Sex Education in California Public Schools

Are Students Learning What They Need to Know?

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Introduction

Despite recent improvements, California teenagers continue to have rates of unintended pregnancy and sexually transmitted infections (STI) that would be considered a crisis in many countries. In fact, teen birth rates for California are higher than those for every other Western democracy in the world.[1] This raises the question of whether the state's public schools are adequately educating young people about their sexual health. This survey of middle and high schools indicates that parents want quality sex education, but that schools' efforts to provide it face many obstacles.

Comprehensive sex education—instruction that combines an abstinence message with information about condoms and contraception and opportunities to practice communication and refusal skills—has been shown to be effective in preventing teen pregnancy and STI transmission.[2] Sex education also enhances students' understanding of themselves and their health, by teaching about sexual development, decision-making, and relationships. According to a 2001 report by Surgeon General David Satcher: "Providing sexuality education in the schools is a useful mechanism to ensure that this Nation's youth have a basic understanding of sexuality." It continues: "In moving toward equity of access to information for promoting sexual health and responsible sexual behavior, school sexuality education is a vital component of community responsibility."[3]

California recognizes the important role that schools can play in protecting the sexual health of young people. Since 1992, the state has required all public schools to teach HIV/AIDS prevention education. Sex education, also known as family life education, is not required, but if schools choose to teach it, they must satisfy certain requirements. The legal framework is intended to ensure that schools are teaching up-to-date, medically accurate information, that they are providing age-appropriate information to students about how to protect themselves from pregnancy and sexually transmitted infection, and that they are giving parents the opportunity to remove their children from this instruction if they choose.

In California, no single law governs HIV/AIDS prevention education and sex education programs. In fact, the Legislature has passed laws on these subjects over 35 years, creating 11 separate sections of the Education Code on different aspects of sex education. This piecemeal approach has resulted in confusion and conflict in the law. For example:

- The requirements for parental notification and consent differ depending on whether the class being taught is HIV/AIDS prevention education or sex education and whether it is taught by classroom teachers or by outside instructors.

- The distinction between HIV/AIDS prevention education and sex education is not clearly defined, despite the fact that schools must follow different content requirements depending on which subject they're teaching.

School districts in California have wide latitude to develop HIV/AIDS and sex education programs that meet the needs of their communities. They determine which curricula to use, what classes to teach these subjects in, what grades to teach them in (HIV/AIDS prevention must be taught once in middle school and once in high school), and whether to teach sex education at all.

The state does provide school districts with some guidance in developing programs that comply with the law and conform to sound educational practices. For example, in 2003 the California Department of Education (CDE) published *Putting It All Together: Program Guidelines and Resources for State-Mandated HIV/AIDS Prevention Education in California Middle and High Schools*. However, the guidance provided by the state is limited and can be misleading to districts as well. The *Health Framework for California Public Schools, Kindergarten Through Grade Twelve*, published by the CDE, weaves sex education and HIV/AIDS prevention education into a larger comprehensive health program. But the *Framework* currently misrepresents the requirements of the law concerning the content of sex education classes (this error will be rectified in a new version of the *Framework* to be released in 2003). Similarly, *Family Life/Sex Education Guidelines* published in 1987 are outdated and misinform school districts as to what topics they must teach in sex education classes.

Data gathered in the mid-1990s, shortly after the Legislature mandated HIV/AIDS prevention education, showed that the majority of schools in the state were teaching both HIV/AIDS prevention and sex education. But nearly a decade has passed since the publication of any statewide data documenting sex education and HIV/AIDS prevention education in California. This has left the following questions unanswered:

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

The purpose of this report is to answer these questions, in order to provide an overview of current policies and educational practices in sex education and HIV/AIDS prevention education. It is meant to serve as a tool for educators, policymakers, and community members seeking to implement programs that meet the legal requirements of the *Education Code* and the health needs of California students.

Methodology

This report is based on data from a survey of sex education and HIV/AIDS prevention education in grades 6 through 12 in California public schools.

California has 1,056 school districts, of which more than half are elementary districts. In order to capture information from both middle and high school programs, the survey targeted unified (K-12) districts, which represent 31% of the districts in the state and 70% of the state's students.

The survey was administered primarily by volunteers with several statewide organizations: Asians and Pacific Islanders for Reproductive Health, California National Organization for Women, and Planned Parenthood Affiliates of California. These volunteers are community members who were interested in discovering what sex education was being taught in their local schools and other schools around the state.

Surveyors were provided with a list of the unified districts in their area and instructed to get information from as many as possible. Ultimately, they collected data from 153 unified districts, representing 47% of all unified districts in the state. The sample includes both large urban districts such as Los Angeles Unified (total enrollment 735,058) and Fresno Unified (enrollment 81,058) and small rural districts such as Holtville Unified in Imperial County (enrollment 1,897) and Plumas Unified in Plumas County (enrollment 3,365). All but four of California's 58 counties are included in the sample. Those counties not included are Nevada, which has no unified districts, and Alpine, San Francisco, and Shasta, which all have two unified districts or fewer and whose contacted districts declined to participate in the survey. The average response rate, by county, was 55%. The county with the lowest response rate was Ventura, with 14% of its unified districts included. Due to a higher level of interest on the part of some surveyors, San Bernardino County is over-represented in the sample (10% of total respondents; 6% of the state's unified districts) and Los Angeles County is under-represented (8% of total respondents; 14% of the state's unified districts).

California school districts vary in how their sex education and HIV/AIDS prevention education programs are structured: some have programs that are coordinated at the district level, while others give primary responsibility for developing and administering programs to the schools themselves. The survey was therefore designed so that it could be conducted at either the district level or the school level. Of the 153 districts from which data were collected, surveys were administered: at the district level, covering both high school and middle school, in 81 districts; separately at one high school and one middle school in 28 districts; at the high school level only in 35 districts; and at the middle school level only in 9 districts (totaling 181 completed surveys). In districts for which data were collected at only the high school or middle school, surveyors were unable to reach anyone knowledgeable at these schools' counterparts or the schools declined to participate in the survey.

The survey was designed to be brief and simple enough to be administered over the telephone by volunteers and responded to by either administrators or teachers. As a result, it does not cover every aspect of sex education and HIV/AIDS education programs, and the complexities of some districts' programs are by necessity reduced to what the survey form allowed and to the knowledge of the individual respondent. Correspondingly, this report is intended to serve as an overview of sex education and HIV/AIDS prevention education in California, not as a complete portrait of any particular school's programs.

Are Public Schools Teaching Effective and Appropriate Sex Education?

HIV/AIDS prevention education and sex education are nearly universally taught in California today. Ninety-four percent of surveyed schools provide HIV/AIDS prevention education, as is mandated by law, and an even larger number, 96%, provide sex education despite having no requirement to do so. Schools that teach these subjects tend to teach them together in one class (93%), although the legal requirements governing the two subjects vary.

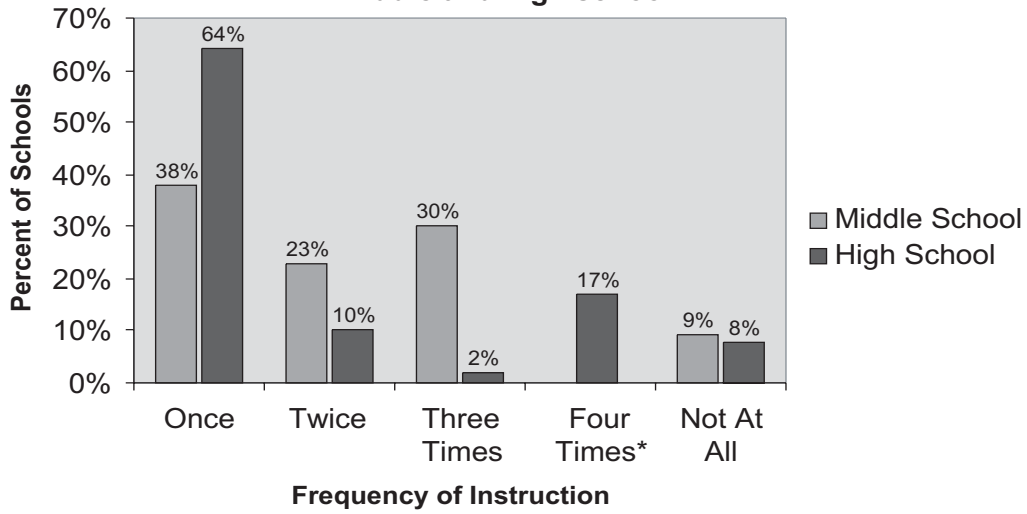
Ninety-four percent of surveyed schools provide HIV/AIDS prevention education, which is required by law, and an even larger number, 96%, provide sex education, which is voluntary.

