

A Portrait of Sexuality Education and Abstinence-Only-Until-Marriage Programs in the States

An Overview Fiscal Year 2011 Edition

After nearly 50 years advocating for the rights of all people to accurate information about sexuality and sexual health, with a focus on comprehensive education about sexuality and sexual health services, SIECUS delivers the Fiscal Year (FY) 2011 edition of its *State Profiles* with a renewed mission, focused on the nexus of policy and implementation. This edition is designed to help advocates and educators across the country build on successes, institutionalize the investment and policies that are being implemented to support comprehensive sexuality education, and continue the efforts to eliminate all federal and state policies and funding for failed abstinence-only-until-marriage programs.

This ninth edition of the *State Profiles* illustrates the significant progress advocates and educators have been making in sexuality education law, policy, and implementation—away from the failed experiment of abstinence-only-until-marriage programs and toward a more comprehensive, evidence-based approach. Advocates for comprehensive sexuality education are finally seeing, and beginning to build upon, the fruits of our labor. This edition reflects this progress, particularly at the national level. As always, SIECUS continues its tradition of “following the money”; however, the *State Profiles* track not only federal abstinence-only-until-marriage funding but also federal funding for teen pregnancy, HIV/AIDS, and other sexually transmitted disease (STD) prevention programs, detailing new funding streams, grantees, and funded programs.

SIECUS was able to make this shift because in FY 2010, after more than 15 years of strong support from the federal government for abstinence-only-until-marriage programs, the Obama administration and Congress eliminated the two discretionary federal funding streams for abstinence-only-until-marriage programs—the Community-Based Abstinence Education (CBAE) grant program and the abstinence-only-until-marriage portion of the Adolescent Family Life Act (AFLA). In addition, Congress allowed the third funding stream, the Title V abstinence-only-until-marriage program, to expire on June 30, 2009. Unfortunately, in March 2010 the Title V abstinence-only-until marriage program was resurrected as part of the health care reform package, which allocated \$50 million a year in mandatory funding for five years (FYs 2010–2014; a total of \$250 million). For FY 2011, the year covered in this edition of the *State Profiles*, the federal government allocated a total of \$50 million for abstinence-only-until-marriage education, all through the Title V abstinence-only-until-marriage program.

In addition, the Obama administration and Congress began to usher in a new era of sex education in this country by providing funding for new initiatives that support evidence-based teen pregnancy and STD prevention as well as continued support for school-based HIV/AIDS-prevention, totaling \$185 million in FY 2011. The administration supported these efforts and further signaled the importance of sex education as a means to achieve sexual health by including key recommendations for sexuality education for adolescents in the *National HIV/AIDS Strategy*¹ and the *National Prevention Strategy*.²

We also continue to see significant leadership on sexuality education policy and implementation at the state and local levels. States and cities around the country are continuing the trend of jettisoning the failed policy of abstinence-only-until-marriage in favor of more comprehensive approaches while others continue to push the boundaries of implementing policies supportive of more comprehensive approaches to sex education in the effort to reach all young people with comprehensive sexuality education.

The information about the state-grant programs and any relevant sub-grantees reflects research completed through December 31, 2012. As state plans progress and sub-grantees are awarded funds, we will continue our work to provide state partners and colleagues with the most relevant and current information

available. Our in-depth research allows us to provide not just detailed information on each state, but thoughtful analysis on some of the overall trends we are seeing at both the federal and state levels.

MAJOR FISCAL YEAR 2011 HIGHLIGHTS

- 94 grantees in 35 states and the District of Columbia received federal funding through the Teen Pregnancy Prevention Initiative (TPPI).
- 45 states, the District of Columbia, the Federated States of Micronesia, Puerto Rico, and the Virgin Islands applied for the Personal Responsibility Education Program (PREP).
- 13 grantees in 12 states received federal funding through the Personal Responsibility Education Innovative Strategies Program (PREIS).
- 16 grantees in nine states received federal funding through the Tribal Personal Responsibility Education Program (Tribal PREP).
- 34 states, Guam, the Federated States of Micronesia, and Puerto Rico applied for the Title V abstinence-only-until-marriage program.

