

Testimony of

Krishna K. Upadhyia, MD, MPH

Ward 3 Resident

Chair, Adolescent Health Work Group of DC Chapter of American Academy of Pediatrics,
Executive Committee Member, Chesapeake Chapter of Society for Adolescent Health and Medicine

Thank you for the opportunity to address the Board at this hearing. My name is Krishna Upadhyia and I am here today as the parent of a DCPS student and as a pediatrician who specializes in Adolescent Medicine. In my professional life I serve as the Chair of the Adolescent Health Working Group of the DC Chapter of the American Academy of Pediatrics and as a member of the Executive Board of the Chesapeake Chapter of the Society for Adolescent Health and Medicine. On behalf of myself and these Chapters I ask the Board to increase the number of health education credits required for graduation to 2 units.

As you are undoubtedly aware, young people in the District of Columbia are disproportionately affected by a number of health concerns such as sexually transmitted infections including HIV infection, unintended pregnancy and obesity. While those of us who work with youth are familiar with the statistics that we read, we are also privileged to see first-hand the students that are represented by them. Over the past few years in my work I have had the opportunity to care for students in school clinics at Anacostia, Phelps, Spingarn and Woodson High Schools and have also provided care to adolescents in my practice who attend other city schools including Bell, School Without Walls and Wilson. Tonight I would like to use two common phrases I have heard in that work that highlight gaps in health education that we as a community need to address.

Phrase # 1: "I don't have sex like that." Don't have sex like what you might ask? Unfortunately this is a common response given by young women who are asked in clinic why they aren't using a birth control method even though they are having sex and don't want to become pregnant. Anyone who has worked in a school clinic knows that visits for pregnancy testing are among the most common made by students. As part of those visits it is standard to ask young women when their last period was, when was the last time they had sex, did they use a method of birth control when they had sex and if not why not. We ask these questions because it helps us to understand their risk for pregnancy, the likelihood that our test results will be accurate, and to tailor our counseling about how to start a birth control method if desired.

While most students understand that sex is required for pregnancy, most do not understand that there is a relationship between the timing of their periods and their risk of becoming pregnant and that pregnancy tests cannot tell us that someone is pregnant immediately. As illustrated by the phrase "I don't have sex like that;" many young women also do not understand that you don't necessarily have to have sex at any particular frequency in order to get pregnant and that ongoing birth control is valuable to preventing pregnancy, particularly when the timing of sex is unpredictable as is most often the case among adolescents. Given this background it is easy to see why our rates of teen pregnancy are so high in the city and why additional health education is critical.

Phrase #2: "Chlamydia causes HIV?" This is a question I have heard from young people coming in for treatment of chlamydia when I explain to them why I think they should also be tested for HIV. No, chlamydia doesn't cause HIV, but both are sexually transmitted and if you were infected with one, then you could have been infected by the other if the person you had sex with had both. In fact we know

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that having another sexually transmitted infection at the time of exposure to HIV increases the risk of HIV acquisition. The question posed by the student highlights a lack of understanding of the risks associated with sex and an underestimation of the risks of acquiring HIV infection among youth in our city. If our youth do not fully understand those risks- how infections are transmitted, How can they be how they can be prevented, how treatment affects risk of infecting others - then they are not fully equipped to protect themselves from those risks. I believe that the school system has an important role in making sure that youth do have the knowledge that is necessary to making good decisions about health.

My education and experience have taught me that providing information about basic physiology and health conditions such as I described above is a critical piece to health education, but it is not the only important component. In order to make sure that students can fully utilize the knowledge, they also need to be trained in skills to apply that knowledge. The National Health Education Standards promoted by the United States Centers for Disease control clearly lay out guidelines for both knowledge and skills. In order to meet these standards and the needs of youth in the District, we must increase the time devoted to health education curriculum. I ask the Board to prioritize the health of our youth and increase the graduation requirement for health education to 2 units. Thank you for your consideration.