Schools are required by law to teach HIV/AIDS prevention education at least once in middle school and once in high school, but the data show that many schools are in fact teaching HIV/AIDS prevention and sex education more frequently to students. More than half of middle schools surveyed (53%) teach these subjects for either two years or three years; high schools are more likely to teach the subject only once (64%), but nearly one in five high schools (17%) provide this instruction all four years.

The most common grades for teaching sex education* are seventh (78%) and ninth (72%). A substantial number of middle schools also teach this subject in

Figure 1: Frequency of Instruction

Sex education is most often taught only once each in middle and high school.



*Middle schools have no more than three grades

*Since sex education and HIV/AIDS prevention education are typically taught together, this report will use "sex education" to refer to both subjects for brevity, except when it is important to distinguish between the two.

earlier grades. More than two in five middle school respondents (42%) reported that they provide instruction in at least some topics in sixth grade, and although the survey covered only grades six through twelve, 28% of respondents (excluding high schools) volunteered that they also teach sex education in earlier elementary grades.

Schools Use a Range of Curricula, Many Self-Designed

Local-level curriculum design may serve to enhance sex education programs or may weaken them, depending on the choices made by those developing them. It does, however, make it difficult to assess whether districts are teaching programs that are effective.

The California Board of Education periodically adopts health curricula for use in kindergarten and grades one to eight. School districts, however, are not compelled to use state-adopted curricula, and the survey shows that the majority of them do not for sex education. Schools are more likely to use programs developed specifically for sex education and/or HIV/AIDS prevention education than the state-adopted texts, which are general health textbooks that cover subjects only through an eighth-grade level.

Six in ten respondents specified the curriculum or curricular materials they use to teach sex education and HIV/AIDS prevention education. The most frequently named curriculum was the American Red Cross program *Positive Prevention: HIV/STD Prevention Education for California Youth*, which is used by 13% of those who specified a curriculum. The second most popular curriculum is *Health: A Guide to Wellness*, published by Glencoe (10%). Other frequently used curricula include: *Teen Health* (Glencoe), *Reducing the Risk* (ETR Associates), *Postponing Sexual Involvement* (Grady Health Systems: Teen Services Program), *Here's Looking at You 2000* (Comprehensive Health Education Foundation), and *Get Real About AIDS* (Comprehensive Health Education Foundation). Of this list, the only one that has been adopted by the state of California is *Teen Health*. However, the California Department of Education jointly developed the *Positive Prevention* curriculum with the Red Cross and has promoted it, *Reducing the Risk*, and other curricula in various ways.

Two of these curricula—*Reducing the Risk* and *Get Real about AIDS*—have been shown to be effective programs. But their effectiveness depends on students receiving the entire curriculum, and the survey indicates that California schools tend to modify pre-existing curricula and combine them with additional materials to create customized programs. In fact, 54% of respondents' sex education programs incorporate both a purchased curriculum and materials compiled by the school district or teacher, and 30% do not use a purchased curriculum at all, but simply create a program from materials at the local level, while only 15% of surveyed schools use solely a purchased curriculum.

According to one high school respondent: "[There is] no real set curriculum. They pull information from various resources and compile them." Another stated: "We've designed our own. The way each teacher does it in their classroom varies, but we have agreed-upon outcomes." One district reported: "In seventh grade the Quest curriculum is used in part."

This local-level curriculum design may serve to enhance sex education programs or may weaken them, depending on the choices made by those developing the curriculum. It does, however, make it difficult to assess whether districts are teaching programs that are effective.

Many Schools Use Outdated Materials

To ascertain whether schools are teaching current information, the survey asked respondents how frequently they adopt new sex education curricula and how often they update their materials.

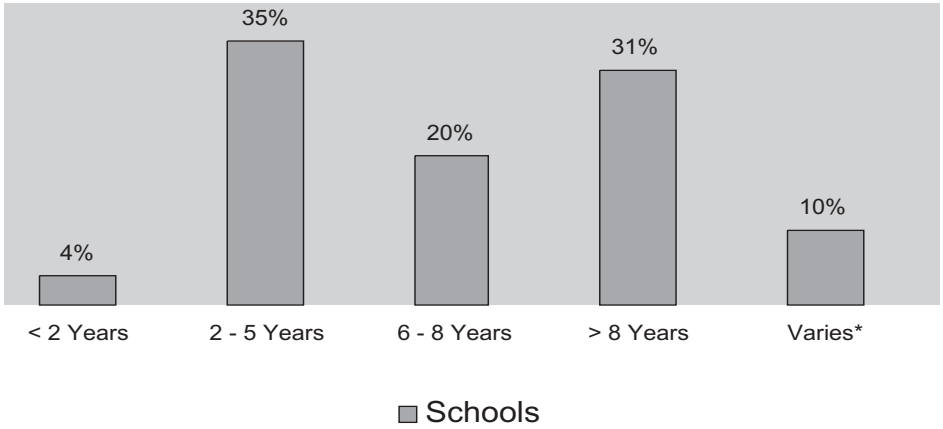
Half of surveyed schools (51%) have been using the same curriculum for six years or more, with nearly one-third (31%) teaching it for more than eight years. A minority of schools adopted a new curriculum less than five years ago: slightly more than one-third (35%) adopted a new curriculum in the past two to five years, and 4% use a curriculum that is less than two years old.*

Although most schools do not adopt curricula frequently, the majority of respondents (59%) update their supporting materials on a yearly basis or more frequently. Another one in ten updates materials every two years. Others, who did not specify a timeframe, indicated that they update their materials "regularly" and "as new information comes in."

Sixteen percent of surveyed schools, however, update their materials less often than every six years, and of respondents using the same curriculum for six

Figure 2: Length of Curriculum Use

A majority of schools use the same curriculum for an extended period.



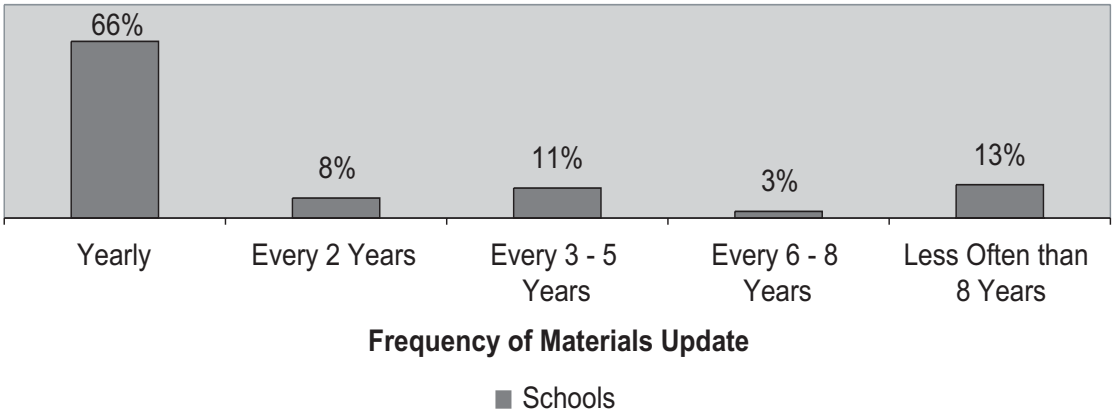
*"Varies" indicates schools that use different parts of the curriculum for different lengths of time.

*Ten percent of surveyed schools adopted different parts of their curricula at different times. Of these, 53% have used at least one part for more than eight years.

to eight years, two in ten (19%) update their materials only every six to eight years as well. One middle school that teaches sex education in sixth and eighth grades reported that it has been using the same sex education curriculum for 20 years and the same HIV/AIDS prevention curriculum for seven years; as to how often the school updates the instructional materials, the teacher stated: "recently not much and no plans for [the] near future."

