

SCR77/SR44

Uniform Sexuality Health Education Program
EDU, WAM



STATE OF HAWAII
DEPARTMENT OF EDUCATION
P.O. BOX 2360
HONOLULU, HAWAII 96804

Date: 03/22/2013

Committee: Senate Education

Department: Education

Person Testifying: Kathryn S. Matayoshi, Superintendent of Education

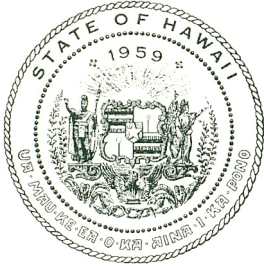
Title of Resolution: SCR 077/SR 044 REQUESTING THE BOARD OF EDUCATION TO DEVELOP A UNIFORM SEXUALITY HEALTH EDUCATION PROGRAM FOR ALL PUBLIC SCHOOLS

Purpose of Resolution: Department of Education; Sexuality Health Education

Department's Position:

The Department of Education (Department) does not support these resolutions. The Hawaii Content and Performance Standards for grades K-12 addresses the standards and benchmarks for health education. It already promotes sexual health and responsibility, mental and emotional health, and health and wellness.

HAWAII
STATE
COMMISSION
ON THE
STATUS
OF
WOMEN



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Executive Director
Catherine Betts, JD

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March 22, 2013

Testimony in Support of SCR 77, Requesting the Board of Education Develop a Uniform Sexuality Health Education Program For All Public Schools

To: Honorable Jill N. Tokuda, Chair
Honorable Michelle N. Kidani, Vice Chair
Members of the Senate Committee on Education

From: Cathy Betts, Executive Director, Hawai'i State Commission on the Status of Women

Re: Testimony in Support of SCR 77

On behalf of the Hawai'i State Commission on the Status of Women, I would like to thank the committee for this opportunity to provide testimony. Although the Department of Education (DOE) benchmarks require that students receive some form of sexual health education in elementary, intermediate and high school, there is little consistency between schools. While some schools provide in depth, accurate and effective sexual health education, some schools do not. Opponents of previous measures to create a standard, medically accurate, sexuality health education program within the Department of Education have cited that the authority to truly implement such a program lies with the Board of Education (BOE).

Hawai'i has one of the highest teen pregnancy rates (ranking 17th in the nation), the 8th highest rate of chlamydia infection, and the one of the lowest rates of condom use. According to data culled from the Hawai'i Youth Risk Behavior Survey (2011), 37% of teens surveyed were sexually active, 5% had sexual intercourse before the age of 13 years, 56% did not use a condom during last sexual intercourse and 79% used no birth control at all during their last sexual intercourse.¹ According to the National Campaign to Prevent Teen Pregnancy, teens that 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.² Providing comprehensive and medically accurate sexual health education empowers our youth to make healthy decisions in their lives.

SCR 77 asks the BOE to consider the feasibility of having a uniform sexuality health education component in schools. Our students deserve to have medically accurate and comprehensive information to assist them in safe and healthy decision-making. All schools should provide the same health information to all students regardless of district. The Commission urges this Committee to pass SCR 77.

Sincerely,

Cathy Betts
Executive Director
Hawai'i State Commission on the Status of Women

¹ Centers for Disease Control and Prevention, *HIV, Other STD, and Teen Pregnancy Prevention and Hawaii Students, Hawaii Youth Risk Behavior Survey* (2011).

² National Campaign to Prevent Teen Pregnancy, *Emerging Answers: Research Findings on Programs to Reduce Teen Pregnancy* (2001).

