



SIECUS

State Profile

ILLINOIS

In Fiscal Year 2011¹, the state of Illinois received:

- **Personal Responsibility Education Program funds totaling \$2,215,473**

In Fiscal Year 2011, local entities in Illinois received:

- **Teen Pregnancy Prevention Initiative funds totaling \$5,386,910**
- **Personal Responsibility Education Innovative Strategies funds totaling \$ 555,701**

SEXUALITY EDUCATION LAW AND POLICY

The Illinois Critical Health Problems and Comprehensive Health Education Act states that the following topics must be addressed in all elementary and secondary schools:

- human ecology and health;
- human growth and development;
- the emotional, psychological, physiological, hygienic, and social responsibilities of family life, including sexual abstinence until marriage;
- prevention and control of disease; and
- the transmission and spread of AIDS.

Any school that teaches sexuality education must also emphasize that “abstinence is the expected norm in that abstinence from sexual intercourse is the only protection that is 100% effective against unwanted teenage pregnancy, sexually transmitted diseases, and acquired immune deficiency syndrome when transmitted sexually.”² State law also mandates that schools teach “honor and respect for monogamous heterosexual marriage.”³

All courses that discuss sexual intercourse are to address “the hazards of sexual intercourse...the latest medical information citing the failure and success rates of condoms,” and include “explanations of when it is unlawful for males to have sexual relations with females under the age of 18.”⁴ Course material must also include information regarding responsible parenting, the availability of confidential adoption services, and the procedure for anonymously relinquishing a newborn infant to law enforcement agencies or hospitals.

Illinois law also provides guidelines for family life education courses. These courses are “designed to promote wholesome and comprehensive understanding of the emotional, psychological, physiological, hygienic, and social responsibility aspects of family life,” and therefore, according to the law, “will include teaching alternatives to abortion, appropriate to the various grade levels.”⁵

The Illinois Superintendent of Education must prepare the course of instruction for family life education, make it available to schools districts, and “develop a procedure for evaluating and measuring the effectiveness of the family life courses of instruction in each local school district,

including the setting of reasonable goals for reduced sexual activity, sexually transmitted diseases and premarital pregnancy.”⁶

Parents or guardians may remove their children from any or all sexuality education, family life programs, and/or STD/HIV programs. This is referred to as an “opt-out” policy.

See 105 Illinois Compiled Statutes §§ 110/2 and 110/3, 5/27-9.1–9.2, and 27-11; and 325 Illinois Compiled Statutes § 2/.

RECENT LEGISLATION

Personal Responsibility Education Program Act Introduced

Senate Bill 1619 was introduced in February 2011. Known as the *Illinois Personal Responsibility Education Program (Illinois-PREP) Act*, the bill would have amended state law to require sex education offered in public schools to include instruction on contraception, and removed provisions from the law requiring instruction to teach abstinence until marriage. The bill passed out of the Senate Public Health Committee with amendments but failed a vote by the full Senate. The measure was brought back for consideration as an amendment to House Bill 3027. The revised measure would require school districts that offer sex education in grades six through 12 to provide instruction that is medically accurate, developmentally and age-appropriate, and complete, and that stresses the benefits of abstinence while also teaching about contraception for the prevention of pregnancy and sexually transmitted diseases. The revised measure passed the Senate on May 25, 2011. It awaits concurrence by the House.

Bill to Require Medically Accurate and Age-Appropriate Material

House Bill 4616, introduced in February 2012, requires that sexual education material be medically accurate, age-appropriate, and complete. It removes from the current requirements the statement stipulating students be taught that abstinence outside of marriage is the “expected norm.” Instead, both abstinence and contraception are emphasized. Course material must be evidence based. Parents have the ability to remove their students from such instruction by expressing so in writing. The bill was first referred to the Committee on Rules, later assigned to the Human Services Committee and finally re-referred to the Committee on Rules. The bill is currently pending.

YOUTH SEXUAL HEALTH DATA

SIECUS has compiled the following data to provide an overview of adolescent sexual health in Illinois. The data collected represents the most current information available.