Figure 3: Frequency of Materials Update

Although most schools update their supplementary materials often, a significant minority do not.



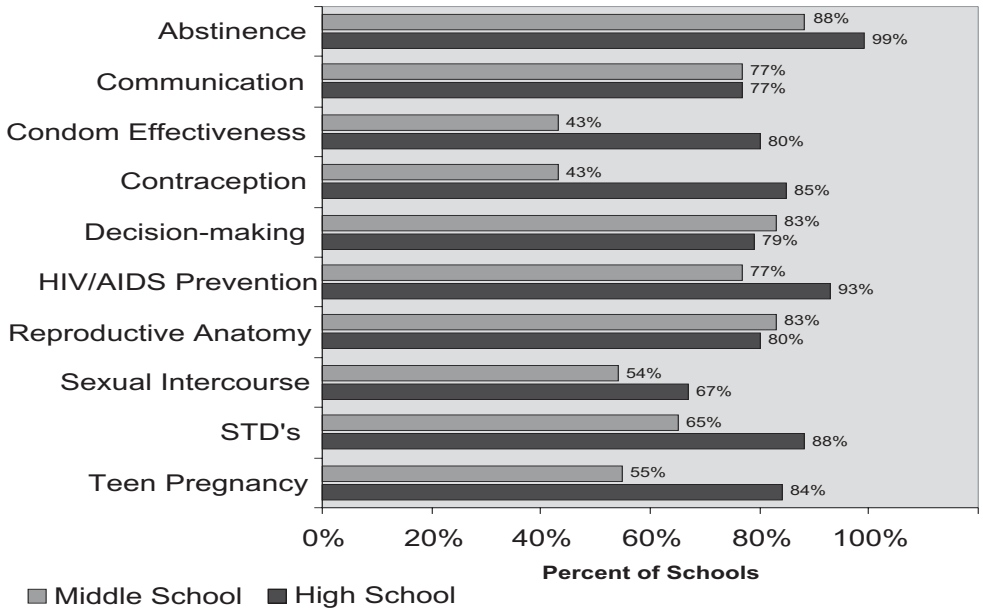
Schools using outdated material are shortchanging students by neglecting to inform them of such important subjects as the availability of emergency contraception.

Reproductive science and HIV/AIDS research are constantly changing. For example, in the past few years, Californians have received an array of new contraceptive technologies. Schools using outdated material are shortchanging students by neglecting to inform them of such important subjects as the availability of emergency contraception.

Topics Vary from School to School, Despite Legal Requirements

California law requires that certain topics be taught in HIV/AIDS prevention education and sex education classes. HIV/AIDS prevention education must include the latest medical information on the nature of AIDS and how HIV is and is not transmitted; assist students in developing refusal skills to avoid high-risk activities; and provide information on methods to reduce the risk of HIV infection, among other topics. In discussing risk reduction, classes must state that abstinence from sexual activity is the most effective method of preventing sexual transmission of the virus, and they must also include statistics on the effectiveness of condoms and other contraceptives in preventing HIV transmission.

Figure 4: Primary Topics Taught in Sex Education



Sexuality education is defined in the *Education Code* as instruction that addresses "human reproductive organs and their functions and processes," and elsewhere in the *Code* as classes that "discuss sexual intercourse."[4] If schools teach this subject, they must: present factual material that is medically accurate; stress that abstinence is the only method to prevent pregnancy and sexually transmitted disease* that is 100% effective; cover the effectiveness rates of condoms and other contraceptives in preventing pregnancy and sexually transmitted disease; and teach students how to control their personal behavior and make appropriate decisions, among other topics.

Many more California schools teach abstinence than contraception, although both topics are required.

The survey listed topics and asked respondents which ones were covered in their HIV/AIDS prevention and sex education classes, and in which grades. The list contained both required topics and optional topics.

Abstinence is the topic most frequently taught, according to survey respondents; it is taught in an average of 94% of classes across all grades. HIV/AIDS prevention is the second most frequently taught topic, included in an average of 86% of classes across all grades. Following that are decision-making and reproductive anatomy (both 81%), sexually transmitted diseases (78%), communication (77%), and teen pregnancy (72%). Condoms are discussed in only two out of three classes, as is contraception (67% contraception; 64% condoms). The most infrequently discussed topics are abortion (30%) and homosexuality (34%).

*The term "sexually transmitted disease" is used here and in the survey rather than the more current "sexually transmitted infection" because the former is codified in the *Education Code* and is more frequently used by schools.

When analyzed by what is taught in middle school and what is taught in high school, these numbers vary. Middle school classes are most likely to teach abstinence (88%), followed by decision-making (83%) and reproductive anatomy (83%), communication (77%) and HIV/AIDS prevention (77%). Less than half of middle school classes teach about condoms or contraception (43% for each), and only two in ten or fewer discuss homosexuality (20%) or abortion (16%). The middle school emphasis on anatomy and attitude, as opposed to sexual behavior, is most pronounced in sixth grade classes, which are far more likely to teach reproductive anatomy (81%), decision-making (75%), abstinence (73%), and communication (63%) than any other topic.

High school sex education is more focused on sexual activity, HIV, and how to reduce the risk of pregnancy and STD transmission. Virtually all classes teach about abstinence (99%), and more than nine in ten teach about HIV/AIDS prevention (93%). An average of 88% teach about other STD's, and 80% teach about condom effectiveness. Teen pregnancy is covered by 84% of high school classes, and contraception is covered by 85% of them. High school classes are slightly less likely than middle school classes to provide instruction on reproductive anatomy (80%) and decision-making (79%).

Many Schools Omit Required Topics

In total, nearly three-quarters of middle schools (71%) violate the Education Code *by omitting to teach about contraception, condom effectiveness or abstinence, all required topics in sex education classes.*

Schools do not fully understand the *Education Code* criteria outlining topics that must be addressed in sex education and HIV/AIDS prevention education courses: nearly half of all schools surveyed (48%) fail to teach the required topics.* This is largely due to omissions by middle schools. Fifty-eight percent of middle schools that cover reproductive anatomy and/or sexual intercourse in one or more classes fail to provide instruction about contraception. A similar number (56%) fail to cover condom effectiveness. A much smaller number (11%) fail to cover abstinence. In total, nearly three-quarters of middle schools (71%) violate the Education Code by omitting to teach one or more of these three topics.

High school classes are more likely to comply with *Education Code* mandates. However, 12% of high schools surveyed fail to teach the required topics: 8% omit information about contraception and 7% omit information about condoms. No high schools are in violation of the *Education Code* for failing to teach about abstinence.

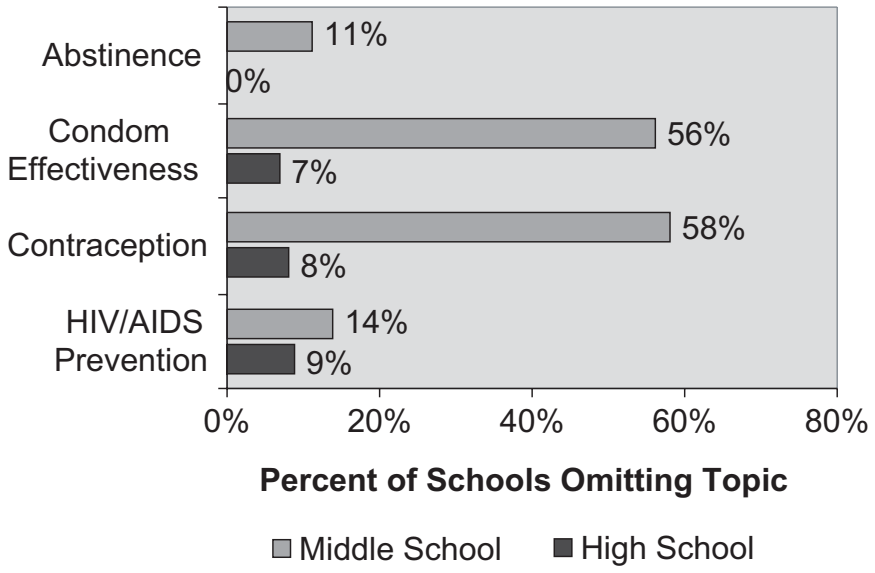
Schools Teach Students Medically Inaccurate Information

Even schools that cover required topics may be violating the *Education Code* by providing information about them that is not medically accurate and scientifi-

* In order to analyze accurately whether schools are teaching the topics required by law, it is necessary to cross-reference certain topics. For example, the law requires that HIV/AIDS prevention education include instruction on abstinence and condom effectiveness. Therefore, if schools provide instruction on the topic of HIV/AIDS prevention, they must also teach about abstinence and condoms. Similarly, content requirements for sex education apply to classes in which human reproductive organs and their functions are discussed, or in which sexual intercourse is discussed. When classes cover one or both of these topics, they are obligated to cover abstinence, contraception, and condom effectiveness as well.