HAWAII YOUTH SERVICES NETWORK

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

Daryl Selman, President
Judith F. Clark, Executive Director
Aloha House
American Civil Liberties Union of Hawaii
Bay Clinic, Inc.
Big Brothers Big Sisters of Honolulu
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Hawaii Student Television
Healthy Mothers Healthy Babies Coalition
Hina Mauka Teen Care
Hui Malama Learning Center
Kahi Mohala Behavioral Health
KEY (Kualoa-Heeia Ecumenical Youth)
Project
Kids Hurt Too
Kokua Kalihi Valley
Life Foundation
Marimed Foundation
Maui Youth and Family Services
Palama Settlement
P.A.R.E.N.T.S., Inc.
Parents and Children Together (PACT)
Planned Parenthood of Hawaii
REAL
Salvation Army Family Intervention Svcs.
Salvation Army Family Treatment Svcs.
Sex Abuse Treatment Center
Susannah Wesley Community Center
The Catalyst Group
The Children's Alliance of Hawaii
Waikiki Health Center
Women Helping Women
YWCA of Kauai

March 20, 2013

To: Senator Jill Tokuda, Chair,
And members of the Committee on Education

Testimony in Support of SCR 76/SR 43 Requesting the Board of Education to Develop a Uniform Sexuality Health Education Program for All Public Schools

Hawaii Youth Services Network (HYSN), a statewide coalition of youth-serving organizations, strongly supports SCR 76/SR 43 Requesting the Board of Education to Develop a Uniform Sexuality Health Education Program for All Public Schools

Hawaii's communities benefit when our youth have the knowledge, skills, and resources to make healthy decisions about their sexual and reproductive health.

Because we have not yet committed the resources to ensure that our young people grow up sexually safe and healthy, Hawaii has the 12th highest rate of teen pregnancy in the United States. Each year, more than 1,500 teenage girls give birth in Hawaii.

Young women who give birth in their teens and their children face many challenges. At age 22, only half of teen mothers have graduated from high school compared to 90% of their peers who did not give birth as teens. Eighty percent (80%) receive Temporary Assistance to Needy Families Benefits (TANF) during the 10 years following the birth of the child.

The children fare less well in school, scoring lower on standardized tests of reading and math, more likely to repeat a grade, and less likely to graduate from high school than their peers. The children of teen parents have a higher rate of emergency room visits, are more likely to have chronic health conditions, and have a higher rate of child abuse and neglect.

All of this costs Hawaii taxpayers \$37 million dollars a year, 71% of it in state and local costs.

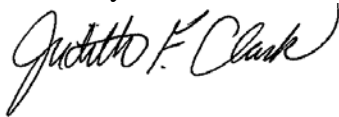
Ninety-seven percent (97%) of participants stated that it was important for Hawaii public schools to include sexual health education in their curriculum in a 2012 survey conducted by SMS Research. The majority felt that neither parents nor schools were providing a sufficient amount of sexual health information, and only half felt prepared to talk about sexual health topics with their children. The majority believed that education on most sexual health topics should begin in the middle schools, with some topics (such as anatomy, puberty, and sexual abuse) beginning in the elementary schools.

Sexual health education using age-appropriate, evidence-based curricula reduces the risk of unplanned pregnancies and sexually transmitted infections. Young people who complete these programs are more likely to practice abstinence, delay initiation of sex, have fewer sexual partners, and use protection when, and if, they begin having sex.

Everyone wants their children to they can grow up safe, healthy, and ready to succeed. We teach our children how to cross the street safely, because we know that one day they will face the risks of traffic. We also need to teach our youth how to protect themselves from the risks of unplanned pregnancy and STIs. The community supports sexual health education in our public schools, and our young people need and deserve it.

Thank you for this opportunity to testify.

Sincerely,

A handwritten signature in black ink that reads "Judith F. Clark". The signature is written in a cursive style with a large, sweeping initial "J".

Judith F. Clark, MPH
Executive Director

March 21, 2013

Testimony in Support: SCR77

To: Chair Jill Tokuda, Vice Chair Michelle Kidani and Members of the Senate Committee on Education
From: Katie Reardon Polidoro, Director of Public Affairs and Government Relations, Planned Parenthood of Hawaii

Re: Testimony in Support of SCR 77

Planned Parenthood of Hawaii (PPHI) supports SCR 77, and we thank the committee for hearing this resolution.

