

**HAWAII STATE DEPARTMENT OF EDUCATION
STAKEHOLDER PANEL REVIEW: PONO CHOICES CURRICULUM
FEBRUARY – MAY 2014**

FINAL REPORT

Table of Contents

Page	Section
2	Panel Statement
3	1) Background
4	2) Panel Review Process
4	3) Next Steps
5	4) Panel Recommendations
7	5) Summary of Discussion: Selected Passage Review
22	6) Summary of Discussion: Additional Issues
24	Appendix A: Summary of Public Comments

Panel Statement

This report and included recommendations reflect the conversations of the Pono Choices Stakeholder Review Panel on February 20, February 27, March 6, 2014, and May 7, 2014.

- Pono Choices Stakeholder Review Panel

Darrin Araki

Noella Kong

Dr. Robert Bidwell

Justin Mew

Karen Ginoza

Ronn Nuzue

Dr. Gina French

Donna Rodenhurst

Kimberly Kepner-Sybounmy

Readers are encouraged to read the Department of Education’s companion report on this issue, *Implementing Sexual Health Education: Background and Actions for Improvement*, which will provide background information as well as announce the Department’s actions on the Panel’s recommendations, additional recommendations made by individual panelists, and other related issues outside the scope of the panel.

1. BACKGROUND

The Hawaii State Department of Education (Department) and Board of Education have received feedback from various stakeholders regarding the implementation of Pono Choices, a sexual health education curriculum, in some middle schools as part of a research study conducted by the University of Hawaii's Center on Disability Studies.

In response to this feedback, the Department took several steps to review the Pono Choices curriculum and implementation process. This includes convening a Pono Choices Stakeholder Review Panel to review the Pono Choices curriculum to determine if it meets statutory requirements and relevant Board policies, and to make recommendations to the Department if appropriate.

Panelists: Panelists were selected to provide perspectives from the medical, educational, parental, and community perspectives.¹

- Darrin Araki, executive director, Hawaii Pastors Roundtable
- Dr. Robert Bidwell, Associate Clinical Professor of Pediatrics and retired Director of Adolescent Medicine, John A. Burns School of Medicine, University of Hawaii at Manoa*
- Karen Ginoza, representative He'e Coalition and Faith Action for Community Equity (FACE); former teacher
- Dr. Gina French, Chair of the Division of Community Pediatrics and Director of the Pediatric Out-patient Clinic, Department of Pediatrics, Kapi'olani Medical Center for Women and Children and Assistant Professor of Pediatrics, John A. Burns School of Medicine, University of Hawaii at Manoa*
- Kimberly Kepner-Sybounmy, parent representative and former teacher
- Noella Kong, State Adolescent Health Coordinator, Hawaii Department of Health
- Justin Mew, principal Kaiser High School; former principal of Niu Valley Middle School; former science teacher and state science educational specialist; parent of child who participated in Pono Choices pilot
- Ronn Nozoe, Deputy Superintendent, Hawaii Department of Education
- Donna Rodenhurst, health teacher, King Intermediate School with experience implementing Pono Choices

Review panel charge and scope: The Review Panel was charged with reviewing the Pono Choices curriculum through the lens of the following questions, and making recommendations to the Department through this formal report regarding the curriculum.

- Is the Pono Choices curriculum medically accurate and factual, per the statutory definitions?
- Is the Pono Choices curriculum age-appropriate, per the statutory definition?
- Does the Pono Choices curriculum include information about abstinence, contraception, and methods of disease prevention to prevent unintended pregnancy and sexually transmitted disease, including HIV, per the statutory definitions and Board of Education policy 2110?
- Is the Pono Choices curriculum unnecessarily graphic?

The Panel was *not* asked to review or provide recommendations regarding processes, such as the Department's curriculum vetting processes or parental choice options. The decision to limit the scope of the Panel's discussion to the content of the curriculum and exclude process issues should not be misconstrued. Those process issues will be addressed in a subsequent companion report from the Department.

¹Due to scheduling conflicts, Dr. Bidwell was unable to join for the third meeting, so Dr. French served in his place. Kumu Hina Wong-Kalu, director of culture, Halau Lokahi Public Charter School was initially invited to participate on the panel and joined for part of the first meeting. However, Ms. Wong-Kalu did not participate in the subsequent meetings that included the structured curriculum review and is therefore not included on the final panelist list and did not review this report.

2. PANEL REVIEW PROCESS

The Review Panel was provided with a copy of the curriculum and related student and teacher materials (written and multi-media). The Panel was also provided copies of several documents used to guide the development and review of sexual health education curricula, including:

- Hawaii Content and Performance Standards III - [health](#) and [science](#)
- [National Sexuality Education Standards](#)
- The Centers for Disease Control’s (CDC) [Health Education Curriculum Analysis Tool \(HECAT\)](#)
- The CDC’s [Characteristics of an Effective Health Education Curriculum](#)

The Panel met three times (February 20, February 27, and March 6, 2014). Assistant Superintendent of Curriculum, Instruction and Student Support Leila Hayashida and Director of Curriculum and Instruction Steve Nakasato facilitated the conversation. Researchers from the University of Hawaii team that developed the curriculum were available to answer clarifying questions. Staff support was provided by Cathy Kahoohanahano and Lyndsay Pinkus.

The Panel Discussion focused its efforts on fifteen selected “passages” that were identified as controversial.

In each case, the panel had an open, but focused, conversation on each passage (including the teacher’s script and any exercises or supplementary materials such as powerpoint slides or videos). The discussion was facilitated using the following framing questions:

- Is it medically accurate / factual?
- Is it age-appropriate?
- Is it necessary to support comprehensive, abstinence-based sexual health education?
- Is it unnecessarily graphic?
- Are there other comments?

Passage	Module	Subject
1.	2	Definition of “pono”
2.	2	Definition of “sex”
3.	2	Definition of “abstinence”
4.	3	Video: “Different is Normal”
5.	3	Definition of “anus”
6.	3	Teacher script: Definition of “sex”
7.	4	Healthy, unhealthy or abusive relationships
8.	5	Video: “Ty and Kiara Keeping it Pono”
9.	6	Hapai Pono
10.	6	Birth control methods
11.	7	PPT slides: Understanding STIs
12.	7	Video: “You Cannot Get HIV Ladatt!”
13.	8	Condom demonstration Condom demonstration by students
14.	8	HIV: High-risk, low-risk, or no-risk

The panel’s discussion was recorded on a projected screen so that notes could be corrected in real-time. Any potential recommendations raised during the discussion were flagged for follow-up. Following the passage review, the panel revisited the potential recommendations list for further conversation and an up-down vote to determine if there was a consensus to include the recommendation in this final report. A summary of the discussion on each passage, organized by framing questions, is found in section 5.

