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THE CALIFORNIA HEALTHY YOUTH ACT (2016): STRENGTHS, WEAKNESS, AND
ISSUES OF IMPLEMENTATION

HONORS THESIS

Presented to the University of Redlands
Proudian Honors Program in Partial Fulfillment of
The Requirements for University Honors

By
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Class of 2018

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Introduction

The California Healthy Youth Act (CHYA) bill took effect in January of 2016 and works to amend existing state legislation on HIV/Aids prevention and sexual health education. The CHYA mandates comprehensive sex education for middle school and high school students and creates specific criteria for comprehensive sex education courses taught in California classrooms. Amongst other updates, the CHYA requires age-appropriate instruction; inclusion of students of different genders, sexual orientations, races, ethnic and cultural backgrounds, languages, and disabilities; updated and medically accurate HIV prevention, STD/STI and pregnancy information; material on local resources and healthy relationships; material on consent, abuse, and human trafficking; and material on healthy choices and responsible decision making to promote leading a healthy lifestyle.

Much of the current literature on sex education in California was written prior to the establishment of the CHYA.¹ A good deal of that literature focuses on the role that sex education

¹ Comprehensive sex education programs often include inclusive information for students of different genders, sexualities, races, ethnicities, languages, and abilities, and provide a space for hate-prevention curricula. Multiple studies have found that sex education programs not only combat unintended pregnancy, HIV, STDS, hate crimes, bullying, and teen sexual violence/relationship violence, but also boost students academic performances. Dilley, J. Research Review: School-Based Health Interventions and Academic Achievement. Washington State Board of Health, 2009. http://here.doh.wa.gov/materials/research-review-school-based-health-interventions-andacademic-achievement/12_HealthAcademic_E09L.pdf.

has on pregnancy rates,^{2 3 4} STD/HIV rates ^{5 6 7}, youth sexual violence^{8 9 10}, and hate crimes against student of color and LGBTQIA/A students. ^{11 12} Other research focuses on the

² Guttmacher Institute reports that 75% of teen pregnancies were unplanned according to their most recent surveys of teen sexual health and activity. Guttmacher Institute. “Adolescent and Sexual Reproductive Health in the United States.” *Fact Sheet (as of September 2017)*, 2017.

³ Dr. Laura Lindberg and her colleagues research on sex education places knowledge and use of contraceptives as one of the main factors in dropping pregnancy rates by 28% between 2007 and 2012. Lindberg L, Santelli J and Desai S. “Understanding the decline in adolescent fertility in the United States, 2007–2012.” *Journal of Adolescent Health* 59, no. 5 (2016):577–583, doi:10.1016/j.jadohealth.2016.06.024.

⁴ Sex education in middle school and high school is essential to the sexual health of students, as 44% of females and 49% of males surveyed by Guttmacher Institute have reported having sexual intercourse between the ages of 15 and 19 from 2011-2013, the reports having remained steady since 2002. In California specifically, 48% of all pregnancies in 2010, as reported by Guttmacher Institute in their most recent survey, were unintended with 44 of every 1,000 adolescents aged 15-19 having an unintended pregnancy in 2013. Guttmacher Institute. “State Facts About Unintended Pregnancy: California” *Fact Sheet (as of August 2017)*, 2017.

⁵ “While young people in the US ages 15–25 make up only one-quarter of the sexually active population, they contract about half of the 19 million sexually transmitted diseases (STDs) annually. This equates to one in four sexually active teenagers contracting a sexually transmitted disease each year.” California Department of Public Health. “Sexually Transmitted Diseases in California: 2016 Executive Summary.” STD Control Branch (2016).

⁶ “Young people ages 13–29 account for about one-third of the estimated 50,000 new HIV infections each year, the largest share of any age group.” Centers for Disease Control and Prevention. HIV Surveillance Report 29, (2009): <http://www.cdc.gov/hiv/surveillance/resources/reports/2009report/pdf/cover.pdf>; Diagnoses of HIV infection by age. <http://www.cdc.gov/hiv/topics/surveillance/basic.htm#hivaidage>.

⁷ Future of Sex Education Initiative. (2012). National Sexuality Education Standards: Core Content and Skills, K-12 [a special publication of the Journal of School Health]. Retrieved from <http://www.futureofsexeducation.org/documents/josh-fose-standards-web.pdf>

⁸ 21.6% of women who reported being raped in their lifetime were under 12, 32.4% were 12-17, 29% were 18-24. Tjaden, Patricia and Thoennes, Nancy. “Prevalence, Incident, and Consequences of Violence Against Women: Findings from the National Violence Against Women Survey.” Washington, D.C.: National Institute of Justice, Office of the Justice Programs, U.S. Department of Justice (1998).

⁹ The National Intimate Partner and Sexual Violence Survey conducted by the Center for Disease Control and Prevention that found 8.5 million women and 1.5 million men experience rape before the age of 18, 42.2% of female rape victims were first raped before age 18, 29.9% of female rape victims were first raped between the ages of 11-17, 12.3% female rape victims and 27.8% of male rape victims were first raped when they were age 10 or younger. Black MC, Basile KC, Breiding MJ, Smith SG, Walters ML, Merrick MT, Chen J, Stevens MR. The National Intimate Partner and Sexual Violence Survey (NISVS): 2010 Summary Report. Atlanta,

inconsistencies and lapses in the previous sex education legislation, as well as the goals¹³ and successes of the CHYA's implementation.¹⁴ For example, in a 2011 study Sarah Schwartz and Claire Brindis argue that approximately one quarter of California schools participating in the UCSF survey were not providing students with HIV prevention lessons as required by Education Code 51934 in the California Sexual Health and HIV/AIDS Prevention Education Act of 2003, the sex education bill prior to the CHYA.¹⁵ The study also reported that less than 60% of schools that chose to provide sex education included mandated material on contraception and only 30% included Lesbian, Gay, Bisexual, Trans, and Queer (LGBTQ) lessons.¹⁶

GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention; 2011.

¹⁰ An article published by The Journal of American Medical Association that found that 1 in 5 female teens in 9th-12th grade experienced physical or sexual dating violence, and those teens who had experienced violence were more likely to engage in substance abuse, have multiple partners, were 4-6 times more likely to become pregnant, 8-9 times more likely to commit suicide, and less likely to use condoms putting them at risk for STDs/STIs/HIV. Silverman, J.G., Raj, A., Mucci, L.A., & Hathaway, J.E. "Dating Violence Against Adolescent Girls and Associated Substance Abuse, Unhealthy Weight Control, Sexual Risk Behavior, Pregnancy and Suicidality" *JAMA: The Journal of the American Medical Association*. 286, no. 5 (2001).

¹¹ The State of California Justice Department reports hate crimes have increased 11.2% from 2015 to 2016. The State of California Justice Department. "Hate Crime From 2007 to 2016" Open Justice. (Accessed 2017). <https://openjustice.doj.ca.gov/2016/hate>

¹² Most crimes are committed by males under the age of 20. However, the department suggests comprehensive school based hate-prevention programs combat youth hate crimes and the normalization of crimes against people of color and differing sexual orientations, the number one and two populations of people hate crimes are committed against. The Department of Justice. "Preventing Youth Hate Crime: A Manual for Schools and Communities" Washington, DC.

¹³ Goodman Melissa. "Let's Stop Sexual Harassment and Violence Before They Begin With Comprehensive Sex Ed" *American Civil Liberties Union* (2018).

¹⁴ Beltran, Alex, Sanchez, Desiree, Morales, Elizabeth. "Getting Ahead Of The STD And Teen Pregnancy Epidemic In Our Country" The Women's Foundation of California. Women's Policy Institute. (2017).

¹⁵ Schwartz, S, Brindis, C. "Uneven Progress: Sex Education in California Public Schools." Bixby Center for Global Reproductive Health. University of San Francisco. (2011.)

¹⁶ Finer LB and Philbin JM. "Sexual initiation, contraceptive use, and pregnancy among young adolescents." *Pediatrics* (2013).

Sex education was not mandated in California prior to the CHYA; however, the California Sexual Health and HIV/AIDS Prevention Education Act of 2003, often referred to as the if/then law, stated that if schools provided sex education, then they must include specific topics. The UCSF report and other similar studies led sex education advocates and law makers to consider revising the 2003 sex education act to include a specific mandate for sex education in school with specific and clear requirements to avoid the exclusion of important topics and to ensure the inclusion of all students in health classes.

As the CHYA bill is a relatively new mandate, there is little to no research and/or scholarship comprehensively reviewing how the act functions within California's public schools and the weaknesses and strengths of the act. My research can be used by individuals in the field of education, lawmakers, students, parents, and activists to consider the ways in which the CHYA is working and the areas where the bill can be improved. Sex education is essential to the healthy development of students, given research that shows the beneficial aspects of sex education on youth, and therefore is an important topic to research and investigate in order to see how current programs (or lack of programs) and the regulations that guide these programs help or hinder students. Given that sex education is a stigmatized and controversial topic and that sexual health programs with mandated criteria are not always provided to students, it is important to research currently existing programs and the requirements that mandate how these programs should teach curriculum. My research analyzes how the CHYA both helps and fails students in different aspects, how the CHYA's standards are interpreted and taught in real classrooms, and how the act might be improved in the future. My research question is: What are the strengths and weaknesses of the new California Healthy Youth Act (CHYA)?

The CHYA is a great step forward for California's sex education standards in regards to clarity, addressing the issues brought up in existing literature on sex education, increasing the centrality, impact, and inclusivity of sex education in the state. Previous to its establishment, California public schools were not required to provide sex education beyond HIV and STD prevention. Prior to the act, the decision of whether to fund and provide formal sex education for students was left up to each individual California school district and school. The CHYA now mandates comprehensive sex education that is medically accurate and inclusive be taught in middle school and high school and provides reimbursement for school districts that choose to hire out private sex educators. The reimbursement process, however, can take a few years to go through. The ACLU helped develop specific criteria for the CHYA sex education curriculums to follow and mandated certain topics with a focus on using up-to-date medical information and inclusive language and material.

My research analyzes how the CHYA functions in schools and the strengths and weaknesses of the act as stated by experts in the field of sex education by using two forms of data: expert interviews and observations in two dichotomous California middle schools: one low-income, majority-hispanic middle school, and one upper-income, majority-white middle school. I interviewed experts on the topic of sex education in California, including health professionals, psychologists, sex educators, sex education activists, school principals, school district board members, and lawmakers. Each of these individuals has an important connection to sex education in a specific way and their expertise has given me a well rounded view of sex education and how laws establishing specific requirements for sex education taught in the classroom, like the California Healthy Youth Act, work well and/or can be improved from their perspectives.

My interviewees for this project will not be referred to by name in order to protect their identities as stated in Institutional Review Board Requirements, however they will be referred to by title.

Interviewees:

1. Principal #1 works at a low-income school in a California district that has implemented a sex education program provided by a private business in accordance with CHYA.
2. Principal #2 works at an upper-income school in a California district that has also implemented a sex education program provided by a private business in accordance with CHYA.
3. One sex educator was interviewed who provides sex education to 8th grade students in several California middle schools.
4. ACLU official #, a member of the national organization dedicated to serving individuals and communities through defending their rights and liberties, was interviewed who specializes in sex education, gender equity, and reproductive justice.
5. A group of six sex education activists were interviewed who were working on implementing a free online curriculum for students, parents, and educators in multiple languages.
6. Two additional ACLU officials, Officials #2 and #3, were interviewed whose specialties lied in community engagement and policy advocacy.
7. One youth psychologist was interviewed.
8. One medical professional who works with youth was interviewed.

In order to understand how the CHYA is interpreted and taught in real California classrooms, I have performed detached observations at two California middle schools. I did not participate in any of the classrooms' activities, choosing only to observe how the sex educator taught the students following the new mandated guidelines by the CHYA. Both schools chosen were dichotomous. The first school was upper to middle class with a majority of white students. The second school was lower to middle class with a majority of Hispanic students. Both schools were teaching the new sex education program through the same outside sex educator hired by each school. Through my observations I was able to compare and contrast how the new California sex education requirements guiding the curriculum may manifest themselves or be interpreted differently in schools with distinct racial and class dichotomies. I have also been able to compare and contrast my observations to the expert opinions I have collected in order to see how the reality of the CHYA works in opposition or in tandem with experts' perspectives of sex education.

My paper is split into 6 different sections, not including the conclusion, to analyze the CHYA:

- Sex in schools: The Stigmas of Sex Education
- Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual, Allies (LGBTQIA/A) Inclusion and Exclusion
- Pleasure and Porn and Their Exclusion From The CHYA
- Race, Class, National Origins, and the Problems of Pedagogy
- Who Should Teach Sex Education and At What Age Should It Be Taught?

My project will assess in each section specific literature on the topic, the experts' views, how the CHYA requirements are translated in classrooms, and an analysis of how the CHYA can

be improved based on the experts' opinions, my own observations, and the existing literature on the topic.

Chapter One: Sex in Schools: The Stigmas of Sex Education

Four of the most important questions I asked experts in the field of sex education in order to set the basis of the importance and necessity of sex education research were: Is it important that sex education be taught in schools and why or why not? What does a comprehensive sex education look like? And what might be some of the reasons sex education has not been mandated earlier in California or has not been mandated in other states? What might be some of the stigmas attached to sex education that has led to it not being mandated earlier in California or in other states? These questions allowed me to set the foundation on which to compare and contrast the CHYA.

Unanimously, the experts I interviewed agreed that sex education was important for varying reasons ranging from the promotion of healthy lifestyles for students to prevention of teen pregnancy, STIs and STDs. Their beliefs were echoed and supported in existing literature on the topic. In the 2006 article, “Sex and HIV Education Programs: Their Impact on Sexual Behaviors of Young People Throughout the World,” Kirby D. Roller documented and analyzed a study conducted in 83 countries. The study used a population sample of youth up to 25 years old and was focused on calculating the effectiveness of different types of sex and HIV education programs on youth behavior, pregnancy and STD contraction rates. Roller calculated the results as, “52% [of effective programs] focused on preventing only STD/HIV, 31% focused on preventing both STD/HIV and pregnancy, and 17% focused only on teen pregnancy . . . Only 7% of the programs were abstinence-only programs. All of these were in the United States . . . Nearly all (90%) of the interventions included at least two different interactive activities designed to involve youth and help them personalize the information (e.g., role playing, simulations or

individual worksheets that applied lessons to their lives). Finally, at least 90% of the programs trained their educators before the educators implemented curriculum activities.”¹⁷

Rolleri found that education systems that utilized both sex education and HIV prevention curriculum into the lesson plans for youth had positive behavior outcomes rather than negative ones. Individual sex education programs had the capacity, in many circumstances, to decrease sexual activity in teens while increase their use of condoms and contraceptives when engaging in sexual activity. The results were consistent in developed and developing countries, with low income, middle income, urban, rural, male, female, and different aged youth. ¹⁸

The importance of mandated sex education cannot be understated and is echoed throughout existing literature from Jessica Fields and Deborah Tolman who discuss the importance of sex(uality) education in U.S schools and warning against the consequences of sex educators and researchers giving into community, parental, state, and federal pressures to move sex educators and researchers out of public schools and into private venues¹⁹to Rashea Hamilton, Megan Sanders and Eric M. Anderman who argue that a standardized sex education curriculum that is mastery oriented rather than performance oriented would motivate students to engage with curriculum and thus benefit students’ long-term retention of sexual health information.²⁰ Janice Irvine discusses the obstacles sex education has faced throughout history and studies the history of sex education battles between sex education activists and conservative Republicans thus

¹⁷ Kirby, D., Rolleri, L. “Sex and HIV Education Programs: Their Impact on Sexual Behaviors of Young People Throughout the World.” *Journal of Adolescent Health* 40 (2007): 206-217.

¹⁸ Kirby, D., Rolleri, L. “Sex and HIV Education Programs: Their Impact on Sexual Behaviors of Young People Throughout the World.” *Journal of Adolescent Health* 40, (2007): 206-217.

¹⁹ Feilds, Jessica. Tolman L. Deborah. “Risky Business: Sexuality and Research in U.S Schools.” *Sexuality Research and Social Policy* 3, no. 4 (2006): 63-76.

²⁰ Hamilton, R., Sanders, M., Anderman, E. “The Multiple Choices of Sex Education.” *The Phi Delta Kappan* 94, no. 5 (2013): 34-39.

leading to current sex education stigmas and abstinence-only education that lacks the ability to teach youth the materials they need to know in order to lead healthy sexual lives.²¹

Interviewing a group of sex education activists, they stated that providing students with comprehensive, accessible, and inclusive sex education was one of the most important factors in creating a culture that advocates for positive experiences versus ignorance. One of them argued, “Providing a comprehensive sex education is safer in every aspect. There are many different kinds of people in the world and they need to hear these things (referencing their sex education curriculum outline) because they will most likely experience one or more of them throughout their life.” They believed that obstacles to providing comprehensive, medically accurate, and inclusive education are the result of the controversial nature of sex education and the conservative biases and stigmas attached to it: “If you teach kids about sex, they will go out and do it. Sex education is promoting sex. Teaching about the LGBTQ community makes people gay. These stigmas promote ignorance.” The sex education activists also stated that certain states, school districts, and schools simply might not have the knowledge that certain topics should be covered, as they had never been covered in the past: “In some places students are currently only taking away information about sexual anatomy, basic information about biological sexual activity, abstinence, and puberty. Many students are scared of sex and misinformed. They don’t understand how to be in healthy sexual relationships.” The activists stated that providing students with sex education programs that promote acceptance, inclusion, and positive experiences with peers combats students making uninformed decisions: “Adults need to begin taking the sex education of youth seriously.” They stated that another common misconception

²¹ Irvine, Janice M. “Talk about sex: The battles over sex education in the United States.” Berkeley: University of California Press (2002).

about sex education is that it should be taught, but with an emphasis on abstinence: “Teaching abstinence defeats the purpose of sex education. The more you teach abstinence, the more people are not going to have safe sex, because they don’t know how to have safe sex.” The advocates argued that the CHYA was a huge step forward in making sex education a priority in the state of California, but their eventual goal was to federally mandate sex education. “An act can be passed, but it’s easy to get out of or around the guidelines.”

