



A JOINT LEGISLATIVE EFFORT

E-Mail to: FINTestimony@Capitol.hawaii.gov
Regarding: House Committee on FIN
Hearing on: April 3, 2009 @ 4:30 p.m.
Copies Necessary: 30 copies

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Date: April 2, 2009

To: House FINANCE Committee
Rep. Marcus Oshiro, Chair
Rep. Marilyn Lee, Vice Chair

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

Re: **Opposition with comment on SB 777, HD1 Relating to Comprehensive Sexuality Health Education**

Honorable Chair Oshiro, Vice-Chair Lee and members of the House Committee on Finance, 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 opposed SB 777 as it came from the Senate 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.

SB 777 is Unnecessary – State Board of Education Policy #2110 Applies

SB 777 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 - see page three attached*) which requires that students be taught:



Page Two

Opposition to SB 777 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 SB 777 would effectively require) undermines the abstinence message, sending the signal that adults don't believe students are capable of abstinence.

SB 777 (without 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. We support the amendments made in SB 777, SD1 HD 1 which would prevent the loss of funding and employment of people hired by Catholic Charities to conduct abstinence only programs.

If you feel it is necessary to pass SB 777, we ask that you leave the amendment made by the House Health Committee intact. We also hope you will defend the amendments should it go to Conference.

Thank you for the opportunity to testify on this measure.

Mahalo a nui loa kakou...



Hawai'i Women's Political Caucus

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A State Chapter of the
National Women's
Political Caucus

April 1, 2009

TO: Rep. Marcus R. Oshiro, Chair
Rep. Marilyn B. Lee, Vice Chair and
Members of the House Committee on Finance

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

RE: SB777 SD1 HD1 Relating to Comprehensive Sexuality Health
Education
(Friday, April 3, 2009 at 4:30pm in Room 308)

POSITION: SUPPORT

Good afternoon, Chair Oshiro, Vice Chair Lee and members of the House Committee on Finance. I am Faye Kennedy representing the Hawai'i Women's Political Caucus and submitting testimony in support of SB777 SD1 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.



House FIN Cmte
Fri, April 3, 2009
4:30 pm
room 309

National Association of Social Workers

Hawaii Chapter

April 1, 2009

TO: Rep. Marcus Oshiro, Chair
Members of the House Finance Committee

FROM: Debbie Shimizu, LSW
National Association of Social Workers

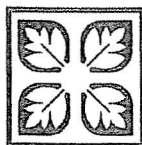
RE: SB 777 SD1, HD1 Relating to Comprehensive Sexuality Health Education- **SUPPORT**

Chairman Oshiro and members of the House Finance Committee, I am Debbie Shimizu, Executive Director of the National Association of Social Workers (NASW), Hawaii Chapter. NASW is the largest professional organization for social workers in Hawaii. We are testifying in **SUPPORT of SB 777 SD1 HD1 to require any recipient of state funding that provides sexuality health education to provide medically accurate, factual and comprehensive information.**

According to the Guttmacher Institute statistics on contraception counts in Hawaii, we are ranked as having one of the highest rates of teen pregnancy in the nation. Additionally, a 2007 Youth risk behavior surveillance report ranked Hawaii as having the lowest rate of condom use among sexually active teens in the country. A DOH report on "Case Rate of Reported Cases of Chlamydia" also found that Hawaii has the nation's 6th highest rate of Chlamydia infection.

Our teens who choose to be sexually active must have the right information to keep themselves healthy and safe. They need information that is medically accurate, factual and comprehensive. The information must be age appropriate and include education on abstinence as well as contraception. Providing this information will reduce our rates of sexually transmitted diseases and teen pregnancy.

I urge your favorable consideration of SB 777 SD1 HD1 and thank you for this opportunity to testify.



CATHOLIC CHARITIES HAWAII

To: Rep. Marcus R. Oshiro, Chair Committee on Finance
Rep. Marilyn B. Lee, Vice Chair, Committee on Finance

From: Criselda Smith, Program Director 1
Catholic Charities Hawaii
Try Wait! Program

Date: Finance Committee Hearing
April 3, 2009
Conference Room 308
4:30 p.m.
State Capitol
415 South Beretania Street

Opposed to SB777 SD1

First of all, I would like to thank the Chair and the members of the Finance Committee for giving me the opportunity to express my concern about Senate Bill 777, SD1. As with House Bill 330, Senate Bill 777, SD1, presents valid interests (concerns) of which I can personally tell you that we, Try Wait, an Abstinence Education Program for our island, do address.

Areas that are misleading in this bill are the areas that state that medically accurate information are not being used and that alternative contraceptive information is not being provided.

The SB 777 SD1 states that it's purpose is to require any recipient of state funding to provide medically accurate, factual and comprehensive information that is age appropriate and includes education on abstinence and contraception. My response to this is that The Try wait program takes a proactive approach in trying to keep abreast of the latest statistics that we provide to students by consistently referencing the CDC, peer reviewed journals and even networking with local Physicians in getting information that is relevant to our island. Students are engaged with interactive activities that



facilitate them to do active learning on this subject.

SB 777 SD1 also state that abstinent programs do not discuss alternative contraceptives. Alternative contraceptives are a key lesson to our program. We discuss choices such as "The Pill", Depo Provera , IUD, Male Condoms, Diaphragm...to name a few. These contraceptives are discussed in great lengths in both the PATH curriculum as well as the LIFE curriculum which TRY WAIT uses. Students are challenged to share their knowledge on the alternative methods to the extent that we even ask them to discuss some possible consequences that they might have. It is our belief that it is not enough for us to discuss how these items are used but to also include what types of effects/challenges they might take on a young adolescent.

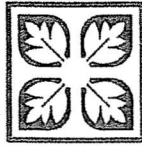
As a mother of two adolescents who attend Hawaii Public High schools and active citizen of our state I have vested interest in how and what information is provided when referencing sex education. I am determined to believe in our youth! I believe that when provided the holistic picture of what can occur if our youth choose to engage in sex they can make the right choice. Let's believe in them. Let's continue to provide a true picture addressing every area; emotional consequences, limits of contraception use, boundaries and most importantly self respect.

Finally, we would be most appreciative if this committee does pass this bill that they retain the amendment, that would serve to protect Catholic Charities Hawaii from having to choose between State contracts and Federal funding.

Please support the amendments as other committees have done previously with SB 777 SD1 HD 1, "The purpose of this Act is to require any recipient of state funding specifically for sexuality health education programs to provide medically accurate, factual, and comprehensive information that is age appropriate and includes education on abstinence and contraception." Our program does not use any state funding and so with the amendment you could continue to require state programs to do as you ask and yet not affect the powerful work that we do with students.

Please contact me at 535-0882 should you have further questions or concerns.

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CATHOLIC CHARITIES HAWAII

To: Representative Marcus Oshiro, Chair
Representative Marilyn Lee, Vice-Chair
House Finance Committee Members

From: Danny Morishige, Program Director II
Catholic Charities Hawaii
Mary Jane Program (Try Wait! Program)

Date: April 2, 2009

Place: Finance Committee Hearing
April 3, 2009
Room 309
4:30 p.m.

