COMPREHENDING COMPREHENSIVE SEX EDUCATION: LEGISLATIVE FRAMING OF STUDENTS, SEX, & SEXUALITY

A Thesis submitted to the faculty of
San Francisco State University
In partial fulfillment of
the requirements for
the Degree

Master of Arts

In

Human Sexuality Studies

by

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San Francisco, California

May 2019

CERTIFICATION OF APPROVAL

I certify that I have read Comprehending Comprehensive Sex Education: Legislative Framing of Students, Sex, & Sexuality by Taylor Ann Davies, and that in my opinion this work meets the criteria for approving a thesis submitted in partial fulfillment of the requirement for the degree Master of Arts in Human Sexuality Studies at San Francisco State University.

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San Francisco, California
2019

The curricular frameworks which guide sex education have been a topic of interest among social science researchers and scholars. However, the literature has only been critical of abstinence-only-until-marriage approaches without applying the same level of scrutiny to comprehensive educational frameworks. To address this gap, this research uses an interpretive policy analysis to determine how the California Healthy Youth Act and the Sexual Health Education Accountability Act define students and sex, and how they bring students and sex in conversation with each other. This analysis establishes five thematic categories: sex as medically accurate and objective; expectations for students; sex as risk; students as nonautonomous; and sex as age appropriate. Overall, it was found the policies promote and value behaviors, relationship styles, and a fear/risk approach to sex while separating students form their autonomy and excluding other identities, and relationship and family structures. Future research should focus analysis on comprehensive sex education, both within and outside of the classroom. Legislators should reconsider associating sex with inherent risk and expand current and future legislation to be more inclusive to better address the sexual diversity of students.

I certify that the Abstract is a correct representation of the content of this thesis.

Chair, Thesis Committee

5/21/19

Date

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Introduction

Law is both influenced by the communities, cities, and nations which they discipline and establishes the categories, identities, and expectations in which those communities, cities, and nations organize themselves. The organization of law and its implementation is particularly present in education and curriculum. Analyzing the relationship between law and education provides insight into the mandated goals of teachers and students alike, as well as explores the possible implications the language of law can have on constructing the students' identities.

Education, specifically sexual health education, is a common source of sex and sexuality, especially for youth students. The structure of education is determined by different methods of intervention, from administrators, to educators, to the classroom. For the purpose of my thesis, I focus on sex education at the policy level. Scholars and educators have criticized policy before by analyzing sexuality in the classroom (Bay-Cheng, 2003; Fine & McClelland, 2006), questioning the effectiveness and morality of abstinence-only education (Santelli et al., 2017; McGuire, Walsh, & Lecroy, 2005), and researching educational guidelines determined by federal funding requirements (Kendall, 2008). However, comprehensive sexual health education has not been held to the same level of a scrutiny, an oversight my research aims to address.

The California Healthy Youth Act and the Sexual Health Education Accountability Act are the present, active, laws in the state. The California Health Youth Act, effective since 2016, mandates sex education be taught grades 7 through 12, once in middle school and once in high school. It outlines what topics regarding sex and sexuality are required to be included within sex education curriculum. The Sexual Health

Education Accountability Act, effective since 2008, enforces schools adhere to the California Healthy Youth Act by pulling funding from districts who are found to be noncompliant. By applying an interpretive content analysis, I explore how students, sex, and sexuality are defined, individually and collaboratively. Examining the structure, language, and categorizations within the texts provides insight into the ways in which teen sexuality is constructed, the validation of certain identity categories over others, how sex is approached in reference to students, and whether and to what extent autonomy is granted to students in making choices about sex.

Reviewing the Literature

A Brief History

As this research is grounded in analyzing government sex education, it is important to establish a brief history of the events, discussions, and debates surrounding the establishment of sexual health education in the United States. Emerging from concerns about the spread of venereal diseases during World War I, federal, state, and community organizations contested over how to address sexually transmitted diseases, lower birth rates, and establish lines of funding for school-based programs.