Illinois Youth Risk Behavior Survey (YRBS) Data⁷

- In 2011, 45% of female high school students and 44% of male high school students in Illinois reported ever having had sexual intercourse, compared to 46% of female high school students and 49% of male high school students nationwide.
- In 2011, 3% of female high school students and 9% of male high school students in Illinois reported having had sexual intercourse before age 13, compared to 3% of female high school students and 9% of male high school students nationwide.
- In 2011, 10% of female high school students and 14% of male high school students in Illinois reported having had four or more lifetime sexual partners, compared to 13% of female high school students and 18% of male high school students nationwide.

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- In 2011, 35% of female high school students and 30% of male high school students in Illinois reported being currently sexually active (defined as having had sexual intercourse in the three months prior to the survey), compared to 34% of female high school students and 33% of male high school students nationwide.
- In 2011, among those high school students who reported being currently sexually active, 54% of females and 70% of males in Illinois reported having used condoms the last time they had sexual intercourse, compared to 54% of females and 67% of males nationwide.
- In 2011, among those high school students who reported being currently sexually active, 25% of females and 15% of males in Illinois reported having used birth control pills the last time they had sexual intercourse, compared to 23% of females and 13% of males nationwide.
- In 2011, among those high school students who reported being currently sexually active, 14% of females and 26% of males in Illinois reported having used alcohol or drugs the last time they had sexual intercourse, compared to 18% of females and 26% of males nationwide.
- In 2011, 86% of high school students in Illinois reported having been taught about AIDS/HIV in school, compared to 84% of high school students nationwide.

Chicago, Illinois

- In 2011, 46% of female high school students and 60% of male high school students in Chicago reported ever having had sexual intercourse, compared to 46% of female high school students and 49% of male high school students nationwide.
- In 2011, 4% of female high school students and 22% of male high school students in Chicago reported having had sexual intercourse before age 13, compared to 3% of female high school students and 9% of male high school students nationwide.
- In 2011, 11% of female high school students and 26% of male high school students in Chicago reported having had four or more lifetime sexual partners, compared to 13% of female high school students and 18% of male high school students nationwide.
- In 2011, 33% of female high school students and 43% of male high school students in Chicago reported being currently sexually active (defined as having had sexual intercourse in the three months prior to the survey), compared to 34% of female high school students and 33% of male high school students nationwide.
- In 2011, among those high school students who reported being currently sexually active, 60% of females and 69% of males in Chicago reported having used condoms the last time they had sexual intercourse, compared to 54% of females and 67% of males nationwide.
- In 2011, among those high school students who reported being currently sexually active, 13% of females and 11% of males in Chicago reported having used birth control pills the

last time they had sexual intercourse, compared to 23% of females and 13% of males nationwide.

- In 2011, among those high school students who reported being currently sexually active, 17% of females and 26% of males in Chicago reported having used alcohol or drugs the last time they had sexual intercourse, compared to 18% of females and 26% of males nationwide.
- In 2011, 73% of high school students in Chicago reported having been taught about AIDS/HIV in school, compared to 84% of high school students nationwide.

Illinois Teen Pregnancy, HIV/AIDS, and Sexually Transmitted Disease Data

Teen Pregnancy, Birth, and Abortion

- Illinois's teen birth rate currently ranks 25th in the United States, with a rate of 33 births per 1,000 young women ages 15–19, compared to the national rate of 34.3 births per 1,000.⁸ In 2010, there were a total of 14,796 live births reported to young women ages 15–19 in Illinois.⁹
- In 2005, Illinois's teen pregnancy rate ranked 21st in the United States, with a rate of 67 pregnancies per 1,000 young women ages 15–19, compared to the national rate of 70 pregnancies per 1,000.¹⁰ There were a total of 29,650 pregnancies reported in Illinois in 2005.¹¹
- In 2005, Illinois's teen abortion rate ranked 14th in the United States, with a rate of 19 abortions per 1,000 young women ages 15–19, compared to the national rate of 19 abortions per 1,000.¹²

