

Date of Hearing: February 11, 2009

Committee: House Education

Department: Education

Person Testifying: Patricia Hamamoto, Superintendent

Title: H.B. No. 330, H.D. 1, Relating to Comprehensive Sexuality Health
Education

Purpose: Requires any recipient of state funding specifically for sexuality health
education programs to provide comprehensive medically accurate
sexuality education.

Department's Position: The Department of Education (Department) supports H.B. No. 330,
H.D. 1. The Department currently provides comprehensive medically
accurate sex education through the Hawaii Content and Performance
Standards for Health Education. The Department follows the current
Board of Education Policy 2110 – Abstinence-Based Education which
states:

“In order to help students make decisions that promote healthy
behaviors, the Department of Education shall instruct students that
abstention from sexual intercourse is the surest and most responsible
way to prevent unintended pregnancies, sexually transmitted diseases
such as HIV/AIDS, and consequent emotional distress. The abstinence-
based education program shall:

- a. support abstention from sexual intercourse and provide skill
development to continue abstention;
- b. help youth who have had sexual intercourse to abstain from
further sexual intercourse until an appropriate time; and

c. provide youth with information on and skill development in the use of protective devices and methods for the purpose of preventing sexually transmitted diseases and pregnancy.”

The Department supports H.B. No. 330, H.D. 1.



**STATE OF HAWAII
BOARD OF EDUCATION**

P. O. BOX 2360
HONOLULU, HAWAII 96804

COMMITTEE ON EDUCATION
COMMITTEE ON LABOR & PUBLIC EMPLOYMENT
Hearing: Wednesday, February 11, 2009
2:00 p.m., Conference Room 309

Testimony in Strong Support of HB330 hd1

Chairs Takumi & Rhoads, Vice-Chairs Berg & Yamashita and Members of the Committees on Education and Labor & Public Employment:

Thank you for allowing me to testify as a Member of the Hawaii State Board of Education (Board).

As you already know, Board Policy 2110, mandates that the Department of Education's (Department's) "abstinence-based education program shall: . . . provide youth with information on and skill development in the use of protective devices and methods for the purpose of preventing sexually transmitted diseases and pregnancy."

It is my understanding that many of the "abstinence-until-marriage" service providers are not complying with Board Policy 2110, for a diversity of reasons. Therefore, the assumption is that the Department's school level personnel are piece-mealing the rest of the medically accurate sexuality education curriculum together on their own.

This assumption manifest in several scenarios:

- 1) The teacher might directly provide their students with information on and skill development in the use of protective devices.
- 2) The teacher might call in another community based resource provider that covers a comprehensive education, including abstinence again AND protective devices.
- 3) The teacher might call in another community based resource provider that covers ONLY protective devices and then those providers are taken to task for not complying with the Board's policy.
- 4) The teacher provides little or NO information on and skill development in the use of protective devices and violates Board Policy 2110.

I wish I could report that the last scenario results in the teacher being disciplined for violating Board policy 2110, but I have not heard of any compliance enforcement on this policy being conducted. In general, the Board and the Department struggle with enforcement of Board policies. Board members have even debated whether its policies are "directive" or "suggestive." In the two years that I have served on the Board, the Board has granted more non-compliance waivers to its own policies than it has taken formal enforcement action against blatant violations of its policies.

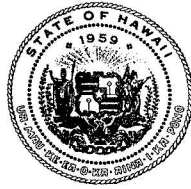
Despite the focus on abstinence, a 2007 CDC survey reported that more than 36% of Hawai'i's high school students are currently engaging in sexual intercourse. Morality and politics aside, this activity is happening and we need to ensure this large population of students are receiving comprehensive medically accurate sex education so that they can protect themselves from diseases and unintended pregnancies.

For the above reason, I strongly support HB330 hd1.

Thank you for your consideration.

A handwritten signature in black ink, appearing to read "Kim C. Iwamoto", with a stylized flourish at the end.

Kim Coco Iwamoto, Esq.
State of Hawaii Board of Education Member



STATE OF HAWAII
DEPARTMENT OF HEALTH
P.O. Box 3378
HONOLULU, HAWAII 96801-3378

In reply, please refer to:
File:

House Committee on Education

H.B. 0330, H.D. 1, Relating to Comprehensive Sexuality Health Education

**Testimony of Chiyome Leinaala Fukino, M.D.
Director of Health**

February 11, 2009

1 **Department's Position:** The Department of Health (DOH) opposes this measure as it is unnecessary.

2 **Fiscal Implications:** None

3 **Purpose and Justification:** The purpose of this bill is to amend Hawai'i Revised Statute's Chapter
4 §321, by creating a new section that will require any recipient of state-funded sexual health education
5 contracts to provide medically accurate, factual, and age-appropriate information that includes education
6 on both abstinence and contraception. Information currently provided by State-funded DOH programs
7 regarding sexual health education, family planning, pregnancy counseling, and sexually transmitted
8 diseases, including Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome, is
9 medically accurate, based on scientific fact, and is age appropriate. This bill is unnecessary because as
10 part of the contracting process, program materials are reviewed by DOH on a regular basis, and
11 inaccurate information would be corrected at that time.

12 Thank you for the opportunity to testify on this measure.

13

14



BY EMAIL: EDNTestimony@capitol.hawaii.gov

Committee: Committee on Education and Committee on Labor and Public
Employment
Hearing Date/Time: Wednesday, February 11, 2009, 2:00 p.m.
Place: Room 309
Re: Testimony of the ACLU of Hawaii in Support of HB 330, HD1, Relating to
Comprehensive Sexuality Health Education

Dear Chair Yamane and Members of the Committee on Health:

The American Civil Liberties Union of Hawaii (“ACLU of Hawaii”) writes in support of HB 330, HD1, which seeks to require any recipient of state funding to provide medically accurate sexuality education.

