

Approved: April 24, 1996  
Date

MINUTES OF THE SENATE COMMITTEE ON EDUCATION.

The meeting was called to order by Chairperson Barbara Lawrence at 1:30 p.m. on March 19, 1996 in Room 526-s of the Capitol.

All members were present except:

Committee staff present: Ben Barrett, Legislative Research Department  
Avis Swartzman, Revisor of Statutes  
Jennifer Bishop, Committee Secretary

Conferees appearing before the committee: Representative Jene Vickrey  
Representative Daniel Thimesch  
David Payne, Kansas Family Research  
Dr. Jim Logan, Wichita  
Dr. Nancy Toth, Topeka  
Kevin Gilmore, concerned citizen  
Christy McNally, 1996 Kansas Teacher of the Year  
Teresa Maley, Human Sexuality Coordinator, Leba High School  
Randy Smith, concerned parent  
Marian Davis, MAINstream Coalition  
Elizabeth Berkshire, Planned Parenthood Mid-Missouri and East  
Kansas

Others attending: See attached list

Final discussion was held on **HB 2668**.

Senator Emert made a motion to pass HB 2668. Senator Corbin seconded the motion. Senator Oleen made a substitute motion. There was no second. Senator Emert calls to question. The original motion passes.

**HB 2301: School districts relating to the provisions of instruction on human sexuality and AIDS**

Representatives Jene Vickrey and Daniel Thimesch were present to lend their support on **HB 2301**.

David Payne addressed the committee as a proponent of **HB 2301**. He presented a human sexuality and AIDS video as his testimony .

Dr. Jim Logan addressed the committee as a proponent of **HB 2301**. Dr. Logan stated some reasons to why the abstinence bill should pass. He said it would be good for the state of Kansas, that traditional sex education doesn't work, it is good for the children's health, it makes sense and that abstinence based programs work (Attachment 1).

Dr. Nancy Toth addressed the committee as a proponent of **HB 2301**. She stated that the sex education programs in the past have reasons to why they have failed. The programs were designed for adult reasoning rather than adolescent thinking abilities. The programs are based on two false assumptions. First, that adolescents function like adults in that given a wide range of options the adolescent will make a logical, rational choice of sexual behaviors. Second, that teens must inevitably engage in sexual intercourse. Adolescents need to be given a strong message that true abstinence is not just one of many equivalent options but that it is the best option: The only one that is 100% effective. The only one that builds self-esteem, self and other respect, character and a sense of responsibility. The young people need to be clearly directed and told this is the expected standard. Many parents also want abstinence to be taught to their children in school. Dr. Toth believes that there is a desire on the part of the general public for truly abstinence based sex

CONTINUATION SHEET

MINUTES OF THE SENATE COMMITTEE ON EDUCATION, Room 526-s Statehouse, at 1:30 p.m. on March 19, 1996.

education. The public is realizing that the current programs are not working as well as expected and they are ready for a change (Attachment 2).

Kevin Gilmore addressed the committee as a proponent of HB 2301. He stated that it not only expresses his long life belief in the need to uphold moral values in the public education system but also to establish and emphasize high standards of excellence for the Kansas state's school children. He believes that an emphasis on abstinence reflects the values and opinions of the majority of Kansans on this issue. Mr. Gilmore believes that the issue of sex education is best left at the home, yet the reality is not all parents will discuss the subject adequately and/or timely, or unfortunately for some, not at all. Because of this, he believes that the Kansas schools have an obligation to address the issue of sex education, with a requirement that parents be given the opportunity to review the course curriculum and content, and have the right to have their children "opt out" of the class, without penalty. The people of Kansas state need to do their best for the children by holding up the standards of abstinence (Attachment 3).

Christy McNally addressed the committee as a proponent of HB 2301. Ms. McNally believes that the promotion of abstinence is most important and should be promoted in a much more positive way. For too many people, it means going without and that is too myopic a view. Abstinence should be thought of not just as a no to sexual activity but also a yes to one's future. It is a yes to one's own inner potential, to one's ability to love and to express love. It is a yes to trust, faithfulness and friendship. In a society where public schools have become the major purveyor of human values, while home, church, and the local community has regrettably taken a lessor role it is especially important that basic human values be respected, taught and promoted. It is imperative that educational enterprises promote values (Attachment 4).

Teresa Maley addressed the committee as a proponent of HB 2301. She stated that as a mother and an educator, she feels strongly about the need for abstinence based sex education programs. She has seen the problems that teenage sex has caused to families across Kansas. The emotional and physical well being of the children is the bottom line. She asked for the committees consideration in requiring school districts who teach human sexuality education to include abstinence based curriculums in their teaching units (Attachment 5).