In addition to the specific passage review, the panelists were asked to discuss whether the following issues are sufficiently addressed in the curriculum: protection against adult predators; the legality of sex under the age of 14; and disease dangers of anal sex without a condom. A summary of those discussions is found in section 6.

Public comments: The Department collected public input to supplement the testimony already provided to the Board of Education for the February 5, 2014 Board of Education meeting. The input was categorized and summarized by staff to limit burden on panelists. A summary of public comments, including themes and highlighted comments, can be found in Appendix A.

NEXT STEPS

The Department will review the Panel’s recommendations, along with recommendations submitted by individual panelists. The Department will release a previously mentioned companion report that will announce the

Department’s actions on the Panel’s recommendations, recommendations submitted by individual panelists, internal process issues, and other related matters.

3. PANEL RECOMMENDATIONS

Panelists made the following recommendations for consideration to improve the Pono Choices curriculum and ensure it reflects the intent of the relevant statutes and Board policies. Readers are encouraged to read section 5 for a full summary of the discussion on each passage, as well as the Department’s companion report, which includes the list of recommendations submitted by individual panelists, and the Department’s planned actions on each.

Passage	Subject	Recommendation	Recommendation Type
n/a	Use of the phrase “pono”	Revisit the meaning and appropriate use of the phrase “pono” through a discussion with cultural experts.	<i>Full consensus.</i>
2.	Definition of “sex”	Update the text in the parent night script to match the exact wording in the curriculum regarding the definition of sex.	<i>Full consensus.</i>
		Consider changing “definition of sex” slide to say “genitals or genital area” or “genitals or anus” instead of grouping “anus” under the term “genitals.”	<i>Full consensus.</i>
		Cover all controversial topics in detail in the parent night script.	<i>There was not full consensus due to reservations about how much time this would take.</i>
3.	Definition of “abstinence”	Add clarifying phrase in the slide: “Abstinence is 100 percent effective at preventing STIs and pregnancies.”	<i>There was not full consensus. Some panelists were indifferent because that language already exists in the teachers’ script.</i>
6.	Teacher script: Definition of “sex”	Consider changing teachers’ script to avoid grouping “anus” under the term “genitals.” Potential changes: “on another person’s genitals - which we just defined as including the penis, scrotum, vulva, vagina, labia, and clitoris – or anus” or “on another person’s genitals or genital area - which we just defined as including the penis, scrotum, vulva, vagina, labia, clitoris or anus.”	<i>Full consensus.</i>
7.	Healthy, unhealthy or abusive relationships	Include the actual language from the relationship scenarios (include the same-sex scenarios) in the parent night materials for transparency..	<i>Full consensus.</i>
		Address controversy of the inclusion of healthy same-sex relationships by a) adding a same-sex couple with either an unhealthy or abusive relationship; b) changing one of the negative heterosexual couples to a same-sex couple; c) replace same-sex couple with heterosexual couple; or d) replace all names with “Person A” and “Person B.”	<i>There was not full consensus on any of these options for a range of reasons.</i>

Passage	Subject	Recommendation	Recommendation Type
8.	Video: "Ty and Kiara Keeping it Pono"	Add content to the teacher script that engages the students in a conversation about what was missing from the video in terms of pregnancy prevention (condoms or other birth control) as well a reminder that birth control does not prevent against STIs.	<i>Full consensus.</i>
		Update video to more clearly reinforce the abstinence message to be more consistent with the statutory and Board policy language.	<i>There was not full consensus because some panelists felt the message was sufficiently communicated.</i>
10.	Birth control methods	Remove the language from the teachers' script noting that male condoms have a "perfect use effectiveness rate is 98%."	<i>Full consensus.</i>
11.	PPT slides: Understanding STIs	Consider changing "What is sex?" slide to say "mouth to genitals or genital area," "mouth to genitals or anus," or other change instead of grouping "anus" under the term "genitals."	<i>Full consensus.</i>
n/a	Other references characterizing the anus as a genital	Review, and amend if necessary, any language in the curriculum describing the anus as a genital to align with the other specific recommendations.	<i>Full consensus.</i>

4. SUMMARY OF DISCUSSION: SELECTED PASSAGE REVIEW

1. DEFINITION OF “PONO” (Module 2)

What is this passage and why was it selected?

The curriculum is framed by an overriding concept that making “pono choices” will help students reach their goals. As part of the curriculum, students discuss the definition of the Hawaiian word “pono.” Some public comments noted that the use of the Hawaiian language phrase “pono” may be inappropriate because there may not be consensus in the Hawaiian community regarding the information shared and choices discussed in the curriculum.

Are there other comments?

The group suggested that the curriculum developers discuss this question with cultural experts not present on the panel.

Recommendations:

- Revisit the meaning and appropriate use of the phrase “pono” through a discussion with cultural experts. (*Full consensus*)

2. DEFINITION OF “SEX” (Module 2)

What is this passage and why was it selected?

As part of module 2, teachers and students discuss the definition of sex. Following a group brainstorm, a powerpoint slide is shown that defines sex as “1. Oral sex: Mouth on genitals (genitals includes the penis, scrotum, vagina, vulva, anus), 2. Vaginal sex: penis enters vagina, and 3. Anal sex: penis enters anus.” As part of the teacher script, teachers are expected to say “This program defines sex this way in order to help you make pono choices to prevent unintended pregnancy and STIs.”

Some public comments demonstrated concern that the anus was mischaracterized as a “genital.” Other public comments were concerned that the inclusion of anal and oral sex are inappropriate because that information might be traumatizing to students of this age or unnecessarily encourage students to participate in these activities if they were not previously familiar with them. Additionally comments were based in a more general opposition to the inclusion of oral and anal sex because of their irrelevance to the reproductive purpose of sex. There were also some public comments/concerns with the perception that these activities are primarily conducted by homosexual couples and that the inclusion of these activities in the definition of sex is an inappropriate promotion of a homosexual lifestyle.

Is it medically accurate / factual?

Dr. Bidwell shared that there are many definitions of sex, depending on the context. He referenced language used in the *Textbook of Adolescent Health Care*, a widely-used guide in the pediatric community and noted that the three-part definition used in the curriculum aligns with the language used in the *Textbook* (which differentiates between “coital” and “non-coital-sex”), except that the curriculum does not address masturbation.

The panel also discussed the characterization of the “anus” as a “genital.” Dr. Bidwell shared that there are a variety of definitions that depend on the context. For example, in obstetrics and gynecology, it might not be considered a genital because it serves no reproductive purpose, but that in dermatology it might be. He also shared that it is considered part of the “anal-genital” area. He emphasizes, as Dr. French did later in the conversations, that from a medical perspective, the labeling of the body part is less important than the information shared about that body part. The group discussed this issue again during the conversation on Passage #6, at which point the group recommended an edit to the wording on the slide to reflect the varying definitions.