RE: **Testimony in opposition to SB 777 HD1**

My name is Daniel Morishige and I am the Program Director of the Mary Jane Program of Catholic Charities Hawaii. The Mary Jane Program assists women and teens facing unplanned pregnancies, adoption services, and has a community based abstinence educational program called "Try Wait!". I oppose SB 777 HD1.

I wish to acknowledge and appreciate the amendments made by the House Health and Education Committee to address the issue regarding requiring state funding specifically for sexuality health education to be covered by this bill. These amendments will enable our agency to continue to receive state funding for our various programs other than sexuality education and our federal contract for the Try Wait program. I would encourage your committee to support



this amendment to this bill if you will pass on this bill.

Our Try Wait! Program is a five-year federal CBAE grant and is currently in our third year. We also had received and completed a three years SPRANS grant. During that time we have presented our abstinence education program to more than 10,000 public and private school students on all six islands. To date we have made presentations to over 20,000 students. Our teams use a nationally used abstinence curriculum with locally made videos (instead of the videos that came with the curriculum), interactive activities, and skits to discuss the abstinence option. Students are given examples on: how to deal with peer pressure to have sex, how to set boundaries, how the media can affect their views on sexual behavior, teen pregnancy and STDs. In addition the students receive a locally made music CD with songs that promote the abstinence message. Our federal funding prohibits our program from promoting contraception because it would confuse students by sending mixed messages. We do not promote religion and we do not scare students about sex.

Our program has been well received. We are booked for presentations almost a year in advance and have high satisfaction ratings from students, teachers and parents.

The schools teach contraception through their own programs and presentations made by other agencies. Thus we act in concert with the schools and other agencies to teach students about both abstinence and contraception. We present the abstinence portion and the schools or other agencies teach the

contraception portion. We feel this is a win-win situation as the students receive the full message about both abstinence and contraception.

The main reason for the opposition to S.B. 777 is that there is growing scientific evidence that abstinence programs are effective in preventing sexual activities and so the statement that abstinence programs have failed or are not effective is premature. For example Catholic Charities Hawaii is in the process of conducting an evaluation on the impact of the Try Wait Program. The University of Hawai'i School of Social Work is conducting an evaluation of our program. They could contribute to the body of scientific evidence supporting the efficacy of abstinence education.

I oppose SB 777 SD1 HD 1 for the following reasons:

- The Department of Education currently has a policy, (Policy 2110) which requires that both abstinence and contraception be taught in schools. Since both abstinence and contraception are being taught, this bill is unnecessary;
- For the past five years Try Wait! has been teaching abstinence in the public and private schools and students can receive a comprehensive sex education with abstinence and contraception groups working together:
- Evaluation of the effectiveness of Try Wait! on Hawaii students is still in process;
- Most experts agree that further scientific evaluation on the effectiveness of abstinence education programs has not yet been completed. There are new studies that have come out that have found support for abstinence education programs.
- There are also questions regarding the studies on comprehensive sex education. Most do not measure pregnancy prevention as most do not and the few that do none are school based.

March 30, 2009

TO: Representative Marcus R. Oshiro, Chair
Members of the House Finance Committee

FROM: Lauren Wilson
UH Masters of Social Work Distance Education Student

RE: SB 777 SD1 Relating to Comprehensive Sexuality Health Education- **SUPPORT**

Chairman Oshiro and Members of the House Finance Committee, I am writing to share my **unwavering support for SB 777 SD1 Relating to Comprehensive Sexuality Health Education**. This bill will require that recipients of state funding for sexuality health programs provide medically accurate, factual, and comprehensive information that is age appropriate and includes information on abstinence and contraception.

Recently President Obama has signed an Executive Order that our legislation be guided by scientific fact. The fact is Hawai'i's rate of teenage pregnancy is 12th in the nation according to the Guttmacher Institute. More than one third of Hawai'i's teens are engaging in sexual activity and only half report using a contraceptive method. Providing accurate information about abstinence and contraceptives has shown to reduce teenage pregnancy and the spread of STDs without increasing the incidence of teenage sexual activity as evidenced by the 25 other states that have adopted similar measures.

President Obama ordered that we use science to meet our ethical and moral responsibility to end suffering. Every year in Hawai'i there are 3,600 teenage pregnancies, 37% will end in abortion. Surely we can all agree that this is a disturbing number that must be prevented. This bill allows us that opportunity.

Intellectuals solve problems; geniuses prevent them. -Albert Einstein

This bill allows us to begin solving the problem of teenage pregnancy as well as preventing abortion and the pressure that teenage pregnancies put on our limited social service resources. Teenagers that become pregnant and their children are more likely to age in poverty and require state welfare services. Senate Bill 777 allows us the opportunity to prevent this cycle.

As members of the House Finance Committee you know first hand the pressure that these dire economic times have put on our state welfare services. It is a sad reality that we are currently unable to fully sustain programs that teenagers who become pregnant rely on.

Senate Bill 777 costs the state nothing and has the potential of saving millions in the future. I appeal to your fiscal responsibility as well as your obligation to base legislation on scientific fact and ethical and moral responsibility to ease suffering and support this bill.

Respectfully submitted,

Lauren Wilson

HOUSE OF REPRESENTATIVES
THE TWENTY-FIFTH LEGISLATURE
REGULAR SESSION OF 2009

COMMITTEE ON FINANCE

DATE: Friday, April 3, 2009
TIME: 4:30 p.m.
PLACE: Conf. Room 308

Testimony in Opposition to SB 777, SD1, HD1

RELATING TO COMPREHENSIVE SEXUALITY EDUCATION

Carol R. White
Hawaii Right to Life

This bill is simply a feel-good measure without any scientific validity. SB 777 and its House counterparts began as an effort to censor our local abstinence-only federally funded programs, *Try Wait* and *Smart Moves*, which take place outside of the DOE. Section 1 still references the notion that abstinence-only programs are ineffective.

This legislation was created by those who oppose abstinence-centered education because it goes against their core value system. They believe that our society should be more free and open about sex, overcome our inhibitions, and simply enjoy sex. It is a shame that our Women's Caucus simply imported the bill from other jurisdictions without seeking any other opinions.

The 2007 federally funded study, *Emerging Answers 2007*, referenced in Section 1, covered 20 years of research. Despite the media barrage claiming that comprehensive sexuality education (CSE) programs were successful (had positive behavioral effects), a review of the actual report showed a surprising lack of evidence to support that assumption.¹

The Institute for Research and Evaluation is a national group that has conducted reviews for both government agencies and the programs themselves. Their criteria for an effective program states that it should produce:

1. Sustained results – the program's impact on teen behavior should last for a substantial period of time, at least 12 months following their program participation.
2. Broad-based impacts – claims of significant program impact should be based on the entire group of program participants and not just on subgroups.
3. Real protection – the program should impact the teen behaviors that have been proven to be protective: *sexual abstinence or consistent condom use (i.e. using a condom every time)*.²

The review found that:

1. No school-based CSE programs had increased the number of teens that used condoms consistently for more than 3 months.
2. No school-based CSE programs resulted in a decrease in teen pregnancy or STD rates for any period of time.
3. Only one school-based CSE program delayed the onset of teen sexual intercourse for 12 months across the entire program group and only three programs increased frequency of condom use (but not *consistent* use) for the same time period
4. **No school-based CSE programs increased both teen abstinence and condom use for the full program group for more than 3 months.**

I realize that the committee is not interested in exploring the scientific evaluation of the effectiveness of abstinence-based programs; suffice it to say that three recent peer-reviewed studies of school-based abstinence education found significant reductions in sexual activity across all program participants.³

The point of my testimony is to challenge the assumption in this bill that the same-old programs we have been using in our public schools for 30 years will have any other outcome than what we have seen: more teen pregnancies, more teen STD's, and more teenagers with emotional and relationship problems.