Marian Davis addressed the committee as an opponent of HB 2301. She stated that the MAINstream Coalition believes that comprehensive sex education is best for the Kansas children. By comprehensive, they mean in addition to abstinence, that basic sexual education be provided as well as birth control information and fact about protection from all sexually transmitted diseases including AIDS. The focus on abstinence is certainly well intentioned, but the majority of persons by the age 17 are already sexually active. Teaching only abstinence after the onset of sexual activity has a very poor result (Attachment 6).

Elizabeth Berkshire addressed the committee as an opponent of HB 2301. She stated that successfully teaching of abstinence as a norm, as required in HB 2301, relies on adolescent sexual behavior that reflects an above average tendency for abstaining from intercourse. Recent studies show that 70% of adolescents, before they graduate from high school, have had intercourse. Suggesting that abstinence is 100% effective in protecting adolescents from disease does not account for transmission of disease by means of other than exclusively based on the act of intercourse. Abstinence from intercourse does not protect the adolescent who explores their sexuality through other means that may place them at risk. Unless teachers and students discuss the full range of adolescent sexual behavior, noted in the research literature and through adolescent accounts, we may be placing the youth at unknowing and unnecessary risks. The purpose of this testimony is not to suggest that abstinence as a strategy for avoiding pregnancy and disease not be taught in sexuality and AIDS prevention education, but to suggest that equal emphasis be placed on other birth-control and disease prevention strategies (Attachment 7).

Randy Smith addressed the committee as a proponent of HB 2301. He stated that he realizes that not all young people will commit to abstinence but that if the message could get across to them as strongly as possible, to imagine the impact it would have on some of the societies greatest social ills, such as STD's, divorce, welfare, abortion and many more. He believes that "Safe-Sex" education is a contribution to the problem, while "Abstinence" education is the truest contribution as parents and teachers could make toward a solution (Attachment 8).

The meeting adjourned at 2:35 p.m.

The next meeting is scheduled for March 12, 1996.



Corey Spoden

American Red Cross

Sarah Mellott

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Nancy Setn

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Hershel Poor

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TRACY KOSKAN

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Sherry Voth

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Cleta Renyer

Right to Life of the

Joe Martin

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Stephen Jordan

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Sylvia Robinson

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Harold Lyfoung

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***Proponent Testimony before the Senate Education Committee  
Re: House Bill No. 2301***

Jim Logan, MD  
Wichita, KS

March 19, 1996

**Why should this bill pass?**

- *it will be good for the state of Kansas*
- *traditional sex education doesn't work*
- *it is good for our children's health*
- *it simply makes sense*
- *abstinence-based programs work*

***From the Statement on AIDS Education***  
by William J. Bennett, *Secretary of Education* and  
C. Everett Koop, MD, *Surgeon General*  
January 30, 1987

Young people must be told the truth—that the best way to avoid AIDS is to refrain from sexual activity until as adults they are ready to establish a mutually faithful monogamous relationship. Since sex education courses should in any case teach children why they should refrain from engaging in sexual intercourse, AIDS education should confirm the message that should already be there in the sex education curriculum. AIDS education (as part of sex education in general) should uphold monogamy in marriage as a desirable and worthy thing.

AIDS education guided by these principles can help protect our children from this terrible disease. But an AIDS education that accepts children's sexual activity as inevitable and focuses only on "safe sex" will be a best ineffectual, at worst itself a cause of serious harm. Young people should be taught that the best precaution is abstinence until it is possible to establish a mutually faithful monogamous relationship.

With regard to AIDS, science and morality teach the same lesson. The Surgeon General's Report on AIDS makes it clear that the best way to avoid AIDS is a mutually faithful monogamous sexual relationship. Until it is possible to establish and maintain such a relationship, abstinence is safest.

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Testimony before the Senate Education Committee  
on SB 2301

Nancy L. Toth, M.D.  
2115 W. 10th Street  
Topeka, KS 66604

I am a Family Practice physician from here in Topeka. I would like to testify in favor of SB 2301.

In earlier testimony, the failure of the comprehensive sex education program in reducing teen pregnancies and transmission of STD's in teens has been explored. Most of the present comprehensive sex education courses are information based, assuming that if given enough facts and information the adolescent will rationally evaluate the information and options and make wise, safe decisions about their sexual activity. In the value neutral context of most sex education courses, abstinence, sexual activity without vaginal penetration, sexual intercourse using contraceptives and other options are all presented as equally acceptable for adolescents.