Is it age-appropriate?

The panel's conversation on this issue reflected the challenging dynamic that at this age, students have a range of exposure to and knowledge about sexual issues.

Some panelists were concerned that for those students who are not familiar with the idea of anal and oral sex, the information could be traumatizing or unnecessary. Other panelists were comfortable that the information was age-appropriate. Ms. Rodenhurst shared her experience that many of her students have come to talk to her about this issue. "They want to come talk about it, in the medical way it's presented here. They want to know if this is what they are hearing referenced in pop culture, in movies and songs." The panel also noted that while many students may not be familiar with the phrases "oral sex" and "anal sex," they are often familiar with other casual or local terms for these activities.

There was also a concern expressed by some panelists that this information might even encourage students to experiment with activities that hadn't previously considered. One example provided was the perceived increased prominence of oral sex among high school students during the Clinton scandal. Dr. Bidwell indicated that there is some research saying that exposure to information might increase discussion about an activity, and the great majority of studies show no increase in sexual activity itself, but most studies demonstrate greater use of protection (condoms, birth control) when sexual activity does occur.

Other panelists were comfortable that the materials were age appropriate. Ms. Ginoza noted that as these students are going through puberty this is sometimes their only source of information about the changes they are seeing their body.

Some panelists also noted that for prevention to happen prior to the spike in sexual activity, it's necessary to share this information at this age. Dr. Bidwell reminded the panel of the statistics from the Center for Disease Control and Prevention's Youth Risk Behavior Survey: 9% of HS boys and 12% of HS girls identify themselves as other than heterosexual (gay, lesbian, bisexual or not sure) and 4% of HS boys and 8% of girls had same sex sexual contacts.²

A pair of comments from Dr. Bidwell ("For some kids this is completely off the radar. There are some individuals who have life-threatening diseases because they didn't get this information") and Mr. Araki ("This is the challenge – how do we balance the materials? If we do have 5 percent of kids who are active and 95 percent that are not") are representative of the countering perspectives on this issue.

Is it necessary to support comprehensive, abstinence-based sexual health education?

The panel asked for clarification regarding the definition of abstinence-based sexual health education. Ms. Kong shared that there is a well-established federal definition of abstinence-only education that includes eight elements; for decades, programs were only eligible for federal funding if they met those criteria. She indicated there was not a similar national or federal definition of abstinence-based.

As a result the panel referred solely to the definition of comprehensive sexual health education provided in the BOE policy.

During a previous conversation on the panel's first day, the UH researchers clarified that most curricula are focused either on pregnancy prevention or STI prevention, not both. If the program was designed only for pregnancy prevention, information about oral or anal sex would not be necessary. However, because it is also designed to educate students about disease prevention, it is necessary to include information about oral and anal sex.

² This data was presented by Glenn Wasserman, Chief of the Communicable Disease and Public Health Nursing Division at the Hawaii Department of Health, February 4, 2014 summarizes data on "Sexual Activity, Pregnancy, and Sexually Transmitted Infections among Hawaii Teens" from a variety of sources. This presentation can be found on the Department's website: <http://www.hawaiipublicschools.org/DOE%20Forms/Health%20and%20Nutrition/ReproductiveHealth.pdf>.

The panel briefly discussed whether it was necessary to expand the definition of sex to include masturbation to align with the comprehensive medical definition, but ultimately decided not to recommend this.

Is it unnecessarily graphic?

Ms. Kepner-Sybounmy noted that it made some individuals uncomfortable when it was read out loud and noted that the exact wording from the curriculum was not included in the parent night script.

Are there other comments?

Panelists discussed the advantages and disadvantages of discussing all controversial topics in detail in the parent night script. Many agreed this would maximize transparency for parents and better equip them to decide to take advantage of the opt-out for their children. Ms. Rodenhurst and Ms. Ginoza cautioned about the time that would require of teachers: the parent night is already an hour long and the most extensive parent night by far. Ms. Kepner Sybounmy noted that an extensive parent night is not inappropriate given that this issue is the most personal one covered in school and that expanding the details covered might address the very sense of a lack of transparency that triggered the establishment of the review panel to begin with. She also noted that it's important to not leave parents out of these decisions.

Recommendations:

- Update the text in the parent night script to match the exact wording in the curriculum regarding the definition of sex. *(Full consensus)*
- Consider changing “definition of sex” slide to say “genitals or genital area” or “genitals or anus” instead of grouping “anus” under the term “genitals.” *(Full consensus) (Note: recommendation was made during Passage #6 discussion)*
- Review, and amend if necessary, any language in the curriculum describing the anus as a genital to align with the other specific recommendations.
- Cover all controversial topics in detail in the parent night script *(There was not full consensus due to reservations about how much time this would take.)*

3. DEFINITION OF “ABSTINENCE” (Module 2)

What is this passage and why was it selected?

As part of module 2, teachers and students discuss the definition of abstinence. Following a group brainstorm, a powerpoint slide is shown stating that “Abstinence can be 100% effective if defined as: no oral, vaginal, or anal sex, no sexual contact, no needle sharing, and no drugs or alcohol.” As part of the teacher script, teachers are expected to say “Abstinence is a choice that one can make at any point in their life. It is the only pono choice that can be 100% effective at preventing pregnancy and STIs.”

The passage was selected for panelists to discuss whether or not the definition of abstinence supports the intent of statute and BOE policies regarding an abstinence-based education.

Is it medically accurate / factual?

There was general agreement from the group that the definition was factually accurate. Some group members suggested adding a clarifying phrase in the slide to clarify that it is “100 percent effective *at preventing STIs and pregnancies.*”

Is it age-appropriate?

The group agreed and there were no individual comments.

Is it necessary to support comprehensive, abstinence-based sexual health education?

The group agreed and there were no individual comments.

[However, during an earlier discussion, some panelists wondered whether the concept was introduced early enough, such as in the description of the purpose of the curriculum. The UH researchers and Ms. Rodenhurst noted that instructionally, the concept of sex needs to be discussed before defining the concept of abstinence.]

Is it unnecessarily graphic?

Deputy Nozoe raised a concern that the needle-sharing information might be too graphic. Panelists noted that needle-sharing is unfortunately prominent and needs to be included.

Are there other comments?

There were no individual comments.

Recommendations:

- Add clarifying phrase in the slide: *“Abstinence is 100 percent effective at preventing STIs and pregnancies.” (There was not full consensus. Some individuals were indifferent because that language is in the teachers’ script.)*

4. VIDEO: “DIFFERENT IS NORMAL” (Module 3)

What is this passage and why was it selected?