HIV and AIDS

- In 2010, the rate of diagnoses of HIV infection among adolescents aged 13-19 years in Illinois was 8.0 per 100,000 compared to the national rate of 7.9 per 100,000.¹³
- In 2010, the rate of AIDS diagnoses among adolescents 13-19 years in Illinois was 1.9 per 100,000 compared to the national rate of 1.9 per 100,000.¹⁴
- In 2010, the rate of diagnoses of HIV infection among young adults aged 20-24 years in Illinois was 36.9 per 100,000 compared to the national rate of 36.9 per 100,000.¹⁵
- In 2010, the rate of AIDS diagnoses among young adults aged 20-24 years in Illinois was 12.3 per 100,000 compared to the national rate of 10.4 per 100,000.¹⁶

Sexually Transmitted Diseases

- Illinois ranks 15th in reported cases of chlamydia among young people ages 15–19 in the United States, with an infection rate of 22.81 cases per 1,000, compared to the national rate of 20.03 cases per 1,000. In 2009, there were a total of 21,032 cases of chlamydia reported among young people ages 15–19 in Illinois.¹⁷
- Illinois ranks eighth in reported cases of gonorrhea among young people ages 15–19 in the United States, with an infection rate of 6.49 cases per 1,000, compared to the national rate of 4.04 cases per 1,000. In 2009, there were a total of 5,984 cases of gonorrhea reported among young people ages 15–19 in Illinois.¹⁸

- Illinois ranks 10th in reported cases of primary and secondary syphilis among young people ages 15–19 in the United States, with an infection rate of 0.05 cases per 1,000, compared to the national rate of 0.05 cases per 1,000. In 2009, there were a total of 46 cases of syphilis reported among young people ages 15–19 in Illinois.¹⁹

FEDERAL FUNDING FOR SEX EDUCATION, TEEN PREGNANCY PREVENTION, AND ABSTINENCE-ONLY PROGRAMS

President’s Teen Pregnancy Prevention Initiative

The President’s 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 Fiscal Year (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.

TPPI Tier 1: Evidence-Based Programs

The TPPI Tier 1 grant program supports the replication of evidence-based programs proven effective through rigorous evaluation to prevent unintended teen pregnancy, underlying behavioral risk factors, or other associated risk factors.

- Local organizations in Illinois received \$5,386,910 in TPPI Tier 1 funding for FY 2011.
- There are two TPPI Tier 1 grantees in Illinois: Chicago Public Schools and Children’s Home & Aid Society of Illinois.

Chicago Public Schools, \$3,943,607 (FY 2011)

Chicago Public Schools (CPS) is the third largest school district in the United States, with a total of 409,279 students attending 675 schools.²⁰ Eighty-six percent of the district’s students come from low-income families.

The school district’s TPPI Tier 1 grant supports its “Chicago Teen Pregnancy Prevention Initiative,” which provides programming to students in ninth grade. The overall goal of the program is to reduce teen pregnancy by improving the life skills, healthy behaviors, and community engagement of Chicago’s youth. The intervention is implemented in 40 target schools and includes a condom availability initiative, a teen health hotline, community service programming, a youth advisory committee, and a social media campaign. CPS plans for its program to reach approximately 9,000 youth each year.²¹

This program uses *Teen Outreach Program (TOP)*, an evidence-based youth development program that engages young people in experiential learning activities in order to “prepare for successful adulthood and avoid problem behaviors.”²² The program is designed for youth ages 12–17 and focuses on reducing rates of school failure, school suspension, and teen pregnancy. *TOP* consists of a nine-month curriculum that addresses such topics as relationships, peer pressure, decision making, values clarification, goal-setting, adolescent development, and sexual health.²³ It also includes a 20-hour community service component that engages participants in activities to enhance knowledge and develop skills, including self-efficacy, communication, conflict-management, and self-regulation. *TOP* can be delivered as an in-school, after-

school, or community-based program. An evaluation of the program published in *Child Development* found that young women ages 15–19 who participated in *TOP* were significantly less likely to report a pregnancy during the program than participants in the control group.²⁴

