CHYA 4 All Playbook

All students deserve CHYA. Community members <u>can</u> make a difference.



CHYA IS LAW

The <u>California Healthy Youth</u> <u>Act</u> (CHYA) or AB 329 commenced in January of 2016. CHYA ensures all public school students (and most recently charter school students) receive comprehensive sexuality

education (CSE) in both middle school and high school. Some school districts are allowing misinformation and the extreme views of *a few* to undermine and even stymie the implementation of this law that benefits <u>ALL</u> students. CHYA includes school district, student right, and parental right provisions.

CHYA IS RESEARCH-BASED

CHYA's required sexual health topics are based on recommendations from the Centers for Disease Control and Prevention. Several evidence-based and CHYAapproved curricula are available for adoption by school districts and their respective curriculum committees, made up of parents, teachers, and other school and health professionals. CSE programs have demonstrated greater positive adolescent sexual health outcomes than sexual risk avoidance (SRA) programs. SRA is a recent rebranding effort of the historically ineffective (and unfortunately financially incentivized) abstinence-only sexual health programming. For more information about CSE and SRA programs, visit Kaiser Family Foundation.org, a non-partisan information clearinghouse.

CHYA IS INCLUSIVE

CHYA requires that classroom educators utilize updated and unbiased sexual health language and provide sexual health information that is comprehensive, age-appropriate, and medically-accurate. CHYA also requires clinically and empirically-driven information on biological sex, sexual orientation, gender identity, and sexual violence prevention. CHYA does <u>not</u> promote nor favor one group of people over another; it dispels myths and stereotypes, affirms and ensures equity for LGBTQ+ youth, encourages tolerance, safety, and respect, and levels the sexual health information playing field for *all* students.

For more information on CHYA advocacy, please contact <u>CHYA.4.ALL@gmail.com</u>. For LGBTQ+ youth support, please contact <u>frontdesk@lgbtcenteroc.org</u> or call 714-953-LGBT (5428).

Step 1. Support ALL Students & CHYA Teachers.

Hold value in CHYA as law. Recognize the need for safe schools and for the respect of *all* students' rights, including LGBTQ+ students. Support teachers and schools implementing CHYA.

Step 2. Speak Up!

Communicate your support of CHYA with school district personnel and school board members. Express your support for all students' rights, including LGBTQ+ students. Advocate for full CHYA compliance in your school and district. Address CHYA myths by explaining the facts (see reverse).

Step 3. Inform Yourself & Others.

Know CHYA facts **and** the circulating myths (see reverse). Be informed of county and local school board candidates who support CHYA and CSE. Share this flyer with others.

COMMON CHYA MYTHS AND THE FACTS

Myth #1: Pornography will be shown in class and will be promoted as healthy and natural. Students are also provided internet links where vaginal, oral, and anal sex are discussed.

Factual Talking Points: Pornography is <u>not</u> shown in class. This would be considered sexual abuse and sexual harassment, and is against the law. Pornography is <u>not</u> promoted, in fact if students inquire about pornography they are discouraged from viewing it because it often does not depict reality, can be violent, and is often misogynistic. Any and all graphics or internet links provided for a classroom lesson or activity are CHYA-compliant and are 100% legal. Diagrams of the reproductive systems are legal and are NOT classified as pornography because they utilize medical terminology and are used for educational purposes only.

Myth #3: Students are encouraged to have sex, including anal sex and oral sex as a "safer" alternative to vaginal sex for pregnancy prevention. Abortion will also be promoted as a form of birth control.

Factual Talking Points: Students are encouraged to be abstinent until they reach an age when it is appropriate for them to be sexually active. Students are encouraged to determine this age of appropriateness with input from their parent/ guardian. Because of CA consent laws, students are encouraged to delay sexual activity until they are an adult (age 18 and above). Per CA law, all legal pregnancy options are explained, not promoted, including parenthood, abortion, and adoption, as well as the Safe Surrender Baby and Minor Consent Care Laws.

Sexual behaviors of vaginal, oral, and/or anal sex are <u>not</u> promoted nor are "how to" instructions provided. These behaviors are defined and are discussed from a physical, emotional, and social risk and prevention perspective ONLY. Shame placed on sexual activity, however, is absent in order to engage and protect all students. Consent is also discussed so that students understand their bodily rights and the rights of others, as well as to prevent sexual abuse, violence, and associated trauma. Really, CHYA readies adolescent students for a safe and healthy <u>adulthood</u>.

Myth #5: Talking about sex and providing information on contraception will encourage students to have sex, experiment, and be "promiscuous."

