





# Hawaii's State of Sex Ed

Sex education is required due to mandated state education standards in Hawaii. Although instruction must be medically accurate and age appropriate, it is not required to be in alignment with the National Sex Education Standards

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## **Current Requirements**

- Hawaii schools are required by proxy to teach sex education because of mandated state learning standards.
  - Curriculum must include instruction on abstinence.
- Curriculum is not required to include instruction on sexual orientation or gender identity.
- Curriculum is not required to include instruction on consent. However, instruction must help students develop relationships and communication skills to form healthy relationships that are based on mutual respect and affection and are free from violence, coercion and intimidation.
- Parents and guardians can remove their children from sex education. This is referred to as an "opt-out" policy.
- Curriculum must be medically accurate and age appropriate.

# RECENT LEGISLATION SHAPING THE STATE LANDSCAPE

Advocates have successfully worked to advance sex education in Hawaii. Advocates introduced many bills in 2022 to advance sex education in two major categories: sexual abuse and trafficking prevention and mandating that curriculum addresses the needs of students with diverse identities within sexual health education. Legislators succeeded in enacting Senate Concurrent Resolution 216, which requests the Department of Education to ensure that existing child sexual abuse curriculum and training is in alignment with Erin's Law. Legislators also introduced a variety of bills that were ultimately unsuccessful but represent a step towards better quality sex education in Hawaii. In 2022, Senate Bill 2565, House Bill 1306, Senate Bill 2141, and House Bill 1701 were introduced to offer training for teachers on sex trafficking and require programming on sexual abuse prevention. Advocates also introduced bills to require sex education curriculum to address the needs of LGBTQ+ students, students with disabilities, and students of color. Advocates introduced House Bill 1697 and its companion in the Senate, Senate Bill 2562, which would require the Department of Education (DOE) to provide comprehensive training for teachers

and educational officers on sexual health topics that include positive and accurate representations of the LGBTQ+ community and communities with disabilities, and communities of color, to destigmatize and promote sexual health. Additionally, advocates introduced House Concurrent Resolution 138 in an effort to request the DOE create a student working group to address the need for inclusion of diverse identities within sexual health education and to teach culturally responsive ideas for mutual respect in relationships.

As of 2015, Hawaii schools are required to teach sex education that is age appropriate, medically accurate and includes instruction on abstinence, contraception, and methods to prevent unintended pregnancy and sexually transmitted infections (STIs), including human immunodeficiency virus (HIV). After years of dedicated campaigning from advocates, the State Board of Education voted to remove Hawaii's "opt-in" policy and updated Hawaii's sex education requirements in 2015. The policy requires schools to provide sex education that is medically accurate, age appropriate, and culturally responsive. Advocates report that there are challenges with implementation in Hawaii schools.

Local control over sex education presents unique challenges that have resulted in a glaring disparity regarding the quality of sex education that students receive. Such discretion allows for inadequate implementation of the law which can stigmatize marginalized youth, such as students of color and LGBTQ youth, and presents further challenges in ensuring that low income districts have access to the resources needed to implement sex education. Advocates believe that the Department of Education is not prioritizing sex education, which has resulted in delayed implementation of the newly mandated sex education requirements such as not taking steps to secure necessary resources, including funds for curricula or additional training for educators. In addition, curriculum is not required to be comprehensive or to include instruction on sexual orientation or gender identity. As a result, advocates continue to try to get the Department of Education to report its progress in implementing the 2015 sex education policy to the legislature.

Right now, advocates can take action to ensure young people in their community have access to quality sex education. After contacting their local schools, advocates can determine what topics are currently missing from the sex education curriculum, such as legally mandated medically accurate and culturally responsive curriculum in addition to instruction on topics such as

healthy relationships and consent. Advocates are encouraged to take action on pending legislation that seeks to advance or restrict the principles of sex education. For a current overview of pending legislation, see table below. Further, advocates can contact their representatives to discuss the critical need for the Department of Education to support schools in implementing the current sex education requirements and passing legislation that further advances sex education in Hawaii. Advocates are encouraged to use the SIECUS Community Action Toolkit to guide local efforts to advance sex education and to reach out to EducateUs to get connected to local advocacy groups.

## More on sex ed in Hawaii...

### State Law: A Closer Look

Sexual health education is mandated in Hawaii as of 2015. The Hawaii State Board of Education was established by the Hawaii State Constitution, which grants the board power to formulate and establish statewide educational policy. On June 16, 2015, Hawaii's Board of Education policy was updated to read, "the Department of Education shall provide sexual health education to include age appropriate, medically accurate health education that includes education on abstinence, contraception, and methods of infection prevention to prevent unintended pregnancy and sexually transmitted infection (STI), including human immunodeficiency virus (HIV)." It further encourages students to communicate with their parents and/or guardians about sexuality and stresses that abstinence "from sexual intercourse is the surest way to prevent unintended pregnancies, [STIs] such as HIV/[acquired immunodeficiency syndrome] (AIDS), and consequent emotional distress." Hawaii's education policy 103-8 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 does not require parental permission for students to participate in sexuality or HIV/AIDS education, but they may remove their children from the course. This is referred to as an "opt-out" policy.

### **State Standards**

Hawaii's *Content and Performance Standards* for health courses state that sexual health should be addressed, and the standards inform schools about which content areas must be covered. However, the standards do not give curricula guidelines or go into detail regarding what topics should be discussed. Examples provided in the standards include that the student should be able to identify "when and how to access health services (e.g., teen pregnancy, sexually transmitted disease (STD) testing, and mental health services)." Seven approved curricula are listed online.