Please ask yourselves: what will be changed by this bill?

And what can this legislature do to change the status quo?

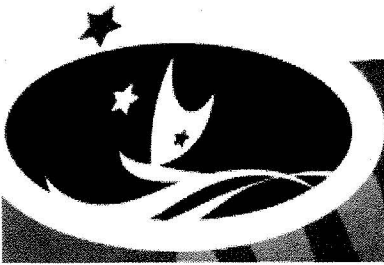
1. Weed, Stan. *Testimony before the U.S. House of Representatives Committee on Oversight and Government Reform*. April 23, 2008.

2. Institute for Research & Evaluation. Salt Lake City, UT. *Another Look at the Evidence: Abstinence and Comprehensive Sex Education in Our Schools*. March 6, 2009.

3. Institute, pg. 2.

I urge this committee to kill this bill.

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WOMEN'S CAUCUS |

DEMOCRATIC PARTY OF HAWAII

Hawai'i State Democratic Women's Caucus 1050 Ala Moana Blvd #D-26, Honolulu, HI 96814 Email: hidemocraticwomenscaucus@yahoo.com

April 3, 2009

To: Representative Marcus Oshiro, Chair
Representative Marilyn Lee, Vice Chair and
Members of the Committee on Finance

From: Jeanne Ohta, Chair of the Legislative Committee, Hawai'i State Democratic Women's Caucus

Re: SB 777 SD1 HD1 Relating to Comprehensive Sexuality Health Education
Hearing: April 3, 2009, 4:30 p.m., Conference Room 308

Position: STRONG SUPPORT

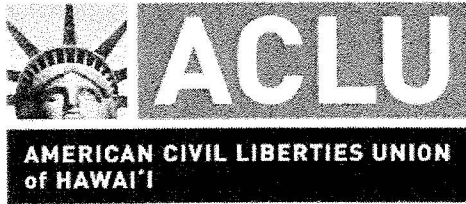
Thank you for allowing me to testify today, in strong support of SB 777 SD1HD1 Relating to Comprehensive Sexuality Health Education.

The Hawai'i State Democratic Women's Caucus is a catalyst for progressive, social, economic, and political change through action on critical issues facing Hawai'i's women and girls. It is in keeping with our mission that we support the provision of comprehensive sexuality health education.

We believe that comprehensive, medically-accurate information about reproductive health is good public policy. It provides age appropriate information on abstinence while also teaching about contraception, disease-prevention methods, and a variety of other topics related to sexuality such as sexual development, reproductive health, interpersonal relationships, body image, decision-making, and gender roles. The important thing to know about comprehensive sexuality education is that it works. Research shows that teenagers who receive sexuality education that includes discussion of contraception are more likely than those who receive abstinence only messages to delay sexual activity, to use contraceptives when they do become sexually active, and to have fewer partners. (Kirby, D. (2001) *Emerging Answers: Research Findings on Programs to Reduce Teen Pregnancy*. Washington, D.C.: National Campaign to Prevent Teen Pregnancy, 88)

Major medical, public health and research groups and institutions support more comprehensive forms of sexuality education that includes information about both abstinence and contraception. They include the American Medical Association, the American Academy of Pediatrics, the American Nurses Association, the American College of Obstetricians and Gynecologist, the American Public Health Association, the National Institutes of Health, and the Institute of Medicine.

It is critical for the State of Hawai'i to set the standard for sexuality education that would give teens the information they need and deserve. We urge this committee to pass SB 777 SD1 HD1 and thank you for the opportunity to testify.



Committee: Committee on Finance
Hearing Date/Time: Friday, April 3, 2009, 4:30 p.m.
Place: Room 308
Re: Testimony of the ACLU of Hawaii in Support of S.B. 777, SD1, HD1
Relating to Comprehensive Sexuality Health Education

Dear Chair Oshiro and Members of the Committee on Finance:

The American Civil Liberties Union of Hawaii (“ACLU of Hawaii”) writes in support of S.B. 777, SD1, 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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Hon. Rep. Oshiro, Chair, FIN Committee
and Members Thereof
April 3, 2009
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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.

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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.

Hon. Rep. Oshiro, Chair, FIN Committee
and Members Thereof

April 3, 2009

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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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PLANNED PARENTHOOD® OF HAWAII

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April 3, 2009

Testimony in Support: SB 777 SD1 HD1

To: Representative Marcus Oshiro, Chair, and Representative Marilyn Lee, Vice Chair, and Members of the House Committee on Finance

From: Katie Reardon, Vice President of Government & Public Affairs, Planned Parenthood of Hawaii.

Re: Testimony in Support of SB 777 SD1 HD1

Thank you for allowing me the opportunity to testify today in support of SB 777 SD1 HD1, requiring that state funded sexual education programs be comprehensive and medically accurate. Planned Parenthood strongly supports this bill and we find it to be a crucial step toward ensuring the health and safety of Hawaii's youth.

I. SB 777 SD1 HD1 Provides For Comprehensive and Medically Accurate Sexual Health Education

SB 777 SD1 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

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.ashstd.org

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(A Maui United Way Agency)

And in Hawaii, a 2004 study found that 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

A federally funded national study has shown that "abstinence-only" programs are ineffective. This study found that teens who participate in these programs report the same rate of sexual activity than those who don't and also report the same age of first sexual activity, about 14 years old.⁶ Furthermore, reliable research shows that students who pledge to remain abstinent report significantly higher rates of other sexual activities, including oral and anal sex. These teens that do have sexual intercourse are one third less likely to use condoms or other forms of contraceptives and are one third less likely to seek medical care.⁷

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.⁸ 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. 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.

SB 777 SD1 HD1 gives the State of Hawaii the option to provide a healthier alternative through state funding. Comprehensive and medically accurate sex education teaches abstinence, but also provides information about pregnancy and STI prevention for students who choose to be sexually active.

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.⁹

The **American Academy of Pediatrics** believes that "children and adolescents need accurate and comprehensive education about sexuality to practice healthy sexual behavior as adults."¹⁰ 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."¹¹

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 Christopher Trenholm, et. al., "Impacts of Four Title V, Section 510 Abstinence Education Programs: Final Report," (Trenton, NJ: Mathematica Policy Research, Inc., April 2007), <www.mathematicapr.com/publications/pdfs/impactabstinence.pdf>.

⁷ Peter Bearman and Hanah Brückner, "Promising the Future: Virginity Pledges and the Transition to First Intercourse," *American Journal of Sociology* 106.4 (2001): 859-912. See also, Peter Bearman and Hanah Brückner, "After the promise: The STD consequences of adolescent virginity pledges," *Journal of Adolescent Health* 36.4 (2005): 271-278.

