIDS prevention.
- 8.. Schools should ensure that their programs comply with the *Education Code* and should not allow inappropriate, inaccurate, or biased information in sex education classes in response to pressure.

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9. Each school district should adopt a written policy governing its sex education and HIV/AIDS prevention education programs and should have a consistent district-wide program. This would enable parents, educators and community members to understand more clearly the program's criteria and components.
10. Parents and community members should become informed about their local school's sex education and HIV/AIDS prevention education, should ensure that the programs meet the basic requirements of the *Education Code*, and should work with the school district to implement comprehensive curricula that are most effective in protecting the health of California's young people.

Endnotes

- 1 Constantine, N. A. and Nevarez, C. R. *No Time for Complacency: Teen Births in California*. Berkeley, CA: Public Health Institute, 2003
- 2 Kirby, D. *Emerging Answers: Research Findings on Programs to Reduce Teen Pregnancy*. Washington, D.C.: National Campaign to Prevent Teen Pregnancy, 2001.

Collins, C. et al. *Abstinence-Only vs. Comprehensive Sex Education: What Are the Arguments? What is the Evidence?* San Francisco: AIDS Policy Research Center and Center for AIDS Prevention Studies, University of California, 2002.
- 3 *The Surgeon General's Call to Action to Promote Sexual Health and Responsible Sexual Behavior*, July 9, 2001. Online at <http://www.surgeongeneral.gov/library/sexualhealth/call.htm>. Accessed August 22, 2002.
- 4 Ten characteristics of effective programs are identified in Kirby, D. *Emerging Answers*, op. cit.

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