The ACLU of Hawaii applauds this Committee for considering this bill and seeking to ensure the health and safety of Hawaii’s youth. Evidence shows that sexuality education that stresses the importance of waiting to have sex – while providing accurate, age-appropriate, and complete information about how to use contraceptives effectively to prevent pregnancy and sexually transmitted infections (STIs) – can help teens make healthy and responsible life decisions.¹

Abstinence-only, on the other hand, is a failed policy and is contrary to what most parents and teens want or need. Numerous studies have concluded that these programs are ineffective.² We also know that abstinence-only programs censor healthcare professionals, forcing them to withhold information about contraceptives that teens need to protect themselves.³ Moreover, they teach gender stereotypes, provide inaccurate information, discriminate against lesbian and gay teens, and in some cases promote religion in violation of the Constitution.⁴

¹ Douglas Kirby, Ph.D., *Emerging Answers 2007: Research findings on Programs to Reduce Teen Pregnancy and Sexually Transmitted Diseases*, The National Campaign to Prevent Teen and Unplanned Pregnancy, November 2007.

² Sexuality Information & Education Council of the United States (SEICUS), *What the Research Says*, October 2007, available at: <http://www.seicus.org> (click on “policy quick facts”).

³ House Committee on Oversight and Reform, *Domestic Abstinence-Only Programs: Assessing the Evidence*, April 2008, available at: <http://oversight.house.gov/story.asp?ID=1888>.

⁴ See, e.g., Sexuality Information & Education Council of the United States (SEICUS), *Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ) Youth*, available at: <http://www.seicus.org> (click on “policy quick facts”).

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Giving teens the information they need to make responsible life decisions about sex not only helps teens choose to delay sex, but also helps to protect their health.

- A nationwide study of 15-19 year olds found that teens who participated in sexuality education programs that both (a) discuss the importance of delaying sex and (b) provide information about contraceptive use were significantly less likely to report teen pregnancies than were those who received either no sex education or attended abstinence-only-until-marriage programs.⁵
- A review of 115 sex education programs found that curricula that both (a) stress waiting to have sex and (b) provide information about using contraception effectively can significantly delay the initiation of sex, reduce the frequency of sex, reduce the number of sexual partners, and increase condom or contraceptive use among teens.⁶
- The Centers for Disease Control & Prevention note that “research has clearly shown that the most effective programs [to prevent the spread of HIV/AIDS] are comprehensive ones that include a focus on delaying sexual behavior *and* provide information on how sexually active young people can protect themselves.”⁷

Parents want schools to teach comprehensive sexuality education and do not think taxpayer dollars should be spent on abstinence-only-until-marriage programs.

- More than 85 percent of Americans believe that it is appropriate for school-based sex education programs to teach students how to use and where to get contraceptives.⁸
- Seventy percent of Americans oppose the use of federal funds for abstinence-only-until-marriage programs that prohibit teaching about the use of condoms and contraception for the prevention of unintended pregnancies and STIs.⁹

⁵ Pamela K. Kohler, RN. et al., Abstinence-Only and Comprehensive Sex Education and the Initiation of Sexual Activity and Teen Pregnancy, *Journal of Adolescent Health*, Spring 2008.

⁶ Douglas Kirby, Ph.D. et al., *Emerging Answers 2007: Research Findings on Programs to Reduce Teen Pregnancy and Sexually Transmitted Diseases*, The National Campaign to Prevent Teen and Unplanned Pregnancy, November 2007.

⁷ Centers for Disease Control & Prevention, *Fact Sheet: Young People at Risk: HIV/AIDS Among America's Youth*, National Center for HIV, STD and TB Prevention, March 2002.

⁸ National Public Radio, Kaiser Family Foundation, and Harvard University's Kennedy School of Government, *Sex Education in America*, January 2004.

⁹ Advocates for Youth and SIECUS, “Americans Oppose Abstinence-Only Education Censoring Information on Contraception,” 1999.

Hon. Rep. Takumi, Chair, HLT Committee, and Hon. Rep. Rhoads, Chair, LAB Committee
and Members Thereof

February 11, 2009

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Studies show that most abstinence-only-until-marriage programs are ineffective, and some show that these programs deter teens who become sexually active from protecting themselves from unintended pregnancy or STIs.

- A rigorous, multi-year, scientific evaluation commissioned by Congress presents clear evidence that abstinence-only-until-marriage programs do not work. The study, which looked at four federally funded programs and studied more than 2000 students, found that abstinence-only program participants were just as likely to have sex before marriage as teens who did not participate. Furthermore, program participants had first intercourse at the same mean age and the same number of sexual partners as teens who did not participate in the federally funded programs.¹⁰
- A review of program evaluations in 11 states (AZ, CA, FL, IA, MD, MN, MO, NE, OR, PA, WA) indicates that after participating in abstinence-only-until-marriage programs, teens are less willing to use contraception, including condoms. And in only one state, did any program demonstrate any success in delaying the initiation of sex.¹¹
- Some abstinence-only-until-marriage programs include “Virginity Pledges,” whereby teens sign cards promising to remain virgins until they are married. While data suggests that under limited circumstances, teens who sign a pledge may delay sexual intercourse, 88 percent still have sex before marriage. Research also shows that pledgers’ rate of STIs does not differ from the rate of nonpledgers and that pledgers are less likely to use condoms at first intercourse or to be tested for STIs than nonpledgers.¹²

¹⁰ Christopher Trenholm et al., *Impacts of Four Title V, Section 510 Abstinence Education Programs*, Princeton: Mathematica Policy Research, Inc., April 2007.

¹¹ Debra Hauser, *Five Years of Abstinence-Only-Until-Marriage Education: Assessing the Impact*, Advocates for Youth, September 2004.

¹² Hannah Brückner and Peter Bearman, “After the promise: the STD consequences of adolescent virginity pledges,” *Journal of Adolescent Health*, 36 (2005) 271-278.

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Hon. Rep. Takumi, Chair, HLT Committee, and Hon. Rep. Rhoads, Chair, LAB Committee
and Members Thereof
February 11, 2009
Page 4 of 4

A recent congressional report found that widely used federally funded abstinence-only-until-marriage curricula distort information, misrepresent the facts, and promote gender stereotypes.