Federal Funding Streams

The federal government finally began to heed the evidence and urgings of the nation's leading medical and public health organizations and created two federal funding streams in 2010—the Teen Pregnancy Prevention Initiative (TPPI) and the Personal Responsibility Education Program (PREP)—that support programs that have demonstrated their effectiveness, are age-appropriate and medically accurate, and can be more comprehensive in scope. While still not funding comprehensive sex education per se, these federal funding streams are proving instrumental in providing youth with much-needed teen pregnancy-, HIV/AIDS-, and other STD-prevention programming. Despite guidance issued under the Obama administration that allows for slightly more flexibility in terms of adhering to the strict eight-point definition, the Title V abstinence-only-until-marriage program remains a dedicated funding source.

Teen Pregnancy Prevention Initiative

TPPI funds medically accurate and age-appropriate programs to reduce teen pregnancy. The U.S. Department of Health and Human Services, Office of Adolescent Health (OAH) administers the grant program, which totaled \$105 million in discretionary funding for FY 2011. TPPI consists of two funding tiers that provide grants to local public and private entities. Tier 1 totals \$75 million and provides funding for the replication of evidence-based programs proven to prevent unintended teen pregnancy and address underlying behavioral risk factors. Tier 2 totals \$25 million and provides funding to develop and test additional models and innovative strategies. A portion of the Tier 2 funds, \$15.2 million, was allocated for research and demonstration grants to test innovative approaches, while the remaining funding, \$9.8 million, was allocated for grants to support communitywide initiatives. TPPI also dedicates \$4.5 million in funding to conduct evaluations of individual programs.

In FY 2011, the second year of the five-year cooperative agreements, a total of \$75 million in cooperative agreements were made to 75 grantees in 32 states and Washington, DC, for Tier 1. Fifteen million dollars of Tier 2 funding were awarded to 19 grantees in 14 states. The remaining Tier 2 funding was awarded by CDC in partnership with OAH for the community-wide teenage pregnancy prevention programs; eight state and local organizations are funded to demonstrate the effectiveness of innovative, multi-component, community-wide initiatives, and five national organizations are funded to provide assistance and support to the community grantees. The president requested an increase of \$19.2 million for TPPI in his FY 2011 budget request, for a total of \$133.7 million. After a lengthy budget battle, during which the Republican-controlled House of Representatives completely eliminated funding for TPPI, the Initiative was funded at \$105 million for FY 2011, representing a \$5 million cut from the previous year.³

Given the TPPI appropriations language, this \$5 million loss of funding could not be distributed across grantees' awards, but rather resulted in halving OAH's allocations for research, evaluation, and technical assistance.

TPPI grantees are implementing a variety of programs, including some designed to prevent teen pregnancy and STDs, including HIV, that include information on abstinence and contraception in addition to other topics; positive youth development programs, some of which include a sex education component; and some abstinence-until-ready and abstinence-only-until-marriage programs.

In order to identify effective evidence-based programs that could be implemented under Tier 1 of TPPI, OAH contracted with Mathematica Policy Research, Inc., to conduct an independent, systematic review of research around teen pregnancy prevention and risk reduction programs, and ultimately compile a list of "evidenced-based" programs. To qualify as an evidence-based program in this review, a program had to "be supported by at least one high- or moderate-rated impact study showing a positive, statistically significant impact on at least one priority outcome (sexual activity, contraceptive use, STIs, or pregnancy or births), for either the full study sample or key subgroup (defined by gender or baseline sexual experience)."⁴

While nearly 1,000 potentially eligible programs were identified, as of FY 2011 only 28 met the strict scientific criteria, "reflecting a range of program models and target populations."⁵ Of the 28 programs included on the list, 20 showed evidence of impacts on sexual activity (for example, sexual initiation, number of partners, or frequency of sexual activity), nine on contraceptive use, four on STDs, and five on pregnancy or births.⁶ Of the 28, five are positive youth development programs while the other 23 focus on reducing unintended pregnancy or the underlying behavioral risk factors that may lead to unintended pregnancy, HIV, and other STDs.

