

Sexual Health Education **IN PUBLIC SCHOOLS**

A Guide for Parents

www.PublicSchoolsProject.com

There exists an expectation that parents will impart an ongoing moral education about sex while schools will provide students with scientific, age-appropriate information about their bodies and sexual health.

Schools are an integral provider of service and support to parents throughout the academic lives of their children. Parents rely on the school system to partner with them as they endeavor to raise their children to adulthood safely and with the knowledge and skills necessary to live healthy, productive lives. A key area in which parents expect schools to provide information and expertise is in the provision of health education, particularly age-appropriate sex education. It is estimated that in a typical San Bernardino class of 500 high school students, as many as 320 will have engaged in sexual intercourse by graduation. Half of these students will contract a sexually transmitted disease by the time they reach age 25. These are staggering numbers; but we know that education is the key to prevention. Parents should ensure that their children are receiving the most effective, age-appropriate sexual health education available from their school.

In an effort to assess the sexual health education provided to students in our communities, the Community Action Fund (CAF) of Planned Parenthood of Orange and San Bernardino Counties (PPOSBC) conducted an audit of sexual health education textbooks and curricula in San Bernardino County school districts with high schools. Our surveys and communications with school districts indicate that sexual health education across the county is inconsistent, largely inadequate, and out of compliance with state law and the California Education Code.

TEENAGE PREGNANCY AND SEXUALLY TRANSMITTED DISEASES

Statistics about the number of teenage pregnancies and the rising rates of Sexually Transmitted Diseases (STDs) among teens make the need for comprehensive sexual health education obvious and urgent. In California, more than 50,000 teens, ages 15-19, gave birth in 2004¹. In 2005, there were 48 births for every 1,000 young women between the ages of 15-19 in San Bernardino County. Among Latinas there were 67.3 births for every 1,000 young women ages 15-19, more than double the state teen birth rate. Among African American teens there were 50.4 births per 1,000; 56 percent higher than the state birth rate. The high number of teen births places San Bernardino County as the county with the 14th highest teenage birthrate of the 58 counties in the state². Teenage pregnancy carries with it negative consequences for both teen parents and society. Research has shown that teen mothers exhibit poorer psychological health, lower educational attainment, and less stable employment than teens that postpone childbirth³. Depression among teenage mothers is common. Teen fathers have lower levels of academic achievement and lower earnings over time than peers who do not have children during adolescence⁴. Additionally, the annual economic cost to society, which takes into account estimated losses in earnings of teen parents and their children in young adulthood, is projected to be an astounding \$3.4 billion annually in California alone⁵.

Until recently, sexually transmitted diseases (STDs) in teens have received little attention. This inattention has allowed the number of STDs in young people to skyrocket. In 2005, there were an estimated 1.12 million new cases of STDs among teens in California⁶. The most recent report by the Centers for Disease Control (CDC) found that 1 in 4 women, ages 14 to 19, have an STD at any given time⁷. The Public Health Institute estimates that in 2005 there were 115,705 new cases of STDs in youth between the ages of 15 and 24 in the Inland Empire. Of those new cases 75,606 occurred among San Bernardino County youth⁸. Considering the negative long-term effects of STDs such as infertility, cancer, and increased susceptibility to HIV, parents and educators must take immediate action to educate young people about the risks and prevention of STDs.

In 2005, there were an estimated 75,606 new STD cases among San Bernardino County teens.

- Public Health Institute
The Hidden STD Epidemic among
California Youth. 2007

PARENTAL ATTITUDES

Parents know that there are many obstacles on the road to adulthood and teenage pregnancy and the threat of STDs are just two. As a result, there is overwhelming support among parents for comprehensive sexual health education which discusses abstinence as well as how to prevent pregnancies and the spread of STDs. Support for sexual health education that provides information about condoms and contraception remains strong regardless of race, religion or political affiliation. The underlying fact is, regardless of politics, parents see the need to educate and protect their children and they expect public schools to provide effective, medically accurate, comprehensive sexual health education. Parents are aware of reports that abstinence-until-marriage programs are not effective in reducing teen pregnancy. Instead, such programs leave young people ignorant and vulnerable if they do engage in sexual activities. Parents believe, and evidence supports, that comprehensive sexual health education helps young people make responsible decisions about sex and that has resulted in declines in teen pregnancy and STD rates.