Sex education programs, pamphlets, and other materials have long been provided by state and federal organizations. In 1914, the American Social Hygiene Association (ASHA) was created and began circulating information about sex and family (Lord & Ebrary, 2010, p.18). Formed by Grace Hoadley Dodge, and backed by financial benefactors, ASHA's purpose was to remedy lower birth rates, divorce, masturbation, and marriages of "different races, religions, and nationalities" (Luker, 2006, p. 61). Sex

education would include teaching Americans about the importance and meaning of marriage, reproduction, raising children, and linking sex to moral welfare (Lord & Ebrary, 2010, p. 27). During World War I and World War II, all draftees received sex education directly from the government aided by ASHA to reduce the spread of venereal disease through prostitution and personal health (Luker, 2006; Lord & Ebrary, 2010). The government aid came from the Public Health Service (PHS), a division of the government which focused on social hygiene and, eventually, disease control (Lord & Ebrary, 2010, p. 8). PHS would encourage and provide other organizations, such as the YMCA, Red Cross, and General Federation of Women's Clubs, with pamphlets and other educational materials to aid in the spread of information regarding venereal diseases (Lord & Ebrary, 2010, p. 33).

There has never been federally mandated sexual health education in the United States, but there have been laws toward funding public health campaigning, school-based sex education, and military education. The Chamberlain-Kahn Act, passed in 1918, appropriated $2 million to match state funds in combating venereal disease (Lord & Ebrary, 2010, p. 26). The National Venereal Disease Control Act of 1938 allocated $15 million to aid the Public Health Service in campaigning against "sexual ignorance" (Lord & Ebrary, 2010, p. 53). 1940 saw the creation of the Eight-Point agreement aimed at educating military forces and industrial workers about venereal disease and how it is spread and contracted (Lord & Ebrary, 2010, p.72). In the early '70's, The Family Planning Services & Population Research Act established both the National Center for Population & Family Planning and the National Center for Planning Services to provide

resources for family building and child care (Lord & Ebrary, 2010, p. 123). This Act led to the creation of Title X which ensured all Americans, regardless of income, could access family planning services including contraception. It wasn't until 1981, through the Adolescent Family Life Act (AFLA), that the U.S. attached mandatory guidelines to federal funding for school-based sex education (Lord & Ebrary, 2010, p. 165). The Act requires states accepting funding to prioritize the importance of chastity, (Lord & Ebrary, 2010, p. 165). Additionally, the AFLA channeled funding away from family planning services, and, eventually, increased funding up to $50 million for abstinence-only-until-marriage education (Lord & Ebrary, 2010, p. 181).

Historically, the United States has taken steps to inform the public about the importance of sexual health. There were measures taken to inform the public about the spread of sexually transmitted diseases. Private citizens established programs such as the ASHA to address what they identified to be problems affecting their youth. Federal policies opened family planning services, supported educational campaigns, and funded school-based education. The California Healthy Youth Act and the Sexual Health Accountability Act are a culmination of a history of the country's, and in this cases the state's, involvement in school-based sex education.

Analyzing Abstinence-Only-Until-Marriage

Research on sex education has prioritized analyzing abstinence-only curriculum over that of comprehensive sex education. Santelli et al. (2017) review multiple studies which questioned the ethical and scientific foundations of abstinence-only-until-marriage education programs. One study Santelli et al. (2017) reviewed found no evidence

abstinence-only-until-marriage (AOUM) programs were effective in meeting their goals of encouraging teens to wait before engaging in sexual activity or reducing the number of their sexual partners (p. 275). In 2004, a government reform report concluded eleven of thirteen community-based abstinence education programs contained "false, misleading, or distorted information about reproductive health" and misrepresented the effectiveness of condoms in preventing sexually transmitted diseases (Santelli et al., 2017, p. 274-5). The authors also analyzed the AOUM federal funding policies as established by the United States (Santelli et al., 2017, p. 275). They found the guidelines conveyed the message that sexual activity outside of marriage was physically and psychologically harmful and favored a heteronormative approach which stigmatized homosexuality (Santelli et al., 2017, p. 275 & 278).

McGuire, Walsh, & Lecroy (2005) assess the efficacy of the eight-point criteria of Title V Federal Welfare for funding in abstinence-only education (p. 18). Programs following the criteria were found to be worse predictors of changes in sexual behavior compared to personal characteristics of the student prior to enrolling, according to pre- and posttests of 14,671 Arizona students (McGuire, Walsh, & Lecroy, 2005, p. 20 & 26). Though the research could only account for short-term outcomes, programs which centered on cognitive and social skills were more likely to reduce sexual risk taking than programs which were primarily abstinence-only (McGuire, Walsh, & Lecroy, 2005, p. 20).