- More than 80 percent of the abstinence-only-until-marriage curricula reviewed contain false, misleading, or distorted information about reproductive health.
- The Congressional report found that abstinence-only curricula misrepresent the effectiveness of contraceptives in preventing STIs and unintended pregnancy. They also contain false information about the risks of abortion, blur religion and science, promote gender stereotypes, and contain basic scientific errors.¹³

Sex education that only addresses abstinence fails the youth of Hawaii. Our teens must have the right information to keep themselves healthy and safe.

The mission of the ACLU of Hawaii is to protect the fundamental freedoms enshrined in the U.S. and State Constitutions. The ACLU of Hawaii fulfills this through legislative, litigation, and public education programs statewide. The ACLU of Hawaii is a non-partisan and private non-profit organization that provides its services at no cost to the public and does not accept government funds. The ACLU of Hawaii has been serving Hawaii for over 40 years.

Thank you for this opportunity to testify.

Sincerely,

Laurie A. Temple
Staff Attorney
ACLU of Hawaii

¹³ “*The Content of Federally Funded Abstinence-Only Education Programs*,” Prepared for Rep. Henry A. Waxman, United States House of Representatives, Committee on Government Reform – Minority Staff, Special Investigations Division, December 2004.

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February 11, 2009

Testimony in Support: HB 330, HD 1

To: Representative Roy Takumi, Chair, and Representative Lyla Berg, Vice Chair, and Members of the House Committee on Education and Representative Karl Rhoads, Chair, and Representative Kyle Yamashita, Vice Chair, and Members of the House Committee on Labor and Public Employment

From: Katie Reardon, Vice President of Government & Public Affairs and Sonia Blackiston, Director of Education, Planned Parenthood of Hawaii.

Re: Testimony in Support of HB 330, HD1

I thank you for allowing me the opportunity to testify today in support of HB 330, HD1, requiring that state funded sexual education programs be comprehensive and medically accurate. Planned Parenthood fully supports this bill and we find it to be a crucial step toward ensuring the health and safety of Hawaii's youth.

I. HB 330, HD1 Provides For Comprehensive and Medically Accurate Sexual Health Education

HB 330, HD1 requires sexual health education programs that are funded by the state of Hawaii to be medically accurate and include information about contraception, pregnancy prevention, and prevention of sexually transmitted infections (STI's), including HIV, as well as information about abstinence. We find this bill to be a crucial step toward ensuring the health and safety of Hawaii's youth.

The bill amends Title 19, Chapter 321, Part XIX School Health Services Program. The purpose of this chapter, in part, is "to establish a permanent statewide school health program ...making available at the public schools...preventive health care..."

II. Hawaii's Teens Need Effective Sexual Health Education

Hawaii's youth deserve the best and most effective sex education. Hawaii has one of the lowest rates of teens reporting sexual intercourse. Yet, of those having sex, only 54% are using condoms. That's the lowest rate of condom use among sexually active teens in the country.¹ As a result, we see high rates of teen pregnancy and sexually transmitted diseases. Hawaii has one of the highest rates of teen pregnancy in the nation.² Nationally, gonorrhea rates are on the rise and other STI's such as Chlamydia and syphilis continue to significantly impact the young population. In fact, one in four new STI's occur in adolescents.³ And in Hawaii, a 2004 study found that

¹ Eaton *et al.* Youth risk behavior surveillance, United States 2007. *Morbidity & Mortality Weekly Report, Surveillance Summaries 2008*; 57(SS-4):1-136.

² Guttmacher Institute, *Contraception Counts: Hawaii*, www.guttmacher.org/pubs/state_data/states/hawaii.html

³ American Social Health Association, "STD Statistics", www.ashastd.org

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(A Maui United Way Agency)

youth aged 15-24 bore the highest burden, experiencing 67% of all Chlamydia infections.⁴ Hawaii has the nation's 6th highest rate of Chlamydia infection.⁵

Hawaii receives and distributes Federal Title V funding that mandates the provision of "abstinence-only" sex education. According to Sexuality Information and Education Council of the United States (SIECUS), Federal "abstinence-only" funding spent in Hawaii in 2007 amounted to over \$1.1 million.⁶ To clarify, approximately \$162,000 "abstinence-only" money is given to the Hawaii's Department of Health. Another almost \$900,000 is distributed to independent organizations in Hawaii.⁷ Based on this funding our teens have been given inaccurate and ineffective information about their sexual health, placing them at risk for STI's, HIV infection, and teen pregnancy. Hawaii's youth deserve better. HB 330, HD1 gives the State of Hawaii the option to provide a healthier alternative through state funding.

III. Overwhelming Medical and Professional Support for Comprehensive Sexual Health Education Exists

The **American Medical Association** urges schools to implement comprehensive, developmentally appropriate sexuality education programs and to include an integrated strategy for making condoms available to students.⁸

The **American Academy of Pediatrics** believes that "children and adolescents need accurate and comprehensive education about sexuality to practice healthy sexual behavior as adults."⁹ The AAP's policy statement continues: "Abstinence-only programs have not demonstrated successful outcomes with regard to delayed initiation of sexual activity or use of safer sex practices."¹⁰

The **National Education Association** recommends the SIECUS Guidelines for Comprehensive Sexuality Education a resource in developing appropriate school-based curriculum.¹¹

The **American School Health Association** "recommends sexuality education to exist within a comprehensive school health education program to demonstrate the interrelationship of health behaviors and to provide a planned, sequential pre-kindergarten through 12th grade curriculum."¹²

Finally, medically accurate sexual health education works. According to the **National Campaign to Prevent Teen Pregnancy**, teens who receive comprehensive sex education are more likely to delay sexual activity, to use contraceptives when they do become sexually active, and to have fewer partners.¹³

IV. Conclusion

We ask you as lawmakers to do your best to provide for Hawaii's teens and to give them the education and tools that they need to keep themselves safe and healthy and to make responsible choices. Those tools include information about abstinence, as well as contraceptives, STI's, HIV, in addition to teaching abstinence. Our teens that chose to be sexually active must have the right information to keep themselves healthy and safe and to avoid the life altering

⁴ Hawaii Department of Health. "Case Rate of Reported Cases of Chlamydia, Hawai'i and US, 1986-2004." Accessed from <http://hawaii.gov/health/healthy-lifestyles/std-aids/data-statistics/figures/stats-chlamydia.pps> on August 15, 2008.