Among parents in San Bernardino County 87% support the teaching of comprehensive sexual health education in public schools.

- Public Policy Institute of California
Special Survey on Population. Dec. 2005

STATE EFFORTS TO PROVIDE COMPREHENSIVE SEXUAL HEALTH EDUCATION

The State of California has been aggressively funding programs to reduce the number of teenage pregnancies and the incidences of STDs for over two decades. By 2005, California's birth rate was 39.5 teen births per 1000 teens, ages 15-19⁹. That is down nearly 40 percent from a decade ago. During that time, the teen birth rate of Latinas decreased by half and declined by almost two-thirds among African Americans¹⁰. Researchers credit the drop in pregnancies almost entirely to an increase in condom and contraceptive use by teens rather than a decline in sexual activity¹¹.

In 2004, California became the first state in the nation to require that when schools teach sexual health education in grades 7-12 it must be comprehensive. To the consternation of many health professionals and educators, sexual health education is still not required. Unless there is a district policy requiring it, each school may decide individually if sexual health education will be taught. The Comprehensive Sexual Health and HIV/AIDS Prevention Act (SB 71) modified the California Education Code (51930-51939) as a means "1) To provide students with knowledge and skills necessary to protect his or her sexual and reproductive health from unintended pregnancy and STDs; and 2) To encourage students to develop healthy attitudes concerning adolescent growth and development, body image, gender roles, sexual orientation, dating, marriage, and family."¹² The Education Code sections 51930-51939 stipulate that, if provided, sexual health education must commence by 7th grade, be age-appropriate, be factual, objective, and medically accurate and cover all methods of contraception and STD prevention approved by the U.S. Food and Drug Administration (FDA). The Education Code strictly prohibits the teaching of abstinence-until-marriage education.

The Department of Education recently released new standards that specify what information should be taught at each grade level. School districts will now have a document that clearly outlines what topics should be provided to students in each grade. By following these standards, districts can ensure that they are in full compliance with the Education Code in regard to the provision of comprehensive health education.



For additional information and resources including a Parent Tool Kit and the Education Code requirements for Sexual Health Education, visit www.publicschoolsproject.com

REVIEW OF MATERIALS USED BY SCHOOLS

There are six textbooks or curricula predominantly used in San Bernardino County to teach sexual health education in high school, although there are others available. The comprehensiveness of textbooks and curricular materials play a significant role in influencing what topics teachers cover; this is especially true regarding sexual health education. Only one of the curricula evaluated specifically and intentionally attempts to include all of the Department of Education requirements set out in sections 51930-51939 of the Education Code.

Comprehensive sexual health education provides instruction about human development and sexuality, including education on abstinence, pregnancy, family planning, and sexually transmitted diseases.



For detailed information about the textbooks and curricula used by your school district visit our website at www.publicschoolsproject.com

Comprehensive Sexual Health Education by District

SCHOOL DISTRICT	Does not teach or promote religious doctrine	Appropriate for and accessible to all students regardless of race, ethnicity, disability, or sexual orientation	Does not reflect or promote bias against any person who is protected by the non-discrimination policy	Educates about skills for responsible decision-making	Compliant with credible sources (CDC, APHA)	Reproduction and anatomy	Promotes healthy image	Promotes healthy relationships	Encourages students to communicate with their parents or guardians about their sexual health	Teaches respect for marriage and committed relationships	How STDs are and are not transmitted	Methods to reduce risk of STD transmission	Local resources for testing and treatment	Safety and effectiveness of all FDA-approved contraceptive methods, including EC	Teaches abstinence as the only 100% effective method to prevent STDs and pregnancy	GRADE SCORE
Trona Joint Unified	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	92.28
Rialto Unified	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	92.27
Fontana Unified	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	91.12
Rim of the World Unified	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	81.90
Colton Joint Unified	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	80.82
Apple Valley Unified	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	80.41
Bear Valley Unified	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	79.39
San Bernardino City Unified	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	79.39
Barstow Unified	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	77.70
Morongo Unified	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	68.85
Hesperia Unified	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	61.65
Chino Valley Unified	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	60.50
Lucerne Valley Unified	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	37.21
Baker Valley Unified	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	00.00
Needles Unified	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	00.00
Redlands Unified	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	00.00
Snowline Joint Unified	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	00.00
Upland Unified	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	00.00

Green Topic is completely covered Grey Topic is partially covered Yellow Topic is not covered

Note: Each topic maintains a distinct quantitative value.

