

## LEGISLATIVE TESTIMONY

**To:** Joint Committee on Education

**From:** Linda Thayer

**Date:** Sept. 20, 2011

**Re:** S 259 and H 179, and H 1063

My name is Linda Thayer; I am a member of the Subcommittees on Education and Family/Pro-Life of the Massachusetts Catholic Conference. In the past 29 years, I have presented over 2 000 programs on Sexuality and Respect for Life to nearly 200 000 young people in the greater Boston area. I also taught science for 34 years in the Boston Public Schools. I would like to testify in opposition to S 259 and H 179, and H 1063. My opposition to these bills is twofold.

First, if adopted, this legislation would make the *Health Curriculum Frameworks* the guide for all local school districts in the development of curriculum and selection of instructional materials. While much in the Frameworks is needed, the portions regarding Reproduction, Sexuality and Family are deeply troubling. The *Frameworks* would:

1. eliminate any choice for parents in local communities in determining what would be taught to their children with respect to sexuality, contraception and abortion
2. contradict the religious and traditional values that parents might want to teach their children with respect to sexuality, marriage and respect for life (Christians, Muslims, Orthodox Jews, Catholics)
3. replace traditional moral values with “politically correct” values;

As with the radical website *Maria Talks*, the *Frameworks*, would teach young people:

**1. how to obtain an abortion without informing their parents.** (Objectives 4.20. 4.a)

The *Frameworks* would require schools to “Identify and explain laws about reproductive services” (Since this would include the Parental Notification laws with respect to a minor’s abortion, and the exception of judicial bypass, students as young as 14 would learn how to obtain an abortion without their parents’ knowledge. The *Frameworks* also require schools to identify resources available for treatment of “reproductive health problems” to students as young as 14. This would include abortion providers or referrals to such agencies who could explain how to avoid Parental Notification laws in Massachusetts.

**2. how to obtain condoms and contraceptives.** (Objectives 4.7, 4.9)

The *Frameworks* would require schools to present methods for pregnancy prevention and STD (STI) prevention to kids as young as 11; students would report on the policies of various states regarding STD prevention among youth. This would be the equivalent of a “how to” with respect to obtaining condoms; since schools must also identify “whom to consult” for students at this age, it could include agencies which would provide birth control for kids.

**3. alternative “behaviors” for pregnancy prevention.** (Objective 4.8)

This would include discussions of various sexual practices; these topics could be discussed with students as young as 11.

#### **4. acceptance of homosexual behavior.** (Objectives 4.3,4.4,4.14 and 4.b)

The *Frameworks* will introduce the terms “sexual orientation”, “gay” and “lesbian” to children as young as 4 or 5, (pre-K – 5). The Interdisciplinary objectives would also have schools discuss with students as young as 14 the recent Supreme Court ruling which invalidated state laws regarding sodomy.



Conspicuously absent from the *Frameworks* is any visual presentation of fetal development (ultrasounds) and any description of prenatal development. One can only wonder how many young women who have an ultrasound of a later pregnancy will realize with great grief and regret how they were deceived by omission. Absent also from the *Frameworks* is any mention of the increased likelihood of risk of depression, alcohol and drug abuse and suicidal behavior after an abortion as published in the most recent edition of the *British Journal of Psychiatry*.<sup>1</sup>

The second objection to this legislation is that, both *Maria Talks* and the *Frameworks* represent an extension of the failed public of the last 30 years with respect to sexuality education, reducing teen pregnancy, and reducing STI's. Despite the nearly universal advocacy of so called “safer sex” practices:

- Massachusetts has the 11<sup>th</sup> highest teen abortion rate in the nation<sup>2</sup>
- 26% of teenage girls in America are estimated to have an STI<sup>3</sup>
- an estimated 50 % of men in the U.S. over the age of 18 carry the human papilloma virus<sup>4</sup>

“Safer sex” education strategies have failed our young people by giving them overly optimistic success rates in preventing pregnancy - 98% for condom use, when the typical failure rate is 1 in 6<sup>5</sup>. Furthermore students are not cautioned that *these failures rates only reflect those which occur at fertility* – 4-6 days of the monthly cycle. Given a false sense of safety, young people take more risks, and experience more failures with respect to both pregnancy and disease.

More effective strategies exist. A recent study of the comparative success rates of “comprehensive sex education”, “safer sex” education and abstinence education revealed abstinence education as the most effective strategy for delaying the initiation of sexual activity among high risk students<sup>6</sup>. The *Frameworks* are about to be revised; it would be wise to revise and replace the outmoded strategies of the past.

Out of respect for the rights of parents and out of concern for the well-being of the next generation of young people, I respectfully urge the Committee not to recommend passage of S 259 and H 179, and H 1063.

## SOURCES

1. *British Journal of Psychiatry* <http://bjp.rcpsych.org/content/199/3/180.abstract> <9/10/11>
2. “U.S. Teenage Pregnancies, Births and Abortions: National and State Trends and Trends by Race and Ethnicity”, p. 13, January 2010 © Guttmacher Institute <http://www.guttmacher.org/pubs/USTPtrends.pdf> <5/3/11>
3. 2008 National STD Prevention Conference (CDC)
4. “Study: Half of Men May Be Infected With HPV” [http://www.huffingtonpost.com/2011/02/28/half-men-infected-hpv\\_n\\_829449.html](http://www.huffingtonpost.com/2011/02/28/half-men-infected-hpv_n_829449.html) <5/3/11>
5. Facts on Contraceptive Use in the United States, [http://www.guttmacher.org/pubs/fb\\_contr\\_use.html](http://www.guttmacher.org/pubs/fb_contr_use.html) <5/3/11>
6. “Efficacy of a Theory-Based Abstinence-Only Intervention Over 24 Months”, Archives of Pediatrics and Adolescent Medicine <http://archpedi.ama-assn.org/cgi/content/full/164/2/152> <5/3/11>

**(See the attached study.)**