As part of a module designed to help students understand the reproductive and other sexual anatomy parts and their functions, teachers and students discuss and define sexual and reproductive anatomy parts. Powerpoint slides and a video use illustrated images to depict and define these body parts, and a beach ball with the names of body parts is used as part of discussion exercise. The video, “Different is Normal,” focuses on the change process with an overarching message that each body is different and that those differences are normal. These discussions are a precursor to a discussion of the human reproductive process, including erection, ejaculation, fertilization, and the menstrual cycle.

The passage was selected for panelists to discuss whether or not the materials are age-appropriate or too graphic. Some public comments were concerned that the images shared during the curriculum are too graphic or even “pornographic.”

Is it medically accurate / factual?

There was group consensus that it is medically accurate and factually correct. There were no individual comments.

Is it age-appropriate?

Dr. Bidwell shared that the average age of onset of puberty is 10.5 for girls and 11.5 for boys. At this age one of their major concerns is the changes they are going through as a result of puberty. He noted that this may be the only time during which they receive this information. Ms. Kong added that at this age, children are developmentally “concrete thinkers” and that it’s important for them to see very clearly that the physical changes they are going through are normal.

Some panelists raised a concern that the question of “age-appropriateness” is complicated by having both genders in the same room during the discussion, and that it might make some students more comfortable to do this if separated by gender.

Ms. Rodenhurst shared her experience teaching this curriculum in combined classrooms. The students choose to not watch, or leave the classroom for this part. They tend to look at their friends and make comments that “this is “weird” but they like that the conversation is direct. The group discussed that students might just have to “outlive the embarrassment.” Ms. Rodenhurst also raised a concern that most schools do not have a co-teacher to be able to manage the logistics of separating students for this discussion.

UH researchers noted that students surveyed during the field test did not provide feedback about separating the classroom.

The group initially discussed a recommendation of separating the classroom by gender for this discussion. The panel eventually decided to not recommend it, with one panelist supporting recommendation.

Is it necessary to support comprehensive, abstinence-based sexual health education?

Deputy Nozoe noted that while this may be good information, and necessary to introduce students to the parts of the body that are involved in sexual activity, it is not absolutely necessary to discuss the parts in detail to discuss abstinence, pregnancy and STI prevention.

Is it unnecessarily graphic?

Again, the group discussed whether it was too graphic in the context of a combined classroom but ultimately decided not to recommend separation.

Are there other comments?

Some panelists noted their appreciation for the video's messages that students' bodies may change at different paces or in different ways.

Recommendations:

- No specific recommendations were made.

5. DEFINITION OF "ANUS" (Module 3)

What is this passage and why was it selected?

As noted in regards to "Passage #4 - Video: Different is Normal," as part of a module designed to help students understand the reproductive and other sexual anatomy parts and their functions, teachers and students discuss and define sexual and reproductive anatomical parts. Powerpoint slides and a video illustrate images to depict and define these body parts, and a beach ball with the names of body parts is used as part of a discussion exercise. The "anus" is included and defined as "The opening of the rectum from which solid waste, feces or poop leaves the body. (both)"

The passage was selected for panelists to discuss whether or not the materials are age-appropriate or too graphic. Some public comments were concerned that the images shared during the curriculum are too graphic or pornographic. As noted in regards to "Passage #2 - Definition of sex," some public comments were opposed to discussion of the anus being included in the curriculum at all for several reasons.

Is it medically accurate / factual?

Dr. Bidwell noted this was medically accurate. Ms. Rodenhurst noted that this matches the definition used in other curriculum regarding the digestive system.

Is it age-appropriate?

The group agreed it was age-appropriate and there were no individual comments.

Is it necessary to support comprehensive, abstinence-based sexual health education?

The group agreed it was necessary and there were no individual comments.

Is it unnecessarily graphic?

The group mostly agreed it was not unnecessarily graphic. One panelist noted that the "video was extremely graphic. The only way I could think to mediate the shock was that the message is a good one."

Are there other comments?

There were no individual comments.

Recommendations:

- No specific recommendations were made.

6. TEACHER SCRIPT: DEFINITION OF "SEX" (Module 3)**What is this passage and why was it selected?**

As noted in regards to Passage #4 and #5, as part of a module designed to help students understand the reproductive and other sexual anatomical parts and their functions, teachers and students discuss and define sexual and reproductive anatomy parts. Powerpoint slides and a video include illustrated images to depict and define these body parts, and a beach ball with the names of body parts is used as part of a discussion exercise. The teachers' script reviews the definition of sex discussed in Passage #2. Teachers are expected to state "Let's review the definition of sex. For this program, when we say "sex," we are talking about oral, vaginal, or anal sex. Oral sex is when one person's mouth is on another person's genitals, which we just defined as including the penis, scrotum, vulva, vagina, labia, clitoris, and anus. Vaginal sex is when the penis enters the vagina. Anal sex is when the penis enters the anus."

The passage was selected for review based on the concerns already noted in Passage #2 regarding the definition of the anus as a genital.

Is it medically accurate / factual?

The panel discussed the characterization of the anus as a genital.

The UH researchers noted that anus is characterized as a genital because it is a body part that is relevant to STI prevention. Dr. Bidwell emphasized that the terminology is not what's important; it's the inclusion of the information that's important. Ms. Rodenhurst cautioned that a term is needed for ease of reference during the discussion so that it is not necessary to list them each time.

Deputy Nozoe referenced the phrase introduced by Dr. Bidwell "anal-genital area," as a possible solution. The group discussed and recommended noting for the curriculum developer that the anus is not always considered a genital, and perhaps use of the phrase "genital area" would be more appropriate. Specific recommendations were added for Passage #2 and Passage #6.

Is it age-appropriate?

The group agreed it was age-appropriate and there were no individual comments.

Is it necessary to support comprehensive, abstinence-based sexual health education?

The group agreed it was necessary and there were no individual comments.

Is it unnecessarily graphic?

Ms. Rodenhurst clarified that the pictures are projected on the screen, so the size depends on the size of the teachers' screen. She shared her experience with the exercise, during which she goes back and forth to the screen as students answer questions. The beach ball is not passed to any student who seems uncomfortable.

Are there other comments?

The panel discussed whether or not it was necessary to include additional information about the reproductive cycle. Mr. Mew noted that the reproductive cycle content is covered in the life sciences part of biology. Mr. Araki noted that this separation might reflect the difference between a focus on the biological part of sex and a focus on sexual activity.

The panel discussed whether or not the curriculum sufficiently breaks the myth that only certain liquids (e.g. “the white stuff”) carry sperm and can cause pregnancy. The UH researchers noted that this was discussed during development and that the content was narrowed to minimize content, limit graphicness, and avoid information overload. Ms. Rodenhurst noted that the discussion of the fact that “if sperm are in or near the opening of the vagina” (this language is included in the powerpoint slide) can cause pregnancy was probably sufficient.

