

## TESTIMONY IN SUPPORT OF HR 138 / HCR 138

TO: Chair Woodson, Vice Chair Kapela, & Members – House Committee on Education  
FROM: Trisha Kajimura  
Deputy Director - Community  
DATE: March 24, 2022 at 2:00 PM

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Hawai'i Health & Harm Reduction Center (HHRC) **supports** HR 138 / HCR 138 which requests the Department of Education to create a student-led working group to:

- address the need for active inclusion of diverse identities within and beyond sexual health education
- teach culturally responsive ideas around mutual respect in relationships
- find sites of potential active inclusion of these identities in sexual health curricula

HHRC's mission is to *reduce harm, promote health, create wellness and fight stigma in Hawai'i and the Pacific*. We focus our efforts on those disproportionately affected by social determinants of health, including but not limited to: people living with and/or affected by HIV, hepatitis, substance use, and the transgender, LGBTQ and Native Hawaiian communities. We strive to be an inclusive, safe workplace that respects all sexual orientations and gender identities.

Systemic discrimination, bullying, harassment and microaggressions against sexual and gender minorities are all too common. Access to accurate information will help all students seek appropriate healthcare in the future and destigmatize minority communities. We believe these issues should be addressed more comprehensively by the Department of Education but in the absence of stronger options, this resolution acknowledges that student voice is critical to making positive change. According to the Hawaii Youth Services Network, equity for LGBTQ+ students' sexual health education was the top priority chosen by youth for legislative action. We support giving students the knowledge and tools to be healthy and safe.

Thank you for the opportunity to testify in support of this resolution.



Hawai'i  
**Children's Action Network Speaks!**  
Building a unified voice for Hawai'i's children

To: Representative Woodson, Chair  
Representative Kapela, Vice Chair  
House Committee on Education

Re: HR 138/ HCR 138, Requesting The Department Of Education To Create A Student-Led Working Group To Address The Need For Active Inclusion Of Diverse Identities Within And Beyond Sexual Health Education, To Teach Culturally Responsive Ideas Around Mutual Respect In Relationships, And To Find Sites Of Potential Active Inclusion Of These Identities In Sexual Health Curricula, All Within The Framing Principles Of Aloha Kekahi I Kekahi.  
2:00 PM, March 24, 2022

Chair Woodson, Vice Chair Kapela, and committee members,

On behalf of HCAN Speaks!, thank you for the opportunity to **provide testimony in support of HR 138/ HCR 138**, Requesting The Department Of Education To Create A Student-Led Working Group To Address The Need For Active Inclusion Of Diverse Identities Within And Beyond Sexual Health Education, To Teach Culturally Responsive Ideas Around Mutual Respect In Relationships, And To Find Sites Of Potential Active Inclusion Of These Identities In Sexual Health Curricula, All Within The Framing Principles Of Aloha Kekahi I Kekahi.

At the 2021 Hawaii Children and Youth Summit,<sup>1</sup> the participating youth from across the state proposed and chose comprehensive sexual health training for educators and other educational officers as their top priority for legislative action. The youth expressed concern that when LGBTQ youth are not mentioned or stigmatized in sexual health education at school, which can lead to higher risks and poorer health and academic outcomes for them.

The Centers for Disease Control lists six characteristics of quality sexual health education programs, which include: "Are taught by well-qualified and highly-trained school staff... [and] Address the health needs of all students, including the needs of lesbian, gay, bisexual, transgender, and questioning youth."<sup>2</sup> The CDC also points out that students who participate in well-designed sexual health education are more likely to delay sex, increase their safe sex practices, and improve their academic performance. The proposed working group will help deliver quality sexual health education programs, and in turn help improve the health and academic outcomes of our LGBTQ youth. Mahalo for the opportunity to provide this testimony

Thank you,

Kathleen Algire  
Director of Early Learning and Health Policy

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<sup>1</sup> <https://www.hawaiicys.org/>

<sup>2</sup> <https://www.cdc.gov/healthyouth/whatworks/what-works-sexual-health-education.htm>

# HAWAII YOUTH SERVICES NETWORK

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Carole Gruskin, President

Judith F. Clark, Executive Director

Bay Clinic

Big Brothers Big Sisters Hawaii

Big Island Substance Abuse Council

Bobby Benson Center

Child and Family Service

Coalition for a Drug Free Hawaii

Collins Consulting, LLC

Domestic Violence Action Center

EPIC, Inc.

