

BILL: House Bill 558 - Primary and Secondary Education - Comprehensive Health Education Framework - Established

DATE: March 27, 2024

POSITION: FAVORABLE

COMMITTEE: Education, Energy, and Environment

CONTACT: Jaden Farris | chapter@md.glsen.org

I am submitting this testimony in **FAVOR of HB0558** on behalf of GLSEN Maryland, the statewide chapter of GLSEN National, a nonprofit organization centered on creating and sustaining inclusive K-12 education for lesbian, gay, bisexual, transgender, and queer (LGBTQ+) students.

Very few LGBTQ+ youth have access to inclusive health education, particularly sex education. Research by our parent organization, GLSEN National, found that only 8.2% of LGBTQ+ youth had access to inclusive health education at school. Research finds that LGBTQ+ youth perceive the health education they receive in school as inadequate (Pampati et al., 2020). Existing health education not only ignores the needs of LGBTQ+ youth, but in the case of education centered around dating, intimate relationships, and sexuality, it promotes heteronormative stereotypes that exclude and marginalize LGBTQ+ youth (Bible et al., 2020; Gowen et al., 2014; Hobaica, 2017).

Comprehensive health education which is inclusive of LGBTQ+ youth leads to better public health. Inadequate and non-inclusive curricula leads to LGBTQ+ youth having worse health outcomes. LGBTQ+ youth are more likely to participate in high-risk activities (Hobaica, 2017) which lead to greater likelihood of unplanned pregnancy (Bodnar & Tornello, 2019; Herrick et al., 2010) and are more likely to experience dating and intimate partner violence (Hobaica, 2017; Kann, 2016). LGBTQ+ youth who attend schools with inclusive curriculum have lower levels of depression and suicidality (Proulx et al., 2019). Comprehensive, inclusive health education helps prevent dating and intimate partner violence, fosters the formation of healthy intimate relationships, helps prevent child sex abuse, improves social and emotional learning, and improves media literacy (Goldfarb & Lieberman, 2021).

Comprehensive and inclusive health education aligns with best-practices in public health. Inclusive health education is recommended by the American Medical Association, the National Education Association, and the U.S. Department of Health and Human Services. It is supported by the CDC and the American Bar Association. Failure to include the needs of LGBTQ+ students in health curricula means withholding the latest advancements and best-practices in public health from all students.

There is broad public support for inclusive sexual education in public schools. Regardless of religious identity, regional demographics, or political affiliations, there is huge public support for comprehensive and inclusive health education, including sex education (Eisenberg et al.; 2008). Most parents (89.3%) support comprehensive health education (sexual education that includes both abstinence and contraception, STI education, consent, healthy relationships, etc.).

According to the nonprofit organization SIECUS (2018), the majority of people (69%) support teaching about sexual orientation in middle and high schools. People who oppose teaching concepts pertaining to LGBTQ+ student health may be vocal, but they are in the minority.

Finally, **inclusive education benefits all youth, not just LGBTQ+ students, by improving school climate.** Inclusive health education serves the purpose of reducing stigma and marginalization of LGBTQ+ students, which contributes to improvements in school climate more broadly. It is not just LGBTQ+ youth who are the target of anti-LGBTQ+ bullying; students who are heterosexual or not transgender are also frequent targets of anti-LGBTQ+ bullying (for instance, heterosexual students who are not transgender can also be called anti-gay slurs, teased for being too effeminate or masculine, etc.; Fisher et al., 2012; McCarty-Caplan, 2013). Because offering comprehensive, inclusive health education reduces stigma and marginalization of LGBTQ+ youth, it leads to improved school climates for everyone. And, schools that have implemented inclusive health curricula find that students are subsequently more likely to intervene when witnessing bullying (Baams et al., 2017; Proulx et al., 2019).

Given the disproportionate health disparities experienced by LGBTQ+ youth, coupled with the research which demonstrates that inclusive health education reduces these disparities and improves school climate for all students, GLSEN Maryland supports comprehensive health education which is inclusive of LGBTQ+ youth. Therefore, **GLSEN Maryland supports HB0558 and recommends a FAVORABLE report in committee.**