Within the state of California, there is currently only one official in the Department of Education, as stated by the second ACLU official, that is in charge of implementing the CHYA across both Northern and Southern California. While the act mandates sex education, the state has yet to put any enforcement tools into the act itself to ensure schools are complying with the bill, instead leaving implementation and publicity of the CHYA up to local sex education advocates.

During my interview process I worked with two different principals in order to get a clear perspective of experts who work with students receiving sex education on a daily basis and play the role as point persons for their schools and districts. The two principals interviewed worked with their school districts to ensure their schools were complying with the CHYA. It is important to note, however, that the principals and the districts participating in my study and data collection may not be representative of all districts across California. Due to the lack of state enforcement and publicity of the CHYA as a new bill that all schools must comply with, it is possible that some schools do not know about the new requirements or choose not to comply, knowing there will be no repercussions.

Principal #1, working with students currently receiving sex education through a program following the CHYA sex education guidelines, reported that he believed the act was necessary

and important in improving the instruction of youth throughout California. Prior to the act, the school district and individual schools did not provide comprehensive sex education to students, as they were not receiving funding from the state to do so, choosing only to focus on the state requirements to teach HIV/AIDS awareness. The principal stated that he believed the CHYA was a much needed addition to the previously lacking legislation: “Teens are sexual beings and should receive ongoing training that exposes them to professional opinions.”

When asked why he thought comprehensive sex education had not been state mandated or taught in his district prior to 2016, he expressed that, in his experience, sex education, similar to history, was a very bipolar subject with “profound implications.” He believes that some parents and guardians wouldn’t want youth to be taught about sex outside of the home, or prior to high school, given their lack of maturity and development in middle school and elementary, “especially boys, who do not take the topic seriously.” He stated that without a state mandate to do so, the school district would have faced repercussions from more conservative families. Since the passage of the CHYA, he expressed that the outside company hired by his school district to teach sex education within district schools was doing well. The program focuses on communicating with guardians and parents at home about what students are learning in class. The program promotes transparency and a neutral presentation. The principal believed that this helped ease parents into the idea of their children receiving sex education in school and stated that there had been very few opt outs to the program.

A second principal interviewed, also working with students currently receiving sex education through a program following the CHYA guidelines, stated his job was not only to ensure the proper education of his students but to work with teachers and the local community to advocate for the importance of sex education. He described himself as the point person to

provide leadership and guidance for those uncomfortable with the new mandates. In response to the question of why sex education was not mandated prior to 2016, he stated that some topics were seen as controversial to certain groups or religions. However, he sees the act that mandates these topics to be covered as beneficial: “More information is available to Junior High kids through social media and pop culture than in the past. This information is unfiltered. Some of the information is incorrect and unhealthy. It is important to teach the kids the truth.”

Principal #2 defined a comprehensive sex education as one that weaves what sex is, what a healthy relationship is, identity, and medical information together. He argued, “These topics are interrelated. They play into the choices that you make. Comprehensive sex education teaches about the misinformation around gender and gender identity. It promotes healthy discussions. The aspects included in sex education are important because they play a role in the future in regards to intimacy.” He defined the goal of public education as “upon graduation sending off informed, productive citizens who make healthy choices.” In regards to the belief that sex education does not belong in the schools and should be taught by parents and guardians, Principal #2 stated that by advocating to take sex education out of schools parents are doing their children a disservice, as some parents may perpetuate misinformation to their children or not have the knowledge themselves to provide a comprehensive education. “Parents believe schools are indoctrinating children to certain beliefs. For example, masturbation. But kids need to understand these things.” A sex educator and prevention specialist stated, agreeing with other experts, that providing comprehensive sex education to youth is crucial to healthy development for teens. “Knowledge is power. Teaching youth about their sexual lives allows them to make responsible, healthy, and informed decisions. As well as making the adolescent more well-rounded.”

When asked why she believed sex education had not been taught in some schools and school districts prior to the CHYAs passage, she agreed with one of the principals interviewed, stating that some people have misconstrued doubts about co-ed classrooms and the maturity of young students. However, in her experience, students surpass expectations: “Both sexes need to be informed not only about themselves but about the other sex as well.” She also expressed her support for the involvement of both educators and parents in the education of youth: “It takes a village. Giving youth multiple adult sources reinforces accurate up to date information.”

One top official in the American Civil Liberties Union (ACLU), a national organization dedicated to serving individuals and communities through defending their rights and liberties, has been working since the 1990s sponsoring sex education bills. Official #1 specializes in sex education, gender equity, and reproductive justice. Through her work she has demonstrated a firm belief in the important of sex education for youth and stated, “The CHYA is focused on providing criteria to promote healthy relationships and healthy young people. Not just prevention. Sex education should provide young people with the knowledge and skills to engage in relationships, make healthy decisions, ask questions, promote and protect their health, and the confidence to negotiate and express boundaries.” When asked about the reasons behind why sex education had not been mandated in the past she provided a history of the ACLU’s work mandating sex education prior to the CHYA: “Mandates at the state level are complicated. There is a lot of emphasis on local control in California.” When mandating that sex education must be taught statewide, the state must provide the school districts with the funds to establish these programs. The closest California had been to mandating sex education in the past was through a law passed in 2003 that cleaned up the California standards for sex education through an if/then logic. If a school was to provide sex education, then they had to comply with specific standards.

However, an ACLU investigation showed that California school districts were not complying with specific parts of the law such as contraception or LGBTQ inclusion. The CHYA now mandates that sex education be taught with specific criteria and requirements and part of the ACLU's current work is to manage and analyze the implementation of the law.

ACLU official #1 also stated that stigmas about preserving youths' innocence, the lack of maturity of young people to receive sex education, and the job of parents to teach their kids sex education were not accurate. She asserted that young people were already getting misinformation about sex from a variety of sources such as their friends, social media or television: "Sex education in school is there to provide students with the opportunity to engage with up to date information that allows them to make healthy decisions." She also responded that sex education allows parents help with initiating conversations about sex, as well as provides the students with the latest health information that the parents might not know: "Sex education generates opportunities to create conversations at home, and increases parent and child communication."

ACLU official #2 specializes in public advocacy and community engagement and stated that prior to CHYA school districts were encouraged to provide sex education, but because there was no law enforcing the sexual education of students or reimbursements for schools providing sex education programs, many schools chose not provide health education: "Schools who were financially strapped did not provide sex education. Many schools had a lack of funds. In more conservative areas, under the table, the school board would mandate opt-in programs rather than opt-out programs. If parents didn't opt-in to the program and return a signed form to the school, then students wouldn't be allowed to participate in a school provided sex education programs." She explained one obstacle the ACLU faced in passing the CHYA was the position of policy makers and politicians that it was not their place to mandate sex education in schools in the face

of parental backlash, “It was believed that parents should teach their kids sex education, and with a lack of state funding for sex education in schools, school districts did not have the funds to properly train their teachers to instruct sex education courses.” She stated, however, that hopefully the CHYA, and the data on youth sexual activity behind the development of the CHYA, has opened the eyes of individuals opposed sex education being taught in schools: “One stigma is that it does not need to be taught in schools, but it’s just a fact of life that people get pregnant young. And now not only are they just getting pregnant, they are getting sick.”

ACLU official #3 described the purpose of sex education as: “providing youth with basic health information to help them protect themselves. Sex education should allow them to learn about their bodies, about relationships, and promote tolerance for all groups, all sexual orientations, and all gender identities.” She cited the growing STD and teen pregnancy rates in California, due to the previous lack of education and awareness on STD prevention and contraception, as one of the main reasons sex education is vital to the healthy development of youth. She attributed backlash to sex education being taught in schools to religious and conservative groups, but argued, “Despite the convictions of certain individuals, students need sex education for their own health. The CHYA helps protect the schools providing students with health educations against community and parental complaints by allowing schools to claim they are only acting in compliance with the law.” She continued that the CHYA also mandates that sex education taught in schools must be unbiased: “There can be no religious influence. All of the curriculums are provide scientific information and cover the full range of topics from STDs, Aids, and Health to relationships and domestic violence.”

A physician interviewed stated that she believed religion was one of the main factors preventing mandatory sex education for students prior to 2016: “One stigma is that sex is dirty

and abnormal. This is false.” She explained that sex education is vital to the healthy development of students, and should be taught regardless of opposition to promote healthy mindsets for teens. She argued, “Sex education normalizes different identities, gives children a knowledge of their body and their body parts, so they can recognize how they should be functioning and when there is a problem. Sex education allows them to prepare for the future, and it teaches them about diseases, puberty, sexuality, contraception, stigmas, and sexual abuse. Sex education promotes awareness and allows students to make informed, healthy decisions.”

A youth psychologist with experience working with students from K-12 who was interviewed also agreed with the other experts that the stigmas surrounding sex education were false and detrimental to the students whom these stigmas effected: “Sex education is taboo. It is political. It upsets parents who will talk to school administrations about how their children are too young, and how school is not a place for these things to be discussed. But sex education can only be beneficial. The conversation should continue at home, but sex education at school educates young people about sex, its consequences, and gives students a full comprehensive view of sex in all its forms. Sex education takes shame and misunderstanding out. Relying on parents can lead to a public health issue.” She stated, for example, if a parent or guardian chooses to not talk about sex education to their student, that student’s life in regards to their mental, emotional, and physical health could be in jeopardy. She explained that in her expert opinion sex education is vital to youth and their understanding of their physical and emotional health, and their changing bodies and minds. She cites the Brock Turner case as an example of why sex education is important. Brock Turner, a student at Stanford University, was charged with three felonies for sexually assaulting an unconscious woman. The psychologist argues that if sex

education, consent, rape, sexual assault, and gender roles regarding masculinity issues were addressed routinely in schools, events like Brock Turner's assault might be less common.

In addition to my interviews, I also conducted observations at two California middle schools that were mandated for the first time to provide sex education to their 8th grade students after CHYA's passage. My goal was to see how the CHYA's guidelines were being translated and implemented in California classrooms. In this section I will be analyzing how the CHYA's goal of mandating sex education for students in order to promote healthy relationships and decision making played out in the classroom, as well as, how the CHYA's criteria combated sex education stigmas. Both schools I observed were in the same district, receiving the same curriculum from the same private sex education provider hired out by the school district. The program operated in compliance with the CHYA criteria for sex education and developed a comprehensive curriculum mindful of all of the topics, restrictions, and guidelines for sex education laid out in the CHYA bill.

The same sex educator working for the private sex education company would visit both middle schools in the district several times a month to meet with each individual 8th grade science class and deliver one sex education lesson a month during one full class period. All sex educators, whether they are hired out by a school through a private company or a current teacher at the school who is assigned to teach sex education as part of their regular coursework, must take mandatory training sessions that cover the CHYA, the five state approved curriculums, and how to teach sex education in compliance with the act. Schools may be reimbursed for costs incurred by instituting sex education, however, the reimbursement process may take a few years to refund.

CHYA Section 51933 states that communication between parent/guardians and students should be promoted during classroom instruction: “Instruction and materials shall encourage a pupil to communicate with his or her parents, guardians, and other trusted adults about human sexuality and provide the knowledge and skills necessary to do so.”²² Within the program I analyzed, this CHYA guideline worked very successfully to combat controversy around sex education being taught in schools and the stigmas attached to sex education. The program worked with the community and parents in order to ensure students were receiving a comprehensive sex education from multiple sources. This community approach allowed parents to be involved in and monitor their children’s education and helped to combat parental discomfort with in-class sex education. CHYA also requires that all sex education curriculum taught in California be objective and unbiased. This requirement was translated by the program to mean they should operate under the principle of transparency and professionalism, teaching students about only the medical facts of sexual health and strictly avoiding using any material that would promote a certain belief set.

The sex educator also provided students with the information for local resources, such as Planned Parenthood, family physicians, hotlines, support groups, and web-based support, accessible to them should they have additional questions, as per CHYA section 51934:

“Information about local resources, how to access local resources, and pupils’ legal rights to access local resources for sexual and reproductive health care such as testing and medical care for HIV and other sexually transmitted infections and pregnancy prevention and care, as well as local resources for assistance with sexual assault and intimate partner violence.”²³ The program

²² The California Healthy Youth Act. Assembly Bill No. 329. E.C. 51930-51939. (2015).

²³ The California Healthy Youth Act. Assembly Bill No. 329. E.C. 51930-51939. (2015).

allowed students to grow comfortable with anatomically correct language, the different forms of sexual activity, rape, sexual assault, pregnancy, bullying, HIV, AIDS, STDs, STIs, universal precautions, contraceptives, myths around sexuality, sexual development, healthy relationships, life planning, delaying sexual activity, abstinence, and reducing risk through worksheets, activities, Powerpoints, and videos. After each session students would take a lesson wrap up assessment and were required to take a worksheet home to their parent or guardian going over what they had learned. This sheet was to be signed by their parent and returned to their regular classroom teacher at a later date.

Through my observations, I believe that the importance of sex education was cemented for the students. The topics required to be covered promoted active thinking, healthy choices, and life planning. The CHYA's requirements that sex education promote healthy relationships, informed decision making, and access to factual and medically accurate information translated well into the classroom as students were able to interact with material, ask questions, and given multiple accurate sources of information. All of the experts I interviewed collectively supported the mandated sex education as essential for the healthy development of youth. Sex education allows students to engage with professional, medically accurate sexuality education information; provides youth an outlet to ask questions; and promotes healthy choices and relationships. In the modern, globalized world, misinformation on sex and health topics is increasingly accessible to youth. Sex education, however, exposes students to a range of information from medical professionals, and promotes healthy discussions that prepare students for life outside of the classroom.

Despite the benefits of sex education as stated by the experts interviewed, and the plethora of research available on the ability of sex education to decrease sexual activity in teens

while increasing their use of condoms and contraceptives, stigmas preventing the development of sex education legislation still continue to prevail.²⁴ As stated by experts, obstacles to sex education include the ideologies that health classes promote sexual activity in teens, that teaching about LGBTQ issues makes youth gay, that sex education does not belong in schools, that schools are indoctrinating students to certain belief sets, that youth are not mature enough to receive sex education and their innocence should be preserved, and that it is the job of parents to teach sex education. However, the experts agree that these stigmas are inaccurate, promote ignorance, and could lead to a public health crisis. As ACLU official #1 stated sex education courses provide the opportunity for parents to begin discussions about sex education topics with their children. Sex education courses also allow students to learn about important health information that their parents may be misinformed or not know about.

The CHYA works to combat the stigmas around sex education, often promoted by fear unfounded in the lived reality of sex education courses, by including clauses that promote the cooperation of schools and parents to teach youth sex education and mandating sex education curriculums be unbiased, medically accurate, and not promoting any belief point. However, experts go further and suggest the continued development of the CHYA with the long-term goal of mandating a stronger state-wide, and eventually a federal sex education curriculum that must be taught across California and the United States.

²⁴ Kirby, D., Roller, L. "Sex and HIV Education Programs: Their Impact on Sexual Behaviors of Young People Throughout the World." *Journal of Adolescent Health* 40, (2007): 206-217.

Chapter 2: LGBTQIA/A Inclusion and Exclusion

The CHYA mandates that sex education curriculum taught in California schools must be inclusive of the LGBTQ community. Existing literature on the inclusion of LGBTQIA/A topics in sex education curriculum correlates lack of LGBTQ topics in sex education with the worsening mental and physical health of LGBTQ students and/or the misinformation of both cisgender heterosexual and LGBTQ students on sexuality and gender formation topics. For example, Elizabeth Boskey argues for the inclusion of gender identity topics and trans issues in sex education curriculum. Boskey writes that past sex education curriculum has significantly underrepresented the actual population of trans youth. She cites a study by Schreier, Moller, Li, and Romer on the percentage of trans youth in the U.S, and approximates that given the census of 316 million in the U.S in 2013, about 1.5 to 6 million Americans identify as transgender. Boskey states that individuals identifying off the gender binary are more susceptible to emotional disorders, negative self-imagery, trauma, and abuse. She argues that sex education curriculum should promote compassion and understanding in students towards their non-binary peers, which she believes will help combat bullying in schools, while supporting body positivity for trans and cis-youth. She also states that these topics would correlate well with discussions of gender roles that may negatively affect youth.