⁵ Id.

⁶ Sexuality Information and Education Council of the United States (SIECUS), *Hawaii State Profile*, www.siecus.org.

⁷ Id.

⁸ Policy Statement, *Sexuality Education, Abstinence, and Distribution of Condoms in Schools*, AMA, 1999. http://www.ama-assn.org/apps/pf_online?f_n=browse&doc=policyfiles/HOD/H-170.968.HTM

⁹ Policy Statement, *Sexuality education for Children and Adolescents*, AAP, 2001. <http://www.aap.org/policy/0068.html>

¹⁰ Id.

¹¹ Sexual Health Fact Sheet, NEA, "Sexual Health, the Role of School Personnel." See http://www.neahin.org/resources/docs/Sexual_Health_HIN_Flyer.pdf

¹² *American School Health Association Compendium of Resolutions*, ASHA, April 2002. See <http://www.ashaweb.org/family.life>

¹³ Kirby, D.. (2001) "Emerging Answers: Research Findings on Programs to Reduce Teen Pregnancy". Washington, D.C. : National Campaign to Prevent Teen Pregnancy, 95.

effects of STI's and unwanted pregnancy. Ensuring that Hawaii's youth receive comprehensive and accurate sexual health education will not only reduce our rates of STI's and teen pregnancy, but it will empower our youth with the necessary tools they need to keep themselves safe and healthy. We ask you to pass HB 330 HD 1. Thank you for this opportunity to testify today.



Nursing Advocates & Mentors, Inc.

... a non-profit organization with a mission to address the global nursing shortage by providing guidance and assistance for nursing colleagues to obtain their professional license in nursing.

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Ramon Sumibcay, CPT, AN

TESTIMONY IN STRONG SUPPORT OF HB 330 HD 1

House Committee on Education and Labor and Public Employment

Feb. 11, 2009, 2 p.m. | Hawai'i State Legislature House Conference Room 309

Measure Title: RELATING TO COMPREHENSIVE SEXUALITY
HEALTH EDUCATION

To: Rep. Roy M. Takumi, Chair & Rep. Lyla Berg, Vice-Chair
Honorable Education Committee Members
Rep. Karl Rhoads, Chair & Rep. Kyle Yamashita, Vice-Chair
Honorable Labor Committee Members

From: Beatrice Ramos Razon, RN, FACDONA
President, Nursing Advocates Incorporated, Inc. (NAMI)

My name is Beatrice Ramos Razon. As the founder and president of NAMI (Nursing, Advocates & Mentors, Inc.), we are in strong support of this bill. NAMI's membership is comprised of over 75 volunteer nurses, instructors, allied health care professionals, and Filipino leaders, who are dedicated to improve the health of Hawai'i's people by addressing not only a statewide, but worldwide nursing shortage through the training and mentoring of foreign medical graduate nurses, many of whom come from underprivileged backgrounds, to pass Hawai'i's nurses board exams.

This bill addresses a serious reproductive justice issue, which impedes a person's ability to make healthy choices about their life without access to medically accurate information on contraceptives, sexually transmitted infections and diseases, as is now the case with mandated abstinence-only sex education programs. It is unconscionable and a disservice to Hawai'i's youth, who are at great risk during this serious economic crisis. Hawai'i already has the lowest condom use rate in the nation among our sexually active teens.

As a result, Hawai'i has among the highest teen pregnancy rates, and ranks 6th in the nation for Chlamydia infection. Filipino women in particular have among the lowest cervical cancer screening rates and highest percentage of late stage diagnosis of cervical cancer, where HPV, a sexually transmitted disease, is a risk factor. Filipino women also have three times the rate of HIV/AIDS due to heterosexual transmission compared to Caucasian women in Hawai'i. Furthermore, in communities where English is not the first language spoken, access to reproductive facts is imperative.

Thank you for the opportunity to provide support for this bill.

Sincerely,

Beatrice Ramos Razon, RN, FACDONA
President, Nursing Advocates and Mentors, Inc.

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Alan Shinn, President

Judith F. Clark, Executive Director

Acadia Hawaii Residential Treatment
Center (Formerly Children's
Comprehensive Services)

Adolescent Services Program, Kaiser
Permanent Medical Care System

Aloha Pride Center

American Civil Liberties Union of Hawaii

Assistive Technology Resource Ctrs. of HI
Bay Clinic, Inc.

Big Brothers Big Sisters of Honolulu

Big Island Substance Abuse Council

Blueprint for Change

Bobby Benson Center

Catholic Charities Hawaii

Central Oahu Youth Services Assn.

Child and Family Service

Coalition for a Drug Free Hawaii

Community Assistance Center

Domestic Violence Action Center

EPIC, Inc.

Family Support Services of West Hawaii

Foster Family Programs of Hawaii

Friends of the Missing Child Center of HI
Hale Kipa, Inc.

Hale 'Opio Kauai, Inc.

Hawaii Behavioral Health

Hawaii Foster Parent Association

Hawaii Student Television

Healthy Mothers Healthy Babies Coalition

Hina Mauka Teen Care

Kahi Mohala Behavioral Health

Kama'aina Kids, Inc.

KEY (Kualoa-Hoena Ecumenical Youth)
Project

Kids Behavioral Health

Kids Hurt Too

Kokua Kalih Valley

Life Foundation

Marimed Foundation

The Maui Farm, Inc.

Maui Youth and Family Services

Palama Settlement

P.A.R.E.N.T.S., Inc.

Parents and Children Together (PACT)

Planned Parenthood of Hawaii

Salvation Army Family Intervention Svcs.

Salvation Army Family Treatment Svcs.