In contrast to Santelli et al. (2017) and McGuire, Walsh, & Lecroy (2005), Kendall (2008) expands on the implementation of federally funded programs by

analyzing state and district level involvement in constructing school-based sexuality education. By comparing two states, Wyoming and Florida, which accept Title V funding for abstinence-only education programs, the article details the role of state and local political influence in establishing school-based sex education (Kendall, 2008, p. 23). Florida adapted the Title V criteria and created state law requiring any sex education taught in schools to be abstinence-only (Kendall, 2008, p. 30). Because AOUM programs were free through federal funding, and state rulings prevented schools and educators from providing comprehensive education, Florida embraced a political climate which advocated and protected abstinence (Kendall, 2008, p. 31). In contrast, Granite, Wyoming did not require sexuality or HIV/AIDs education in public schools (Kendall, 2008, p. 34). After condom demonstrations were introduced during a health class, some of the parents of the students protested (Kendall, 2008). In response, the community held town halls which precipitated collaboration between educators and parents, resulting in a sex education program which combined aspects of both comprehensive and abstinence-only sex education (Kendall, 2008. P. 36).

Santelli et al. (2017) and McGuire, Walsh, & Lecroy (2005) both approach analysis of sexual health education by addressing abstinence-only until marriage curricula frameworks and federal funding guidelines. They apply their research by assessing the efficacy of such programs and in turn, how they view teens sexual identity. Kendall (2008) discusses state mandated sex education by providing case studies of two states. They, too, focus on the evaluation of abstinence-only sex education, and though they research some application of state-level programming, the programming is funded

through federal grants through Title V. Kendall (2008), Santelli et al. (2017), and McGuire, Walsh & Lecroy (2005) all focus on abstinence-only sex education. Though comprehensive education has been considered opposite of AOUM, it should be held to the same standard of scrutiny. My research fills this gap by analyzing how the legislative texts construct and confront teen sexuality legislation within the context of a comprehensive educational framework, as mandated by state legislation.

Teen Sexuality within Sexual Health Education

While much of the literature so far has examined Title V criteria and efficacy of abstinence-only education, either through state law, programming, or the Title V requirements for AOUM federal funding, Fine & McClelland (2006) and Bay-Cheng (2003) provide insight into the ways that sexual identity and sexuality of teens in school-based sex education programs exist within other social and cultural spheres. Bay-Cheng (2003) defines school-based sexuality education (SBSE) as a "formalized attempt to prevent such negative sexual outcomes [fewer teen pregnancies and lower rates of sexually transmitted infections] through the provision of information and cultivation of sexual knowledge and values" (p. 61). This approach is preoccupied with only negative outcomes, or risk association, with teen sex, excluding any conversations regarding positive aspects such as autonomy, pleasure, and desire (Bay-Cheng, 2003, p. 64). Discussion of teen sexuality as inherently risky has resulted in the exclusion of queer sexualities and allows for the domination of a medical model wherein "sexuality is isolated, disembodied, and decontextualized" (Bay-Cheng, 2003, p. 66 & 68). Moreover, sex education fails to consider adolescent sexuality within the intersections of gender,

race, and class, as much of the content favors middle- and upper-class teens as "'worth saving'", and lower-class teens are considered "'moral failures'" (Bay-Cheng, 2003, p. 70).

Sex education's ignorance of the intersections between sex and race, gender, and class is central to Fine's & McClelland's (2006) article. The authors argue AOUM education moralizes sexual risk as bad "personal choices" by associating fear and shame as inevitable outcomes associated with premarital sexual activity (Fine & McClelland, 2006, p. 301 & 306). This discourse disproportionately burdens "youth of color, youth of poverty, and teens with disabilities" because lack of access to adequate health care and community support requires they rely heavily on information disbursed through criteria which excludes their experiences and sexualities (Fine & McClelland, 2006, p. 321). Fine & McClelland (2006) suggest future sexuality education consults young people about what they think and what they know about sex and sexuality instead of proffering an idealized normality of teen sex through restrictive abstinence-only federal and district policies (p. 326).

Bay-Cheng (2003) and Fine & McClelland (2006) delve into the way that school-based sex education programs displace minority youth sexualities because they fail to account for intersecting institutional and cultural structures in which their lived experiences occur. Their conclusions are, again, based off more conservative, abstinence-centered curricula, and not comprehensive. Bay-Cheng (2003) and Fine & McClelland (2006) utilize multiple sources in their research, looking at both the classroom structure, different manifestations of curricula, all in conjunction with policy standards. Through

my research, I intend to address this oversight by applying a critical eye to comprehensive sexual health legislation within California. I aim to provide an analysis which, too, contends with how teen sexuality is structured in policy texts, parallel to the authors' approaches in examining school-based sex education criteria. However, I do this through a strict adherence to analyzing the legislation, whereas Bay-Cheng (2003) and Fine & McClelland (2006) bring attention to multiple manifestations of sexual health education from the policy to its implementation in the classroom. I direct my focus to policy because it is the foundation for curricula within California classrooms and thus could be considered the first step in the process of implementing sexual health education.

