



LATE TESTIMONY

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

Position: STRONG SUPPORT

Thank you for allowing me to present written testimony today in support of HB 329 HD1 which urges the State of Hawai'i to reject "abstinence-only-until-marriage" funding.

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 because of this mission, the Women's Caucus does not support the policy of "abstinence only until marriage". Numerous studies have demonstrated that promoting delay of sexual activity until marriage has been a failure. We note too, that this policy has not protected our youth from sexually transmitted infections, unintended pregnancies, or delaying first sex experiences.

The Hawai'i Department of Education's Sexuality Education policy states "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 ...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." The current federal program of "abstinence only until marriage" prohibits the teaching of contraception or discussion of protective devices....contrary to Hawai'i State Education Policy.

In addition, the federal program of "abstinence only until marriage" mandates the provision of misinformation in its curriculum such as teaching "that sexual activity outside of the context of marriage is likely to have harmful psychological and physical effects". There is simply no sound public health evidence to support this statement and it is improper to teach false information. We strongly urge this committee to pass HB 329 HD1 and join the 25 other states who have rejected the misguided federal policy and funds attached. Thank you for allowing me to submit my testimony in support of this measure.

Testimony to the 2009 State Legislature

Date: Wednesday, Feb. 11, 2009
Committee: House Committee on Education
Bill: HB329, HD1: Relating to Health
and
HB 330, HD!: Relating to Comprehensive Sexuality Health Education

Honorable Chair Takumi, Vice Chair Berg, and Members of the House Education Committee:

My name is Nancy Partika, and I am a University of Hawaii faculty member in Public Health, specializing in maternal and child health. I am testifying today as an individual who has worked in public health in Hawaii for almost 3 decades. I appreciate the opportunity to testify on HB329,HD1 and HB 330, HD!, which propose to require the State to reject Title V federal funding for abstinence-only programs, and to require all recipients of state funding to provide medically-accurate sex education.

As a long-time maternal and child health advocate, I strongly support these two bills, because I believe that, in order to reduce unintended pregnancies in teens, we need to offer them the most accurate and useful information possible in order to provide them with the tools to make responsible health decisions.

Decreasing early adolescent sexual initiation is an important public health objective, but it is scientifically-based sex education programs teaching both abstinence and contraception that is proven to delay sexual initiation and prevent pregnancy, STDs, and risky sexual behavior. In contrast, abstinence-only sex education programs are defined by federal statute as having the "exclusive purpose of teaching the social, psychological, and health gains of abstaining from sexual activity."

There is currently no body of credible scientific evidence that abstinence-only programs have been effective in reducing adolescent sexual risk factors. A recently-released major scientific study on this issue by a Johns Hopkins University researcher found that, five years after their abstinence-only pledge, 82% of abstinence-only pledgers denied having ever pledged. Abstinence-only pledgers and matched non-pledgers did not differ in premarital sex, sexually transmitted diseases, or other sexual risk variables. Abstinence-only pledgers had slightly fewer recent sexual partners but did not differ in the number of lifetime sexual partners and age of first sex. Fewer abstinence-only pledgers than matched non-pledgers used birth control and condoms in the past year and birth control when they last had sex.

The conclusions of this large and scientifically-valid study were that the sexual behavior of virginity pledgers does not differ from that of closely matched non-pledgers. Of great concern is that abstinence-only pledgers are less likely to protect themselves from pregnancy and disease before marriage. Virginity pledges may not affect sexual behavior but appear to decrease the likelihood of taking precautions during sex. The study author concluded that clinicians should provide birth control information to all adolescents, especially virginity pledgers.

Study: Patient Teenagers? A Comparison of the Sexual Behavior of Virginity Pledgers and Matched Non-Pledgers, Janet Elise Rosenbaum, *Journal of Pediatrics*. 2009;123:e110-e120 DOI: 10.1542/peds.2008-0407

Despite the fact that abstinence-only programs have not been proven to work, and may even put youth participants at risk, abstinence-only federal funding increased dramatically, from \$73 million in 2001 to \$204 million in 2008. This exemplifies a morality rather than evidence-based justification for abstinence-only programs that Hawaii, as well as many other states, are now rejecting. States are now asking the new federal administration to instead provide more funding for scientifically-proven sexuality education.

Our adolescents need and deserve the most accurate and factual evidence-based health information available in order to make these important life decisions. Well-designed

and scientifically-accurate sex education programs that teach both contraception and abstinence can help to delay sexual initiation, prevent pregnancy, sexually-transmitted diseases, and reduce risky sexual behavior.

Thank you for your thoughtful consideration of these two important public health measures, and thank you for this opportunity to provide this testimony.

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