AUDIT PROCESS

The process to undertake the audit involved meeting with Superintendents of Curriculum in various districts to discuss their sexual education programs and policy. Additionally, we sent letters to district administrators requesting their participation in our project and asking them to fill out and return our short one-page survey. If we could not gather the information necessary via these two methods we conducted phone or in-person interviews with district personnel about their sexual health education programs.

Our analysis used nine specifically required elements of the California Education Code sections 51930-51939 as our framework.² The elements were categorized into one of four possible categories (Overall Requirements; Human Development & Healthy Relationships; STD Information and Pregnancy Prevention). Each of the four categories were given equal weight and were comprised of topics required by the Education Code. Categories were subdivided into required topics and their component parts. Points were awarded only if a district provided accurate information on that topic, no partial credit was awarded. The maximum possible score was 100. Districts that provide no sex education received a score of 0.

We reviewed whether or not school districts provided information that:

- ✓ Does not teach or promote religious doctrine.
- ✓ Is appropriate for and accessible to all students regardless of race, ethnicity, sexual orientation, English proficiency or disability.
- ✓ Does not reflect or promote bias against any person who is protected by the non-discriminatory policy.
- ✓ Is compliant with credible sources (CDC, APHA, etc.).

And contained information that:

- ✓ Encourages communication between students and their families.
- ✓ Teaches respect for marriage and committed relationships.
- ✓ Educates about skills for responsible decision making.
- ✓ Contains information on the value of abstinence; STDs, (including all FDA-approved methods of reducing the risk of contracting STDs); and information on all FDA-approved methods of contraception (including emergency contraception).
- ✓ Identifies local resources for testing and treatment.

The goal in evaluating textbooks and curricula used in sexual health classes was to ascertain which elements of sexual health education districts are providing. We only evaluated the information that was provided or made available by the districts. This audit was performed at the district level and did not attempt to discern the specific instruction that occurs at the individual high schools within a district. While we are aware that schools may teach sexual health in a variety of ways, the district is the entity responsible for how the Education Code requirements are implemented among their schools. Moreover, school board members, who are elected in the district, are the individuals that set policy and which parents can hold accountable for said implementation.

² Our audit did not review whether or not districts discussed the Child Safe Haven Law which is mandated in the Education Code 51930-51939.



For a detailed explanation of our methodology see appendix A <http://www.publicschoolsproject.com>

FINDINGS

School districts in San Bernardino County do not appear to share the commitment with the State Department of Education to provide evidence-based instruction regarding the prevention of STDs and teen pregnancy. Many texts exclude information about teenage pregnancy prevention from their health education classes. By limiting their instruction to HIV/AIDS and STDs, schools avoid the requirement to provide comprehensive sexual health education. When pregnancy is discussed by the textbooks it is in the context of a discussion about abstinence. It is a clear violation of the Education Code to discuss abstinence and omit other methods of pregnancy prevention. Our audit found that none of the sexual health education programs provided by school districts in San Bernardino County meet all of the above outlined requirements of the Education Code sections 51930-51939.

We found a lack of consistency in regard to instruction about the risks and prevention of STDs and unintended pregnancy. Topics covered vary from school district to school district. It is particularly important to note that some text omitted information about condom usage even when discussing transmission of HIV. No school district thoroughly complies with the Education Code's requirement to discuss all of the FDA-approved methods for preventing unintended pregnancy.