Hawaii's youth deserve the best and most effective sex education. Earlier this year, the Hawaii Youth Risk Behavior Survey revealed disturbing data. It found that of Hawaii's teens who are sexually active, 56% are not using condoms and 79% did not use birth control.¹ In addition, the data shows that the number of teens failing to use a condom during sex is steadily increasing, from 46% in 2007, to 52% in 2009, to 56% in 2011.² Nationally, 40% of teens fail to use a condom during sexual intercourse.³ Hawaii has the lowest rate of condom use among teens in the nation.

As a result, we see high rates of teen pregnancy and sexually transmitted diseases. The teen pregnancy rate was 71 per 1000 teens ages 15-19 – giving Hawaii the 17th highest teen pregnancy rate in the country.⁴ Nationally, gonorrhea rates are on the rise and other STDs such as Chlamydia and syphilis continue to significantly impact the young population.⁵ 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.⁶

In 2009 Hawaii made a big step forward when it passed HRS §321-11.1, requiring that state funded sexual health programs be comprehensive and medically accurate. However, we can do more to ensure that all students receive age appropriate and effective sexual health education and receive it more often. Department of Education (DOE) Benchmarks require that students receive health education in elementary (grade 5), middle school (grade 7) and high school. For some students this means that they receive in-depth, accurate and effective sexual health education at least three times between the ages of 11 and 18. However, there is little consistency and accountability between schools. Too many students

¹ Centers for Disease Control and Prevention. "HIV, Other STD, and Teen Pregnancy Prevention and Hawaii students" Accessed from http://www.cdc.gov/healthyyouth/yrbs/pdf/hiv/hi_hiv_combo.pdf on December 10, 2012.

² Centers for Disease Control and Prevention. "Youth Online: High School YRBS." Accessed from <http://apps.nccd.cdc.gov/youthonline/App/Results.aspx?LID=HI> on December 10, 2012.

³ Ibid.

⁴ US Teenage Pregnancies, Births and Abortions: National and State Trends and Trends by Race and Ethnicity, January 2010, accessed from <http://www.guttmacher.org/pubs/USTPtrends.pdf> on January 29, 2010

⁵ American Social Health Association, "STD Statistics", www.ashastd.org

⁶ 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.

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Kahului (Maui) Health Center

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Kahului, HI 96732
808-871-1176
(A Maui United Way Agency)

receive inadequate sexual health education. With no standard program for sexual health education, teachers are often left decide what to teach on their own.

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. Accordingly, we encourage the Committees to pass SCR 77. Thank you.

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Child & Family
SERVICE

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March 21, 2013

Testimony on SCR 77/SR 44 Requesting the Board of Education to Develop a Uniform
Sexuality Health Education Program for All Public Schools

Committee on Education

Friday, March 22, 2013, 2:05pm, Auditorium, State Capitol

Testimony Submitted by: Cara Sadira of Child & Family Service

To: Senator Jill Tokuda, Chair, and members of the Committee on Education

My name is Cara Sadira, and I am a Program Director for a Teen Pregnancy Prevention program for Child & Family Service on Kauai. **Child & Family Service strongly supports SCR 77/SR 44 Requesting the Board of Education to Develop a Uniform Sexuality Health Education Program for All Public Schools.**

Child & Family Service teaches an age-appropriate, evidence-based teen pregnancy prevention curriculum to at-risk youth. Our program provides education to teens on how to avoid high-risk behaviors that lead to pregnancy and sexually transmitted infections (STIs). We prepare youth to develop coping skills for responding to emotionally charged situations in a manner that keeps them safe from STIs and pregnancy. We work to help youth to define goals and dreams, and show youth how pregnancy and STIs will significantly alter those dreams.