Children’s Home & Aid Society of Illinois, \$1,443,303 (FY 2011)

The Children’s Home & Aid Society of Illinois is a social service agency that serves nearly 40,000 children and families suffering from poverty, abuse, and neglect throughout 40 Illinois counties. It provides counseling, foster care, and educational advocacy.²⁵

With its TPPI grant, the organization implements *Children’s Aid Society – Carrera Adolescent Pregnancy Prevention Program (CAS – Carrera)*, an evidence-based, positive youth development program designed for students in grades six through 12. The program consists of seven integrated components that can be delivered in an after- or in-school setting over the course of a year. These units include Education, Job Club, Family Life and Sexuality Education, Mental Health, Medical and Dental Services, Self Expression, and Lifetime Individual Sports.²⁶ The program uses a positive youth development approach to increase developmental competency and identity formation among participants in order to encourage youth to avoid early parenthood and risky sexual behavior. *CAS – Carrera* runs six days a week throughout the academic year and also includes a summer program component.²⁷ An evaluation of the program published in *Perspectives on Sexual and Reproductive Health* found that at a three-year follow-up female participants were significantly less likely to report a pregnancy or report being sexually active than participants in the control group.²⁸

The Children’s Home & Aid program targets primarily African-American youth in fourth through sixth grade. The organization delivers the curriculum during after-school programs at three elementary schools on Chicago’s South Side: Benjamin E. Mays Elementary Academy, Charles W. Earle Elementary School, and Nicholas Copernicus Elementary School.²⁹ The program will serve approximately 180 youth each year.

TPPI Tier 2: Innovative Approaches

The TPPI Tier 2 grant program supports research and demonstration programs in order to develop, replicate, refine, and test additional models and innovative strategies for preventing teenage pregnancy.

- There are no TPPI Tier 2 Innovative Approaches grantees in Illinois.

TPPI Tier 2: Communitywide Initiatives

The TPPI Tier 2 grant program also supports communitywide initiatives to reduce rates of teenage pregnancy and births in communities with the highest rates. The program awards grants to national organizations as well as state- and community-based organizations. Funded national partners provide training and technical assistance to local grantees. The Centers for Disease Control and Prevention (CDC) administer the grant program in partnership with OAH.

- There are no TPPI Tier 2 Communitywide Initiatives grantees in Illinois.

Personal Responsibility Education Program

The 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. 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 Illinois Department of Human Services received \$2,215,473 in federal PREP funds for FY 2011.
- The department has issued an announcement for available funds under the state's PREP grant program. At the time of publication, sub-grantees had not yet been determined.³⁰

The Illinois PREP state-grant program is administered by the Department of Human Services and funds will be sub-granted to providers who are required to “implement at least one evidence-based teen pregnancy prevention curriculum, work with a coalition, and deliver supplemental activities.” The program targets youth ages 11–18 living in geographical areas with a demonstrated need, requiring at least 50% or more of the youth population to be African American and/or Latino. Sub-grantees must choose to implement one of the following evidence-based curricula approved by the Illinois Department of Human Services: *Becoming A Responsible Teen (BART)*, *Be Proud! Be Responsible!*, *¡Cuidate!*, *Draw the Line/Respect the Line, Making a Difference!*, and *Making Proud Choices!*³¹

BART is an evidence-based HIV/AIDS-prevention education curriculum designed for African-American youth ages 14–18. *BART* teaches students to reduce sexual risk taking by promoting safer sex practices, while also teaching that abstinence is the most effective way to prevent HIV and unintended pregnancy. The curriculum combines education with behavioral-skills training on assertion, refusal, self-management, problem solving, risk recognition, and correct condom use.³² *BART* includes interactive activities, group discussions, and role-plays developed by teens. It is designed for implementation in community-based settings and with single-sex groups. An evaluation of the program published in the *Journal of Consulting and Clinical Psychology* found that it increased participant knowledge of HIV and AIDS and increased participants' ability to manage the pressure to engage in unprotected sex as well as to provide information to their peers regarding safe sexual practices. The program was also found to delay the initiation of sexual intercourse, reduce the frequency of sex and the incidence of unprotected sex, and reduce the incidence of unprotected anal sex. Among male participants, the program was found to increase condom use.³³