Recommendations:

- Consider teachers’ script to avoid grouping “anus” under the term “genitals.” Potential changes: “on another person’s genitals - which we just defined as including the penis, scrotum, vulva, vagina, labia, and clitoris – or anus” or “on another person’s genitals or genital area - which we just defined as including the penis, scrotum, vulva, vagina, labia, clitoris or anus.” (*Full consensus*)

7. HEALTHY, UNHEALTHY OR ABUSIVE RELATIONSHIPS (Module 4)

What is this passage and why was it selected?

As part of a module on the role of communication in healthy relationships, the curriculum includes an activity where students review four short written scenarios and analyze them to see if they are healthy, unhealthy, or abusive, using the Pono Relationship Guide which provides criteria for healthy, unhealthy, and abusive relationships. The Scenarios include: 1) Mia (female) and Alexander (male) (unhealthy relationship); 2) Bill and James (both male) (healthy relationship); 3) Justin (male) and Kayla (female) (abusive relationship); and 4) Noah (male) and Kanani (female) (healthy relationship). Scenario 2 and 4 are identical exception for the names of the people.

The passage was selected for review because some public comments included concerns that the inclusion of homosexual couples is inappropriate or more common than in society. There was also some concern that the homosexual couples are displayed in a disproportionately positive light while heterosexual couples are presented in a disproportionately negative light.

Is it medically accurate / factual?

Some Panelists noted that the source of the objection comes from a religious perspective that does not support homosexual relationships, and that the use of a controversial same-sex couple distracts from the important message in the curriculum about healthy relationships.

Dr. Bidwell noted that discussion of same-sex couples or homosexuality is now mainstream pediatric practice. Some panelists supported the inclusion of a positively-described same-sex relationship to counter discrimination and a history of negative portrayal and to be inclusive of students who may have same-sex orientation.

Mr. Araki noted concerns he has heard that some stakeholders feel this scenario overrides parents’ right or role to condone (or not condone) homosexuality. Ms. Rodenhurst noted her classroom practice that if students bring up the issue of homosexuality or same-sex marriage, she tells the student that this is an issue to be discussed with your parents. The group recommended including the language from the scenarios, including the same-sex scenarios, in the parent night materials for transparency.

The group initially discussed recommending adding a homosexual couple with either an unhealthy or abusive relationship to provide more balance, but decided against it for time reasons. They also discussed, but decided against changing one of the negative heterosexual couples to a homosexual couple. Mr. Araki also suggested the options of removing the controversial scenario (with the same sex couple) or removing the names completely to ensure neutrality (e.g. replacing the names with “Person A” and “Person B”).

UH researchers noted that the curriculum developers didn't notice the perceived imbalance initially and that Scenario 4 was added in December 2013 to respond to concerns that none of heterosexual relationships were positioned as positive ones.

Is it age-appropriate?

Some panelists noted that the individuals in the scenarios seem older than the targeted student group.

One panelist noted that we want to leave the decision of whether inclusion of a same-sex couple was age-appropriate to parent discretion.

Is it necessary to support comprehensive, abstinence-based sexual health education?

Some panelists reiterated their concerns about Scenario 2. Ms. Ginoza noted that we have to be cognizant of the fact that students come from diverse backgrounds.

Is it unnecessarily graphic?

One panelist noted that we want to leave the decision of whether inclusion of a same-sex couple was unnecessarily graphic to parent discretion.

Are there other comments?

Ms. Rodenhurst noted her classroom experience that while the students may stop to clarify the situation (e.g. "Miss – it's two guys?"), they do not dwell on this fact and they focus the discussion on the behavior, not who is in the couple.

Mr. Araki submitted comments with a related concern about the use of gender neutral or gender ambiguous names in other modules (Module 5 Exercise E; and Module 8, Activity D). He recommended removing the names completely to ensure neutrality (e.g. replacing the names with "Person A" and "Person B"). Ms. Kepner-Sybounmy noted in her followup notes that this is a positive solution that would "allow students to put themselves into any scenario and removes the same-sex controversy."

Recommendations:

- Include the actual language from the relationship scenarios (include the same-sex scenarios) in the parent night materials for transparency. (*Full consensus*).
- Address controversy of the inclusion of healthy same-sex relationships by a) adding a same-sex couple with either an unhealthy or abusive relationship; b) changing one of the negative heterosexual couples to a same-sex couple; c) replace same-sex couple with heterosexual couple; or d) replace all names with "Person A" and "Person B." (*There was not a full consensus on any of these options for a range of reasons. See discussion summary*).
- Replace names from relationship scenarios with Person A and Person B to ensure neutrality on same-sex issues. (*Recommendation made outside of group discussion*).

8. VIDEO: "TY AND KIARA KEEPING IT PONO" (Module 5)

What is this passage and why was it selected?

The curriculum includes a module designed to help students develop refusal skills for the prevention of unintended pregnancy and STIs. The skills are described as the 4Rs (Respect, Refuse, Reason, and Redirect). As part of this section, there is a 15 minute video that shows the relationship between a teenage couple, Ty and Kiara, to discuss whether they are able to use the 4Rs, communicate effectively, and have a health or unhealthy relationship.

The video was selected for the Panel to discuss whether the video supports the intent of statute and BOE policies regarding an abstinence-based education.

Is it medically accurate / factual?

The group was uncertain if it was factual that Kiara would be able to secure prescribed birth control without parental permission. Dr. Bidwell confirmed that girls may secure prescribed birth control without parental consent at age 14.

Is it age-appropriate?

The group discussed the fact that the students in the video (approximately 17-18 years old) are older than the students in the target audience in the classroom (approximately 12-13 years old). Some panelists were concerned that it was a little too far in the students future to relate to it, and noted that if actors in the video had been 11-12 years old with the same content and plot, we would not think it was acceptable. Other panelists noted that the older students are possible role models or siblings and that the idea is educate younger students about prevention before the behavior is likely to happen at the older age.

Ms. Rodenhurst noted that this video is also focusing on the 4Rs about relationships. There's a thread throughout the curriculum about these behaviors and their consequences getting in the way of "your goals and dreams."

Mr. Araki noted that while he saw the relevance to the 4Rs of the relationship, it was missing information about the illegality of sex under the age of 14. Facilitators noted this concern for discussion during a later part of the agenda dedicated to that specific issue.

Is it necessary to support comprehensive, abstinence-based sexual health education?

Deputy Nozoe noted that the girl's statements that "abstinence is best" relates directly to the abstinence-based policy.

Ms. Kepner-Sybounmy and Mr. Araki both raised concerns that the video may send a mixed message. On one hand it presents abstinence as the best policy in the beginning, but in the end the choice to purchase the birth control makes abstinence seem less like the goal. They recommended changes to the video to more clearly reinforce the abstinence message to be more consistent with the statutory and Board policy language.