⁸ Sexuality Information and Education Council of the United States (SIECUS), *Hawaii State Profile*, www.siecus.org.

⁹ 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

¹⁰ Policy Statement, *Sexuality education for Children and Adolescents*, AAP, 2001. <http://www.aap.org/policy/0068.html>

¹¹ Id.

The **National Education Association** recommends the SIECUS Guidelines for Comprehensive Sexuality Education a resource in developing appropriate school-based curriculum.¹²

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.”¹³

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.¹⁴

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 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, it will empower our youth with the necessary tools they need to keep themselves safe and healthy. Simply put, comprehensive and accurate sex education saves lives. We ask you to pass SB 777 SD1 HD1.

¹² Sexual Health Fact Sheet, NEA, “Sexual Health, the Role of School Personnel.” See http://www.neahin.org/resources/docs/Sexual_Health_HIN_Flyer.pdf

¹³ *American School Health Association Compendium of Resolutions*, ASHA, April 2002. See <http://www.ashaweb.org/family.life>

¹⁴ Kirby, D.. (2001) “Emerging Answers: Research Findings on Programs to Reduce Teen Pregnancy”. Washington, D.C. : National Campaign to Prevent Teen Pregnancy, 95.



April 2, 2009

TO: Rep. Marcus R. Oshiro, Chair, Committee On Finance
Rep. Marilyn B. Lee, Vice Chair, Committee On Finance
Members, Committee On Finance

FROM: Jackie Berry, Executive Director

RE: SB 777, SD1, HD1 Relating to Comprehensive Sexuality Health Education

Hearing: Friday, April 3, 2009

Honorable Chairperson Oshiro, Vice Chairperson Lee and Members of the Committee on Finance

My name is Jackie Berry, Executive Director of Healthy Mothers Healthy Babies Coalition of Hawaii (HMHB). HMHB is a statewide coalition of public and private agencies and individuals committed to the improvement of maternal and infant health status in Hawaii through education, coordination and advocacy. **HMHB is testifying today in support of SB 777, SD1, HD1 Relating to Comprehensive Sexuality Health Education.** This bill requires that any recipient of state funding provide medically accurate sexuality education, including information about contraception, pregnancy prevention and prevention of STI's, including HIV. Hawaii's young people deserve to be treated with respect and to be given accurate and current information in order to make informed decisions about their behavior.

Unfortunately, Hawaii has a high rate of teen pregnancy and sexually transmitted diseases as a result of having the **lowest rate of condom use among sexually active teens in the country.** Nationally, Gonorrhea rates are on the rise and other STDs such as Chlamydia and syphilis continue to significantly impact the young population. One in four new STDs occurs in adolescents. In Hawaii, a 2004 study found that youth aged 15-24 bore the highest burden, experiencing 67% of all Chlamydia infections. **Hawaii has the nation's 6th highest rate of Chlamydia infection.** Our teens that chose to be sexually active must have the right information to keep themselves healthy and safe. STDs, particularly Chlamydia, have an impact on the future possibilities of pregnancy and a healthy outcome of that pregnancy.

Thank you for opportunity to testify

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PAMELA LICHTY, MPH
MEMBER, ACLU OF HAWAII LEGISLATIVE WORKING GROUP
808 224-3056
pamelalichty@gmail.com

TO: House Committee On Finance

RE: **SB 777**, SD 1, HD1 RELATING TO COMPREHENSIVE SEXUALITY
HEALTH EDUCATION– in support

DATE: April 3, 2009 at 4:30 p.m., room 308

Chair Yamane and Members of the Committee on Health:

As a long time advocate for public health and especially women's health care, in the state of Hawai'i I'm testifying in strong support of SB 777, S.D. 1, H.D.1. I'm also a member of the ACLU of Hawaii's Legislative Working Group.

The ACLU strongly supports this measure which would further our goal of encouraging the provision of accurate information to strengthen people's knowledge and therefore control over their own bodies, lives, and futures. Young people in particular, require scientifically-based educational materials with which to make responsible choices about their sexual lives

Our national Reproductive Freedom Project works with many national medical organizations such as the American Medical Association and the American College of Obstetricians and Gynecologists to further this goal.

Concern about young people's sexual behavior and its consequences are strongly supported by research which shows that:

- Nearly two-thirds of all high school seniors in the U.S. have had sexual intercourse.
- Each year, approximately 9.1 million 15-24 year olds are infected with sexually transmitted infections (STIs), accounting for almost one-half of the total new STIs occurring annually in the U.S.
- The Centers for Disease Control & Prevention estimate that one-half of all new HIV infections occur among people under age 25, with the majority contracted through sexual intercourse. *[citations given in this testimony are available on the www.aclu.org website.]*

Moreover approximately 822,000 pregnancies occurred among 15-19 year old women in 2000.

The vast majority of Americans want scientifically based information made available to our children:

- In a nationwide poll conducted in 2004 for the Kaiser Family Foundation, National Public Radio, and the Kennedy School of Government, researchers found that an overwhelming majority of parents want sex education curricula to cover topics such as how to use and where to get contraceptives, including condoms; abortion; and sexual orientation.
- Similarly, major medical organizations have advocated for and/or endorsed comprehensive sexuality education, including the American Medical Association, the American Academy of Pediatrics, the American College of Obstetrics and Gynecology, and the Society for Adolescent Medicine.

In short we believe that both medical experts and the general public concur that the ideas put forth in SB777, SD 1, HD1 are both necessary and important. We urge you to pass it on to next committee with a strong recommendation. Thank you for the opportunity to testify.

To: Representative Marcus R. Oshiro, Chair
Representative Marilyn B. Lee, Vice-Chair
House Finance Committee Members

From: Deborah Kato, Classroom Presenter
Catholic Charities Hawai'i
Mary Jane program (Try Wait Program)

Date: Friday, April 3, 2009

Place: House Finance Committee Hearing
State Capitol, 415 South Beretania St.
Room 308, 4:30pm

RE: **Testimony in opposition to SB 777 SD 1 HD 1**

My name is Deborah Kato and I am currently a classroom presenter for the "Try Wait" program. Not only do I believe in the importance of this message, I also believe in our youth and their capability to make good and responsible decisions for their own well-being and future. I think we are so much more than an abstinence program... our main focus and emphasis is on abstinence however, we discuss so much more with our students. Just last week Tuesday we were asked to come to Hawai'i Baptist Academy speak to the whole junior class on the importance of boundaries and healthy relationships. The response we got from both teachers and students was so overwhelmingly receptive that they asked us to come back again in April... I always thought the democratic purpose was to provide everyone with two sides, two choices, more than one option. If this bill gets passed, our students will no longer have our option, our voice, or our guidance. I know that I am only one voice with one story, one testimony. However, I truly believe I touch my students with the realness and sincerity of what has happened to me in my life, as well as the rest of my team members. We bring

a sense of “realness” and develop a connection with our students through our honesty and openness, which I believe makes our particular program so special. I do realize that not every student will agree with our choice or message, but I have witnessed first hand many students who have. I would now like to share a small part of a young girl’s letter who has had our program... “The Try Wait team teachers really made an impact on my life. They helped to change the way I think and my perspective. They also enlightened me on the subject. They taught me many new things that I didn’t know about. I decided to wait to have sex and be abstinent because I wanted to have a better future and enjoy my life. If I could change anything about the Try Wait program I would make it longer.”

