Medical School Hotline

The Hawai‘i Community CSE Project: A Comprehensive Sexuality Education Program through JABSOM's Medical Lens

Pia Francisco-Natanauan MD; Arlene Parubrub Kiyohara MS

In 1993, the Medical School Hotline was founded by Satoru Izutsu PhD (former vice-dean UH JABSOM), it is a monthly column from the University of Hawai‘i John A. Burns School of Medicine and is edited by Kathleen Kihmm Connolly PhD; HJH&SW Contributing Editor.

In the US, sex education in the classroom is often the only resource for children and adolescents to explore concepts about body changes in puberty, healthy relationships, sexual orientation, and gender identity. It is mandated in 39 states and the District of Columbia, and the content is highly variable.[1] In the state of Hawai‘i, sex and HIV education are mandated, and the content is medically and age-appropriate. Schools do not need parental notice or consent, however, parents may opt their children out of this curriculum. Sex and HIV education content in Hawai‘i public schools must include information about contraception, condoms with a focus on abstinence, healthy relationships, sexual decision-making, self-discipline, dating, and sexual violence prevention.[2]

Sex education programs were originally designed to decrease teen pregnancy rates and sexually transmitted diseases (STD) with the primary foci being abstinence, contraception, and condom use.[3] Evidence has shown that programs have been successful in decreasing teen pregnancy rates, although the US continues to have the highest teen pregnancy rate among developed countries.[4] Data from the Centers for Disease Control and Prevention (CDC) dating back to 1993 consistently show that adolescents 15-19 years old constitute half of the nation's STD cases.[5] The decline in the teen pregnancy rate is attributed to contraceptive use by adolescents and the increase in contraception education, particularly among males. An ongoing debate in certain parts of the country has had varying inputs on who is responsible and capable to talk to and educate children about sex. For example, on March 8, 2022, the Parental Rights in Education Bill was passed in the state of Florida, which prohibits schools from discussing Sexual Orientation and Gender Identity (SOGI) in primary grade levels.[6] The differences in policies across the nation leave many children and adolescents without valuable and medically-sound sex education.

The Chicago Experiment 1913

The Chicago Experiment marked the beginning of sexual education programs within US schools.[7] In 1913, as superintendent of the Chicago Public Schools, Dr. Ella Flagg Young advocated to the Chicago Board of Education to provide K-12 public school students sexual hygiene education based on scientific evidence. The curriculum was divided into 3 areas: (1) personal sexual hygiene, (2) problems of sex instincts, and (3) hygienic and social facts about venereal disease. However, the actual content of the sexual health education varied based on the values and beliefs of the stakeholders within the Chicago Public Schools. Dr. Young's appeal to the city's institutional representatives and to the board of education had conflicting issues on sexuality education. Social purists based it on morality or ideology in which abstinence is the dominant or only contraceptive form. Social hygiene professionals based it on science or empiricism in which safe sex is promoted to reduce sexually-transmitted diseases and unplanned pregnancies. There is ongoing debate on whether sexual education should be taught in schools and what type of information the sexual education curriculum should include. The Chicago Experiment was discontinued after the first year because of the challenges in the distribution of the health education lectures to parents under the Comstock Act, which prohibited the circulation of contraception materials via mail. Interestingly, the debate about sexual education continues to exist in 2022, over a century later.

Comprehensive Sexuality Education, the CDC, and the School Curriculum

The current guideline from the American Academy of Pediatrics (AAP) recommends the comprehensive sexuality education (CSE) approach to sexuality education. CSE delivers age-appropriate, non-judgmental information about puberty, relationships, and sexual health. It covers human sexuality, including intimate relationships, human sexual anatomy, sexual reproduction, sexually transmitted infections, sexual activity, sexual orientation, gender identity, abstinence, contraception, and reproductive rights and responsibilities for children and adolescents with and without chronic health conditions and disabilities in the United States.[8] The CDC Healthy Schools instituted the National Health Education Standards (NHES) of

the Division of Population Health, as a framework for health educators, teachers, and administrators.[9] NHES, in conjunction with the Characteristics of Effective Health Education and the Health Education Curriculum Analysis Tool (HECAT) from the CDC Division of Adolescent and School Health, have been established to promote the health and well-being of students from preK-12.[10] The HECAT module on sexual health has set standards appropriate for each respective grade level with Healthy Behavior Outcomes (**Table 1**).

Mind the Gap: The Medical Education and the Medical Community

Across the US, health disparities for transgender and gender-diverse children, adolescents, and young adults (CAYA) are increasing, while clinicians continue to lack the training to support the growing need.[11] SOGI and transgender health have been hot topics for continuing medical education (CME) in adult and pediatric primary care. Medical education is an avenue to teach competency to students and practicing clinicians alike. At the University of Hawai‘i (UH) John A. Burns School of Medicine (JABSOM), during the Life Cycle module (MD-7) second year medical students (MS2) learn about a human's life stages. MS2s attend lectures on adolescent psychosocial growth and development and the conditions common during adolescence. Skills practice in the community includes interviewing middle school students and youths in a juvenile facility. Currently, due to the coronavirus disease (COVID-19) pandemic, the skills practice is temporarily discontinued due to social distancing mandates.