Boskey argues that because children become aware of their gender identities and are exposed to gender roles as young as the age of 2, gender should be a conversation taught in elementary school and kindergarten. She writes that by middle school, when students begin the process of puberty, gender issues are vital. For trans youth puberty can be a very traumatic, dysphoric, and stressful time, while also not receiving any formal acknowledgment of their struggles or any information or support from their academic mentors. Boskey concludes that

trans issues are not only important and necessary to the growing population of non-binary identifying students, but also broach issues important to cisgender and heterosexual youth about gender roles, puberty, bullying, and sexuality.²⁵

In, “Queer Pedagogy in Sex Education,” George Drazenovich argues that sex education strategies used to discuss the LGBTQ community should use social constructionist theories in order to give students space to think about their constructions of self-identity, as well as room for exploration of different identities and freedom of expression. Drazenovich argues that as, “Bragg argues that teachers worry too much that sex education might be “inappropriate” or “too explicit” and consequently do not offer young people experience or skills in critical media consumption.²⁶ Explicit and inappropriate information is undoubtedly accessible and pervasive in television, Internet, advertising, and magazines: “Youth are then left to negotiate sexual media culture and become participants in this ‘private’ sphere that is less objective and more objectifying.”²⁷ ”²⁸ Drazenovich supports his argument with sources that point out the rampant media misinformation about identity construction that may negatively impact students’ process of forming their own identities. He writes about the use of queer pedagogy as an educational approach to “deconstructing normalcy” and to “address the challenges surrounding consumer images of gay and lesbian identity.”²⁹ Both Boskey and Drazenovich argue for thorough and

²⁵ Boskey, E. “Understanding Transgender Identity Development in Childhood and Adolescence.” *American Journal of Sexuality Education*. Taylor and Francis. (2014.)

²⁶ Bragg, S. “Young women, the media, and sex education.” *Feminist Media Studies* 6, no. 4 (2006): 546–551.

²⁷ Ninomiya, M. “Sexual health education: Silenced by diplomacy and political correctness.” *The Morning Watch: Educational and Social Analysis* 37 no. 1-2 (2009): 1–9.

²⁸ Drazenovich, George. “Queer Pedagogy in Sex Education.” *Canadian Journal of Education / Revue Canadienne De L'éducation* 38, no. 2 (2015): doi:10.2307/canajeducrevucan.38.2.07.

²⁹ Drazenovich, George. “Queer Pedagogy in Sex Education.” *Canadian Journal of Education / Revue Canadienne De L'éducation* 38, no. 2 (2015): doi:10.2307/canajeducrevucan.38.2.07.

thoughtful inclusion of LGBTQ topics/queer theory in sex education to combat existing misinformation. The sentiments of sex education activists and scholars are echoed throughout years of literature on the topic of LGBTQ inclusion in sex education.

Other existing literature on the topic includes work by Tracy Ford ³⁰who argues for the use of theory queer in sex education. Joseph P. Robinson and Dorothy L. Espelage argue that implementation of anti-bullying programs in schools are not enough to combat the psychological and educational victimization of LGBTQ students. In their study on students in Grades 7-12 in Dane County, Wisconsin, “LGBTQ identified students were 3.3 times as likely to think about suicide ($p<.0001$), 3.0 times as likely to attempt suicide ($p=.007$), and 1.4 times as likely to skip school ($p=.047$).” They suggest additional policies to protect LGBTQ students. ³¹ Tanya McNeill argues that sex education policies and curriculum outcast LGBTQ students through underlying promotion of heteronormativity and homophobia. McNeill contends that the simple of inclusion of LGBTQ topics in sex education curricula is not enough to end the victimization of LGBTQ youth, nor is the criminalization of homophobic behavior. She concludes it is the challenge of scholars and activists to deconstruct heteronormativity, and make visible the “violent” effects of policies that promote heterosexuality in schools for youth. ³² Stacy Horn discusses the outcasting as well as acceptance of same sex peers based on their gender conforming behavior and sexual orientations. She writes, “gay and lesbian youth report that between 60–95% of such

³⁰ Ford, T. “Queering education from the ground up: Challenges and opportunities for educators.” *Canadian Online Journal of Queer Studies in Education* 1, no. 1 (2004): 1–28.

³¹ Robinson, Joseph P., and Dorothy L. Espelage. “Bullying Explains Only Part of LGBTQ—Heterosexual Risk Disparities: Implications for Policy and Practice.” *Educational Researcher* 41, no. 8 (2012): 309-19. <http://www.jstor.org.ezproxy.redlands.edu/stable/23272324>.

³² McNeill, Tanya. “Sex Education and the promotion of heteronormativity.” *Sexualities* 16, no. 7 (2013): 826-846.

youth have experienced some kind of harassment or violence in school and that there are few interventions by teachers, school staff, or other students in these situations . . . reports suggest that the average student hears anti-gay slurs about 16 times a day, or once every half hour.”³³ In “Disputing the Subject of Sex,” Cris Mayo analyzes the public controversy between school communities and the inclusion of sex, AIDS, and LGBTQ material in school curriculum. He studies the relationships between the stated aims of public schools and the actual relationships between schools and the public, analyzes competing arguments over policy and mass student opinions, and examines conservative agendas to distinguish why conservative publics/communities choose to fight against sex, AIDS, and LGBTQ inclusion in school curriculum. He argues that although disagreements between the left and right lead to underdeveloped policy, these situations often allow individuals for inclusivity in schools a space to democratically argue their rationale in the public sphere.³⁴ Pallotta-Chiarolli states that schools are public spaces used to produce citizens and they have the ability to “exert a powerfully disciplining force on heterosexual and LGBTQ non-heteronormative family forms.” Within schools, sexuality education is perhaps one of the most explicit sites of the regulation of gender and sexuality. Pallotta-Chiarolli argues for the needs of gay, lesbian, bisexual, and students with non-normative families (polyamorous) in their pre-college educations who fall “into the gaps” of anti-homophobia policies.³⁵ And lastly in the monograph “Dude, you're a fag: Masculinity and sexuality in high school,” an ethnographic study conducted at River High, a California High

³³ Horn S. Stacey. “Adolescents’ Acceptance of Same-Sex Peers Based on Sexual Orientation and Gender Expression.” *Journal of Youth and Adolescents* 36, no. 3 (2007): 363-371.

³⁴ Mayo, C. “Disputing the Subject of Sex: Sexuality and Public School Controversies.” New York: Rowman & Littlefield Publishers. (2004.)

³⁵ Pallotta-Chiarolli, M. “Border Sexualities, Border Families in Schools.” Lanham, MD: Rowman & Littlefield Publishers. (2010.)

School, C.J. Pascoe describes the complexities behind the social construction of masculinity perpetuated by male and female through repudiation, confirmation, race, homophobia, and girls' gender strategies. Pascoe argues schools aid in the development of heteronormative masculinity by supporting heteronormative behavior and punishing non-normative modes of being.³⁶

Given the existing literature, and the new clauses present in the CHYA in regards to gender and the LGBTQ community, I asked sex education experts in California what their opinions were in regards to the CHYA's guidelines that mandate the inclusion of LGBTQ material. My questions revolved around the experts' general opinions and experiences in regards to LGBTQIA/A inclusion in sex education curriculum, as well as whether they believed the CHYA mandate was necessary, and/or how did the CHYA guidelines successfully promote inclusion, representation, and the equal instruction of LGBTQ students or fail to do so?

ACLU Official #1 stated this new criteria ensures that sex education curricula taught in California must include examples and pictures inclusive of the LGBTQ community: "Any curriculum provided to students must be alert to the way the text is written in order to be inclusive. Curriculum must also teach gender and sexual orientation, and fulfill an LGBTQ checklist." They responded to questions about the inclusion of gender roles in sex education, focusing on the importance of combating the teaching of gender stereotypes in sex education. They referenced the #Metoo campaign, a viral social media hashtag used by women and men to protest and illustrate the widespread predominance of sexual assault and harassment: "There is a lot of work to do before there is true equality between men and women. When negative gender

³⁶ Pascoe, C. J. "Dude, you're a fag: Masculinity and sexuality in high school." Berkeley: University of California Press. (2007.)

roles are taught under the radar this leads to sexual harassment and abuse. By including a conversation about gender roles into sex education standards, students are given the opportunity to evaluate who they want to be, their full range of emotions, and how they want to act. They can embrace their full selves and are not locked into masculine or feminine. It is important to recognize that not everyone fits the gender binary which is important because of hate crimes. If youth are provided examples of who LGBTQ people are these might not happen.” The second principal agreed with the ACLU official, stating that he believes the inclusion of discussion and analysis of gender and identity in sex education are important: “Gender roles are fluid. Said students can feel alone or different. It is important to define gender orientation, gender identification, and LGBTQ identities.” He stated he hoped that students would take away empathy for others and knowledge of how to combat sexual harassment from sex education lessons on gender roles and the LGBTQ community.

ACLU Official #2 stated that the CHYA clauses mandating the inclusion of LGBTQ awareness were very important, especially given the high suicide rates of LGBTQ youth. She argued the inclusion of LGBTQ topics would help youth feel a sense of belonging and validation: “There should not be any distinction between gay or straight sex education. If the conversation is about STDs you need to talk about how people get them whether they are gay or straight. If the conversation is about pregnancy you need to talk about how people get pregnant if they are gay or straight.” However, she stated that the CHYA has already faced backlash in one city where a group of angry parents attended their local city council meeting after CHYA implementation in their school district and complained the state-approved curriculum being taught was making their students gay. The curriculum in question was called the “Three R’s” sex education curriculum and the school board was forced to change the school’s sex education

curriculum to another less-LGBTQ inclusive curriculum called “Comprehensive Plus.” ACLU Official #3 also described the same event stating, “LGBTQ issues are so controversial. Schools do not want to get into trouble. A lot of schools are afraid to take a stand on the inclusion of LGBTQ students in their curriculum.” However, she reiterated the other experts’ opinions regarding the importance of LGBTQ inclusion in sex education: “Sex education courses give educators the opportunity to enlighten students on LGBTQ topics and define terms and identities that they might not know about.” She stated the importance for LGBTQ youth to learn about their own identities and to give voice to those who may feel a specific way but do not have the terminology to describe their feelings.

The physician interviewed about the inclusion of gender stereotypes in sex education stated that although she agreed that CHYA’s mandate was a step forward for sex education thus ensuring conversations and lessons about gender stereotypes in her experience, students are still absorbing the gender binary from sex education lessons: “Female patients tend to be shy about their vaginas and their sexual histories. Boys are not. I wonder where they learn that behavior?” She expressed her support for the combating of gender stereotypes, but stated that she believes the conversation should be pushed further: “Educators should acknowledge sexism and toxic masculinity. They should acknowledge the difference between sex and gender. The differences in masculine and feminine clothes based on popular body types. Societal structures.” In her opinion, it is important to normalize different identities within the current education system. However, she indicated that the way in which sexuality studies are taught should have specific requirements as well: “Sexuality should be included from the beginning of sex education. Starting in elementary school they should normalize different sexualities, use examples inclusive of different sexualities, and include LGBTQ information throughout lessons instead of having

one big lesson on the community.” She states that in the circumstance that classes only teach LGBTQ information once, students might not understand the expansive list of identities that exist, and thus the curriculum would fail to acknowledge the existence of some people, including some students. She argued that the state-approved curriculums need to expressly be inclusive of all identities: “Topics that are not inclusive of all different types of people lead to shame and misinformation.” The psychologist interviewed stated that gender should be taught from elementary school onward. She argued that youth need to learn at early ages that gender does not have to do with sex and has to do with identity: “Gender and sex are different. Gender is a social construct.” She also agreed with the other experts that all different sexualities should be included in comprehensive curriculums and explained: “One sexuality should not seem more normal than the other. Sexuality lessons should be explicit and detailed.” The group of sex education advocates interviewed reiterated the importance of providing youth with inclusive, comprehensive curriculum. They stated that gender roles are changing and youth should be taught about the options they have available in life. They expressed their dissatisfaction with the current state-approved curricula, which they believe do not provide youth with the information they should be receiving about identity development, and oftentimes reinforces the gender binary.

All of the experts interviewed agreed that LGBTQ inclusion and discussions of sexuality and gender identity formation were important and the state-backed curricula should be pushed further: My observations at the two California middle schools currently teaching a LGBTQ inclusive curriculum in compliance with the new CHYA requirements allowed me to analyze how the LGBTQ friendly criteria written into the law was translated and implemented in two real California classrooms. The CHYA mandates that information on the nature of HIV must be

taught in the classroom as well as information on how HIV can and cannot be transmitted, how HIV can be treated, and lessons must include, “discussion about social views on HIV and AIDS, including addressing unfounded stereotypes and myths regarding HIV and AIDS and people living with HIV.”³⁷ Inclusion of social views of HIV and AIDS is a progressive mandate that combats popular myths about the transmission on HIV and AIDS, and the inaccurate correlations between HIV and the LGBTQ community. The curriculum taught at the two middle schools where I observed attempted to humanize individuals with HIV and AIDS and promote compassion and support from peers for individuals with chronic illnesses.

In the lessons built around the myths of HIV and sexuality, the sex educator used popular examples of famous individuals with AIDS and HIV that students would know and relate to in order to humanize the disease. The videos shown in class and the physical classroom materials included examples and pictures of individuals inclusive of all sexualities and racial backgrounds. One video shown during a lesson featured a range of ages, races, and gender identities and included topics such as “broken homes”, gangs, rape/molestation, poverty, inner family conflicts, and abuse. The sex educator noted after the lesson that the youth featured in the video with HIV did not contract the disease through their “sexual lifestyle” or “any fault of their own” and discouraged students from making jokes about AIDS or HIV. The video mentioned explicitly the effects of bullying and the problems they faced for being seen as dangerous due to popular myths. The sex educator emphasized this part of the video and explained to the students that they may not know what people in their communities are experiencing or that their peers are facing similar struggles. She explained in detail then why it should be inappropriate to make jokes about

³⁷ The California Healthy Youth Act. Assembly Bill No. 329. E.C. 51930-51939. (2015).

serious topics and emphasized the responsibility of the students to protect themselves and their peers. In another lesson the sex educator spoke about the different myths surrounding gay men, openly spoke about the different genitalia of male and females and discussed LGBTQ and straight relationships.

Conversely, in regards to the lessons provided on puberty for the male and female body, the conversation was not inclusive of LGBTQ individuals. The material on puberty failed to include information on hormone blockers for trans and non-binary youth, did not include information on the process of puberty for intersex individuals, nor any information on body and social dysphoria or transitioning. There was also no conversation regarding the gender or sex binary. The sex educator remarked emotional changes youth might go through during puberty included mood swings, a growing interest in sex both with the same and opposite sex, a change in parent/guardian and child relationships, and growing concerns with body image. The growing concerns with body image however was only applied to cisgender youth; the material did not address trans and non-binary youths concern with their body. The lesson on puberty also did not include material combating myths surrounding testosterone, estrogen, and progesterone production, and reinforced myths surrounding male and female hormone production, such as, testosterone makes men more aggressive and estrogen makes women more sensitive. It was also not mentioned that both male and female bodies produce both hormones testosterone and estrogen, and individual male and female bodies each produce varying levels of each.

One part of a larger lesson near the beginning of the sex education courses in both middle schools included material on the LGBTQIA/A community. The terms defined were sex, intersex, gender, gender role, gender non-conforming, gender identity, gender expression, and the acronym LGBTQ. The definition given for intersex was outdated and stated that the minority of

people were intersex. That information falsely underestimates the commonality of intersex children. The Intersex Society of North America estimates that 1 child in 1500 births is intersex.³⁸ The sex educator also stated that the terms hermaphrodite and intersex were interchangeable, which is false information. The term hermaphrodite is outdated and promotes the myth that an individual can be equally male and female, biologically having both male and female genitalia and sex organs. This, however, is not physically possible, and the term hermaphrodite is offensive to the intersex community.³⁹ The terms transgender, agender, and nonbinary were not mentioned or defined during the lesson.

The sex educator did list bias against the LGBTQ community and the effects of these biases on students. The curriculum stated eight out of ten LGBTQ students experience verbal harassment, two-thirds face discrimination, one-third miss at least one day of school a year due to hostile school climates. She also stated LGBTQ youth are two times more likely to not attend college and tend to have higher levels of depression and lower GPAs. However, the sex educator disagreed with the statement in the curriculum that school staff often fail to intervene with LGBTQ school bullying, stating that educators receive training to deal with school bullying regarding LGBTQ youth. This statement is, however, not necessarily true in all cases as there is no statewide mandate that educators must receive safe space, LGBTQ friendly, anti-bullying trainings in order to teach. The sex educator ended the lesson by promoting diversity and acceptance for all individuals.

³⁸ Intersex Society of North America. "How Common is Intersex?"(2008):
<http://www.isna.org/faq/frequency>

³⁹ Intersex Society of North America. "Is a Person Who is Intersex a Hermaphrodite"(2008):
<http://www.isna.org/faq/frequency>

While the lessons that I observed in the two middle schools implementing the CHYA's criteria and requirements were inclusive of some LGBTQ topics, and promoted acceptance, compassion, critical thinking, and diversity, the curriculum did not delve far enough into LGBTQ issues to be truly inclusive of all youth of different gender identities and orientations. Although CHYA's mandates are one step forward, the CHYA still provides individual sex education programs too much leeway to design curriculums that are not truly inclusive and provide minimal to basic information on the LGBTQIA/A community. While the program I evaluated complied with all of the CHYA's criteria, the program still provided false, outdated information and left out LGBTQ identities necessary for youth to learn about and understand in order for them to expand their knowledge of themselves and their peers. Research shows that sex education exclusive of LGBTQ topics can lead to the worsening mental and physical health of LGBTQ students. 1.5 to 6 million Americans identify as transgender, and these individuals are more susceptible to emotional disorders, negative self-imagery, trauma, and abuse.⁴⁰ All of the experts I interviewed agreed that LGBTQ students deserved to be represented in state-mandated health classes in order to combat bullying and hate crimes against non-conforming youth. They argued sex education courses should emphasize empathy and knowledge of the LGBTQ community and provide and define for students a range of identities that they or others might hold.