Personal Responsibility Education Program

PREP totals \$75 million per year for FYs 2010–2014 and is the first-ever dedicated funding stream for more comprehensive approaches to sexuality education, including teen pregnancy-, HIV/AIDS-, and other STD-prevention programs. The U.S. Department of Health and Human Services, Administration for Children and Families (ACF) administers the grant. PREP includes a \$55 million state-grant program, \$10 million to fund local entities through the Personal Responsibility Education Innovative Strategies (PREIS) Program, \$3.5 million for the Tribal PREP Program for tribes and tribal organizations, and \$6.5 million for evaluation, training, and technical assistance. Details on the state-grant program, PREIS, and Tribal PREP are included below.

PREP State-Grant Program

The PREP state-grant program supports evidence-based programs that provide young people with medically accurate and age-appropriate information for the prevention of unintended pregnancy, HIV/AIDS, and other sexually transmitted infections (STIs). The grant program totals \$55 million per year and allocates funding to individual states. The grant does not require states to provide matching funds. Funded programs must discuss abstinence and contraception, and place substantial emphasis on both. Programs must also address at least three of the following adulthood preparation subjects: healthy relationships, positive adolescent development, financial literacy, parent-child communication skills, education and employment skills, and healthy life skills.

The response to PREP was overwhelmingly positive. The vast majority of states applied for the PREP funds, including states that have staunchly supported an abstinence-only-until-marriage approach in the past. For FY 2011, 45 states, the District of Columbia, the Federated States of Micronesia, Puerto Rico, and the Virgin Islands applied for PREP.

Personal Responsibility Education Innovative Strategies

PREIS supports research and demonstration programs to develop, replicate, refine, and test innovative models for preventing unintended teen pregnancy. ACF administers the grant program in collaboration with OAH and provides a total of \$10 million in funding directly to local public and private entities. Thirteen grantees in 12 states received federal funding through PREIS in FY 2011.

Tribal Personal Responsibility Education Program

Tribal PREP supports the development and implementation of teen-pregnancy prevention programs within tribes and tribal communities. Tribal PREP programs target youth ages 10–19 who are in or are aging out of foster care, homeless youth, youth with HIV/AIDS, pregnant and/or parenting youth who are under 21 years of age, and youth who live in areas with high adolescent birth rates. Programs must address at least three of the following adulthood preparation subjects: healthy relationships, positive adolescent development, financial literacy, parent-child communication skills, education and employment skills, and healthy life skills. FY 2011 was the first year in which Tribal PREP funds were available, and 16 grantees in nine states received funding.

Title V State Abstinence Education Grant Program

The Title V State Abstinence Education Grant Program (Title V) allocates \$50 million per year to states for FYs 2010–2014. ACF administers the grant program. The Title V abstinence-only-until-marriage program requires states to provide three state-raised dollars or the equivalent in services for every four federal dollars received. The state match may be provided in part or in full by local groups. All programs funded by the Title V abstinence-only-until-marriage program must promote abstinence from sexual activity outside of marriage as their exclusive purpose and may provide mentoring, counseling, and adult supervision toward this end. Programs must be medically accurate and age-appropriate and must ensure abstinence is an expected outcome.

FY 2011 marked the continuation of Title V funding for abstinence-only-until-marriage programs after its brief expiration. While the Title V abstinence-only-until-marriage program was allowed to expire in June 2009, there were several attempts by conservative lawmakers to reinstate the funding and in March of 2010 they were successful in resurrecting the program. In July 2010, ACF released the first Funding Opportunity Announcement (FOA) for the Title V abstinence-only-until-marriage program under the Obama administration. Although the new Title V abstinence-only-until-marriage guidance issued in the FOA is more flexible than it had been in previous years, programs funded with Title V abstinence-only-until-marriage money still must teach abstinence to the exclusion of other topics. Programs must ensure that abstinence from sexual activity is an expected outcome and no funds can be used in ways that contradict the A–H federal abstinence-only-until-marriage definition.⁷ These restrictions mean that states still cannot use Title V abstinence-only-until-marriage funds to provide comprehensive information about contraception or provide the complete education young people need to make informed and healthy decisions about their sexual behavior. In addition, the Title V abstinence-only-until-marriage program continues to require that states provide a match of three state dollars for every four federal dollars received. Despite continued budget strains within states, the appeal of additional resources in the form of Title V abstinence-only-until-marriage funding, with its increased flexibility, resulted in participation among 34 states, Guam, the Federated States of Micronesia, and Puerto Rico in FY 2011.

