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HOUSE DEMOCRATIC POLICY COMMITTEE

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House of Representatives
COMMONWEALTH OF PENNSYLVANIA

HOUSE DEMOCRATIC POLICY COMMITTEE HEARING

Topic: Comprehensive Sex Education

Thomas Jefferson University– Philadelphia, PA

October 17, 2019

AGENDA

- 2:00 p.m. Welcome and Opening Remarks
- 2:10 p.m. Panel One:
- Melissa Weiler Gerber, President & CEO, AccessMatters
 - Aletha Akers, MD, MPH, FACOG, Medical Director of Adolescent Gynecology Consultative Services, The Children's Hospital of Philadelphia
 - Lynette Medley, MEd, Founder/CEO, No More Secrets Mind Body Spirit Inc.
 - Carlee Warfield, Student, Downingtown STEM Academy
- 2:30 p.m. *Questions & Answers*
- 2:45 p.m. Panel Two:
- Miciah Foster, SistahSpeak! Youth Project Coordinator, New Voices for Reproductive Justice
 - Dr. Amanda Micucio, DO, FAAP, General Pediatrician and Clinical Assistant Professor at Sidney Kimmel Medical College of Thomas Jefferson University
 - Patricia Fonzi, President & CEO, Family Health Council of Central PA
 - Michelle Schamis, Artist and Mother of Transgender Teen
- 3:00 p.m. *Questions & Answers*
- 3:20 p.m. Panel Three:
- Zaakirah Hamid, Sexual Health Educator, Planned Parenthood SEPA
 - Alma Sheppard-Matsuo, Teacher/GSA Advisor, Dobbins Technical High School
 - Elicia Gonzales, LSW, MEd, Executive Director, Women's Medical Fund
 - Tillie Donovan, Alumnus, Philadelphia School District
- 3:35 p.m. *Questions & Answers*
- 3:50 p.m. Closing Remarks

[Home](#) / [House Co-Sponsorship Memoranda](#)

House Co-Sponsorship Memoranda

House of Representatives Session of 2019 - 2020 Regular Session

MEMORANDUM

Posted: February 13, 2019 12:56 PM
From: [Representative Brian Sims](#) and [Rep. Mary Jo Daley](#)
To: All House members
Subject: Sex Education and Affirmative Sexual Consent

Despite declines in teen pregnancy rates in recent years, teen births in the United States are still high compared to many other developed countries – there are 20.3 births per 1000 females aged 15 to 19. By comparison, there is an average of 12.7 births per 1000 females in that age range for all Organisation for Economic Co-Operation and Development countries, which includes a diverse range of 36 nations from Finland to Costa Rica. Further, people under the age of 25 account for about half of new cases of sexually transmitted infections (STIs) each year. These statistics, startling for a country of our economic status, mean we have to do more to keep our young people healthy and safe from the unintended consequences that can come from sexual activity.

Comprehensive sex education needs to be part of the solution. The Centers for Disease Control and Prevention (CDC) has reported that “comprehensive sex education programs have been shown to reduce high-risk sexual behavior, a clear factor for sexual violence victimization and perpetration.” In addition, several studies found that comprehensive sex ed increases positive sexual behaviors in teens.

That is why we are introducing legislation to require school districts to teach age-appropriate comprehensive sex education to all grade levels, including concepts such as “good touch vs. bad touch” for elementary school students and contraception methods for older students. Further, my legislation would mandate affirmative sexual consent as part of the required sexual violence awareness educational program at institutions of higher education. It is our belief that this legislation will help children identify and avoid risky sexual behaviors and negative relationships, ensuring they become healthy adults. This legislation might also help us avoid increases to healthcare costs related to teen pregnancy and STIs.

Your consideration and co-sponsorship are appreciated.



Introduced as [HB1586](#)

THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE BILLNo. **1586** Session of
2019

INTRODUCED BY SIMS, DALEY, RABB, SCHLOSSBERG, DONATUCCI, BURGOS,
KINSEY, A. DAVIS, SOLOMON, ISAACSON, McCLINTON, HILL-EVANS,
KIRKLAND, BRIGGS, KRUEGER, FRANKEL, COMITTA, CEPHAS, DAWKINS,
HOHENSTEIN, MADDEN, ROZZI, FITZGERALD, YOUNGBLOOD, STURLA,
SHUSTERMAN AND OTTEN, JUNE 6, 2019

REFERRED TO COMMITTEE ON EDUCATION, JUNE 6, 2019

AN ACT

1 Amending the act of March 10, 1949 (P.L.30, No.14), entitled "An
2 act relating to the public school system, including certain
3 provisions applicable as well to private and parochial
4 schools; amending, revising, consolidating and changing the
5 laws relating thereto," in terms and courses of study,
6 providing for sexual health education; in sexual violence
7 education at institutions of higher education, further
8 providing for education program; and imposing duties on the
9 Department of Education and the Department of Health.

10 The General Assembly finds and declares as follows:

11 (1) Discussions between youth and their parents or
12 guardians is the most important way to help youth make
13 responsible and healthy life decisions.

14 (2) However, Pennsylvania's schools and other community
15 groups also have a responsibility to help ensure that the
16 youth have the knowledge and skills necessary to enable them
17 to make informed life decisions, to protect their health, to
18 prevent unintended pregnancy and to reduce the risk of
19 sexually transmitted infections (STIs).

20 (3) Research has identified highly effective sex

1 education and HIV prevention programs that positively affect
2 multiple behavioral outcomes and achieve positive health
3 impacts, which include the delay of sexual activity, a
4 reduction in the frequency of sex, the number of partners and
5 the incidence of unprotected sex and an increase in use of
6 condoms and contraception among sexually active participants.
7 Long-term outcomes and impacts include lower STI and
8 unintended pregnancy rates.

9 The General Assembly of the Commonwealth of Pennsylvania
10 hereby enacts as follows:

11 Section 1. The act of March 10, 1949 (P.L.30, No.14), known
12 as the Public School Code of 1949, is amended by adding a
13 section to read:

14 Section 1512.2. Sexual Health Education.--(a) Each school
15 shall provide students with sexual health education that meets
16 the following criteria:

17 (1) Information presented is medically accurate and
18 evidence-based, including, but not limited to:

19 (i) The effectiveness, safety, proper use, health benefits
20 and side effects of all contraceptive methods approved by the
21 Food and Drug Administration for preventing unintended
22 pregnancy.

23 (ii) Information about sexually transmitted infections
24 (STIs), including how STIs are and are not transmitted and the
25 effectiveness of various risk-reducing strategies, including
26 medication approved by the Food and Drug Administration such as
27 preexposure prophylaxis (PrEP) medication and postexposure
28 prophylaxis (PEP) medication.

29 (2) Instruction and materials:

30 (i) Are age-appropriate.

1 (ii) Include the following information:

2 (A) The anatomy and physiology of the human body,
3 particularly as it relates to human reproductive organs and
4 functions.

5 (B) The benefits of and reasons for delaying sexual
6 activity.

7 (C) That not engaging in sexual activity is the only
8 completely reliable way to prevent pregnancy and to reduce the
9 risk of contracting STIs, including HIV.

10 (D) The effect of alcohol and drug use on decision making
11 and partner communication.

12 (E) The importance of healthy relationships that are based
13 on mutual respect and open communication.

14 (F) Relevant elementary education topics such as friendship,
15 body parts, puberty and "good touch versus bad touch."

16 (G) Up-to-date information on available local resources for
17 sexual and reproductive health care, including how to access the
18 resources and the legal rights afforded to individuals accessing
19 the resources and resources available for victims of sexual
20 harassment or assault.

21 (H) Up-to-date contact information for the school's Title IX
22 Coordinator.

23 (iii) Address healthy relationships and social pressures
24 related to sexual behaviors.

25 (iv) Establish an affirmative consent standard that includes
26 the following information:

27 (A) Both parties are responsible for obtaining affirmative
28 consent before proceeding with any sexual activity, including
29 between individuals who have previously engaged in sexual
30 activity with one another.

1 (B) The absence of protest or resistance does not constitute
2 affirmative consent.

3 (C) Past sexual relations and existing relationships are not
4 indicative of affirmative consent.

5 (v) Emphasize the dangers and risks of sexting. The emphasis
6 shall include the following information:

7 (A) Images are easily shared and can be made publicly
8 available online.

9 (B) Once distributed online, images can be difficult to
10 remove.

11 (C) Consequences of sexting may include charges of criminal
12 activity, such as child pornography and disseminating of
13 indecent material to minors.

14 (vi) Discuss sexual activity as it relates to risk for STIs
15 and unintended pregnancy.

16 (vii) Encourage students to communicate with parents,
17 guardians, health care providers and other youth-serving or
18 trusted adults about sexuality without jeopardizing the
19 student's safety and well-being.

20 (viii) Are inclusive and do not promote bias against
21 students, regardless of race, religion, national origin, gender,
22 gender identity, gender expression, sexual orientation, sexual
23 expression or disability.