## **State Legislation**

State legislative activity related to sex education does not take place in isolation from the broader embroiled political and policy climate. In 2022, a national wave of attacks on the rights of lesbian, gay, bisexual, transgender, queer, or questioning (LGBTQAI+) individuals, attempts to restrict or prohibit instruction on "divisive concepts" such as "Critical Race Theory" (which is not taught in public schools), and efforts to limit access to abortion care and other reproductive healthcare services swept the country in an effort to prevent students from receiving sex education and accessing sexual and reproductive healthcare services. Below are highlights of current legislative activity related to these topics. Hawaii's 2024 legislative session convenes January 17, 2024, operating as a full-time legislature.

## **Youth Sexual Health Data**

Young people are more than their health behaviors and outcomes. While data can be a powerful tool to demonstrate the sex education and sexual health care needs of young people, it is important to be mindful that these behaviors and outcomes are impacted by systemic inequities present in our society that affect an individual's sexual health and well-being. To learn more about Hawaii's Youth Risk Behavior Survey (YRBS) results, click here. At the time of publication, the 2021 YRBS data was not made available yet.

## Hawaii School Health Profiles Data

In 2022, the Centers for Disease Control and Prevention (CDC) released the 2020 School Health Profiles, which measure school health policies and practices and highlight which health topics were taught in schools across the country. Since the data were collected from self-administered questionnaires completed by schools' principals and lead health education teachers, the CDC notes that one limitation of the School Health Profiles is bias toward the reporting of more positive policies and practices. In the School Health Profiles, the CDC identifies 22 sexual health education topics as critical for ensuring a young person's sexual health. Below are key instruction highlights for secondary schools in Hawaii as reported for the 2019–2020 school year.

#### Reported teaching all 22 critical sexual health education topics

- 19.9% of Hawaii secondary schools taught students all 22 critical sexual health education topics in a required course in any of grades 6, 7, or 8.
- 48.2% of Hawaii secondary schools taught students all 22 critical sexual health education topics in a required course in any of grades 9, 10, 11, or 12.

#### Reported teaching about the benefits of being sexually abstinent

- 57.7% of Hawaii secondary schools taught students about the benefits of being sexually abstinent in a required course in any of grades 6, 7, or 8.
- 80.6% of Hawaii secondary schools taught students about the benefits of being sexually abstinent in a required course in any of grades 9, 10, 11, or 12.

# Reported teaching how to access valid and reliable information, products, and services related to HIV, other STDs, and pregnancy

- 42.8% of Hawaii secondary schools taught students how to access valid and reliable information, products, and services related to HIV, other STDs, and pregnancy in a required course in any of grades 6, 7, or 8.
- 78.7% of Hawaii secondary schools taught students how to access valid and reliable information, products, and services related to HIV, other STDs, and pregnancy in a required course in any of grades 9, 10, 11, or 12.

# Reported teaching how to create and sustain healthy and respectful relationships

 58.7% of Hawaii secondary schools taught students how to create and sustain healthy and respectful relationships in a required course in any of

- grades 6, 7, or 8.
- 78.3% of Hawaii secondary schools taught students how to create and sustain healthy and respectful relationships in a required course in any of grades 9, 10, 11, or 12.

# Reported teaching about preventive care that is necessary to maintain reproductive and sexual health

- 47.3% of Hawaii secondary schools taught students about preventive care that is necessary to maintain reproductive and sexual health in a required course in any of grades 6, 7, or 8.
- 74.9% of Hawaii secondary schools taught students about preventive care that is necessary to maintain reproductive and sexual health in a required course in any of grades 9, 10, 11, or 12.

#### Reported teaching how to correctly use a condom

- 42.6% of Hawaii secondary schools taught students how to correctly use a condom in a required course in any of grades 6, 7, or 8.
- 67.4% of Hawaii secondary schools taught students how to correctly use a condom in a required course in any of grades 9, 10, 11, or 12.

#### Reported teaching about methods of contraception other than condoms

- 44.7% of Hawaii secondary schools taught students about methods of contraception other than condoms in a required course in any of grades 6, 7, or 8.
- 78.7% of Hawaii secondary schools taught students about methods of contraception other than condoms in a required course in any of grades 9, 10, 11, or 12.

# Reported teaching about diversity of sexual orientations and gender identities

- 38.8% of Hawaii secondary schools taught students about diversity of sexual orientations and gender identities in a required course in any of grades 6, 7, or 8.
- 62.1% of Hawaii secondary schools taught students about diversity of sexual orientations and gender identities in a required course in any of grades 9, 10, 11, or 12.

#### Reported teaching about how gender roles and stereotypes affect goals, decision-making, and relationships

- 32.2% of Hawaii secondary schools taught students about gender roles and stereotypes in a required course in any of grades 6, 7, or 8.
- 60.3% of Hawaii secondary schools taught students about gender roles and stereotypes in a required course in any of grades 9, 10, 11, or 12.

Reported providing curricula or supplementary materials relevant to lesbian, gay, bisexual, transgender, or questioning (LGBTQ) youth

• 53.9% of Hawaii secondary schools provided students with curricula or supplementary materials that included HIV, STD, or pregnancy prevention information relevant to LGBTQ youth.

Visit the CDC's School Health Pro les report for additional information on school health policies and practices.

The quality of sex education taught often reflects funding available for sex education programs. To learn more about federal funding streams, click here.