Sex Abuse Treatment Center

Susannah Wesley Community Center

Turning Point for Families

Waikiki Health Center

Women Helping Women

YouthVision

YWCA of Kauai

February 10, 2009

To: Representative Roy Takumi, Chair
And members of the Committee on Education

Testimony on HB 330 HD1 Relating to Comprehensive Sexuality Health Education

Hawaii Youth Services Network, a statewide coalition of youth-serving organizations, strongly supports HB 330 HD1 Relating to Comprehensive Sexuality Health Education.

Young people need and deserve to have sexuality education that is medically accurate and includes both abstinence and information on ways that sexually active youth can protect themselves from unplanned pregnancy and sexually transmitted infections.

Hawaii ranks 10th in the rate of teen pregnancies and approximately 3,500 young women become pregnant each year. Half of our high school seniors have been sexually active and 95% of Americans now have sex before marriage. Hawaii ranks 7th in the rate of chlamydia infections.

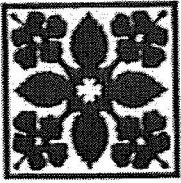
Abstinence-only until marriage programs do not address the needs of students who may already have engaged in sex and will almost certainly have sexual intercourse before marriage.

Thank you for this opportunity to testify.

Sincerely,



Judith F. Clark, MPH
Executive Director



Hawai'i Women's Political Caucus

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Joy Kobashigawa-Lewis
Director

Alice Tucker
Director

A State Chapter of the
National Women's
Political Caucus

February 9, 2009

TO: Rep. Roy M. Takumi, Chair
Rep. Lyla B. Berg, Vice Chair and
Members of the House Committee on Education

Rep. Karl Rhoads, Chair
Rep. Kyle T. Yamashita, Vice Chair and
Members of the House Committee on Labor & Public Employment

FROM: Faye Kennedy, President, Hawai'i Women's Political Caucus

RE: HB 330 HD1 Relating to Comprehensive Sexuality Health Education
(Wednesday, February 11, 2009 at 2:00pm in Room 309)

POSITION: STRONG SUPPORT

Good afternoon, Chair Takumi, Vice Chair Berg and members of the House Committee on Education; and Chair Rhoads, Vice Chair Yamashita and members of the House Committee on Labor & Public Employment. I am Faye Kennedy representing the Hawai'i Women's Political Caucus and submitting testimony in strong support of HB 330 HD1 which requires any recipient of state funding to provide medically accurate sexuality education.

This bill is a very important step toward ensuring the health, safety and well-being of Hawai'i's youth. Our keiki deserve the best and most effective sex education. Our State has one of the lowest rates of teens reporting sexual intercourse, with only 54% reportedly using condoms. This is lowest rate of condom use – any use of protection for teens actively having sex – in the country.

Instead of not addressing educating our youth accurately and medically about sexuality, they are being preached to abstain and figure out for themselves their own sexuality. Our youth who choose to be sexually active must have the right information to keep themselves healthy, safe and educated to make informed decisions.

The Hawai'i Women's Political Caucus was established in 1981 and is a multi-partisan organization committed to increasing women's participation in the political process and increasing their representation in elected and appointed office. HWPC also supports male candidates committed to its goals. HWPC is dedicated to equality in employment, stopping all violence against women, and improving the health and well-being of women and families. Reproductive freedom is one of our most fundamental issues. The HWPC is a state chapter of the National Women's Political Caucus.

We urge your Committee to pass this important and long overdue measure – it's a "no brainer." Thank you for the opportunity to submit testimony in strong support of this measure.

DATE: February 9, 2009

TO: Representative Roy Takumi, Chair,
Representative Lyla Berg, Vice- Chair;
Members of the Committee on Finance

FROM: Betty Sestak, Public Policy Chair,
American Association of University Women, Hawaii Division

HEARING: House Committee on Education
Room 309
February 11, 2009 2 PM

RE: HB 330 relating to medically accurate sex education.

We are testifying in support of HB 330 relating to sex education.

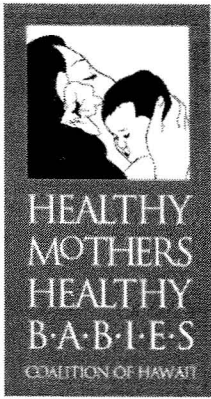
My name is Betty Sestak, RN, MPH, CRC, LMHC and I am the public policy chairperson for the state division of AAUW that has a membership of approximately 90 concerned women who feel strongly about this issue. We are in strong support of this bill to provide medically accurate sex education to our youth;

Hawaii's youth deserve the best and most effective sex education. Hawaii has one of the lowest rates of teens reporting sexual intercourse. Still of those having sex, only 54% are using condoms. **That's the lowest rate of condom use among sexually active teens in the country.** As a result, we see high rates of teen pregnancy and sexually transmitted diseases. **Hawaii has one of the highest rates of teen pregnancy in the nation.** Nationally, gonorrhea rates are on the rise and other STDs such as Chlamydia and syphilis continue to significantly impact the young population. In fact, one in four new STDs occur in adolescents.

Sex education that only addresses abstinence fails the youth of Hawaii. Our teens who chose to be sexually active must have the right information to keep themselves healthy and safe. Ensuring that Hawaii's youth receives comprehensive and accurate sexual health education will not only reduce our rates of sexually transmitted diseases and teen pregnancy, but it will empower our youth with the necessary tools they need to keep themselves safe and healthy.

We are in strong support of HB 330. Thank you on behalf of the state division AAUW for the opportunity to testify and to support this bill.

Betty Sestak
391-9390



HEALTHY MOTHERS, HEALTHY BABIES COALITION OF HAWAII

Date: February 11, 2009, 2pm in room 309
Committee: House Education
HB 330 HD 1: Relating to Comprehensive Sexuality Health Education

Honorable Chairperson Takumi and Members of the House Education Committee:

My name is Kari Wheeling, Project Coordinator of Healthy Mothers Healthy Babies Coalition of Hawaii. HMHB is in support of HB 330 HD1 requiring any recipient of state funding specifically for sexuality health education programs to provide comprehensive medically accurate sexuality education.