24 (3) Instructors are permitted to answer in good faith any
25 questions initiated by students that are germane to the material
26 of the course.

27 (b) (1) If the parent or guardian of a student under 18
28 years of age provides a written request to the school that the
29 student be excused from all or any part of sexual health
30 education, the student shall be excused from all or any part of

1 the sexual health education required under subsection (a) and
2 may not be subject to disciplinary action or academic penalty
3 for not participating in sexual health education instruction.

4 (2) The following shall be made publicly available to
5 students, parents and guardians through the school district's
6 publicly accessible Internet website, if available, the school
7 district's student manual or by other means of communication
8 currently used by the school district:

9 (i) information about the school district's sexual health
10 education instruction, including curriculum, information being
11 provided to students and a list of written and audio-visual
12 materials used for the education; and

13 (ii) a form for excusing a student under 18 years of age
14 from all or any part of sexual health education.

15 (c) The Department of Education, in consultation with the
16 Department of Health, shall develop and maintain a list of
17 sexual health education curricula consistent with the
18 requirements of this section. The list shall be updated at least
19 annually and made available on the Department of Education's
20 publicly accessible Internet website. The Department of
21 Education shall promulgate rules necessary to provide oversight
22 and to implement and administer the provisions of this section.

23 (d) Money appropriated by the General Assembly for sexual
24 health education shall not contravene the provisions of this
25 section and may not be used for health education programs that:

26 (1) withhold health-promoting or lifesaving information
27 about sexuality related topics, including HIV;

28 (2) are medically inaccurate or have been scientifically
29 shown to be ineffective;

30 (3) promote gender or racial stereotypes and biases;

1 (4) are insensitive or unresponsive to the needs of sexually
2 active young people, survivors of sexual violence, youth of all
3 physical, developmental and mental abilities or youth of all
4 gender identities, gender expressions or sexual orientations; or
5 (5) are inconsistent with the ethical imperatives of
6 medicine and public health.

7 (e) (1) Local school districts shall approve and select
8 curricula, textbooks and instructional materials from the list
9 maintained by the Department of Education under subsection (c).

10 (2) The curricula selected must be consistent with the
11 educational criteria required under subsection (a).

12 (f) Each school shall include comprehensive sexual education
13 training within the professional education plan under section
14 1205.1 and continuing professional education program under
15 section 1205.2 for teachers certified to teach health and sexual
16 education.

17 (g) Nothing in this section shall limit a student's ability
18 or right to seek or have access to counseling services.
19 Notwithstanding any other provision of this section, a parent or
20 guardian may not opt out a student from counseling services.

21 (h) As used in this section, the following words and phrases
22 shall have the meanings given to them in this subsection:

23 (1) "Affirmative consent" shall mean an affirmative, willing
24 and conscious ongoing agreement between both parties of legal
25 age to engage in sexual activity.

26 (2) "Age-appropriate" shall mean topics, messages and
27 teaching methods suitable to particular ages or groups of
28 children and adolescents, based on developing cognitive,
29 emotional and behavioral capacity typical for the age or age
30 group.

1 (3) "Comprehensive sexual education" shall mean instruction
2 which:
3 (i) addresses the physical, mental, emotional and social
4 aspects of human sexuality;
5 (ii) is designed to motivate and assist students in
6 maintaining and improving their sexual health, preventing
7 disease and reducing sexual health-related risk behaviors; and
8 (iii) enables and empowers students to develop and
9 demonstrate sexual health-related knowledge, attitudes, skills
10 and practices that are age-appropriate.
11 (4) "Gender expression" shall mean the expression of an
12 individual's gender, which may be through behavior, clothing,
13 haircut or voice and may not conform to socially defined
14 behaviors and characteristics typically associated with being
15 either masculine or feminine.
16 (5) "Gender identity" shall mean the internal sense of an
17 individual regarding whether the individual is female, male, a
18 combination of male and female, neither, or another gender
19 altogether, regardless of the individual's designated sex at
20 birth or gender expression.
21 (6) "Healthy relationship" shall mean an interpersonal
22 relationship that is based on mutual respect and open
23 communication and is free of physical abuse, sexual abuse,
24 emotional abuse, coercion and violence.
25 (7) "Inclusive" shall mean sexual health education
26 curriculum which ensures that students from historically
27 marginalized communities are reflected in classroom materials
28 and lessons.
29 (8) "Medically accurate" shall mean information supported by
30 peer-reviewed research conducted in compliance with accepted

1 scientific methods and recognized as accurate by leading
2 professional organizations and agencies with relevant
3 experience, including the American Medical Association and the
4 Department of Health.

5 (9) "School" shall mean any public school, including a
6 charter school or cyber charter school, intermediate unit or
7 area vocational-technical school operating within this
8 Commonwealth.

9 (10) "Sexting" shall mean the procurement or distribution of
10 sexually explicit photographs or messages via electronic means
11 such as a cell phone.

12 (11) "Sexual health" shall mean a state of physical, mental
13 and social well-being in relation to sexuality, requiring a
14 positive and respectful approach to sexuality and sexual
15 relationships that are free of coercion, discrimination and
16 violence.

17 (12) "Sexual orientation" shall mean an individual's
18 attraction, including physical and emotional attraction, to
19 other people of the same gender, a different gender or all
20 genders.

21 (13) "STIs" Shall mean an infectious disease that spreads
22 from person to person during sexual contact.

23 Section 2. Section 2003-G(a) (2) of the act is amended to
24 read:

25 Section 2003-G. Education program.

26 (a) General rule.--Institutions of higher education and
27 private licensed schools shall establish a sexual violence
28 awareness educational program. Institutions of higher education
29 and private licensed schools may collaborate with a Statewide
30 nonprofit organization, local rape crisis center or local sexual

1 assault program that arranges for the provision of services to
2 sexual violence and rape victims in the development of a sexual
3 violence awareness education program. Each education program
4 shall provide the following:

5 * * *

6 (2) A discussion of affirmative sexual consent,
7 including [an explanation that the victim is not at fault]
8 the information contained in the affirmative consent standard
9 under section 1512.2(a)(2)(iv).

10 * * *

11 Section 3. The addition of section 1512.2 of the act shall
12 apply to school years beginning after the effective date of this
13 section.

14 Section 4. This act shall take effect in 90 days.



Comprehensive Sex Education Hearing – October 17, 2019
Remarks by Melissa Weiler Gerber, President & CEO of AccessMatters

My name is Melissa Weiler Gerber and I serve as the President & CEO of AccessMatters. I am honored to be here today to speak in support of House Bill 1586, legislation that would ensure that Pennsylvania youth get the sexual health education they need and deserve. Our thanks to Rep. Brian Sims for seeing a need and an opportunity, recognizing the importance of forming a strong coalition of diverse community voices, and working diligently to introduce this bill.

AccessMatters is a public health non-profit organization that innovates, empowers, and works to equalize access to sexual and reproductive health care for teens and adults in need. As a capacity-building organization, AccessMatters has been trailblazing for over 45 years to eliminate barriers to high caliber care for more than 116,000 people each year.

As the Title X Family Planning grantee for Southeastern Pennsylvania, and the largest Ryan White Part D grantee in Philadelphia, we are a critical part of the region's healthcare safety net. Additionally, we are responsible for administering several statewide programs including the Health Resource Center Program, which consists of school and community-based sites serving youth with counseling, information, and referrals for sexual and reproductive health and related services. We also provide professional development training and capacity-building to health and human service professionals nationwide on topics including contraceptive counseling, STD risk reduction, healthy relationships, consent, and the impact of social determinants of health such as racism on health outcomes.

I am here today because we believe that access to sex education is vital to every person's health and well-being. All people have the right to access unbiased, evidence-based information so they can make informed decisions about their health. Pennsylvania youth deserve sex education that is medically accurate, nonjudgmental, and comprehensive.

Nationwide polling shows that the general public supports sex education in schools. At a more local level, our work administering Health Resource Centers in Pennsylvania makes us well positioned to speak to the support among many school boards throughout the Commonwealth for programs like this and the positive impact access to information and referral services can have on young people.

Beginning in 1991 with the School District of Philadelphia and later expanding to 11 rural and urban counties across the Commonwealth in partnership with the Pennsylvania Department of Health, the Health Resource Center Program supports school and community-based sites offering a confidential, drop-in space where youth can go for non-judgmental, medically accurate sexual health education and counseling. This education and counseling model supports critical thinking around sexual activity, encourages healthy relationships, and promotes the benefits of both abstinence and safer sexual behavior.

The Health Resource Center Program is built on the tenet that having a trusted adult available for youth to talk with about their sexual health, healthy relationships, and any other issues they may be facing is a critical component to youth development. All youth seen in this program are encouraged to talk to their families or another trusted adult about their sexual health.