As demonstrated, sexual health education has been the focus of many scholars' works. However, they continue to engage with abstinence-only-until-marriage curriculum and few contend with policies determined through state programming. It is important to analyze comprehensive sex education to the same extent as abstinence-only because it, too, outlines approaches to the viewing and teaching of students and sex. Furthermore, the literature's consistent attention on United States abstinence-only-until-marriage funding policies forgoes the opportunity to engage with states who reject those funds and have instead formulated and implemented their own sexual health education policies. My research focuses on state mandated sex education and how it constructs and defines students, sex, and sexuality.

Methods

In conducting my research, I used interpretive content analysis. This form of qualitative research allowed me to go beyond descriptive analysis and make "inferences

about 'why', 'for whom', and 'to what effect'" (Drisko & Maschi, 2016, p. 58). This does not mean I was able to make presumptions about the intentions and thoughts of lawmakers, educators, or the other individuals involved with the creation, passing, and implementation of both the California Healthy Youth Act and the Sexual Health Education Accountability Act, but to explore different ways in which the language, wording, and content (or lack thereof) may be interpreted. From my analysis, I established five thematic, or identifying, categories which both summarize the text and highlight key content and arguments (Drisko & Maschi, 2016, p. 88).

Since my research centers on contextual analysis of policy text, I used a subset of interpretive content analysis known as interpretive policy analysis. This type of content analysis focuses on the "meanings of policies, [and] on the values, feelings, or beliefs they express" (Yanow, 2000, p. 14). There are two methods of analyzing policy meanings within policy analysis – metaphor and category (Yanow, 2000, p. 41). My method relies upon the development of categories which highlight specific recurring themes throughout the texts, therefore I use the latter type of policy analysis. Policy analysis also specifies the products of the research as findings as opposed to conclusions because the results rely on the interpretive choices of the researcher (Yanow, 2000, p. 86). The analysis of policy is conducted within a social context; a context which can be "characterized by the possibilities of multiple interpretations" (Yanow, 2000, p. 5). Therefore, my interpretation and analysis of the texts offer one of a multitude of possible *findings* as opposed to a concrete conclusion.

As specified within interpretive policy analysis, as well as all content analysis, it is important to note the "contextual nature" of the researcher (Yanow, 2000, p. 17). My analysis of the meanings and implications of the content are not completely contained within the text because they are made "meaningful by [my] perspective and understanding" (Drisko & Maschi, 2016, p. 67). Therefore, my experiences, impacted by background factors such as family and community, affect what I as the researcher derive as meaningful, important, or noteworthy. This is further compounded by facets of privilege such as race, economic status, and education. I am a white, female, graduate student who comes from a middle-class family, and though I continue to strive to better understand the trials of others not like me, my privilege and experiences are always present and therefore affect my frame of analysis. I believe my research has importance and should be discussed, but it is not an exhaustive analysis of the California Healthy Youth Act and Sexual Health Education Accountability Act, nor could I achieve such a feat solely through my perspective. Awareness of these limits to my research allow for you, as the reader, to understand my approach and for future researchers to determine where areas require further investigation or expansion.

Analysis

In analyzing the California Healthy Youth Act and Sexual Health Education Accountability Act, I established three guiding questions:

How do these documents define students?

How do these documents define sex?

How are students and sex defined and discussed when brought into conversation with each other?

These three questions allow me to critically examine the wording and possible meaning of these institutionalized mandates for comprehensive sexual health education. As mentioned previously, invoking an interpretive content analytical approach allows me to make conjectures about the different possibilities in which this document may be understood and utilized. To that end, I identify five main, reoccurring themes among both the California Healthy Youth Act and the Sexual Health Education Accountability Act: sex as medically accurate and objective; expectations for students; sex as risk; students as nonautonomous; and sex as age-appropriate. I offer a critical content analysis of the current comprehensive sexual health education legislation, looking at how language and structure categorizes students, sex, and the relationship between the two and how these categorizations can construct and instruct how students and sex are viewed and addressed.

Sex as Medically Accurate & Objective

Accuracy vs. Objectivity

The California Healthy Youth Act and Sexual Health Education Accountability Act present information about sex as both medically accurate *and* objective. However, the presumption medically accurate information is inherently objective is false. Medical information, being researched, produced, and relayed through human involvement, is always subject to bias, and using facts to promote and instill behavioral changes contradicts the laws' call for objective and unbiased sex education.