Other group members noted we don't actually know if the couple decides to have sex. Dr. Bidwell noted that ambivalence at this age is natural and that some teens secure birth control but never engage in sex or take the birth control.

The group discussed that the story emphasized securing birth control, but not condoms. The absence of condoms from the story meant that the burden for pregnancy prevention was placed fully on birth control, and that STIs are not protected against at all.

The group discussed possibly recommending adding a component to the story where they purchase condoms. Mr. Mew noted that in local culture, the boy securing condoms is a more certain step toward having sex. Ultimately, the group decided to not recommend changes to the video, but to recommend an addition to the teacher script that engages the students in a conversation about what was missing from the video in terms of pregnancy prevention (condoms or other birth control) as well a reminder that birth control does not prevent against STIs.

Is it unnecessarily graphic?

The group agreed it was not unnecessarily graphic and there were no individual comments.

Are there other comments?

There were no individual comments.

Recommendations:

- Add content to the teacher script that engages the students in a conversation about what was missing from the video in terms of pregnancy prevention (condoms or other birth control) as well a reminder that birth control does not prevent against STIs. (*Full consensus*).

- Update video to more clearly reinforce the abstinence message to be more consistent with the statutory and Board policy language. *(There was not a full consensus because some panelists felt the message was sufficiently communicated).*
- Consider editing the video to reflect the reality of the current age of the students in the target audience, who are not able to obtain birth control without parental permission. *(Recommendation made outside of group discussion).*

9. HAPAI PONO (Module 6)

What is this passage and why was it selected?

As part of a module discussing the emotional, physical, and financial responsibilities of pregnancy, the curriculum uses the Hawaiian phrase “hapai pono” as a discussion point.

The passage was selected for inclusion because of the public comments regarding use of the phrase “pono” summarized in regards to Passage #1.

Is it medically accurate / factual?

Group agreed it’s factually accurate from their perspectives. Mr. Araki noted that his constituency suggested the Hawaiian community be consulted on the use of the word “pono.”

Is it age-appropriate?

The group agreed it was age-appropriate and there were no individual comments.

Is it necessary to support comprehensive, abstinence-based sexual health education?

Ms. Kepner-Sybounmy noted that while the Hawaiian culture is used to provide the context for this curriculum, many families in Hawaii derive their values from their church or religion, not native Hawaiian culture. She noted that for many, family value and religious values are intertwined and that might include the value that it is morally not the right time for students / children to engage in premarital sex. She posed the question to the group if it was problematic that this was missing from the curriculum here.

Ms. Ginoza asked Ms. Rodenhurst to describe how religion is brought up in the classroom during the curriculum. Ms. Rodenhurst shared her experience that kids sometimes bring it up, but that the discussion does not linger on it. “There are so many backgrounds and I’m not, I can’t be, an expert in all of them. So I can’t dive in,” she said.

Ms. Kong mentioned the need for trained and skilled sexual health education teachers such as Ms. Rodenhurst. Teachers that are trained to use the curriculum have a greater ability to engage students in discussions, answer questions without judgment and move through the sexual health lessons and activities are necessary for optimal learning.

Is it unnecessarily graphic?

The group agreed it was not unnecessarily graphic and there were no individual comments.

Are there other comments?

There were no individual comments.

Recommendations:

- No specific recommendations were made.

10. BIRTH CONTROL METHODS (Module 6)

What is this passage and why was it selected?

As part of a module on preventing pregnancy, the curriculum includes a discussion of birth control methods. The discussion focuses on three methods: abstinence, hormonal methods, and barrier methods.

The passage was selected for review to discuss whether it supports the intent of statute and BOE policies regarding an abstinence-based education.

Is it medically accurate / factual?

There was general agreement from the group that the information is medically correct and factually accurate.

Is it age-appropriate?

Ms. Rodenhurst shared her experience that the section goes very quickly and does not linger. It's a quick overview of here are the options and students are able to take pamphlets with more information if they want. She does not typically receive a lot of questions from the students, because the information is presented quickly and directly.

Some panelists immediately thought it was age-appropriate, while other panelists were concerned that for those students that are not sexually active, this is too early for this information to be relevant and effective.

Dr. French shared that the data is pretty clear that when you're trying to prevent any behavior, you want to start the preventive activities before the behavior starts. She provided the example, that to prevent smoking, the most effective age is 10. Ms. Ginoza shared that this reflected her experience in drug education that prevention is the most effective teaching tool.

Is it necessary to support comprehensive, abstinence-based sexual health education?

Side effects of emergency conception

The group discussed whether the curriculum sufficiently addresses the side effects of emergency contraception. Dr. French and Ms. Kong noted that it's the responsibility of the pharmacist to provide that education when it is dispensed.

Clarification of statistics regarding STI prevention

The group discussed language in the teachers' script that describes the effectiveness rates for male condoms: "Male condoms are highly effective. The perfect use effectiveness rate is 98%, and the typical use effectiveness rate is 85%."

The group noted that it is not clear what the number are specifically related to (e.g. are condoms 85% effective against pregnancy or STIs?). Ms. Rodenhurst noted that the students don't really focus on the specific numbers for the different birth control methods, but that they do "get that abstinence is 100% effective."

Dr. French recommended removing the "perfect use effectiveness rate is 98%" language because it implies that it's almost 100 percent effective. The group agreed.

Focus on abstinence

Some panelists were concerned that the curriculum, intended to be abstinence based, does not adequately position abstinence as the best or superior birth control method.

One exchange between the teacher and students queries "what is the best birth control method." Some panelists were concerned that the teacher is instructed to "accept all answers" provided by the students. It is followed by a statement that abstinence is the only method that is 100 percent effective. Mr. Araki and Ms. Kepner-Sybounmy noted it might be possible to further promote abstinence as the superior method here, and at every possible opportunity in the curriculum.

Ms. Ginoza explained that the way this is emphasized depends on the quality of the teaching. She noted that this is an inquiry method of teaching where the teacher is not positioned to always "provide the information" but to lead the students through questions that lead them to provide the answers.

Deputy Nozoe noted that the quality of the teacher matters significantly and that the flow of the three quick questions in succession ends with the answer about abstinence.

Dr. French noted that the best birth control method is the one that you will actually use.

Is it unnecessarily graphic?

There were no individual comments.

Are there other comments?

Dr. Bidwell noted that for maximum protection against pregnancy and STIs it is important to use condoms and another form of protection.

Recommendations:

- Remove the language from the teachers' script noting that male condoms have a "perfect use effectiveness rate is 98%." (*Full consensus*)

11. PPT SLIDES: UNDERSTANDING STIs (Module 7)

What is this passage and why was it selected?

As part of the module on preventing STIs, the curriculum uses a set of powerpoint slides that describe STIs transmission. This module also reinforces the definition of sex provided earlier in the curriculum: "vaginal sex: penis enters vagina. Anal sex: penis enters anus. Oral sex: mouth on genitals (genitals = penis, scrotum, vagina, vulva, anus).