We know young people are seeking out information and education related to their sexual health as well as information that supports healthy relationships and consent. There is also support among school



administrators and staff because they see the need as they handle the impact of students who do not have access to information and care – whether that means helping a student navigate an interpersonal relationship, figure out how to stay in school during an unplanned pregnancy, or getting care to treat an STD.

We also know it is not only school boards, administrators, and state officials that see the need for comprehensive sex education; research also supports comprehensive sex ed. Overall, research demonstrates that programs like the Health Resource Center and access to sex education are associated with positive health outcomes. It is true that since 1991, the national teen pregnancy rate has declined by 55% due largely to increased access to effective contraceptives and delay of sexual activity. However, pockets of the country - including Philadelphia and several other PA counties - still have high rates of unintended pregnancy, and STD rates remain high nationally. Our data analysis has shown that zip codes in Philadelphia with Health Resource Centers reported average decreases in teen birth and STD rates that outpace the city, state, and country rate overall - evidence of the importance of having comprehensive sexual health information available to all students.

A recent review of sexual and reproductive curricula for adolescents found that school-based programs were generally effective at increasing adolescents' knowledge of sexual and reproductive health, and use of contraception. Research consistently shows that these programs are not associated with an increase in sexual activity or the likelihood of sexual initiation, rather, they equip students with the information and skills that help them make informed decisions about their health. Access to sex education with comprehensive information also plays an important role in preventing school dropout.

While the Health Resource Center Program brings a comprehensive approach to sex education to students in select schools throughout Pennsylvania, we recognize there are still significant areas of the state where youth are not receiving sex education. With nearly 30 years of experience overseeing the Health Resource Center Program, we see the benefits of access to this information and believe all youth in Pennsylvania deserve access to sex education that is comprehensive, medically-accurate, and age appropriate.

House Bill 1586 would help to address major gaps in our education system and would better equip our youth with the tools and information they need to make the best decisions for themselves to stay safe, healthy, and in school. As the research supports, if people had access to sex education that was evidence-based, medically accurate, and age appropriate in their youth, many of the poor health outcomes our programs seek to address among adults could be avoided. All of us at AccessMatters are thrilled to enthusiastically support a bill that aligns so well with our mission and values connecting to every area of our work from service delivery within our family planning, HIV prevention and care, and adolescent health work to our training and capacity-building work around consent and client-centered care. AccessMatters wholeheartedly supports House Bill 1586 and is grateful for the opportunity today to testify in support of it.

##

[AccessMatters](http://www.AccessMatters.org) is the catalyst for providing access to sexual and reproductive health care for teens and adults in need reaching over 116,000 individuals annually. For more information about AccessMatters programs, visit www.AccessMatters.org, [@AccessMatters4U](https://twitter.com/AccessMatters4U) on Twitter, and [@AccessMatters](https://www.facebook.com/AccessMatters) on Facebook.



Comprehensive Sex Education

Testimony Prepared By:

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Pennsylvania General Assembly
House Democratic Policy Committee

Thomas Jefferson University
1015 Walnut Street, Philadelphia, PA 19107
Thursday, October 17, 2019

Good afternoon and thank you for this opportunity to share some remarks about a topic which has been near and dear to me in my work with children and families for many years. My name is Aletha Akers and I am a faculty in Pediatrics, Obstetrics and Gynecology at the University of Pennsylvania School of Medicine. I would first like to thank Representative Sims for sponsoring this legislation and holding this hearing. I'd also like to thank Chairman Sturla and the committee members for the opportunity.

I am also proud to say that I am a product of the Philadelphia school system.

There are many speakers this afternoon. So, I want to make it easy for you to remember my take home message by starting with it. My message to you is this: comprehensive, medically accurate sex education is an important tool for our children's health, safety and well-being.

When young people do not have access to such information, they use whatever they can find and fill in the gaps themselves, and this can be harmful.

To illustrate these points, I want to start by sharing two patient stories.

Several years ago, I met Sonya, a mother born and raised in South Asia. Sex was a taboo subject in her culture, one not discussed with children. Sonya learned everything she knew from Hollywood movies, friends, boyfriends - everywhere but at home or school. On her wedding night, she asked her mother, "Is there anything you want to tell me before I get married?" No, was her mother's reply. Shocked that not even marriage could make her mother reach across the cultural norm that keeps parents silent she vowed that she would do more for her own children. Sonya immigrated to Philadelphia, where she is raising her 13 year old daughter. Menstrual problems led her to bring her daughter to see me. During the visit Sonya pulled me aside. She told me that she knew her daughter was becoming curious about sex and sexuality, yet was embarrassed to talk to Sonya about it. Sonya also knew her daughter's Philadelphia public school had no sex education curriculum. And, several weeks before we met, Sonya had found her daughter searching porn sites. She understood her daughter was seeking information about sex, especially the mechanics of sex. Her question to me is the question I ask of you all: Where can I safely send my daughter to learn about herself and her body with loving intent, not shame?

My second story is about Lori, who I met ten years ago while I was working in Pittsburgh. Lori brought her 16 year old daughter to see me about menstrual problems. Lori met me outside the exam room and told me she knew I would likely recommend medications that could be used as birth control to manage her daughter's periods. Lori told me that I was not allowed to tell her daughter that these medicines could be used for birth control. Lori believed withholding this information was her only way to control when her daughter would become sexually active. I learned that day that Lori's daughter was already sexually active. Her public school did provide limited sex education. Based on this and "Dr. Google", Lori's daughter had learned about "fertility awareness, an approach to pregnancy prevention that involves knowing when during the month women are at greatest risk for pregnancy and avoiding having sex during that

time. Lori's daughter had been using fertility-based awareness to avoid getting pregnant. Unfortunately, Lori's daughter had either misunderstood the information provided to her or had been given inaccurate information as she was having unprotected sex each month when she was MOST likely to get pregnant. It was a miracle she hadn't gotten pregnant.

As you can imagine, I have many stories about misinformation around sex and health from my two decades as an OBGYN. Most have similar themes that involve cultural discomfort talking about sex with children in our homes and schools; discomfort with healthcare providers and other youth-serving adults talking about sex with youth; and, attempts to limit or manipulate youths' access to information and reproductive services to control their sexual awareness, sexual desires and sexual behaviors.

Where has that approach taken us?

The age at sexual initiation in the U.S. is similar to other Western, high income countries. However, other Western, high income countries provide sex education routinely and have much higher sexual health knowledge; greater sex positivity; less sexual shame; higher birth control and condom use rates; lower rates of teen pregnancies, births, abortions; and, lower rates of HIV and other sexually transmitted infections. In fact, the U.S. has one of the highest rates of teen pregnancies and births among developed countries. (Guttmacher, 2015; Sedgh, 2015) For example, the pregnancy rate among 15- to 19-year olds was the highest in the United States (57 pregnancies per 1,000 females) and the lowest rate was in Switzerland (8). (Sedgh, 2015) If we look at national data, U.S. states with the greatest restrictions on sex education fare worst. My point is this: Limiting youth's access to information and health services does not help but rather harms our children.

Teen health requires accurate and comprehensible information, but not just about the physical act of sex and the negative things that may come with it. Although the negatives are what is often focused on, young people need good, honest accurate need information about their changing bodies, about the complexities of love and romance and heartbreak, about gender and gender roles, and their evolving personal identity as a sexual being, among many other things. In order for this to be possible, we must both give parents the tools they need to have these conversations, as well as work to ensure that schools are a source of evidence-based information that can counter the unsafe rumors, misunderstandings and purposeful misinformation that teens may have to otherwise rely on.

We should also remember that although most evaluations of sexual health programs focus on reducing levels of adolescent pregnancy, STIs and the behaviors that lead to them, the broader goal of comprehensive sex education is to support young people's development into sexually healthy adults. (Guttmacher, 2017)

Providing sex education, specifically medically accurate education that meets the social and developmental needs of youth, is an important tool for guaranteeing our children's health, safety and well-being. That is what HB1586 is designed to do. A large body of research has

found no evidence that providing young people with sexual and reproductive health information and education results in increased sexual risk-taking. (UNFPA, 2015) Instead, by giving youth accurate information about their bodies and their evolving social selves as sexual beings, we prepare our youth to make decisions that protect their health and safety. Let me put it another way. We tell our youth to wear seatbelts to prevent harm in the event of a car accident. We tell our youth to brush their teeth to avoid cavities. Yet, we persist in using silence or misinformation when discussing sex and expect our poor sexual health outcomes will magically get better. They won't until we take actions that align with our intended goals.

