



HAWAII

The Department of Health and community-based organizations in Hawaii received \$972,097 in federal funds for abstinence-only-until-marriage programs in Fiscal Year 2008.¹

Hawaii Sexuality Education Law and Policy

Hawaii's education policy states that, "in order to help students make decisions that promote healthy behaviors, the Department of Education shall instruct students that abstention from sexual intercourse is the surest and most responsible way to prevent unintended pregnancies, sexually transmitted diseases [STDs] such as HIV/AIDS, and consequent emotional distress." The policy specifies that programs shall help students remain abstinent, help currently sexually active students become abstinent, and "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."

Hawaii's education policy further states that birth control devices may be discussed during human reproduction studies; however, "the distribution of condoms and other prophylactic devices to students shall be prohibited in the classroom, on the school campus, or at any school-related activities."

Hawaii's *Health Content Standards* also state that sexual health should be addressed and tells schools which content areas are to be covered, but does not give curricula guidelines or suggest curricula, and does not go into detail as to what should be discussed.

Hawaii does not require parental permission for students to participate in sexuality or HIV/AIDS education nor does it say whether parents or guardians can remove their children from such classes.

See Hawaii Board of Education Policies 2100, 2110, and 2245.

Recent Legislation

Recommendation to Mandate Sex Education for Middle School Students

Senate Concurrent Resolution 233, introduced in March 2008, requested that the board of education evaluate "the necessity of mandatory health education, which would include medically accurate sex education in the intermediate and middle schools." The resolution requested that the board submit its evaluation, including recommendation for implementing mandatory health education no later than 20 days before the commencement of the 2009 legislative session. The bill was referred to the Senate Committee on Health and Education. No further action was taken and the bill died in committee.

Recommendation to Adopt a Comprehensive Sex Education Policy

House Concurrent Resolution 26, introduced in January 2008, recommended that the board of education change its sex education policy from one that supports abstinence-only programs to one that supports a

“comprehensive, balanced, and consistent program that encompasses abstinence and the effective use of contraceptives to reduce the risks of sexually transmitted diseases and pregnancy....” The bill was referred to the House Committee on Health and Education where it died.

Legislation to Mandate Comprehensive Sex Education in Secondary Schools as a Requirement for Graduation
Senate Bill 2775, introduced in January 2008, would have required the board of education to adopt a comprehensive sex education program and make it mandatory for graduation from all public secondary schools. The bill would have required that the program include the “concepts of abstinence, contraception, and sexually transmitted diseases.” Senate Bill 2775 was sent to the Senate Committee on Education where it died.

Legislation to Allow for Rapid HIV Testing

House Concurrent Resolution 293, introduced in March 2007, urged the governor to allow rapid HIV testing in the state. The current Hawaii Administrative Rules outline strict requirements for the use of rapid HIV testing within the state, making it difficult to use in Hawaii. The resolution explained that the U. S. Centers for Disease Control and Prevention (CDC), the Substance Abuse and Mental Health Services Administration (SAMSA), and other major federal public health agencies strongly support rapid HIV testing since it increases awareness of HIV serostatus. The resolution was passed by the House and was sent to the Senate for debate where it was referred to the Senate Committee on Health but failed to move again and died.

Bills to Mandate Sexual Health Education in State-Funded Entities

House Bill 464 and Senate Bill 1117, introduced in January 2007, would have mandated that any recipient of state funding offering sexual health education must provide medically accurate, factual information that is age-appropriate. In addition, state-funded entities would have been required to provide education on both abstinence and contraception for the prevention of pregnancy and sexually transmitted diseases. Senate Bill 1117 passed in the Senate and was sent to the House of Representatives, where it became a substitute for HB 464. The bill failed to move again and died.

Hawaii's Youth: Statistical Information of Note²

- In 2007, 40% of female high school students and 33% of male high school students in Hawaii reported ever having had sexual intercourse compared to 46% of female high school students and 50% of male high school students nationwide.
- In 2007, 5% of female high school students and 5% of male high school students in Hawaii reported having had sexual intercourse before age 13 compared to 4% of female high school students and 10% of male high school students nationwide.
- In 2007, 6% of female high school students and 6% of male high school students in Hawaii reported having had four or more lifetime sexual partners compared to 12% of female high school students and 18% of male high school students nationwide.
- In 2007, 28% of female high school students and 20% of male high school students in Hawaii reported being currently sexually active (defined as having had sexual intercourse in the three months prior to the survey) compared to 36% of female high school students and 34% of male high school students nationwide.

- In 2005, among those high school students who reported being currently sexually active, 44% of females and 53% of males in Hawaii reported having used condoms the last time they had sexual intercourse compared to 56% of females and 70% of males nationwide.³
- In 2005, among those high school students who reported being currently sexually active, 14% of females and 11% of males in Hawaii reported having used birth control pills the last time they had sexual intercourse compared to 21% of females and 15% of males nationwide.⁴
- In 2005, among those high school students who reported being currently sexually active, 21% of females and 27% of males in Hawaii reported having used alcohol or drugs the last time they had sexual intercourse compared to 19% of females and 28% of males nationwide.⁵
- In 2007, 87% of high school students in Hawaii reported having been taught about AIDS/HIV in school compared to 90% of high school students nationwide.