Although our curriculum has a very high success rate for promoting abstinence and safe sex practices, only a small percentage of the total Kauai's youth are able to take our curriculum, as it is currently not offered in the schools. The teens of our local island families that are most at risk for pregnancy often come from families that lack the available resources to enable their children to take part in our classes. They may come from single-parent families that work long hours, or from families that work several jobs. Often, youth are needed at home afterschool to care for younger siblings. Often the youth have jobs or extracurricular activities that serve as a barrier for participation in our afterschool 6-week program.

It is very difficult for young teens to navigate the difficulties of puberty, adolescence and pregnancy prevention. They need preparation for such difficulties through a uniform sexual education curriculum that has the support of island parents. Additionally, many of the STIs prevalent on our island can affect a young person's health for life. Some of those STIs have no cure. It seems that we are doing a great disservice to our youth to have proven successful curriculum to prevent the tragedy of the spread of STIs, yet we withhold it from health classes in the schools.

In a study conducted by SMS research, ninety-seven percent (97%) of participants stated that it was important for Hawaii public schools to include sexual health education in their curriculum in a 2012 survey conducted by SMS Research. The majority felt that neither parents nor schools were providing a sufficient amount of sexual health information, and only half felt prepared to talk about sexual health topics with their children. The majority believed that education on most sexual health topics should begin in the middle schools, with some topics (such as anatomy, puberty, and sexual abuse) beginning in the elementary schools.

Sexual health education using age-appropriate, evidence-based curricula reduces the risk of unplanned pregnancies and sexually transmitted infections. Young people who complete these programs are more likely to practice abstinence, delay initiation of sex, have fewer sexual partners, and use protec-

Our Mission: Strengthening Families and Fostering the Healthy Development of Children

tion when, and if, they begin having sex.

Child & Family Service feels strongly that it is our responsibility to educate all youth on this important topic.

Thank you for this opportunity to testify.

Sincerely,

Cara Sadira

Cara Sadira, Program Director
Teen Pregnancy Prevention Program
Child & Family Service

TESTIMONY to the Senate Committee Education

S.C.R. 77 and S.C. 44

Friday, March 22, 2013

2:05 PM -- Conference Room Auditorium

Submitted in **OPPOSITION** by Mary Smart, Mililani, HI

Chairwoman Tokuda, Vice-Chair Kidani, and Committee Members

1. Sex education is important but is not an academic topic. There are differing concepts on what is "age appropriate" as well as when, which, and if topics should be presented. Not all children mature at the same pace, therefore "age appropriate" is a misnomer. It has always been understood that you only provide as much information regarding sex to children as needed to meet their individual requirements. Some topics can "confuse" and cause unnecessary "questioning" in a young child.

2. According to the Planned Parenthood [website](#), medically accurate sex education includes: "information and concerns about abstinence, body image, contraception, gender, human growth and development, human reproduction, pregnancy, relationships, safer sex (prevention of sexually transmitted infections), sexual attitudes and values, sexual anatomy and physiology, sexual behavior, sexual health, sexual orientation, and sexual pleasure." Many of these topics have no place being taught in school. Furthermore, there are differing opinions of what constitutes "sexual attitudes and values." Sexual attitudes and values should be discussed and taught in the home, not left up to a secular education system. Many parents would object to the secular Humanism that is popular with intellectuals/educators (as evidenced by the signers of the [Humanist Manifesto II](#)), in the classroom. This philosophy promotes situational ethics and pleasure seeking as well as promotes unconstrained sexuality and hostility toward religion as evidenced by the following quote: "**SIXTH**: In the area of sexuality, we believe that intolerant attitudes, often cultivated by orthodox religions and puritanical cultures, unduly repress sexual conduct. The right to birth control, abortion, and divorce should be recognized. While we do not approve of exploitive, denigrating forms of sexual expression, neither do we wish to prohibit, by law or social sanction, sexual behavior between consenting adults. The many varieties of sexual exploration should not in themselves be considered "evil." Without countenancing mindless permissiveness or unbridled promiscuity, a civilized society should be a tolerant one. Short of harming others or compelling them to do likewise, individuals should be permitted to express their sexual proclivities and pursue their lifestyles as they desire. We wish to cultivate the development of a responsible attitude toward sexuality, in which humans are not exploited as sexual objects, and in which intimacy, sensitivity, respect, and honesty in interpersonal relations are encouraged. Moral education for children and adults is an important way of developing awareness and sexual maturity." The UN provisions on the Rights of the Child are even more sexually abusive of young children as reported [here](#).