I believe that educating our youth with information, statistics and facts helps not only to empower them but also encourage them if abstinence is the choice that they are choosing to make. We do not by any means tell them that this is the only option to choose. Nor do we claim that by not choosing abstinence you are **guaranteed** physical and/or psychological harm. We merely provide abstinence as an option for them to choose if they decide to.

This message of abstinence is not only of a professional matter to me but holds personal weight and significance in my life. I have learned first hand about the consequences that having sex can have on an individual because not only was I sexually active as a teen, I also became pregnant at the age of 19. I now have an 8yr. old son and am proud to say that I have broken the typical stereotype of a teen parent through my struggles, lowest points and triumphs. I have overcome a lot over the past nine years of my life and the truth is that raising my son as a single mom wasn’t and hasn’t been the hardest thing for me to face and deal with. The permanent and emotional scarring that

occurred since my first intimate relationship when I was a teen still haunts me and so vividly remains. Dealing with these emotional wounds has by far been one of my deepest, most vulnerable ordeals to try and overcome, and that has never gone away till this day. I have been where these kids are at, and that is why I strongly believe in this message of abstinence and the need for our presence in the classroom. I strongly oppose Bill SB 777 SD1 and thank you for the opportunity to testify. If this bill is passed I would be so thankful if the amendment that was placed by the House Health Committee remains.

Thank you so much again.

Sincerely,

Deborah Kato

To: Representative Marcus Oshiro, Chair
Representative Marilyn Lee Vice-Chair
House Finance Committee Members

From: Christopher Hadden, Classroom Presenter
Catholic Charities Hawai'i
Mary Jane Program (Try Wait! Program)

Date: April 2, 2009

Place: House Conference Room
April 3, 2009
Room 308
4:30 P.M.

RE: **Testimony in opposition to SB 777 SD-1 HD-1**

Good afternoon Mr. Chair and committee members. My name is Christopher Hadden and I am a classroom presenter for the Try Wait Program. I oppose SB 777 SD-1 HD-1.

The Try Wait program is a federally funded program that teaches adolescents the importance of waiting to have sex until marriage. Over the past 3 years, this program has taught abstinence to thousands of middle and high school students in public and private schools.

Although the Try Wait program receives federal funding, the wording of the original SB 777 SD-1 targets the Catholic Charities' TRY WAIT program because we fall under the umbrella of this organization and put Catholic Charities at risk of losing their state funding for other critical programs. If SB 777 SD-1 is passed, then the TRY WAIT program will be terminated. I hope we receive your support by either eliminating SB 777 SD-1 or by supporting the amendment that the House Health Committee attached to SB 777 SD-1 HD-1 to protect the Catholic Charities and the TRY WAIT program.

Although recent news articles and opponents of abstinence education paint a negative image of our program, the fact remains that we are an EFFECTIVE program that inspires students. I see our effectiveness everyday when I teach students the importance of abstinence education. Of course, we will not be able to reach every single student. But the students we do reach and inspire are worth keeping this program alive.

There are many myths and misconceptions about abstinence education and our opponents are quick and ruthless in presenting to the public these false information. In fact, the battle between abstinence and comprehensive education has been going on for the last 20+ years. The sad fact is that our opponents have never seen our program but they continue to assume that we give medical incorrect facts and are ineffective. When will their attacks stop?

Here are some popular myths about abstinence education:

Myth: Abstinence education does not give medically accurate information.

Truth: All of our facts and information are from reliable sources such as the Center of Disease Control, National Institute of Health, Guttmacher Institute and other notable professionals.

Myth: Studies show that abstinence education is ineffective.

Truth: There is no conclusive evidence that all abstinence education is ineffective. Every year, we are requested to come back to the private and public schools to educate the youths about the importance of abstinence education. In February 2009, we serviced over 600 students and in March we educated over a 1000 students.

Myth: Students are made to take virginity pledges.

Fact: Not all abstinence programs require students to make virginity pledges.

Myth: State funding is used for the TRY WAIT program.

Fact: We are a federally funded program.

Since there are many misconceptions about our program, I encourage the committee members and our opponents to come see our program in action. Instead of voting blindly on a bill that threatens the program's future, come see how we inspire students and teach them the most important concept-life skills. While watching our program, you will see how students will receive medically accurate information about STD's, alternative contraceptives, and learn life skills. You will also see how our information will teach students how to make the right choices during difficult situations.

We are book solid throughout the end of the school year. Feel free to come next week, if you want. I believe once you see us in action, you will be truly convinced the importance of the TRY WAIT program.

When considering the outcome of this bill, it is not important to please any groups that are represented here today or which program is the best but to consider what is important for our kids. Abstinence education is not about pledges, religious and moral beliefs, or politics. It is about giving students the knowledge and tools to make the right choices during difficult situations. It's about life skills. More importantly, it is the time for all types of sex education groups to stop fighting and work together to complement each other on the topic of sex. By giving different perspectives of sex education, students will receive an overall education about sex and be able to make the right choices. If this bill is approved, then the kids will be the one who will be suffering today. Think about it. Try, TRY WAIT!

Thank you for your time and consideration.

With Care,

Christopher Hadden

Representative Marcus Oshiro, Chair
Representative Marilyn Lee, Vice-Chair
Finance Committee

House of Representatives of the State of Hawai'i

Lance D. Collins, Esq.

Friday, April 3, 2009

Support for SB No. 777, Relating to Comprehensive Sexuality Health Education

My name is Lance D. Collins and I am an attorney in private practice on the Maui. I testify today in strong support of Senate Bill No. 777. Limitations on access to information related to one's own body and the range of legal and available options for its health and maintenance is immoral and cruel. The effect of such an immoral policy leads to moral decadence and decay – when a small group of people believe they know what information is best to be disclosed and what information is not best to be disclosed.

The withholding of medically accurate and useful information about young adult's bodies from them also has the secondary impact of being able to adequately and appropriately perceive harm to own one body. The State must be in favor of autonomy of each person to make his or her choices and not enforce darkness upon everyone to bolster the speculative beliefs of certain institutions that lack any indicia of scientific proof that keeping from children and young adults information about their own bodies lessens the impact of any public health problem.

Thank you for the opportunity to provide testimony in support of this bill.

//

HAWAII YOUTH SERVICES NETWORK

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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
Permanente 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 Kawai, Inc.

Hawaii Behavioral Health

Hawaii Foster Parent Association

Hawaii Student Television

Healthy Mothers Healthy Babies Coalition

Hina Mauka Teen Care

Kali Mohala Behavioral Health

Kama'aina Kids, Inc.

KEY (Kualoa-Heeia 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

April 3, 2009

To: Representative Marcus Oshiro, Chair
And members of the Committee on Finance

Testimony on SB 777 SD 1 HD 1 Relating to Comprehensive Sexuality Health Education

Hawaii Youth Services Network, a statewide coalition of youth-serving organizations, strongly supports SB 777 SB 1 HD 1 Relating to Comprehensive Sexuality Health Education.