The CHYA mandates the inclusion of LGBTQ topics, and all state-approved curriculums must adhere to an LGBTQ checklist. Students currently receiving sex education courses in compliance with the act learn about both homosexual and heterosexual relationships, the myths

⁴⁰ Boskey, E. "Understanding Transgender Identity Development in Childhood and Adolescence." *American Journal of Sexuality Education*. Taylor and Francis. (2014.)

and social views around HIV and AIDS, and LGBTQ terminology. However, the lesson on puberty the students received was not inclusive of trans and non-binary youth, and the LGBTQ terminology did not define trans, agender, and non-binary identities. As Boskey states, puberty can be a very traumatic, dysphoric, and stressful time for trans youth, and this can be worsened by the lack of formal acknowledgment by sex educators, peers, and classroom teachers. Without the inclusion of a discussion on the gender spectrum, students may be unconsciously absorbing the gender binary from the currently lacking sex education lessons. Experts argue that topics such as gender must be talked about in sex education courses along with the rest of the LGBTQ community. They also suggest that LGBTQ lessons should begin earlier for youth than middle school, and should be continuously taught and reinforced throughout all health lessons.

Chapter 3: Pleasure and Porn and Their Exclusion from the CHYA

Pleasure and porn are two topics that are currently not mandated to be covered in CHYA sex education classes. In schools teaching sex education before and after the CHYA's mandate, sex education is presented only on a factual level with a specific focus on prevention of pregnancy, sexually transmitted diseases and infections. Existing literature stresses the importance of including pleasure and porn in comprehensive sex education curriculum. Kelly Graling, Sharon Lamb, and Kara Lustig analyze sex education curricula in America over a decade to understand how pleasure discourse has and hasn't been incorporated into sexuality curriculum. In modern and dated sex education curriculum, pleasurable sex is often correlated to negative outcomes for youth, such as unwanted pregnancy or STDs, subconsciously suggesting to students that pleasurable sex and safe sex are mutually exclusive.⁴¹ Michelle Fine argued in her writing that while female victimization was broached in sex education curriculum, female pleasure was not.⁴² Many sex education programs throughout the U.S, including those that have accepted funding for Abstinence Only Until Marriage (AOUM) and comprehensive sex education programs, provide prevention and consequence-based sex education curricula that often promote sexual stereotypes. While providing students with facts about the dangers of sex, these programs fail to normalize sexual activity as healthy and pleasurable. Graling, Lamb, and Lustig argue that teaching fear-based curriculum promotes trends of slut shaming or negative messages involving female sexuality.⁴³ They also found that pleasure was and is often referred

⁴¹ Lamb, S., Lustig, K., Graling, K. "The Use and Misuse of Pleasure in Sex Education Curricula." 13, no. 3 (2013): 305-318.

⁴² Fine, M. "Sexuality, schooling, and adolescent females: The missing discourse of desire." *Harvard Educational Review* 58, no. 1 (1998): 29-53.

⁴³ Lamb, S., Lustig, K., Graling, K. "The Use and Misuse of Pleasure in Sex Education Curricula." 13, no. 3 (2013): 305-318.

to in medical terms, which has both benefits and costs. The benefits include a normalization of pleasure through a combating of stereotypes that condemn masturbation or the use of pleasure centers in the body. However, it is detrimental to youth when the conversation of pleasure does not expand into an open dialogue between the educators and students. Medical conversations of pleasure may even ostracize students who experience alternative forms of pleasure or who identify as asexual. Lamb, Lustig, and Graling also note that most scientific-oriented curriculum discussing the sexuality of the body leave out the anus as a potential pleasure center for males.⁴⁴ They found that pleasure was often equated to danger and opposed to safe sex in sex education curriculum. They noted, however, that sex can be both pleasurable and safe. They use the example of condoms in regards to pleasure and safe sex: while wearing a condom may decrease some bodily pleasure, the knowledge that both partners are safe may increase emotional pleasure. They also note that both parties may engage in sexual acts that do not require penetration to achieve pleasure. The authors argue pleasure is also often seen as opposed to self-control. Pleasurable and unsafe sex are often seen as the same and presented as hormonally overwhelming. This paradigm supports the ideology that sex is animalistic in nature, which is problematic in its promotion of the belief that the inclusion of pleasure in sex is mutually exclusive to choice. This presentation of sex is promotional of rape culture, in essence. In sex education curricula, pleasure is also inaccurately correlated to pressure and regret within relationships where the individuals are not married. A monogamous relationship is most often seen as a safe place to practice sexual pleasure between two individuals.⁴⁵

⁴⁴ Lamb, S., Lustig, K., Graling, K. "The Use and Misuse of Pleasure in Sex Education Curricula." 13, no. 3 (2013): 305-318.

⁴⁵ Lamb, S., Lustig, K., Graling, K. "The Use and Misuse of Pleasure in Sex Education Curricula." 13, no. 3 (2013): 305-318.

Michael Naisteter and Justin Sitron argue that a comprehensive sex education program should not only include disease and pregnancy prevention in discussion about sexual safety, but must also include “sexual development, sexual and reproductive health, interpersonal relationships, affection, intimacy, body image, and gender roles.”⁴⁶ Since the HIV epidemic in 1980s, sex education has been primarily focused on prevention of pregnancy and STIs through the use of contraceptives, abstinence, and identification of risky behaviors. This kind of curriculum has continued with the focus of sex education programs on abstinence only: “Primary prevention operates in a paradigm of risk preemption by exclusively focusing on teaching participants to avoid negative health consequences before they transpire. Proponents often emphasize evidence-based programs, medicalization, and behavioral risk.”⁴⁷ The authors argue that positing safe sex versus unsafe sex sets up a dichotomy that only allows sex educators to teach about sexuality in a negative light rather than teaching that sex, including sex for pleasure, can be positive with risk prevention. Naisteter and Sitron also argue that sex education should be set up on a spectrum that does not polarize or outcast any group of people, including those who have sex for pleasure, those who have already contracted STDs or STIs, and those who have practiced risky sexual behavior in the past. Like Lamp, Lustig, and Graling, Naisteter and Sitron state that in a risk prevention sex education model, pleasure is presented as mutually exclusive to safety.⁴⁸ By introducing harm reduction programs that view sex positively and acknowledge

⁴⁶ Naisteter, M., Sitron, J. “Minimizing Harm and Maximizing Pleasure: Considering the Harm Reduction Paradigm for Sexuality Education.” *American Journal of Sexuality Education*, 5 (2010.)

⁴⁷ Broom, D. “Hazardous good intentions? Unintended consequences of the project of prevention.” *Health Sociology Review* 17, no. 2 (2008): 129–140.

⁴⁸ Naisteter, M., Sitron, J. “Minimizing Harm and Maximizing Pleasure: Considering the Harm Reduction Paradigm for Sexuality Education.” *American Journal of Sexuality Education*, 5 (2010.)

pleasure, sex educators would be given the ability to speak to a wide variety of people who have different sexual histories and promote safe sex, including pleasure, in a positive light.

Chyng Sun, Ana Bridges, Jennifer Johnson, and Matthew Ezzell argue that the more pornography an individual watches the more likely they are to follow a sexual script of behavior presented widely in pornographic material: “By age 17, an overwhelming majority of boys (93%) and girls (62%) have been exposed to pornography⁴⁹, with 66% of boys and 39% of girls having seen at least one form of pornography within the past year⁵⁰ . . . Research shows that online pornography is a significant source of sex education for young people^{51 52 53 54}, that it is lacking in information about the consequences of risky sexual choices⁵⁵, and that it portrays inaccurate and unrealistic expectations about sexual encounters.⁵⁶” Sun, Bridges, Johnson, and Ezzell’s study demonstrate through their research that extended pornography consumption has been correlated to the increasing likelihood of unsafe sexual practices and higher rates of sexual

⁴⁹ Sabina, Chiara; Wolak, Janis; Finkelhor, David. “Cyberpsychology & behavior : the impact of the Internet, multimedia and virtual reality on behavior and society.” *National Library of Medicine* 11, no. 6 (2008): 691-693.

⁵⁰ Brown, J. D., & L'Engle, K. L. “X-rated: Sexual attitudes and behaviors associated with U.S. early adolescents' exposure to sexually explicit media.” *Communication Research* 36, no. 1 (2009): 129-151. <http://dx.doi.org.ezproxy.redlands.edu/10.1177/0093650208326465>

⁵¹ Alexy, Eileen M; Burgess, Ann W; Prentky, Robert A. *Journal of the American Psychiatric Nurses Association. National Journal of Medicine* 14, no. 6 (2009): 442-453.

⁵² Haggstrom-Nordin, E; Sandberg, J; Hanson, U. *Scandinavian Journal of Caring Sciences* 20, no. 4 (2006): 386-393.

⁵³ Haggstrom-Nordin E, Tyden T, Hanson U, Larsson M. 2009, “Experiences of and attitudes towards pornography among a group of Swedish high school students.” *European Journal of Contraceptive Reproductive Health Care* 14, no. 4 (2009):27784.

⁵⁴ Hunter, John A.; Figueredo, Aurelio Jose; Malamuth, Neil M. *Journal of Family Violence* 25, no. 2 (2010): 141-148.

⁵⁵ Pardun, Carol J.; L'Engle, Kelly Ladin; Brown, Jane D. *Mass Communication & Society* 8, no. 2(2005): 75-91.

⁵⁶ Tsitsika, Artemis; Critselis, Elena; Kormas, Georgios; Konstantoulaki, Eleftheria; Constantopoulos, Andreas; et al. *CyberPsychology & Behavior* 12, no. 5 (2009): 545-550.

activity for youth.^{57 58} Pornography consumption is also linked to the acceptance of negative gender stereotypes, sexual violence/harassment amongst youth,^{59 60} negative self-imagery for young women,⁶¹ and an increase in low self-esteem and body image issues amongst youth^{62, 63} With the accessibility of pornography and sexual misinformation online, sex education researchers and scholars advocate for the inclusion of topics such as pornography, appropriate sexual behavior, body image, and pleasure in sex education talks. With the availability of websites and materials that promote sexual violence; the victimization of women, gender stereotypes; and unsafe sexual practices, it is not only the responsibility of parents and communities, but schools and states to mandate conversations that combat negative sexual material that promotes unsafe and unhealthy behavior. Sentiments supporting the importance of conversations about porn and pleasure are reiterated across existing literature. Jane D. Brown discusses the negative outcomes of early adolescent exposure to sexually explicit materials.⁶⁴ Laura Tanenbaum states, “Two out of five girls nationwide have had sexual rumors spread about

⁵⁷ Braun-Courville, Debra K; Rojas, Mary. *The Journal of adolescent health : Official Publication of the Society for Adolescent Medicine*. National Library of Medicine 45, no. 2 (2009): 156-162.

⁵⁸ Peter, Jochen; Valkenburg, Patti M. *Communication Research* 33, no. 2(2006): 178-204.

⁵⁹ Malamuth, N. M., & Impett, E. A. “Research on sex in the media: What do we know about effects on children and adolescents?” In D. G. Singer & J. L. Singer (Eds.), *Handbook of children and the media*. Thousand Oaks, CA: Sage (2001):269-287

⁶⁰ Villani, Susan. *Journal of the American Academy of Child and Adolescent Psychiatry; Baltimore* 40, no. 4(2001): 392-401.

⁶¹ Stewart, Destin N; Szymanski, Dawn M. *Sex Roles: A Journal of Research* 67, no. 5-6 (2012): 257-271.

⁶² Lofgren-Martenson, Lotta; Mansson, Sven-Axel. *The Journal of Sex Research* 47, no. 6(2010): 568-579.

⁶³ Sun, C., Bridges, A., Johnson, J. A., & Ezzell, M. B. “Pornography and the male sexual script: An analysis of consumption and sexual relations.” *Archives of Sexual Behavior* 45, no. 4 (2016): 983-994. <http://dx.doi.org.ezproxy.redlands.edu/10.1007/s10508-014-0391-2>

⁶⁴ Brown, J. D., & L'Engle, K. L. “X-rated: Sexual attitudes and behaviors associated with U.S. early adolescents' exposure to sexually explicit media.” *Communication Research* 36, no. 1 (2009): 129-151. <http://dx.doi.org.ezproxy.redlands.edu/10.1177/0093650208326465>

them. Three out of four girls have received sexual comments or looks, and one in five has had sexual messages written about her in public areas.” Tanenbaum discusses the obstacles and double standards that girls and women face growing up pre-collegiate when they are labeled as sluts for engaging in sexual activity, while young men are rewarded for similar behavior.

Tanenbaum exposes the issue of slut shaming by educators, young men, and female classmates.

Tanenbaum argues that sex education programs should acknowledge responsible alternatives to abstinence; programs that would recognize the sexual desires of youth without condemnation.

⁶⁵Deborah Tolman discusses how the popular rhetoric of the nice girl and good woman promotes the silencing of women and adolescent females from understanding of their sexuality, which leads to their disempowerment. When young women reach puberty, they are in the eyes of society sexual beings and their bodies are sexualized; however they are not allowed to express their sexuality outside of a heteronormative, monogamous marriage/relationship. Women are taught how to negate/combat peer pressure, specifically focusing on male pressure; however their own sexual feelings/desires are not discussed or validated.⁶⁶ In “The Purity Myth”, feminist journalist Jessica Valenti argues that virginity and the idea of virginal purity is religious myth used to defend sexist policy/behavior/worldviews. The ideas of purity and virginity condemn women/girls who do not conform to sexual abstinence, whilst modern society idealizes and sexualizes the female body. Valenti examines several abstinence-until-marriage programs that promote the ideology that if a woman/girl has sexual relations before marriage she is worthless and used up; like a crushed flower or a used shoe. Valenti argues these negative depictions of

⁶⁵ Tanenbaum, Leora. “Slut! Growing up female with a bad reputation.” New York: Seven Stories Press, (1999.)

⁶⁶ Tolman, Deborah L. "Doing Desire: Adolescent Girls' Struggles For/with Sexuality." *Gender and Society* 8, no. 3 (1994): 324-42. <http://www.jstor.org.ezproxy.redlands.edu/stable/189709>.

women/girls promote the ideology that women's only value lies in their sexuality and their ability to remain pure for a man. These beliefs ignore the realities of women who have been violated, LGBTQ individuals, and women who have claimed their sexualities as their own. Valenti argues for the education of youth about healthy relationships both inside and outside the bedroom and excavates traditions that uphold the ideas of purity, such as wedding send-offs, purity balls, and promise rings. She discusses the social norms that promote the idea of purity as power such as in rape cases. Rape is the only crime where the victim is questioned on their reliability and can become the accused. Part of the process of ascertaining the victim's reliability is investigating their purity (which is still seen today as judgment of their moral character). Women of color who are seen as hypersexual and without purity are thus seen as morally corrupt and corruptible. They have less power; their sexuality is not theirs to identify and use, but is a commodity. Purity and virginity are commodities sold on tee shirts that read, "she is so tight." Sex is used to sell, even if it involves rape. But a woman's natural body is often not seen as respectable; breastfeeding and social media photos being taken down for showing a woman's nipple. Girls are not told in sex education how to pleasure themselves or that they can receive pleasure from sex. They are only instructed in how to not have a baby and sometimes not even that. Girls are framed as the ones who corrupt the men; for example, school uniform issues and rape cases in which male perpetrators are judged not guilty because "boys will be boys." Pleasure and sex is seen as natural for men but it is not seen as natural for women. Even the concept of virginity tells women that they have some part of them that is more important than their entire being that they can give away, but once they give it away, they are no longer worth

anything, as if their sexual lives are more important than their souls and brains. It also leaves out the reality of being gay. Virginity is seen as something only for men to take from women.⁶⁷

Given that pleasure and porn are controversial topics in regards to sex education, as well as two topics not mandated to be covered by the CHYA, despite pre-existing literature on the importance of both topics to youth, I decided to ask experts whether or not they believed these topics should be included in a comprehensive sex education and why. Principal #2 responded that “students have access so they need to understand that porn is out there and can be unhealthy.” He stated that pleasure was a blurry line as parents and guardians could easily misconstrue the topic and use school instruction in pleasure to support their arguments that sex education in school advocates for youth to engage in sexual activity. However, he stated that students deserved to know that masturbation is healthy and normal. He stated that it was his belief that sex education should teach students the potential consequences of sexual activity, but should reinforce that sexual development and sexual activities are normal and healthy parts of the human experience. ACLU Official #1 interviewed argued that sex education should be taught using positive reinforcement. She stated that negative reinforcement of sex education leads to shame and fear in youth: “Research shows that negatively reinforced sex education is not effective at all, and can lead to young people being less likely to use condoms.” The second ACLU official responded similarly stating that sex education should promote open communication and healthy relationships. She argued a comprehensive sex education should let students know that what they are thinking and questioning in regards to sex is a normal part of growing up: “It is important that students learn different sex ideologies. What LGBTQ

⁶⁷ Valenti, Jessica. “The Purity Myth: How America’s Obsession with Virginity is Hurting Young Women.” Seal Press, (2009.)

relationships look like, what constitutes rape, what healthy sexual relationships look like, and that some people do not participate in sexual activity until marriage.”