Where these programs are in place, teen pregnancy rates are increasing. A major reason for the failure of these programs is that they are designed for adult reasoning rather than adolescent thinking abilities. They are based on two false assumptions:

1. Adolescents function like adults in that given a wide range of options the adolescent will make a logical, rational choice of sexual behaviors and
2. Teens must inevitably engage in sexual intercourse.

In looking at Piaget's generally accepted stages of cognitive development, adolescents usually move from a concrete operational stage to a formal operational stage sometime after age 16-17. Concrete operators, in regards to sexual decision making, consider only the immediate concrete experience, can not anticipate future outcomes or consequences, and process information and options in a haphazard illogical way.

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Because of the level of cognitive development in most teens, they receive the message that having sex is OK, even normal, especially if "protected". However, studies show that many well-informed teens still do not use contraceptives. Some are unable to understand the concepts of risk taking as it relates to pregnancy; some will engage in spontaneous sex but are unwilling to prepare or plan for sex by taking the Pill or carrying condoms; many do not perceive themselves as being truly at risk - they feel they are invulnerable; many teens also report a strong dislike for condoms.

Add to all this the fact that contraceptives are inadequate protection from the risks of pregnancy and STDs, and I think it is clear that we need to move in a different direction. To teens, safe or safer sex means they are protected from any consequences as long as a condom is used. They lure the kids into a false sense of security making it seem safe to engage in high risk behavior. The problem is these messages are not totally accurate. The incidence of all the STDs is increasing again in the face of these comprehensive sex education courses.

As a contraceptive, condoms have a 15-30% failure rate. In STD prevention, one study showed the rates of infection for students with Chlamydia were the same for those who used condoms as for those who used no barrier method at all. Another STD, the Human Papilloma Virus, which causes venereal or genital warts and also cervical dysplasia which is the first in a series of changes that can lead to cancer of the cervix. Women who have contracted HPV are at greatest risk of developing cervical dysplasia during puberty and the first pregnancy. This virus resides on the skin of the external genital area over a much larger area than a condom can cover and, it is transmitted by skin to skin contact. As for HIV transmission, a meta-analysis of several studies showed condoms have a 30% failure rate. Young adults comprise one of the fastest growing population segments to be infected with HIV.

Adolescents need to be given a strong message that true abstinence is not just one of many equivalent options, it is the BEST option: the only one that is 100% effective: the only one that builds self-esteem, self- and other respect, character and a sense of responsibility. They need to be clearly directed and told this is the expected standard. Adolescents are not merely "animals in heat" that can not control themselves. According to various statistics, anywhere from 30-50% of teens are

virgins. That is a significant number and they need to be strongly supported to continue to abstain from intercourse as well as other sexual activity which usually leads to sexual intercourse. Graphic sexual and contraceptive information in a mixed gender classroom setting with no value attached to any of the options presented actually increases the sexual pressure on abstinent teens. According to the National Institutes of Health, delaying sex for all teens by just 6 months would alone lead to a 20% reduction in teen pregnancy, abortion and disease.

Teens themselves want to be taught about the positive benefits of abstinence. In two surveys sexually active teens (84% and 90%) wanted more information on how to say "No" to sexual pressure without hurting the other person's feelings.

Parents want abstinence taught. A Louis Harris poll showed most parents want schools to teach sex education. It also showed that 70% of adults want sex education to teach morals and about the same percentage believe programs should urge students not to have sexual intercourse.

Last year Ted Koppel hosted a Town Meeting called "Teen Sex What'll We Tell Our Kids?" in which he had a panel of adult experts (including Dr. Elders), a group of teens, an audience present and computer hook-ups to various locations across the country. They discussed many points as we are doing here, but Ms. Ware, former head of the Office of Adolescent Pregnancy during the Bush administration, received the most enthusiastic and widespread support from the attendees when she said that abstinence must be the focus of any sex education program and not treated as an afterthought as it is in most sex education programs today.

For the majority of Kansans, you in the legislature set the standard or code of behavior. They stay within the boundaries proscribed by the law. If you are concerned about the increasing sexual activity among our teens and all of the disruptive, unhealthy, damaging, and potentially lethal consequences they are suffering, you have an opportunity to clearly define the expected behavior for these kids. I believe there is a desire on the part of the general public for truly abstinence based sex education. They are realizing the current programs are not working as well as expected and they are ready for a change. I think by supporting this bill you would be on very safe, responsible ground with your constituents.



