

Prevention First Coalition

An Act Relative to Healthy Youth (H. 1063/S. 190)

When Schools Offer Sex Education, Let's Get It Right

Giving Young People the Facts They Need to Make Healthy, Responsible Decisions about Sex and Relationships

Many public school districts in Massachusetts include sexuality education in the curriculum; others do not. These are local decisions based on local resources and priorities. When public schools do provide such education, however, it should be done right. It should be comprehensive, medically accurate, and age-appropriate. This bill would make sure that's what students receive.

Research shows that providing medically accurate, age-appropriate sexuality education helps young people to stay healthy – which enhances their ability to learn.¹ When it comes to relationships and sex, effective programs teach the benefits of abstaining from sexual activity while also providing vital information about contraception and prevention of pregnancy and disease. Given that teen pregnancy is the leading cause of drop out among young women, this is especially critical to improving educational achievement.²

Sponsored by Senator Katherine Clark and Representative Jim O'Day, An Act Relative to Healthy Youth ensures that, if a school in Massachusetts teaches sexuality education, it will provide young people with information about abstinence, delaying sexual activity, healthy relationships and behaviors, effective contraceptive use, and sexually transmitted infections (STIs). In short, H. 1063/ S. 190 recognizes that honesty is the best policy when it comes to protecting our youth from pregnancy and disease.

The bill also maintains the existing state law that lets parents opt-out their children from sexuality education programs.

Why it is necessary?

Research shows that education programs for teens work when they emphasize the importance of delaying sexual activity while also teaching them about proper use of condoms and other contraceptive methods. Specifically, they have been proven to: (1) delay the initiation of sex; (2) reduce the frequency of sex, the number of partners, and the incidence of unprotected sex; and (3) increase the use of condoms and contraception.³ Long-term impacts in some programs have also included lower STI and/or pregnancy rates among teens.^{4,5}

Research attributes declines in teenage pregnancy rates to increased use of contraceptives by teens.⁶ In Massachusetts, 46% of high school students have had sexual intercourse. Of those surveyed who had recently had sexual intercourse, 42% did not use a condom and 74% did not use birth control pills.⁷

In 2009, 87% of high school students in MA said they had received instruction on HIV/AIDS, and 52% reported being taught at school how to use a condom – but there is no guarantee that this information was age-appropriate and medically accurate.⁶ Indeed, there are a host of unproven, medically inaccurate curricula developed by non-profit organizations to promote the failed “abstinence-only-until-marriage” approach, which the federal government spent over \$1.5 billion to support,⁸ often funding programs that are intellectually dishonest and fail to provide young people with the necessary information to lead a healthy lifestyle should they decide not to abstain.

Here are **two examples of misinformation** from abstinence-only-until-marriage programs, which can be harmful to our young people:

- “Relying on condoms is like playing Russian roulette. The first player spins the cylinder, points the gun to his/her head, and pulls the trigger. He/she has only one in six chances of being killed. But if one continues to perform this act, the chamber with the bullet will ultimately fall into position under the hammer, and the game ends as one of the players dies.”⁹
- “Cervical cancer is positively correlated with promiscuous behavior and kills approximately 5,000 women a year.”¹⁰

The truth is that when used consistently and correctly, condoms are highly effective in preventing transmission of HIV and reduce the risk of pregnancy and other STIs.¹¹ And cervical cancer is not related to promiscuous behavior. While most cervical cancer is caused by HPV infection, at least 50% of sexually active individuals will acquire HPV in their lifetimes. This is not a sign of promiscuity.¹²

What About the Role of Parents?

Education happens not only in the classroom, but also in the home. Parents can be an important source of information about sexuality and relationships, but many are nervous about talking to their teens on these topics. Parents often need the support of schools and public health professionals when it comes to educating youth about sexuality. In fact, 93% of parents of junior high school students and 91% of parents of high school students believe it is very or somewhat important to have sexuality education as part of the school curriculum.¹³

However, if a parent does not want their child to receive this education, Massachusetts law already allows a parent or legal guardian to opt their child out of any sexuality based instruction.¹⁴ The Healthy Youth bill reiterates this opt-out option, ensuring that parents can decide what information their child receives.

Setting a Standard, Not a Mandate

While it is important that Massachusetts school districts provide honest information in educating youth, it is of equal importance that individual school districts have a say about what is taught in their communities – including about sexuality education. This is especially true today, when school districts are under increasing pressure to perform with increasingly limited budgets. This legislation is not a mandate, but rather provides guidance and a set of standards to follow when a district chooses to teach sexuality education.

Who Supports Sexuality Education?

Several other states -- including CA, CO, ME, and WA -- have laws stating that when sexuality education is offered, it must be age-appropriate, medically accurate and cover abstinence, contraception, and healthy decision making.¹⁵ A long list of widely respected organizations support age-appropriate, medically accurate comprehensive sexuality education, including: The American Medical Association,^{16, 17} the American Nurses Association,¹⁸ the American Academy of Pediatrics,¹⁹ the American College of Obstetricians and Gynecologists,²⁰ the American Public Health Association,²¹ the Institute of Medicine,²² the Society of Adolescent Medicine,²³ the American Federation of Teachers,²⁴ the National Education Association,²⁵ and the National School Boards Association.²⁶ They all support sex education that includes information about both delaying sexual activity and effective contraception use.

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