



**STATE OF HAWAII
BOARD OF EDUCATION**

P. O. BOX 2360
HONOLULU, HAWAII 96804

House Committee on Education
Hearing: Friday, March 20, 2009
2:00 p.m., Room 309

Testimony in **Strong Support of SB777 sd1** -
Relating to Comprehensive Sexuality Health Education

Chair Tokumi, Vice-Chair Berg and Members of the Committee on Education:

Thank you for allowing me to testify in my capacity as an individual member of the Hawaii State Board of Education (Board).

As you already know, Board Policy 2110, "abstinence-based education program", the Department "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."

During the course of this Committee's hearing on HB330, you heard "abstinence-until-marriage" service providers admit that they are not "providing youth with information on skill development in the use of protective devices and methods for the purpose of preventing sexually transmitted diseases and pregnancy." Therefore they are not in compliance with Board Policy 2110.

Your Committee has also heard the Department admit that it has not taken enforcement measures to ensure that school level personnel are complying with Board Policy 2110, nor is there is a reporting system in place to ensure that our students are receiving a comprehensive education.

To keep this discussion in context, a 2007 survey conducted in partnership with the CDC 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 SB777 sd1.

Thank you for your consideration.

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



House EDN Cmte
Fri, Mar 20, 2009
2:00 pm
room 309

National Association of Social Workers

Hawaii Chapter

March 19, 2009

TO: Rep. Roy Takumi, Chair
Members of the House Education Committee

FROM: Debbie Shimizu, LSW
National Association of Social Workers

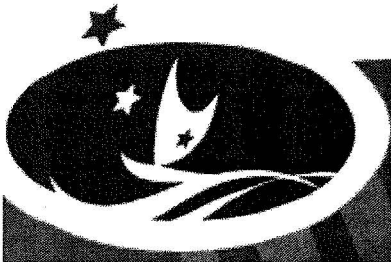
RE: SB 777 SD1 Relating to Comprehensive Sexuality Health Education- **SUPPORT**

Chairman Takumi and members of the House Education 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 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 and thank you for this opportunity to testify.



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

March 20, 2009

To: Representative Roy Takumi, Chair
Representative Lyla Berg, Vice Chair and
Members of the Committee on Education

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

Re: SB 777 SD1 Relating to Comprehensive Sexuality Health Education
Hearing: March 20, 2009, 2:00 p.m., Conference Room 309

Position: STRONG SUPPORT

Thank you for allowing me to testify today, in strong support of SB 777 SD1 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 and thank you for the opportunity to testify.

berg1-Ana Maria

From: mailinglist@capitol.hawaii.gov
Sent: Thursday, March 19, 2009 6:03 PM
To: EDNtestimony
Cc: thirr33@gmail.com
Subject: Testimony for SB777 on 3/20/2009 2:00:00 PM

Testimony for EDN 3/20/2009 2:00:00 PM SB777

Conference room: 309
Testifier position: support
Testifier will be present: Yes
Submitted by: Arvid Tadao Youngquist
Organization: The Male Representative, The Hawaii State Democratic Party Women's Caucus
Address:
Phone:
E-mail: thirr33@gmail.com
Submitted on: 3/19/2009

Comments:

Chair Roy M. Takumi
Vice Chair Lyla B. Berg, Ph.D.
The Right Honorable Members of the
House EDN Committee:
Representatives-
Joe Bertram III
Jerry L.Chang
Faye P. Hanohano
Mark M. Nakashima
Karl Rhoads
Scott K. Saiki
Maile S.L. Shimabukuro
K. Mark Takai
Ryan I. Yamane
Corinne W.L. Ching
Lynn Finnegan

Good afternoon.

My name is Arvid Tadao Youngquist, & I submit a testimony in support of the Caucus, for SB777 with amendment.

This measure was introduced by the Senate Legislative Women's Caucus (Senators: Chun-Oakland, Baker, Fukunaga, Kidani, and Tokuda.)

Relating to Comprehensive Sexuality Health Education is a bill for which I provided supportive testimony before The Senate Health Committee.

It is a good bill and no opposition testimonies provided in person has changed my opinion of the merit of the SB 777 with amendment.

In your committee there are a number of sitting members who have been excused in previous votes, and some have voted in the negative on the floor. And I am sure some additional member(s) will also join the rank in opposition, if my estimate of the character of this

particular lawmaker is accurate. Let the "Nine" stand their ground and draw a line in the sand!

I take no issue with individuals voting his/her conscience, but I do take issue when that conscience is based solely on his/her religious conscience, and not on the obligation he/she accepted when they took an oath to uphold the Constitutions of the US, Hawaii, and of the House Rules in Caucus (both Minority & Majority?).