Across the United States, young people are at risk for unintended pregnancy and sexually transmitted infections (STIs) including HIV. According to the national organization, Advocates for Youth, Hawaii's teen pregnancy rate of 93 pregnancies per 1000 young women ages 15-19 is higher than the national rate of 84, and young minority women have disproportionately high birth rates. Hawaii teens that are sexually active have the lowest condom use rate in the nation which is one reason why sexually transmitted infections are a serious problem, especially among young women.

Comprehensive sex education programs are based in science that measures behavior change as well as knowledge and attitude change. Comprehensive sex education programs show strong evidence that they positively affect young people's sexual behavior, including both delaying initiation of sex and increasing condom and contraceptive use among important groups of youth.

Comprehensive sex education is responsible, age-appropriate, medically accurate instruction that emphasizes the benefits of abstinence while also teaching about contraception, disease-prevention methods, and a variety of other topics related to sexuality. We need to ensure that all teens in Hawaii are provided medically accurate sex education, so that they will make knowledgeable and informed decisions about their sexual health.

We appreciate your consideration of this measure. Mahalo for this opportunity to testify today.



A JOINT LEGISLATIVE EFFORT

E-Mail to: EDNTestimony@Capitol.hawaii.gov
Regarding: House Committee on EDN
Hearing on: February 11, 2009 @ 2:00 p.m., #309

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Date: February 9, 2009

To: **House Committee on Education**
Rep. Roy Takumi, Chair
Rep. Lyla Berg, Vice Chair

From: Dennis Arakaki
Executive Director
Hawaii Family Forum / Hawaii Catholic Conference

Re: Opposition to HB 330 HD1 Relating to Comprehensive Sexuality Health Education

Honorable Chair and members of the House Committee on Education, I am Dennis Arakaki, representing both the Hawaii Family Forum and the Roman Catholic Church in the State of Hawaii.

Hawaii Family Forum is a non-profit, pro-family education organization committed to preserving and strengthening families in Hawaii. The Roman Catholic Church in Hawaii, under the leadership of Bishop Larry Silva, represents over 220,000 Catholics in Hawaii.

We strongly oppose HB 330 HD1 because it "requires any recipient of state funding to provide medically accurate sexuality education." This requirement would prevent the continued operation of Catholic Charities Hawaii (CCH) successful federally funded abstinence program, called 'Try Wait.' 'Try Wait' is a medically accurate, abstinence-only program funded through a federal community based grant.

HB 330 HD1 is Unnecessary – State Board of Education Policy #2110 Applies

HB 330 HD1 is an unnecessarily punitive measure, which will de-fund successful local abstinence programs for Hawaii's youth. The Board of Education has an existing policy (#2110) which requires that students be taught:



Page Two

Opposition to HB 330 HD1 Relating to Comprehensive Sexuality Health Education

“...abstinence from sexual intercourse is the surest and most responsible way to prevent unintended pregnancies, sexually transmitted diseases such as HIV/AIDs, and consequent emotional distress.” The policy goes on to require that youth are provided “with information on and skill development in the use of protective devices and methods for the purpose of preventing sexually transmitted diseases and pregnancy.”

The policy already requires both abstinence and contraception be taught to students. It just does not require both be taught at the exact same time. Requiring that both be taught at the same time in the same presentation (as HB 330 HD1 would effectively require) undermines the abstinence message, sending the signal that adults don't believe students are capable of abstinence.

HB 330 HD1 is Unwise Budget Policy and Social Policy

Section 2 HRS 321 (a) would force organizations, like Catholic Charities Hawaii, with successful federally funded abstinence only programs, to choose between the loss of those federal funds or the loss of their non sex education state funding. CCH's non-sex ed state funding accounts for a significant percentage of the CCH budget and supports CCH services to the elderly, to families and children at risk and to immigrants. Passing legislation to force CCH and others to make this choice would be detrimental to students and their families who benefit from their medically accurate abstinence message.

We believe that is why the legislature has repeatedly chosen to hold this measure. We urge you to do the same this year.

Please oppose HB 330 HD1.

Mahalo for the opportunity to testify.

TESTIMONY IN STRONG SUPPORT OF HB 330 HD 1

House Committee on Education and Labor and Public Employment
Feb. 11, 2009, 2 p.m. | Hawai'i State Legislature House Conference Room 309

Measure Title: RELATING TO COMPREHENSIVE SEXUALITY HEALTH EDUCATION
Report Title: Comprehensive Sexuality Health Education; Women's Caucus
Description: Requires any recipient of state funding to provide medically accurate sexuality education.

To: Honorable Rep. Roy M. Takumi, Chair and Honorable Rep. Lyla Berg, Vice-Chair
Honorable Education Committee Members
Honorable Rep. Karl Rhoads, Chair and Honorable Rep. Kyle Yamashita, Vice-Chair
Honorable Labor Committee Members

From: Amy Agbayani, Ph.D., Private Citizen Charlene Cuaresma, MPH, Private Citizen
3432 B-1 Kalihi St., Honolulu, HI 96734 728 Nunu St., Kailua, HI 96734

My name is Amy Agbayani. I serve as director of the University of Hawai'i Student Equity, Excellence, and Diversity Program. I am a longtime proponent of civil rights and women's equity measures. My name is Charlene Cuaresma. I have worked as a public health educator for over 30 years to address health disparities in underserved populations. I currently serve as community director for the National Cancer Institute's Asian American Network for Cancer Awareness, Research and Training.

As women of color, Filipino community advocates, educators, and private citizens, we strongly support the passage of HB 330 and its companion SB777, which requires sexual health and education programs that are funded by the state of Hawai'i to be medically accurate and include information about contraception, pregnancy prevention, and prevention of sexually transmitted infections, including HIV. This is in keeping with Hawai'i-born President Barack Obama's pledge in his inaugural speech: "We will restore science to its rightful place, and wield technology's wonders to raise health care's quality and lower its cost."