Factual Talking Points: Empirical, evidence-based research has shown that students who participated in CSE programs are more likely to delay sexual behavior initiation, use contraception at increased rates, have fewer sexual partners, and have lower rates of STIs and unintended pregnancy than those who participated in sexual risk avoidance/abstinence-only programs (Advocates for Youth, 2018; Coyle, Anderson, Laris, 2016; Fonner et. al, 2014; Guttmacher Institute, 2018; Kaiser Family Foundation, 2018).

That information about sexual health and safer-sex practices will lead to increased sexual activity among youth is a myth (Dreweke, 2019). This assumption also undermines the intelligence, critical thinking, & decision making abilities of educated youth. CHYA also involves critical analysis of (often inaccurate) student perceptions surrounding sexual behavior & highly sexualized media content (ads,movies, tv, music, social media, etc.).

Almost 60% of people in the United States will have their first sexual experience by the time they are 18 (CDC, 2015), while approximately 30% of those aged 15 to 16 have been sexually active (Finer & Philbin, 2013). CHYA aims to prevent negative outcomes when a person's sexual debut occurs. Therefore, it is crucial to ensure the receipt of accurate sexual health information well before students reach this age.

WHO BENEFITS WHEN CHYA IMPLEMENTATION IS UNDERMINED OR BLOCKED?

Nobody! Undermining and/or blocking CHYA means that students are *more* likely to seek sexual health information from less reliable sources or get no information at all.

WHO IS HARMED WHEN CHYA IMPLEMENTATION IS UNDERMINED OR BLOCKED?

Your students! All students! Every. single. student. is. harmed.

WHO CAN ENSURE COMPLIANT CHYA IMPLEMENTATION IN YOUR SCHOOL DISTRICT?

Myth #2: Sex toys (including the use of phallic-shaped foods), pedophilia, and bestiality will be promoted in class. Sexual pleasure without consequence is also promoted. Additionally, content from books called "It's Perfectly Normal" and "S.E.X." will be viewed by students in class.

Factual Talking Points: Sex toys, pedophilia, and bestiality are <u>not</u> promoted, nor are they included in CHYA. Consequences associated with sexual activity *are* discussed through a legal, prevention, & safety lens. Any book recommendations are meant as information sources for educators and parents, and are <u>NOT</u> intended for student use. Curriculum or books used by students receive prior approval by a committee made up of parents, teachers, students, and other school and health professionals. Sexual health educators are also professional, receive training, and maintain strict content, personal values, and self-disclosure boundaries.

Myth #4: CHYA promotes a "gay agenda" & disrupts "parental and religious rights" (these are the words of some who oppose CHYA).

Factual Talking Points: LGBTQ+ students have long been excluded from sexual health education. CHYA makes sexual health information accessible to LGBTQ+ students, as well as all other students. CHYA also dispels myths about LGBTQ+ persons and provides empirically-supported research on biological sex, sexual orientation, gender identity, and gender expression. Furthermore, sexual behaviors are <u>NOT</u> discussed in relation to sexual identities. CHYA promotes understanding, tolerance, safety, and respect of all people. Period.

The diversity of students' faith and religious affiliations is also valued, thus respecting students' "religious rights." Parents reserve the right to opt their child out of their school's sexual health program, therefore CHYA respects "parental rights." Legally schools must also notify parents/guardians about sexual health education and provide an opportunity to preview curriculum at least two weeks before it is taught. Students who are opted out of sexual health education are not penalized academically, socially, or emotionally by the school. The decision to opt out of CSE is respected as a family decision.

Myth #6: My child is too young to learn about sexual health and is being "sexualized" by this content.

Factual Talking Points: CHYA focuses on self-care, respect of self, and respect of others in a developmentally appropriate manner. Many students begin the changes associated with puberty before and during middle school and need self-care information. And while sexual behaviors may not be on all middle and high students' radars, they are on the radar of some (see Factual Talking Points for #5). Research also shows that adolescent students want sexual health education (Pound, Langford, Campbell, 2016).

Despite improvements over time, adolescent sexual health outcomes are still staggering: the U.S. has the highest unintended teen pregnancy rate of all developed nations, over half of all new STI and HIV cases occur among young people ages 15 to 24, and 1 in 5 females/1 in 71 males are raped. Furthermore, these outcomes are disproportionately higher among LGBTQ+ youth, youth of color, foster youth, rural, & low-income youth, and are 100% preventable (Guttmacher Institute, 2018; RAINN, 2018).

CHYA aims to improve sexual health outcomes by ensuring *all* adolescent students are informed, encourage parent/guardian values communication, and take protective and preventive action regarding their sexual health - and the health of others - in order to pursue future goals and dreams.



You can! See Steps 1 - 3 on side one of this flyer to support CHYA implementation. The *vast* majority (89%) of parents in CA support CHYA and 93% of parents in the U.S. support CSE (Constantine, Herman, & Huang, 2007; Kantor & Levitz, 2017).