# Kevin P. Gilmore

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March 19, 1996

Senate Education Committee  
Capitol Building  
Topeka, Kansas

Re: House Bill No. 2301

Dear Chairman Lawrence and Committee Members:

Thank you for allowing me this opportunity to offer my testimony in support of HB 2301.

You may be aware that I am an elected member of the Kansas State Board of Education ("KSBE"), where I represent the 3rd District. I want to make it clear, however, that the testimony I am about to offer is from my personal perspective as a Kansas citizen who has been elected to public office. My testimony is not intended, nor should it be construed, to represent the position of the KSBE on this bill.

I rise in support of HB 2301 because it expresses not only my long held belief in the need to uphold moral values in our public education system but also to establish and emphasize high standards of excellence for our State's schoolchildren. I also believe an emphasis on abstinence reflects the values and opinions of the majority of Kansans on this issue.

You may be aware that I recently raised the issue of abstinence-based sex education with the KSBE during our January meeting. While the press and various other reports of my proposal to the Board were for the most part misunderstood, if not outright misreported, my eventual motion to have the Board set aside time to study the issue was defeated by a vote of 3 to 6. Therefore, I commend the Committee for taking the time to allow for testimony and constructive dialogue on both sides of this important issue.

I believe that a child's education is first and foremost the responsibility of his/her parents or guardians. Our State then has the responsibility to offer all children the opportunity for a free public education. Whether parents choose to home school, private school, or utilize the benefits of a public education for their children, the parents remain primarily responsible.

I believe the issue of sex education is best left to the home, yet I understand the reality that not all parents will discuss the subject adequately and/or timely, or unfortunately for some, not at all. Because of this, I believe our schools have an obligation to address the issue of sex education, with a requirement that parents be given the opportunity to review course curriculum and content, and have the right to have their children "opt out" of the class, without penalty.

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In this age of school reform, where we are shifting our focus from inputs to expected outcomes, it's important to focus and clearly define the results we expect from our human sexuality curriculum. One obvious goal is to continually reduce the level and rate of sexually transmitted diseases ("STD's"), teenage pregnancy and incidences of HIV/AIDS infection. But establishing these outcomes is only half the process. We also need to assess the level of achievement we are accomplishing. To that end, I ask you to examine the evidence regarding sexually transmitted diseases, teenage pregnancy and the incidences of HIV/AIDS. How has our State measured up over the last nine years of comprehensive (ie. safe-sex) education?

Medical professionals and others who have either already testified, or will be testifying, will supply you with the medical and health statistics. Generally, what you will find is that our present methodology is not working. I believe that as long as we continue to reinforce the message to our kids that sex outside of marriage is okay as long as you both love each other and practice "safe sex", then we will never reach our expected outcomes.

It continues to amaze me that many people in education consider the "safe sex" message to be a responsible one, despite the evidence to the contrary. How can we possibly expect our children to act "responsible" in the midst of their irresponsibility? The average annual failure rate for the pill is 8%, for the condom, 15% [Jones EF, Forrest JD. Contraceptive failure rates based on the 1988 National Survey of Family Growth. Family Planning Perspectives 24(1):12-9. 1992.] Who is best to handle those odds, two teenagers in the passion of the moment or a husband and wife in the context of a monogamous relationship in marriage?

We need to educate our children about their bodies and make them aware of the physical and emotional changes and challenges that await them. An abstinence-based program does just that, but it also equips them with the tools they need to resist the peer pressure and to control the sexual desires that naturally occur at their age, all the while constantly reinforcing the high standard of postponement of sexual activity until marriage.

There are several abstinence programs at work across the Country, one of which is called "Best Friends". I first learned of this program in January when I visited with Patricia Funderburk Ware, the Director of Educational Services for the Americans for a Sound Aids Policy ("ASAP") organization based in Washington, D.C. Attached is a copy of a recent article regarding the first independent study of this program, which has shown promising results with teens attending school in the heart of Washington, D.C.

The critics of such programs will tell you that they are as yet unproven. Granted, many have not been in place long enough to support longitudinal studies, nor do they proclaim to have perfect results. But our present results are not perfect either, and in fact, they pose serious consequences to teens.

Do kids know more about sex today than before? Without a doubt. Then why haven't the problems associated with teenage and premarital sexual activity declined significantly? When it comes to drugs and smoking, we emphasize over and over that it is wrong to do these things. We don't offer "safe smoking" or "safe drug-taking" education classes. We need to be bold enough to tell our kids that sex is a beautiful part of being human, but sex outside of marriage is wrong and can damage them

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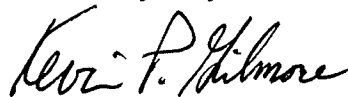
physically and emotionally.