3. This legislature body should be well aware that sex education in the classroom backfires and increases sexual activity outside the protection of marriage, not decrease it or protect young men and women from disease. We have been providing sex education in the schools for years, and the 2-11 [Center for Disease Control](#) report indicates our young are contracting Chlamydia and Gonorrhea at increasing rates. What is especially alarming is that [Gonorrhea may soon be untreatable](#) joining [HIV, Hepatitis B, Herpes, and HPV](#).

4. The [Catholic Education Resource Center](#) sounds the alarm for parents about the true intent of sex education in an articles informing readers: " For example, Carol Everett, a former abortion clinic owner who now reveals the secrets of the abortion industry, used to visit classrooms in her area of Texas. Under the guise of sex education, she would secretly hold as her goal 3 to 5 abortions for girls between the ages of 13 and 18. She'd get the students to laugh at their parents' values, she'd break down their natural modesty by talking about sex in mixed-gender groups, and would offer girls a low-dose birth control pill with instructions no teen was capable of following. Pregnancies, and their profitable abortions, were guaranteed."

5. Although President [Obama thinks sex education should begin in kindergarten](#), many parents would disagree. [Chicago passed a law](#) to implement this dangerous practice. According to the announcement, "Under the new policy, the youngest students – the kindergartners — will learn the basics about anatomy, reproduction, healthy relationships and personal safety." This is inappropriate for a non-related person to discuss with youngsters. A parent must be able to specify what and when government provided sex education classes can be provided to their child.

6. The [NYU Child Study Center](#) explains that the continual onslaught of sexual information is super-sexualizing our children. The article states: "Children around the country are being exposed to an onslaught of sexual messages that come at them with the speed of lightening, from all directions, and on an on-going and daily basis. These sexual messages are frequently very explicit, far too violent, awash in male dominant-female submissive images, heterosexist, and sensational." The article further states that whether parents have had formal sex education training or not, parents "should be the single most important source of sexual information for our children."

6. If Hawaii parents were aware of the education program common core standards assessment topics, there would be widespread uproar of what type of personal/emotional information is being extracted from their young children -- upon which they will be "assessed" -- for right behaviors, attitudes and "mental health". [Here](#) is an example of the type of "health class standards" from K-2. This type of "education" is invasive and has no place in educating/training young minds. Our legislators need to reverse their push to make the United States and Hawai'i a dumbed down society. [Reports](#) that 80% of New York City high school graduates is a forewarning of what can happen in Hawai'i if we continue to follow what is happening in the rest of the States. Hawai'i legislators need to stop following and start leading a movement to an academic curricula. Eliminate "age appropriate" sex education programs and let parents do their job of raising their children.

From: mailinglist@capitol.hawaii.gov
To: [EDU Testimony](#)
Cc: estherjoeyismom@gmail.com
Subject: Submitted testimony for SR44 on Mar 22, 2013 14:05PM
Date: Wednesday, March 20, 2013 9:32:16 AM

SR44

Submitted on: 3/20/2013

Testimony for EDU on Mar 22, 2013 14:05PM in Conference Room Auditorium

Submitted By	Organization	Testifier Position	Present at Hearing
Esther Gefroh	Individual	Oppose	No

Comments: Aloha, Please enter my opposition to this bill as I firmly believe the role of teaching sexuality to our children (especially the very young) belongs to the parents and/or family; not the state. Teaching our children about sexual matters will rob them of their innocence and will not prevent sexual activity or pregnancies. Mahalo,

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

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