



## Study Finds Sex Education Failing in California

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Carmen Ivarra immigrated from Mexico to Visalia, Calif., at 13, hopeful for a quality education. Her high school placed her in ESL classes. But as Ivarra soon discovered, all other courses were taught solely in English. For Ivarra, the classes covering health topics like sex education were especially difficult to follow.

“Having the language barrier, it was hard for me to understand health classes,” said Ivarra, now 22. “The lack of information and services for Latinas and young women — it's amazing how many obstacles you have to go through.” Ivarra's school also combined sex education with driver's education classes, she said, and, “The portion about sex-ed only lasted two days.”

The 2004 California Comprehensive Sexual Health and HIV/AIDS Prevention Act (SB-71) promised to reform sexual education in California's high schools. The curricula was to be medically accurate, unbiased and available to English language learners. Schools would encourage communication about sexual health between students and parents.

Public schools in California are not obligated to offer sex education, but those that choose to teach it are required to provide medically accurate data, including information about sexually transmitted diseases (STDs). Ivarra's school refused to do so, instead including abstinence-only in its curriculum. “We're number three in the state for teen pregnancies and (STDs),” Ivarra said. “Why are we abstinence-only?”

Ivarra's story reflects a common experience among young women of color in California, according to a recent study from California Latinas for Reproductive Justice (CLRJ). Ena Suseth Valladares, senior research coordinator, led a statewide research project on sexual education in California high schools, six years after the passage of SB-71. Titled “Young Women Speak Out!,” the report found that the birth rate for young Latinas is 56.9 percent, higher than that for black females at 39.9 percent, and white females at 13.1 percent. Nationally, while Latinas and black females between ages 13 and 24 make up only 26 percent of the population, they represent 75 percent of those with HIV infections. Such findings raise questions about how effective the state's sex education curricula are.

“Currently, the discourse around a lot of sexual reproductive issues surrounding youth deals a lot with blaming youth,” Valladares said, and solutions like abstinence-only education “are very limiting. The framework doesn't allow us to delve into the issues in our communities... We need to figure out why it's happening in the first place.”

Valladares interviewed more than 20 young Latinas who worked with youth groups in the San Francisco Bay Area, the Central Valley and Los Angeles. “We wanted to conduct our own research and lift these

stories up to be heard,” Valladares explained.

Besides learning about the limitations of sex education classes, the study uncovered bias faced by pregnant teens. Personal accounts tell of outright discrimination from both the staff and the students. Many of the young women interviewed, particularly those in the Central Valley, reported being pressured into leaving their schools after becoming pregnant, or being relegated to the “pregnant sections.”

“I had a few friends who became pregnant and chose to transfer,” recalled Ivarra. “The other students—the pressure, the way they look at you, it’s awful.”

Discrimination on the basis of pregnancy, childbirth, termination of childbirth, or recovery from those conditions is illegal under SB-71.

Veronica Bayetti Flores, senior policy analyst with the National Latina Institute for Reproductive Health (NLIRH), said there was an additional problem with abstinence-only education. “The teen pregnancy prevention model is not only stigmatizing but forgets about young women who are already parents,” Flores said. “There’s not a lot of work being done to make sure that young women who are parenting are able to complete school.”

For now, schools are not penalized for discriminating against pregnant students or teaching limited sexual education. “From our experience, it’s really hard to get a hold of any evaluation,” Valladares said. “It’s not a priority to penalize high schools.”

Despite her findings, Valladares remains optimistic. “What makes California really great is that we already have a lot of progressive policies and laws in place, so what we’re calling out is that these laws get implemented,” she said.

In particular, CLRJ advocates for medically accurate education, including the discussion of birth control methods. “Prevention of STDs is much more cost effective than treating them,” Valladares said. “It might be something very difficult for people to grasp. Why would you call for more spending in California? But a lot of these [STDs] can lead to more adverse health outcomes.”

Valladares also noted the importance of schools encouraging students to communicate with their parents about sex.

“Research has shown that parents do have an influence over their children’s sexual behavior,” she said. “Ultimately, we want healthy communities and we want people who can give back to society. If you invest in health and education, then everybody wins in the end.”

*Nadia Prupis is a NAM editorial intern. She graduated from UC Santa Barbara with a BA in English, and has written for publications like The Onion, Gentry Magazine, and Drink Me Magazine.*