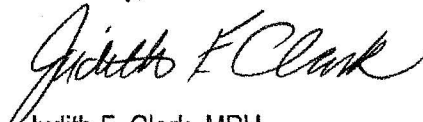
Young people need and deserve to have sexuality education that is medically accurate and includes both abstinence and information on ways that sexually active youth can protect themselves from unplanned pregnancy and sexually transmitted infections.

Hawaii ranks 12th in the rate of teen pregnancies and approximately 3,500 young women become pregnant each year. Hawaii ranks 7th in the rate of Chlamydia infections. Our young people have the lowest rate of condom use in the country, a major reason for our high rates of pregnancy and STI. Half of our high school seniors have been sexually active and 95% of Americans now have sex before marriage.

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

COMMUNITY ALLIANCE ON PRISONS

76 North King Street, Honolulu, HI 96817

Phone/E-Mail: (808) 533-3454/kat.caphi@gmail.com



COMMITTEE ON FINANCE

Rep. Marcus Oshiro, Chair

Rep. Marilyn Lee, Vice Chair

Friday, April 3, 2009

4:30 PM

Room 308

STRONG SUPPORT

SB 777 SD1,HD1 - Comprehensive Sexuality Health Education

FINTestimony@capitol.hawaii.gov

Aloha Chair Oshiro, Vice Chair Lee and Members of the Committee!

My name is Kat Brady and I am the Coordinator of Community Alliance on Prisons, a community initiative working to improve conditions of confinement for our incarcerated individuals, enhance our quality of justice, and promote public safety. We come today to speak for the 6,000+ individuals whose voices have been silenced by incarceration, always mindful that more than 2,000 of those individuals are serving their sentences abroad, thousands of miles from their homes and loved ones.

SB 777 SD1, HD1 requires any recipient of state funding specifically for sexuality health education programs to provide comprehensive medically accurate sexuality education.

Community Alliance on Prisons stands in strong support of this measure as an important aspect of health and safety for our youth. This bill is important to us since many of our incarcerated women have had children at a very young age...one woman who comes to mind had her first child when she was 11 years old. By the time she was 28 years old, she had nine children.

Comprehensive sexuality education will give our youth the information they need to make wise choices. The absence of information leads to risky behavior and experimentation. Even though Hawai'i has one of the lowest rates of teen reporting sexual intercourse, only 54% are using condoms - the lowest rate of condom use in the nation. Because of this low rate of condom use among teens, Hawai'i has one of the highest rates of teen pregnancy.

Hawai'i has the sixth highest rate in the nation of Chlamydia infections and one in four sexually transmitted diseases occurs in adolescents.

Let's give our youth the information they need to make wise choices for their lives. Community Alliance on Prisons urges the committee to pass this important bill.

Mahalo for the opportunity to testify.

To: Representative Marcus R. Oshiro, Chair
Representative Marilyn B. Lee, Vice-Chair
House Finance Committee Members

From: Lani Kenfield, Classroom Presenter
Catholic Charities Hawaii
Try Wait Program

Date: Friday April 3, 2009

Place: House Finance Committee Hearing
April 3, 2009
Room 308
4:30 P.M.

RE: Testimony in opposition of SB 777 SD1 HD1

My name is Lani Kenfield and I from Mililani. I am a classroom Presenter for the "Try Wait" program of Catholic Charities Hawaii. Our program is an abstinence education program. I have been with the program for almost three years. We have been able to go to private and public schools to provide teens with knowledge and information about the benefits of being abstinence. We understand that teens have options so we present it as such one option for them if they so choose. Our program teaches kids not just about abstinence but also about the emotional consequences, STD's, teen pregnancy, pressures teens face, how to set boundaries, how to say no if they are choosing to do so. We also teach the students about alternative methods of disease prevention and contraceptives. We are loved and appreciated by many kids and schools' across the islands. This program is making a difference in kid's lives allowing them to choose the option that might be best for them. The "Try Wait" program provides a positive option for teens in choosing their sexual lifestyle.

I oppose the Bill SB 777 SD1. Please do not pass this bill but allow our teens to make a choice for themselves on what they deem to be the best option for them in their lives. I believe in this message that we teach. I know that it is possible to be abstinent till marriage. I am a 27 year old female who is waiting to have sex till I am married. I believe my story is something kids need to hear. Teens need to know even though not everyone practices abstinence it can be possible to try wait till marriage. In a recent study done by Dr. Stan Weed, of The Institute for Research & Evaluation, school-based abstinence programs are effective in helping students to choose abstinence.

Teens are exposed to many different messages that influence their behavior and thoughts. Their sexual health is something we want to challenge them to think about. We strive to bring out why they believe what they believe about sex. This program acknowledges that teens will face some tough choices, and we provide life skills to help them make that right choice for themselves. Other great programs are able to teach about the contraception use verses that we teach about the limits of contraception. I believe it's

important that teens hear other options as well such as our program that just teaches abstinence. Let's give the teens of Hawaii an option to make their own choice, allow them to hear all messages from different programs so they can make the best decision for themselves and be proud of it. I believe in empowering teenagers. I believe you can empower teens to value the choices they make which then gives them a sense of self-confidence in themselves with the choices that they made.

The message of abstinence is something for all students to hear. I oppose this bill and I ask my Representative Marilyn Lee to please keep the amendment intact. Which was in SB 777 SD1 HD1 The amendment reads,

“The purpose of this Act is to require any recipient of state funding specifically for sexuality health education programs to provide medically accurate, factual, and comprehensive information that is age appropriate and includes education on abstinence and contraception.”

The reason for the amendment is to avoid the confusion of a reference to all agencies receiving State funds being affected and might have to choose between receiving State and Federal Funds.

Mahalo
Aloha

Lani Kenfield

To: Representative Marcus R. Oshiro, Chair
Representative Marilyn B. Lee, Vice-Chair
House Finance Committee Members

From: Lani Kenfield, Classroom Presenter
Catholic Charities Hawaii
Try Wait Program

Date: Friday April 3, 2009

Place: House Finance Committee Hearing
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RE: Testimony in opposition of SB 777 SD1 HD1

My name is Lani Kenfield and I from Mililani. I am a classroom Presenter for the "Try Wait" program of Catholic Charities Hawaii. Our program is an abstinence education program. I have been with the program for almost three years. We have been able to go to private and public schools to provide teens with knowledge and information about the benefits of being abstinence. We understand that teens have options so we present it as such one option for them if they so choose. Our program teaches kids not just about abstinence but also about the emotional consequences, STD's, teen pregnancy, pressures teens face, how to set boundaries, how to say no if they are choosing to do so. We also teach the students about alternative methods of disease prevention and contraceptives. We are loved and appreciated by many kids and schools' across the islands. This program is making a difference in kid's lives allowing them to choose the option that might be best for them. The "Try Wait" program provides a positive option for teens in choosing their sexual lifestyle.

