

## An Act Relative to Healthy Youth (SB2475/HB410)

Sponsored by Senator Sal N. DiDomenico and Representatives James J. O'Day

### Giving Young People the Facts They Need to Make Healthy Decisions

Sex education is essential to young people's health, relationships, and life goals. Young people across the state deserve to have the information, resources, and skills they need to protect their health and build their future – without shame or judgment.

*An Act Relative to Healthy Youth* ensures that a Massachusetts school electing to teach sex education uses a curriculum that's research-informed, medically accurate, age-appropriate, and provides a comprehensive range of topics, including the benefits of delaying sex, healthy relationships, consent, gender identity and sexual orientation, effective contraceptive use, and the prevention of pregnancy and sexually transmitted infections (STIs).

As demonstrated by numerous studies, such sex education programs have been proven to:

- delay the initiation of sex;
- reduce the frequency of sex, the number of partners, and the incidence of unprotected sex;
- increase the use of condoms and contraception;<sup>1</sup>
- lower the rates of sexually transmitted infections and/or unintended pregnancy among teens<sup>2,3</sup>; and
- lower reported levels of bullying for LGBTQ youth in school.<sup>4</sup>

Without a basic standard, it's no surprise that not all Massachusetts schools teaching sex education are using medically accurate, research-informed curricula. This is unfortunate because there is no evidence that proves abstinence-only-until-marriage education delays teen sex. In fact, research has confirmed the harmful impacts of abstinence-only programs, including a correlation with higher teen pregnancy and birth rates.<sup>5</sup> Such programs also shame sexual assault survivors, ignore LGBTQ youth, and overlook lessons on consent.

By passing the *Healthy Youth Act*, we can help protect our youth's health, reduce the rising rates of sexually transmitted infections (STIs), combat sexual assault at its roots, and safeguard Massachusetts youth and schools from the Trump-Pence administration's direct attacks on evidence-based sex education programs.

### The *Healthy Youth Act* can help reverse the rising rates of STIs

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<sup>1</sup> Douglas Kirby, The National Campaign to Prevent Teen and Unplanned Pregnancy, *Emerging Answers 2007: Research Findings on Programs to Reduce Teen Pregnancy and Sexually Transmitted Diseases* 127-136, 2007, <https://thenationalcampaign.org/resource/emerging-answers-2007%E2%80%9494full-report>. Accessed December 30, 2014.

<sup>2</sup> Kirby, *Impact of Sex and HIV Education Programs*, 15-42, May 13, 2006, <http://recapp.ctr.org/recapp/documents/programs/SexHIVedProgs.pdf>. Accessed December 30, 2014

<sup>3</sup> Alford S. Science and Success, *Second Edition: Programs that Work to Prevent Teen Pregnancy, HIV & Sexually Transmitted Infections*. Washington, DC: Advocates for Youth, 2008.

<sup>4</sup> Blake et al., "Preventing Sexual Risk Behaviors Among Gay, Lesbian, and Bisexual Adolescents: The Benefits of Gay-Sensitive HIV Instruction in Schools." *AJPH* June 2001, Vol. 91, No. 6.

<sup>5</sup> Kathrin F. Stanger-Hall & David W. Hall, *Abstinence-Only Education and Teen Pregnancy Rates: Why We Need Comprehensive Sex Education in the U.S.* *PLoS ONE* 6(10): e24658. doi:10.1371/journal.pone.0024658; published October 14, 2011, <http://www.plosone.org/article/info%3Adoi%2F10.1371%2Fjournal.pone.0024658>. Accessed December 30, 2014.

In Massachusetts and across the country today, we face a serious public health crisis. The Centers for Disease Control and Prevention estimate that nearly 20 million new STIs occur every year in this country, with half of those diagnoses among young people aged 15–24. These infections account for almost \$16 billion in health care costs<sup>6</sup> and each of these infections is a potential threat to an individual’s immediate and long-term health and well-being. In addition to increasing a person’s risk for acquiring and transmitting HIV, STIs can lead to chronic pain and severe reproductive health complications. In Massachusetts specifically:

- Young adults (ages 15–29 years) have the highest rates of chlamydia, gonorrhea, and syphilis, compared to any other age group.<sup>7</sup> For example, in 2016, the chlamydia incidence rate among young adults (ages 20–24) was over five times higher than the statewide rate among all ages.
- The total number of reported chlamydia cases increased by 60% from 2007 to 2016.<sup>8</sup>
- In 2017, the age-adjusted HIV infection prevalence rate was 11 times greater among Black residents, and 8 times greater among Hispanic/Latino residents, compared to white residents.