Family Programs Hawaii

Family Support Hawaii

Friends of the Children's Justice Center of Maui

Get Ready Hawai'i

Hale Kipa, Inc.

Hale 'Opio Kauai, Inc.

Hawaii Children's Action Network

Hawaii Health & Harm

Reduction Center

Ho'ola Na Pua

Kahi Mohala

Kokua Kalihi Valley

Kokua Ohana Aloha (KOA)

Maui Youth and Family Services

Na Pu'uwai Molokai Native

Hawaiian Health Care Systems

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

Parents and Children Together (PACT)

PHOCUSED

PFLAG – Kona Big Island

Planned Parenthood of the Great Northwest and Hawaiian Islands

Residential Youth Services & Empowerment (RYSE)

Salvation Army Family

Intervention Services

Sex Abuse Treatment Center

Susannah Wesley Community Center

The Catalyst Group

March 23, 2022

To: Representative Justin Woodson, Chair,  
And members of the Committee on Education

**TESTIMONY IN SUPPORT OF HR 138/HCR 138 REQUESTING THE DEPARTMENT OF EDUCATION TO CREATE A STUDENT-LED WORKING GROUP TO ADDRESS THE NEED FOR ACTIVE INCLUSION OF DIVERSE IDENTITIES WITHIN AND BEYOND SEXUAL HEALTH EDUCATION, TO TEACH CULTURALLY RESPONSIVE IDEAS AROUND MUTUAL RESPECT IN RELATIONSHIPS, AND TO FIND SITES OF POTENTIAL ACTIVE INCLUSION OF THESE IDENTITIES IN SEXUAL HEALTH CURRICULA, ALL WITHIN THE FRAMING PRINCIPLES OF ALOHA KEKAHI I KEKAHI.**

Hawaii Youth Services Network, a statewide coalition of youth-serving organizations, strongly supports HR 138/HCR 138.

Lesbian, gay, bisexual, transgender, queer and questioning (LGBTQ) youth and youth from people of color communities need and deserve to learn in settings that are inclusive of their experiences and that give them the education necessary to stay safe and healthy.

Sex education can be one of the few sources of reliable information on sexuality and sexual health for youth. Hundreds of studies have shown that well-designed and well-implemented sex education can reduce risk behavior and support positive sexual health outcomes among teens, such as reducing teen pregnancy and sexually transmitted infection rates.<sup>1</sup>

For LGBTQ youth to experience comparable health benefits to their non-LGBTQ peers, sex education programs must be LGBTQ-inclusive. Inclusive programs are those that help youth understand gender identity and sexual orientation with age-appropriate and medically accurate information; incorporate positive examples of LGBTQ individuals, romantic relationships and families; emphasize the need for protection during sex for people of all identities; and dispel common myths and stereotypes about behavior and identity.

Similarly, youth of color and students with disabilities need sexual health education that is culturally appropriate. For example, Hawaii Youth

Services Network has developed several sexual health videos that address the risk and protective factors for young people in the Pacific Islands that have helped to reduce sexual risk behavior.

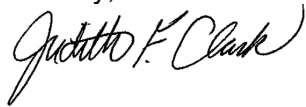
At the 2021 Hawaii Children and Youth Summit, this was the top priority chosen by youth for legislative action

Implementing the provisions of this resolution will help our youth grow up safe, healthy, and ready to succeed.

If passed, Hawaii Youth Services Network will assist in recruiting youth and is willing to designate a staff member to serve on the working group.

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 initial "J" and a long, sweeping underline.