To address the need for clinical training in sex education, in September 2020, Dr. Lydia Rolita, a former UH Family Medicine Residency Program Director, and Dr. Andrea Gregerson, then a Family Medicine Post-Graduate Year 3 resident, presented a research poster at the Hawai‘i Health Work Summit on developing a student-based curriculum to teach puberty to 5th graders.[12] They found that 5th graders are interested in sexuality and body changes discussed in a non-judgmental way. Although puberty education is required by the Hawai‘i State Department of Education (HIDOE), delivery by teachers varies since there is no guidance on its methods. Puberty education is typically part of health class, presented in a generalized objective format without addressing matters around SOGI. In conclusion, they recommended a longitudinal sex education school curriculum and having students talk with their health care providers to improve adolescent sexuality education.

A Hawai‘i Community Project on CSE

As a result of the need for CSE, in fall of 2021, the Community CSE Project to promote CSE in elementary and high schools was conceptualized and developed by JABSOM faculty member Dr. Pia Francisco-Natanauan and Dr. Lydia Rolita. The Community CSE Project aims to increase student, parent, and teacher awareness on CSE using evidence-based and medically accurate information delivered in a school curriculum. Interested public and private schools participate in round table discussions with their students and teachers facilitated by project leaders. The audience is given a survey before and after the presentation for needs assessment and for project feedback. CSE topics requested by the schools included SOGI, healthy relationships (including internet safety), and puberty/body image. With the project's growth, interest from the UH JABSOM MS2s increased and MS2s can volunteer as facilitators after MD-7. Additionally, fourth year medical students enrolled in the Adolescent Medicine elective, Family Medicine residents on Community Pediatrics rotation, and Pediatric residents on Adolescent Medicine rotation also take part as facilitators. The elementary and high schools choose the health topic in CSE to be discussed. A lesson plan on the chosen topic is developed and shared with the facilitators followed by a workshop. The workshop requires facilitators to research and learn the health topic and to carry out a mock discussion and role play

Table 1. Healthy Behavior Outcomes from the Health Education Curriculum Analysis Tool module.[10]

	Healthy Behavior Outcomes (HBO)
1	Recognize developmental changes experienced by self and others during childhood and adolescence.
2	Establish and maintain healthy relationships.
3	Treat all people with dignity and respect with regard to their gender identity and sexual orientation.
4	Give and receive consent in all situations.
5	Be sexually abstinent.
6	Engage in behaviors that prevent or reduce sexually transmitted infections (STIs), including HIV.
7	Engage in behaviors that prevent or reduce unintended pregnancy
8	Support others to avoid or reduce sexual risk behaviors
9	Avoid pressuring others to engage in sexual behaviors
10	Use appropriate health services to promote sexual and reproductive health.

Health Education Curriculum Analysis Tool (HECAT). In: *Centers for Disease Control and Prevention website. Adolescent and School Health. Program Tools. Sexual Health Module*.https://www.cdc.gov/healthyyouth/hecat/pdf/2021/hecat_module_sh.pdf

that includes feedback from the program faculty mentor, Dr. Francisco-Natanauan. Thus, the project strives to enrich medical trainees' experiences in delivering preventive and anticipatory guidance for CAYA health care by practicing sound and non-judgmental conversations at the community level. The project aspires to bridge the knowledge gap of the medical students and resident physicians by incorporating skills experience during an elective or residency.

It would be ideal for Hawaii's children to receive CSE in the safety of the classroom and with trusted adults and teachers. Medical providers need to bridge the knowledge gap on CSE in our clinics and beyond. Puberty is a sensitive and awkward topic between parents and children. The timing of puberty discussions can vary depending on family beliefs, practices, and dynamics. If puberty starts early, which can happen as early as 3rd grade in girls, the discussion needs to take place sooner than middle school. Primary care providers have the unique opportunity to counsel patients and their families about the normalcy of teaching sexuality to children during the annual well child visits. Talking about body parts, sex, sexual orientation, gender identity, puberty, body image, dating, and healthy relationships should happen safely with the people CAYA trust. Medical providers can discuss these topics extensively and confidentially with mid-adolescent (14 years) and older patients, as it is their right to privacy during any medical encounter. AYA have the right to choose and make decisions for themselves without parental consent on family planning services, hopefully, with sound guidance and support from their health care providers.

Conclusion

There is a need to bridge the knowledge gap in CSE in the Hawai'i schools, communities, and health care settings. While sexuality education is required by the HIDOE, delivery varies due to the lack of standardized methodology and the generalized approach. There are no guidelines for discussing specific important matters such as SOGI. The Hawai'i Community CSE Project will provide a helpful method in the classroom and in the community using evidence-based practices from a medical perspective. The project also upgrades the clinical learning experience of medical trainees as early as MS2 and enriches clinical training of primary care residents. The future direction of this project will include making webinars and CME conferences based on the project experience that will be helpful to the entire medical community, especially for practicing clinicians counseling patients on CSE. As it is heard often that it takes a village to raise a child; in Hawai'i, it takes one big '*ohana* (family) to advocate for CSE.

Authors' Affiliations:
- Department of Pediatrics, University of Hawai'i John A. Burns School of Medicine, Honolulu, HI (PFN)
- University of Hawai'i John A. Burns School of Medicine, Honolulu, HI (APK)

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