Figure 5: Omission of Required Topics

Nearly half of all schools surveyed fail to teach required topics. Particular topics omitted are:



cally current. The survey asked respondents the primary message that was taught to students for each topic. Some of the information taught was incorrect. For example:

- On condom effectiveness:
  - ➢ Nearly 10% of schools that cover condom effectiveness stated that they emphasize the failure rates and ineffectiveness of condoms in their classes. Some of the comments were: "Not a safe method of prevention of HIV and pregnancy," "ineffectiveness and risks are emphasized," and "failure rate may be as high as 25%." In fact, research shows that male condoms are 97% effective in preventing pregnancy in perfect use and 86% effective in typical use.[5] Similarly, the federal Centers for Disease Control has said that condoms are highly effective in preventing the transmission of HIV,[6] and a meta-analysis of 25 studies showed a condom effectiveness rate of 87%-96% in preventing HIV transmission.[7]
  - ➢ One school mentioned that it shows an overhead slide of the size of sperm and of HIV and of the pores in condoms, suggesting that HIV can pass through a latex condom. This argument has been put forward by opponents of sex education such as Focus on the Family and the American Life League and is based on a misreading of research. The CDC has long stated that "intact latex condoms provide a continuous barrier to microorganisms, including HIV, as well as sperm."[8]

Nearly 10% of schools that cover condom effectiveness stated that they emphasize the failure rates and ineffectiveness of condoms in their classes. One school shows an overhead slide of the size of sperm and of HIV and of the pores in condoms, incorrectly suggesting that HIV can pass through a latex condom.

- On contraception:

  - A small number of schools that cover contraceptive effectiveness stated that they emphasize failure rates in their classes. One respondent stated that the primary message taught about contraception is that it has "low effectiveness." In fact, research shows that the failure rate for women using contraception correctly and consistently is less than 10% for nearly all methods—in comparison to an 85% failure rate when no method is used and a 25% failure rate for women using periodic abstinence.[9]

  - One respondent stated that the primary message taught about contraception relates to infertility caused by the hormonal methods. Research on the birth control pill and Depo-Provera, both hormonal methods, does not show a long-term loss in fertility.[10]

  - Although these schools' sex education classes cover the required topics of condom effectiveness and contraception, these comments suggest that they are not teaching the latest medically accurate information about them, as is also required by the *Education Code*.

One school official inaccurately represented that the "state mandates that we teach abstinence, so we're not allowed to discuss condoms or contraception."

Some schools omit HIV/AIDS prevention entirely. Although the law mandates that schools teach this topic once in middle school and once in high school, the survey reveals that 14% of middle schools do not provide instruction in HIV/AIDS prevention, nor do 9% of high schools.*

Required Topics Deemed Controversial May Be Banned

The confusion at the local level as to what topics must be taught in sex education and HIV/AIDS prevention education is also reflected in policies enacted by some schools. Nearly two in five surveyed schools (39%) have policies set by either the district or the school that forbid teachers from discussing certain topics or that govern how they can respond to student questions.

Eighteen percent of respondents noted specific banned topics. Of these, 6% stated that their policy bans instruction on contraception, 3% ban discussion of condoms, and 3% ban teaching "anything other than abstinence," despite the fact that condoms and contraception are legally required topics. Ten percent ban discussing anything that is not covered by their curriculum. Among the comments respondents made are: "The state mandates that we teach abstinence, so we're not allowed to discuss condoms or contraception;" "I was told by the retiring teacher five years ago not to cover contraception or abortion;" "teachers can respond to student questions but they may be in breach if they promote anything other than abstinence;" and "birth control and homosexuality are not supposed to be taught or discussed."

*These percentages are less than the percentage of respondents cited above who said they provide HIV/AIDS prevention education because some respondents covering grades K-12 have an HIV/AIDS program, but it is not taught once in middle school and once in high school.

In view of the low numbers of schools surveyed that discuss abortion and homosexuality, it is not surprising that these two optional topics are the most often banned by school policy. Nearly two out of ten respondents with topic-related policies ban discussion of abortion (19%) and slightly fewer ban discussion of homosexuality (16%). Masturbation was also frequently mentioned (6%) as a banned topic. One high school health teacher stated: "Homosexuality, abortion, and masturbation. I cannot bring them up in the classroom. I can answer questions, but only specifically defining it and telling them if they want more information they can talk one-on-one."

The most frequently banned topics are abortion and homosexuality.

- On homosexuality:
  - ➢ Of those schools that do discuss homosexuality, the most frequently mentioned primary messages taught relate to "tolerance" and "respect for difference." A few schools provide a "definition only," while others mention resources available to youth who have questions about their sexual orientation, and still others discuss anti-harassment policies. Some schools, however, mention homosexuality only in the context of HIV, and one high school health teacher responded that he "acknowledges homosexuality, but discourages its lifestyle and behavior."
  - ➢ What the law says: While homosexuality is not specifically mentioned in the laws governing sex education and HIV/AIDS prevention education, the *Education Code* does in a separate section prohibit public schools from discriminating against students on the basis of sexual orientation in any school program or activity.[11] Thus a sex education class whose instruction praises heterosexual unions but portrays same-sex partnerships as purely negative—linked to disease, death or an unworthy "lifestyle"— violates the antidiscrimination provisions of the *Education Code*.
- On abortion:
  - ➢ Most schools that cover abortion said that they present it as "an option," or "a choice" or give a definition of it, but several stated that their primary messages concern the "complications of abortion—side effects," and "physical and emotional risks." One science teacher stated, "abortions can lead to infertility."
  - ➢ What the law says: Schools are not obligated to address abortion, but they are required to provide medically accurate and objective information. Studies have proven that abortion is far safer than childbirth, particularly for teenagers;[12] abortion poses no threat to the psychological well-being of adolescents;[13] and there is no evidence of childbearing problems among women who have had the most common type of abortion procedure.[14] Schools that present only a negative view of ending an unplanned pregnancy, exaggerate the risks of abortion, or provide other medically inaccurate information to students violate the *Education Code*.

Do Schools Structure Programs for Maximum Consistency and Impact?

School Board Policies Provide Clarity and Cohesion

Many decisions regarding sex education and HIV/AIDS prevention in California are left to individual school districts. Seven in ten respondents (71%) have written policies adopted by the school board that govern their sex education and/or HIV/AIDS prevention education programs. These policies typically present the philosophy of the board and goal of the instruction, contain citations from the Education Code, and delineate parental notification and consent procedures. They may also establish a community advisory committee, specify teacher training requirements, identify a list of board-approved curricula and materials, specify which grades sex education is to be taught, and list state resources for this subject area.

Lack of school board policies leads to confusion and inconsistency in teaching, but even in schools with written policies, the policies may not correspond to what is actually taught.

Nearly one-third of districts, however, do not have written school-board policies. This is particularly true of middle schools: of those districts in which separate information was gathered at the high school and middle school levels, one-third (33%) have written policies at only one level, and they are twice as likely to have them at the high school level.

Sex education programs that are not governed by written district policies are established by administrative decisions shielded from public scrutiny or are shaped by teachers on an individual basis. This can create confusion and inconsistency at the school level, with different teachers providing conflicting information to students and with programs changing significantly when instructors change. The lack of written policies may also make it more difficult for parents, community members and others to understand the program and assess how well it complies with state law.

