



OVERVIEW

[Standards-Based Health Education](#) develops students' health literacy skills aligned to [National Health Education Standards](#). Health literacy skills are developed in the context of Priority Health Topics. Sexual Health and Responsibility is one of eight Priority Health Topics addressed in Health Education.

Comprehensive sexual health education helps students understand and navigate their development and growth as they progress from childhood through puberty and adolescence. [Effective, comprehensive sexual health education](#) provides students with the age-appropriate, medically accurate content and skills to know and be able to:

- communicate with parents, guardians, and other trusted adults about relationships and sexuality;
- develop healthy relationships (e.g., family, friends, peers, partners) that are based on mutual respect and affection and are free from violence, coercion, and intimidation;
- prevent, respond to, and get help for unsafe, unwanted, and inappropriate words, touch, and actions;
- access valid and reliable health services and community resources;
- manage the social, emotional, and physical changes that occur during puberty and adolescence;
- consider how their choices affect their own health and well-being and that of others;
- make healthy decisions to avoid or reduce the risks of unintended pregnancies and sexually transmitted infections (STI);
- understand laws related to sexual health and sexual violence prevention; and
- improve the school climate (e.g., reducing harassment and bullying, increasing safety for LGBTQ+ youth).

HEALTH RISK BEHAVIORS AND PROTECTIVE FACTORS AMONG HAWAI'I'S TEENS

Hawai'i's students are at risk of experiencing unintended pregnancies and the spread of STIs, including HIV/AIDS. Data from the [Hawai'i Youth Risk Behavior Survey](#) (2019) show that statewide:

- 17.6% of Hawai'i's high school students were currently sexually active (had sexual intercourse with at least one person in the last three months). Among students who were currently sexually active, during their last intercourse:
 - 20.7% drank alcohol or used drugs beforehand.
 - 45.5% used a condom.
 - 29.4% used a birth control method (pills; an IUD or implant; or a shot, patch, or ring).
 - 16.0% did not use any method to prevent pregnancy.
- 8.6% of Hawai'i's high school students and 9.7% of Hawai'i's middle school students experienced physical dating violence in the past 12 months by someone they were dating or going out with (among students who dated or went out with someone).
- 10.8% of Hawai'i's high school students and 6.1% of Hawai'i's middle school students experienced sexual violence by anyone in the past 12 months.
- 47.3% of Hawai'i's high school students and 30.1% of Hawai'i's middle school students had parents or other adults in their family talk with them about what they expected them to do or not to do when it came to sex.

Hawai'i Youth Risk Behavior Survey results are available at the [Hawai'i Health Data Warehouse](#). Additional LGBTQ+ youth data is available in the Department of Health's [Hawai'i Sexual and Gender Minority Health Data Reports](#).

HAWAII'S SEXUAL HEALTH EDUCATION

Several state laws and policies help prevent teen pregnancy and the spread of STIs through comprehensive sexual health education.

- State law ([Hawaii Revised Statutes \(HRS\) §321-11.1](#)) establishes requirements for any state-funded sexuality health education program.
- [Board Policy 103-5 Sexual Health Education](#) was passed by the Hawaii State Board of Education (Board) on June 16, 2015, requiring the Hawaii State Department of Education (HIDOE) to implement comprehensive sexual health education. Board Policy 103-5 Sexual Health Education replaced Board Policy 2110 Abstinence-Based Education, which was established in 1995. Board Policy 103-5 Sexual Health Education:
 - Is consistent with state law ([HRS §321-11.1](#)).
 - Includes instruction to develop students' knowledge and skills that support healthy relationships, sexual health, and sexuality.
 - Emphasizes the importance of encouraging students to communicate with their parents, guardians, and/or other trusted adults and informing students of available community resources.
 - Requires that a description of the curriculum used by the school be posted on the school website and made available to parents before instruction starts. It is recommended that schools send a letter, convene a parents' night, or use other means of communicating to parents to inform them prior to the start of instruction.
- [Board Policy 103-8 Prophylactics in the Public Schools](#) (renumbered Board Policy 2245), adopted by the Board in November 1994, clarifies the role of prophylactics in the public schools.