The VII Article (sic.) of the U.S. Constitution said that there shall be no religious test for holding public office. The Book of Revelation of the New Testament said let your yeas be yeas, and your nays be nays. "Since you are neither hot nor cold, I spit you out". I can sense that several members since November 2008 have become re-indoctrinated back into their "exclusive" religious /credo/ethics/mores prism through which political decision making is affected.

For example, no doubts were expressed by LT GOV James "Duke" Aiona nor City Councilmember Gary Okino on a separate civil liberties issue recently. If a Committee members can't fulfill his/her duties according to the precept of their organized religion, please consider excusing yourselves through an authorized "absence" w/o your Committee losing its quorum.

Women demand their rights, fairness, justice & appeal once again to the "Common Sense" of Tom Paine, against the Tyranny of "Guilt and Sin". Witness the Pope speaking to prohibit the use of condoms to prevent the spread of HIV/AIDS? Abstinence only? Why, even in the mid-1960, a survey taken of responding Catholics in America indicated that over 60% of US Catholics practice some form of birth control, beyond abstinence, chastity, monogamy, etc. Birth control pills, condoms, IUD, etc. were available to all Catholics even in the mid-1960s. It's about time that the "Women of Hawaii" free themselves from the shackles of Paternalism, Protectionism, Theocracy, and the notion that the best way to control the women-folk is to keep them barefoot and pregnant (apologies to the Native American sensibilities. I am not a very PC Democrat).

Mahalo for taking the time & effort to address this long-overdue "Redress of a Wrong" perpetuated on the Women of Hawaii.

Arvid Tadao Youngquist, SCC
Male Representative (2008-Present)
The State Democratic Party
(By Request)



CATHOLIC CHARITIES HAWAII

To: Representative Ryan I. Yamane Chair
Representative Scott Y. Nishimoto, Vice Chair
House Health Committee Members

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

Date: March 13, 2009
Place: Conference Room 329
9:30 am

Opposed to SB777 SD1

First of all, I would like to thank the Chair and the members of the Health committee for giving me the opportunity to express my serious concern about (the concerns that I have with) Senate Bill 777, SDI. 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.



SB777, 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.

Please be aware that even with current opposition, the **Try Wait** program continues to serve **thousands** of youth in our state. Memorandums have been created to narrow the opportunity for educators to use our program but we continue to pull in numbers that are high. In Feb we served over 700 youth, we will reach over 1000 this month alone.

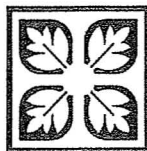
As a mother of two adolescents who attend Hawaii Public High schools and active citizen of our state I have vested interest in how and what information is provided when referencing sex education. I am determined to believe in our youth! I believe that when provided the holistic picture of what can occur 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 could once again add the amendment as in the HB 330 HD1, that would serve to protect Catholic Charities Hawaii from having to choose between State contracts and Federal funding.

Please amend the wording as you had done previously with HB 330 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.”

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



CATHOLIC CHARITIES HAWAII

To: Representative Ryan Yamane, Chair
Representative Scott Nishimoto Vice-Chair
House Health Committee Members

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

Date: March 11, 2009

Place House Health Committee Hearing
March 13, 2009
Room 329
9:30 a.m.

RE: **Testimony in opposition to SB 777 SD1**

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 and has a community based abstinence educational program called "Try Wait!". I oppose SB 777 SD!

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 CBAE 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



Catholic
Charities



200 N. Vineyard Boulevard, Suite 200 • Honolulu, Hawaii 96817-3938 • Phone (808) 536-1794 • Fax (808) 599-8761



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 discussing contraception (at length) 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.

S.B. 777 SD1 jeopardizes our federal grant. It would require programs receiving state funds to teach **both** abstinence and contraception. Our federal grant prohibits our program from teaching contraception. Our agency currently receives state funding through different state contracts and this bill might force us to violate either the state requirement or the federal requirement. Secondly, S.B. 777 SD1 would also stop our efforts to evaluate the Try Wait! Program. Our current contract has a research component. The University of Hawai'i School of Social Work Research Center is conducting an evaluation of our program. This

bill would terminate this research. The findings could contribute to the body of scientific evidence supporting the efficacy of abstinence education.

