

Recalibrating “the talk:” The decade-long debate on sex education in the Massachusetts classroom

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BOSTON – When parents think of “the talk,” this ambiguous turn of phrase is universally known to refer to a very specific, often taboo topic: sex.

For teachers, “the talk” is often incorporated in a hodgepodge curriculum of the health class, which can span topics including nutrition, exercise, substance abuse education and self-defense.

Some Massachusetts legislators have been arguing for nearly a decade that sex education in schools that choose to teach it should follow standards that are research-informed, medically accurate and inclusive of LGBTQ individuals’ experiences. Others argue that “the talk” should remain in the home and out of the classroom.

State Sen. Sal DiDomenico, D-Everett, is one of the primary sponsors of legislation that has been introduced multiple times since 2011 and passed in three Senate sessions, first in 2015 and most recently in January. He stressed that sex education is essential to providing Massachusetts teens with the comprehensive tools they need to be safe and responsible in high school, college and in adult life.

State Rep. James O’Day, D-West Boylston, the primary House sponsor, believes in the need to provide students with sex education in the classroom, because he has seen firsthand that these conversations do not always happen.

“The only thing that we need here is to educate our young people, so that they have a full and robust education about their health, about their lives and about their relationships,” O’Day said. “I’m a former social worker and I hear all the

time, 'Oh, this is a topic that can only be talked about in the home.' Guess what? When I was going to people's homes as a social worker, no one was talking about it."

DiDomenico notes, "It's important to make sure that our kids get the proper education, making sure that the information is medically accurate and age appropriate, because our kids face a lot of peer pressure right now. So making sure that they understand healthy relationships and that the decisions that they make today could have consequences, both in the short- and long-term, is key."

The legislation, titled "An Act Relative to Healthy Youth," would create state standards for a comprehensive range of topics in sex education, including the benefits of delaying sex, healthy relationships, consent, gender identity and sexual orientation, effective contraceptive use and the prevention of pregnancy and sexually transmitted infections.

Opponents like the Massachusetts Family Institute argue against the measure they describe as "a statewide, one-size-fits-all comprehensive sex-education curriculum on our public schools, containing offensive reproduction and sexuality materials."

MFI president Andrew Beckwith said his main concerns lie with what the Massachusetts Department of Elementary and Secondary Education would deem age-appropriate for students, compared with what individual parents or school boards might determine.

"Fundamentally, we believe that parents and local educators are best equipped and positioned to determine what's best for the students and children in their community," Beckwith said. "We are very concerned with the way the bill, which we are calling the 'sex ed mandate,' would take that authority away from local school districts, who currently have the ability to decide what curricula is best for their communities, and effectively gives that authority to DESE."

While the legislation would still require parents to be notified 30 days in advance of the sex education curriculum that will be taught in the classroom, allowing them to decide whether to allow their child to participate, Beckwith expressed concern about the potential social ramifications for children who are opted out.

"We have parents call our office about kids who have already been exposed to the curriculum, because maybe they didn't hear about the opt-out option until after the fact, and then we also have parents who worry that their kid will be ostracized. It really puts parents and kids in a tough position," Beckwith said.

DiDomenico is optimistic that the bill has the traction it needs to succeed this time. He said it has bipartisan support and "it's a bill that we are very proud of in the Senate."

"This is something that we hope we are going to get across the finish line this session," DiDomenico said. "We are hoping that the House will pick this up soon, so that we can once and for all get this in the books to make sure that all of our kids have all of the tools they need to make good decisions."

Proponents are hopeful that diversifying sex education and confirming its medical accuracy will help to combat a public health crisis that is significant in Massachusetts and across the country, the growing rates of sexually transmitted infections in teens and young adults.

In Massachusetts, of all age groups, young adults ages 15 to 29 have the highest rates of chlamydia, gonorrhea and syphilis, according to the Massachusetts Department of Public Health Bureau.

According to the CDC, the rates of reported cases of chlamydia in the U.S. were highest among adolescents and young adults ages 15 to 24 from 2014 to 2018. In 2018, the age-specific rate of reported cases of chlamydia among 15- to 19-year-olds was 2,110.6 cases per 100,000 people and the rate among 20- to 24-year-olds was 2,899.2 cases per 100,000 people.