PARENT/LEGAL GUARDIAN NOTIFICATION AND OPT-OUT PROCESS

Required:

Per [Board Policy 103-5 Sexual Health Education](#), a description of the curriculum utilized by the school shall be made available to parents/legal guardians and shall be posted on the school's website prior to the start of any instruction. A student shall be excused from sexual health instruction only upon the prior written request of the student's parent or legal guardian. A student may not be subject to disciplinary action, academic penalty, or other sanction if the student's parent or legal guardian makes such written request.

Additionally, parents or legal guardians can also [opt-out](#) of having their children participate in instruction related to controversial issues.

Recommended:

It is highly recommended that schools convene a parents' night or use other means of communication to inform parents/legal guardians of the curriculum utilized by the school prior to the start of instruction. It may also be helpful to provide parents/legal guardians with tips for having conversations with their children. Schools may explore the [It's That Easy! Parent Workshop Manual](#), [Amaze \(Age Guide\)](#), and [Hot Chocolate Talks](#) as examples.

COMMUNITY RESOURCES FOR HEALTHY RELATIONSHIPS, SEXUAL HEALTH, AND SEXUALITY

Required:

All students are encouraged to communicate with their parents/legal guardians and/or other trusted adults. All schools inform students about the available school staff and services that can support their health and safety. All middle/intermediate and high schools shall post available community resources on their website and/or disseminate lists to students.

Recommended:

Schools may develop their own list of community resources. Schools may also consider sharing the [You Matter! Health Resources](#) with students in Grades 6-12.

AGE-APPROPRIATE INSTRUCTION

During Health Education instruction, educators should always utilize developmentally appropriate, trauma-sensitive, culturally relevant and sustaining, and inclusive practices to reduce barriers to learning and address learner variability. As a general recommendation, schools should coordinate the implementation of sexual health education lessons and interpersonal violence and sexual violence prevention lessons with the availability of counselors or other school-based mental health support staff to ensure that students have access to the appropriate support if needed.

Schools should consider whether the instructional materials that specifically address interpersonal violence and sexual violence prevention are considered controversial issues. Schools must notify parents/legal guardians of controversial issues that will be discussed in the classroom or through other school activities. Parents/legal guardians may [opt-out](#) of having their child participate in specific lessons and activities. For more information on the opt-out process for controversial issues, refer to the annual HIDOE memo, "Notice on Board of Education Policy 101.13 - Controversial Issues," in the Opening of the School Year Packet.

Schools are responsible for following the [current](#) policies and procedures for mandatory reporting of child abuse and neglect, which are available via HIDOE Memos and Notices (staff login required). Additionally, all staff, including casual hires, contractors, volunteers, and substitute teachers, are required to annually view the training video addressing mandatory reporting of child abuse and neglect. The training video is available at vimeo.com/27953701. For more information about mandatory reporting, refer to the HIDOE memo, "Mandatory Reporting of Child Abuse and Neglect."

The following information describes the requirements for puberty and sexual health education. Additional suggested topics are provided for consideration. For more information on age-appropriate content and skills, schools may refer to the tools and resources provided in [Reviewing Instructional Materials for Health Education](#). The list and descriptions of recommended instructional materials for interpersonal violence and sexual violence prevention and sexual health education are available on the [Health Education Intranet](#) (HIDOE staff login required) and the HIDOE's [Sexual Health Education](#) webpage (public).

Grades K-2: Building a Foundation

In Grades K-2, students build health-enhancing attitudes, skills, and knowledge aligned to the National Health Education Standards and the Priority Health Topics (e.g., mental and emotional health, personal health and wellness, violence prevention). This instruction is foundational to students' future instruction related to puberty and sexual health. Effective, standards-based Health Education instruction helps students communicate with trusted adults about their health and safety, build and maintain healthy relationships, and serves as a protective factor for preventing interpersonal violence and sexual violence. This instruction may include, but is not limited to, age-appropriate and medically accurate instruction on the following:

Mental and Emotional Health

- Building and maintaining healthy relationships with family, friends, and peers
- Respecting and valuing diversity
- Using effective verbal and nonverbal communication skills
- Communicating healthy personal boundaries
- Respecting others' personal boundaries
- Expressing feelings, needs, and wants in healthy ways
- Managing stress and big feelings in healthy ways