I want to come back to Sonya and Lori because it is important to me that you not leave today thinking one mother was more "right" or more loving than the other. Though their approaches were very different, these two mothers' both loved their daughters, and each in their own way was trying to advocate for their daughter's health and safety. Often conversations about school-based sex education are framed in such a way that they seem to put schools and parental caregivers at odds with one another. Our coalition has worked hard to craft a bill that recognizes schools and families as partners in youth's sexual education. In contrast to most state public school-based sex education legislation, we include parents in the curriculum by providing parental caregivers with access to the information children learn and incorporating parental communication skills training. This is an important advancement as research shows that parental communication skills trainings actually improve children's knowledge acquisition, results in delays in sexual debut, reduced frequency of sex, fewer sexual partners, increased condom and contraceptive use, and reduces teen pregnancy and sexually transmitted infection. (Chin, 2012; UNFPA 2015)

With HB1586, we have an opportunity to help the children of the Commonwealth of Pennsylvania. By providing them with high quality, medically accurate sex education and by providing their parental caregivers with support to reinforce that education in the home, we can improve the health, safety and well-being of children in our great state. We have the opportunity to ensure that parents and schools teach Sonya's daughter, instead of pornography sites. More importantly, we have the opportunity to craft a solid answer to Sonya's question to me: "Where can I safely send my daughter to learn about herself and her body with loving intent, not shame?"

Again, I'd like to thank Representative Sims, Chairman Sturla, and the rest of the committee for their time. I look forward to answering any questions you may have.

References

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United Nations Population Fund (UNFPA), *Emerging Evidence, Lessons and Practice in Comprehensive Sexuality Education: A Global Review*, Paris: United Nations Educational, Scientific and Cultural Organization, 2015, <http://www.unfpa.org/publications/emerging-evidence-lessons-and-practice-comprehensive-sexuality-education-global-review>.

The Alan Guttmacher Institute. *American Adolescents' Sources of Sexual Health Information*, Dec 2017.

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Sedgh G, Finer LB, Bankole A, Eilers MA, Sing Susheela. Adolescent Pregnancy, Birth, and Abortion Rates Across Countries: Levels and Recent Trends. *J Adolesc Health*. 2015 Feb; 56(2): 223–230.

It actually took me some time to write my testimony/statement because honestly it's perplexing to comprehend that in 2019, we are still engaging in debates over the intersection of a sexual health framework into our schools and educational processes. Then I realized that many still unfairly perceive that our sexuality is something distinct and separate from our normal identities, so it is assumed that people can somehow place their sexual selves on the shelf when they enter school settings along with everything else that's deemed insignificant to their learning environment then casually pick it back up on the way out. But we know that this is utterly impossible as our sexuality is delicately woven throughout every fiber of our being as it contributes to everything we think, do and say throughout the day.

Our youth are at an age of instantaneous access and the average American young person spends over seven hours a day on media devices, often using multiple systems at once. Studies show that more than 75% of primetime TV programs contain sexual content, and the mention of sex on TV can occur up to 8 to 10 times in a single hour. And that's not it; A national sample study of 1,500 10 to 17-year-olds showed that about half of those that use the internet had been exposed to online porn in the last year.

Young people now engage in relationships increasingly via technology, which means they're able to connect in a variety of ways and at a speed and frequency not known to prior generations. They also appear to be more comfortable showing their bodies. A 2014 survey published in the journal Pediatrics stated that over 1,000 early middle school students engaged in sexting, 20% reported receiving sexually explicit cell phone text or picture messages and 5% reported sending them.

Sex education is currently nonexistent in most school settings but school programs that are attempting to have these crucial conversations are way too late. A recent CDC study showed that among teens ages 15-17 who have had sex; nearly 80% did not receive any formal sex education before they lost their virginity or if they did, it was only to discourage them from being sexually active. In theory, abstinence is 100% effective at preventing pregnancy and STIs. However, many adolescents who intend to practice abstinence fail to actually do so and they often fail to use condoms or other forms of contraception when they do have intercourse.

So my testimony: Instead of why we should implement a Sex Ed curriculum into our school settings....

Are we Negligent by not having a comprehensive Sexual Health Education component already integrated into our processes?

On a daily basis within the confines of our schools, classrooms and hallways our youth experience the harmful effects of Victim Blaming, Sex Shaming in addition to the pervasive use of heteronormative and gender normative ideologies throughout the school day. Most sexual health messaging currently has a hyper-focus on females because as YOU SAY>>> Girls are the ones who have babies. But given the fact that recent CDC literature shows 43.9% of women have experienced some form of unwanted sexual violence that was not rape, and 23.4% of men have experienced the same, public health experts agree both sexes need education on appropriate behavior.

Unfortunately females and males continue to receive extremely different messages. Male conversations are typically antiquated and stereotypical because there is an assumption that they are insensitive and hyper sexualized the causal effect being their disengagement from conversations about sex altogether. Society educates girls about how they can protect themselves from rape and their rights to say "yes"

and “no” to certain sexual behaviors. But intentionally and purposefully excludes boys from learning the complexities of these situations and acknowledging that they’re a part of the conversation.

School based curriculums also largely ignore LGBT relationships as expressed by many youth who have been ridiculed, shunned or ignored when questioning the depiction of traditional families. Increasing numbers of youth resort to the internet to gain information about same sex relationships. This is all quite confusing as when reading various districts Nondiscrimination policies, it clearly states that they do not discriminate on the basis of race, color, national origin, sex, sexual orientation , gender identities, disability, or age in its programs and activities and provides equal access.

The intersectional theory asserts that people are often disadvantaged by multiple sources of oppression: their race, class, gender identity, sexual orientation, religion, and other sexual and gender identity markers. Thus the integration of a sexuality awareness framework is pivotal to ensuring complete and total inclusivity. In fact it’s a critical step if we truly want to create equal opportunities, effectively address cultural competencies and adhere to the underpinnings of diversity!

As the Founder/CEO of No More Secrets Mind Body Spirit Inc., one of the nation's only comprehensive sexuality awareness and consultative organizations, our focus is to decrease risk in vulnerable populations through the development and implementation of sustainable programming and policies. Our mission is to decrease the stigmas, silence and secrecy associated with sexuality by increasing self-esteem, socialization and self-love.

The negative and harmful self-perceptions many of our youth possess due to environmental influences and societal norms exemplify the urgency of having these open, honest and realistic conversations in our community. It’s extremely disheartening and frankly concerning as a sexual educator having discussions with our youth in our communities about respecting their bodies and setting boundaries only to hear that most have never heard of movements such as #metoo or #timesup and are totally clueless when asked about their understanding of consent or bodily autonomy when outlining the pitfalls and dangers of making uninformed choices.

These crucial conversations are essential and empower our youth to feel better about their choices, seek assistance when needed and feel supported and accepted. As well as:

- Increase awareness of sexual misconduct
- Increase bystander and team involvement
- Improve overall conduct and behaviors
- Decrease dating and partner violence
- Decrease Sexual Inappropriate Behaviors

It infuriates me when youth are unaware of the essential information that could potentially ruin their lives like the dangers of sexting and subsequent legal ramifications associated with sending, receiving and posting nude pictures of yourself or friends that are under 18 years old because it’s the dissemination of child pornography and it’s a crime in Pa. NJ and Delaware. There are no special considerations as our youth are held to the same levels of accountability as youth in other districts who are being fed their daily dose of current comprehensive Sex Ed on a consistent basis.

Again I reiterate; it is downright Negligent and Incomprehensible to place our youth at risk. We should proactively discuss current sexual health issues that could potentially affect the safety and wellbeing of our youth. Period Poverty was shockingly brought to my attention after several girls informed me that they had to steal, sell their bodies, use unhealthy items like socks, rags, and newspaper every month because their parents could not afford menstrual products. We've since been high lighting the stigma still associated with the menses and how this horrific epidemic is hidden due to the systematic discrimination of female embodied initiatives. We must do better for our future generations by openly educating our youth about rape culture, understanding social media risks, sexting pitfalls/dangers and the realism of human trafficking, in addition to updates and inclusive health and sexual reproduction information like decreasing the risks of contracting HIV/AIDS through PREP, explaining the risks involved with you and your partner through Stealthing in our communities just to name a few. By revealing, acknowledging and then finally understanding their current ideologies from a nonjudgmental and affirming lens, we can then begin to transform their unhealthy or destructive patterns of thinking into a positive, healthier and more informed perspective.

Sexuality encompasses nearly every aspect of our being, from attitudes and values to feelings and experiences. It is influenced by the individual, family, culture, religion/spirituality, schools and environment. A useful model for understanding the various components of sexuality is the circles of sexuality model developed by Dennis Dailey. This model depicts sexuality as having 5 main components sexualization, sexual identity, health and sexual reproduction, intimacy and sensuality each component consists of several subtopics related to its characteristics and influences on human sexuality.

The World Health Organization (WHO) Sexual health is "a state of physical, emotional, mental, and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction, or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination, and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled.

My name is Carlee Warfield. I am a senior at the Downingtown STEM Academy, and a representative of the Chester County Fund for Women and Girls. I am here in support of House Bill Number 1586, in order to convey my experience with sex education through the Pennsylvanian public school system.

My first encounter with sex education took place in fifth grade. That year, I learned how to label diagrams of the male and female reproductive systems, which were then sent home to be completed again with parents, and a signature for completion credit. In a class period where boys and girls were separated, we each put questions into a box to be answered by the teacher; however, any questions that exceeded a discussion on the scientific basis of puberty were thrown away and deemed “inappropriate”. Amazingly enough, that experience is still one of the most informative sex education classes that I’ve ever had.