Judith F. Clark, MPH  
Executive Director

Aloha Chair & Committee,

Um, I wonder how *kanaka maoli* would feel about using a beautiful Hawaiian phrase for a bill that is not *pono*.

If any one of us were to go to any D.O.E. school and survey all the *keiki* with one simple question.... "What could the D.O.E. do as a whole to make learning easier and better for you as a student?" The answers would almost certainly be ....air conditioning, more water fountains, more recess, longer lunch, vending machines, and get out of school early. I've been a parent of children in the D.O.E. and I've listened to parents when I sat on a School Community Council.

If however, "hypothetically speaking," we were to hand select *keiki* from GSA clubs & other "social justice" clubs, who are being inculcated in the comprehensive sexuality education (CSE) and critical race theory (CRT) ideology, then and only then would the *manipulated* wishes of the student body be the "need" for "active inclusion of diverse identities (a.k.a. 60+ gender identities and 100+ sexual orientations and other intersectional individuals/groups)."

**It is NOT *pono* to use *keiki* as "pawns" to push an adult CSE (rebranded in the "glittery" deceptive language of "sexual" "health" "education") agenda.** The following is my written testimony for another bill that is very relevant here.

**MAIN POINT of what is written below:** Comprehensive sex education (CSE) has failed at every level, except one, it has succeeded in its primary stated goal... to change society as we have known it. See research and websites below the solution.

**SOLUTION:** If we truly ALOHA KEKAHI I KEKAHI and really care about optimal holistic health for children, then there is only one positive message regarding sex (NO MATTER THE IDENTITY OR ORIENTATION) that leads to optimal sexual health....delay, delay, delay ALL sexual activity until a young person chooses to commit to a long term exclusively monogamous relationship (lifelong marriage is the ideal/standard) to engage in sexual activity. See <https://newsexedstandards.org/>. Teachers ought to be trained in this solution as well as the research below if we truly aloha and desire the **optimal holistic health for children**. The delay sex message is like water putting out the fire and saving it when it can burn beautifully in a firepit at night, being more inclusive of all diverse identities and orientations in order to saturate the entire student body with the CSE ideology is like putting gasoline on the fire in an attempt to put it out.

**From my MAIN POINT above...."Comprehensive sex education has failed at every level"**

- The most extensive research on Comprehensive Sex Education (CSE) used 103 studies from around the world. The conclusion: "Some of the strongest, most current school-based CSE studies worldwide show **very little evidence of real program effectiveness.**" Peer-Reviewed Published Study...Ericksen, Irene H., and Weed, Stan E. (2019). "Re-Examining the Evidence for School-based Comprehensive Sex Education: A Global Research Review." <https://www.institute-research.com/published-cse.php>
  - According to the above study, CSE programs in schools worldwide failed 87% of the time (ZERO long term positive effects).

- According to the above study, 16% worldwide reported negative and harmful effects from CSE including increased sexual activity, increased number of partners, increased STDs, increased forced sex, increased pregnancy and it is very likely that there were increased abortions. Why do I emphasize this? One reason is that ETR is an organization that sells many CSE curriculum including the following curriculum that are suggested resources within the HIDEOE...Get Real, HealthSmart, Reducing the Risk, Making Proud Choices which was localized to become Pono Choices. ETR is connected with Planned Parenthood. Planned Parenthood has a financial interest in youth becoming sexually active because youth will need more contraception, abortion services, more “comprehensive sex ed” materials and education. Hmmm, when the bill says, “The department (of education) may coordinate and contract with any state or county department or ***agency or any other expert in the field of sexual health education*** and response to implement this section.” (Emphasis added) You begin to wonder if Planned Parenthood Hawaii might be that agency or “expert.” If so, sounds like a conflict of interest that would increase Planned Parenthood financial gain at the expense of the holistic health of children. Don’t take my word for it, hear from someone who was trained by Planned Parenthood and taught sex ed (<https://www.washingtonexaminer.com/opinion/op-eds/i-was-a-sex-educator-trained-by-planned-parenthood-here-is-what-i-taught-your-kids> ).
- The costs for youth engaging in sexual activity are high...physical costs could include STDs, pregnancy, potential abortion, infertility, death. Emotional costs could include depression, suicide (8x more likely for males, 3x for females). Other costs include relational difficulties, academic struggles, greater chance of poverty, greater potential for being sex trafficked. See the bottom for more costs and the research that shows the costs.