I firmly believe that the majority of the problems we face today are not economical, but social. We will never reach a balanced federal budget or have enough resources to adequately address the social needs of our own State unless we get back to promoting personal responsibility and the marriage-based, two-parent family. The breakdown of the nuclear family is at the root of our problems.

In closing, I would like to submit one other article for your consideration. It was written by Keith Carter, a junior at Raytown High in Raytown, Missouri. The recent demise of boxer Tommy Morrison caused this young man to write "[t]wo basic things are clear: First, these people that many of us placed upon pedestals are not living up to the standards of what we call role models; second, this "safe-sex" garbage has got to go."

At a time in our civilization where one sexual indiscretion, one mistake, could cost a young person their life, we need to do our best by our children and hold up the standard of abstinence. Please support HB 2301.

Yours very truly,



Kevin P. Gilmore

Enclosures

Christy McVally  
3-19-96

In 1974 I began my teaching career in a seventh grade classroom in Missouri. I have taught students from preschool age to high school in three states. I have been asked today to offer you my observations as a teacher with regards to the importance of teaching abstinence within the sex education curriculum.

Adolescent is a time of intense physical, emotional, intellectual, social and spiritual growth. The rapid changes include growth in height, weight, muscle and sexual characteristics. During this stage youth discover themselves primarily through their interpersonal relationships. What was once a self centeredness in childhood begins to give way to concern for others. In the classroom this is quite obvious as you see young men who a week earlier could have cared less about their appearance now constantly combing their hair in class.

Issues such as the quality of male and female relationships, the peer and adult models that impress adolescents, and the variety of human experience that surrounds adolescents take on new significance. New experiences such as dating, physical affection, sexual orientation, parental limits all challenge adolescents to find answers for new questions.

Choices are being made daily by adolescents that are of such a magnitude that the decisions will forever change their future. I feel that we as educators have an obligation to provide students

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with correct information. Safe sex is nothing more than a myth and by teaching this narrow viewpoint without teaching abstinence educators are shortchanging the generation which is in their care.

Being a classroom teacher I am aware that adolescent relationships tend to be intense, short-lived, and numerous. Unfortunately, it is my observation that these relationships are happening at a much earlier age. Our children are being bombarded by messages on television and in the print that encourage intimacy at an earlier and earlier age. In Pennsylvania, I had a fourth grader who left school in March because of a pregnancy. I watch in disbelief as 11 and 12 year olds are allowed to date and am even in more dismay when junior high girls are allowed to date high school boys. For one young girl her mother who is recently divorced finds that allowing her daughter to date gives her some of her own free time and when I discussed this further she also explained that this allowed her daughter to eat out and go to the movies as money was short in their household now.

When there is an ultimate, even immature, gift of heart and body in such experiences, the subsequent breakup of the relationship and the rejection associated with it can bruise terribly the person's self esteem and cause serious psychological damage. Problems in academics are also observed.

**Sexual intimacy can also result in STDs, including some that can cause permanent sterility and cervical cancers. Long-term damage can happen if a pregnancy results. And AIDS at the present time is fatal.**

**Educators must be responsible and must provide positive instruction about the wonder of the human body, sexual functioning, fertility, and reproduction and teach the students to appreciate and care for their bodies in life giving ways. We have an obligation to assist in educating and helping young people grow and develop well. For the children in our classrooms today are the future of this country. Families are the future.**

**Instruction must include:**

- (1) providing adolescents with the biological facts about human sexuality and reproductive processes of the body.**
- (2) instructing adolescents in the procreative purposes of marriage and sexual activity.**
- (3) teaching adolescents respect for their own bodies and those of others.**
- (4) encouraging adolescents to develop positive hygienic practices.**
- (5) fostering in adolescents a wholesome respect for the equality and mutuality of the sexes.**
- (6) (And what I feel to be most important) promoting among**

adolescents the values of modesty and chastity

I am convinced that the promotion of abstinence is most important and should be promoted in a much more positive way. For too many people, it means "going without" and that is too myopic a view. Abstinence should be thought of not just as a no to sexual activity but also a yes to one's future. It is a yes to one's own inner potential, to one's ability to love and to express love. It is a yes to trust, faithfulness, and friendship.

I believe that safe sex is a myth.

The safe sex myth promises that if you swallow, wear, or insert something, you will be safe from pregnancies and diseases. The truth is that this is not true. Should we as educators be one more adult that lets down a child?