Moving into middle school, sex education quickly became a topic of taboo. During a regular day of my eighth grade health class, my teacher set aside time to show a video from the 90’s about puberty. While the intention may have been valid, my teacher showed us far too late; most of my classmates had already undergone the changes discussed in the video. We were no longer only dealing with armpit hair and the menstrual cycle, but rather the depths relationships, STD’s, and consensual sex. The video’s contents were outdated, and only prompted laughs and side conversations from the class. To make matters worse, we had no further discussion or education after the video.

Highschool did not improve the situation either. At my school, the Downingtown STEM Academy, we take a joint gym and health class freshman and sophomore year. This class meets two days out of a twelve day cycle, averaging to about 36 classes per year. Throughout the

course, we focused on health for only two weeks, and the phrase, “sex education” wasn’t even mentioned once. The course syllabus states, rather, that, “students will deepen their knowledge of human anatomy”. In parallelism to elementary school, the class covered the male and female anatomy, but implemented the study of trimesters of pregnancy and different types of reproductive cancer. Even though my teacher never uttered the phrase, “sex education” once, she *did* mention the act of sex. During a class lecture, she declared that the **only** way to prevent pregnancy or STDs is through abstinence, though when she said “abstinence,” she laughed. Clearly, she didn’t even believe in the curriculum.

As a student who identifies as a member of the LGBT community, the limits of this education were detrimental. Growing up, I genuinely didn’t know that gay people existed. I grew up with an uneasiness that distanced me from the other teenagers; I felt isolated. Even after coming out, my parents had absolutely no clue what to say in regards to safe sex between two women. In an attempt to help me, they conveyed misinformation due to stereotype-induced views instilled from the time that they grew up. I had absolutely no resources that were educational to reference in figuring out my identity.

Even though I am the one here to speak, I am clearly not the only student suffering at the hands of this lack of an education. When I asked my friends to reflect on their sex education before high school, many confidently stated that they never learned about the subject all.

One of my friends, who attended a private elementary school, stated that she was shocked and scared in starting her period, as she never learned that it existed.

Another friend explained that she had never seen a condom before entering a relationship with a boy.

My dear friend, who feared that her violently homophobic parents would track her internet history, researched her sexuality through incognito mode on a sketchy website. I still remember her crying in explaining that the website exposed her to nude photos and false information, while providing no assistance or moral support.

To emphasize, throughout my twelve years in the public school system, I only learned a watered down, stereotypical, “normalized” view of human anatomy and sexual activity. This type of curriculum failed me, not only as a student, but as an LGBTQ+ student, specifically. By implementing an inclusive, comprehensive sex education program, vulnerable students such as myself will be able to understand themselves better, and all students will be able to make safe, informed decisions regarding sexual activity and reproductive health.

Thank you.

Comprehensive Sex Education Testimony.
Oct 17, 2019

Good afternoon. My name is Miciah Foster. I am the SistahSpeak! Youth Project Coordinator for New Voices for Reproductive Justice here in Philadelphia. New Voices is a grassroots Human Rights organization dedicated to the complete health and well-being of Black women, girls, and femmes in Pennsylvania and Ohio. Our SistahSpeak! Youth Project is a leadership development, mentorship, and cultural enrichment program for Black girls in Pittsburgh & Philadelphia.

I am here with my colleague and counterpart Tausha Bonner-Johnson, who is the SistahSpeak! Coordinator of Pittsburgh. We are here today on behalf of the Black girls and femmes we work with and their communities; to ensure that all Black girls & femmes in PA will be equipped to make healthy, informed decisions around their sexual and reproductive health.

Let's start off with what we know. We know 78% of Black adults believe that sexual development is normal and that they believe the best approach to this development is to provide all information about sex and contraception.¹ We also know that 90% of Black parents and students support sex education that is inclusive of key components of the bill we are here to talk about today: healthy romantic relationships, the full gender and sexuality spectrum, contraceptive options, and preventing intimate partner violence, among other things.² Also, we know that when young people have access to sex education that is comprehensive, they have the tools to make informed decisions that delay sexual initiation and use protection when they do become sexually active.³

At the end of the day, providing sex education that is comprehensive means empowering young people to make decisions to maintain their physical and emotional health. In a 2011 survey by *Essence Magazine* and the National Campaign to Prevent Teen and Unplanned Pregnancy, over 1 in 3 Black females reported they had unprotected sex because their partner didn't want them to

¹ In Our Own Voice: National Black Women's Reproductive Justice Agenda. Results From A National Survey Of Black Adults: The Lives And Voices Of Black America On The Intersections Of Politics, Race, And Public Policy, April 2018.

² Reproductive Justice Communications Group And Advocates For Youth, African American Voices On Sexual Health, Washington, DC: Reproductive Justice Communications Group And Advocates For Youth, 2013. Online: [Http://Blackrj.Org/Resources/Polling-Research/](http://Blackrj.Org/Resources/Polling-Research/)

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use contraception. Of the teens who have had sex, 45% said they were pressured to have sex. ⁴A girl in our SistahSpeak! Program shared with us that if she and her classmates had received ‘affirmative yes’ consent information, that her “I don’t know” would not have been interpreted as ‘Yes’, that her silence would not have been interpreted as go ahead, and her sexual assault would have been reported. So let me repeat: mandating comprehensive sex education in schools enables and empowers young people to make decisions to maintain their physical and emotional health.

We asked the young women and femmes who participate in our SistahSpeak! Program to write what HB1516 would mean to them and why for them it is essential that we implement sexual health education that includes medically accurate and age-appropriate information early on, that includes an expansive view of gender and sexuality, and that includes affirmative consent and sexual assault resources.

Our girls could not be here today, but we would like to bring them into this space through their testimony. I will read two excerpts from two of the girls willing to share their thoughts. Their full testimonies will be submitted with our written testimony.

From an SYP Participant, age 17 :

“From the ages of 3-13, I was raped and molested by my brother. If I was informed earlier in my childhood that this was not okay, an adult would have found out sooner. This is why sex-ed is important because that part of my childhood could have been saved”

From an SYP Participant, age 15 :

“Whether you believe it or not, today’s youth need to be aware of consent and Reproductive Justice to allow them to be aware of these situations and their bodies. To protect your body is to protect your mind... Allow our youth the chance to protect themselves. Make sex education compulsory.”

We ask you to take their words into consideration as you move forward with this legislation.

Thank you.

Additional Materials:

SYP! Participants Full Testimony:

⁴ The National Campaign To Prevent Teen Pregnancy (Campaign), Almost Half Of Black Youth Report Pressure To Have Sex, Washington, DC: Campaign, 2011. Online: <https://Thenationalcampaign.Org/Press-Release/Almost-Half-Black-Youth-Report-Pressure-Have-Sex>.

“From the ages of 3-13, I was raped and molested by my brother. If I was informed earlier in my childhood that this was not okay, an adult would have found out sooner. This is why sex-ed is important because that part of my childhood could have been saved”

- Age 17

“When I was younger, around nine years old, I was told about sex from another child of age 6. By the time I had found out, I had been exposed to media content and videos that depict sex in a very unrealistic light, causing me to not be aware of the risks and realistic feelings and situations sex brings. This led me to participating in sexual actions without being aware of the mental or physical consequences. Eventually, this led me to me being sexually taken advantage of all because I said ‘I don’t know’ instead of no.

It certainly isn’t my fault for what transpired those months, however if I had been properly educated at a young age. I may not’ve worded my response that way or even got involved in certain uncomfortable situations. Whether you believe it or not, today’s youth need to be aware of consent and Reproductive Justice to allow them to be aware of these situations and their bodies. To protect your body is to protect your mind. Stay sane. Allow our youth the chance to protect themselves. Make sex education compulsory. It will save lives, and it will save bodies. Our bodies are a temple. We may alter at will, however it should always be protected.”

- Age 15

Comprehensive Sex Ed Testimony

Amanda Micucio

Good afternoon and thank you for allowing me to be here to talk about comprehensive sexuality education, an important topic in child and adolescent health, as well as the general health of our community. My name is Amanda Micucio, and I am a general pediatrician with Nemours duPont Pediatrics-Philadelphia, and a clinical assistant professor of pediatrics at Sidney Kimmel Medical College of Thomas Jefferson University.

The American Academy of Pediatrics, or AAP, of which I am a member, is the nation's leading organization for child health, and dedicated to the principle of a meaningful and healthy life for every child. The topic of sexuality education is so important to the health and wellness of children that the AAP (Breuner et al., 2016) wrote a clinical report about this in 2001, most recently updated in 2016 with current research on evidence-based sexual and reproductive health education. This report states that developing a healthy sexuality is a key developmental milestone. For this to occur, children and adolescents need to receive accurate information on sexual health. The AAP recommends that adolescents receive this information from parents, pediatricians, and educators in schools. I will focus on the recommendations regarding school sexuality education, as this is specifically what this bill is about.