**From my MAIN POINT above ...“except one, it (CSE)has succeeded in it’s primary stated goal... to change society as we have known it.”**

- It’s easy to demonstrate this because SIECUS (the self-proclaimed “Sexual Information & Education Council of the United States”) recently changed their tagline to “SIECUS, **sex ed for social change.**” See SIECUS website... <http://siecus.org>
- From the SIECUS website under History... **“SIECUS was founded in 1964 by Dr. Mary S. Calderone. A Medical Director at Planned Parenthood Federation of America, Dr. Calderone** became concerned about the lack of accurate information about sexuality available for both young people and adults... In the decades that followed, SIECUS became a recognized leader in the field of sexuality and sex education, publishing numerous books, journals, and resources for professionals, parents, and the public. SIECUS’ publication, [Guidelines for Comprehensive Education: Kindergarten – 12th Grade](#), was hailed as a major breakthrough for sex education and continues to be a sought after resource...**In the early 2000s, SIECUS further refocused its efforts to prioritize advancing progressive sex education policy across the country, working to affect change at federal, state, and local levels.** In 2019, as SIECUS marked its 55th year in operation, the organization officially renamed to **“SIECUS,”** dropping its former spelled out title and adding the tagline: Sex Ed for Social Change.” (bolded emphasis added). So, SIECUS is

actively working with state (including this current bill) and federal governments for the purpose of bringing about social and societal change. See their own words below...

- From SIECUS website under Values. <http://siecus.org/about-siecus/>
  - SIECUS advances comprehensive sexuality education as a means of building a foundation for a **long-term culture shift that will positively impact all levels of society**, particularly issues of gender and racial equity, sexuality, sexual and reproductive health, consent, personal safety, and autonomy.
  - SIECUS commits to **working to dismantle the systems of power and oppression** which perpetuate disparate sexual and reproductive health outcomes and incubate stigma and shame around sex and sexuality across the intersections of age, race, size, gender, gender identity and expression, class, sexual orientation, and ability. (My note: the systems of power and oppression from their viewpoint that needs to be dismantled includes traditional definitions of marriage and the nuclear family. The first Black Lives Matter website stated this. Now sex ed includes race issues according to their above wording.)
  - SIECUS applies an **intersectional lens to ensure people's real lived experiences inform our policy, education, and strategic communications work**. (My note: there are connections between intersectionality and Marxism.)
  - SIECUS provides a Community Action Toolkit Which <https://siecus.org/community-action-toolkit/>
- From Sex Ed Collaborative website, goal #4...“Challenge and dismantle barriers to social and racial justice through sex education by promoting implementation of equity and inclusion in the classroom and school environment and within each SEC member organization.”  
<https://Sexeducationcollaborative.org/mission>
- From Sex Ed Collaborative website...The SEC is made up of **24 national, regional, and state-based organizations with extensive experience training educators to deliver school-based sex education**. We have partnered to support educators and administrators to provide high-quality sex education no matter where they are, or what they need. The diverse SEC membership includes sex educators, curriculum designers, policy experts, and organizers, with experience successfully advancing sex education at local and national levels. **The 24 SEC members are (I highlighted a few that have direct impact on Hawaii): Advocates for Youth, Answer, Cardea, ETR Associates, EyesOpenIowa, Fact Forward, Health Connected, Healthy Teen Network, Georgia Campaign for Adolescent Power & Potential (GCAPP), Institute of Women and Ethnic Studies (IWES), Michigan Organization on Adolescent Sexual Health (MOASH), Planned Parenthood Federation of America (PPFA), Planned Parenthood of the Great Northwest, Hawai'i, Alaska, Indiana and Kentucky (PPGNHAIK), Planned Parenthood of the Rocky Mountains (PPRM), Planned Parenthood of Southwestern Oregon (PPSO), Planned Parenthood League of Massachusetts (PPLM), Power to Decide, RISE: Healthy for Life, SHIFT NC, SIECUS: Sex Ed for Social Change, Teen Health MS, Teen Pregnancy & Prevention Partnership, UMN Healthy Youth Development - Prevention Center, WV Free** <https://Sexeducationcollaborative.org/about>