Another central goal of providing comprehensive information, according to O'Day, is to better inform youth and to avoid teaching abstinence-only as the most viable practice for students, so that teens engage in sex later, less frequently and in a safer manner.

"It is the other side's viewpoint that if we begin talking to our youth about contraception and not just abstinence, that the pregnancy rate is going to go through the roof, but it's just the opposite of that. When you introduce this type of educational component into a community, those statistics diminish," O'Day said.

According to a 2011 study, "Abstinence-Only Education and Teen Pregnancy Rates: Why We Need Comprehensive Sex Education in the U.S," conducted by University of Georgia researchers, there is no evidence proving abstinence-only education delays teen sex.

Researchers actually found the opposite, confirming the harmful impacts of abstinence-only programs, including a correlation with higher teen pregnancy and birth rates.

Abstinence education levels calculated in the study ranged from states at "Level 3," those that were found to have the most focus on abstinence in their laws and policies, decreasing in emphasis to "Level 0," those that had no abstinence emphasis outlined in their laws and policies. Policies were defined in the study as a variety of guidelines that "may be published as Health Education standards or Public Education codes."

The study concluded that increased focus on abstinence education is a "significant influence on teen pregnancy and birth rates across states."

In a recent event geared at demonstrating the potential standardized sex education curriculum to legislators, Katia Santiago-Taylor, an advocacy and legislative affairs manager for the Boston Area Rape Crisis Center said she believes that today, the focus should be on teaching sex education as a form of health care, because telling kids to not engage in sexual activities is unrealistic.

"Statistically speaking, we know that a lot of high schoolers are engaging in sexual relations, so we want to give them tools for them to make the best choices to protect themselves," Santiago-Taylor said. "Abstinence is an option, and it's a part of comprehensive sex ed, but we also know that many students and many young people are engaging in sexual relations. Once they engage in it, we want to make sure they are protected."

Partners in Sex Education is a New England organization that already provides sex education to some private and charter schools, and their methods provide the indications of what the proposed curriculum standards could contain.

Megara Bell is the founder and director of the organization, with 14 years of experience teaching comprehensive sex education. She explained that focusing more on applicable skills, rather than inundating students with information, is

important to keeping their attention and providing them with the necessary tools to lead healthier lives.

"I am always amazed at how many people have the experience of sitting in a classroom, and they don't remember anything that happened, they just remember it being very boring," Bell said. "And I wonder, how exactly could you make talking about sexuality and relationships boring?"

Bell noted that state of sex education has improved in certain areas, but providing schools with the resources to impart accurate information to students is key to continued improvement.

"Until recently, I would have said there would be a lack of people talking about consent in a reasonable and nuanced way, but that has become much better understood in the last five years or so," Bell said. "I also would have said that being LGBTQ inclusive was also lacking, but I also feel like that is improving. However, not everyone has gotten the training, has gotten the message, or has gotten the support in what those best practices are."

Bell would like to see public school curriculums adopt more hands-on, interactive activities, such as group discussions prompted by in-class surveys. She referenced a curriculum called Rights, Respect, Responsibility, developed by the organization Advocates for Youth, because of its LGBTQ inclusivity, adherence to national standards and its K-12 scope, providing age-appropriate information for every grade.

"I would recommend for public schools to look at this curriculum and consider what would be compliant with the new recommendations for sex education," Bell said. "I like this curriculum because it is very interactive and it is skills-based, so there is a lot of role-play and nuanced exploring of different values and cultural ideas and understanding how other people's perspectives and boundaries may be different from your own."

Thoroughly teaching topics surrounding consent and boundaries with the goal of diminishing future instances of sexual assault is another major concern for advocates. O'Day believes that before legislators can focus on legislation to combat sexual assault on college campuses, working to implement sex education standards in Massachusetts schools is an important first step.

"I don't know how we can address sexual assault as an issue if we are not educating our kids on what acceptable behavior looks like," O'Day said. "If we haven't been talking to students early on about what consent is, what a healthy body is, what protection of your body is, how to say no, conflict resolution and how to get out of a problematic relationship, how can we begin to talk about sexual assault?"

According to a 2017 Massachusetts State Health Assessment study, Massachusetts high school females reported experiencing any form of sexual violence at some point in their lives at almost three times the rate of high school males (11% versus 3%).

The study broke down data from high school students based on gender, sexual orientation and disability and found that females, people with disabilities and members of the LGBTQ community reported the most dating violence.