The third ACLU official stated simply that though she believes topics such as porn and pleasure can be included in sex education topics, she does not believe that the general population is there yet in terms of its acceptance of these ideas. However, she argued that sex education courses should positively reinforce that sex and the body's natural development are healthy, normal parts of the human experience: “Sex education should positively reinforce sexuality. You have to give students all of the scenarios. You cannot just give them one choice and tell them to just avoid sex. It is not realistic. You have to give the students a choice and the information so they can be healthy and safe and make their own choice. There are numerous studies that show that that has better outcomes than sex education that focuses only on prevention.” The physician interviewed stated that in her opinion, pleasure is an integral part of sex education: “Pleasure should be included, but, I understand, it should be treated delicately. Sex education should normalize pleasure.” She expressed her belief that youth need to know to the consequences of sexual activity for the protection of their health, but also that sex is normal, healthy, and has benefits as well: “It should be a balance.” She argued that if youth are too ashamed to ask questions about their sexuality or to address problems they might have with adults due to the stigmas promoted by the sex education system, then they are at physical and mental risk. Likewise, the psychologist stated that sex is normal. However, she added, sex educators and lawmakers have to be careful when writing criteria around pleasure, as the subject can easily be misconstrued.

The group of sex education advocates interviewed stated that sex should be taught as an emotional and physical act. They believe that students are currently only coming away from sex

education classes with facts about sexual anatomy, basic information about procreation, puberty, the gender binary, and misinformation that promotes abstinence. “Current curriculums that rely on fear tactics do not teach students how to be in healthy, sexual relationships” as they are never provided what these relationships that are inclusive of sexual activity should look like. They argued for sex education to be taught in a positive light. They stated that students should learn about the potential consequences of sexual activity, but they should not only be taught about prevention. The advocates argued students should learn about what to do in a variety of situations regarding sexual activity and should be taught about how to tell if you were facing the consequences of sexual activity and where to go from there: “Hallways are lined with posters of STDs and STIs stating ‘this will happen if you have sex’, but scare tactics will not work. Because if you take something away people are just going to do it more, and do it uninformed if they don’t know and don’t have the resources.”

The psychologist stated that current state-approved curriculums that adhere to the CHYA guidelines still seem to promote misinformation regarding abstinence, and appear to be politically driven by barely touching the surface of sex education topics: “Sex education should educate young people about sex, it’s harms, and take the shame and misunderstanding out.” She argued that sex education legislation should mandate discussion and lessons on body image and pleasure as a facet of normalcy: “Sex is a normal part of life. Students should learn about the health benefits and the risks. Why individuals have sex, how they have sex, the different types of sex, prevention, healthy habits, and about consent.” She, however, stated that mandating pleasure as topic of sex education would be difficult as legislators would not want to seem as though they were advocating for youth to engage in sexual activity.

The CHYA does not mandate that pleasure or porn be included in sex education curriculums in California, so I was unable to analyze how pleasure and porn clauses were translated and implemented in the two classrooms I observed. However, I was able to examine to what degree the curriculum did address pleasure and/or porn, if at all, and the curriculums view of sexual activity not for procreation or marriage. Neither school was provided sex education lessons on porn or pleasure. Porn, its negative effects, the myths surrounding sex promoted by porn, and the negative body imagery and unsafe practices promoted by porn were not discussed during the sex education classes provided at either school. Pleasure was not discussed in any form. It was not acknowledged that sex could be had for pleasure, orgasms were not discussed, and sexual safety practices before or after sex were not discussed, such as, but not limited to, urinating after sex, the purpose of vaginal discharge to clean the vulva, and the washing of genitalia or objects used during sex. During one classroom session, the sex educator used the terminology “sleeping around” to describe the actions of one of the female example characters when describing the possible forms of transmission of STDs, STIs, and HIV. The lessons did include conversations about teen relationships in regards to their physical, emotional, and sexual safety. Many of the lessons were prevention based, but did not discuss what to do after the fact. The lessons did not go into depth or sometimes did not discuss at all what youth were to do to stay safe should they choose to engage in sexual activity (besides going over different forms of birth control), should they be physically or sexual assaulted, or should they face emotional abuse in a relationship.

None of the materials actually showed male or female genitalia. Only male and female silhouettes were shown. Condoms were not allowed in the classroom for distribution or for an application demonstration. The educator used her hand and mimed how to take off a condom as a

substitute for a visual demonstration. She did not demonstrate how to put a condom on, though she promoted both women and men to carry condoms on their person should they plan to engage in sexual activity. Sexual monogamy was promoted as well as abstinence. In an activity named Red Light, Yellow Light, Green Light, students were asked to put specific activities into categories according to their level of safety to perform. While activities such as sexual intercourse with a female contraceptive, oral sex, anal sex, and sexual activity in general were all listed as red light activities, sex with a lifetime partner was listed as a green light activity. The sex educator stated, “Sexual abstinence is the only 100% way to prevent an unplanned pregnancy” and promoted abstinence as one of the ways teen health could be improved in the U.S. On unplanned pregnancy she stated, “Don’t be a statistic . . . Unplanned pregnancy . . . happens with the boys and the girls. It is not just a female oriented problem . . . you all will be ideally monogamous.”

Regarding porn and pleasure, sex education criteria has a long way to go to support youth’s knowledge and healthy development. Without any specific legislation, current sex education courses and curriculums run similarly to the outdated abstinence-only programs and do not provide students with the information they need to make healthy informed decisions and to combat the negative, misinformed, and sometimes violent media that currently exists and is readily accessible to modern youth. The CHYA does not mandate either pleasure or porn topics to be discussed during sex education courses, despite existing literature arguing for the inclusion of those topics in sex education curriculums in order to normalize sexual development as a natural and healthy part of the human experience and to avoid the polarization of youth with

different sexual backgrounds.⁶⁸ Many sex education curriculums present pleasure as mutually exclusive to safety and choice. Researchers argue these paradigms negatively harm students by promoting rape culture and prevention-only sex education that does not teach students the skills necessary to safely engage in healthy relationships.⁶⁹ While female victimization is also often broached, female pleasure is often implicitly condemned through the promotion of sexist sexual stereotypes.⁷⁰

Discussion of porn is not mandated by the CHYA despite the research showing the accessibility of pornography to youth and some of the negative effects of its consumption⁷¹. All of the experts agreed that pleasure and porn should be mandated in sex education legislation; however there were disagreements as to how and when to do so. Currently the CHYA does not mandate either topic and the lessons I observed did not acknowledge porn or sex for pleasure, did not explain what students should do in order to have a healthy sexual experience, promoted abstinence and included negative sexual stereotypes such as female promiscuity. The majority opinion of the experts interviewed was that the CHYA needs to be amended to include a mandate for pleasure and porn topics in order to promote healthy sexual relationships for youth.

⁶⁸ Naisteter, M., Sitron, J. “Minimizing Harm and Maximizing Pleasure: Considering the Harm Reduction Paradigm for Sexuality Education.” *American Journal of Sexuality Education*, 5 (2010.)

⁶⁹ Lamb, S., Lustig, K., Graling, K. “The Use and Misuse of Pleasure in Sex Education Curricula.” 13, no. 3 (2013): 305-318.

⁷⁰ Fine, M. “Sexuality, schooling, and adolescent females: The missing discourse of desire.” *Harvard Educational Review* 58, no. 1 (1998): 29–53.

⁷¹ Sun, C., Bridges, A., Johnson, J. A., & Ezzell, M. B. “Pornography and the male sexual script: An analysis of consumption and sexual relations.” *Archives of Sexual Behavior* 45, no. 4 (2016): 983-994. <http://dx.doi.org.ezproxy.redlands.edu/10.1007/s10508-014-0391-2>

Chapter 4: Race, Class, National Origins, and the Problem of Pedagogy

The CHYA mandates that all California sex education curriculum be inclusive of different people of racial and ethnic backgrounds. This criteria is one step forward in the process of making sex education more inclusive of students of different backgrounds and identities. The struggle for inclusive, anti-racist sex education curriculum, however, is not new, and the fight for inclusive sex education is not over. Existing literature on the topic stresses the importance and benefits of anti-racist sex education. Beginning with Paulo Freire's *Pedagogy of the Oppressed*, existing literature builds on Freire's ideologies that educators, students, and society need to develop new relationships that allow both the oppressed and the oppressors to combat their dehumanization. Through including race in classroom studies, students can learn how to become true allies, and the oppressed can be brought into conversations where they have the opportunity to learn about their sociological positions and about the negative effects of current pedagogies that glorify the oppressor.⁷² Amanda Whitten and Christabelle Sethna state that the United States curriculum for sex education is approximately 10 years behind Canadian policies that continue to grow stronger, more inclusive, and comprehensive. The authors help define what a positive, culturally appropriate sex education curriculum might look like. The authors begin by defining racism and arguing for mandating anti-racist theory education to be included into sex education curricula nationwide. Excluding race in topics of sex education, thus excluding minority communities from the discussion, is an act of racism. Anti-racist theory in sex education works to "challenge the education institution to see students as more than neutral, context-free youth

⁷² Freire, P. (1970). *Pedagogy of the oppressed*. New York: Continuum.

and to expose the ways education shaped and continues to shape race, class and gender on all students.” Although sex education curriculum in Canada and the new California sex education act have both worked to be more inclusive of LGBTQIA/A topics, anti-racist perspectives are rarely included.

Whitten and Sethna go over the history of sex ed in Canada which is very similar to the history of sex education in the United States. Sex ed began as a priority of the home and focused specifically on controlling young people's sexual behavior by teaching preventative sex practices and portraying sex in a negative light. When public schools began teaching sex education, the curriculum was incorporated into health and physical education. The curriculum became increasingly more inclusive, but, although working to include different sexualities and gender identities into the mix, Canada, as of 2014, had yet to come up with a specific anti-racist program. Most programs in Canada, like the CHYA in California, tout “culturally sensitive” sex education programs. These, however, are problematic as they “often rely on ethnic and racial stereotypes of groups, portraying racialized peoples as monolithic and static and decontextualized their experiences from a history of colonization, racialization, and persistent inequity.”⁷³ These programs often promote the idea of the difference in sexual practices in minority communities as stemming from the absence of factual health information rather than social inequity and issues of access. Whitten and Sethna identify multiculturalism as necessary to be truly inclusive: “Multiculturalism falls short both by refusing to recognize the existence of social stratification based on the intersection of gender, class, race ethnicity, (dis)ability and

⁷³ Whitten, A., Sethna, C. “What’s missing? Anti-racist sex education!” *Sex Education* 14, no. 1(2014.)

other social oppressions.” While celebrating differences can be a good thing, we must also acknowledge the history of racism, colonialism, and imperialism.

The authors conclude by arguing for the inclusion of race in mandates for sex education. A lot of the problems Canada faced in 2014, California is facing in 2017.⁷⁴ Lorena Garcia writes about how school sex education programs provide heteronormative, gendered, and racialized curriculums that negatively impact Latina youth: “While middle- to upper-class white youth are often perceived as in need of intervention to guide them through their ‘normally abnormal’ hormone besieged adolescence, youth of color are constructed as always ‘at risk’ and a source of danger.” Her article discusses the negative impacts of sex education programs that have not adopted non-racist curriculum on the lived experiences of Latina youth.⁷⁵ Author Laurie Schaffner and filmmakers Lexi Leban and Lidia Szajko⁷⁶ all document the adverse effects of not providing anti-racist, anti-sexist education for low income young women and young women of color, the largest growing population of prison intakes in the U.S. Women and girls who are labelled “deviant carry” with them an image of a “bad girl”: a person who defies femininity and is considered unable to offer anything productive to society. These girls are seen as throw-away children, people that are beyond rehabilitation, and less than 5% of prison funding in 2004 was aimed at girls’ rehabilitative programming. The girls featured in both the documentary and the ethnographic study have several distinctive qualities: the majority of them are minorities, school

⁷⁴ Whitten, A., Sethna, C. “What’s missing? Anti-racist sex education!” *Sex Education* 14, no. 1(2014.)

⁷⁵ Garcia, Lorena. “NOW WHY DO YOU WANT TO KNOW ABOUT THAT?”: Heteronormativity, Sexism, and Racism in the Sexual (Mis)education of Latina Youth.” *Gender and Society* 23, no. 4 (2009): 520-41.
<http://www.jstor.org.ezproxy.redlands.edu/stable/20676801>.

⁷⁶ Leban, Lexi, and Lidia Szajko, prods. “Girl Trouble.” In *Independent Television Service*. PBS So Cal. 2004.

is hard to navigate and focus on with outside stresses plaguing their time and focus, they are living in poverty, their family backgrounds are traumatic, and there is a mentality among all participants that they need to commit crimes to survive and care for their families.

Ninety percent of girls detained in the juvenile system have been sexually assaulted or raped at a young age. Many of these girls are coming from neighborhoods where they are more vulnerable to men on the street, at home, and in school. In school girls are subjected to harassment to which there are no repercussions, and if the girls act out in their own self-defense they are met with zero tolerance rules aimed at preventing violence in schools. In lower income communities, victims that face these issues are less likely to have access to programs to help them face their assault and recover. Without the help they need, at-risk female youth are more likely to drop out of school and run away, continue sexual relationships at a young age, use sexuality to solve non-sexual problems, and use violence and aggression. Psychologists link early introductions to sexual experiences to problems for children later in life, including a higher likelihood to partake in drugs or alcohol, tendencies towards violence, or seeking sexual answers to non-sexual problems. However, rehabilitation programs accessible to at-risk youth in low income communities helped the participants, in the documentary and ethnography cited, gain access to resources and treatments to help them re-assimilate into society. By implementing anti-racist, anti-sexist education for youth that addresses the problems that youth deal with on a daily basis, young students are able to gain knowledge and skills to support healthy decision making and relationships.⁷⁷

⁷⁷ Schaffner, Laurie. "Girls in trouble with the law." New Brunswick, NJ: Rutgers University Press. (2006.)

Leban, Lexi, and Lidia Szajko, prods. "Girl Trouble." In *Independent Television Service*. PBS So Cal. 2004.

The CHYA criteria for sex education curriculum to be inclusive of different races and ethnicities is a huge step forward from previous programs promoting abstinence-only which used, as stated by ACLU Official #1, racist examples and pictures. However, I included questions in my interview protocol with the sex education experts in California in order to understand what exactly the CHYA inclusivity clauses entailed in their opinion, and if the CHYA covered anti-racist education well enough. ACLU Official #1 stated that the CHYA criteria requiring schools to provide culturally/racially inclusive backgrounds ensures that curriculum taught speaks to a range of students. There must be a mixture of pictures including people from different ethnic and racial backgrounds as well as examples that do not include racial and ethnic stereotypes. She cited past curricular examples that were inclusive of stereotypes that used stereotypical White, Black, and Latino names. This language promoted negative racial and ethnic stereotypes and the CHYA works to avoid stereotypes. ACLU Official #2 agreed that the CHYA also provides schools with five choices of state-approved sex education curricula, some of which are bilingual. The third ACLU official stated that the CHYA's clause promoting cultural inclusivity mandates that schools must provide curriculums that are bilingual to English-learners and provide inclusive curricular options to students who are disabled. She argued that though she agreed that sex education should be culturally inclusive, there is, in her opinion, no one size fits all curriculum that the state could mandate to address the specific issues of all the diverse youth in California: "It is up to each school district to relate to their students and make it apply to them."

The sex education advocates agreed that sex education curricula should work to be culturally inclusive. In their development of an accessible, free, online sex education curriculum for parents, teachers, and students, they made sure all of their material was published in multiple

languages. The psychologist interviewed stated that sex education legislation should mandate the history of sex and disease in the United States and its effects on specific populations of people that address the unique struggles of people of color and low-income communities. However she believes that these lessons should be given to older students with the ability to comprehend the material and interact in meaningful dialogue. The physician interviewed argued that sex education should be culturally sensitive and warned against the promotion of racial stereotypes in sex education.

In addition to my interviews, my observations in two California sex education classrooms allowed me to analyze how the CHYA's inclusivity clauses were interpreted and implemented. After completing my observations, my results were mixed. While the sex education curriculum that worked in compliance with the CHYA did not present any racially or culturally biased information, and included topics that could speak to a range of students, there were no specific anti-racist lessons similar to the ones called for in existing literature. And, not to my surprise, the way in which the curriculum was taught to students differed between the two schools observed.

The first school I observed was a lower-income, majority-Hispanic middle school, and the second was a upper-income, majority-white middle school. Both schools were receiving the same sex education program taught by the same sex educator. When speaking to me after a particularly rowdy lesson, the sex educator stated, "It is a striking difference," in reference between her experiences teaching at the two schools. She was then surprised to learn from the classroom teacher that the students in the classroom she had just taught were part of the school's special education program. After one lesson at the lower-income middle school, one of the students asked a question about the handouts they had received in which they responsible for reviewing with their parent/guardian and returning to the classroom teacher signed at a later date.

The handout was in English, and the students asked of the sex educator, “What if they [referring to their parent or guardian] don’t speak English?” The sex educator then replied, “Well do you speak Spanish.” When the student responded in the affirmative, the sex educator stated, “Well then I guess you’d have to be translating.” The CHYA mandates that sex education instruction should “be made available on an equal basis to a pupil who is an English learner, consistent with the existing curriculum and alternative options for an English learner pupil as otherwise provided in this code,” and there are state-approved bilingual curriculums. However, for those students who cannot be categorized as English learners, but whose parents and guardians do not speak English fluently, bilingual material for them to take home to their parents were not provided, nor is there legislation mandating this provision. In this way legislation is lacking, and leaving diverse populations of students with the responsibility to do the extra work, translating the worksheets they must get signed by their parents going over the curricula taught in class, to make up for what the state does not provide. The closest to anti-racist education the sex education curriculum came to was during an HIV prevention lesson where students were shown a video inclusive of diverse youth. The video featured native, Hispanic, black, and white teens, and discussed some of the problems that people of color and people of lower-economic status face in their daily lives. Material used in the class often featured examples and pictures inclusive of diverse youth from many backgrounds.