Individuals have become pregnant and have contracted sexually transmitted diseases while relying on pills, condoms and other devices for protection. What is true is that every year people that use contraceptives do become pregnant. The truth is that the condom has at least 10 percent failure rate, or so says Dr. Koop the former Surgeon General. Teen pregnancies lead to many problems such as family upheaval, abandoned educational and career goals, unfortunate forced weddings, early divorces, the burden of single parenthood, the need for welfare, and other means of financial support and the premature acceptance of

adult responsibility.

Just as it is true that every year people using contraceptives do become pregnant it is also true that every year people using contraceptives do contract sexually transmitted diseases. Would you want to be the teacher that told their students to use condoms to protect themselves from aids only to find out that a student had contracted it? The United States government uses the term "risk reduction" rather than "risk elimination" when it addresses the effectiveness of the condoms as protection against AIDS.

We might be tempted to believe that pregnancy and disease are the only consequences which should concern teens. Aren't there emotional consequences connected with the sexual act of intercourse and shouldn't we be considering them? Self-esteem, self-image, confidence, conscience, and decision making are all important ingredients to a healthy perspective on sexuality. Abstinence or chastity can save teens from the broken relationships, constant anxiety, frustrated hopes, low self-esteem, pregnancy, diseases and even deaths that result from premarital sex.

Being an educator I believe that many of today's problems are a direct result of the decay of the American family. I think that this view is supported by the majority of educators in this state. As I travel in my capacity as the teacher of the year I have the



opportunity to talk to many regarding the issue of family, values and ethics. Therefore, it is of the utmost importance that sex education find as its primary focus the family. Sex education programs must give each learner an appreciation of chastity and abstinence as a virtue that develops a persons authentic maturity and makes him or her capable of guiding the sexual instinct in the service of love and integrating it into his or her psychological development.

Sex education is not reducible to a set of simple teaching materials about human organs and their biological functions. It is the personal realization of total sexual identity and the affective maturation of the learner. This includes not only mastering data related to one's sexual organs, hormones, and bodily function, but also acquiring a more mature perception concerning oneself, interpersonal relationships and human values.

In a society where public schools have become the major purveyor of human values, while home, church, and the local community has regrettably taken a lessor role it is especially important that basic human values be respected, taught, and promoted. It is imperative that educational enterprises promote values.

Bill H. B. 2301 Testimony

Mrs. Teresa G. Maley  
Junior High and Senior High Counselor  
Lebo High School  
Box 45  
Lebo, KS 66856  
(316) 256-6341

Bachelor of Science in Education, Emporia State University (1975)  
Masters of Science in Counseling Education, Emporia State University  
(1993)

Kansas Educator for 20 years, as a Teacher and Counselor  
Family Life Educator, Home Economics Teacher  
Health Education Coordinator.

Human Sexuality and AID's Education and Drug Education Coordinator  
Flint Hills Regional Prevention Center-Advisory Board Member  
Married for 23 years  
Mother of a 15 year daughter and a 12 year old son

For the past 20 years I have worked with pre-teenagers and teenagers in health education, human sexuality and AIDs education. I have taught many students, many different programs and approaches to human sexualtiy. The one approach that must be considered first, is the issue of teaching abstinence.

( As a mother and an educator, I feel strongly about the need for abstinence based sex education programs. I have seen the problems that teenage sex has caused to families across Kansas. The emotional and physical well being of our children is the bottom line. I'm here today to ask for your consideration in requiring school districts who teach human sexuality education to include abstinence based curriculums in their teaching units.)

In November, 1987, the Kansas State Board of Education approved accreditation regulation 91-31-3(g) requiring all accredited school systems to provide elementary and secondary programs in human sexuality and AIDS education by September, 1988.

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The accreditation regulation does require that each local board of education shall provide a comprehensive program in human sexuality and AIDs education. Comprehensive is intepreted as planned, sequenced and developmentally appropriate. The necessary characteristics of this program is:

- 1) Based on what is known about child growth and development.
- 2) Provision of accurate information about human physical, emotional and social growth and development

In 1987, my district U S D 243 Lebo-Waverly worked on our Human Sexuality Curriculum. We used community involvment to develop our goals. After many hours of work, we developed Project: We Care, Family Life curriculum. This curriculum emphasized our committment to helping our students face the challenge of growing up emotionally and physically. We felt like it was important to stress and encourage abstinence as our primary focus for our 7th,8th and 9th graders. We have used the following programs: Sex Respect, Facing Reality and Students Taught Awareness and Resistance programs. These programs have been very helpful to our students.

I would like to share come comments taken from the evaluation of our abstinence based programs.

