

**Testimony of Pauline DeMairo, Director of the Teen Outreach and
Reproductive Challenge (TORCH) Program
of NARAL Pro-Choice New York
Regarding the Adequacy of Health Education and HIV/AIDS Curricula
Requirements in the New York City School District
Before
The New York State Assembly Committees on Education and Health**

**Thursday, February 5, 2004
New York City**

I would like to thank Health Committee Chairman Richard Gottfried, Education Committee Chairman Stephen Sanders, Assemblyman Scott Stringer and the other members of the Assembly for this opportunity to express the views of NARAL Pro-Choice New York on this critical issue.

I am the Director of the Teen Outreach Reproductive Challenge, better known as TORCH, a peer education program of the NARAL Pro-Choice New York Foundation. I work with youth from throughout New York City in an after school program which focuses on adolescent reproductive health issues. After a rigorous nine-week training, the peer leaders present workshops on a wide variety of reproductive health topics, at community based organizations and schools throughout the City. At TORCH, youth learn how to make healthy decisions about their bodies and relationships and how to teach their peers to do the same.

Prior to TORCH, I worked for the New York City Department of Education as the Director of the Teen Outreach Pregnancy Prevention Program, better known as TOPPP. It was in this position that I experienced, first hand, the inadequacies of health education in the high schools. I testified at City Council meetings and at a special State of New York Commission Hearing on Teenage Pregnancy and Early Childhood Intervention about the need for revising and monitoring the Family Life/Sex Education and HIV/AIDS Curricula so that the health needs of New York City children could be met. Hopefully, with this hearing, the time has come for these needed interventions to be recognized.

How many of us would be content if our personal physician had medical knowledge that was twenty years old? How would we take care of our health needs if what was available was woefully out of date? How can our children survive the myriad of health and other problems, such as poor physical condition, obesity, substance abuse and low self-esteem if they are taught from a curriculum--Family Life/Sex Education, that hasn't been revised and updated for approximately twenty years? How can our children avoid contracting HIV/AIDS if prevention is not taught uniformly and consistently throughout New York City, even though it is mandated? How can sexually active youth be encouraged to be sexually responsible if, for the most part, the condom availability programs in high schools are offered at unpublicized locations where students are often made to feel embarrassed and uncomfortable? How can students learn about health issues from teachers who are not qualified and licensed to teach the subject?

The students who attend TORCH come with many unanswered important questions about health issues. Following their training they are then prepared to educate their fellow adolescents on vital reproductive health issues. It is then we can see, first-hand, the profound gaps in understanding that many (if not most) adolescents have regarding these issues. The pronounced level of misinformation is appalling and can have tragic, and even, deadly results. We see teens that think that condoms never work in preventing STI's or that a woman can't get pregnant the first time she has sex. We see teens that have moved through their school years having never had a lesson about sexually transmitted diseases.

Our schools must be on the front-lines in combating our state's excessive levels of unintended pregnancy, sexually transmitted disease and HIV/AIDS. I do not need to reiterate the frightening statistics highlighted in Assemblyman Stringer's report revealing the serious problem in delivering life-saving information to our adolescents. I would urge the New York City Department of Education to bring the same emphasis to this area of education as they do to school safety, and to their serious and substantial efforts to improve reading and math education. These lessons, necessary to live a healthy life, are no less important. Our schools must empower the almost one million students who are in their care six to seven hours per day. The following initiatives would help to achieve that goal.

1. Revise and update the current Family Life/Sex Education curriculum. Mandate age appropriate health education, including the provision of information and skills about sexual health and sexuality from grades K-12. This should be done not only to avoid unintended pregnancy, STIs and HIV/AIDS, but also to teach, at an appropriate age, that sexuality is a normal, healthy aspect of human development. Health education needs to be monitored to assure accurate, up-to-date information is provided to our youth.

2. Remove one-on-one counseling from the backburner, by having guidance counselors do actual counseling, rather than grade advising. Students need adults to talk to about sensitive and confidential issues. Guidance counselors need to be available to students and not overly burdened with other responsibilities. In addition, reduce their caseloads so that effective counseling can take place. School based sexuality education/counseling collaboratives are very effective because the physiological, psychological and sociological pieces of sexuality can be fully explored.

3. Provide sexuality education training for one guidance counselor per school who would then be responsible to talk with students and staff, to initiate and implement various strategies to reduce adolescent pregnancy, STIs and HIV/AIDS within the school.

4. Make it a graduation requirement for students to study an entire term of reproductive health education along with the skills building necessary for teaching men and women to have healthy approaches to sex. This class should be given in the 6th grade in the middle schools (females and males are reaching puberty at younger ages) and the ninth grade in the high schools. There are excellent curricula available which has been well researched and evaluated.

5. Teach a life option curriculum in the 8th grade expanding the unit on sexuality to at least 8 weeks and have it co-presented with a guidance counselor. This would be in lieu of parenting classes, which do not provide the greater view of life's options and Family/Life Sex Education, which does not spend nearly enough time on sexuality and its related issues.

6. Increase the number of after school programs available to students. These activities and programs can provide students with expertise in a particular skill and provide vital experiences, which encourage building self-esteem, and develop confidence. Gender needs and looking beyond athletics are important considerations.

7. Acknowledge and nurture aspects of a healthy relationship which can form a healthy basis for involvement and sound decisions concerning sexuality, contraceptives and parenthood in health classes.

8. Teach health class in the 9th and 10th grade rather than the 11th and 12th because more students will learn. The reality is that we lose students in the 11th and 12th grade and that absenteeism is greater in the upper grades.

9. Establish health education goals uniformly throughout the City. Too often, community views will dictate the approach to teaching these issues. The same way we shouldn't allow a community to dictate how we approach issues of evolution, we shouldn't allow this interference when it comes to sex education. There are facts and there are clear realities for our youth. Medical and education experts, with community input, should determine the appropriate curricula and educational programs should be implemented across-the-board in every part of the City.

10. Only certified health teachers should teach health classes.

Lastly, it is important to remember that not every adolescent is in school, therefore it is important to realize the importance of community-based after school programs which focus on health education.

Thank you to the Members of the New York State Assembly for your attention and for the consistent and vocal support you give to issues NARAL Pro-Choice New York supports. I'll be happy to answer any questions that you may have.