

**Testimony to the Committee on Education
For the Office of the State Superintendent (OSSE) Oversight Hearing**

**Ellese Melton
Young Women's Project Youth Staff Member
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Hello Council Member Catania and other Committee members. My name is Ellese Melton and I am a senior at Bell Multicultural High School. My future aspiration is to become a psychologist, specifically for youth. I am passionate about helping young people cope with mental illnesses and also emotional problems. I am currently an advanced Peer Educator at the Young Women's Project (YWP) on the Peer Health and Sexuality Education Campaign (known as PHASE). As an educator, I train youth on sexual health, healthy relationships, and pregnancy prevention and options. Through YWP, I have worked at my school in an afterschool program called Youth Health Action Council (YHAC) to help educate my peers on sexual health and also healthy lifestyles. I am grateful for the opportunity to testify in front of you all today.

The Young Women's Project is a multicultural organization that builds the leadership and power of young women so that they can shape DC policies and institutions to expand rights and opportunities for DC youth. I am a youth staff member at the PHASE program (Peer Health and Sexuality Education) which works to improve DC teens' reproductive health by expanding comprehensive sexuality education, ensuring access to community and school based reproductive health care, and engaging teen women and men as peer educators and decision makers. YWP's peer educator program is working in conjunction with the Wrap-MC program at HAHSTA. We are implementing the Youth Pilot program that – thanks to you Chairman Catania -- we helped pass two years ago. HAHSTA supplies the condoms. YWP does all of the training and education and site management for CHEC and five other DCPS high school sites and pays a stipend of \$7.25 an hour for our work. We have 36 peer educators on the ground distributing condoms and information every day. YWP raises funding from private foundations to support this work.

I am here today to testify about enhancing sex education in high schools. As a DCPS student, I have seen many flaws in the sex education curricula. Based on my experience as a student, and with the health education classes I've taken, I know that the current health classes do not address issues relevant to teens' daily lives and should focus more on sex related health issues. I presented a testimony to you last year on the same topic. However, there has been little progress in improving the sexual health education curricula or in increasing the Health Education credit requirement. The Health Education requirement was increased

from .5 to 1 credit by the State Board of Education but the staff at the Office of the State Superintendent has not written the requirements into regulations yet and therefore they are not moving forward.

The failure to enhance sexual health at high schools denies youth access to the right information and therefore, slows the process of changing negative attitudes and behaviors of teens, regarding their sexual lifestyles. The Committee on Education can help speed up this process so that teens of today can make better and safer decisions for tomorrow.

My first recommendation is to include topics in sexual health education that will decrease the chances of pregnancy, STI's, and HIV. The expansion should cover contraception, reproductive anatomy condom usage, and pregnancy and STI prevention. Sexual health is very important in teens' daily lives. Fifty five percent of DC youth start having sex in high school (2011 CDC Youth Risk Behavior Survey) however, when I attended Banneker High School, our sex education curricula was based solely on being healthy and fit, and we covered very little on sexual health. As a peer educator, I have heard so many questions, such as "Can anal sex get you pregnant?", "What is oral sex?", "How does my menstrual cycle work?" And during my time as a trainer at YHAC, girls didn't know how their menstrual cycles worked. They didn't know about their own anatomy. They didn't know what contraception was or how it works. They didn't even know that "birth control" is contraception, or where to get it. These questions and the lack of knowledge are fundamental in showing how the current sex education curricula are not addressing the needs of teens, and is putting them at risk. We need the Committee on Education to help push for a curricula that can improve the sexual health of my peers. These curricula should help teens think of alternatives to having sex, while also saying that there is nothing wrong with having sex. The biggest problem is having unsafe sex. Therefore, discussing all of the options when it comes to sex can make teens more comfortable about having safe sex.

My second recommendation is to include not only the physical aspects of reproductive health in the curricula, but also the emotional, social and psychological facets of sexual health. The curricula should include sections on healthy relationships, decision making, and gender and sexuality. As an YHAC trainer, I enjoyed educating about healthy relationships. When I asked "is jealousy a sign of love", most girls say that it is. This tells me that they don't know that jealousy can lead to a controlling and abusive relationship. People my age need to learn what the traits of a healthy relationship are or else they can end up in unhealthy and harmful situations. Many youth don't understand what gender roles are, or that they have biases that are offensive to other groups of people or that they don't have to live life the way society dictates. It's ok to be different and to

pick up different traits- even if they are outside of your traditional gender role. Youth need curricula that speaks about the full range of sexual orientations and identities.

My final recommendation is that we would like to see the Office of the State Superintendent move forward with the State Board of Education's recommendation to increase the Health Education from its current level of .5 credits, giving sexual health one full credit. This would give more time to cover important information on sexual education that my peers so desperately need.

We would greatly appreciate if you would support our goal of increasing the lessons covered in the sex education curriculum within the classroom. Thank you for your time.