### **The *Healthy Youth Act* can combat sexual assault at its roots.**

A lack of education equipping young people to build healthy, respectful relationships directly contributes to the sexual assault epidemic plaguing our communities. In 2017, more than 10 percent of Massachusetts high school teenagers reported experiencing sexual violence. In order to prevent sexual violence, coercion, and assault, young people need access to sex education that includes lessons about consent and healthy relationships, starting well before college and well before they become sexually active.

### **The *Healthy Youth Act* protects Massachusetts youth from the Trump-Pence administration’s attacks**

At the federal level, the Trump-Pence administration has attacked evidence-based approaches to sex education, illegally shortening the Teen Pregnancy Prevention Program grants for the programs shown to help young people postpone sex and use birth control when they do become sexually active. The administration has also announced in two Funding Opportunity Announcements (FOAs) that it plans to radically remake the program to push ineffective abstinence-only-until-marriage programs.

### **The *Healthy Youth Act* strengthens parents’ rights.**

Current law allows parents to remove their children from sex education programs. The *Healthy Youth Act* protects this right, while ensuring students who do receive sex education receive accurate and age-appropriate information from a curriculum supported by peer-reviewed research.<sup>9</sup> Moreover, the *Healthy Youth Act* strengthens parental rights by increasing transparency about schools’ sex education policies and requiring notification of and opportunity to review a school’s chosen curriculum.

### **Sex Education and the *Healthy Youth Act* have broad support.**

- Massachusetts voters: A 2018 poll conducted by EMC Research showed overwhelming bi-partisan support for sex education in Massachusetts, with 92% of likely voters agreeing that students should receive sex education in high school and 89% of likely voters agreeing that sex education should include comprehensive information such as how to build healthy relationships and understand consent.

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<sup>6</sup> CDC Fact Sheet, 2015 National Data for Chlamydia, Gonorrhea, and Syphilis <https://www.cdc.gov/nchhstp/newsroom/docs/factsheets/std-trends-508.pdf>. Accessed December 2016.

<sup>7</sup> Massachusetts Department of Public Health, Bureau of Infectious Disease and Laboratory Sciences. 2016 Integrated HIV/AIDS, STD and Viral Hepatitis Surveillance Report, <http://www.mass.gov/eohhs/docs/dph/cdc/aids/std-surveillance-2016.pdf> Published December 2017. Accessed [December 24, 2018]

<sup>8</sup> CDC Youth Risk Behavior Surveillance System, 2017 YRBS Data and Results <https://www.cdc.gov/healthyyouth/data/yrbs/index.htm> Accessed January 7, 2019

<sup>9</sup> Massachusetts General Law. Chapter 71. Section 32A.

- A long list of widely respected national organizations with relevant expertise: The American Medical Association,<sup>10,11</sup> the American Nurses Association,<sup>12</sup> the American Academy of Pediatrics,<sup>13</sup> the American College of Obstetricians and Gynecologists,<sup>14</sup> the American Public Health Association,<sup>15</sup> the Institute of Medicine,<sup>16</sup> the Society of Adolescent Medicine,<sup>17</sup> the American Federation of Teachers,<sup>18</sup> the National Education Association,<sup>19</sup> and the National School Boards Association.<sup>20</sup> A diverse local coalition of educators, researchers, and advocates, support the bill, including, but not limited to, Planned Parenthood Advocacy Fund of Massachusetts, Jane Doe Inc., NARAL Pro-Choice Massachusetts, the Boston Area Rape Crisis Center, MassEquality, MassNOW, and the Massachusetts Teachers Association.
- Several local editorial boards have endorsed the *Healthy Youth Act* including [The Boston Globe](#), [The Gloucester Daily Times](#), [The Eagle Tribune](#), [The Berkshire Eagle](#), [The Daily News](#), and [Worcester Magazine](#).