Sexuality education should include more than the anatomy and physiology of sex and reproduction. This should include healthy sexual development, gender identity, interpersonal relationships, affection, sexual development, intimacy, and body image. Although we know that practicing abstinence is 100% effective at preventing pregnancy and STIs, we also know that abstinence-only education is ineffective at encouraging this practice enough to produce these intended results. One large-scale study of 4 federally-funded abstinence-only programs across the country showed no impact on abstinence rates, age at first intercourse, number of sexual partners, or rates of unprotected sex (Trenholm et al., 2007). Comprehensive sexuality education programs can result in delay in the initiation and reduction in the frequency of sexual intercourse, a reduction in the number of sexual partners, an increase in condom use, and a decrease in adolescent pregnancy, HIV, and other STIs (Breuner et al., 2016). Abstinence-only education does not produce these same positive outcomes. In addition to the AAP, the Centers for Disease Control and Prevention, or CDC (2019), has addressed the issue of sexuality education and made recommendations for 19 critical sexual education topics. These include communication, decision-making, and healthy relationship skills, benefits of abstinence, importance of the use of both condoms and contraception, information about STI's and pregnancy, sexual orientation, and gender identity and expression. In addition to being more effective at decreasing unwanted health behaviors, research shows that increased access to information and services related to sexual and reproductive health does NOT lead to increases in sexual activity (Dreweke, 2019). Our nation's most pre-eminent health organizations all agree that comprehensive sexuality education is important and effective in advancing the health of children and adolescents and preparing them for lifelong sexual health and wellbeing.

Despite this consensus among medical professionals about what is important in the education of our youth regarding sexuality, there is not consensus among states about what is required to be taught in schools (Guttmacher Institute, 2019, Sex and HIV Education). This bill will require Pennsylvania's public schools to provide comprehensive sexuality education which is consistent with physicians' recommendations.

This bill does not abdicate me of my own responsibility in improving sexuality education for my own patients. I cannot tell you the number of patients and families who come to me asking questions about sexual health-When will my daughter get her period? Can you talk with my daughter about puberty and sex? Can you discuss appropriate hygiene with my son now that he is going through puberty? Can you do an exam to tell me if my child has had sex? Can you test my child for STDs?-I think he/she is having sex and won't tell me. I want my child to be on birth control. And many of my teen patients do not understand their own responsibility for birth control, whether male or female. It is my job to answer all these questions in a sensitive and truthful, accurate manner. But with all these questions that are asked of me, I am sure there are hundreds of other patients and parents who are not asking me similar questions. Answering all these questions individually is helpful to that particular patient and family but does not make a population-wide difference. The use of the school environment, a place where these students, my patients, gather together to learn about important subjects and prepare to be successful adults, makes perfect sense as a setting for this education. The improvement of sexuality education, and therefore sexual health, in our state is the responsibility of all of us-pediatricians, parents, and educators. And we should all be invested in improving this education in each of these spheres. Pediatricians and parents need to make commitments to our individual patients and families to improve education on these topics. But to have an effect on a wider audience, we must improve the required education on sexuality that is provided in the school setting. House Bill 1586 is a first step toward making this a reality.

Amanda Micucio

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Thank you to everyone who helped to put this hearing together. I am here to represent the Family Health Council of Central PA, Inc. and our diverse 24 county service region. FHCCP has been providing adolescent health education for almost 50 years-- in countless schools, districts, alternative schools, summer camps, community centers and any other venue serving youth who would invite us in to provide much needed health education. I credit all of our numerous partners and the community support that we have so often received as the reason that we have been able to sustain our adolescent health program for so many years. One thing this experience has taught us is that youth (and their parents) across the decades of service are in need of and desire comprehensive sexual health education. It's one of our universal truths—people want more and better information about everything from contraception to infertility. People, not just adolescents, throughout time have wanted and needed to talk about sex and sexuality and the role it plays in our lives.

When we work with parents, we ask them to think back on the education or information that they received about sex and sexuality and to then think about what they would change. They say things like “I wish I had the information when I was much younger, “ and “My mother didn’t know how to talk to me, and now I don’t know how to talk to my children.” They report receiving education that at the best is inaccurate and at the worst is downright damaging. Other parents talk about how afraid the session made them—and not only of STDs and HIV, but also because they knew someone who was LGBTQ, or because they thought they might be too and they worried about what it would mean for them to not be seen as “normal.”

The Central PA region has faced many challenges and issues with regard to science-based health education. The lack of consistency among how school districts choose to address the need for sexual health education creates significant disparities among districts and individual schools. Many schools in the region provide only basic HIV/AIDS education—as currently required. Sometimes this education doesn’t occur until the 9th grade. Sometimes it is incorporated into a health or gym class, other times a specific one or two time session is designated. Other schools utilize abstinence, values and fear-based curricula which is not LGBTQ friendly. And yet all of our data shows that when you ask parents about what they would want for their children and how damaging it is to wait too late or provide misinformation or none at all. This is why we need legislation to require comprehensive sexual health education, using approved science-based curriculum—to ensure that all youth received education that meets standards and is based on sound evidence of effectiveness.

Another reason that we need this legislation is to remove the conflict about comprehensive sexual health education from the politics of school boards. Central PA has seen transgender bathroom bans at schools, districts that want to add religious tenants such as creationism to the curricula, community centers that would not allow youth to change their uniform based on their gender expression. The root cause of so much of this conflict is the lack of understanding of how important this topic is to young people, that it helps to keep them safe, that it teaches them about consent, that it helps them to be able to talk to their parents or other trusted adults about “the hard stuff.” And we also have many schools that embrace the idea of providing this science-based education, but they lack the staff with the expertise or the time to provide a comprehensive curricula. We have been honored to provide this service in so many of the communities that we serve.... But we also need to ensure that it is available to all students of the Commonwealth, not just those who happen to live in certain districts.

Thank you so much for allowing me to speak to you in support of this important legislation.

Michelle Schamis

Parent

Testimony -Michelle Schamis

Comprehensive sex education bill.

As a society, education and community set the tone and growth of generations to come.

I believe it is vital to impart wisdom and understanding towards the issue of inclusivity and LGBTQ rights.

I come here as an advocate of my community and as a parent of a transgender teen who was educated in a public school. Part the problem is that sex education does not include everyone in society.

If we are stewards to future generations, don't you think that we should include all genders?

For example, during her education especially with sex education, there was no advice on ways to help navigate what my child identified as and no supporting material. Gender in this regard was just binary (male and female). My daughter felt isolated because other kids (especially boys) were very uninformed about trans people (which is a total change now that she is in college) Now in college, she is visible completely as a transperson so she is not scared. The school she went to skimmed over identities; she didn't know what safe sex meant for her as a trans woman. It is different for men and women who are straight. Many kids had no safe space because the school was afraid of being controversial.

As a concerned and proactive parent, I then began to reach out to my pediatrician to explain to her what my child was going through with identity/gender.

She recommended the Chop Gender Clinic and it is there that we began the process of evaluation, education, and treatment. We found adequate information and ways to understand what she is going through. This kind of information was not provided at her school.

It is my belief that the current sex education taught in schools is archaic and blind-sighted to the diversity we see in our schools, including individuals who are LGBTQ.

It is important to have a culture of acceptance where children feel safe and affirmed rather than shamed for their sexual identity. It is a basic human right to our youth.

Data shows that children who identify as LGBTQ /gender non-binary are at greater risks.

“One study found that when sexual minority children and youth are not supported but instead are rejected by their families, they are 8.4 times more likely to report suicide attempts, 5.9 times more likely to report extreme depression, and 3.4 times more likely to use illegal drugs and engage in unprotected sex”. (Ryan et al., 2009)

This comprehensive sex education bill would improve communication to the youth ,their family and the community. We need more information to be given to the students about sexuality that they relate to. More counselors and teachers in schools should provide accurate information to support this and also be educated as well as the students peers. It would provide a greater understanding to the needs of the students. No one should be silenced, shunned, or shamed for speaking their truth and their sexual identity. We need do a better job providing adequate information for all youth attending public schools.

Comprehensive Sex Ed Bill HB 1586

October 17, 2019

Policy Hearing Remarks for Sexual Health Educator, Zaakirah Hamid

Planned Parenthood of Southeastern PA

Hello, my name is Zaakirah Hamid, I am a Sexual Health Educator for Planned Parenthood Southeastern Pennsylvania (PPSP).

As the nation's largest provider of sex education, Planned Parenthood is committed to helping all people stay safe and healthy. We work every day to help young people get developmentally appropriate, medically accurate, LGBTQ-inclusive information, skills, and answers to their questions about sex and relationships, without shame or judgment. We provide expert information, resources, and guidance for young people and adults, online and in-person, all across the country.