The passage was selected due to previously discussed public concerns regarding definition of the anus as a genital.

Is it medically accurate / factual?

The panel's discussion focused on whether the slide defining STI/STD unintentionally indicates that you cannot get an STI/STD from protected sex. The slide describes three ways an STI/STD can be passed from an infected person to another person: unprotected sex (vaginal, anal or oral sex); intimate contact (including skin to skin contact); and non-sexual contact from infected bodily fluids.

The group discussed removing the phrase "unprotected" or changing it to read "unprotected or protected sex." Ms. Rodenhurst noted her concern about the unintended consequence of students thinking, "if I'm going to get STI whether I'm protected or not, I might as well not."

Ultimately the panel had consensus (minus one member) not to recommend any changes.

Is it age-appropriate?

The group agreed it was age-appropriate and there were no individual comments.

Is it necessary to support comprehensive, abstinence-based sexual health education?

The group agreed it was necessary and there were no individual comments.

Is it unnecessarily graphic?

The group agreed it was not unnecessarily graphic and there were no individual comments.

Are there other comments?

There were no additional comments.

Recommendations:

- Consider changing “What is sex?” slide to say “mouth to genitals or genital area,” “mouth to genitals or anus,” or other change instead of grouping “anus” under the term “genitals.” (*Full Consensus*). (*Note 1: recommendation made for consistency per recommendation under Passages #2 and #6.*)

12. VIDEO: “YOU CANNOT GET HIV LADATT!” (Module 7)**What is this passage and why was it selected?**

As part of the module intended to help students understand STI prevention, the curriculum uses a 15 minute video that shows how HIV is transmitted.

The passage was selected for review to discuss whether it supports the intent of statute and BOE policies regarding an abstinence-based education.

Is it medically accurate / factual?

There was group consensus it is medically accurate and factually correct. There were no individual comments.

Is it age-appropriate?

There were no individual comments.

Is it necessary to support comprehensive, abstinence-based sexual health education?

The group’s discussion focused on the tension between prevention (e.g. making the messages about prevention engaging and relevant for students) and promotion (e.g. sharing so much information about sexual activity and prevention methods that students are encouraged to take action).

Specifically, Ms. Kepner-Sybounmy expressed her concerns that while she understands where it’s coming from, this set of videos may have trivialized abstinence and that by making the topic too casual or comfortable to discuss, the curriculum might end up promoting sexual activity. Mr. Araki agreed with these concerns and the need for the curriculum to support prevention, he wanted to ensure enough balance in the curriculum to focus on abstinence and avoid promotion.

Ms. Ginoza noted that while the messages were delivered in funny ways, there are so many students that don’t get this information elsewhere. Ms. Rodenhurst shared her experience that the humor and use of local culture, actors, language and settings makes it easier for students to talk about these difficult topics.

Ms. Kepner-Sybounmy noted that in cases where school is the only place where some students receive information about sex because their families don’t discuss it with them, those families are placed in the position of tying their values and expectations to what is being learned. In some cases it puts some families in a position of counteracting messages that come from school.

Ms. Rodenhurst reminded the group about the four “ohana activities,” which are designed to open the door for students to have conversations with their families at home. Parents often avoid having these conversations at home. While some of her students’ parents have disliked the homework to discuss these issues, it gives the parents the decision on how far to take the discussion or how much detail to discuss.

Dr. French noted that research and data indicate that making knowledge accessible reduces the onset of activity and delays the age of activity. Based on her experience interacting with patients, children whose families are engaging with them on these topics “still think its icky.”

Is it unnecessarily graphic?

There were no individual comments.

Are there other comments?

Ms. Rodenhurst noted that the students love that the video is made locally and uses pidgin; they listen and really pay attention to it.

Recommendations:

- No specific recommendations made.

13. CONDOM DEMONSTRATION BY TEACHER AND STUDENTS (Module 8)

Why was this passage selected?

As part of a module on preventing sexually transmitted infections, the curriculum includes a condom demonstration by teachers, then by students. This passage was selected because the condom demonstration, while a common component of sexual health education curriculum, can be considered controversial. Some public comments were concerned that this is an inappropriate skill to teach in school, particularly for this age group.

Is it medically accurate / factual?

The panelists agreed that it is medically accurate. There were no individual comments.

Is it age-appropriate?

Some panelists were concerned that the condom demonstration was too early and that this may be more relevant until later.

It was clarified that this is discussed again in the health class that is typically taken in 10th grade (9th grade in some schools). Ms. Rodenhurst shared her experience that many students have come back to her years after the class to tell her they learned more in her class (including and preceding Pono Choices) than any others on this issue.

Is it necessary to support comprehensive, abstinence-based sexual health education?

The group agreed it was necessary and there were no individual comments.

Is it unnecessarily graphic?

The group agreed it was necessary and there were no individual comments.

Are there other comments?

Ms. Rodenhurst shared how this works in the classroom. Desks are cleared for the activity. Some students participate, some don't participate, and some leave the classroom during this. It doesn't take very long and the students return quickly.

It was clarified that students can still choose to not participate even if their parents did not opt-out. Ms. Rodenhurst shared that she has received positive feedback from parents who have called to thank her for letting the student not participate.

Recommendations:

- No specific recommendations made.

14. HIV: HIGH-RISK, LOW-RISK, OR NO-RISK (Module 8)

Why was this passage selected?

Some public comments were concerned that the curriculum does not provide sufficient information about the risks of anal sex.

This section involves an exercise where students are broken into groups to identify whether specific behaviors should be characterized as high-risk (a behavior where you are almost certain to come into contact with another person's bodily fluid), low-risk (a behavior where there is a possibility that you will come into contact with another

person's bodily fluid), or no-risk (a behavior where you will not come into contact with another person's bodily fluid) for transmitting HIV.

Is it medically accurate / factual?

The group's conversation focused on whether the framing of the exercise as being about risk levels for HIV, and not STIs more broadly, was too narrow. Some panelists wanted to ensure that the students also understood how to prevent other diseases such as Chlamydia and hepatitis, particularly given the number of students from Southeast-Asia.

Ms. Kong and Dr. French shared that the steps to prevent HIV also serve to prevent these diseases. Dr. French added that because students are familiar with, and even afraid of HIV, discussing the prevention behaviors in the context of HIV specifically is more likely to result in the healthy behaviors we're seeking.

Is it age-appropriate?

There were no individual comments.

Is it necessary to support comprehensive, abstinence-based sexual health education?

There were no individual comments.

Is it unnecessarily graphic?

There were no individual comments.

Are there other comments?

Ms. Rodenhurst mentioned that this activity is similar to activities in other curricula.