Title V Abstinence-Only-Until Marriage Funding

- Hawaii received \$122,090 in federal Title V abstinence-only-until-marriage funding in Fiscal Year 2008. The state accepted only three quarters of available funding due to the timing of the federal re-authorization which caused a temporary lapse in funding. Hawaii decided to forgo fourth quarter funds and resume activities in Fiscal Year 2009.
- The Title V abstinence-only-until marriage grant requires states to provide three state-raised dollars or the equivalent in services for every four federal dollars received. The state match may be provided in part or in full by local groups.
- In Hawaii, the sub-grantee contributes the majority of the match through money from private revenue and foundations. The state also contributes by providing in-kind services.
- There is one Title V abstinence-only-until-marriage sub-grantee in the state: The Boys & Girls Club of Hawaii.

The Boys & Girls Club of Hawaii, \$90,000 (2008)

The Boys & Girls Club of Hawaii uses its Title V abstinence-only-until-marriage funding to provide a statewide abstinence-only-until-marriage program to young people ages ten to 12. The organization also provides a mentoring component to the program for those ages 13–17. The program uses materials from *SMART Moves*, a curriculum developed by the Boys & Girls Clubs of America, which has been adapted to fit the federal government's A-H definition.

The *SMART Moves* curriculum targets young people ages six to 15. It includes *Smart Kids* to help kids ages six to nine develop self-awareness, decision-making, and interpersonal skills; *Start Smart* to help preteens identify and resist peer, social, and media pressures to use drugs and become sexually involved; *Stay Smart* to help teenagers develop social, resistance, assertiveness, problem-solving, and decision-making skills; and *Smart Parents* to augment the sessions and teach parents about adolescent drug use and sexuality. SIECUS reviewed *Smart Moves* and identified it as an “Abstinence Program without Fear.”

Community-Based Abstinence Education (CBAE) and Adolescent Family Life Act (AFLA) Grantees

- There are two CBAE grantees in Hawaii: Catholic Charities of Honolulu and Maui Youth and Family Services.
- There are no AFLA grantees in Hawaii.

Catholic Charities of Honolulu, \$600,000 (CBAE 2006–2011)

Catholic Charities of Hawaii, which includes the Honolulu chapter, describes its mission as, “Rooted in the gospel of Jesus, exist[ing] to carry out the social mission of the church by serving the people of Hawaii, without regard to their faith or culture.”⁶ Catholic Charities of Honolulu runs the abstinence-only-until-marriage program “Try Wait!” which is offered to public and private school students in grades seven through 12 and includes eight interactive lessons.⁷

The “Try Wait!” program uses the *Choosing the Best* series. The *Choosing the Best* series is one of the more popular abstinence-only-until-marriage programs in the country. The series is comprised of a number of curricula for students from sixth grade through high school: *Choosing the Best WAY*, *Choosing the Best PATH*, *Choosing the Best LIFE*, *Choosing the Best JOURNEY*, and *Choosing the Best SOULMATE*. The series has been recently revised and the information about STDs is now medically accurate. However, *Choosing the Best* curricula continue to promote heterosexual marriage, rely on messages of fear and shame, and include biases about gender, sexual orientation, and pregnancy options. For example, *Choosing the Best PATH* asks students to brainstorm the “emotional consequences” of premarital sex. Suggested answers include “guilt, feeling scared, ruined relationships, broken emotional bonds.”⁸

In addition to the *Choosing the Best* series, Try Wait! employs virginity pledges in its programming.⁹ Research found that 88 percent of young people who took a virginity pledge ultimately had sexual intercourse before marriage. Under certain conditions these pledges may help some adolescents delay sexual intercourse. When they work, pledges help this select group of adolescents delay the onset of sexual intercourse for an average of 18 months—far short of marriage. Researchers found that pledges only worked when taken by a small group of students. Pledges taken by a whole class were ineffective. More importantly, the studies also found that those young people who took a pledge were one-third less likely to use contraception when they did become sexually active than their peers who had not pledged. These teens are therefore more vulnerable to the risks of unprotected sexual activity such as unintended pregnancy and STDs, including HIV/AIDS. Further research has confirmed that although some students who take pledges delay intercourse, ultimately they are equally as likely to contract an STD as their non-pledging peers. The study also found that STD rates were higher in communities where a significant proportion (over 20 percent) of the young people had taken virginity pledges.¹⁰

Maui Youth and Family Services, \$250,007 (CBAE 2005–2008)

Maui Youth and Family Services provides a variety of behavioral and mental health programs throughout communities in Hawaii.¹¹