As stated in Sections 51931 and 151001 of the California Health Youth Act and Sexual Health Education Accountability Act, respectively, "'Medically accurate' means verified or supported by research conducted in compliance with scientific methods and published in peer-reviewed journals [...] and recognized as accurate and objective by professional organizations and agencies with expertise in the relevant field". Accuracy is important, especially regarding information about sexually transmitted infections and HIV, processes of reproduction, and effectiveness of condoms and birth control, which the California Healthy Youth Act does mandate in Section 51934. However, those mandates are preceded by "[i]nstruction shall provide information about the value of delaying sexual activity". Combining medical information with instructions on listing values associated with behavioral change, such as students delaying in initiating sexual activities, belies any attempt to relay medical information from a position of objectivity.

Furthermore, medical accuracy cannot be considered objective if not all research information regarding health and sex is taught. Section 51931 requires instructors be trained to learn about and understand the "most recent medically accurate research on human sexuality, healthy relationships, pregnancy, and HIV and other sexually transmitted infections" (California Healthy Youth Act). This list does not include any "medically accurate research" on the health benefits which have been associated with *having* sex. There are studies which suggest regular sexual activity could be considered as exercise (Frappier, Toupin, Levy, Aubertin-Leheudre, & Karelis, 2013) and can reduce pain, or even provide complete relief, from migraines (Hambach, Evers, Summ, Husstedt, & Frese, 2013). It is inaccurate for the legislation to call for objectivity of information if

not all possible information about sex which is found to be medically accurate is being shared.

Excluding Social Context

Combined with medically accurate information, the California Healthy Youth Act discusses other systems which relate to the sexuality of students. However, the overemphasis on objective information obscures social, cultural, and situational contexts which can impact students' choices and access to sexual health care. Limiting the content of sex education to medical information and objectivity ignores the social situations and economic realities students must negotiate when attempting to access legal and medical information and services relating to their sexual health.

Section 51934 mandates educators include "an objective discussion of all legally available pregnancy outcomes" such as parenting, abortion, foster care, and laws regarding surrendering custody of the child to safe-haven sites (California Healthy Youth Act). However, the California Healthy Youth Act does not address the political, economic, and social factors which affect the choices, health, and lives of pregnant teens and their ability to access resources. Effective sexual health education, or education of any kind, requires a critical discussion of the discourse in which such education takes place. The same section also requires information about contraceptive methods, such as emergency contraception (California Healthy Youth Act). Again, there is no mention of how accessing contraceptive methods could be complicated by economic and social factors. These factors could include financial (in)stability, the culture of the family, or (in)ability of the student to access places which distribute contraceptive devices.

Understanding the disparities of the distribution of health resources in relation to gender, sexuality, age, and race is just as important as understanding the biological and medical processes of reproduction, if not more so.

Section 51933 requires discussion about "negotiation and refusal skills to assist pupils in overcoming peer pressure and using effective decision-making skills" (California Healthy Youth Act). The law does not explicitly state ways in which the students' "decision-making skills" may be impacted by situational contexts. Though students are to be instructed in overcoming peer pressure, there is no mention of other pressures which may affect their decisions to engage or not engage in sexual activities. There could be familial, cultural, or emotional pressures which could affect whether a student chooses to have sex or how they understand their own sexuality. The law also does not instruct students to not join in peer pressure, neglecting the fact that students are not only subject to peer pressure but active participants themselves.

Expectations for Students

In outlining the content mandated to be covered in sexual health education, the California Healthy Youth Act also outlines expectations for students. The purpose of the law, as indicated by the title, is to create *healthy* youth. However, sections within the legislation, intentionally or unintentionally, restrict the definition of healthy youth by establishing expected forms of (non)sexual and moral behaviors. By placing value in relationships, marriage, and delaying of sex, while leaving out explicit discussions of certain bodies, the language indicates a valuing of certain students and behaviors over others.