This problem is compounded in the one-quarter (25%) of schools that do not have a district-wide program, meaning that all schools in the district do not teach the same curriculum in the same grades. Programs in these schools are less likely to have district oversight—only 58% have written school board policies as opposed to 80% of schools with district-wide programs—and the lack of consistency makes them more dependent on individual teachers and principals and even harder to evaluate.

School Board Policies May Not Correspond to Actual Classroom Instruction

Even in schools with written policies, however, the policies may not correspond to what is actually taught. While two out of five schools indicated that they have policies banning particular topics (*see above*) or governing how teachers can respond to questions, these policies do not appear to be set by the school board, at least not in writing. Nearly half (43%) of respondents with written policies indicated that they have some form of restrictive policy. However, in the small sample of respondents who submitted their board policies with the survey (8% of those with both restrictive policies and written policies), for only one respondent in ten does the restrictive policy appear in the written board policy.

Some boards do adopt "controversial issues" policies, which address whether it is acceptable to discuss certain topics, but those submitted with the surveys do not identify which topics are considered controversial, nor do they contain the level of specificity regarding how teachers may respond to questions that was offered by survey respondents.

Schools with policies governing teacher response to questions are most likely to refer questions—about banned topics, if the teacher is uncomfortable, or in general—to parents. Other frequently mentioned policies are: No personal questions or opinions; questions must be written and/or anonymous; the teacher will speak individually with students; the teacher can respond to questions, even if the topic is not taught; and the school has a guide specifying how to answer questions.

Research has shown that effective sex education programs last at least 14 hours. According to the National Campaign to Prevent Teen Pregnancy: "Generally speaking, short-term curricula … do not have measurable impact on the behavior of teens."

Classroom Hours Vary Widely

Schools do not typically devote an entire class to sex education. Rather, they incorporate this subject into another, broader class. Survey respondents are most likely to teach sex education in health class (60%), followed by science class (39%), and physical education (8%).* Other classes mentioned include: Family Life, State Requirements, Social Studies, Life Skills, and Human Development.

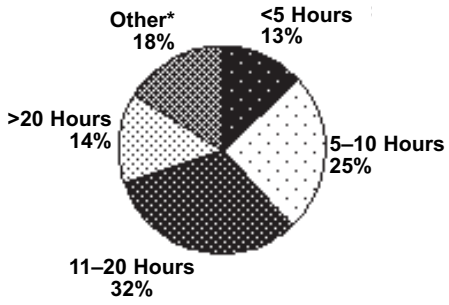
The hours spent teaching sex education vary widely among survey respondents, and some schools vary their instructional time by grade as well. Overall, however, nearly 40% of schools spend less than 10 hours on this subject—25% spend five to ten hours, and 13% teach it for less than five hours. As for those who spend more time, 32% spend 11 to 20 hours on this instruction, and 14% teach it for more than 20 hours.†

* Percentages add up to greater than 100 because respondents were not limited to naming one class and many vary the instruction from class to class depending on the grade.

† Sixteen percent of respondents were categorized as "other." This includes those who teach a varying number of hours depending on the grade and those who replied with answers that were not in hours—"semester," for example.

Figure 6: Duration of Instruction

Nearly two in five schools spend less than 10 hours teaching sex education.



*"Other" indicates schools that vary the length of class depending on grade or did not indicate length in hours.

Schools are more likely to spend a greater number of hours on sex education in high school than in middle school. Of those districts in which surveys were administered separately at the middle school and high school levels, half (52%) teach the same number of hours at both levels. Of the other half, 38% spend more hours on the subject in high school and 10% spend more hours on it in middle school.

Research has shown that effective sex education programs last at least 14 hours.[15] According to the National Campaign to Prevent Teen Pregnancy: "Generally speaking, short-term curricula … do not have measurable impact on the behavior of teens."[16]

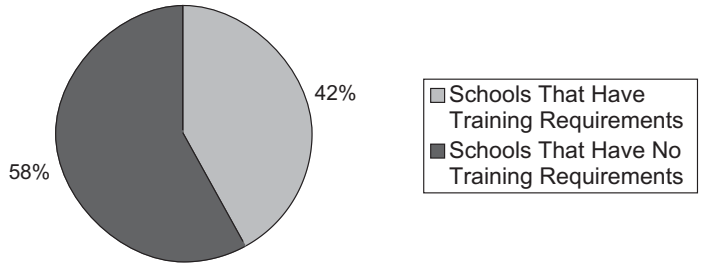
Who Teaches Sex Education and Do They Have Sufficient Training?

Teachers play a critical role in sex education classes. In order to do their job well, they must be comfortable teaching a subject area that many people, both students and adults, find awkward. They must be informed of current information, since the research in this area is constantly updated, and they must understand the policies set by the state and by their local district.

Recognizing the importance of well-trained teachers, the California Legislature included a training component in the HIV/AIDS prevention education mandate that took effect in 1992. It requires school districts to plan and conduct periodic in-service training for all HIV/AIDS prevention education instructors; these trainings are voluntary for teachers with demonstrated expertise in the field or who have received training from the California Department of Education or another appropriate agency.

Figure 7: Teacher Training

Despite the law, most schools have no training requirements for teachers.*



*Training is required for HIV/AIDS instructors. Since 93% of surveyed schools teach HIV/AIDS and sex education together, the teacher is de facto the same and should be provided training in at least HIV/AIDS prevention.

Despite the law, only 42% of surveyed schools have some sort of training requirement for teachers.* Of these, 65% indicate that teachers must attend a training, with 17% specifying that the training must be annual. One-quarter (26%) of those that mandate training require teachers to be credentialed or certified in health or science; 5% require teachers to have a health or science background, without specifying more closely; 8% have looser requirements that teachers understand and keep up to date with the subject; and 12% have other requirements.†

*Teacher training is not required for sex education teachers. However, since 93% of surveyed schools teach HIV/AIDS prevention and sex education together, the teacher is de facto the same and thus should be provided training in at least HIV/AIDS prevention, according to the HIV/AIDS prevention education statute.

† Percentages add up to greater than 100 because respondents named more than one type of requirement.

Teachers in schools with training requirements are, not surprisingly, most likely to be credentialed in health or science (25%) and to specify that they attended trainings conducted by the district (24%). Other training mentioned includes: possessing a related degree, receiving training from the school nurse, and receiving training from outside agencies such as the American Red Cross.

Fifteen percent of teachers in districts without training requirements have no training at all in the subject.

While the majority of schools (58%) do not have a teacher training requirement, most teachers in these schools (85%) do have some type of training. Teachers in districts without requirements are most likely to have attended unspecified workshops or conferences (24%). They are less likely than their counterparts in schools with requirements to have a health or science credential (14%) or to specify that the district conducted their training (8%). Fifteen percent of teachers in districts without training requirements have no training at all in the subject.

Not all schools use classroom teachers to provide sex education instruction. While nearly two-thirds (63%) of surveyed schools reported that sex education is taught by a classroom teacher, one-third reported that it is taught by a combination of a teacher and an outside agency, and 4% stated that it is taught by an outside agency alone.

Respondents most often named the county or local health department as their outside provider of sex education (33%). The next most popular source is Planned Parenthood (18%), followed by school nurses (11%), and CHOICES/Teen Awareness (5%). Other agencies mentioned by respondents include: various AIDS-specific agencies, including Positively Speaking, a program that sends HIV-positive speakers to address students; rape crisis centers; the Red Cross; and the DARE program (which is, in fact, a drug awareness and resistance program, not a sex education program).

Do Schools' Parental Consent Policies Comply with the Law?

California law respects parents' rights to ultimately decide what sexual health information they want their children to receive. The Education Code requires schools to notify parents as to what will be taught in sex education classes and permits parents to remove their children from this instruction.

Six statutes currently address some aspect of parental notification and consent for sex education and/or HIV/AIDS prevention education. While their intent is consistent, their administrative requirements vary widely. The laws differ depending on whether a teacher or an outside agency provides the instruction and also depending on whether the class is sex education or HIV/AIDS prevention education. These laws ultimately create a web of conflicting requirements for schools and parents to navigate.

