



**Testimony to the Committee on Health
For the Performance Oversight Hearing on the Department of Health**

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Hello! My name is Courtney McCrimmon. I'm 15 years old, and I'm a sophomore at Benjamin Banneker Academic High School. I am a part of the youth-staff as the Young Woman's project under the PHASE-Peer Health and Sexuality Education campaign. I am here to talk about Comprehensive Sex Education.

When people think of sex education they usually just think of a class that is mandatory during their freshman year, but people fail to realize that comprehensive sex education isn't just a mandatory class it's also a skill that youth need to utilize in daily life. DCMR 2305 (which is cited by national organizations as a model law) was passed in 1979, and it calls for "regular curriculum instruction...that includes information on human anatomy, physical changes during adolescence, menstruation, intercourse, pregnancy, child birth, lactation, venereal disease, contraception, abortion, homosexuality, reduction of infant mortality, impertinent of pregnancy outcomes, and awareness and prevention of rape and other sexual offences, personal decision making in parenting and sexuality." Ever since this law was passed in 1979, it has not been fully implemented.

Since I've been in high school, I've had about 7 weeks of health education. Right now I'm taking gym and we are learning about nutrition and how to live a healthy lifestyle. Last year I learned about sex education but it was just STIs. The teacher did not provide much information. She went by the text book and did not make it interesting. One of my friends shared a story about her health teacher. The students would just walk out, disrupt the class, or just don't pay it any mind at all. The teacher just gave up and stopped teaching the topic – which makes it seem like sex education doesn't really matter. Comprehensive sex education should be treated like a class and we need a semester worth of knowledge for sex education. People should enjoy going to a class about sex education. It should be more interesting, a class that people want to go to and one of those classes where you leave still thinking about what was being taught. I have a couple suggestions for how to make sex education classes more effective.

First, you should make class confidential, so people would feel comfortable telling their stories. Whatever happens in class stays in class. Last year in one of my classes we had something called Kiva, where the teacher would allow us to talk about anything, share problems, and get suggestions. No one ever talked about what happened in Kiva outside of our circle. That created a strong bond in our class. It was like we were a family. If students and teachers built that bond together in a sex education class, they would be more comfortable with asking tough but important questions to get informed, especially since some parents aren't comfortable talking about it. Each student needs to know about their body and to be comfortable about talking about it. Most of the time we learn about sex ed from friends. That's not a good thing



because it's like a rumor; like when you were little and used to play telephone. People will say one thing and hear another so you don't know what's what.

Next, classes should be more interactive and compared to real life situations instead of just reading from the text book. There should be more hands on things like projects. Students could do raps, poems, videos, or skits. We need to teach teenagers today to care about themselves enough to have respect for them and not have a bad reputation because you never know where that information about you could go. Kids are having oral sex in the school in front of everybody and don't even attempt to stop when people are watching. We need to be talking about this stuff in sex ed.

Finally, give more time for sex ed to be taught!!! Right now we only have one semester (one half credits) to cover health. Make it a full credit and devote one whole semester to sex ed. There are a range of topics that should be covered – STI's, pregnancy, health relationships, and sexuality. Sex ed should just not be about STI's, but pregnancy, sexuality, and healthy relationships. STI's are important but so is that other stuff. Right now -- all you learn about in sex ed is HIV/AIDS, gonorrhea, and Chlamydia. If someone gets pregnant – they wouldn't even know what to do, where to go, where to go to get tested, how to recognize symptoms, and where to go to get checked out. Right now people worry. The more correct information being taught in school, the more correct information that could be spread around in general. It's like a cycle. If there was more sex ed, when someone had symptoms, there would be someone to tell them what was wrong.

The youth framework states “youth understand the importance of learning about reproductive anatomy, but desire more information about self-esteem and healthy relationships. They also find compatibility with educators essential to the success of a sexual health curriculum and believe that sexual health curricula beyond reproductive health and STI awareness; Utilize innovation and nontraditional methods to educate students about sexual health; Develop interactive classroom curricula focused on issues related to youth sexual health; Integrate social determinants into sexual health curricula and engage youth in the planning for the sexual health curriculum.” We agree with all of this.

Finally, Council member Catania I would like to thank you for your time and the attention of the Committee.