We considered districts that reported they do not provide sexual health education to be failing to provide vitally important instruction. Those districts received a score of 0. Of the 22 school districts with high schools in the county, five districts (Baker Valley, Needles, Redlands, Snowline Joint and Upland Unified School Districts) replied to our survey saying they did not provide any sexual health instruction in their high schools at this time. Additionally, two districts (Victor Valley Unified and Yucaipa-Calimesa Joint Unified Districts) provided information that was insufficient for us to make a determination as to their comprehensiveness at this time. We were unable to obtain any information about the sexual health education programs from Chaffey Joint or Silver Valley Unified School Districts. No score was given in these cases.

Most districts do not provide information that is appropriate for students with disabilities and more than half omitted information on local resources for treatment and testing of STDs. Most of the districts evaluated thoroughly cover information on STDs and how to reduce the risk of STD transmission. Over 60% provide at least partial information about the safety and effectiveness of the FDA approved methods of preventing unintended pregnancy.

At least 1 in 4 teenage girls in the United States has a sexually transmitted disease.

- Center for Disease Control March 2008.

Additionally, most of the texts fail to provide instruction and materials that are appropriate for students regardless of sexual orientation. Information appropriate for and concerning the sexual health specific to lesbian, gay, bisexual or transgender (LGBT) youth was discussed in only one of the curricula reviewed. By neglecting to include issues of LGBT youth, the texts and school districts are ignoring the needs of a population that is disproportionately at risk¹³. This lack of acknowledgement is a detriment to LGBT youth who need accurate information, particularly in regard to issues of sexual health and healthy relationships.

While no school's program is 100% comprehensive we found evidence that some districts are attempting to bridge the gap in instruction by providing students with additional outside resources. Rialto Unified School District, for example, provides female students with the opportunity to attend the Young Women's Health Conference (YWHC) sponsored by the California State San Bernardino Women's Resource Center and Planned Parenthood. The YWHC provides teenage girls an opportunity to spend a day participating in workshops receiving information on topics such as body image and self esteem, how to prevent unintended pregnancies and STDs and how to protect themselves from intimate partner violence. No points were awarded for these programs which occur outside of the context of a health education class.

San Bernardino County school districts are largely failing to provide information about prevention desperately needed by students. Districts are also failing the parents who entrust their children to schools and expect comprehensive and accurate sexual health education. Schools would go a long way towards complying with the Education Code's requirements for sexual health education and providing more comprehensive instruction by switching to textbooks which are more exhaustive in their coverage of sexual health, using supplemental materials, such as Positive Prevention Plus or bringing in community organizations to provide additional instruction. Planned Parenthood of Orange and San Bernardino Counties, AltaMed/Community Cares, and CampFire USA are three examples of local organizations that provide sexual health education at low to no cost.

¹ Constantine, Norman A., and Carmen Rita Navarez. No Time for Complacency: Teen Births in California. Public Health Institute, Center for Research on Adolescent Health and Development, 2006 Spring Update.

² Johnson, Hans P., ed. California Counts: Birth Rates in California, Public Policy Institute of California, Volume 9, No. 2. 2007.

³ Constantine, Norman A., and Carmen Rita Navarez. No Time for Complacency: Teen Births in California. Public Health Institute, Center for Research on Adolescent Health and Development, 2006 Spring Update.

⁴ Ibid.

⁵ Constantine, Norman A., Carmen R Navarez. No Time for Complacency: Teen Births in California. Public Health Institute, Center for Research on Adolescent Health and Development, March 2003.

⁶ Constantine, Norman A., Petra Jerman Carmen Rita Navarez. Sexually Transmitted Infections Among California Youth: Estimated Incidence and Direct Medical Cost, 2005. Californian Journal of Health Promotion 2007, Volume 5, Issue 3, 80-91.

⁷ Centers for Disease Control And Prevention. Prevalence of Sexually Transmitted Infections and Bacterial Vaginosis among Female Adolescents in the United States: Data from the National Health and Nutritional Examination Survey (NHANES) 2003-2004, CDC. Press Release March 12, 2008.

⁸ Constantine, Norman A., Petra Jerman Carmen Rita Navarez. Sexually Transmitted Infections Among California Youth: Estimated Incidence and Direct Medical Cost, 2005. Californian Journal of Health Promotion 2007, Volume 5, Issue 3, 80-91.