8th grade girl

This is a good course and thank you for teaching it. Most people don't know these things and get in trouble, people need to be aware. The consequences of pre-marital sex are bad and many people (teenagers) suffer from them. The problem is getting worse and worse, people need to know and understand before they start having sex.

8th grade girl

I enjoyed this course and I thought it taught alot of kids to respect themselves and others. I think it's important that kids learn how difficult it is to make a living for yourself as well as raise a family.

8th grade boy

I liked this course and I think it taught me alot. I think you helped us alot and answered our questions. You told us the benefits of not having pre-marital sex, such as pursuing a goal, not worrying about bills or child care and having a good life. You also told us the benefits the bad things of having pre-marital sex, worrying about caring for a baby, missing out on college etc. Thank you for sharing this knowledge.

7th grade boy

This course has given me many reasons for saying NO. Now I don't think I will let myself be pressured into sex. It had a lot of situations that we probably will be in and has showed ways to get out of them.

7th grade girl

This course has taught me about freedom and that no one can ever make me do something I don't want to do, also how to say no and if a guy doesn't like it, that's his problem!!!!!! I'm not going to have pre-marital sex.

8th grade boy

It has made me think about how many responsibilities are involved with sex. You need to be very cautious in a sexual relationship, because you could really hurt other people.

As you can see, we teach our students at a young age to be have awareness, stand up for their feelings, make good decisions and abstain from sex. They have learned that this is good for them and that they must have their best interest at heart.

Kansas children need to know that it is OK to make the right decisions. This issue before you today has the potential to help Kansas children grow up happy and healthy. I ask you to make the decision to require Kansas schools who teach human sexuality to include abstinence education in their comprehensive curriculums.



**MAIN**  
STREAM COALITION  
OF JOHNSON COUNTY

5250 W. 94th Terrace  
Suite 108  
Prairie Village, KS  
66207-2502

(913) 649-3326  
Phone/Fax

March 19, 1996

TO: Senate Education Committee

FROM: Marian Davis, The MAINstream Coalition of  
Johnson County

My name is Marian Davis. I come before you today representing members of the MAINstream Coalition of Johnson County, a non-partisan grass-roots citizen organization of over 1600 members with affiliated member organization in other parts of Kansas. We ask that the Senate Education Committee reject HB 2301.

The MAINstream Coalition believes that comprehensive sexuality education is necessary for our children who are bombarded by explicit sexual messages on TV and other media. There is also the insufficiency of information provided in many homes.

By comprehensive, we mean in addition to abstinence, that basic sexual education be provided as well as birth control information and facts about protection from all sexually transmitted diseases including AIDS.

The focus on abstinence is certainly well-intentioned, but at the same time, we have to be realistic. By the age of 17, the majority of persons in our country are sexually active. Teaching only abstinence after the onset of sexual activity has a very poor result.

AIDS education is of particular importance because it is a MAJOR public health danger. The majority of new AIDS cases are among teenage children and African-American women.

Mr. Gilmore's proposal weakens sexuality education when we should be strengthening it. We ask you to reject this proposal.

Thank you.

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Testimony  
of  
Elizabeth Berkshire  
Planned Parenthood of Mid-Missouri and Eastern Kansas  
on March 19, 1996  
before the  
Senate Education Committee  
of the Kansas Legislature  
in opposition to  
House Bill No. 2301

My name is Elizabeth Berkshire. I am an Arthur Mag doctoral fellow at the University of Missouri-Kansas City where I have been responsible for teaching child/developmental psychology. I am appearing here today on behalf of Planned Parenthood of Mid-Missouri and Eastern Kansas to voice opposition to the proposed House Bill No. 2301.

Successfully teaching of abstinence as a *norm*, as required in HB2301, relies on adolescent sexual behavior that reflects an above average tendency for abstaining from intercourse. Recent studies show that 70% of adolescents, before they graduate from high school, have had intercourse. Furthermore, teaching intercourse as appropriate only within marriage as a *norm* also relies on behavior in the public that reflects an above average tendency for intercourse only within the context of marriage. Not only are both heterosexual and homosexual relationships that include premarital intercourse occurring at significant rates in our society, they are portrayed as the *norm* in the entertainment media our adolescents listen to and watch.

According to the HB2301, intercourse outside of marriage will be presented in a negative light. Stressing only negative emotional and psychological consequences for early sexual intercourse, a behavior that is the *norm*, could lead adolescents to think that they are abnormal and different. These and other beliefs about oneself as an adolescent that are self-deprecating and guilt inducing are troublesome if our educational policy encourages them.