State Trends

As states and grantees implement programs funded through the TPPI, PREP, and re-established Title V abstinence-only-until-marriage programs, advocates and communities across the country are finally starting to see the impact this federal funding is having on the ground.

Addressing Health Disparities and Highest Risk Youth

The majority of federally funded PREP and TPPI programs are choosing to address the sexual health and prevention education needs of young people in communities with the highest need, greatest health disparities, and at the highest risk.

In some cases, such as in PREP, a focus on addressing health disparities and high-risk populations is a direct result of legislative language. The innovative strategies portion of PREP details that grants must be utilized to implement innovative youth pregnancy prevention strategies and target services to high-risk, vulnerable, and culturally under-represented youth populations, including youth in foster care, homeless

youth, youth with HIV/AIDS, pregnant women who are under 21 years of age and their partners, mothers who are under 21 years of age and their partners, and youth residing in areas with high birth rates for young parents.⁸ The FOA for the PREP state-grant program also required applicants to detail how they would address the above populations. And the Title V abstinence-only-until-marriage FOA encourages grantees to address youth who are in or aging out of foster care and youth who are in the care of the child welfare system due to their high rates of unintended pregnancy.

Tier 1 and Tier 2 TPPI grantees in Alaska, Kentucky, Maryland, Missouri, Nevada, and Vermont have teen pregnancy prevention programs that specifically serve foster-care youth among the at-risk youth populations they are targeting, while grantees in Alaska, California, Maryland, Michigan, Nevada, and Oklahoma are all targeting youth who are in or engaged with the juvenile justice system. Both populations of young people have higher rates of unintended pregnancy, STDs, and exposure to physical and sexual violence. TPPI grantees in at least 16 states and the District of Columbia—ranging from Alabama and Georgia to Washington and Wisconsin—are focused on African-American youth, and grantees in at least 10 states and the District of Columbia—ranging from Arizona and California to Massachusetts and New Jersey—are focused on Latino youth.

PREP grantees in at least 15 states—ranging from Arkansas to Connecticut and Pennsylvania to South Dakota—use their grant funding to specifically target youth in a variety of state-run programs, such as those in the juvenile justice and foster-care systems, and those in transitional housing and outpatient facilities. Grantees in the District of Columbia, Georgia, New Hampshire, New York, and Utah focus on pregnant and parenting teens and grantees in at least 13 states target racial and ethnic minorities, such as African-American, Latino, and Native American youth. PREP programs in the District of Columbia, Georgia, and Minnesota target lesbian, gay, bisexual, transgender, and questioning (LGBTQ) youth populations, while grantees in Minnesota, Vermont, and Wisconsin specifically focus on runaway or homeless youth.

Availability of TPPI and PREP Expands Positive Programming

In many states and communities, TPPI and PREP are allowing implementation of more comprehensive approaches to sex education for the first time, while in others, states and local entities are using the funds to expand their already successful programming—reaching even more young people with the information and education they need. In Maine, the PREP state-grant program operates in conjunction with two sub-grantees, the Family Planning Association of Maine (FPA) and Jobs for Maine’s Graduates (JMG). FPA provides training and technical assistance to JMG program specialists to implement the *All4You!* program in 17 schools across the state, in both urban and rural communities.⁹

With its TPPI funds, the Hennepin County Research, Planning, and Development Department (RPD) in Minnesota was able to expand upon its teen pregnancy prevention initiative, “Better Together Hennepin: Healthy Communities, Healthy Youth,” and can now operate the *It’s Your Future* program in all eight cities in Hennepin County with teen birth rates above the Minnesota state rate.¹⁰ Also expanding the education public school students will receive, the South Carolina Campaign to Prevent Teen Pregnancy (SC Campaign) is using its TPPI Tier 1 funding to implement the “Keep it Real, South Carolina” teen pregnancy prevention program. The SC Campaign partners with 24 middle schools across the state to administer the program, which uses the curriculum *It’s Your Game: Keep It Real*.

And in Washington State, TPPI funds are allowing for the expansion of schools’ ability to comply with the Healthy Youth Act, a state law that requires school districts that choose to teach sexuality education to provide medically and scientifically accurate information. At last count, approximately half of the state’s 304 school districts were providing sexuality education in compliance with state law,¹¹ with many struggling to do so because of a lack of adequate resources. The Northwest Coalition for Adolescent Health, led by Planned Parenthood of the Great Northwest, is implementing the *Teen Outreach Project* at 73 schools and community agencies in 27 counties across five states—Alaska, Idaho, Montana, Oregon, and Washington.