For sex education classes, schools must send a notice to parents at the beginning of the school year alerting them to the content of the class, informing them that they may review instructional materials, and giving them the opportunity to sign a form removing their child from the class. This type of active dissent policy is known familiarly as "opt-out."

For HIV/AIDS prevention, schools must follow the same parental notification procedures, but the law additionally allows school districts to adopt active parental consent, or "opt-in" policies, meaning that parents need to sign a form to have their child participate in the class.

Although the law distinguishes between HIV/AIDS prevention education classes and sex education classes, the survey shows that the overwhelming majority of schools (93%) teach these two subjects together in one class, as discussed above. In order to comply with the law, these combined classes therefore must have opt-out parental consent procedures, since the law does not permit schools to establish opt-in requirements for sex education. They can also comply by using an opt-out policy for the sex education segment of the class and an opt-in policy for the segment on HIV/AIDS prevention.

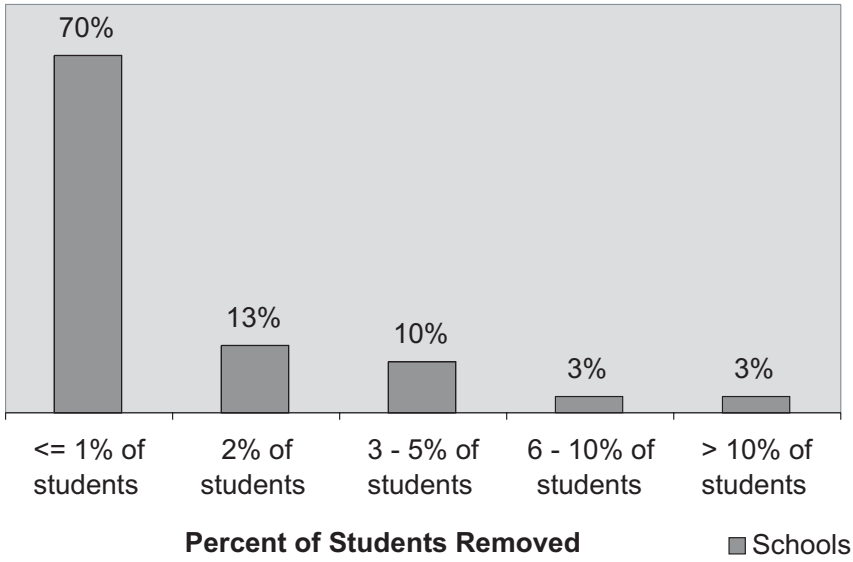
Nearly two in five surveyed schools (39%) violate the law concerning parental notification and consent policies.

Many Schools Are Confused About Notice and Excusal Procedures

The data, however, show that school districts are understandably confused about the parental notification requirements: nearly two in five surveyed schools (39%) violate this aspect of the law.

Figure 8: Students Removed From Class

Very few parents remove students from sex education class.



Sixty-five percent of schools reported that no more than two students are withheld from class by their parents and another 19% reported that three to five students are withheld.

Surveyed schools are most likely to have opt-out policies (60%). However, 38% have some sort of active parental consent policy: 26% have an opt-in policy; 8% require that parents return a form to the school indicating either consent or dissent;* and 4% have opt-in policies for certain grades and opt-out policies for others. Only 1% of these schools apply the law correctly, in that their policies are opt-out for sex education and opt-in for HIV/AIDS prevention education. An additional 2% of respondents have no parental notification and consent policies at all.

Parents Want Their Children to Receive Sex Education

Parents are very unlikely to remove their children from sex education and/or HIV/AIDS prevention education classes, the survey shows. In most schools (70%) no more than 1% of students are removed by their parents. In only 6% of schools are more than 5% of children removed. The numbers corresponding to these percentages are also very small—65% of schools reported that two students or fewer are withheld from class and another 19% reported that three to five students are withheld. These numbers are in keeping with polls that show high parental support for sex education in schools.[17]

*Requiring the parent to return a permission form whether they want their child to participate or not is comparable to an opt-in policy, since it requires the return of a signed form in order to have the child participate in the class.

Research conducted in California by the RAND Institute also found that opt-out policies are more accurately reflective of parents' wishes than opt-in policies. The study found that nearly all parents (96%) who did not remove their children from classes with opt-out policies actually approved of their children's participation when contacted by phone. However, of parents who failed to return written consent forms to schools with opt-in policies, only 8% actually intended to withhold their children from class.[18]

Thus opt-in policies can lead to a reduction in the number of students participating in sex education classes, because these policies require that parents take extra steps to sign and return consent forms, which they may neglect to do despite their support for the class. This survey reveals that both opt-out and opt-in schools have low numbers of students withheld from class by their parents, but opt-in schools have higher numbers of withheld students. Nearly three-quarters (73%) of opt-out schools have 1% or fewer students withheld from class, and only 5% have more than 5% of students removed. Of opt-in schools, two-thirds (66%) have 1% or fewer students removed, and 8% have more than 5% of students withheld.

Opt-in policies require significant effort by teachers to ensure that students are not mistakenly removed from class.

The HIV/AIDS coordinator for one school district with an opt-in policy, who himself used to be a sex education teacher, explained that the efforts of teachers prevent even larger numbers of students from being mistakenly removed from opt-in classes. He stated that teachers work hard to ensure that parents who fail to return the form actually do not want their child to participate and have not simply forgotten to send it in. Typically, he said, a significant minority of the class will initially neglect to return permission slips. The teacher will then either call parents or send out another reminder and will also inform students that they will also have coursework to do if they are excused from sex education class. The teacher will often have to make additional follow-up calls before the class is finalized. Ultimately, he said, the "success in getting back the forms is really good" and nearly all students end up in the class. However, this success depends on the time and energy of the teacher to ensure that students are not mistakenly withheld from class. Classes with less motivated teachers could suffer under this system, and for all teachers it takes time away from other class preparation.

How Well Do Schools Understand and Obey the Laws?

The state publishes various documents to assist school districts in developing programs that comply with legal requirements. These include the *Health Framework For California Public Schools Kindergarten Through Grade Twelve*, the *Family Life/Sex Education Guidelines*, and the *Education Code* itself.*

The resource most often used by survey respondents is the *Health Framework*, which nearly eight in ten (79%) consulted when developing their sex education and/or HIV/AIDS prevention education programs. Slightly fewer (72%) reported using the *Education Code*, and approximately half (52%) used the *Family Life/Sex Education Guidelines*. Nearly a quarter of respondents used another resource, including their curriculum, Planned Parenthood or another outside agency, a community panel, the state's coordinated compliance review process, and national sources such as the Centers for Disease Control.

More than a third of respondents (35%) used the *Framework*, the *Education Code*, and the *Guidelines*, and another 6% used all three plus one or more additional resources. Respondents who used only one resource were most likely to use the *Framework*.

Current State Publications May Mislead Schools

Unfortunately, both the *Health Framework* and the *Family Life/Sex Education Guidelines* misrepresent the requirements of current law. The *Guidelines* were published in 1987, before the content requirements for sex education were enacted, and they include contraception as a "controversial" topic that schools may avoid rather than a topic that must be taught. The document also includes a criterion for evaluating family life/sex education materials that states: "The serious medical and psychological consequences of abortion and repeated abortion are covered." This criterion is neither medically accurate nor objective and thus violates the current *Education Code* section governing sex education.

The *Health Framework*, which relied on the *Sex Education Guidelines* for its section entitled "Family Living," also mischaracterizes contraception as an optional, controversial topic. This error has been corrected in a new printing of the *Framework* that will be released in 2003.

Since the *Education Code* is the law, it cannot mischaracterize itself. However, as we have seen, the 11 statutes governing sex education and HIV/AIDS prevention education conflict with each other at times.

*The publication *Putting It All Together: Program Guidelines and Resources for State-Mandated HIV/AIDS Prevention Education in California Middle and High Schools* referred to in the introduction was published too recently to be included in the survey.