Suggesting that abstinence is 100% effective in protecting adolescents from disease does not account for transmission of disease by means other than exclusively based on the act of intercourse. Abstinence from intercourse does not protect the adolescent who explores their sexuality through other means that may place them at risk. Unless teachers and student discuss the full range of adolescent sexual behavior, noted in the research literature and through adolescent accounts, we may be placing our youth at unknowing and unnecessary risk.

Ironically, section 1 (i) states that emphasis will be placed on the adolescent's power to control their personal behavior. Further, they will be encouraged to base their actions on reasoning, self-control, and ethical considerations. *Control and reasoning* depend upon the adolescent having the information necessary to make choices that promote their optimal sexual health and well-being.

Should the role of sexuality and AIDS prevention education in Public Schools be to provide accurate facts about health and well-being that reflect the true norms in our society, or should the role of education be to promote values that are more rightly instilled within the context of a given family or community? There will always be parents who choose the current option in State Board policy to have their children not participate in sexuality and AIDS prevention education classes. This is, and should continue to be a parent's right. Unfortunately, for those parents who *do* want their children taught information reflecting the actual norms of adolescent sexuality, what are *their* choices if we adopt House Bill 2301?

Exactly when will our adolescents receive comprehensive sexuality education, including birth-control methods, if not when they are students? The simple act of getting married does not miraculously provide a man or woman with information that could be vital to their sexual health and safety. Marriage, as presented in the bill, acts as a defense against contracting a sexually transmitted disease, yet this is not substantiated by disease statistics.

In closing, the purpose of this testimony is not to suggest that abstinence as a strategy for avoiding pregnancy and disease not be taught in sexuality and AIDS prevention education, but to suggest that equal emphasis be placed on other birth-control and disease prevention strategies. Comprehensive information must be made available to students, 70% of whom we know will be sexually active before leaving high school. For these students, access to accurate information may be a matter of life and death and should not be presented only as an afterthought or in the context of abnormal behavior as HB2301 dictates. Therefore, we urge you to defeat HB2301 thereby leaving the State Board of Education's broad requirement for comprehensive sexuality and AIDS education intact and allowing local communities and districts the flexibility to determine the details of how to implement that mandate.

March 19, 1996

My name is Randy Smith I'm from Silver Lake. I've come here today to encourage you to pass and support HB 2301, in favor of abstinence based sex education.

I remember vividly, at 17 years of age, setting on the stage with my graduating class, listening to speeches of dreams and opportunities that didn't apply to me. I had just learned that my girlfriend was pregnant and we were to be married as soon as I could find a job.

I am now 40 years old, with a 22 year old daughter, a 20 year old son, and a 13 year old son, and yes, against all the odds, I am still married to that same woman. After 40 years of life and 22 years of a success full marriage, if given the opportunity to do things over the first correction I would make would be to remain a virgin until marriage. My reason for this choice is the wonderful dimension it would add to marriage.

Many parents are uncomfortable discussing sexuality with their children and would prefer that the school or someone else assume that responsibility. When given that opportunity shouldn't we present the best message possible? A message that if adhered to will bring both safety and fulfillment, a message that says "Sex only within marriage", a message that says we believe in you and your ability to make the right decisions? What parent would object to this? Only those that expect their children to fail. The county health clinics are already set up to assist the ones that choose to be sexually active. Some say this is an unrealistic expectation. If so, why do we expect our spouses, who are not simply curious about sex, but have crossed that line and have developed sexual appetites, to abstain from sex outside of marriage? Where is the vote of confidence in our kids ability to make right choices?

On the other hand there is no way to justify using the tax dollars, of the parents that do their job and train their children, to undermine at school what is being taught at home. This is precisely the role of the "Safe Sex" message. It teaches our children that we expect everyone else we love to abstain from sex outside of marriage but we expect you to fail so we will train you to that end. What would happen if we applied this mind set to education in general and said, "We know some will not graduate so we will spend more of our time teaching about welfare, unemployment, and street life"? What would our statistics show in 5 years? The majority will move toward the standard that is firmly set, so why not set it as high as possible?

The opponents of this bill that have a vested interest in it's failure seem to share an advertising strategy with certain breweries and others that prey upon our children. The underlying message being used to lure kids in is "If you really want to be responsible you must first of all participate".

I realize that not all young people will commit to abstinence. If we could successfully get this message across imagine the impact it would have on some of our societies greatest social ills (STD's, Divorce, Welfare, Abortion).

I see clearly that "Safe Sex" education is a contribution to the problem, while "Abstinence" education is the truest contribution we can make toward a solution. When the ball is in our court are we not responsible to offer the best?

Thank you.

*Randy Smith*

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