Personal Health and Wellness	<ul style="list-style-type: none"> ● Demonstrating personal hygiene practices ● Using strategies to prevent the spread of germs ● Understanding common signs and symptoms of illness, what to do when feeling sick, and how to get help from trusted adults ● Using correct terms for body parts
Preventing Violence	<ul style="list-style-type: none"> ● Demonstrating ways to respond when in an unwanted, threatening, or dangerous situation (e.g., online safety, personal safety, stranger safety) and how to get help from trusted adults ● Preventing and managing interpersonal conflict in healthy ways ● Preventing and getting help for bullying and teasing ● Preventing and getting help for unsafe, unwanted, and inappropriate words, touch, and actions

Grades 3-5: Puberty Education

In Grades 3-5, students typically begin going through the stages of growth and development related to puberty and adolescence. Puberty education in this grade span is an important part of sexual health education. It prepares students to understand that all children grow and develop at different rates, learn strategies to manage these changes in healthy ways, and access resources (including trusted adults) to support their health and safety.

Required:

By the end of grade 5, schools must provide standards-based Health Education instruction to support students' development of health-enhancing attitudes, skills, and knowledge to support the social, emotional, and physical changes of puberty and adolescence. Students should know and be able to do the following:

- Explain the social, emotional, and physical changes that occur during puberty and adolescence and how the onset and progression of puberty can vary.
- Describe strategies or techniques (e.g., personal hygiene, stress management, communicating with trusted adults) to manage the changes that occur during puberty and adolescence.
- Identify trusted adults (including parents and guardians, caregivers, and health care professionals) and credible sources of information students can access when they have questions about their health (i.e., healthy relationships, personal hygiene, puberty, adolescent health).

Recommended:

In addition, puberty education instruction may include, but is not limited to, age-appropriate and medically accurate instruction on the following:

- healthy relationships (e.g., family, friends, peers, other trusted adults);
- personal safety (e.g., communicating and respecting personal boundaries; preventing, responding to, and getting help for unsafe, unwanted, and inappropriate touch);
- preventing bullying, teasing, and harassment;
- human reproductive systems;
- introduction to HIV and AIDS; and
- introduction to gender identity, gender expression, and sexual orientation.

Grades 6-12: Comprehensive Sexual Health Education

In Grades 6-12, students are continuing to progress from puberty and adolescence to adulthood. Comprehensive sexual health education helps students to understand and navigate their development and growth as well as equips students to know and be able to do the following:

- effectively communicate with others about relationships and sexuality;
- develop healthy relationships (e.g., family, friends, peers, partners);
- prevent, respond to, and get help for uncomfortable and unsafe situations;
- access valid and reliable health services and community resources;
- consider how their choices affect their own health and well-being and that of others; and
- understand laws related to sexual health and sexual violence prevention.

Required:

Middle/intermediate and high schools are required to provide sexual health education that follows the requirements set forth in the following state laws and policies:

- [Hawai'i Revised Statutes \(HRS\) §321-11.1](#)
- [Hawai'i State Board of Education \(BOE\) Policy 103-5 Sexual Health Education](#)
- [BOE Policy 103-8 Prophylactics in the Public Schools](#)

Health Education, including sexual health education, must also align with the HIDOE Health Education standards.

Per [Board Policy 103-5 Sexual Health Education](#), schools shall provide sexual health education to include age-appropriate, medically accurate health education that:

1. includes education on abstinence, contraception, and methods of infection prevention to prevent unintended pregnancy and sexually transmitted infection, including human immunodeficiency virus;
2. helps 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;
3. helps students develop skills in critical thinking, problem-solving, decision-making, and stress management to make healthy decisions about sexuality and relationships;
4. encourages students to communicate with their parents, guardians, and/or other trusted adults about sexuality; and
5. informs students of available community resources.

Instruction will emphasize that abstention from sexual intercourse is the surest way to prevent unintended pregnancies, sexually transmitted infections such as HIV/AIDS, and consequent emotional distress.

Recommended:

In addition, sexual health education may also include age-appropriate, medically accurate instruction to support students' development of health-enhancing attitudes, skills, and knowledge related to the following:

- consent and healthy relationships;
- anatomy and physiology;
- puberty and adolescent sexual development;
- gender identity and expression;
- sexual orientation and identity;
- sexual health; and
- interpersonal violence and sexual violence prevention.