I oppose the Bill SB 777 SD1. Please do not pass this bill but allow our teens to make a choice for themselves on what they deem to be the best option for them in their lives. I believe in this message that we teach. I know that it is possible to be abstinent till marriage. I am a 27 year old female who is waiting to have sex till I am married. I believe my story is something kids need to hear. Teens need to know even though not everyone practices abstinence it can be possible to try wait till marriage. In a recent study done by Dr. Stan Weed, of The Institute for Research & Evaluation, school-based abstinence programs are effective in helping students to choose abstinence.

Teens are exposed to many different messages that influence their behavior and thoughts. Their sexual health is something we want to challenge them to think about. We strive to bring out why they believe what they believe about sex. This program acknowledges that teens will face some tough choices, and we provide life skills to help them make that right choice for themselves. Other great programs are able to teach about the contraception use verses that we teach about the limits of contraception. I believe it's

important that teens hear other options as well such as our program that just teaches abstinence. Let's give the teens of Hawaii an option to make their own choice, allow them to hear all messages from different programs so they can make the best decision for themselves and be proud of it. I believe in empowering teenagers. I believe you can empower teens to value the choices they make which then gives them a sense of self-confident in themselves with the choices that they made.

The message of abstinence is something for all students to hear. I oppose this bill and I ask my Representative Marilyn Lee to please keep the amendment intact. Which was in SB 777 SD1 HD1 The amendment reads,

“The purpose of this Act is to require any recipient of state funding specifically for sexuality health education programs to provide medically accurate, factual, and comprehensive information that is age appropriate and includes education on abstinence and contraception.”

The reason for the amendment is to avoid the confusion of a reference to all agencies receiving State funds being affected and might have to choose between receiving State and Federal Funds.

Mahalo
Aloha

Lani Kenfield

To: Representative Marcus Oshiro, Chair
Representative Marilyn Lee, Vice-Chair
House Finance Committee Members

From: Sean Nishimura, Classroom Presenter
Catholic Charities Hawai'i
Mary Jane Program (Try Wait! Program)

Date: April 2, 2009

Place: House Finance Committee Hearing
April 3, 2009
Room 308, 4:30 p.m.

RE: **Testimony in opposition to SB 777 HD1**

Aloha and good afternoon, my name is Sean Nishimura. I currently reside in Mililani and my House Representative is Marilyn Lee. I am a classroom presenter for the Try Wait Program. Before working for the Try Wait Program, I was a counselor for 5 ½ years with the Hawaii National Guard Youth Challenge Academy. For a year and a half, I have witnessed, first hand, the positive affects of the Try Wait Program. The program teaches youth the benefits of living an abstinent lifestyle before marriage and how personal goals can be reached with this option. Emotional consequences and contraceptive use are also covered by the program.

I have seen how the program impacts students and gives them personal power to make positive choices in their lives. The cadets of the Youth Challenge Academy have been very receptive to the Try Wait Program. I have seen many cadets go on to some sort of higher learning, enlist in the military, or enter the work force and believe that the program plays an integral part in assisting students in fulfilling their future goals.

Therefore, I am against SB 777 HD 1, but if it is passed, please support the amendment that the House Health Committee attached to the bill.

Thank you,

Sean Nishimura

**Testimony on SB 777
Relating to Comprehensive Sexuality Health Education**

**COMMITTEE ON FINANCE
Representative Marcus Oshiro, Chair
Representative Marilyn Lee, Vice Chair**

**Friday, April 3, 2009 4:30 p.m.
Conference Room 308, State Capitol**

My name is Sharon Ferguson-Quick and as Executive Director of the Hawaii State Commission on the Status of Women, I'm providing written testimony on the measure Relating to Health HB 777. I strongly support this bill in its purpose to require recipients of state funding that provide sexual health education to provide medically accurate, factual information that is age-appropriate and includes education on both abstinence and contraception.

Hawaii Revised Statutes 367 established the Hawaii State Commission on the Status of Women (HSCSW) on May 15, 1964. That legislation established a continuing body to aid in the implementation of recommendations, to develop long range goals and to coordinate research planning, programming and action on the opportunities, need, problems and contributions of women in Hawaii. In its 43 years the Commission has worked to ensure women and girls full and equal coverage under the law. Our goal is to bring a focus on women and the issues of concern to them. Family including the education of their children is a top priority.

We want the best for our children. We want them to make solid, sound decisions in their lives. To that end we work diligently to see that they have the tools and the skills to make the right choices in their lives. By the time they are teenagers these choices have far-reaching consequences. Our only hope is that we have equipped them with the tools to navigate their worlds successfully. One of the major tools we must put in their hands is knowledge and information. They must have this information to fully understand the repercussions and the consequences of their actions. When it comes to sex information they must be given medically accurate factual information. We have proof that when its given to them they do. Research shows that teenagers who receive sexuality information that includes discussion of contraception are more likely than those who receive abstinence-only messages to delay sexual activity, to use contraceptives when they do become sexually active, and to have fewer partners. 1

Our children today are exposed to a wide range of influencing forces that often give them half truths and distorted perceptions. Armed only with this misinformation they step many times, statistics tell us, into harm's way including engaging in early sexual experiences, unintended pregnancies, and sexually transmitted diseases. With this

¹ Kirby, D.. (2001) "Emerging Answers: Research Findings on Programs to Reduce Teen Pregnancy". Washington, D.C. : National Campaign to Prevent Teen Pregnancy, 95.

bill the Legislature has the opportunity to see that our young people are given the information they need to understand all the choices available to them. It will ensure that they learn that abstinence is a healthy choice available to them which they don't often hear in the mainstream media. This bill will ensure that they are given the information that allows them to access the optimal protection from unwanted pregnancies by teaching contraception. They'll learn all the ways to protect themselves from sexually transmitted diseases. In the end, they will be armed with all the weapons to protect themselves and that is a priceless thing to give our children. We can't make all their decisions for them, but we can see that they are given the tools to make the best decisions for themselves.

I strongly support this bill.

Sharon Ferguson-Quick
Executive Director
Hawaii State Commission on the Status of Women
808-586-5757
Sharon.Y.Ferguson-Quick@hawaii.gov

**Testimony in support of SB777 SD1, HD1
Relating To Comprehensive Sexuality Health Education**

**COMMITTEE ON FINANCE
Rep. Marcus R. Oshiro, Chair
Rep. Marilyn B. Lee, Vice Chair**

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Rep. Kyle T. Yamashita
Rep. Kymberly Marcos Pine
Rep. Gene Ward

Fm: Jo-Ann M. Adams, Esq.

I was six years old when my sister got married at seventeen because she was pregnant. I adored my sister. She was so much fun and loved me to pieces. I saw how her life changed dramatically. She abandoned her education. She was married just a few years to the man who got her pregnant. She spent most of her life working very hard at jobs that did not pay much money as she drifted through three additional marriages.

Getting pregnant when you are a teen, particularly before you have prepared yourself for a career, dooms many women to a life of poverty, which in turn forces them into subsequent marriages to help make ends meet financially and emotionally.