Be Proud! Be Responsible! is an evidence-based HIV-prevention curriculum originally designed for urban, African-American males ages 13–18.³⁴ The curriculum seeks to provide young people with the knowledge, motivation, and skills necessary to reduce their risk of HIV, other STDs, and causing unintended pregnancy. It also aims to impact sexual behavior by equipping youth with negotiation, refusal, and condom-use skills. The curriculum uses a “sense-of-community” approach that emphasizes how HIV/AIDS has affected inner-city communities and discusses the importance of protecting the community in order to instill accountability, sexual responsibility, and a sense of pride in participants. Although originally designed for use with small groups of six to 12 participants, the curriculum has been used with larger groups and is appropriate for both school-based and community-based settings.³⁵ An evaluation of the program published in the *American Journal of Community Psychology* found that the intervention reduced the number of female sexual partners participants had as well as the number of non-monogamous female sexual partners (those who were simultaneously involved with other male partners). In addition, the study found that the intervention decreased the frequency of vaginal and heterosexual anal intercourse, and increased condom use among participants.³⁶

Cuidate! is an evidence-based HIV-prevention curriculum adapted from the evidence-based curriculum *Be Proud! Be Responsible!*, and tailored for use with Latino youth ages 13–18. The curriculum provides information about HIV and its transmission, addresses values and beliefs related to HIV and safer sex, and includes activities aimed to increase skills and self-efficacy for condom use, negotiating abstinence, and safer sex. The intervention consists of six one-hour lessons and is designed for use with small, mixed-gender groups. It draws upon cultural beliefs, such as the importance of family and the responsibility of a man to care for his family, in order to provide messages that resonate with participants. The curriculum consists of educational games, small group discussions, videos, learning exercises, and skill-building activities. An evaluation of the curriculum published in the *Archives of Pediatrics & Adolescent Medicine* found that it reduced the frequency of sexual intercourse, number of sexual partners, and incidence of unprotected sex while increasing condom use among participants.³⁷

Draw the Line/Respect the Line is an evidence-based program designed to teach youth in grades six through eight to postpone sexual involvement, while providing information about condoms and contraception. The school-based curriculum consists of 19 sessions divided between grades six through eight and includes group discussions, small-group activities, and role-playing exercises focused on teaching youth how to establish and maintain boundaries regarding sexual behavior. Lessons for sixth grade students address using refusal skills; lessons for the seventh grade focus on setting sexual limits, the consequences of unprotected sex, and managing sexual pressure; and eighth grade students practice refusal and interpersonal skills and receive HIV/STD-prevention education. The program also includes individual teacher consultations and parent engagement through homework activities. Although it is designed for use in the classroom, the program may also be delivered in a community-based setting. An evaluation of the program published in the *American Journal of Public Health* found that, at one-, two-, and three-year follow-ups, male participants were significantly less likely to report ever having had sexual intercourse or having had sexual intercourse during the previous 12 months compared to participants in the control group.³⁸

Making a Difference! is an evidence-based pregnancy-, STD-, and HIV-prevention education curriculum that emphasizes abstinence from sexual activity. Adapted from the evidence-based curriculum *Be Proud! Be Responsible!*, *Making a Difference!* aims to increase participants' knowledge about HIV, STD, and pregnancy prevention as well as their confidence to negotiate sexual pressure and intention to abstain from sex. It is designed for use with African-American, Latino, and white adolescents ages 11–13 and can be implemented in school- or community-based settings. The curriculum includes interactive activities, small group discussions, and skill-building exercises, including role-plays, aimed to increase comfort and efficacy with practicing abstinence. An evaluation of the curriculum published in the *Journal of American Medical Association* found that, at a three-month follow-up, participants in the program were less likely to report having had sexual intercourse in the three months prior than peers in the control group. Evaluation results also showed that the program helped to delay sexual initiation among program participants who were sexually inexperienced.³⁹

