



CAPITOL RESOURCE INSTITUTE

California Healthy Youth Act (CHYA) - Education Code 51930-51939

Comprehensive sexual health and HIV prevention education is mandated at least once in middle school and at least once in high school. It is NOT mandated for earlier grades however if they choose to teach in early grades the teaching must align with the same education codes as the higher grades.

BACKGROUND

In January 2016, California updated statutes regarding “comprehensive sexual health education”. The ACLU, Planned Parenthood, and similar groups took an active role in monitoring the sexual education instruction provided by California schools. The ACLU and Planned Parenthood has pushed districts towards instruction that aligns with its values, and the ACLU’s interpretation of the legal language, often actively recommending the curriculum and the trainers districts can use to be legally compliant with California’s new standards

Stated purpose of CHYA:

- To provide pupils with the knowledge and skills necessary to protect their sexual and reproductive health from HIV and other sexually transmitted infections and from unintended pregnancy.
- To provide pupils with the knowledge and skills they need to develop healthy attitudes concerning adolescent growth and development, body image, gender, sexual orientation, relationships, marriage, and family.
- To promote understanding of sexuality as a normal part of human development.
- To ensure pupils receive integrated, comprehensive, accurate, and unbiased sexual health and HIV prevention instruction and provide educators with clear tools and guidance to accomplish that end.
- To provide pupils with the knowledge and skills necessary to have healthy, positive, and safe relationships and behaviors.

The curriculum used must meet the following criteria:

- Abstinence only instruction is not permitted.
- All instruction in all grades must be age-appropriate, evidence-based and medically accurate (meaning accepted by organizations like the American Academy of Pediatrics).
- May not promote religious doctrine.
- All elements of the instruction must align with the above stated purposes.
- Sexual health education must respect and address the needs of students of all genders and sexual orientations.
- Instruction must affirmatively recognize different sexual orientations and be inclusive of same sex relationships when providing examples of couples or relationships.
- It must also teach about gender, gender expression, and gender identity, and explore the harm of negative gender stereotypes.

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Much of the new “evidence-based” sexual health information being published comes from sources seeking to push cultural and moral views regarding sex and sexuality. This creates sexual health instruction that is not only separate from the staff of the local school district, but is also likely detached from the community in which the school is located. California requires school staff that provide the instruction to have training regarding “new developments in the scientific understanding of sexual health,” and outside speakers must “have expertise in comprehensive sexual health education and HIV prevention education and have knowledge of the most recent medically accurate research on the relevant topic or topics covered in their instruction.” In application, this language creates apprehension for school districts in carrying out sexual health education themselves in many cases in California, even though they likely have staff that could easily teach the required material. This is particularly true when outside scrutiny and pressure is applied by interest groups. Instead, third-party “experts” are sought to ensure compliance with the law—a role that is generally filled by Planned Parenthood or other outside organizations that have specifically geared up to fill the void created by a more intimidating standard that school districts feel they cannot meet themselves.

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These “gender stereotypes,” “orientation,” and “expression” requirements are less about biology, and are instead focused on issues of morality, religious belief, gender theory, and family values. While lip service is given to respecting individual cultural and religious beliefs, sexual health curriculum now includes required instruction that the values, religious beliefs, and morality many students are taught at home and at church is not “accurate,” “healthy,” or congruent with a proper understanding of sex. Practically, when it comes time to discuss sexual activity as a part of the curriculum, making the instruction appropriate for all students will mean explicitly discussing homosexual intercourse, and even intercourse for transgender individuals, with the same level of detail as heterosexual sexual activity.

Instruction must provide pupils with the knowledge and skills necessary to protect their sexual and reproductive health from HIV, other sexually transmitted infections, and from unintended pregnancy.

While California law does not include a list of sex acts that must be taught to students, in the name of disease avoidance, California instruction now includes a broad and detailed discussion of sexual activity. This means that because of this language, California sex education curriculum instruction tells teachers they must teach students about masturbation, mutual masturbation, the use of sexual lubricants, oral sex, dental dams, and anal sex, because otherwise they would not be fully discussing the use and effectiveness of methods of preventing diseases and protecting their sexual and reproductive health.

California curriculum requires a discussion of all “legally available pregnancy outcomes,” including abortion; along with a discussion of a student’s legal right to access medical care. This language is used to make detailed information regarding seeking an abortion, and semi-permanent birth control, available to students without parental involvement. This includes going so far as to provide students with bus transfer instructions and maps to get to local clinics from campus.