The teaching methods of the sex educator between the two schools was very visibly different. When the sex educator attended the upper-class middle school, her demeanor was much calmer, she took her time with the lessons, was less likely to be provoked by student’s misbehavior, engaged with students in discussions, went in depth with the curriculum topics, and showed a greater appreciation for the students and classroom teacher through verbal

affirmations. When she attended the lower-class middle school her demeanor from the beginning of each lesson was much more tense. She was very curt and strict with the students and was more likely to read off of slides and note cards rather than initiate discussions. She was not accessible or welcoming and she often threatened to kick students out of the class for misbehaving. During the beginning of the ninth lesson of the year, she began the class exasperated with the students stating, “Oh my gosh, drama already. You in the red shirt. Silencia. It’s Italian. You can figure it out.” When she used the upper-class school during an example for what good behavior looked like, the students audibly moaned, signifying tensions between the schools in the district.

During a discussion with the sex educator after a lesson, she stated about her differing opinions of the schools due to their racial makeup: “Stereotypes are not good and I’m generalizing but there's a reason for it.” When discussing how she viewed teaching the lower-class school she stated, “The need is much higher,” that she had to “Coddle them,” and that “It’s like telling them to walk the plank,” in reference to her requests for male students to participate in the classroom reenactments where they had to play female roles. When discussing her views of the upper-class school she stated, “They get it,” and that she enjoyed her time working there as there was much more student involvement and parental participation. She also mentioned, while she never knew if she would finish a lesson at the lower-class school, she always knew that she would finish at the upper-class school with time to spare due to their “maturity levels.” With regard to the male students playing female roles, she stated that at the upper-class schools that she faced no resistance. In passing, she also stated she enjoyed her discussions with the white, more affluent students much more given their interesting stories about their past vacations: conversations she likely could not have with the lower-class students due to the economic disparity and their lack of access to cultural capital.

The disparities between the two schools was a visible force upon entering the campuses. The upper-class school had a specific line dedicated to school bought lunches, a multipurpose room, a quad, and a designated seating area, while the lower-class school did not have a quad or a designated seating area. The line for school bought lunches wound between the classrooms and went through the multi-purpose room. The classrooms at the upper-class schools were larger, lined with posters for colleges, and coordinated decorations. The students were provided with paper and pencils, and there were tissue boxes at every table. The lower-class schools rooms were much smaller, and while decorated by the classroom teachers were not as organized as the upper-class schools rooms. The unequal difference between the efforts the school district provided to each school was very clear. The upper-class school was clean, with large open spaces, allowing students to focus on their work without unnecessary distractions from their external environment. While the schools were in the same district and should have been equitable in their campuses and instruction they were not; the bias that arose from the physical attributes of the schools affected the way the sex educator instructed students at each school. While the sex education curriculum taught at each school was the same, the way in which the curriculum was delivered was not. While the CHYA has no way to screen all of the sex education instructors hired to teach sex education at all of the middle schools throughout California, there is no clause that currently states that sex educators must be trained in anti-racist education. The curriculum also, while providing inclusive examples and pictures and some material that addresses the problem low-income and minority youth face, lack specific anti-racist education.

The CHYA mandates that sex education provided to youth in the state of California must be culturally inclusive. The clause mandating cultural inclusivity is one huge step forward for

advocates fighting for anti-racist sex education, however California still lacks specific legislation on the inclusion of anti-racist sex education lessons. Sex education researchers argue that in order to benefit the diverse populations of students throughout the United States, sex education curriculums and their instructors must work to humanize students and see them within their own personal contexts. While the mandate for culturally-inclusive education is progress, often curriculums touting cultural sensitivity promote negative racial stereotypes by the exclusion of lessons on racism, colonialism, and imperialism.⁷⁸ While white youth are framed as needing sex education for their own protection and health development, sex education courses still frame the need of sex education for students of color due to their dangerous behavior.⁷⁹ My observations of the two California sex education classroom confirmed the research of Lorena Garcia as students at the lower-income school were taught differently than the upper-income students despite the standardization of the curriculum.

The experts I interviewed agreed that sex education in California should be anti-racist and inclusive of students of diverse backgrounds. However, one expert argued that there is no one size fits all curriculum that will address the unique problems of every student, and it is therefore the job of each school and educator to apply the sex education curriculums to their students. The CHYA currently mandates inclusive education materials and bilingual education for English-Learners. However legislation must be updated to include clauses on the inclusion of

⁷⁸ Whitten, A., Sethna, C. "What's missing? Anti-racist sex education!" *Sex Education* 14, no. 1(2014.)

⁷⁹ Garcia, Lorena. "'NOW WHY DO YOU WANT TO KNOW ABOUT THAT?': Heteronormativity, Sexism, and Racism in the Sexual (Mis)education of Latina Youth." *Gender and Society* 23, no. 4 (2009): 520-41.

<http://www.jstor.org.ezproxy.redlands.edu/stable/20676801>.

non-English learner students with non-English speaking parents, specific anti-racist lesson legislation, and the training of all sex educators in anti-racist classroom practices.

Chapter 5: Who Should Teach Sex Ed. and At What Age?

The CHYA states that sex education provided in California classrooms must be age-appropriate. ““Age appropriate” refers to topics, messages, and teaching methods suitable to particular ages or age groups of children and adolescents, based on developing cognitive, emotional, and behavioral capacity typical for the age or age group.”⁸⁰ However, the CHYA only mandates sex education be taught in middle and high school. There are no specific mandates that sex education must be provided to children in elementary school. The age that students should receive sex education is a controversial topic with a plethora of opinion pieces and research on what students should or are capable of learning at a certain age.

Existing literature on the debate over what age students should receive sex education includes The Future of Sex Education’s “National Sexuality Education Standards: Core Content and Skill, K-12” in partnership with The American School Health Association, The American Association for Health Education, The National Education Association Health Information Network, and The Society of State Leaders of Health and Physical Education. The “National Sexuality Education Standards” was written in order to provide clear and rational suggestions for “the essential minimum, core content for sexuality education that is developmentally and age-appropriate for students in grades K–12.”⁸¹ The document addresses inconsistency of sex education implementation in K-12 public education and provides specific suggestions for what students should have a knowledge of and what they should be able to do by the end of grades 2, 5, 8, and 12. The document operates under the principles that student knowledge of sexual health

⁸⁰ The California Healthy Youth Act. Assembly Bill No. 329. E.C. 51930-51939. (2015).

⁸¹ Future of Sex Education Initiative. (2012). National Sexuality Education Standards: Core Content and Skills, K-12 [a special publication of the Journal of School Health]. Retrieved from <http://www.futureofsexeducation.org/documents/josh-fose-standards-web.pdf>

information, their own health, and their academic performance are intertwined; sex education should be provided by professional sex educators; sufficient class time should be dedicated to sex education; and student participation in programs that promote information retention, skill development, and cooperative learning strategies are more likely to develop healthy relationships and lead healthy lifestyles. ⁸²The document begins with sexual health skills and knowledge that students should know in Kindergarten up to 2nd grade and continues with what students should know in specific age/grade groups until high school. Other sources that stress the importance of skill development and sexual health knowledge earlier than middle and high school include the work of Oluwatoyin Ejidokun et al. that describes the need for sex education for students under the age of eleven due to the earlier maturation of youth in regards to puberty and first menstruation, as well as the rising rates of sexual activity for youth. ⁸³ Denice Cora-Bramble, Mary Bradshaw, and Bruce Sklarew describe the positive results of study that gave medical students the opportunity to teach sexuality education for youth in primary schools in reaction to the increasing problem of youth high risk sexual behavior. ⁸⁴

In my interviews, I asked sex education experts what it means to have “age-appropriate” education, as stated in the CHYA, and whether or not they believed sex education should be amended to include sex education for youth prior to middle school. The age that youth receive

⁸² Future of Sex Education Initiative. (2012). National Sexuality Education Standards: Core Content and Skills, K-12 [a special publication of the Journal of School Health]. Retrieved from <http://www.futureofsexeducation.org/documents/josh-fose-standards-web.pdf>

⁸³ Ejidokun, Oluwatoyin, Diane McNulty, John Linnane, and Sam Ramaiah. "Sex Education Should Begin in Primary School." *BMJ: British Medical Journal* 318, no. 7175 (1999): 57. <http://www.jstor.org.ezproxy.redlands.edu/stable/25181436>.

⁸⁴ Cora-Bramble, D., Bradshaw, M. E., & Sklarew, B. "The sex education practicum: Medical students in the elementary school classroom." *The Journal of School Health* 62, no. 1 (1992): 32. Retrieved from <http://ezproxy.redlands.edu/docview/215675519?accountid=14729>

sex education is a controversial topic, and expert opinions were conflicted. Some experts believe that youth should not receive sex education until high school while others believe that sexual education should begin in elementary school. Principal #1 he stated that he did not think students were mature enough to receive education until high school. Though he was the aware of the sexual activity of some of his students, he believed that most of his students were not sexually active, and, in his experience, not mature enough to comprehend the seriousness of sex education, nor value the information they might receive.

A sex educator stated that the age where sex education is appropriate is only for medical and psychological experts to determine. The sex educator agreed with the CHYA clause that mandates sex education to first be taught in middle school, as she trusted the research of those who had deemed middle school students old enough to comprehend sex education based on their cognitive, emotional, and behavioral capacities. However, she believes that preschool and elementary school students, though not ready to receive thorough sex educations, should have lessons on inappropriate touching and how to locate and speak to trustworthy adults.

In contrast, a group of sex education activists stated that they believed that the term “age-appropriate” should be taken out of the CHYA: “Determining the age that sex education is appropriate for youth to receive is a blurry line. We don’t think that age should determine when youth receive sex education. Instead, when students receive sex education should be determined by their maturity, grade, and comprehension level. I believe that students can be taught anything included in our sex education curriculum (referring to their sex education curriculum outline), it’s just a matter of how it is taught. For instance, if I am talking about consent, in high school I will be talking about sexual consent, but in elementary school I might say, ‘You don’t have to hug Grandma if you don’t want to.’ And we can talk about consent that way.” They agreed that

developmental stages should be used to determine what information is taught how and when, but that the term ‘age-appropriate’ could be misconstrued by conservative school boards.

The ACLU official interviewed stated that the long term goal of sexual education advocates would be to mandate K-12 health education throughout California. She expressed that CHYA was a significant change from prior laws regarding sex education in California and a good beginning. She listed the benefits and importance of teaching sex education in elementary school as starting early in normalizing sex education curriculum, before students learn to see the subject as taboo. She argued, “Starting sex education early sets the stage for building on lessons with more specific information.” A CHYA clause states guidelines for curriculum if individual California districts and elementary schools choose to provide sex education prior to middle school.

Agreeing with the sex education advocates, the ACLU official acknowledged the ability of parents and other opponents of sex education to twist terms included in the CHYA such as “age-appropriate” when they feel uncomfortable with the guidelines laid out in the act or curriculum being taught at specific schools. However, she restated and emphasized that the term “age-appropriate,” as used in the act, signifies, “the cognitive ability of youth to process information that is presented to them. Can they connect and understand the material?” Although she recognizes that some parents may not be comfortable with their children learning specific topics, she stated that studies show youth are currently more comfortable at younger ages than their predecessors in regards to discussing sexual health topics. ACLU Official #2 responded that sex education, in her opinion, should begin in middle school and continue into high school: “I think once someone starts puberty they need to start learning about sex education. There is no reason not to educate them about what they are thinking and feeling. We have to educate young

people around that age.” She argued however that sex education courses should be a required, semester-long health class. The third ACLU official stated that sex education should be an ongoing discussion, but that legislators need to be aware of when it is too early to teach some subjects, when certain subjects can be taught, and the maturity of the students. She argued that by elementary school, students should be learning about the basics of consent, when it's appropriate to touch another student, and the importance of being respectful of other students: “If a boy likes to wear dresses, they should learn early on that its okay and they should not alienate that student.” She continued that by junior high students should be learning about the changes their bodies are undergoing, and delve further into sexual education topics. When asked what “age-appropriate” meant to him, Principal #2 stated that sex education should resonate with the problems that youth are experiencing at specific ages: “Kids are growing up with more information. Junior high level sex education should reflect what kids are faced with.” He stated that in his experience with students of different ages, elementary school students should know the basics about procreation, pregnancy, and birth and what healthy relationships should look like, junior high students should learn about STDs, healthy relationships, identity, protection, and abstinence, and in high school students should receive the same information with more detail and deeper discussion.

The physician interviewed was asked given her experience treating youth of different ages what she thought youth needed to know at different age levels: “Different age groups can only comprehend so much, so classes should teach to the age group.” She stated that by elementary school, she believes youth should have been taught about puberty, appropriate and inappropriate touching, and about their own curiosity. By junior high, students should know about effective forms of birth control, how to have safe sex, the diseases that youth can contract,

how to protect one's emotional health, and masturbation. By high school, she stated, youth should have the consequences of sex reiterated, be taught about their sexual lives, and have a conversation about pleasure. She argued that the current mandate to start sex education in middle school is not fully preparing students for their sexual lives, as many young people she has encountered are unable to process sexual abuse they have already suffered and do not know where to find resources to help. The youth psychologist stated, "Age appropriate to me means the language in the curriculum must be comprehensible to students. The language must be understandable and broken down so it makes sense. So, students can comprehend and take meaningful takeaways. There should be age appropriate visuals and examples. But the act should also address that not all students comprehend at their age level. Some students might have lower comprehension levels, while others may be more advanced."

The CHYA does not set criteria for specific individuals to teach sex education, but states that these individuals, whether they be hired out by the district or school from private sex education programs or permanent teachers on campuses, must have continuous sex education and a proper health background. Who teaches sex education in California middle schools and high schools is left up to school districts and individual schools to decide. Experts had mixed opinions on whether private instructors should be hired out by schools and districts, whether permanent health teachers should be hired, or whether science or physical education teachers should incorporate sex education into their lesson plans. Daniel Wight and Katie Buston support the instruction of health education programs by specialist staff.⁸⁵ Madison Eisenberg and

⁸⁵ Wight, Daniel, and Katie Buston. "Meeting Needs but Not Changing Goals: Evaluation of In-Service Teacher Training for Sex Education." *Oxford Review of Education* 29, no. 4 (2003): 521-43. <http://www.jstor.org.ezproxy.redlands.edu/stable/3595460>.

Sieving Oliphant suggest that public school teachers face significant obstacles to providing sexuality education including restrictive school policies and structural barriers.⁸⁶ ACLU Official #1 stated, in her opinion, that sex educators should be trained health professions who are comfortable teaching sexual health material to youth and want to be in the classroom: “The downside of hiring an agency is that the agency might close, leaving the school without the internal capacity to teach sex education and there is no way for a school to guarantee that an outside agency will comply with the law.” Principal #2 stated that someone who is knowledgeable and passionate should teach sex education. In contrast to ACLU official #1’s concerns, he cited his school’s current outside sex educator as a great success in the classroom. The youth psychologist stated that, in contrast to a public school teacher such as a science teacher or physical education teacher taking on sex education lessons in their classrooms, a sex educator should be a medically educated, credentialed professional whose sole focus should be in the field of sex education. The second and third ACLU officials responded similarly that they believe sex education should be taught by health providers and health advocates. The other experts interviewed did not have suggestions of who should teach sex education in particular, but agreed that the person should have specific qualities. The sex education advocates stated that in their opinion sex education should be a group effort with teachers, parents, media, and peers working together to provide accurate and healthy information. The private sex educator interviewed stated that whether it be a teacher or an outside educator like herself, the person who teaches sex education should have the ability to connect with young people. The students should

⁸⁶ Eisenberg, Madsen, Oliphant, Sieving. “Barriers to providing the sexuality education that teachers believe students need.” *The Journal of School Health* 83, no. 5 (2013): 335-342.

feel, in her opinion, safe to learn and ask questions about the curriculum they are taking in: “Connect. Not just clinical.” The physician interviewed stated that the educator should be an open-minded, calm, and educated individual.

During my observations of two schools in California providing sex education lessons to students in compliance with the CHYA, I was able to analyze how the curriculum being taught translated to youth in middle school, as well as, the pro and cons of the outside sex educator in the classroom. The sex education courses taught to the students were not very engaging, given the attention span of the students. The curriculum was very clinical and straightforward. Although there were a few opportunities for discussion, worksheets, and some activities, including roleplaying, the majority of every lesson was spent with the sex educator sitting down, consistently quieting students, and reading off of slides and notecards. During most lessons, the most interactive learning consisted of the sex educator walking around the room answering questions while students completed worksheets. After each worksheet was filled out the students would be asked to raise their hands and read their answers to each question to the class. The students lack of retention or limited attention span during the lessons, I believe, could be attributed less to their lack of maturity than the lack of engaging material.