During the previous hearing regarding the House version of this bill (HB 330) your committee had amended the bill to address our concern regarding the wording of the bill. The specific amendment addressed our concern and specified that state funding **specifically for sexuality health education**. The current wording will result in those involved with the program to lose their jobs as well as funding for the University of Hawaii School of Work who is contracted to do an evaluation on our program. In these tough economic times the state of Hawaii cannot afford to turn down federal funding and put people out of work

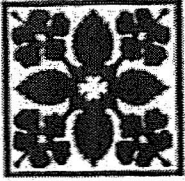
I oppose SB 777 SD1 for the following reasons:

- 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**;
- This bill will eliminate federal funding for Try Wait! because the federal grant prohibits us from teaching contraception;
- Our program and the state will lose the remaining almost \$1.2 million in federal grant money;
- 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;
- The federal grant requires Try Wait! to be evaluated, which is now being done through contract with the University of Hawaii School of Social Work. If we lose our federal funding, UH will also lose this grant money;

- Evaluation of the effectiveness of Try Wait! on Hawaii students will not be completed if we lose our federal funding and UH is not able to complete the evaluation;
- Hawaii students will lose a comprehensive abstinence program. If our program is gone who will replace us? This bill makes no provision to carry on this work
- Most experts agree that further scientific evaluation on the effectiveness of abstinence education programs has not yet been completed.

So, I urge you to either not pass SB 777 SD1 or add the amended language **specifically** referring to State funding specifically for sexuality Health Education.

Thank you for your consideration. Please contact me at 535-0110 with any questions or concerns.



Hawai'i Women's Political Caucus

P.O. Box 11946
Honolulu, Hawai'i 96828
(808) 732-4987

Faye Kennedy
President

Allicyn Hikida Tasaka
Vice President

Nanci Kreidman
Vice President

Carolyn Wilcox
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Director

Alice Tucker
Director

A State Chapter of the
National Women's
Political Caucus

March 19, 2009

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

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

RE: SB777 SD1 Relating to Comprehensive Sexuality Health Education
(Friday, March 20, 2009 at 2:00pm in Room 309)

POSITION: SUPPORT

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

HAWAII YOUTH SERVICES NETWORK

677 Ala Moana Boulevard, Suite 702 Honolulu, Hawaii 96813

Phone: (808) 531-2198 Fax: (808) 534-1199

Web site: <http://www.hysn.org> E-mail: info@hysn.org

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 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-Heeia Ecumenical Youth)
Project

Kids Behavioral Health

Kids Hurt Too

Kokua Kahi 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

March 19, 2009

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

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

Hawaii Youth Services Network, a statewide coalition of youth-serving organizations, strongly supports SB 777 SB 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.

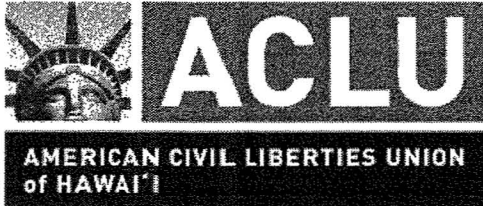
Abstinence-only until marriage programs do not address the needs of students who may already have engaged in sex and will almost certainly have sexual intercourse before marriage.

Thank you for this opportunity to testify.

Sincerely,



Judith F. Clark, MPH
Executive Director



BY EMAIL: EDNTestimony@capitol.hawaii.gov
Committee: Committee on Education
Hearing Date/Time: Friday, March 20, 2009, 2:00 p.m.
Place: Room 309
Re: Testimony of the ACLU of Hawaii in Support of S.B. 777, SD1, Relating to Comprehensive Sexuality Health Education

Dear Chair Takumi and Members of the Committee on Education:

The American Civil Liberties Union of Hawaii (“ACLU of Hawaii”) writes in support of S.B. 777, SD1, 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”).

American Civil Liberties Union of Hawaii
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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, EDN Committee
and Members Thereof
March 20, 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.

American Civil Liberties Union of Hawai'i
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Hon. Rep. Takumi, Chair, EDN Committee
and Members Thereof
March 20, 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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March 20, 2009

Testimony in Support: SB 777 SD1 HD1

To: Representative Roy Takumi, Chair and Representative Lyla Berg, Vice Chair and Members of the House Committee on Education.

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.ashastd.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.mathematicampr.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

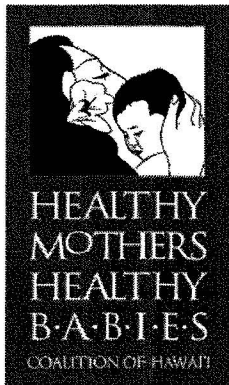
IV. Conclusion

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.



March 19, 2009

TO: Rep.Roy M. Takumi, Chair, Committee On Education
Rep.Lyla B. Berg, Vice Chair, Committee On Education
Members, Committee On Education

FROM: Jackie Berry, Executive Director

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

Hearing: Friday, March 20, 2009

Honorable Chairperson Takumi, Vice Chairperson Berg, and Members of the Committee on Education

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 Relating to Comprehensive Sexuality Health Education.** This 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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To: Representative Roy Takumi, Chair
Representative Lyla Berg, Vice-Chair
House Education Committee Members

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

Date: Friday, March 20, 2009

Place: House Education Committee Hearing
State Capitol, 415 South Beretania St.
Room 309, 2:00pm

RE: **Testimony in opposition to SB 777 SD 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 HBA and 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 Roy Takumi, Chair
Representative Lyla B. Berg Vice-Chair
House Health Committee Members

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

Date: March 19, 2009

Place: House Conference Room
March 20, 2009
Room 309
2:00 P.M.