Southern States Turn the Tide on Abstinence-Only Programming

The South has long been plagued with high disparities in adolescent sexual health outcomes, including teen pregnancy, HIV, and other STD rates, which are higher than those in other regions of the country.¹²

Unfortunately, southern states have also consistently accounted for the highest concentration of abstinence-only-until-marriage funding over the last several years, with 15 of the 16 southern states applying for Title V out of a total of 34 states that applied in FY 2011. Fortunately, we are starting to see a shift in Southern states from abstinence-only-until-marriage programs to more comprehensive and evidence-based approaches that reflect community norms and mores. Oftentimes, this has the result of coordinated efforts between state agencies and community partners.

For example, the Mississippi PREP state-grant program provides funding to school districts that have adopted an “abstinence-plus” education policy—now allowed as one option under the new state sex education law—to provide evidence-based sex education to students that addresses both abstinence and contraception. To administer the PREP grant, the department of health partners with Mississippi First to implement the Creating Healthy and Responsible Teens (CHART) initiative. Under this initiative, Mississippi First works directly with school districts to assist them in adopting an “abstinence-plus” policy.¹³ School districts are required to choose from a list of more comprehensive, evidence-based interventions for implementation, which pulls from the list of 28 evidence-based programs used by OAH, as noted above.

In North Carolina, the Department of Health and Human Services’ Division of Public Health is using its PREP state grant to provide funding to four health departments, one school district, six community-based organizations, and one state university to administer both school- and community-based programming, as well as teacher training.

While Texas continues to strongly support an abstinence-only-until-marriage approach, some districts are opting to implement “abstinence-plus” programs, which focus on abstinence but include some information on contraception. Schools districts in Culberson, Denison, Ector County, El Paso, Forney, Hutto, Round Rock, Spring Branch, Tulia, Venus, and Woodville have adopted or are actively considering more comprehensive approaches to sex education.¹⁴

Much of the Same Old for Title V Abstinence-Only State Grantees

Despite the more flexible guidance allowed in FY 2011, most states that accepted Title V abstinence-only-until-marriage funding still support the same tired, fear- and shame-based, and ineffective abstinence-only-until-marriage programs that they have used for years. South Carolina is still funding Heritage Community Services and Colorado is still funding the Center for Relationship Education, formerly WAIT Training, two of the most prominent abstinence-only-until-marriage industry leaders in the country. In addition, several states are using their Title V abstinence-only-until-marriage funds to implement *Choosing the Best*, one of the more blatantly fear- and shame-based abstinence-only-until-marriage programs available. The series continues to promote heterosexual marriage, rely on messages of fear and shame, and include biases about gender, sexual orientation, and pregnancy options. This means that, supported by federal funding, students are still being taught that the consequences of pre-marital sex include “guilt, disappointment, worry, depression, sadness, loneliness, and loss of self-esteem,”¹⁵ and that they should compare a person who has had pre-marital sex to pre-chewed gum that “isn’t as appealing as when it is unwrapped and new.”¹⁶

A handful of states, however, took advantage of the more flexible guidance and supported less harmful programs with their Title V abstinence-only-until-marriage funds, such as New York’s decision to focus on providing counseling, mentoring, and adult supervision activities to youth ages nine through 12. And despite its rejection of PREP funding and its strong abstinence-only-until-marriage law, Florida took a page from many PREP state plans around the country and required Title V abstinence-only-until-marriage sub-grantees to implement evidence-based programs.

Federal Funding Under Attack

Whether to expand on existing programs or implement new programs, communities, educators, and advocates have long called on the federal government to provide funding for more comprehensive approaches to sex education, indicating their understanding of the serious need to do better by young people. Despite this, conservative policymakers continue attempting to undermine the recent progress that has been made.