Valuing Committed Relationships & Marriage

Sections 51930 and 51933 of the California Healthy Youth Act, respectively, read as follows:

> "To provide pupils with the knowledge and skills they need to develop healthy attitudes concerning [...] relationships, marriage and family." (California Healthy Youth Act)
>
> "Instruction and materials shall teach the value of and prepare pupils to have and maintain committed relationships such as marriage." (California Healthy Youth Act)

It is clear relationships and marriage are significant pieces in constructing the healthy student. Not only is it mandated for the schools to curate healthy attitudes about marriage, but to prepare students for the establishment and maintenance of relationships. In my analysis of the document, no reference was made to address intimacy or sex outside of the context of a relationship. The implication is that sex, *healthy* sex, occurs within a committed relationship and marriage. In establishing a standard of healthy behaviors, those which are stated as having value, the legislation creates a standard of unhealthy, or unvalued, behaviors. Therefore, sex outside the context of relationships or marriages are presented as unhealthy behavioral choices. There is a specific use of the word 'committed' before relationships, which suggests relationships which are not committed, such as hook-ups, friends with benefits, or other relationship structures, are not presented as healthful options for students within the scope of the legislation.

There is also an emphasis to teach students to "develop healthy attitudes" about family (California Healthy Youth Act). As with marriage, emphasizing education regarding family may exclude those who are uneasy about family structures, either because of past or present experience with their own or because they do not plan to form a family in the future. Especially if the student does not have a supportive or nurturing homelife or if their family structure differs from that of the norm, it can be difficult to foster a feeling of value for family. This is dependent upon what the legislation or educators define as family as this is not specified within the legislation.

Delaying Laying

Section 51934 states the following, "[A]bstinence from sexual activity [...] is the only certain way to prevent HIV and other sexually transmitted infections and abstinence from sexual intercourse is the only certain way to prevent unintended pregnancy. Instruction shall provide information about the value of delaying activity [...]" (California Healthy Youth Act). Again, the word value is being made synonymous with specific behavioral choices, in this case delaying sexually activity. While the legislation does require the inclusion of information about alternative methods of prevention, the value seems to be explicitly linked to delaying or not engaging in sexual activity. The dilemma created presents students with a moral dichotomy: choosing the 'valued' choice of not having sex or waiting to have sex, or the *unvalued* choice of not waiting and having sex. The language associates value with delay or abstinence, though what that value is remains unspecified.

Who is Excluded?

In analyzing what the California Healthy Youth Act includes in sex education, that which is excluded becomes apparent. Section 51933 instructs that materials and discussions about relationships and couples "shall be inclusive of same-sex relationships" (California Healthy Youth Act). This is an important inclusion, but, as always, with a specified inclusion lies the possibility for unspecified exclusion. The term same-sex relies upon a binary structure of sex, and in turn, gender. Though the same section includes instructions for educators to teach students about gender, gender expression, and identities, such specifications should be used in other areas of the legislation, to ensure all bodies are treated with the same specification of inclusion.

Section 51930 states comprehensive sexual health education within the state of California should "promote understanding of sexuality as a normal part of human development" (California Healthy Youth Act). It is important for the legislature to specify what it means by sexuality. Is it desiring sex or identity? I draw attention to this section because there are people who do not desire sex, some identifying as asexual, and discussing the desire of sex as a normal stage of human development implies those who do not desire or want sex are *abnormal*.

When it comes to sex and sexuality, there is lack of discussion and instruction regarding people with disabilities engaging in sexuality activities. Section 51933 requires that instruction and materials shall be made accessible to students with disabilities, but there isn't any mention of explicitly discussing sex for students with disabilities (California Healthy Youth Act). People with disabilities are often assumed to not want or be able to engage in sex (Shildrick, 2007) and excluding them from the content of the

legislation reinforces that assumption. Though the law ensures students with disabilities can access all instructions and material, it does not guarantee there will be discussions, information, or representations of students with disabilities having sex.

Sex as Risk

Barcelos (2014), in writing about campaigns to reduce teenage pregnancy, states, "The consequences of sexual behavior are presented not as a range of potential outcomes, but rather *inevitabilities*" (p. 482). The California Healthy Youth Act does the same by establishing associations between sexual activity and risk. The student who is sexual or engages in certain behaviors is considered to always be at risk, and it is their job to develop the skills and knowledge needed to "protect their sexual and reproductive health from HIV and other sexually transmitted infections and from unintended pregnancy" (California Healthy Youth Act).