⁹ Eaton, Danice K., Laura Kann, Steve Kinchen, James Ross, et al. Youth risk behavior surveillance- United States 2005. J. School Health 2006; 76:353-72.

¹⁰ Johnson, Hans P., ed. California Counts: Birth Rates in California, Public Policy Institute of California, Volume 9, No. 2. 2007.

¹¹ Darrouch, Jacqueline E., Susheela Singh. Why is Teen Pregnancy Declining? The Roles of Abstinence, Sexual Activity and Contraceptive Use, New York, Alan Guttmacher Institute, January 1998.

¹² California Education Code (51930-51939).

¹³ SIECUS Lesbian, Gay, Bisexual, Transgender Youth Issues Fact Sheet, Taken from the SIECUS Report, Volume 29, Number 4 - April/May 2001 http://www.siecus.org/pubs/fact/FS_lgbt_youth_issues.pdf.

RECOMMENDATIONS

Parents and school districts are faced with unprecedented challenges to meet the health and safety needs of teens. The negative impacts of teenage pregnancy and STDs on young people and on the social and economic fabric of the community make addressing these issues imperative. Research has shown that 86 percent of the recent decline in teenage pregnancy can be attributed to improved contraceptive use¹⁴. Information about contraception is best provided as part of a comprehensive sexual health education program. As our audit has shown, in the four years since Comprehensive Sexual Health and HIV/AIDS Prevention Act modified the Education Code few of the districts reviewed

in San Bernardino County have taken action to ensure the comprehensiveness of their sexual health education program. The risks and consequences of that failure to act are clear. School districts are entrusted to provide quality, effective, research-based instruction on sexual health. Parents must mobilize and work with like-minded educators, school board members and legislators to ensure that age-appropriate, medically accurate sexual health education is provided. To that end, PPOSBC CAF provides the following recommendations to facilitate the provision of comprehensive sexual health education in our high schools.

PARENTS AND COMMUNITY STAKEHOLDERS SHOULD:

- Monitor and advocate for school districts to adopt comprehensive curricula and policies, and require compliance by all schools.
- Publicly hold school administration and district boards accountable for providing comprehensive sexual health education.
- Formally request that their School Boards provide annual reports to parents about all components of the sexual health education programs being provided in the district.
- Insist that districts undertake a transparent process to adopt and implement the newly approved Department of Education Standards for health education.
- Report any instances of the provision of abstinence-until-marriage education to the State Department of Education.

SCHOOL BOARDS AND PTAs SHOULD:

- Ensure that their school district provides universal instruction of comprehensive sexual health education, so that every high school student in the district receives appropriate instruction.
- Work with elected officials to introduce and pass legislation that will mandate the teaching of age-appropriate, medically accurate, unbiased sexual health education in all California schools.
- Pressure the State Department of Education to monitor and hold schools financially accountable for the failure to provide comprehensive sexual health education.
- Adopt a policy that only health education textbooks that meet the state standards for comprehensive health education be purchased or utilized.

LOCAL STATE LEGISLATORS SHOULD:

- Begin an ongoing dialogue with educators and community activists about local strategies to address high rates of teen pregnancy and STDs.
- Work with school districts and local elected officials to identify and obtain funds to ensure proper training of instructors and to purchase comprehensive text books and supplemental materials.

¹⁴ Santelli, John S., Laura Duberstein Lindberg, Laurence B. Finer, et al. Explaining recent declines in adolescent pregnancy in the United States: the contribution of abstinence and improved contraceptive use. *Am J Public Health* 2007;97:150-6.



Please go to www.publicschoolsproject.com for a sample of sexual health education school board policy, information about your child's specific school district, and a list of comprehensive curricula currently available.

Project Leads: Robert Armenta, Jr. M.P.A. and Julissa José-Murray, M.P.A., M.A.
Principal Author: Julissa José-Murray, M.P.A., M.A.
Principal Evaluator: Lidia Carlton, M.P.H.
Project Assistants: Alia Burdick, Danielle Hilder, Glynn S. Rangel, DC DACBR

Planned Parenthood of Orange and San Bernardino Counties
Community Action Fund 