H A W A I I

Federal and State Funding for Abstinence-Only-Until-Marriage Programs in FY 2008

Abstinence-Only-Until-Marriage Grantee	Amount of Grant	Type of Grant (includes Title V, CBAE, AFLA, and other funds)
Length of Grant		
Hawaii Department of Health www.hawaii.gov/health	\$122,090 federal	Title V
Boys and Girls Club of Hawaii	\$90,000	Title V sub-grantee
Catholic Charities of Honolulu 2006–2011 www.catholiccharitieshawaii.org	\$600,000	CBAE
Maui Youth and Family Services 2005–2008 www.myfs.org	\$250,007	CBAE

Adolescent Health Contact¹²

Noella Kong
 Hawaii Department of Health
 Family Health Services Division
 741-A Sunset Avenue
 Honolulu, HI 96816
 Phone: (808) 733-8339

Hawaii Organizations that Support Comprehensive Sexuality Education

ACLU of Hawaii
 P.O. Box 3410
 Honolulu, HI 96801
 Phone: (808) 522-5900
www.acluhawaii.org

Planned Parenthood of Hawaii
 1350 South King Street, Suite 310
 Honolulu, HI 96814
 Phone: (808) 589-1156
www.plannedparenthood.org/hawaii/

Hawaii Organizations that Oppose Comprehensive Sexuality Education

Hawaii Christian Coalition
1336 Dillingham Boulevard
Honolulu, HI 96817
Phone: (808) 842-0707
www.hi-christian.com

Hawaii Family Forum
6301 Pali Highway
Kaneohe, HI 96744
Phone: (808) 203-6704
www.hawaiifamilyforum.org

Hawaii Right to Life
81 S. Hotel Street, Room 200-B
Honolulu, HI 96813
Phone: (808) 585-8207
www.hrtl.org

Newspapers in Hawaii¹³

Honolulu Advertiser
Newsroom
P.O. Box 3110
Honolulu, HI 96802
Phone: (808) 525-8090
www.honoluluadvertiser.com

The Maui News
Newsroom
100 Mahalani Street
Wailuku, HI 96793
Phone: (808) 244-3981
www.mauinews.com

¹ This refers to the federal government's fiscal year, which begins on October 1 and ends on September 30. The fiscal year is designated by the calendar year in which it ends; for example, Fiscal Year 2008 began on October 1, 2007 and ended on September 30, 2008.

² Unless otherwise cited, all statistical information comes from: Danice K. Eaton, et. al., "Youth Risk Behavior Surveillance—United States, 2007," *Surveillance Summaries, Morbidity and Mortality Weekly Report* 57(SS-4) (6 June 2008), accessed 4 June 2008, <<http://www.cdc.gov/HealthyYouth/yrbs/index.htm>>. Note: Hawaii did not participate in the complete YRBS in 2007, therefore, SIECUS has included some additional information from the 2005 YRBS.

³ Danice K. Eaton, et. al., "Youth Risk Behavior Surveillance—United States, 2005," *Surveillance Summaries, Morbidity and Mortality Weekly Report*, vol. 55, no. SS-5 (9 June 2006): 1-108, accessed 26 January 2007, <<http://www.cdc.gov/HealthyYouth/yrbs/index.htm>>.

⁴ Ibid.

⁵ Ibid.

⁶ "History, Mission, and Core Values," Catholic Charities of Hawaii, accessed 18 October 2008, <http://www.catholiccharitieshawaii.org/site/372/programs_issues.aspx>.

⁷ Treena Shaprio, "Abstinence program tells teens 'Try Wait!'" *The Honolulu Advertiser*, 9 June 2004, accessed 18 October 2008, <<http://the.honoluluadvertiser.com/article/2004/Jun/09/ln/ln01a.html>>.

⁸ Bruce Cook, *Choosing the Best* (Marietta, GA: Choosing the Best, Inc., 2001-2007).

⁹ Treena Shaprio, "Abstinence program tells teens 'Try Wait!'"

¹⁰ Peter Bearman and Hannah Brückner "Promising the Future: Virginity Pledges and the Transition to First Intercourse."

American Journal of Sociology 106.4 (2001): 859-912; Peter Bearman and Hannah Brückner, "After the promise: The STD consequences of adolescent virginity pledges," *Journal of Adolescent Health* 36.4 (2005): 271-278.

¹¹ "Maui Youth and Family Services," Maui Youth and Family Services, accessed 18 October 2008, <<http://www.myfs.org/>>.

¹² SIECUS has identified this person as a state-based contact for information on adolescent health and if applicable, abstinence-only-until-marriage programs.

¹³ This section is a list of major newspapers in your state with contact information for their newsrooms. This list is by no means exhaustive and does not contain the local level newspapers which are integral to getting your message out to your community. SIECUS strongly urges you to follow stories about the issues that concern you on the national, state, and local level by using an internet news alert service such as Google alerts, becoming an avid reader of your local papers, and establishing relationships with reporters who cover your issues. For more information on how to achieve your media goals visit the SIECUS Community Action Kit.