Sections 51933 and 51934 associate certain behavioral choices with risk. Section 51933 directs educators to instruct students about the "negotiation and refusal skills to assist pupils in [...] using effective decision-making skills to *avoid high-risk activities*" (California Healthy Youth Act). The student is charged with the responsibility to make *healthy* choices in order to avoid being associated with risk. Section 51934 requires information on the "manner in which HIV and other sexually transmitted infections are and are not transmitted, including information on the *relative risk of infection according to specific behaviors*, including sexual activities and injection drug use" (California Healthy Youth Act; inflection mine). Sex itself is inherently associated with exposure to sexually transmitted infections, instead of, as Barcelos (2014) points out, discussing

infection as one of many possible outcomes which may occur. Those possibilities include *not* contracting a sexually transmitted infection or HIV. Medical accuracy is being used to reinforce this notion of inherent risk. Within Section 51934, the ways in which sexually transmitted infections are and are not transmitted are mentioned within the same sentence which indicts participating in sexual activities as entertaining risk of infection. This implied relationship alludes to an association between risk and infection, inflating the notion of sex with contracting sexually transmitted infections.

Association of sex with inherent risk presents a bias toward students *not* engaging in sex. While protection against transmitting or contracting infections is important, it needs to exist within a conversation not predicated on risk. What is achieved by linking sex with risk? If a student engages in activities associated with risk, it opens up the possibilities for the punishment of personal choices, or making it seem the only way to avoid risk is to avoid engaging in sexual activity. Choice does not exist if information is deliberately worded to steer the student toward one choice over that of another. As discussed in the literature, the use of fear and risk are tactics aimed at putting students off from having sex; tactics which are typically discovered in AOUM educational frameworks. While I am not making conjectures as to how this legislation will work in practical application, the wording of Sections 51933 and 51934 seem to mimic those tactics. This is compounded by a statement, also found within Section 51934, which asserts "all people are at some risk of contracting HIV" (California Healthy Youth Act). This statement asserts everyone is always at risk of infection; a statement which the legislation makes without providing any statistical or supportive evidence (which seems

to be contradictory of a document where 'medically accuracy' is preferred). Students should be aware of sexually transmitted infections and how they are contracted, but in a way which does not view the sexually active student as one who is always on the precipice of unavoidable risk.

Students as Nonautonomous

The California Health Youth Act recognizes the rights of the parents and guardians over the rights of the students, to the extent of removing them from the classroom, essentially viewing students as nonautonomous. Within the text, students are indicated as being unable to access their education independently from their parents and guardians. Even as the law mandates students learn of their legal rights to sexual and reproductive health care, parents and guardians hold legal authority over their children's access to education.

Section 51937 states it is the "intent of the Legislature to [...] *respect the rights of parents or guardians to supervise their children's education on these subjects*" (California Healthy Youth Act; emphasis mine). Parents and guardians have "the right to excuse their child from all or part of comprehensive sexual health education, HIV prevention education, and assessments" (California Healthy Youth Act). These sections seem to devalue the student as capable of making decisions regarding their bodies and their sexual health. While I understand the concern of discussing sex with students, it does seem to undermine the purpose of the document when the student could ultimately be removed from a space where they could access information and ask questions.

There are other sections in the document which recognize the authority of parents and guardians over that of the student. The California Healthy Youth Act mandates instruction should "encourage a pupil to communicate with his or her parents, guardians, and other trusted adults about human sexuality" (California Healthy Youth Act). The law promotes "parents, guardians, and other trusted adults" as sources for information, excluding other students and peers. Essentially, students are not afforded autonomy in being active participants in their education, or that of their peers, since the California Healthy Youth Act does not explicitly list them, and therefore fails to consider them as trusted sources of information about human sexuality. This seems contrary to the purpose of sex education which, as stated earlier, is to "provide pupils with the knowledge and skills necessary to protect their sexual and reproductive health" (California Healthy Youth Act). The classroom should provide a space for students to cultivate a rapport with other students, friends, peers, and educators in order to meet the purpose of the California Healthy Youth Act.

The legislation also specifies that written and audiovisual materials for the curriculum are available to parents and guardians for inspection (California Healthy Youth Act). Not only are parents and guardians permitted to exclude their students from the classroom, but they have the right to "inspect" the content of the curriculum. Essentially, educators are subject to the scrutiny of the parent. While I understand the document finds parents and guardians as having the ultimate responsibility for imparting values regarding human sexuality to their children, this negates the ability of the student to understand and explore their own values regarding human sexuality, and the teachers'

ability to provide students with information and perceptions outside of their kin or family network (California Healthy Youth Act). The classroom should provide a safe and protected space for the student to access information, especially regarding their own bodies, feelings, and desires.

Sex as Age Appropriate

The California Healthy Youth Act and the Sexual Health Education Accountability Act require all information, instruction, and materials to be age appropriate, defined as being "suitable to particular ages or age groups of children and adolescents, based on developing cognitive, emotional, and behavioral capacity typical for the age or age group". Information regarding the different levels of cognitive, emotional, and behavioral capacities are not specified within either document nor what information would qualify as 'inappropriate'.