Making Proud Choices! is an evidence-based STD-, HIV-, and pregnancy-prevention curriculum designed for use with African-American, Latino, and white adolescents ages 11–13. The curriculum aims to help youth understand the poor reasoning and decision making that can lead to STD/HIV infection and/or unintended pregnancy, as well as to increase their confidence, negotiation skills, and self-efficacy in using condoms. The program consists of eight one-hour sessions and can be implemented in school- or community-based settings. *Making Proud Choices!* includes interactive and skill-building activities that are designed to “increase comfort with practicing condom use, address concerns about negative effects of practicing safer sex, and build skills in condom use and negotiation.”⁴⁰ An evaluation of the program published in the *Journal of the American Medical Association* showed that program participants reported more consistent condom use and less unprotected sex as well as a higher frequency of condom use than those in the control group.⁴¹

Personal Responsibility Education Innovative Strategies (PREIS)

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.

- There is one PREIS grantee in Illinois, Demoiselle 2 Femme, NFP, which received \$555,701 for FY 2011.

Demoiselle 2 Femme, NFP, \$555,701 (FY 2011)

Demoiselle 2 Femme, NFP (D2F), is a community-based organization that provides “holistic services, education, instruction, and training to assist adolescent females in a successful transition to womanhood.”⁴² The organization is an abstinence-only-until-marriage proponent and previously received funding from the federal Adolescent Family Life Act grant program and the Illinois Title V abstinence-only-until-marriage fund. The organization uses its PREIS grant to implement and evaluate a teen pregnancy-prevention model that combines its *3-D* curriculum with seven of the eight modules included in *Making a Difference!* The project serves 800 African-American young women ages 14–18 in eight high schools located on the south side of Chicago.

Making a Difference! is an evidence-based pregnancy-, STD-, and HIV-prevention education curriculum that emphasizes abstinence from sexual activity. Adapted from the evidence-based curriculum *Be Proud! Be Responsible!*, *Making a Difference!* aims to increase participants’ knowledge about HIV, STD, and pregnancy prevention as well as their confidence to negotiate sexual pressure and intention to abstain from sex. It is designed for use with African-American, Latino, and white adolescents ages 11–13 and can be implemented in school- or community-based settings. The curriculum includes interactive activities, small group discussions, and skill-building exercises, including role-plays, aimed to increase comfort and efficacy with practicing abstinence. An evaluation of the curriculum published in the *Journal of American Medical Association* found that, at a three-month follow-up, participants in the program were less likely to report having had sexual intercourse in the three months prior than peers in the control group. Evaluation results also showed that the program helped to delay sexual initiation among program participants who were sexually inexperienced.⁴³

The *3-D* curriculum is a culturally competent and age-appropriate “holistic prevention education curriculum,” designed by D2F, that “challenges students to avoid sexual risk behaviors while also addressing the at-risk behaviors of violence, alcohol, tobacco and drug usage.”⁴⁴ The *3-D* curriculum also addresses issues such as self-esteem, decision-making skills, positive peer relationships, clothing, etiquette, and intimacy.

Tribal Personal Responsibility Education Program (Tribal PREP)

Tribal PREP supports the development and implementation of comprehensive 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.

- In FY 2011, 16 tribes and tribal organizations from nine states received a total of \$6.5 million.
- There are no Tribal PREP grantees in Illinois.

Title V State Abstinence Education Grant Program

The Title V State Abstinence Education Grant Program (Title V Abstinence-Only Program) allocates \$50 million per year to states for FYs 2010–2014. ACF administers the grant program. The Title V

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Abstinence-Only 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 Program must promote abstinence from sexual activity 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.

- Illinois chose not to apply for Title V abstinence-only funds for Fiscal Year 2011.

