Young Women's Project 2217 14th Street Second Floor, Washington, DC 20009 202.332.3399

Testimony to the Committee on Education
On the DC State Learning Standards for Health Education

Angela Montero
Youth Health Educator, Young Women's Project
July 15, 2015

Hello Chairman Grosso and other Committee members. My name is Angela Montero and I am a senior at Woodrow Wilson High School. I am really interested in Biochemistry and gender studies. I am currently a Peer Educator at YWP. As such, I work with other peer educators to present information in classes and at lunch to other students and I work to distribute contraception and information to my friends and peers whenever possible. As a peer educator I have also had the opportunity to work on the revision of the DC health standards and be a part of YWP's training of other peer educators who will go on to do similar work in their respective schools.

I am here to testify about the importance of using peer educators to fix the gaps in the teaching of health class by growing the peer education program and the need to include better consent education in the health curriculum.

In the past year, the youth health educator program at YWP has been able to accomplish a lot. Last school year my co-workers and I distributed 11,074 external condoms, 1190 internal condoms, 1,037 flavored condoms, 1,223 packets of lubricant, and 339 dental dams. We also conducted 4,000 educational interventions. So far this school year, we have distributed 8943 external condoms, 1,198 internal condoms, 2,011 flavored condoms, 1,1573 packets of lubricant and 252 dental dams. We have conducted 11 lunchroom presentations reaching 449 teens, and 2,785 one-on-one education sessions. We will be expanding the program to include 200 youth educators through the DC Peer Educator Network.

While health classes can be really good at going over various types of contraception and anatomy, which are really important, they often fail to mention more practical details about proper condom use and health in general. These things are small but they are really important to having successful protected sex. Working as a peer educator, I notice a lot of these gaps in health class that make it difficult for teens to really use the information they are given about contraception and healthy sexual relationships. For example, when distributing condoms I notice a lot of students who think it is OK to use flavored condoms for penetrative sex

or other students who keep condoms in their wallets or other places that are likely to cause tearing. Even more often I encounter students who don't know what a female condom is or that latex free condoms exist. These gaps are for the most part inevitable. Teachers have a very short amount of time to attempt to teach students all of the health information they need to know to get through their lives, that's a lot of stuff. This type of course doesn't really allow teachers to be sure they are tailoring their information to the specific student because each person needs different information. Things that are a given for one student are completely new territory to someone else. This is why so many health teachers rely on student questions to fill in these gaps and make sure students are getting the specific information they need.

The problem is that there are a lot of questions students aren't willing to ask in front of the entire class. I know friends of mine who, like me, are shy and quiet and would never ask questions in health class, but now those same friends are considering having sexual relationships and there is a lot of knowledge they don't know and are too scared to ask a teacher about. One solution to this problem is having peer educators in schools as an extra resource for students who would rather talk to their peers in an informal and comfortable way. There is a really important difference in the peer to peer dynamic that allows peer educators to talk more freely and openly about aspects of sex that teachers don't address. In addition to the problem of fears, health class is only ½ a year and the problems you are addressing in your sophomore year are not necessarily the same as the ones you have questions about throughout high school. Peer educators are constant and are therefore always there to offer support or answer questions as they become relevant to students. I think it is really common for a person to turn to a friend to ask questions about sex that they don't want to ask a teacher. Peer educators allow for a person to do this but also trust that the information they are getting is reliable. Instead of hearing rumors about sex that their friends have heard, students have a trusted source that they are comfortable with. I have found that when people are able to ask me about sex and healthy relationships or when I ask them in classroom and lunchroom presentations far too often the truth contradicts what they have been told by other friends.I wish I had had a friend who knew the facts but in middle school and early high school they had heard the same things I had. It wasn't until I started going to a health group called YHAC, run by the Young Women's project, that I learned the things I needed to know.

There are other really important and amazing benefits to having peer educators in schools. The same peer to peer dynamic we use when talking about sex and health has the power to normalize having healthy sexual relationships in a way that the teacher to student dynamic doesn't. It's important to think it's normal to discuss

contraception and to talk to your partner about sex. I think there is a really powerful statement in the idea that students can ask questions about sex and won't be laughed at or judged by their peers. It encourages open discussions about sex that are really crucial to healthy relationships and effective education. I think the stigma attached to sex needs to be dispelled and having peers talk openly about it is key to that goal.

In order for peer educators to be used to their fullest extent they need to become ingrained in health classes. Health teachers need to be aware of the program and actively promote it in classes so that students know where to go if they still have questions.

I also think a lot of health classes fail to discuss consent which was particularly noticeable to me because overall I felt like my class was pretty well taught and encompassed a lot. My class gave me the impression that consent was included when a person didn't say yes which I think is a very problematic statement. I think it's clear that a lot of people don't understand their own right to consent and the right of their partner to his/her own consent. People don't get the idea that you can say no even after you have initially said yes. The lack of education leaves teens and later adults with too many gray areas in an issue that is too important to have any. I think that instead of saying consent should be your responsibility to give, health teachers need to teach it as your responsibility to get.

Teachers also need to steer clear of gendered language. This is a problem throughout most topics in health but it is especially poignant when talking about consent. Men need to give consent too and consent is just as important in non-heterosexual relationships as it is in ones between men and women. Not all teens at Wilson and in any health class are straight and those who aren't need to be represented in the information they are given. Peer education also has a role to play in consent education because normalizing discussions about sex also normalizes discussions about boundaries between partners.

To conclude, here are my recommendations. I think that health teachers need to be made more aware of the peer education program and that the program itself needs to grow to encompass a greater number of schools. I also think that the health standards need to put more emphasis on teaching consent when teaching healthy relationships and making sure that they apply to every student in the class.