In the 112th Congress, January 3, 2011 – January 3, 2013, the Republican majority in the House acted quickly to drastically reduce the funding of several offices and programs that are dedicated to protecting and improving the health of Americans and worked to roll back the progress that TPPI and PREP represent—starting with their first major spending proposal, the Consolidated Appropriations Act of 2011. Along with 70 other cuts that would have severely impacted health care access and prevention education, particularly that which benefits women, children, and families, the continuing resolution completely eliminated funding for TPPI. While trying to pass off the elimination under the guise of deficit reduction, the House Republicans targeted programs that many ultra-conservative members of Congress have opposed since their creation or have been trying to eliminate for years. While local communities were eager for funding they could use to serve those residents most in need, conservatives attempted to balance the federal budget on the backs of those who are most vulnerable and in need of health and education services.

After a long, protracted battle and an impending shutdown of the federal government, congressional leaders and White House officials brokered a deal to end the months-long standoff over the federal budget for FY 2011 on April 8, 2011, seven months after the beginning of the fiscal year. Thanks to critical advocacy efforts from supporters, TPPI escaped elimination and only received a \$5 million cut in its funding level for FY 2011.

Also on the Republican agenda was an effort to repeal health care reform, the Patient Protection and Affordable Care Act (P.L. 111–148). In addition to voting 33 times to repeal the health reform legislation, House Republicans also set out to dismantle it piece-by-piece. Their attempts included the introduction of H.R. 1215, which would have converted the \$75 million in mandatory funding allocated annually for PREP to discretionary funding. This would have subjected PREP to the politically charged annual appropriations process, during which conservatives would have the opportunity to continue to attack, and even eliminate, the funding stream. Fortunately, the bill did not advance for consideration for a House vote.

Despite their purported desire to cut unnecessary government spending and their clear intent to eliminate any program associated with health care reform, House Republicans did not also attempt to shift the Title V abstinence-only-until-marriage program from mandatory to discretionary spending. This despite the fact that the program was resurrected through health care reform and the federal government's own study showed the ideologically driven programs have “no beneficial impact on young people's sexual behavior.”¹⁷ During consideration of H.R. 1215 bill, Democrats on the House Energy and Commerce Committee noted its “misguided, deeply divisive, and unabashedly hypocritical” nature¹⁸ and stated in their dissenting views: “Republicans had no answer when asked how they could justify these positions given their staunch objection to mandatory funding as a matter of principal [sic]—opposing mandatory spending not necessarily because of the substance of a program, but because of the stated belief that mandatory spending usurps Congress's prerogative to fund or not to fund health programs.”¹⁹ H.R. 1215 passed out of the full House Energy and Commerce Committee; however, it did not come to a vote on the House floor.

Recognizing the substantial body of research proving abstinence-only-until-marriage programs ineffective and the fact that such programs require a censorship of medical information, Senator Frank Lautenberg (D-NJ) and Congresswoman Barbara Lee (D-CA) introduced the Repealing Ineffective and Incomplete Abstinence-Only Program Funding Act of 2011 (S. 578 and H.R. 1085) in March 2011. Introduced for the first time in 2010, the bill would strike Title V, Section 510, of the Social Security Act (42 U.S.C. 710) from statute and transfer the funding allocated for the Title V abstinence-only-until-marriage program to PREP in order to provide even more young people with access to medically accurate, age-appropriate comprehensive sexuality education, free from stigma and prejudice.²⁰ S. 578 was supported by 10 Senate co-sponsors and H.R. 1085 was ultimately co-sponsored by 55 representatives, though the bill did not progress through either chamber for a floor vote.

These attacks on TPPI and PREP during FY 2011 clearly indicated that conservatives in the House and Senate had sexuality education in their crosshairs. And, as always, advocates and members of Congress supportive of comprehensive sexuality education were not hesitant to fight back.

Conclusion

Advocates for comprehensive sexuality education have seen a shift in how federal, state, and local governments approach sex education. We now have federal funding streams funding positive sexuality education programs that meet the real needs of young people. And while funding for abstinence-only-until-marriage programs has not yet been eliminated, it has been significantly reduced.

As advocates, we need to continue to work with supportive local, state, and federal policymakers to protect funding for teen pregnancy-, HIV/AIDS-, and other STD-prevention programs and encourage further policies and investment in more comprehensive approaches to sex education. We need to make sure that the educators on the front lines who are implementing programs have the resources and training they need to deliver and sustain successful programs. We must also work to mitigate the attacks on sexual and reproductive health, including sex education, to ensure that the prevention and education needs of all young people are not ignored in favor of political ideology.