Planned Parenthood Sexual Health Educators like myself work in classrooms and communities every day to provide sex education to people where and when they need it.

Our Education Department operates four sex ed programs in Philadelphia, Montgomery, Delaware and Chester counties. We make particular efforts to reach youth in at-risk areas, areas with the highest rates of STIs and unintended pregnancies, immigrant groups and those who would otherwise not receive sex ed. Our programs are trauma-informed and service young people in public schools, and community organizations, LBGTQA youth, youth in foster care and pregnant or parenting youth.

We provide access to STI prevention, birth control, consent and healthy relationships workshops, counseling, testing, referrals, safer sex supplies and more.

A typical first sex ed session begins with blushing students, terrified of puberty and too uncomfortable to talk to parents or teachers about sex or relationships. Our sessions end with students who are confident with their understanding of how to keep safe and healthy, and open to talking with trusted adults in their lives. One student wrote us a letter saying that after being part of our sex ed classes they felt confident, knew what to expect, and had even explained some things to their friends.

Sex ed is essential to human development, ongoing, and empowering. It can equip young people with skills they'll use throughout their lives, like understanding and celebrating their identity and identities different from their own, developing and maintaining healthy relationships, making informed decisions about their sexual health, and thinking critically about the world around them.

LGBTQ young people deserve sex ed that addresses their identities and experiences, so that they have the information and skills they need to stay healthy. Sex ed that is LGBTQ-inclusive

Comprehensive Sex Ed Bill HB 1586

October 17, 2019

Policy Hearing Remarks for Sexual Health Educator, Zaakirah Hamid

Planned Parenthood of Southeastern PA

also provides young people with opportunities to understand sexual orientation and gender identity in open, non-stigmatizing ways.

Young people need access to information and resources that include consent and healthy relationships — starting well before college and well before they become sexually active — to help them understand how to ask for consent, respect personal boundaries, and learn how to say and receive a “no”.

More than half of U.S. high school students have had sex by the 12th grade and one of every 10 students experienced some form of sexual violence within the past year.

Sex ed helps prevent sexual violence, coercion, and assault by helping teach young people what a healthy relationship feels like and giving them opportunities to practice good communication skills before they become sexually active.

Young people's sexual health needs extend beyond STI and pregnancy prevention, and focusing on “teen pregnancy” contributes to stigma around pregnant and parenting youth. Many activists and reproductive justice organizations have led the way in advocating for more support for pregnant and parenting youth for many years, and we are proud to follow in their footsteps and stand with them.

Too many young people in the U.S. are not getting the sex ed they need, want, and deserve. One of the most common points of feedback I hear in a classroom, is why isn't this class more frequent, why aren't there more programs like this, how can I get even more information?

Statewide bills like HB 1586 are important because the quality of sex ed young people receive — that is, if they receive it at all — depends on where they live.

Only 24 states and the District of Columbia mandate sex ed - with no guarantee that it is comprehensive or of high quality.

While many states have some kind of law or policy about sex education, they're generally not very robust, and day-to-day decisions are often left up to individual school districts. This means that students in Erie and students in Philadelphia could have totally different sex ed experiences.

We hear from many teachers who say they are uncomfortable talking about sex ed topics such as STI prevention and treatment, and pregnancy options. They may not know the answers to the questions students are asking, or not be confident that the information that they are sharing

Comprehensive Sex Ed Bill HB 1586

October 17, 2019

Policy Hearing Remarks for Sexual Health Educator, Zaakirah Hamid

Planned Parenthood of Southeastern PA

is correct. Despite this, teachers go above and beyond to try to empower and equip their students with the information and resources they may need, even going so far as to spend their own money on safer sex supplies.

Whether they are receiving information in a traditional public school setting, or otherwise, all young people deserve comprehensive sexual ed, without shame or stigma. With HB 1586, we have an opportunity to ensure access to sex ed for young people in Pennsylvania public schools. It's a start.

The timing of this effort is crucial. At the federal level, we are seeing efforts to roll back access to sexual and reproductive health, rights, and education. Forcing ideologically-based, abstinence-only programs will disproportionately harm youth of color, families living in rural areas, communities with high rates of unintended teen pregnancy, and youth who already face structural barriers to accessing information or health care.

Research confirms that abstinence-only programs withhold critical information from young people, leaving them at risk. These programs may provide medically inaccurate and stigmatizing information, especially for students who are sexually active or have experienced sexual assault.

We hear from students that they are grateful that our sex ed programs do not only focus on abstinence, which for many, is not helpful or realistic. Abstinence education and skill-building around saying no to sex are important parts of any good sex education program, but they are not the only parts, as legislation HB 1586 shows.

Young people need sex ed policies and funding that provide access to the full range of topics and skills they need to navigate sex and relationships.

We stand with young people, no matter who they are or where they live, and our fellow activists, advocates and supportive legislators, to fight for access to the comprehensive sex education all young people need, want and deserve. Thank you to Representative Sims for having us here today and to the other panelists for sharing their expertise.

Testimony for Thursday 10/17
Representative Brian Sims'
Policy Committee Hearing
Presented by: Alma Sheppard-Matsuo
they/them
English teacher at Dobbins CTE High School
faculty advisor of Dobbins' GSA
instagram: @almakimikasm

My name is Alma Sheppard-Matsuo, I am an English teacher and the faculty GSA advisor at Dobbins CTE High School. I am also a genderqueer, nonbinary person and am out to my school and students. I am here to speak to the need for consent-based, LGBTQAI inclusive sex ed for all school grades here in Philadelphia. As an educator, I can share many anecdotes observed by myself and my colleagues that support the need for better sex ed. I can tell you about a colleague who is a gym teacher in a local middle school, who wanted to teach consent-informed sex ed and was told he needed a permission slip from parents, who were nervous about a male teacher speaking to their daughters. The previous sex ed class was handled by an outside third party, who taught an abstinence-only program. I can tell you that my school's climate manager said our student rate of STI infection was surprisingly high, which is why we try to get an outside program to come in and test students each year. I can share with you the words of teacher after teacher who, hearing that I was going to be here today, emphasized the need for education about consent and navigating healthy relationships. That so many of us teachers have observed countless times the way students grab, hit and yell at each other as a form of apparent affection - male students cornering female students in the hallways, wrapping arms around their necks or grabbing the back of their heads. The female students often try to shrink out of their touch and only get away by yelling or hitting back. That many of us have had students demand to know why they learn about algebra, but don't learn about how to date, or how to tell when a relationship isn't going well. If I had a dime for every time I heard grossly offensive homophobic slurs from a student, I could probably retire from teaching in a couple years. If I had a dime for every time an LGTBQ student came to me, telling me how uncomfortable those slurs made them, that they were skipping class, or failing a class, or getting into fights, because their demand to not be called these same grossly offensive homophobic slurs were not heard by peers or teachers, I could retire in just a few years longer than that. Every time a student has interrupted my class to ask about my reproductive anatomy in a straightforwardly offensive way (and there have been multiple times), I was just grateful they

were asking me and not turning that question on another student. I can share my admiration for a student of mine last year who, as an incoming freshman, was already seven months pregnant, stayed in school until she gave birth, and attempted to return after a two month maternity leave, only to need to leave due to postpartum depression. I admired her strength and pride and I was grateful that her family took her postpartum depression seriously enough to get her help, even though it came at the expense of another year of her education. I can share my admiration for another student of mine who, as an incoming freshman, was 16 years old and was raising her young daughter. Every morning, this student would bring her daughter to daycare, come to school, then pick up her daughter on her way home. She eventually left and I can't help but wonder what better support we all could have offered her. I can make a personal connection, and tell you about my own sister who, having attended a public school in Brooklyn NY and who graduated only four years ago, once called me crying because her friend told her she could get pregnant by masturbating with her boyfriend - she was 16 at the time and had full access to the internet. I can get into the really hard anecdotes and share on behalf of my good friend, who taught in a Philadelphia public high school last year, where a female student was gang-raped by male students, on the first floor of the building, twice. I can tell you about the fights and upsets myself and other colleagues have tried to help our students with, over videos and pictures of nudes and sexual encounters, taken by students way too young to be entirely knowledgeable of the depth of their actions, but who then face massive repercussions of those images being shared around the school and who knows where else on the internet.

In all of these anecdotes, you may wonder what we, as teachers, did or did not do to help. I mentioned LGBTQ students telling me teachers were not defending them when called offensive homophobic slurs. Regarding the ways we teachers have failed our students, it is because we ourselves are products of the paltry and often mis-informed sex ed that we are continuing to perpetuate in our schools. We cannot hope to help our students navigate healthy relationships, safe sex practices, consent norms or the ever-expanding world of sexuality and gender if we ourselves haven't a clue how to teach these subjects. I said at the start of this testimony that I am genderqueer and nonbinary and out in my school. My students call me "Mx. Sheppard" and my colleagues and students use they/them pronouns when addressing me. Last year alone five different students came out to me as transgender and asked for some form of assistance informing teachers. This year, in the first month of school two students came out to me as transgender and nonbinary. But what would these students have done if I hadn't been out in my school? Which adult would they have felt they could trust to help them feel safe enough to navigate this very important part of their development - their gender - while also succeeding in

class? Many of my colleagues have positive intentions, but are unsure how to support students. And our students can tell. While LGBTQ students come to me, I'm not the teacher, for example, that students who are young mothers come to for advice. And the only reason I can offer support to LGBTQ students is not because of any amazing, insightful training I've had, but simply because I choose to share a part of my reality with my students. Our students are sensitive to adults they can trust and so often, if they are unsure they can trust you, they won't ask. This demand for better sex ed goes beyond just students. We teachers need to be better trained in sex ed as well.