**Conclusion:** Putting all of this together. The end goal is “fundamentally transforming America” using “comprehensive sex ed” including critical race theory and intersectionality to educate and train up youth as social justice warrior Marxists. This end goal justifies the physical, emotional, psychological, relational

costs to young people. Tearing young people from the natural identity that comes from family, faith and culture is the only way to give them a new intersectional (and I'll add fractured) identity as social justice warrior Marxists used as "pawns" for the greater goal of "fundamentally transforming America."

For the sake of keiki, this bill needs to be voted no on. Research should be done on what organizations have put our current state and federal legislators into office and the results made public.

Ua mau ke ea o ka 'Āina i ka Pono o Iesu Cristo. King Kamehameha III

As you consider this bill, please reflect long and hard about our keiki, our ohana, our kanaka, our 'Āina, our future.

Malama Pono,  
Dave Willweber  
Kailua

## **RESEARCH REGARDING "COSTS" OF TEEN SEXUAL ACTIVITY: NOTE: "Comprehensive sex ed" increases youth engagement in sexual activity.**

### **Academic / Economic**

- **Lower educational attainment (and not necessarily connected to pregnancy) <sup>1</sup>**
- **Less financial net worth, more likely to live in poverty <sup>2</sup>**

1

- Kagesten, A., Blum, R (2015, April ) Characteristics of youth who report early sexual experiences in Sweden. Archives of Sexual Behavior. 44:679-694
- Raine TR, Jenkins R, Aarons SJ, et al. (1999) Sociodemographic correlates of virginity in seventh-grade black and Latino students. J Adolesc Health ;24:304e12.
- Schvaneveldt PL, Miller BC, Berry EH, Lee TR. (2009) Academic goals, achievement, and age at first sexual intercourse. Adolescence 2001;36: 767e87.Sabia JJ, Rees DI. The effect of sexual abstinence on females' educational attainment. Demography. 46:695e715.
- Tubman JG, Windle M, Windle RC. (1996) The onset and cross-temporal patterning of sexual intercourse in middle adolescence: Prospective relations with behavioral and emotional problems. Child Dev;67:327e43
- Bradley, B., Greene, Am (2013). Do health and education agencies in the US share responsibility for academic achievement and health? Journal of Adolescent Health. 52:5213-532.
- Finger R, Thelen T, Vessey JT, Mohn JK, Mann JR. (2004) Association of virginity at age 18 with educational, economic, social, and health outcomes in middle adulthood. Adolesc Fam Health. 3:164–170.
- Parkes, A., Wight, D., Henderson, M., West, P. (2010) Does early sexual debut reduce teenagers' participation in tertiary education? Evidence from the SHARE longitudinal study. Journal of Adolescence 33: 741–754.
- Annang, L., Walsemann, K., Maitra, D., Kerr, J. (2010, Supplement 4) Does Education Matter? Examining Racial Differences Between Education and STI Diagnosis Among Black and White Young Adult Females in the United States. Social Determinants of Health. Vol. 125, Supplement 4: 110-121
- Spriggs, A. L., Halpern, C. T. (2008). Timing of sexual debut and initiation of postsecondary education by early adulthood. Perspectives on Sexual and Reproductive Health, 40(3): 152–16

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- Finger R, Thelen T, Vessey JT, Mohn JK, Mann JR. (2004) Association of virginity at age 18 with educational, economic, social, and health outcomes in middle adulthood. Adolesc Fam Health. 3:164–170.