Illinois TPPI, PREP, and Title V Abstinence-Only Funding in FY 2011

Grantee	Award	Fiscal Years
Teen Pregnancy Prevention Initiative (TPPI)		
<i>TPPI Tier 1: Replication of Evidence-Based Programs</i>		
Chicago Public Schools	\$3,943,607	2010–2014
Children’s Home & Aid Society of Illinois	\$1,443,303	2010–2014
TOTAL	\$5,386,910	
Personal Responsibility Education Program (PREP)		
<i>PREP State-Grant Program</i>		
Illinois Department of Human Services (federal grant)	\$2,215,473	2011
TOTAL	\$2,215,473	
<i>Personal Responsibility Education Innovative Strategies</i>		
Demoiselle 2 Femme, NFP	\$555,701	2010–2014
TOTAL	\$555,701	
GRAND TOTAL	\$8,158,084	2011

COMPREHENSIVE APPROACHES TO SEXUALITY EDUCATION

SIECUS has identified some examples of model programs, policies, and best practices being implemented in Illinois public schools that provide a more comprehensive approach to sex education for young people.⁴⁵

Revised School District Policy

Chicago Public Schools Family Life and Comprehensive Sexual Health Education Policy

In August 2008, the Board of Education for the City of Chicago adopted the “Family Life and Comprehensive Sexual Health Education” policy. The policy amends the original one of the same name, adopted in April 2006, by incorporating additional education requirements and regulations for comprehensive sexual health education. The policy requires Chicago Public Schools to provide students in grades kindergarten through 12 with “family life and sexual health education” that is comprehensive, age-appropriate, and medically accurate.⁴⁶ In addition, the instruction must emphasize “abstinence as the expected norm and the only protection that is 100% effective against unintended pregnancy, sexually transmitted infections, and HIV when transmitted sexually,” and must “not exclude information required to provide instruction designed to promote a wholesome and comprehensive understanding of the

emotional, psychological, physiological, hygienic and social responsibility aspects of family life.”⁴⁷ The policy specifies that family life and comprehensive health education address such topics as “sexual abstinence until marriage, informed decision-making, and the prevention and control of infection and disease.”

Instruction in grades five through 12 must include information on:

- pregnancy prevention “through the use of medically recommended contraceptives”;
- the transmission and prevention of STDs “through the use of medically recommended protective/barrier methods”;
- “the potential emotional and psychological consequences of preadolescent and adolescent sexual intercourse outside of marriage”;
- the consequences of unintended teen pregnancy;
- the “financial responsibility owed to children born in and out of wedlock”;
- laws relating to having sex with a minor under the age of 18;
- how to respond appropriately to sexual harassment or assault;
- “responsible parenting”; and
- “respect for all persons.”⁴⁸

While family life and comprehensive sexual health education must be incorporated into each school’s curriculum or program of study, local schools have the authority to determine the courses and programs best suited to meet the requirement. All instruction must comply with Illinois state code and the *Illinois Family Life Guidelines*. Fifth grade students must receive a minimum of 10 lessons pertaining to family life and comprehensive sexual health over the course of the school year. Parents have the right to remove their child from instruction with written objection. Any outside presenter must first be approved by the Comprehensive Sexual Health Education Curriculum Committee.⁴⁹ The 2008 revision to the policy mandates that instruction regarding the use of contraceptives and barrier methods to prevent unintended pregnancy and STDs, including HIV, begin in fifth grade, which is one year earlier than the original policy had required.⁵⁰

Prior to 2006, Chicago Public Schools did not have a set policy in place to require comprehensive sexual health education in district schools. A community advocacy campaign led efforts to institute a sex education policy in the school district. Chicago youth led community efforts to garner support for the passage of a sex education policy; they organized rallies, collected petition signatures, spoke with decision makers, including the CEO of Chicago Public Schools, and testified in front of the school board in order to highlight the need for comprehensive sexuality education in schools. At the same time, district staff were working to revise the health education guidelines. The combined efforts by both youth and adult stakeholders succeeded in affecting policy change at the school board level.⁵¹