Mr. Araki submitted a comment that the risks of anal sex using a condom are not sufficiently discussed, and that all risks associated with anal sex should be disclosed. He referenced information from the Food and Drug Administration's website quoting former Attorney General C. Everett Koop's statement that anal sex is too dangerous to practice. He recommended that information be added to the curriculum to ensure students are sufficiently educated about the high risks associated with unprotected anal sex and the lower, but still significant risks involved with protected anal sex.

Recommendations:

- No specific recommendations made (during the discussion).
- Add information to the curriculum to ensure students are sufficiently educated about the high risks associated with unprotected anal sex and the lower, but still significant risks involved with protected anal sex. (*Recommendation made outside of group discussion*).

5. SUMMARY OF DISCUSSION: ADDITIONAL ISSUES

In addition to the discussion regarding specific passages in the curricular materials, the group discussed the following three overarching concerns that were raised through public comments. In each case, the concern is that the curriculum does not sufficiently address the issue.

1. Protection against adult predators

Some public comments included concerns that the curriculum does not sufficiently educate students to protect themselves against adult sexual predators.

Ms. Rodenhurst shared her concern that there is not enough time to cover all important topics during this curriculum. In her class, this curriculum takes an estimated 3 weeks of one semester.

Dr. French shared that there is not yet good evidence for strategies or programs to prevent sexual abuse. She also shared that there are no specific warning signs for students that have been victimized. As she put it, “the signs are generic: disturbed children are disturbed children,” but you cannot identify the source of the problem.

Deputy Nozoe noted that there are very specific protocols for educators to follow when they suspect or learn about instances of sexual abuse that specifically direct educators to not intervene but to engage professionals. The educators on the panel agreed with his statement that educators are not trained sex abuse professionals.

The group discussed ways to mention the issue of adult predators, perhaps as part of the section on healthy relationships, to open the door so that students know they can reach out for help if they need it. There was general consensus that this would be a positive addition, but did not make a specific recommendation on how to do so in a way that was appropriate and did not take up too much time.

2. The legality of sex under the age of 14

Some public comments included concerns that the curriculum does not sufficiently educate students about state law making it illegal to knowingly engage in sexual penetration with individuals under the age of 14.³

This issue was discussed at several junctures during the Panel’s time together.

During the discussion of Passage #10, Mr. Araki noted that the language around individual’s choices may contradict the intent of state law, which makes it illegal to knowingly engage in sexual penetration with individuals under the age of 14. The group discussed restating this language to include the legal ramifications, or adding information to the teacher script to include language about sexual predators.

Dr. French cautioned against inclusion of this information because of the potential unintended consequences for two reasons. First, some students that are sexually active may be reluctant to seek guidance, support, or prevention information out of fear of getting in trouble for participating in “illegal activity.” Second, for students that may be being victimized, particularly by adults they fear or have been threatened by, emphasizing illegality

³ During the review of the report, one panelist suggested the following information be added for the benefit of the reader: *What Is the Age of Consent for Sex in Hawaii?* In Hawaii, the legal age of consent to have sex is 16-years-old. However, there is a “close in age” exception that permits those who are 14 years or older to have sex with someone who is less than 5 years older. Thus, a 14-year-old cannot legally have sex with a 19-year-old unless they are married. *What Can Happen If Someone Underage Has Sex?* In Hawaii, it is illegal to have sex with a person under the age of 14 under any circumstances. However, it is legal to have sex with a person between the ages of 14 and 16, provided that the older party is less than 5 years older than the minor. If you have sex with someone under 14 years old or are older than the minor by 5 years or more, you may be guilty of sexual assault in the first degree. Sexual assault in the first degree is considered a Class A felony and the maximum prison sentence is 20 years.

might discourage them from seeking help. The UH researchers confirmed it was intentional to leave out information about illegality for these reasons.

This issue was discussed again later. Some panelists seemed to be torn between the benefits of helping students understand the ramifications of illegal sexual activity and perhaps discourage sexual activity and the potential unintended consequences of discouraging victimized students from seeking help. It was clarified that the legal factors are not part of the standards and that other sexual health education programs do not include this information. The group did not come to consensus on a recommendation.

3. Disease dangers of anal sex without a condom (related to discussion of Passage #14)

Some public comments raised concerns that the curriculum does not sufficiently educate students about the disease dangers of anal sex, with or without a condom.

Dr. French shared that unprotected anal or vaginal sex are both higher risk than protected anal or vaginal risk and differentiating between the statistics may be unnecessary. The group asked about anal cancer concerns, and Dr. French noted that anal and vaginal cancers are both concerns.

The group did not discuss the issue in further detail nor make any specific recommendations.

The group again discussed whether the inclusion of anal sex is appropriate for this age group. Some panelists reiterated their concerns that for those aware of anal sex, it may be appropriate, and for those who have less knowledge, this information will be shocking, inappropriate, and possibly psychologically damaging. As was discussed earlier in the conversation about the inclusion of anal sex, anal sex is included in the curriculum because STIs can be transmitted that way.

APPENDIX A: PUBLIC COMMENTS

Approximately 800 public submissions were received. The following table summarizes the themes in those submissions.

Submitted comments of support within scope of panel	Submitted concerns within scope of panel	Submitted concerns outside scope of panel
<ul style="list-style-type: none"> • Sexual health education important to reduce high incidences of teen pregnancy and STIs in Hawaii • Culturally relevant educational materials will be more effective with our youth • Inclusion of information about anal sex and same sex relationships reflects realities we can't ignore • Information about healthy relationships is beneficial to students • Many students don't receive information from parents so it's important to include it in the health education • Maintains focus on abstinence 	<ul style="list-style-type: none"> • Medically inaccurate regarding basic human anatomy • Failure to educate students on the stages of human reproduction • Not age-appropriate for intended students • Not sufficiently abstinence-based • Treats sexual activity before the age of fourteen as a viable "choice" in spite of state sexual assault law • Failure to warn students about ineffectiveness of condoms against HPV, herpes, and anal sex • References multiple sex partners, while failing to inform students about the health benefits of monogamy • Normalizes anal sex, while failing to warn students of the extreme dangers of anal sex • Appropriateness of inclusion or exclusion of scenarios involving same-sex partners • Potential psychological damage of content on adolescents • Unnecessarily graphic nature of content • Inappropriate use of the term "pono" 	<ul style="list-style-type: none"> • Top-down, federally dictated program • Not an organic, community-developed curriculum • Process issues including: <ul style="list-style-type: none"> • Failure to fully inform parents about the controversial aspects of the curriculum • Opt-in vs. opt-out • Public access to curriculum • Role school community councils • Airing curriculum publicly on Olelo • Expertise or ideological agenda of organizations and entities involved in development of curriculum • Relationship to marriage equity laws, policies, or positions • Curriculum "promotes" homosexuality • Removal of all sex education from schools