### **Psychological / Emotional**

- **Decreased physical & psychological health, including depression <sup>3</sup>**



3

- Sandfort,T., Orr, M., Hirsch, J., Santelli, J. (2008) Long-Term Health Correlates of Timing of Sexual Debut: Results From a National US Study American Journal of Public Health. 98:155-161
- Finger R, Thelen T, Vessey JT, Mohn JK, Mann JR. (2004) Association of virginity at age 18 with educational, economic, social, and health outcomes in middle adulthood. *Adolesc Fam Health*. 3:164–170.
- Tubman JG, Windle M, Windle RC. (1996). The onset and cross-temporal patterning of sexual intercourse in middle adolescence: Prospective relations with behavioral and emotional problems. *Child Dev*. 67:327e43
- Abdo, L., (2015, 2 Dec). Age of initial sexual intercourse and health of adolescent girls. *Journal of Pediatric and Adolescent Gynecology*.
- Armour, S., Haynie, D. (2006) Adolescent Sexual Debut and Later Delinquency. *J Youth Adolescence*. 36:141–152
- Joyner and Udry, 2000; Meier, 2000). Additionally, Meier (2004) finds that the effect of sexual initiation on depression is stronger for females and that it is tied to the context in which sexual debut occurred (i.e., whether or not the adolescent reported being in a romantic relationship).
- Hallfors DD, Waller MW, Bauer D, Ford CA, Halpern CT. (2005). Which comes first in adolescence—sex and drugs or depression? *Am J Prev Med*. 29: 163–170.

### Relational

- **Less attachment to parents, school and faith** <sup>4</sup>
- **Decreased relationship quality, stability and more likely to divorce** <sup>5</sup>
- **More concurrent or lifetime partners** <sup>6</sup>

4

- Ream GL. (2006). Reciprocal effects between the perceived environment and heterosexual intercourse among adolescents. *J Youth Adolesc* 35:771–85.
- Madkour, A., Farhat, T., Halpern, C., Godeau, E., Gabhainn, S. (2010). Early Adolescent Sexual Initiation as a Problem Behavior: A Comparative Study of Five Nations.. *Journal of Adolescent Health* 47: 389–398

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- Paik, A. (2011, April) Adolescent Sexuality and the Risk of Marital Dissolution. *Journal of Marriage and Family* 73 : 472 – 485.
- Sandfort,T., Orr, M., Hirsch, J., Santelli, J. (2008) Long-Term Health Correlates of Timing of Sexual Debut: Results From a National US Study American Journal of Public Health. 98:155-161
- Heaton, T. B. (2002). Factors contributing to increasing marital stability in the United States. *Journal of Family Issues*, 23, 392 – 409.
- Teachman, J. (2003). Premarital sex, premarital cohabitation, and the risk of subsequent marital dissolution among women. *Journal of Marriage and Family*, 65, 444 – 455.
- Paik, A. (2011, April) Adolescent Sexuality and the Risk of Marital Dissolution. *Journal of Marriage and Family* 73 : 472 – 485.
- Finger R, Thelen T, Vessey JT, Mohn JK, Mann JR. (2004) Association of virginity at age 18 with educational, economic, social, and health outcomes in middle adulthood. *Adolesc Fam Health*. 3:164–170..

6

- Kastborn, A., Sydsjo, G., Bladh, M., Preibe, G., Svedin, C. (2015, May 4). Sexual debut before the age of 14 leads to poorer psychosocial health and risky behavior in later life. *Acta Paediatrica* 104: 91-100.
- Bradley, B., Greene, A. (2013). Do health and education agencies in the US share responsibility for academic achievement and health? *Journal of Adolescent Health*. 52:5213-532.
- Magnusson, B., Nield, J. Lapane, K., (2015, Feb 7). Age at first intercourse and subsequent sexual partnering among adult women in the US, a cross sectional study. . *BMC Public Health*. 15:98.
- Heywod, W. Patrick, K., A., Pitt, M. (2015) *Archives of Sexual Behavior*. 44:531-569