Sexual development is just that. It is a part of us that undergoes development throughout our lifetimes, most especially in our youth. In our schools, we acknowledge the need to address the physical, mental and emotional development needs of our students. We agree that the knowledge of and the skills to work with development in a healthy and effective way are things that none of us intuitively know, but must be taught. I have laid out for you so many examples of what happens when we do not teach a very necessary set of skills, when we refuse to share very necessary information. In the words of a colleague of mine, "The truth of the matter is education on anything never needs a reason." It is a fact that our schools are in dire need of better, consent-informed, LGBTQAI-inclusive sex ed that is taught in every grade. I hope that you will agree. Thank you.

Comprehensive Sex Ed Bill HB1586 Testimony
Elicia Gonzales, Women's Medical Fund

Good afternoon. I am Elicia Gonzales. I hold a masters degree in Human Sexuality Education and am a licensed social worker. I have been in the sexuality and reproductive health field for more than 20 years. So this topic is near and dear to me personally and professionally. I am the Executive Director at the Women's Medical Fund - the oldest and largest abortion fund in the U.S. that came into existence in 1985 after the PA General Assembly cut Medicaid funds for abortion care. We provide financial support, counseling, information, and referrals to individuals who have already made the decision to end a pregnancy but are unable to use their insurance or lack the money to cover their procedure.

I stand before you today to assert that abortion is health care. Comprehensive sexuality education is incomplete if the full range of reproductive health care options are missing.

People often ask, why do people get abortions? Well, because people have sex and sometimes get pregnant as a result. For as long as people have been getting pregnant, abortions have been a part of our lives. We know that well before the 1800s in the U.S., abortions were performed in communities through herbal remedies to "help bring back menstruation," as it is often referred to. Abortion care and sexuality have not always been the political weapons they are today. We have an opportunity and an obligation to promote health and wellness for all of our communities. Passing comprehensive sex education is one step in that direction.

I want us all to think back to when we were youth (I know for some of us, that memory is fuzzier than it is for others in this room today). First I want to give a content warning here and invite people to participate to the level of their own comfort. Do what you need to do to care for yourself right now.

Think back to when you had your first crush - those butterflies in your belly that would flutter at the near thought of this person. Think of the love notes that were passed around in class. Remember seeing your body naked in the mirror for the first time? Recall your first kiss?

For some of us, our earliest memories of our bodies and touch are painful. We recall the stares, glares, and aggression that made us believe we were less than, we were the possessions of others, our body was not our own. Do you recall feeling embarrassed because your body looked differently from your friends or classmates? Remember the feeling of not knowing how to say no, or slow down, or I'm not ready? Remember being teased because you bled through your

pants? Or the time you had an erection during math class and the person next to you saw? Did you feel alone? Scared? Overwhelmed? Confused?

I could go on and on. These are but a few examples of very real situations that are likely very real to many of us in the room. Wouldn't it be amazing to support young folks in navigating through all of this? Don't we want to be the kind of adults we wish we had in our lives as young people?

For decades, our tax dollars have gone towards supporting so-called education programs that are not only the opposite of comprehensive - but actually violent. Did you know in the 1800s that people thought it OK to pour carbolic acid on genitalia if a young person was found touching themselves? Are you aware our government passed the Comstock Act in 1873 that prohibited ads, information, and distribution of birth control - even allowing the postal service to confiscate birth control sold through the mail. You must know that forced sterilization on some bodies was a legal practice in the U.S. (and is happening still). PA is the birthplace of Real Alternatives that has gotten more than \$80million since the mid-90s to operate anti-abortion centers and spread medically-inaccurate, deceitful information through State-sponsored spaces and schools. Michigan got wise and just defunded Real Alternatives. We must do the same here in PA if young folks stand a fighting chance.

We have a chance to do better. And we have an obligation to right our wrongs and pass a truly comprehensive sex ed bill. According to the Oxford dictionary. Comprehensive means: complete; including all or nearly all elements or aspects of something. Therefore, to be "comprehensive," sex education should include more than disease and pregnancy prevention.

Comprehensive sex ed looks like teaching folks about getting and giving consent. Young folks are navigating sexual harassment and assault on a daily basis. Let's give them more tools to help.

Comprehensive sex ed looks like engaging in dialogue about feelings and emotions, not just plumbing and pathology. Studies have found that encouraging teens to talk more comfortably and openly about sex, gender, and power leads to higher rates of successful contraceptive use and lower rates of STIs and unwanted pregnancies. In other words, an important part of reducing teen pregnancy and disease-transmission is to talk about more than pregnancy and disease-transmission. According to the Healthy Teen Network, sex ed should also include social, emotional, and psychological topics: healthy relationships, love, and pleasure.

Yes, I said it. Pleasure. Comprehensive sex ed looks like conversations including pleasure. Human beings are hard-wired to seek pleasure and, in fact, the very pursuit of pleasure drives

our decision-making. We have been doing it all wrong folks. When sex ed is even offered, if it is preaching abstinence, instilling fear, pathologizing our bodies and behaviors, or focused solely on risk - we are swimming upstream and fighting against human nature. (and how's THAT working for any of us?) If pleasure is connected to how we make decisions - we are better off to feed into that mechanism and equip young folks with the skills needed to think about, articulate, and respect their own and their partners' pleasures and desires.

Comprehensive sex ed looks like talking about crushes and dating and feelings of self-worth. Do you know that in the Netherlands, comprehensive sex ed starts as early as age 4? It's not *just* for 4-year-olds. Eight-year-olds learn about self-image and gender stereotypes. 11-year-olds discuss sexual orientation and contraceptive options. Their underlying principle is straightforward: Sexual development is a normal process that all young people experience, and they have the right to frank, trustworthy information on the subject. And it works, even by the U.S. standards of disease and pregnancy prevention. Dutch teens are among the top users of the birth control pill and the teen pregnancy rate in the Netherlands is one of the lowest in the world, **five times lower** than the U.S. Rates of HIV infection and sexually transmitted diseases are also low.

Let's do the right thing. Let's pass comprehensive sex ed in PA so that young and old alike can lead healthy, happy lives. Thank you for your time.

Tillie Donover

Comprehensive Sex Ed Policy Hearing

October 17th, 2019

Hello, my name is Tillie Donover, I am a freshman at UPenn and a former Masterman Middle School and Central High school student. My public school education has prepared me very well academically but for me and many of my peers, it has failed in providing comprehensive sex education. In sixth grade, my sexual education was centered around an animated video made in 1985. Of course, this dated video did not reflect the world my peers and I are growing up in. In Pennsylvania, sex education desperately needs to be updated. The only mandated education is STD and HIV/AIDS prevention, stressing abstinence. The public School Code of 1949 is a framework, a framework that is meant to be updated and amended as the needs of students and young people change in the commonwealth. Now, in the age of the MeToo movement in a country where gay marriage is legal, I believe the amendments included in HB1586 are long overdue. In high school, I was lucky enough to have a teacher who decided to teach some lessons on contraception and STI prevention, but not all health and gym teachers choose to provide their students with this vital information. Even if our teachers decide to cover topics like contraception, consent, or healthy relationships, there are no resources provided by the Department of Education that adequately cover these topics. Our teachers do not have reliable information to relay and are expected to construct curricula in any way they see fit.

For my senior project, last year, I made a short documentary through an afterschool WHYY program. In this documentary, my team and I investigated the state of sex ed in

Philadelphia public schools. Through interviewing our peers, we found that most students feel they have not learned enough about consent, preventing teen pregnancy, and anything regarding non-heterosexual situations. Sexual identities were not discussed, leaving students on the LGBTQ+ spectrum feeling alienated and left in the dark when it comes to safe sex. If sex Ed does not include information on diverse sexualities, how can we expect the diverse student body to be sexually healthy? School should prepare students to be able to identify unhealthy relationships, practice affirmative consent, help friends in tough situations, and know the resources available to them if bad things do happen.

Unfortunately, thousands of young adults are graduating high school without any of these skills. Even basic information about things that affect everyone's daily life: menstruation, birth control, and masturbation are not covered. These are important topics that cannot wait. Every year spent without comprehensive sex ed in schools means more and more young adults are at risk of developing unhealthy sexual behaviors due to their lack of comprehensive sex education.