RE: **Testimony in opposition to SB 777 SD-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.

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 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 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 emotional consequences. 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

To: Representative Roy Takumi, Chair
Representative Lyla Berg, Vice-Chair
House Education Committee Members

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

Date: March 20, 2009

Place: House Education Committee Hearing
March 20, 2009
Room 309
2:00 p.m.

RE: Testimony in opposition of SB 777 HB1

My name is Lani Kenfield and 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 HB1. 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 a virgin. I am choosing to wait till marriage myself, though it's not popular and rare I believe my testimony is strong to the kids that many do not practice abstinence it can be possible to try wait till marriage.

Teens are exposed to many different messages they are influenced in different ways in our society to make tough choices. 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 are equipped with the knowledge they need to make the best decision for themselves and be proud of it. I believe in empowering teenagers. I believe that if you equip them with knowledge and

facts they can make great choices for themselves and feel a sense of self- confident in the choices they make.

I believe this abstinence message is something for all students to hear. I oppose this bill and I ask that you please include an amendment. Which was in HB 330 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 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 Roy Takumi, Chair
Representative Lyla Berg, Vice-Chair
House Education Committee Members

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

Date: March 19, 2009

Place: House Education Committee Hearing
March 20, 2009
Room 309, 2:00 p.m.

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

Aloha and good afternoon, my name is Sean Nishimura. I am currently 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

Jennifer Wilbur

From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, March 18, 2009 3:17 PM
To: EDNtestimony
Cc: sokeefe@pphi.org
Subject: Testimony for SB777 on 3/20/2009 2:00:00 PM

Testimony for EDN 3/20/2009 2:00:00 PM SB777

Conference room: 309
Testifier position: support
Testifier will be present: No
Submitted by: Sheila O'Keefe
Organization: Individual
Address: 2325 Liliha Street Unit D Honolulu HI 96817
Phone: 808-489-4629
E-mail: sokeefe@pphi.org
Submitted on: 3/18/2009

Comments:

Please support SB777 regarding medically accurate sexuality education for Hawaii's youth.

I work for Planned Parenthood. We teach medically accurate and age appropriate sex education. We are unable to reach and teach all the youth in our state. But even if I did not work for PPH, I would support this bill. It is time that Hawaii take care of our youth and give them the right information they need. We must have schools teach accurate information. Our youth are suffering due to inaccurate informaiton or no information at all. Consider the following: • 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. And 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.

- 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.

thank you for your consideration.

COMMITTEE ON EDUCATION

Rep. Roy M. Takumi, Chair

Rep. Lyla B. Berg, Vice Chair

Senate Bill 777, SD1, HD1

Friday, March 20, 2009, 2:00 P.m.

Conference Room 309, State Capitol

My name is Dana Abdinoor, I am a Graduate Student at the University of Hawai'i Myron B. Thomson School of Social Work. I am providing written testimony on the measure Relating to Comprehensive Sexuality Health Education (SB777, SD1, HD1). I strongly SUPPORT this bill in its original form.

When the Try Wait! representatives say they address contraception and birth control, they neglect to mention the context in which such information is presented. Their curriculum focuses exclusively on the, often exaggerated, failure rates of contraceptive methods. Through the use of rhetorical devices and twisted logic, Try Wait! makes the case that condoms are prone to defects and unreliable, thereby rendering their use pointless. This inference is akin to saying, 1/3 of all auto-related deaths are caused by faulty seat belts, so don't bother buckling up! This tactic is commonly referred to as "Poisoning the Well." Is that how we want to educate the next generation?

I do not object to presenting Hawai'i's youth with the "option" of abstinence, but I do oppose the messages embedded within the Try Wait! curriculum. *Choosing the Best* is one of the most widely used abstinence-only curricula and also one of the most controversial, namely for its gender and sexuality biases and reliance on shaming tactics. I believe the notion of abstinence can be presented in more proactive ways minus the conservative ideologies. These lessons, in conjunction with comprehensive-sexuality education, result in even more confusion and misinformation.

To my knowledge, there are three organizations that provide abstinence-only education programs, and each claims to use only federal grant money to fund their operation. As I understand it, the amendment to this bill (the addition of the word "specifically") undermines its purpose and eliminates the possibility of meaningful change.

Please approve SB777, in its original form.

Thank you for the opportunity to testify,

Dana Abdinoor

abdinoor@hawaii.edu