A Majority of Schools Believe They Understand the Law but Actually Don't

Given this maze of confusion, the survey sought to learn how well respondents thought they understood the legal requirements governing HIV/AIDS prevention education and sex education. More than half of respondents (55%) said they find the laws clear. Fifteen percent said the laws are confusing, and 26% said they are not familiar with the laws. A final 4% said that they find some aspects of the laws clear and others confusing.

Fifty-five percent of respondents say they find the laws clear, but 88% of their schools have sex education programs that violate some aspect of the law.

While the majority of respondents reported that they find the laws clear, an analysis of the sex education programs at their schools shows the opposite to be true: 88% of these programs violate some aspect of the law. More than four in ten of them (42%) do not properly comply with the parental notification and consent requirements; a similar number (46%) fail to teach required topics; and 58% have no teacher training requirement.*

In fact, respondents who said they find the laws clear are slightly more likely to have programs that violate the law than respondents who said the laws are confusing (86% in violation). The least likely to be in violation are ironically those respondents who stated that they were unfamiliar with the laws (75% in violation).

*Percentages add up to greater than 100 because many respondents had more than one type of violation.

Does Pressure Influence Schools to Curtail Sex Education Inappropriately?

Communities throughout California and the nation have experienced controversies concerning sex education programs. In Vista, California, for example, a newly elected conservative majority of the school board voted in 1994 to adopt the controversial abstinence-only program *Sex Respect* despite a warning from the district's attorney that the curriculum violated state law by giving misleading and inaccurate information, containing racial bias, and supporting specific religious beliefs. The community mobilized against the program and forced a recall election of the school board. With a new, moderate board elected, the district returned to using a more comprehensive curriculum.

Nearly one-third of schools reported pressure to modify their sex education programs. In most cases, the pressure was for less sex education, including pressure to omit instruction about legally required topics.

Many schools may not experience controversies on the level of Vista's, but they nevertheless find themselves under pressure regarding their sex education programs. Active community involvement is a valuable component of effective sex education programs, and parents should feel they have the right to approach schools with their concerns and priorities for sex education. In Vista, community involvement was the essential ingredient for restoring comprehensive sex education to the district. However, the survey reveals that public schools in California, like Vista, are frequently pressured to adopt sex education programs that violate the *Education Code*.

Nearly one-third (30%) of surveyed schools reported that they have been pressured to change their programs. Three-quarters (75%) of this group said the pressure was for less sex education, including the omission of legally required topics from the curriculum. Fifteen percent said it was for more sex education, although this does not necessarily mean for the program to be more comprehensive; for some "more sex education" meant more coverage of a specific viewpoint, such as more anti-abortion sentiment. Ten percent of schools reported that different people have pressured them for both more and less sex education.

Schools that have been pressured to change their programs identified the following as the most common sources of pressure: people affiliated with religious groups or professing religious values (15%); supporters of abstinence-only sex education (15%); people who don't want homosexuality addressed in class (10%); teachers, school officials, or school board members (10%); and people espousing conservative views (8%). Survey respondents typically noted that the pressure stems only from a few people.

One comment from a district nurse in Riverside County described the pressure on her district: "In 1991, a church did not want the *Secrets* curriculum from Kaiser [Permanente] about HIV/AIDS to be taught in the health class. Parents pushed to teach the *Sex Respect* curriculum and an organization called Focus on

the Family played a role in this. The school district did not want to teach this curriculum because it saw that it had misinformation about condom effectiveness. At quarterly meetings a parent still brings up resistance regarding condom demonstrations and visuals of STD's."

The curriculum director for a district in San Diego County stated that his district had been pressured "by a small group of families organized with a church. They believe sex education should be taught by parents, not schools." A teacher at a high school in Santa Cruz County said: "homosexuality is a huge issue because I don't state 'man and wife.' I use 'lifelong partner' so all students are represented." A curriculum director for a district in Los Angeles County stated: "a very few parents call wanting to go abstinence-only and [to have] no participation by organizations with ties to gay issues or Planned Parenthood." A curriculum director in Alameda County said there was pressure in her district to provide more sex education "because it was outdated. [They] wanted it to be more accurate."

Teachers also reported that they have been pressured by other teachers who seem uncomfortable with the subject or by school administrators. The health curriculum director for a school district in Fresno County stated that "the principals want to shorten it, mostly because of the schools' desire to increase instruction to prepare for testing."

As a Result of Pressure, Some Schools Now Violate the *Education Code*

While community members have a right to advocate for changes in education, school districts have a duty to comply with the law, and an obligation to reject requests to adopt educational policies or curricula in violation of the *Education Code*. Confusion over the legal requirements for sex education makes schools vulnerable to pressure to curtail their sex education programs inappropriately. While nearly three-quarters (73%) of the surveyed schools that were pressured to change their programs did not do so, 27% did. One district in Marin County that changed its program as a result of pressure reported that it reduced the amount of classroom discussion about contraception; this district is currently in violation of the *Education Code* for failing to teach about contraception in its middle school sex education class. Another, a middle school in Mendocino County, adopted a new curriculum to appease parents who wanted less sex education taught; this school is also out of compliance with the law by omitting instruction on contraception in its classes. A third succumbed to pressure not to conduct presentations that covered AIDS alone; this high school currently has no HIV/AIDS prevention program, in violation of the *Education Code*.

Teachers, administrators and school board members who are confused about the *Education Code*'s requirements governing sex education are ill-equipped to analyze which community requests are within the parameters of the law—such as the pressure in the Alameda County district to update its curriculum—and

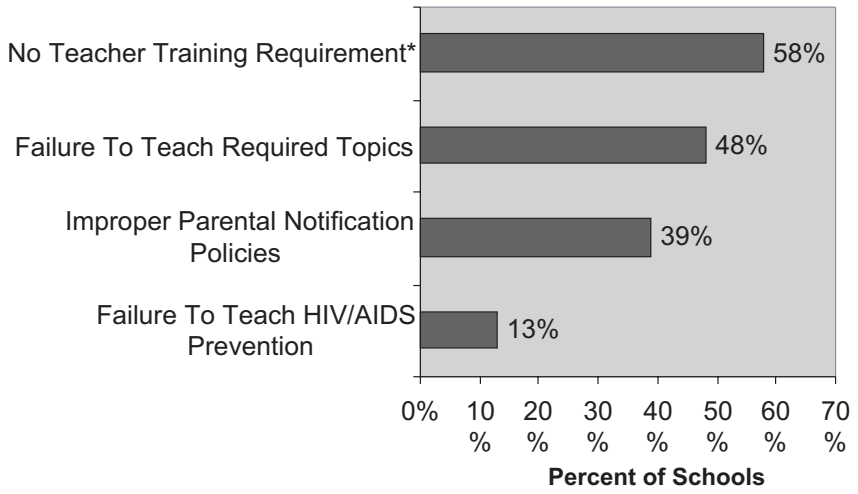
Teachers, administrators and school board members who are confused about the Education Code*'s requirements are ill-equipped to analyze which community requests are within the parameters of the law and which are not. They may therefore be influenced by pressure to make decisions that are not in the best interests of their students or in compliance with the law.*

which are not—such as the pressure to remove instruction about contraception. They may therefore be influenced by pressure to make decisions that are not in the best interests of their students or in compliance with the law. Even in those schools that do not change their programs, pressure to reduce sex education can have a chilling effect on teachers and administrators, making them less likely to expand the programs or to address "controversial" topics in class.

Conclusion and Recommendations

Schools in California recognize the importance of sex education for young people and overwhelmingly teach this subject to their students. Many have integrated sex education and HIV/AIDS education into broader health classes and provide instruction in these subjects in several grades and for a significant amount of time. Others have adopted a more minimal approach, providing instruction for less than five hours and only once in high school and once in middle school, or less.

Figure 9: Legal Violation



*Training is required for HIV/AIDS instructors. Since 93% of surveyed schools teach HIV/AIDS and sex education together, the teacher is de facto the same and should be provided training in at least HIV/AIDS prevention.

Research has shown that programs that provide comprehensive information, teach students refusal skills, and last a significant amount of time are more effective than minimal programs.[19] But even more limited programs are better for students than no program at all, as long as the programs contain accurate information and meet the other requirements of the *Education Code*.