Established scientific findings that have led to lifesaving medical advances are not reaching Hawai'i's vulnerable communities of women of color, resulting in disturbing and uneven reproductive health burdens. Focus groups conducted in the Filipino community indicated that first generation Filipino women from the Philippines lacked access to accurate information about reproductive health. Furthermore, sexual health information was rarely discussed from generation to generation in the home by parents in the Philippines and also in Hawai'i. Siblings and peers were the first source of sexuality education. This bill is critical to providing access to preventive health care to all Hawai'i public school students, and especially to students with parents whose first language is not English.

Research reveals that abstinence-only approaches in sex education is not enough, and simply is not working. Hawai'i has the lowest rate in condom use among sexually active teens. As a result, Hawaii teen pregnancy rates are among the nation's highest. Hawaii ranks sixth highest in the nation for Chlamydia infection. Filipino women have the highest percentage of late stage cervical cancer, in which HPV, human papillomavirus, a sexually transmitted disease, is a significant risk factor. Filipino women also had three times the rate of HIV/AIDS due to heterosexual transmission, when compared with Caucasian women in Hawai'i.

Your leadership to support this bill is needed to address this reproductive justice issue. Comprehensive sexuality health education is an empowering and science-based approach to equip Hawai'i's youth with knowledge *and* values to make healthy choices to determine the kind of life they want for themselves and for their Aloha State.

Respectfully,

Amy Agbayani and Charlene Cuaresma

HB330, Comprehensive Sexuality Health Education

http://www.capitol.Hawaii.gov/session2009/Bills/HB330_HD1_.HTM

Testimony of Nandar Aung, Doctor of Public Health Student

Department of Public Health Sciences, John A. Burns School of Medicine
University of Hawai'i at Manoa

Wednesday, February 11, 2009 at 2:00pm

Honorable Chair, Vice Chair, and Members of the House Education Committee:

This is a comprehensive sexuality health education bill. I am testifying today as an individual who is a doctoral student of Public Health focusing on teen pregnancy prevention for Hawai'i teens. I strongly support this bill for a comprehensive sexuality health education to reduce the rate of teen pregnancy in the state of Hawai'i and to prevent the transmission of sexually transmitted diseases. I also respectfully suggest that evidence-based medically accurate, factual information that is age-appropriate and includes education on both abstinence and contraception would be developed.

Problem Implication: Hawai'i's geography, location, climate, ethnic and cultural diversity provide unique challenges in responding to the needs of adolescent for their sexual education and sexually transmitted diseases. Hawai'i has the largest percentage of residents of mixed race of any U.S. State (21.4%) and 72% of the state's 300,000 children and youth are classified as minority (U.S. Census 2000). According to the 2007 Hawai'i Youth Risk Behavior Survey, 36% of Hawai'i's high school students have had sexual intercourse. Six percent of sexually active high school students have had sexual intercourse with four or more people during their lifetime. Among students who were currently sexually active, 27% has used alcohol or drugs before sexual intercourse.

Purpose and Justification: This bill provides the comprehensive sexuality health education which is in need of the current youths and adolescents in Hawai'i. Hawai'i ranks the 12th highest in teen pregnancy rates nationwide. The rate of sexually transmitted diseases like Chlamydia is most frequently occurring disease in Hawai'i teens and adolescents, ranking 3rd highest

nationally in 2004. Teens access to family planning services in Hawai`i has been problematic due to inadequate resources, ranking 47th in service availability nationally in 2006. Fewer youth reported learning about AIDS or HIV in school compared to 1995 (83% of Hawai`i public high school students in 2005 compared to 91% in 1995).

The Department of Education which is the main medium to reach teens and adolescents and to educate sexual health has no standardized curriculum to provide medically accurate, factual information that is age-appropriate and includes education on both abstinence and contraception. Students are having mixed and unreliable information about sexual health and contraception from other sexually experienced persons around them. It is unacceptable and intolerable to put the innocent teens and adolescents at risk from sexually transmitted disease only because of lack of education. Sexually active teens are more likely to use other substances like alcohol and tobacco, fall behind academically, drop out of school and have unintended pregnancy.

There are quite a number of runaway and homeless youth in Hawai`i which warrant for public health attention. Teenage girls and boys are at high risk of victimization, including sexual assault and exploitation. These youth are at extremely high risk of unwanted pregnancies and sexually transmitted infections.

The current Bill requires any recipient of state funding that provides sexual health education shall provide medically accurate, factual information that is age-appropriate and that includes education on both abstinence and contraception for the prevention of pregnancy and sexually transmitted diseases, including HIV. I strongly support this Bill for its focus on the niche on sexual health education and to reduce the health disparity among people in Hawai`i. Thank you for the opportunity to testify on this important measure. I respectfully request your expeditious and favorable consideration of this proposal.

Testimony to the 2009 State Legislature

Date: Wednesday, Feb. 11, 2009
Committee: House Committee on Education
Bill: HB329, HD1: Relating to Health
and
HB 330, HD!: Relating to Comprehensive Sexuality Health Education

Honorable Chair Takumi, Vice Chair Berg, and Members of the House Education Committee:

My name is Nancy Partika, and I am a University of Hawaii faculty member in Public Health, specializing in maternal and child health. I am testifying today as an individual who has worked in public health in Hawaii for almost 3 decades. I appreciate the opportunity to testify on HB329,HD1 and HB 330, HD!, which propose to require the State to reject Title V federal funding for abstinence-only programs, and to require all recipients of state funding to provide medically-accurate sex education.

As a long-time maternal and child health advocate, I strongly support these two bills, because I believe that, in order to reduce unintended pregnancies in teens, we need to offer them the most accurate and useful information possible in order to provide them with the tools to make responsible health decisions.

Decreasing early adolescent sexual initiation is an important public health objective, but it is scientifically-based sex education programs teaching both abstinence and contraception that is proven to delay sexual initiation and prevent pregnancy, STDs, and risky sexual behavior. In contrast, abstinence-only sex education programs are defined by federal statute as having the "exclusive purpose of teaching the social, psychological, and health gains of abstaining from sexual activity."