### Other costs

- **Increased sexual abuse and victimization.** <sup>7</sup>
- **More likely to participate in anti-social or delinquent behavior.** <sup>8</sup>
- **More frequent engagement in other risk behaviors, such as smoking, drinking, and drugs.** <sup>9</sup>
- **Less likely to exercise self efficacy and self regulation.** <sup>10</sup>
- **Early sexual behaviors set a pattern for later ones .** <sup>11</sup>

7

- Kastborn, A., Sydsjo, G., Bladh, M., Preibe, G., Svedin, C. (2015, May 4). Sexual debut before the age of 14 leads to poorer psychosocial health and risky behavior in later life. *Acta Paediatrica* 104: 91-100.

8

- Armour, S., Haynie, D. (2007) Adolescent Sexual Debut and Later Delinquency. *J Youth Adolescence* 36:141–152

9

- Bradley, B., Greene, A. (2013). Do health and education agencies in the US share responsibility for academic achievement and health? *Journal of Adolescent Health*. 52:5213-532.

10

- Kastborn, A., Sydsjo, G., Bladh, M., Preibe, G., Svedin, C. (2015, May 4). Sexual debut before the age of 14 leads to poorer psychosocial health and risky behavior in later life. *Acta Paediatrica* 104: 91-100.
- McLeod, J., Knight, S. (2010), *Perspectives on Sexual and Reproductive Health*. 42(2):93

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- Scott, M., Wildsmith, E., Welti, K., Ryan, S., Schelar, E., Steward-Streng, N. (2011). Risky Adolescent Sexual Behaviors and Reproductive Health in Young Adulthood. *Perspectives on Sexual and Reproductive Health*. 43(2):110–118,
- Manlove J, Ryan S and Franzetta K, Contraceptive use patterns across teens’ sexual relationships: the role of relationships, partners, and sexual histories, *Demography*, 2007, 44(3):603–621.
- Manning WD, Longmore M and Giordano PC, (2005) Adolescents’ involvement in non-romantic sexual activity, *Social Science Research*, 34(5):384–407.

**I did not research costs to society. Certainly in the millions here in the Islands when you begin to consider healthcare including emotional and psychological, the prison system, welfare, etc.**

HR 138 REQUESTING THE DEPARTMENT OF EDUCATION TO CREATE A STUDENT-LED WORKING GROUP TO ADDRESS THE NEED FOR ACTIVE INCLUSION OF DIVERSE IDENTITIES WITHIN AND BEYOND SEXUAL HEALTH EDUCATION, TO TEACH CULTURALLY RESPONSIVE IDEAS AROUND MUTUAL RESPECT IN RELATIONSHIPS, AND TO FIND SITES OF POTENTIAL ACTIVE INCLUSION OF THESE IDENTITIES IN SEXUAL HEALTH CURRICULA, ALL WITHIN THE FRAMING PRINCIPLES OF ALOHA KEKAHI I KEKAHI.

**HR-138**

Submitted on: 3/22/2022 9:44:21 PM

Testimony for EDN on 3/24/2022 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Beth Anderson	Individual	Support	Written Testimony Only

Comments:

Thank you for introducing this legislation, which I fully support. So important to encourage inclusiveness, celebration of diversity, and understanding, acceptance and respect for all relationships and gender identities. Time to stop the shaming, the bullying, and hate directed at minority members of our society and get the target off of their backs. They have put up with enough and the higher suicide rates, depression, drug use among these young people attests to the difficulties they face trying to exist in a rigid society of non-acceptance. It is cruel, unjust and needs to stop. I was appalled when I read a State Representative's comments (McDermott) about gay and transgender students. He called these people "weirdos" and "freaks". This is just the sort of bullying and hate that needs to stop and be addressed. Someone like this should not be serving as a representative of the people when they represent hate toward others.

Thank you for considering my testimony.

Beth Anderson