Discussions were not promoted in the classroom, and the sex educator was frequently frustrated by students’ questions and lack of retention of material previously taught in the course. The students were not often met with positive responses from the sex educator for asking questions, and the sex educator regularly used a childlike voice to speak to students. In the face of misbehaving youth, the sex educator often threatened to kick students out of the class. During one lesson she addressed a student saying, “If you seriously do not want to be here for the next three lessons we can go talk to the principal or a counselor and you don’t have to be here.”

During another lesson with the sex educator, the classroom teacher had to step in to help control the students stating, “We will let you know when we allow talking.” For most of the classes, the regular classroom teacher would not be present in the class, leaving control of the class up to the sex educator. However, when the public school teachers were present in the classroom and engaging with their students and the educator, the students were less likely to act out and more likely to interact with the material.

The sex educator expressed regularly that she wanted the students simply to follow the program, do their work, and take her lesson as seriously as the other subjects being taught to them in school. Her desire to have the class taken seriously, however, is difficult to fulfill without sex education being mandated as a year/semester-long class that students are required to take. Having a sex educator come into the classroom only once a month to teach sets sex education apart from other school subjects as less important and does not allow the sex educator to develop a rapport with students. Students are also not used to taking sex education classes and are not familiar with the topics being discussed, as they have not been taught prior to middle school. Whereas core subjects such as math, science, history, and English have been taught since elementary school, sex education has not, and is often seen as a controversial and taboo subject that makes students uncomfortable.

Also the lesson worksheets were often too simple for the students’ age group. The subject matter seemed oversimplified and seemed more suitable for younger students. The students would finish worksheets very quickly, but the sex educator had trouble during multiple sessions attempting to get students to participate in answering questions when discussing the worksheet. The sex educator had a hard time in the classrooms keeping the attention of the students and often had to threaten to kick students out or move them to the back of the classroom. The sex

educator would be very visibly upset and tense when students would joke around and misbehave in class. Lessons would move through each lesson very quickly and a lot of the prepared material would be skipped due to lack of time. Most of the lessons seemed rushed and were too quick to absorb.

Overall, I believe the program's curriculum was informative, medically accurate, and unbiased. However, the curriculum was not engaging for the age group being taught with the material being either too simple or too clinical. The youth, not having received sex education prior to middle school, took longer to become comfortable with the topics and language being used in the sex education courses, thus leading to behavior problems. The inappropriate behavior of youth, their lack of retention of material, and their shorter attention spans can be attributed less to their lack of maturity, but to the lack of engaging curriculum, the sex educator's lack of rapport with the students, and their discomfort with the new subject being taught to them in school. The benefits of having a private sex educator were that the educator was experienced and had prepared lessons and materials to provide to students. The cons, however, were that she had no rapport with students and seemed ill at ease with young people.

Of all of the topics around the CHYA I addressed with experts, the questions of when students should receive sex education and by whom seemed to be the most controversial. Experts gave mixed opinions about their beliefs on whether students should receive sex education prior to middle school. While some experts stated that sex education should be taught early along with current literature on the topics in order to normalize sex education as an important and essential subject for youth, others argued that youth are not mature enough to engage in sex education courses prior to middle school. There were also mixed responses on whether or not permanent classroom teachers should teach sex education to students or whether or not hired private

educators should be used. The general consensus, however, was that someone comfortable, professional, and trained should instruct students. My observations suggest that the current curricula and materials used to instruct middle school students are not age level appropriate, and sex education courses would benefit from starting earlier in order to normalize sex education as a standard school subject.

Chapter 6: Conclusion

The CHYA is the first government mandate for formal, comprehensive sex education in California schools. The CHYA was enacted in January 2016, and previous to its establishment, California schools had no federal or state obligation to provide sex education to its students, beyond HIV/STD prevention. All of the experts I interviewed agreed that the CHYA was a huge step forward for California sex education, though the opinions varied amongst experts about the CHYA's downfalls and successes. Some experts believed the act was just one step forward on a larger journey to reform sex education in California, while others believed that the act, despite problems that need solving, did not need to be replaced, reformed, or improved, as it already provided the necessary guidelines for California school districts to give their students comprehensive sex educations.

In wrapping up my interviews with the experts, I asked each interviewee how they believed the act could be improved. A group of sex education activists believed that the CHYA represented progress for activists fighting for sex education reform in the United States; however sex education in California still has a long way to go. They stated that the CHYA guidelines for curriculum are a good start, but that guidelines are not always followed. They believe that the act is too vague and lacks mandated inclusion of many topics that are important to a comprehensive education. Their list of topics proved to be similar, but slightly more expansive than the CHYA's mandated requirements. Their list includes dress codes, gender roles, family life, effective communication, body image, emotional/physical health, boundaries, healthy relationships, mental health, sexual anatomy, sex trafficking, resources, domestic violence, pregnancy and development, healthcare rights, pregnancy services, masturbation, planned pregnancy, and supporting youth. All of these topics are included in their self-stated comprehensive curriculum

that ranges from education for elementary school students to adults that they have made available online. Their curriculum also has the ability to be tailored specifically for students, teachers, or parents. They believe that the CHYA, though representative of progress, is not fully comprehensive and only provides information to limited audiences.

The sex educator stated that she believed the new standards for curriculum mandated by the CHYA were well-rounded and inclusive. In defense of her argument she cites her program which follows CHYA criteria: “We address the LGBTQ, anatomy, birth control, bullying, sexting, healthy relationships, safe surrender, and the myths of STDs and HIV. We talk about how abstinence is the only sure-fire way to prevent pregnancy. We discuss the emotional implications of sex.” When asked if she believed if there was anything missing from the curriculum, she expressed her satisfaction with the current guidelines, though she does not believe she is given enough time to teach the massive amount of material she is given. She concluded, “These lessons are not meant to be confined to 50 minutes.”

ACLU Official #1 responded that it was too early to tell if the act was lacking in any aspect or should be re-evaluated. However, she stated that the ACLU’s long-term goal is establish a law that mandates sex education in grades K-12, with a required class and/or a specific number of mandated hours. Although she recognizes the potential benefit of having sex education courses be unstructured, as they are now, she believes specific state requirements for a place and time of sex education classes would benefit California in the instruction of youth. The second ACLU official stated that she believes the CHYA is one baby step on a larger journey toward improving sex education in California: “I advocate to the community to encourage them to participate in their political process. I let the community know about the law and help implement the CHYA in the community.” She argued that her position however was

vitaly necessary due to the lack of strong implementation by the state: “Nothing in the bill holds schools accountable. There is no ‘shame on you’ for not participating. There is no ‘if you don’t implement by a certain date then we are not going to pay you.’ One person in the state department of health is in charge of monitoring the implementation. There is no funding, and that is not even their full-time job. The state is not holding schools accountable, only advocates.” She argued the law still needs to be amended or updated. When asked why she thought a clause that held schools accountable had not been implemented, she stated, “If you have some type of enforcement tool, then it usually costs money. And if you have any bill that costs money, it goes to state appropriations committee. And any bill that costs additional money will not pass.” However, she stated that the act was just one baby step toward a larger goal.

The third ACLU official responded that the CHYA was a huge step forward from previous sex education legislation that left the decision of whether or not to provide health programs to students up to each school district. She stated, however, that even with the CHYA, there is not a lot of information going to staff in the school districts across California informing them of the new law and its requirements: “The law is very thorough about what needs to be done, but it doesn’t say how it should be done. How should the teachers sex education training should be done? How should the schools pay for the training? How should the schools budget for sex education programs? Sex education is a low priority in the state.” She reiterated the statement of the second ACLU official, claiming the absurdity of having only one person in the state officially in charge of implementing and enforcing the CHYA across California. She also argued that she believes the CHYA’s text should go further into the specific methods schools must use to implement sex education, as well as go further into what subjects need to be covered

and how: “The act only goes into the basic subject titles but does not give schools specific enough information, so schools can find ways around to go around it and do the minimal.”

The physician stated that, in her experience working with youth in the hospital, even with the current improvements to sex education criteria in California, the CHYA does not mandate sex education early enough. She said, “Starting sex education in middle school is too late. The teens are already ashamed. Sex education is not treated as a fundamental subject like Math or English. It is already taboo.” She explained that teens who come under her care have little working knowledge of their anatomy and many teens are unable to identify abuse and inappropriate behavior as well as the resources available to help them out of unhealthy situations. “Sex education is still shameful instead of educational.” She also stated her support for the criteria mandating that sex education curriculum taught to students in California be more inclusive. Teens who are uninformed, misinformed, or ashamed to ask questions or seek help, she explained, often are unable to make healthy decisions about their bodies and unable to lead healthy lifestyles.

The youth psychologist interviewed stated that she believed the act was much more expansive than sex education laws enacted in the past. However, she believes the act is still too vague. She argued that, although she understands the importance of local control over curriculum, schools could find loopholes in the written text of the act. She also stated that she believed that the act does not mandate sex education soon enough: “Sex education should be every year.” She argues that an explanation of heterosexual sex, homosexual sex, asexual identities, all sexual acts, pornography, sex work, sex trafficking, STDs, Aids/HIV, pregnancy, abortion, miscarriages, birth, contraception, informed consent, sexual harassment, rape, coercion, sexting, and resources should all be mandated topics by law. She said, “They are all aspects of

reality, they can happen every day, they can change your whole life. Students should be informed early to make informed decisions and to live healthy lifestyles. Teaching these topics will help students with their shame, guilt, and confusion.” In her experience, she stated, students are not currently being taught to deal with these emotions about their sexual lives through their sex education, either provided by parents or schools, thus leading to their unstable mental health.

The physician also stated that she believed the criteria within the CHYA also provides room for schools and districts to promote politically driven or abstinence-based educations, citing section 51933(f) and 51934(3)⁸⁷, which she states has been proven to be detrimental to students in multiple studies.

The California Healthy Youth Act is a major step forward on a larger journey to the development of sex education California. The CHYA’s strength lies in its amendments of previous legislation that did not mandate sex education throughout California and did not include clear instructions on the mandate of LGBTQIA/A and ethnic/racial/culturally inclusive materials. The act also works to combat popular and controversial stigmas by working with parents and mandating unbiased, transparent, and medically accurate instruction, while also giving schools several different state approved curriculum options. The CHYA mandates many new topics that were not required by previous legislation, and are not only beneficial, but essential to the healthy development of youth. However, despite the CHYA’s improvements, sex education legislation in California still has lengths to go in order to properly serve the youth of the state. My suggestions for the development of the CHYA are based on the results I found during my analysis of my research data including my expert interviews, my literature review, and my school observations.

⁸⁷ The California Healthy Youth Act. Assembly Bill No. 329. E.C. 51930-51939. (2015).

Currently the CHYA relies on the implementation of sex education in schools and the enforcement of the law by local sex education advocates. However, while local control is functioning in certain districts for now, it is hard to regulate whether or not programs are following all of the CHYA requirements, and there is not enough state enforcement so that schools provide sex education to their students and the curricula provided adhere to the law. The importance of sex education cannot be understated, and the State of California needs to reassess sex education as a major priority. I believe Californians would benefit from a state-mandated curriculum, and more funding and dedication of state resources to the publicity of new sex education legislation, implementation of sex education, and enforcement of the act. While sex education curriculum is required by the act to be inclusive of LGBTQIA/A students, current curricular options give a lot of leeway to different school districts. A state-mandated curriculum would solve this problem by requiring that schools provide sex education that is inclusive of all different identities. While there might be parental backlash to schools providing LGBTQ inclusive education, a state mandate would protect districts who would have the ability to claim they are only working in compliance with the law. Also, despite provisions that California sex educators must be properly trained in sex education instruction, there is currently no mandate requiring sex educators receive extensive training in LGBTQIA/A inclusion and anti-racist curriculum. A new clause should mandate this education for all sex educators as well as promote the development and instruction of anti-racist lessons. The act must also be updated or amended to include legislation on porn and pleasure topics.

Sex education in California has a long way to go for students to fully reap the benefits of its instruction; however the CHYA has improved the state of sex education in California by leaps and bounds simply by mandating sex education must be taught. While there is still much to do

for advocates of sex education, policy workers, politicians, and legislators, the CHYA represents a step forward on a larger journey toward the development of truly progressive sex education act.

Limitations:

It is important to note the limitations of my data in order to allow my readers to process my research with an analytical eye. As an undergraduate I attempted to evaluate the newly passed CHYA as comprehensively as possible given the limited resources I had available as well as within the time frame my project needed to be completed. The first limitation my project faced was my inability to interview additional experts in the field of sex education given the accessibility of resources and the limited scope of time I had to complete my project. In order to comprehensively assess experts' opinions on the CHYA, I would normally have collected 30-35 expert interviews, however I had to cut that number down to a more reasonable and attainable amount. I was also restricted by my University's Institutional Review Board to collect interviews on an individual by individual basis, instead of collecting interview suggestions through a process called Snowball Sampling. Snowball sampling is a research method for collecting interviews that allows the primary interviewer and researcher to purposefully collect interviews from different expert groups, as the researcher will request for interviewee suggestion after each interview with an expert. The interviewer can then document what kinds of interviewees are being suggested and by who, interview these individuals, and also interview those experts who are being purposefully excluded from networks of other experts, in order to get diverse opinions. As I was confined to collecting my interviews on a person by person basis, my experts' opinions may often resonate with one another and may not provide the full expanse of opinions that exist on sex education.

My observations were also limited to two California middle schools in the same district providing sex education programs to their students. While my observations allowed me to gain an insight into how the schools I observed translated and implemented the CHYA, these two

schools are not a representative sample of the entire state of California. As a undergraduate without funding for my project, the time, or resources to observe schools throughout the state, I was limited to narrowing my observations to two schools. My project was also at whim to the requests of the Institutional Review Board in receiving approval to conduct my research. I was restricted from including expert names in my project, analyzing student reactions to the sex education curriculum being presented to them, interacting within the sex education classrooms, and working with youth in any aspect.

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Appendix A

Assembly Bill No. 329

CHAPTER 398

An act to amend Sections 51930, 51931, 51932, 51933, 51934, 51935, 51936, 51937, 51938, and 51939 of, to amend the heading of Article 2 (commencing with Section 51933) of Chapter 5.6 of, to amend the heading of Chapter 5.6 (commencing with Section 51930) of, to amend and renumber the heading of Article 4 (commencing with Section 51935) of Chapter 5.6 of, to amend and renumber the heading of Article 5 (commencing with Section 51937) of Chapter 5.6 of, and to repeal the heading of Article 3 (commencing with Section 51934) of Chapter 5.6 of, Part 28 of Division 4 of Title 2 of, the Education Code, relating to pupil instruction.

[Approved by Governor October 01, 2015. Filed with Secretary of State October 01, 2015.]

LEGISLATIVE COUNSEL'S DIGEST

AB 329, Weber. Pupil instruction: sexual health education.

(1) Existing law, the California Comprehensive Sexual Health and HIV/AIDS Prevention Education Act, authorizes school districts to provide comprehensive sexual health education, consisting of age-appropriate instruction, in any of kindergarten and grades 1 to 12, inclusive, and requires school districts to ensure that all pupils in grades 7 to 12, inclusive, receive HIV/AIDS prevention education, as specified.

This bill would revise and recast these provisions to, among other things, integrate the instruction of comprehensive sexual health education and HIV prevention education. The bill would rename the California Comprehensive Sexual Health and HIV/AIDS Prevention Education Act the California Healthy Youth Act. The bill would specify additional purposes of the act. The bill would instead require school districts to ensure that all pupils in grades 7 to 12, inclusive, receive comprehensive sexual health education and HIV prevention education, as specified. By imposing additional requirements on school districts, this bill would impose a state-mandated local program.

(2) Existing law provides that these provisions do not apply to description or illustration of human reproductive organs in certain textbooks, or to instruction or materials that discuss gender, sexual orientation, or family life and do not discuss human reproductive organs and their functions.

This bill would revise the types of textbooks, instructions, and materials for which those provisions are inapplicable.

(3) This bill would also make conforming changes.

(4) This bill would incorporate additional changes to Section 51938 of the Education Code proposed by AB 517 that would become operative if this bill and AB 517 are both enacted and this bill is enacted last.

(5) The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that, if the Commission on State Mandates determines that the bill contains costs mandated by the state, reimbursement for those costs shall be made pursuant to these statutory provisions.

Vote: majority Appropriation: no Fiscal Committee: yes Local Program: yes

BILL TEXT

THE PEOPLE OF THE STATE OF CALIFORNIA DO ENACT AS FOLLOWS:

SECTION 1.

The heading of Chapter 5.6 (commencing with Section 51930) of Part 28 of Division 4 of Title 2 of the Education Code is amended to read:

CHAPTER 5.6. California Healthy Youth Act

SEC. 2.

Section 51930 of the Education Code is amended to read:

51930.

(a) This chapter shall be known, and may be cited, as the California Healthy Youth Act.

(b) The purposes of this chapter are as follows:

(1) To provide pupils with the knowledge and skills necessary to protect their sexual and reproductive health from HIV and other sexually transmitted infections and from unintended pregnancy.

(2) To provide pupils with the knowledge and skills they need to develop healthy attitudes concerning adolescent growth and development, body image, gender, sexual orientation, relationships, marriage, and family.

(3) To promote understanding of sexuality as a normal part of human development.

(4) To ensure pupils receive integrated, comprehensive, accurate, and unbiased sexual health and HIV prevention instruction and provide educators with clear tools and guidance to accomplish that end.

(5) To provide pupils with the knowledge and skills necessary to have healthy, positive, and safe relationships and behaviors.

SEC. 3.