There is currently no body of credible scientific evidence that abstinence-only programs have been effective in reducing adolescent sexual risk factors. A recently-released major scientific study on this issue by a Johns Hopkins University researcher found that, five years after their abstinence-only pledge, 82% of abstinence-only pledgers denied having ever pledged. Abstinence-only pledgers and matched non-pledgers did not differ in premarital sex, sexually transmitted diseases, or other sexual risk variables. Abstinence-only pledgers had slightly fewer recent sexual partners but did not differ in the number of lifetime sexual partners and age of first sex. Fewer abstinence-only pledgers than matched non-pledgers used birth control and condoms in the past year and birth control when they last had sex.

The conclusions of this large and scientifically-valid study were that the sexual behavior of virginity pledgers does not differ from that of closely matched non-pledgers. Of great concern is that abstinence-only pledgers are less likely to protect themselves from pregnancy and disease before marriage. Virginity pledges may not affect sexual behavior but appear to decrease the likelihood of taking precautions during sex. The study author concluded that clinicians should provide birth control information to all adolescents, especially virginity pledgers.

Study: Patient Teenagers? A Comparison of the Sexual Behavior of Virginity Pledgers and Matched Non-Pledgers, Janet Elise Rosenbaum, Journal of *Pediatrics*. 2009;123:e110-e120 DOI: 10.1542/peds.2008-0407

Despite the fact that abstinence-only programs have not been proven to work, and may even put youth participants at risk, abstinence-only federal funding increased dramatically, from \$73 million in 2001 to \$204 million in 2008. This exemplifies a morality rather than evidence-based justification for abstinence-only programs that Hawaii, as well as many other states, are now rejecting. States are now asking the new federal administration to instead provide more funding for scientifically-proven sexuality education.

Our adolescents need and deserve the most accurate and factual evidence-based health information available in order to make these important life decisions. Well-designed

and scientifically-accurate sex education programs that teach both contraception and abstinence can help to delay sexual initiation, prevent pregnancy, sexually-transmitted diseases, and reduce risky sexual behavior.

Thank you for your thoughtful consideration of these two important public health measures, and thank you for this opportunity to provide this testimony.

**Nancy S. Partika, RN, MPH
MCH/OPHS Faculty-UH-Manoa**

berg1-Liz

From: judith anderson [gr8olbroad@hotmail.com]
Sent: Monday, February 09, 2009 7:24 PM
To: EDNtestimony
Subject: HB329, Testimony in support, with amendment to effective date AND HB329, HD1, in support

Dear Chairs Takumi and Rhoads, Vice Chairs Berg and Yamashita and members of the Joint House Committees on Education and Labor & Public Employment,

My name is Judith Anderson, and I wish to submit testimony in support of both of the above bills.

Re HB 329, HD1, I strongly urge you to support this bill. Given our current government, I hope there will be no such strings attached to federal funding now. However, should some funding still mandate abstinence-only programs, it is necessary to reject it. There is no logical, medical, scientific or sensible reason to limit information to abstinence-only. It has long been proved, if it had to be, that those most in need of information and aid in preventing disease and unwanted pregnancy are unlikely to be abstinent. Common sense rarely wins a battle with hormones. To ignore the huge amount of information and medication and equipment to accomplish safer sex is not to educate or aid those in need of such information and equipment, but to promote a narrow religious view in the guise of education.

We have a pragmatic president who says he wants programs that work, not just programs that promote a given dogma. Let us pass pragmatic laws that will help our society and its members, not propagandize them. And let us make them permanent, to July 1, 2090, at least, not just for the next 9 years so those who would keep our children ignorant can have another shot at repealing or neutering them.

Re HB 330, HD1, this, too, follows the same basic thought as the bill above. If we are going to have sex education to promote the health and well-being of our children, it must be complete, unbiased and accurate. It is education, not religion or philosophy or an attempt to pretend one can bring about some kind of utopia in which young people will do the 'right thing' at all times if we just keep them ignorant of any other possibilities. The notion of two virgins attempting on their wedding night to figure out how to accomplish a fulfilling and rewarding sexual relationship for life is not simply ludicrous, but frightening. There must be education, there must be situations in which young people can learn that the only right and wrong about sex is that both parties must be willing and able to agree that any proposed activity is appealing and safe. They must understand how their bodies and hormones and emotions act and respond and intertwine to produce a relationship that adds to and strengthens all of their bonds, and by the time they do marry, they should have the confidence and knowledge to make the sexual part of that marriage a positive, joyful, strengthening bond. This cannot be done with incomplete, inaccurate and disapproving so-called 'sex education.'

Judith Anderson
2421 Ala Wai Blvd.
Honolulu HI 96815

February 10, 2009

TO: House Committee on Education

FROM: Melinda Wood, private citizen

SUBJECT: In Support of HB 330

Thank you for the opportunity to testify on HB 330 Relating to Comprehensive Sexuality Health Education. This bill is needed to overcome the harm done by the years of abstinence-only sex education in our state.

As a result of teaching abstinence-only in the DOE, Hawaii teens have one of the highest pregnancy rates in the US, the sixth highest rate of Chlamydia in the country, and the absolute lowest rate of condom use in the US. The Waxman Report authored by US Congressman Henry Waxman reported that abstinence-only education by and large has been a failure across the country in reducing teen sexual activity and the consequences that follow.

Comprehensive sexuality education most certainly includes abstinence as one part of healthy sexuality. Deciding for oneself about being ready, or not ready, to express one's sexuality requires a sense of self-respect and confidence, not just a fear of "what happens if...?" One of Hawaii's most effective sexuality education programs is called "Making Proud Choices," integrating self-respect and pride into defining one's sexuality.

I highly recommend that the Hawaii House of Representatives support medically accurate comprehensive sexuality education for all of Hawaii's teens. Should you wish to discuss this further with me, you may call me at 945-0135. I look forward to a positive outcome on this matter.