



**TESTIMONY BEFORE THE JOINT COMMITTEE ON EDUCATION
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Chairwoman Chang-Diaz, Chairwoman Peisch, and members of the Joint Committee on Education, thank you for giving me the opportunity to submit this testimony as a researcher. I am Sumru Erkut, an Associate Director and Senior Research Scientist at the Wellesley Centers for Women. I received my doctorate in social psychology from Harvard University. Related to today's topic, I have researched the long term protective effects of female high school students' sports participation on their responsible sexual activity as young adults. I just completed a review of the projects funded by the Adolescent Family Life program that is a part of the Office of Adolescent Pregnancy Programs and proposed topics for further research on adolescent sexuality. I am currently directing the long-term impact evaluation of a middle school sex education curriculum. I am offering my support for An Act Relative to Healthy Youth, H. 1063/S.190.

I would like to go on record in support of An Act Relative to Healthy Youth (H. 1063/S. 190), sponsored by Senator Katherine Clark and Representative James O'Day, and urge you to give this bill a favorable report. This bill would send an important message across the Commonwealth that, if a school decides to include sexuality education in its curriculum, the material taught must be comprehensive, medically accurate, and age appropriate.

An estimated 750,000 American teens will become pregnant this yearⁱ and nearly four million teens between the ages of 15-19 will contract a sexually transmitted infection.ⁱⁱ This is clearly a public health crisis, but it is a crisis that is preventable in significant ways with appropriate education.

Abstinence only education correctly promotes the value of delaying becoming sexually active. However, it does not provide accurate information about contraceptives. This approach flies in the face of reality of the number of students in our schools who are sexually active. In Massachusetts the latest available figures are from 2009 and show that 5.4% of students reported being sexually active by age 13 and 46% of high school students reported being sexually active; but of those who were sexually active 42% had not used a condom when they last had sex.ⁱⁱⁱ Not providing age appropriate and accurate information on contraception amounts to a misinformation campaign that endangers youth's health and well-being.

If the fear of discussion of contraception is that it will lead to earlier or increased sexual activity, I am not aware of any research that supports that fear. To the contrary, there is research which shows that teaching protection methods does not lead to increase in sexual activity.^{iv} Study after study overwhelmingly shows that comprehensive sex education helps reduce teen pregnancy by helping young people to abstain from sex and to use contraception when they do engage in sexual behavior. A review of 115 program evaluations showed that two-thirds of the comprehensive programs had positive behavioral outcomes — including helping participants to delay sex, use condoms and contraception, decrease the number of sexual partners or decrease the frequency of sex.^v

I am here speaking as a researcher and also as a mother. I know that access to contraception does not lead to sexual activity. Having talked about sexual health and healthy relationships for many years with my sons, after they turned 13, I sent them to sleep away camp with condoms. I said, “This is not to say go ahead and have sex, but if I ever find out you had sex without using a condom you’ll be in big trouble.” Many years later they told me, “Mom, it didn’t work. We didn’t use the condoms, we didn’t have sex.” I smiled.

As our schools face increasing pressure to do more with less, the legislature can set an important standard to ensure that local resources are put to good use. An Act Relative to Healthy Youth (H. 1063/S. 190) would provide school districts across the Commonwealth with a critical guidepost to orient their sexuality education programs so that they provide young people with the information they need to make safe, healthy decisions about sex and relationships, even as it continues to endorse the ability of parents to exempt their children from such instruction. H. 1063/S. 190 is not a mandate, but rather provides a set of proven standards to follow if and when a district chooses to teach sexuality education.

In order to protect the health and well-being of the young people of Massachusetts, I urge the Joint Committee to give H. 1063/S. 190 a favorable report.

References

ⁱ Kost, K., Henshaw, S., & Carlin, L. (2010). *U.S Teenage Pregnancies, Births and Abortions: National and State Trends and Trends by Race and Ethnicity*. Retrieved January 26, 2010, from www.guttmacher.org/pubs/USTPtrends.pdf.

ⁱⁱ Extrapolated from 19 million new infections per year for youth between ages 15 to 24. Weinstock H, Berman S and Cates W, Jr. (2004). Sexually transmitted diseases among American youth: incidence and prevalence estimates. *Perspectives on Sexual and Reproductive Health*, 36(1):6–10.

ⁱⁱⁱ Centers for Disease Control and Prevention. *Youth Risk Behavior Surveillance — United States, 2009. Surveillance Summaries*, [2011]. MMWR 2010;59 (No. SS-5) retrieved from <http://www.cdc.gov/mmwr/pdf/ss/ss5905.pdf>

^{iv} UNAIDS. (1997). *Impact of HIV and Sexual Health Education on the Sexual Behaviour of Young People: a Review Update*.

Geneva, Switzerland: UNAIDS. Baldo, M., Aggleton, P., & Slutkin, G. (June, 1993). *Does Sex Education Lead to Earlier or Increased Sexual Activity in Youth?* Presented at the Ninth International Conference on AIDS, Berlin, 1993. Geneva, Switzerland: World Health Organization.

^v Kirby, D. (2007). *Emerging Answers 2007: Research Findings on Programs to Reduce Teen Pregnancy and Sexually Transmitted Diseases*. Washington, DC: National Campaign to Prevent Teen and Unplanned Pregnancy.