With so many families in Hawaii working two or more jobs just to make ends meet, it's completely unrealistic to think that parents will provide children with adequate sex education to prevent pregnancy and disease. The statistics bear this out:

- Hawaii has the lowest rate of condom use among sexually active teens in the country;¹
- Hawaii has one of the highest rates of teen pregnancy in the nation;²
- Hawaii has the nation's 6th highest rate of Chlamydia infection;³ a 2004 study found that 67% of all Chlamydia infections were found in youth aged 15-24.⁴

Hawaii's youth deserve a fair chance at life. Hawaii's youth deserve disease-free childhoods. Hawaii's youth deserve to have childhoods that adequately prepare them for adulthood not ones interrupted by the premature responsibilities of parenthood. Hawaii's youth deserve an opportunity to make informed decisions on activities that could irreversibly change the quality, course and duration of their lives.

In adequate and/or inaccurate sexual education, such as "abstinence only", is not only ineffective; in today's environment, it can literally be a death sentence. Please pass SB777.

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 *Id.*

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.

FINTestimony

From: mailinglist@capitol.hawaii.gov
Sent: Thursday, April 02, 2009 10:14 PM
To: FINTestimony
Cc: davisj027@hawaii.rr.com
Subject: Testimony for SB777 on 4/3/2009 4:30:00 PM

Testimony for FIN 4/3/2009 4:30:00 PM SB777

Conference room: 308
Testifier position: oppose
Testifier will be present: No
Submitted by: Rose Davis
Organization: Individual
Address:
Phone: 808 223 5304
E-mail: davisj027@hawaii.rr.com
Submitted on: 4/2/2009

Comments:

I want to know that my life has value. And I want future generations to be protected from termination and the fear that surrounds such ideas. From conception to death, human life is sacred and should be respected.

I hope you fee this way about your own life and the ones you love. And I hope you will protect all human life in Hawaii, and around the world.

Mahalo & aloha,
Rose Davis

FINTestimony

From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, April 01, 2009 12:28 PM
To: FINTestimony
Cc: merway@hawaii.rr.com
Subject: Testimony for SB777 on 4/3/2009 4:30:00 PM

Testimony for FIN 4/3/2009 4:30:00 PM SB777

Conference room: 308
Testifier position: support
Testifier will be present: No
Submitted by: Marjorie Erway
Organization: Individual
Address: PO Box 2807 Kailua-Kona, HI
Phone: 808-324-4624
E-mail: merway@hawaii.rr.com
Submitted on: 4/1/2009

Comments:

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.

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.

Please completely SUPPORT this bill which requires sexual health and education programs that are funded by the State to be medically accurate and include information about contraception, pregnancy prevention, and prevention of STI's including HIV. It is a crucial step toward ensuring the health and safety of Hawaii's youth.

Mahalo!

I am a private citizen and most STRONGLY OPPOSE SB777 and request you vote against this bill that severely limits educational choices of parents and schools. We can not afford to fund this Bill financially and we cannot afford the societal consequences that will result from this misguided educational program.

I object to the implication that comprehensive sex education (CSE) is any more accurate than abstinence-only-until-marriage sex education. I am aware that abstinence only education is accurate in what is presented. I cannot confirm that comprehensive sex education is accurate but I am well aware that it is more detailed, and in my opinion, more detailed than is needed or desired for presentation in a public school environment.

A common error of the CSE position is that they can provide "age appropriate" sex education in the first place. We know that children develop at a much different pace and what is appropriate for one child at a certain age is very inappropriate information for a different child. The youth have a saying -- TMI (too much information). That applies to CSE programs for most children. Teachers and legislatures should not decide when a child is ready for sexual details. Parents have been advised for decades, only tell as much as the individual child can handle. Now the legislature and Department of Education plan to assault that policy. Comprehensive details related to sex education should be the responsibility of parents. Prior to sex education in school, our forefathers and mothers figured out the process and had less sexually transmitted disease and out of wedlock pregnancies and thus the consequential social and health problems.

Schools are having trouble teaching students about reading, writing, and arithmetic. It is time to get back to basics. Perhaps sex education should not be taught at all in school until the essentials of learning have been mastered. Studies have shown that once children are taught about sexual matters and begin to experiment, their basic studies suffer from loss of attention. We don't need sex education in the schools but at least give schools a choice of what program they will present to their students.

This Bill is premised on one study conducted in April of 2007. There may be hundreds others that have come to a different conclusion but for some reason there is a rush to judgment regarding the results of this one report in spite of the fact that this legislative body has been told over and over that there are no long studies to show that CSE has a positive effect on reducing the transmission of Sexually Transmitted Disease (STDs) or pregnancy. Those who have been promoters of comprehensive sex education in the past have acknowledged that the whole purpose of CSE is to get the students to become sexually active and that it worked to expand her abortion business (per Carol Everett). It isn't the least surprising that Planned Parenthood endorses CSE since it will mean increased business for them. Consumer Reports did a study on condoms (one of the preventive measures presented in CSE) and Planned Parenthood's condoms were found to be among the least effective and could result in more pregnancies. Certainly Planned Parenthood's endorsement of this education should give parents and the legislature a reason to reconsider who is benefited by CSE. Many lives and futures will be negatively affected by the imposition of "age appropriate" comprehensive sex education.

The rationale that Hawaii should reject funds because 25 other states have rejected the funds tells me that the person who wrote the SB777 thinks our Senators are lemmings and only vote the way other states vote regardless of what makes sense to their constituents. I hope the Senators will vote AGAINST SB777 and prove that view wrong. Just because 25 other states do not value our traditional and very effective sex education programs, doesn't mean the people of Hawaii have to follow them over the cliff. If 25 states have rejected funds, 24 States have accepted the funds. Please count us with the wise 24 States who have not rejected abstinence funding.

I notice that the abstinence only sex education is being identified as the abstinence-only-until-marriage sex education in this version of the Bill. It is proven that is the safest and most beneficial education that can be taught to and practiced by our young citizens. As we have seen with the recent activity regarding HB444, there is an attack of traditional marriage and an attempt to mainstream sexual practices besides those that comprise sexual relationships within the context of heterosexual marriage. The people of Hawaii

have made it clear that they want marriage to remain a relationship between one man and one woman. Those same citizens do not want their children taught that other sexual relationships and self-satisfaction are equally acceptable sexual alternatives. Former U.S. Surgeon General Jocelyn Elders was fired because she wanted to teach masturbation to children. Children do not need to be taught masturbation. If sexual self-control and restraint are taught and practiced then incidents such as when Paul Rubens (PeeWee Herman) was arrested for public masturbation could be avoided. Perhaps Paul should have received abstinence only until marriage sex education.

Finally, the section regarding "Sexuality health education" meaning that education will be provided in any medium still needs further definition since there are some mediums that may be highly objectionable such as "performance art" medium. This is too vague and leaves too much to the imagination.

Finally, with all the sexual deviates and teacher sexual predators that have already been prosecuted around the country, why would Hawaii want to open itself up to the possibility of exposing our youth to sexual abuse by some of the predators? It has happened in other states, it could happen here. Sexually explicit sex education should only be taught with a parent's permission and should not be the preferred curriculum of the legislature or Board of Education.

I implore you to Vote NO and oppose SB777 for the sake of Hawaii's youth. Anyone with children, grandchildren, or knows young people in the State must vote against this all-out attack on the innocence of Hawaii's children.

Mary Smart,
Mililani, HI 96789