The California Healthy Youth Act requires school districts to instruct students grades 7 to 12 about comprehensive sexual health education and HIV prevention education, leaving it up to the school districts to determine whether to implement such education before grade 7, so long as it is age appropriate (California Healthy Youth Act). Instruction, materials, and other educational tools must contain content which is considered age-appropriate (California Healthy Youth Act). If the Sexual Health Education Accountability Act is to ensure schools are meeting the requirements as specified in the California Healthy Youth Act, how do they determine which information is inappropriate? Unfortunately, the law makes no other specificities as to what constitutes age-appropriate.

If the appropriateness of information is determined by "developing cognitive, emotional, and behavioral capacities" (California Healthy Youth Act), where does this leave students who do not develop at the same pace as their classmates? Does this mean they are excluded from learning about sex and sexuality? How are educators expected to estimate the level of appropriateness at which to teach their students? These, too, are not addressed within the legislation.

Conclusion

The California Healthy Youth Act and the Sexual Health Education Accountability Act contribute to the construction of teen sexuality. An interpretive content analysis allowed me to analyze policies and establish five thematic categories regarding students and sex. The documents overstate the relationship between medical accuracy and objectivity, limiting the opportunity to address the situational context students would have to navigate regarding sex and sexuality, and overlooks societal, economical, and political influences on access. The California Health Youth Act's emphasis on committed relationships and marriage, as well as encouraging students to delay sexual activity, creates a divide between what are considered 'healthy' and 'unhealthy' students, valuing the choices of some over others because they align with what is perceived as more appropriate or acceptable. There is also a pattern of portraying sex as risk, presenting the choice of engaging in sexual activity as always being a choice of engaging in risky behavior. The authority given to the parents in deciding upon the students' attendance displays the student as a person who is considered nonautonomous, further emphasized by favoring parents and guardians as trusted sources of information

about human sexuality, not peers. Sex as age-appropriate determines legislation is bereft in specifying which information would be considered inappropriate.

Future research regarding the California Healthy Youth Act and Sexual Health Education Accountability Act should involve further content analysis or classroom observations. As discussed earlier, researchers have done classroom observations [Bay-Cheng, 2003; Fine & McClelland, 2006] before or assessed the impact of sex education on students [McGuire, Walsh, & Lecroy, 2005]. However, these studies examined abstinence-only policies, therefore there is a gap where future researchers could analyze the impact of comprehensive sex education within the classroom and on students, specifically focusing on California laws. However, I feel further content analysis should be done, especially from perspectives different from my own, a perspective which comes from a place of economic and white privilege. Multiple points of assessment would highlight the areas in policy where changes should be made to better address the racial, economic, and sexual diversity of students.

Future legislators and law makers should revisit, modify, or expand certain sections in both the California Healthy Youth Act and Sexual Health Education Accountability Act. Firstly, both texts should distinguish between medical accuracy and objectivity. Doing so would acknowledge the economic, political, and social contexts which exist within and inform medical care, in turn acknowledging the role bias plays in the disseminations of sexual health information in education. Second, the legislation would benefit from specifying what they mean by sexuality. As stated earlier, Section 51930 notes educators should "promote understanding of sexuality as normal part of

human development" (California Health Youth Act). Is sexuality referring to having sex? If so, how is the law defining what sex is? Is it referring to identity as a part of normal development? Which identities are included? What about the wanting of sex? Where does that leave those who identify as asexual, those who don't desire to have sex? More specificity in defining what sexuality is would allow for educators to better address the sexual diversity of their students. Lastly, I would want legislators to readdress the clause allowing parent and/or guardian oversight of both the curriculum taught by teachers and their students participation in sex education. While I understand the parent should be informed of their child(ren)'s education, allowing the opportunity for them to restrict students access to information, especially regarding their own bodies, could inhibit the students' education.

Comprehensive education should be held to the same scrutiny as other sexual health education frameworks. It is important to consider the effects policies have on constructing and (re)producing teen sexuality. My research proffers a chance for educators and policy makers to notice how the structure of wording and language in policy texts constructs teen sexuality and determines what content is both included in and excluded from the classroom. To create a more inclusive, comprehensive education, we need to ensure the choice of identity, sexuality, and having sex is left up to the student and incorporates the multiple spheres of influence which can affect access and awareness of those choices, including our own policies.

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