However, as this survey shows, schools do not clearly understand the maze of requirements governing sex education programs. Overall, a full 85% of surveyed schools are in violation of the *Education Code*:

- 48% fail to teach required topics;

- 58% have no teacher training requirement for HIV/AIDS prevention teachers
- 39% have improper parental notification and consent policies; and
- 13% don't teach HIV/AIDS prevention in middle school or high school or both.

Correspondingly, California students are not receiving the sex education that they deserve and that is required by California law.

Recommendations

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

1. The California Legislature should revise and consolidate sex education and HIV/AIDS prevention education statutes to make them clear and consistent. The new legal requirements should include a uniform opt-out provision for sex education and HIV/AIDS prevention education and related evaluation, to minimize confusion and violation of the law. It should also establish age-appropriate grade floors from which required topics must be covered, since middle schools are most likely to omit required topics from their classes.

2. The California Department of Education should use the coordinated compliance review process and other mechanisms to monitor school-based HIV/AIDS and sex education programs and to bring them into compliance with the *Education Code* when necessary.

3. The state should, at a minimum, continue current levels of funding for the School Health Connections office of the California Department of Education, as well as for the Healthy Kids Resource Center. These are the sole state agencies providing guidance, training, and information to schools regarding sex education and HIV/AIDS prevention education.

4. The California Department of Education should publish a revised version of the outdated *Family Life/Sex Education Guidelines* as a resource for schools to use in developing sex education programs that meet the requirements of the law and the health needs of California students.

5. The Legislature should mandate a combined sex education and HIV/AIDS prevention education program, so that every student in California has an opportunity to receive important information about sexual health.

6. Schools should adopt sex education programs that have been shown to be effective, or that contain the characteristics found in effective programs.[20]

7. Schools should ensure that curriculum materials are up-to-date and should provide teachers with adequate training in sex education and HIV/AIDS prevention.

8. Schools should ensure that their programs comply with the *Education Code* and should not allow inappropriate, inaccurate, or biased information in sex education classes in response to pressure.

The California Legislature should revise and consolidate sex education and HIV/AIDS prevention education statutes to make them clear and consistent.

9. Each school district should adopt a written policy governing its sex education and HIV/AIDS prevention education programs and should have a consistent district-wide program. This would enable parents, educators and community members to understand more clearly the program's criteria and components.

10. Parents and community members should become informed about their local school's sex education and HIV/AIDS prevention education, should ensure that the programs meet the basic requirements of the *Education Code*, and should work with the school district to implement comprehensive curricula that are most effective in protecting the health of California's young people.

Endnotes

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14 Alan Guttmacher Institute, *Abortion and Women's Health: A Turning Point for America?* New York: AGI, 1990, p. 30.

15 Kirby, D. "Effective Curricula and Their Common Characteristics." ETR Associates. Online at: http://www.etr.org/recapp/programs/effectiveprograms.htm. Accessed July 20, 2003. Effective programs last either 14 hours or more or last fewer hours but are implemented in small group settings with a leader for each group.

16 Kirby, D. *Emerging Answers*., op. cit.

17 A 2000 poll of parents of 7th-12th graders found widespread support for education on abstinence (97%), how to use condoms (85%) and general birth control topics (90%). *Sex Education in America*. Menlo Park, CA: Kaiser Family Foundation, September 2000.

A 1999 poll of Californians found that nearly 90% of adults support teaching age-appropriate sex education in the schools, and more than 84% believe specific instruction should be provided to young people about how to prevent pregnancy and STDs. 1999 Field Institute Poll, cited in *A Look at Sexuality Education in California Schools.* Get Real About Teen Pregnancy, December 1999.

18 Ellickson, P.L., and Hawes J. A. "An assessment of active versus passive methods for obtaining parental consent." *Evaluation Review*, 1999; 13:45-55.

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20 Ten characteristics of effective programs are identified in Kirby, D. *Emerging Answers*., op. cit.

Appendix: **Survey Instrument**

California Public School Family Life/Sex Education Survey

Name of school district: _____ County: _____

If information is gathered at school level, name and type of school: _____

Name and title of school personnel providing this information: _____

1. Do you have a family life or sex education program? ❑ Yes ❑ No

2. Do you have an HIV/AIDS prevention education program? ❑ Yes ❑ No

   ■ *If NO to both 1. and 2. above*, Why not? _____
   Then terminate survey.

   ■ *If YES to both 1. and 2. above*, Are sex education and HIV/AIDS prevention education programs taught together? ❑ Yes ❑ No
   If NO, do a separate survey for each program.

3. Is this program the same for the whole district or does it vary from school to school?
   ❑ District-wide ❑ Varies by school ❑ Don't know

   Comments: _____

4. What legal and other resources did you use as a guide to developing a program that meets California law and health standards? *(read the choices and check all that apply)*
   ❑ Health Framework ❑ Sex Ed Guidelines ❑ Education Code
   ❑ Other: _____
   Comments: _____

5. Are there written policies that govern this program? ❑ Yes ❑ No
   ■ *If YES, ask for a copy of the policies to be sent to you or made available for you to pick up.*

   Comments: _____

6. What grade(s) is it taught? ❑ 6th ❑ 7th ❑ 8th ❑ 9th ❑ 10th ❑ 11th ❑ 12th

7. What class(es) is it taught in? _____

8. How many hours do you spend on it? ❑ less than 5 ❑ 5 -10 ❑ 11- 20 ❑ more than 20

9. Is it taught by: ❑ Classroom teacher ❑ Outside agency ❑ Both

   Name of person or agency: _____

   Comments: _____

   _____

   _____

10. What training does the teacher have in this subject area? _____

11. Does the district/school have any teacher training requirements in this subject area? ❑ Yes ❑ No
    If yes, what are they? _____

12. What curriculum do you use? *(Get title and/or source(s) of curriculum or materials. If taught in more than one grade, please indicate curriculum for each grade).*

    Comments: _____

    _____

    _____

13. Is the curriculum created by the district/school, or purchased commercially?
    ❑ Created locally ❑ Purchased ❑ Combination of the two

14. How long have you been using this curriculum?
    ❑ Less than 2 yrs ❑ 2-5 yrs ❑ 6-8 yrs ❑ More than 8 yrs

    Comments: _____

    _____

    _____

15. How often do you update the instructional materials?
    ❑ Yearly ❑ Every 2 yrs ❑ Every 3-5 yrs ❑ Every 6-8 yrs ❑ Less often than 8 yrs
    ❑ Other _____

16. What topics do you cover, what grades do you cover them, and what is the primary message you give about each topic?

Topic	Covered? Yes/No	What Grade(s)	Primary message about topic or comments about topic
Decision-making			
Abstinence			
HIV/AIDS prevention			
Contraception			
Condom effectivenes			
Abortion			
Teen pregnancy			
Gender roles			
Marriage			
Reproductive anatomy			
Communication			
Homosexuality			
Dating			
Sexual intercourse			
Sexually transmitted diseases			

17. Do you have any policies about how teachers can respond to questions, or any topics that they are not allowed to mention? ❑ Yes ❑ No

18. If yes, what are they? _____

_____

19. Do you have a parental opt-out policy or an opt-in policy? ❑ Opt-out ❑ Opt-in

Comments: _____

_____

_____

20. Approximately how many families choose to remove their children from this instruction each year? _____

What percentage of the class is this?

❑ 1% or less ❑ 2% ❑ 3-5% ❑ 6-10% ❑ More than 10%

21. Do you find the California laws governing sex education and HIV/AIDS education clear or confusing?

❑ Clear ❑ Confusing ❑ Not familiar with laws

Comments: _____

_____

_____

22. Have you been pressured to change your sex education program?

❑ Yes ❑ No ❑ Don't know

Comments: _____

_____

_____

23. If so, was the pressure for more sex education or less sex education?

❑ More sex education ❑ Less sex education

24. If so, did you change your program as a result of the pressure?

❑ Yes (If YES, What changes did you make?)

❑ No ❑ Don't know

Comments: _____

_____

_____

Thank you very much for your time and for this information!

Name and contact information of community member collecting information:

_____

ACLU of Northern California
1663 Mission Street, Suite 460
San Francisco, California 94103
415 621-2493, or at www.aclunc.org.