Section 51931 of the Education Code is amended to read:

51931.

For the purposes of this chapter, the following definitions apply:

(a) “Age appropriate” refers to topics, messages, and teaching methods suitable to particular ages or age groups of children and adolescents, based on developing cognitive, emotional, and behavioral capacity typical for the age or age group.

(b) “Comprehensive sexual health education” means education regarding human development and sexuality, including education on pregnancy, contraception, and sexually transmitted infections.

(c) “English learner” means a pupil as described in subdivision (a) of Section 306.

(d) “HIV prevention education” means instruction on the nature of human immunodeficiency virus (HIV) and AIDS, methods of transmission, strategies to reduce the risk of HIV infection, and social and public health issues related to HIV and AIDS.

(e) “Instructors trained in the appropriate courses” means instructors with knowledge of the most recent medically accurate research on human sexuality, healthy relationships, pregnancy, and HIV and other sexually transmitted infections.

(f) “Medically accurate” means verified or supported by research conducted in compliance with scientific methods and published in peer-reviewed journals, where appropriate, and recognized as accurate and objective by professional organizations and agencies with expertise in the relevant field, such as the federal Centers for Disease Control and Prevention, the American Public Health Association, the American Academy of Pediatrics, and the American College of Obstetricians and Gynecologists.

(g) “School district” includes county boards of education, county superintendents of schools, the California School for the Deaf, and the California School for the Blind.

SEC. 4.

Section 51932 of the Education Code is amended to read:

51932.

(a) This chapter does not apply to description or illustration of human reproductive organs that may appear in a textbook, adopted pursuant to law, if the textbook does not include other elements of comprehensive sexual health education or HIV prevention education as defined in Section 51931.

(b) This chapter does not apply to instruction, materials, presentations, or programming that discuss gender, gender identity, gender expression, sexual orientation, discrimination, harassment, bullying, intimidation, relationships, or family and do not discuss human reproductive organs and their functions.

SEC. 5.

The heading of Article 2 (commencing with Section 51933) of Chapter 5.6 of Part 28 of Division 4 of Title 2 of the Education Code is amended to read:

Article 2. Required Comprehensive Sexual Health Education and HIV Prevention Education

SEC. 6.

Section 51933 of the Education Code is amended to read:

51933.

All comprehensive sexual health education and HIV prevention education pursuant to Section 51934, whether taught or supplemented by school district personnel or by outside consultants or guest speakers pursuant to Section 51936, shall satisfy all of the following criteria:

(a) Instruction and materials shall be age appropriate.

(b) All factual information presented shall be medically accurate and objective.

(c) All instruction and materials shall align with and support the purposes of this chapter as set forth in paragraphs (1) to (5), inclusive, of subdivision (b) of Section 51930 and may not be in conflict with them.

(d) (1) Instruction and materials shall be appropriate for use with pupils of all races, genders, sexual orientations, and ethnic and cultural backgrounds, pupils with disabilities, and English learners.

(2) Instruction and materials shall be made available on an equal basis to a pupil who is an English learner, consistent with the existing curriculum and alternative options for an English learner pupil as otherwise provided in this code.

(3) Instruction and materials shall be accessible to pupils with disabilities, including, but not limited to, the provision of a modified curriculum, materials and instruction in alternative formats, and auxiliary aids.

(4) Instruction and materials shall not reflect or promote bias against any person on the basis of any category protected by Section 220.

(5) Instruction and materials shall affirmatively recognize that people have different sexual orientations and, when discussing or providing examples of relationships and couples, shall be inclusive of same-sex relationships.

(6) Instruction and materials shall teach pupils about gender, gender expression, gender identity, and explore the harm of negative gender stereotypes.

(e) Instruction and materials shall encourage a pupil to communicate with his or her parents, guardians, and other trusted adults about human sexuality and provide the knowledge and skills necessary to do so.

(f) Instruction and materials shall teach the value of and prepare pupils to have and maintain committed relationships such as marriage.

(g) Instruction and materials shall provide pupils with knowledge and skills they need to form healthy relationships that are based on mutual respect and affection, and are free from violence, coercion, and intimidation.

(h) Instruction and materials shall provide pupils with knowledge and skills for making and implementing healthy decisions about sexuality, including negotiation and refusal skills to assist pupils in overcoming peer pressure and using effective decisionmaking skills to avoid high-risk activities.

(i) Instruction and materials may not teach or promote religious doctrine.

SEC. 7.

The heading of Article 3 (commencing with Section 51934) of Chapter 5.6 of Part 28 of Division 4 of Title 2 of the Education Code is repealed.

SEC. 8.

Section 51934 of the Education Code is amended to read:

51934.

(a) Each school district shall ensure that all pupils in grades 7 to 12, inclusive, receive comprehensive sexual health education and HIV prevention education from instructors trained in the appropriate courses. Each pupil shall receive this instruction at least once in junior high or middle school and at least once in high school. This instruction shall include all of the following:

(1) Information on the nature of HIV, as well as other sexually transmitted infections, and their effects on the human body.

(2) Information on the manner in which HIV and other sexually transmitted infections are and are not transmitted, including information on the relative risk of infection according to specific behaviors, including sexual activities and injection drug use.

(3) Information that abstinence from sexual activity and injection drug use is the only certain way to prevent HIV and other sexually transmitted infections and abstinence from sexual intercourse is the only certain way to prevent unintended pregnancy. Instruction shall provide information about the value of delaying sexual activity while also providing medically accurate information on other methods of preventing HIV and other sexually transmitted infections and pregnancy.

(4) Information about the effectiveness and safety of all federal Food and Drug Administration (FDA) approved methods that prevent or reduce the risk of contracting HIV and other sexually transmitted infections, including use of antiretroviral medication, consistent with the federal Centers for Disease Control and Prevention.

(5) Information about the effectiveness and safety of reducing the risk of HIV transmission as a result of injection drug use by decreasing needle use and needle sharing.

(6) Information about the treatment of HIV and other sexually transmitted infections, including how antiretroviral therapy can dramatically prolong the lives of many people living with HIV and reduce the likelihood of transmitting HIV to others.

(7) Discussion about social views on HIV and AIDS, including addressing unfounded stereotypes and myths regarding HIV and AIDS and people living with HIV. This instruction shall emphasize that successfully treated HIV-positive individuals have a normal life expectancy, all people are at some risk of contracting HIV, and the only way to know if one is HIV-positive is to get tested.

(8) Information about local resources, how to access local resources, and pupils' legal rights to access local resources for sexual and reproductive health care such as testing and medical care for HIV and other sexually transmitted infections and pregnancy prevention and care, as well as local resources for assistance with sexual assault and intimate partner violence.

(9) Information about the effectiveness and safety of all FDA-approved contraceptive methods in preventing pregnancy, including, but not limited to, emergency contraception. Instruction on pregnancy shall include an objective discussion of all legally available pregnancy outcomes, including, but not limited to, all of the following:

(A) Parenting, adoption, and abortion.

(B) Information on the law on surrendering physical custody of a minor child 72 hours of age or younger, pursuant to Section 1255.7 of the Health and Safety Code and Section 271.5 of the Penal Code.

(C) The importance of prenatal care.

(10) Information about sexual harassment, sexual assault, adolescent relationship abuse, intimate partner violence, and sex trafficking.

(b) A school district may provide comprehensive sexual health education or HIV prevention education consisting of age-appropriate instruction earlier than grade 7 using instructors trained in the appropriate courses. A school district that elects to offer comprehensive sexual health education or HIV prevention education earlier than grade 7 may provide age appropriate and medically accurate information on any of the general topics contained in paragraphs (1) to (10), inclusive, of subdivision (a).

SEC. 9.

The heading of Article 4 (commencing with Section 51935) of Chapter 5.6 of Part 28 of Division 4 of Title 2 of the Education Code is amended and renumbered to read:

Article 3. In-Service Training

SEC. 10.

Section 51935 of the Education Code is amended to read:

51935.

(a) A school district shall cooperatively plan and conduct in-service training for all school district personnel that provide HIV prevention education, through regional planning, joint powers agreements, or contract services.

(b) In developing and providing in-service training, a school district shall cooperate and collaborate with the teachers of the district who provide HIV prevention education and with the department.

(c) In-service training shall be conducted periodically to enable school district personnel to learn new developments in the scientific understanding of HIV. In-service training shall be voluntary for school district personnel who have demonstrated expertise or received in-service training from the department or federal Centers for Disease Control and Prevention.

(d) A school district may expand HIV in-service training to cover the topic of comprehensive sexual health education in order for school district personnel who provide comprehensive sexual health education to learn new developments in the scientific understanding of sexual health.

SEC. 11.

Section 51936 of the Education Code is amended to read:

51936.

School districts may contract with outside consultants or guest speakers, including those who have developed multilingual curricula or curricula accessible to persons with disabilities, to deliver comprehensive sexual health education and HIV prevention education or to provide training for school district personnel. All outside consultants and guest speakers shall have expertise in

comprehensive sexual health education and HIV prevention education and have knowledge of the most recent medically accurate research on the relevant topic or topics covered in their instruction.

SEC. 12.

The heading of Article 5 (commencing with Section 51937) of Chapter 5.6 of Part 28 of Division 4 of Title 2 of the Education Code is amended and renumbered to read:

Article 4. Notice and Parental Excuse

SEC. 13.

Section 51937 of the Education Code is amended to read:

51937.

It is the intent of the Legislature to encourage pupils to communicate with their parents or guardians about human sexuality and HIV and to respect the rights of parents or guardians to supervise their children's education on these subjects. The Legislature intends to create a streamlined process to make it easier for parents and guardians to review materials and evaluation tools related to comprehensive sexual health education and HIV prevention education, and, if they wish, to excuse their children from participation in all or part of that instruction or evaluation. The Legislature recognizes that while parents and guardians overwhelmingly support medically accurate, comprehensive sex education, parents and guardians have the ultimate responsibility for imparting values regarding human sexuality to their children.

SEC. 14.

Section 51938 of the Education Code is amended to read:

51938.

(a) A parent or guardian of a pupil has the right to excuse their child from all or part of comprehensive sexual health education, HIV prevention education, and assessments related to that education through a passive consent ("opt-out") process. A school district shall not require active parental consent ("opt-in") for comprehensive sexual health education and HIV prevention education.

(b) At the beginning of each school year, or, for a pupil who enrolls in a school after the beginning of the school year, at the time of that pupil's enrollment, each school district shall notify the parent or guardian of each pupil about instruction in comprehensive sexual health education and HIV prevention education and research on pupil health behaviors and risks planned for the coming year. The notice shall do all of the following:

(1) Advise the parent or guardian that written and audiovisual educational materials used in comprehensive sexual health education and HIV prevention education are available for inspection.

(2) Advise the parent or guardian whether the comprehensive sexual health education or HIV prevention education will be taught by school district personnel or by outside consultants. A school district may provide comprehensive sexual health education or HIV prevention education, to be taught by outside consultants, and may hold an assembly to deliver comprehensive sexual health education or HIV prevention education by guest speakers, but if it elects to provide comprehensive sexual health education or HIV prevention education in either of these manners, the notice shall include the date of the instruction, the name of the organization or affiliation of each guest speaker, and information stating the right of the parent or guardian to request a copy of this section, Section 51933, and Section 51934. If arrangements for this instruction are made after the beginning of the school year, notice shall be made by mail or another commonly used method of notification, no fewer than 14 days before the instruction is delivered.

(3) Include information explaining the parent's or guardian's right to request a copy of this chapter.

(4) Advise the parent or guardian that the parent or guardian has the right to excuse their child from comprehensive sexual health education and HIV prevention education and that in order to excuse their child they must state their request in writing to the school district.

(c) Notwithstanding Section 51513, anonymous, voluntary, and confidential research and evaluation tools to measure pupils' health behaviors and risks, including tests, questionnaires, and surveys containing age-appropriate questions about the pupil's attitudes concerning or practices relating to sex, may be administered to any pupil in grades 7 to 12, inclusive. A parent or guardian has the right to excuse their child from the test, questionnaire, or survey through a passive consent ("opt-out") process. A school district shall not require active parental consent ("opt-in") for these tests, questionnaires, or surveys in grades 7 to 12, inclusive. Parents or guardians shall be notified in writing that this test, questionnaire, or survey is to be administered, given the opportunity to review the test, questionnaire, or survey if they wish, notified of their right to excuse their child from the test, questionnaire, or survey, and informed that in order to excuse their child they must state their request in writing to the school district.

(d) The use of outside consultants or guest speakers as described in paragraph (2) of subdivision (b) is within the discretion of the school district.

SEC. 14.5.

Section 51938 of the Education Code is amended to read:

51938.

(a) A parent or guardian of a pupil has the right to excuse his or her child from all or part of comprehensive sexual health education, HIV prevention education, and assessments related to that education through a passive consent ("opt-out") process. A school district shall not require active parental consent ("opt-in") for comprehensive sexual health education and HIV prevention education.

(b) At the beginning of each school year, or, for a pupil who enrolls in a school after the beginning of the school year, at the time of that pupil's enrollment, each school district shall notify the parent or guardian of each pupil about instruction in comprehensive sexual health education and HIV prevention education and research on pupil health behaviors and risks planned for the coming year. The notice shall do all of the following:

(1) Advise the parent or guardian that written and audiovisual educational materials used in comprehensive sexual health education and HIV prevention education are available for inspection and that during this inspection a parent or guardian may make copies at the parent's or guardian's pupil's school of any written educational material that will be distributed to pupils, if it is not copyrighted and has been or will be presented by an outside consultant or guest speaker.

(2) Advise the parent or guardian whether the comprehensive sexual health education or HIV prevention education will be taught by school district personnel or by outside consultants. A school district may provide comprehensive sexual health education or HIV prevention education, to be taught by outside consultants, or may hold an assembly to deliver comprehensive sexual health education or HIV prevention education by guest speakers, but if the school district elects to provide comprehensive sexual health education or HIV prevention education in either of these manners, the notice shall include the date of the instruction, the name of the organization or affiliation of each outside consultant and guest speaker, the training in comprehensive sexual health education and HIV prevention education of each outside consultant and guest speaker, and information stating the right of the parent or guardian to request a copy of this section, Section 51933, and Section 51934. If arrangements for this instruction are made after the beginning of the school year, notice shall be made by mail or another commonly used method of notification, no fewer than 14 days before the instruction is delivered.

(3) Include information explaining the parent's or guardian's right to request a copy of this chapter.

(4) Advise the parent or guardian that the parent or guardian has the right to excuse their child from comprehensive sexual health education and HIV prevention education and that in order to excuse their child they must state their request in writing to the school district.

(c) A school district shall allow a pupil's parent or guardian to inspect any written or audiovisual educational material used in comprehensive sexual health education and HIV prevention education. A parent or guardian may, during inspection, make copies at the parent's or guardian's pupil's school of any written educational material that will be distributed to pupils, if it is not copyrighted and has been or will be presented by an outside consultant or guest speaker. If a parent or guardian elects to make copies, the school may charge up to ten cents (\$0.10) per page.

(d) Notwithstanding Section 51513, anonymous, voluntary, and confidential research and evaluation tools to measure pupils' health behaviors and risks, including tests, questionnaires, and surveys containing age-appropriate questions about the pupil's attitudes concerning or practices relating to sex, may be administered to any pupil in grades 7 to 12, inclusive. A parent or guardian has the right to excuse their child from the test, questionnaire, or survey through a passive consent ("opt-out") process. A school district shall not require active parental consent ("opt-in") for these tests, questionnaires, or surveys in grades 7 to 12, inclusive. Parents or guardians shall be notified

in writing that this test, questionnaire, or survey is to be administered, given the opportunity to review the test, questionnaire, or survey if they wish, notified of their right to excuse their child from the test, questionnaire, or survey, and informed that in order to excuse their child they must state their request in writing to the school district.

(e) The use of outside consultants or guest speakers as described in paragraph (2) of subdivision (b) is within the discretion of the school district.

SEC. 15.

Section 51939 of the Education Code is amended to read:

51939.

(a) A pupil may not attend any class in comprehensive sexual health education or HIV prevention education, or participate in any anonymous, voluntary, and confidential test, questionnaire, or survey on pupil health behaviors and risks, if the school has received a written request from the pupil's parent or guardian excusing the pupil from participation.

(b) A pupil may not be subject to disciplinary action, academic penalty, or other sanction if the pupil's parent or guardian declines to permit the pupil to receive comprehensive sexual health education or HIV prevention education or to participate in anonymous, voluntary, and confidential tests, questionnaires, or surveys on pupil health behaviors and risks.

(c) While comprehensive sexual health education, HIV prevention education, or anonymous, voluntary, and confidential test, questionnaire, or survey on pupil health behaviors and risks is being administered, an alternative educational activity shall be made available to pupils whose parents or guardians have requested that they not receive the instruction or participate in the test, questionnaire, or survey.

SEC. 16.

Section 14.5 of this bill incorporates amendments to Section 51938 of the Education Code proposed by both this bill and Assembly Bill 517. It shall only become operative if (1) both bills are enacted and become effective on or before January 1, 2016, (2) each bill amends Section 51938 of the Education Code, and (3) this bill is enacted after Assembly Bill 517, in which case Section 14 of this bill shall not become operative.

SEC. 17.

If the Commission on State Mandates determines that this act contains costs mandated by the state, reimbursement to local agencies and school districts for those costs shall be made pursuant to Part 7 (commencing with Section 17500) of Division 4 of Title 2 of the Government Code.