¹ “National HIV/AIDS Strategy for the United States,” White Office of National AIDS Policy, July 2010, accessed September 28, 2011, <http://www.whitehouse.gov/sites/default/files/uploads/NHAS.pdf>.

² “National Prevention Strategy: America’s Plan for Better Health and Wellness,” National Prevention Council, June 2011, accessed September 28, 2011, <http://www.healthcare.gov/prevention/nphpphc/strategy/report.pdf>.

³ SIECUS, “Eleventh-Hour Deal on Federal Budget Avoids Government Shutdown,” April 2011, accessed September 14, 2011, <http://siecus.org/index.cfm?fuseaction=Feature.showFeature&featureid=2000&pageid=483&parentid=478>.

⁴ “Overview of the Teen Pregnancy Prevention Research Evidence Review,” Office of Adolescent Health, accessed September 28, 2011, <http://www.hhs.gov/ash/oah/prevention/research/index.html>.

⁵ Ibid.

⁶ Ibid.

⁷

Section 510 (b) of Title V of the Social Security Act, P.L. 104–193	
For the purposes of this section, the term “abstinence education” means an educational or motivational program which:	
A	has as its exclusive purpose teaching the social, psychological, and health gains to be realized by abstaining from sexual activity;
B	teaches abstinence from sexual activity outside marriage as the expected standard for all school-age children;
C	teaches that abstinence from sexual activity is the only certain way to avoid out-of-wedlock pregnancy, sexually transmitted diseases, and other associated health problems;
D	teaches that a mutually faithful, monogamous relationship in the context of marriage is the expected standard of sexual activity;
E	teaches that sexual activity outside of the context of marriage is likely to have harmful psychological and physical effects;
F	teaches that bearing children out-of-wedlock is likely to have harmful consequences for the child, the child's parents, and society;
G	teaches young people how to reject sexual advances and how alcohol and drug use increase vulnerability to sexual advances; and
H	teaches the importance of attaining self-sufficiency before engaging in sexual activity.

⁸ Sec. 2953 – Personal Responsibility Education, *Patient Protection and Affordable Care Act*, Public Law No: 111-148.

⁹ Information provided by Shannon King, Women’s Health Coordinator, Office of Minority Health, Maine Center for Disease Control, March 19, 2012.

¹⁰ Ibid.

¹¹ Information provided by Caitlin Safford, program organizer for NARAL Pro-Choice Foundation of Washington, June 3, 2010.

¹² Djamba, Y.K., Davidson, T.C., and Aga, M.G. (2012). *Sexual Health of Young People in the U.S.*

South: Challenges and Opportunities. Montgomery, Alabama: Center for Demographic Research,

http://www.demographics.aum.edu/uploadedfile/CDR_SexualHealth_6-1.pdf

¹³ “Creating Healthy and Responsible Teens (C.H.A.R.T.) Initiative, <http://www.mississippifirst.org/CHART-initiative>.

¹⁴ Information provided by Garrett Mize, Youth Advocacy Coordinator, Texas Freedom Network, December 13, 2012.

¹⁵ Bruce Cook, *Choosing the Best JOURNEY*, (Marietta, GA: Choosing the Best, Inc., 2006).

¹⁶ Bruce Cook, *Choosing the Best WAY*, (Marietta, GA: Choosing the Best, Inc., 2006).

¹⁷ U.S. House of Representatives, “A Report on H.R. 1215, a Bill to Amend Title V of the Social Security Act to Convert Funding for Personal Responsibility Education Programs from Direct Appropriations to an Authorization of Appropriations, with

Dissenting Views,” H. Rpt. 112–63, April 27, 2011, accessed June 14, 2011, <http://www.gpo.gov/fdsys/pkg/CRPT-112hrpt63/pdf/CRPT-112hrpt63.pdf>.

¹⁸ Ibid.

¹⁹ Ibid.

²⁰ *Repealing Ineffective and Incomplete Abstinence-Only Program Funding Act of 2010*, S. 3878, 111th Congress, § 2.3 (2010), accessed October 15, 2010, http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=111_cong_bills&docid=f:s3878is.txt.pdf.