If you have any questions about this legislation, please contact:

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<sup>10</sup> American Medical Association House of Delegates, *Policy H-170.968 Sexuality Education, Abstinence, and Distribution of Condoms in Schools*; see also American Medical Association House of Delegates, *Report 7 of the Council on Science and Public Health (A-09): An Updated Review of Sex Education Programs in the United States*, 2009,

<http://www.ama-assn.org/ama1/pub/upload/mm/443/csaph-rep7-a09.pdf>

<sup>11</sup> Victoria Stagg Elliott, “AMA Meeting: Comprehensive Sex Ed Said to Have Most Impact,” *American Medical News*, 29 June 2009, <http://www.ama-assn.org/amednews/2009/06/29/prsh0629.htm>.

<sup>12</sup> Mary Jean Schumann, *Prevention of Adolescent Pregnancy and Sexually Transmitted Disease: A Moral Imperative, a Public Health Imperative or Both?* Nurses Ass’n Ethics & Hum Rts. Issues Update (Spring 2002),

<http://www.nursingworld.org/MainMenuCategories/ThePracticeofProfessionalNursing/EthicsStandards/CEHR.aspx>

<sup>13</sup> Comm. on Adolescence, Am. Acad. of Pediatrics, *Sexuality Education for Children and Adolescents*, 108 *Pediatrics* 498, 2001, <http://pediatrics.aappublications.org/content/108/2/498.full>. Accessed December 30, 2014

<sup>14</sup> Comm. on Adolescent Health Care, Am. Coll. of Obstetricians and Gynecologists, *Adolescent Sexuality and Sex Education*, <http://www.acog.org/About-ACOG/ACOG-Departments/Adolescent-Health-Care/Adolescent-Sexuality-and-Sex-Education>. Accessed December 30, 2014.

<sup>15</sup> American Public Health Association, *Sexuality Education as Part of a Comprehensive Health Education Program in K-12 Schools*, Policy Statement Database, Policy No. 2005-10, Dec. 14, 2005,

<http://www.apha.org/policies-and-advocacy/public-health-policy-statements/policy-database/2014/07/25/09/13/sexuality-education-as-part-of-a-comprehensive-health-education-program-in-k-to-12-schools>. Accessed December 30, 2014.

<sup>16</sup> Monica S. Ruiz et. al. eds., Nat’l Acad. Press, Comm. on HIV Prevention Strategies in the U.S., Inst. of Med., *No Time to Lose: Getting More From HIV Prevention*, 8, 2001,

<http://www.nap.edu/catalog/9964/no-time-to-lose-getting-more-from-hiv-prevention#toc>. Accessed December 30, 2014.

<sup>17</sup> Society for Adolescent Medicine, *Abstinence-only Education Policies and Programs: A Position Paper of the Society for Adolescent Medicine*, 38 *Journal of Adolescent Health*, 2006,

[https://www.adolescenthealth.org/SAHM\\_Main/media/Advocacy/Positions/Jan-06-Abstinence-only-edu-policies-and-programs.pdf](https://www.adolescenthealth.org/SAHM_Main/media/Advocacy/Positions/Jan-06-Abstinence-only-edu-policies-and-programs.pdf). Accessed December 30, 2014.

<sup>18</sup> American Federation of Teachers (AFT), *Reproductive Rights Resolution*, 2006,

<http://www.aft.org/resolution/support-reproductive-rights>. Accessed December 30, 2014.

<sup>19</sup> National Education Association (NEA), *NEA 2013-2014 Resolutions, B-51, Sex Education*, available at

<http://www.nea.org/assets/docs/2014-NEA-Handbook-Resolutions.pdf>. Accessed December 30, 2014

<sup>20</sup> National Coalition to Support Sexuality Education, Member Organizations, <http://www.ncsse.com/index.cfm?pageid=932>. Accessed December 30, 2014.