Comprehensive Sex Education Programs in Public Schools

Chicago Public Schools

The Chicago Public Schools’ Family Life and AIDS Education (FLAE) program provides comprehensive sexuality education to students in grades kindergarten through 12. The program addresses “the psychosocial development of school-age children,” puberty, adolescent development, STD/HIV and pregnancy prevention, contraception, reporting child abuse, and domestic and teen dating violence, among other topics discussed. The program complies with the school district’s policy on human sexuality education and aims to reduce the rates of unintended pregnancy, STDs, and HIV among students, and to help them make informed decisions about their reproductive and sexual health.⁵²

FLAE uses *Reducing the Risk: Building Skills to Prevent Pregnancy, STD and HIV*, an evidence-based sexuality education curriculum designed for classroom use with students in the ninth and 10th

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grades. It is appropriate for use with multiethnic populations.⁵³ *Reducing the Risk* aims to reduce high-risk behaviors among participants and emphasizes strategies for abstaining from sex or practicing safer sex. The 16-lesson curriculum addresses both abstinence and contraception use and includes experiential activities that teach students to develop refusal, negotiation, and communication skills. An evaluation of the program published in *Family Planning Perspectives* found that it increased parent-child communication, especially among Latino youth; delayed the initiation of sexual intercourse; and reduced incidence of unprotected sex among lower-risk youth who participated in the program.⁵⁴

Chicago Public Schools also implements the “Chicago Teen Pregnancy Prevention Initiative,” which provides comprehensive sexual health programming to ninth grade students in schools across the district. (Please see the *TPPI Tier 1: Evidence-Based Programs* section above for more information on the initiative.)

We encourage you to submit any updated or additional information on comprehensive approaches to sex education being implemented in Illinois public schools for inclusion in future publications of the State Profiles. Please visit SIECUS’ “Contact Us” webpage at www.siecus.org to share information. Select “state policy” as the subject heading.

POINTS OF CONTACT

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Illinois Department of Human Services
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ORGANIZATIONS THAT SUPPORT COMPREHENSIVE SEXUALITY EDUCATION

ACLU of Illinois
Chicago, IL
Phone: (312) 201-9740
www.aclu-il.org

Illinois Parent-Teacher Association
Springfield, IL
Phone: (800) 877-9617
www.illinoispta.org

ILLINOIS

AIDS Foundation of Chicago
Chicago, IL
Phone: (312) 922-2322
www.aidschicago.org

Center on Halsted
Chicago, IL
Phone: (773) 472-6469
www.centeronhalsted.org

Champaign-Urbana Health District
Champaign, IL
Phone: (217) 352-7961
www.c-uphd.org

Chicago Foundation for Women
Chicago, IL
Phone: (312) 577-2801
www.cfw.org

Illinois Caucus for Adolescent Health
Chicago, IL
Phone: (312) 427-4460
www.icaah.org

Illinois Gender Advocates
Chicago, IL
(630) 219-0526
www.genderadvocates.org

Illinois Planned Parenthood Council
Springfield, IL
Phone: (217) 544-2744
www.plannedparenthood.org/illinois

Illinois Religious Coalition for
Reproductive Choice
Local Affiliate: Reverend Ed Searl
c/o Unitarian Universalist Church of Hinsdale
Hinsdale, IL
Phone: (630) 323-2885

Mujeres Latinas en Accion
Chicago, IL
Phone: (773) 890-7676
www.mujereslatinasenaccion.org

Planned Parenthood of Illinois
Chicago, IL
Phone: (312) 592-6800
www.plannedparenthood.org/illinois
Rape Crisis Services
Urbana, IL
Phone: (217) 384-4462
www.awomansfund.org

ORGANIZATIONS THAT OPPOSE COMPREHENSIVE SEXUALITY EDUCATION

Eagle Forum of Illinois
Alton, IL
Phone: (618) 462-5415
www.eagleforum.org

Illinois Federation for Right to Life
Alton, IL
Phone: (618) 466-4122
www.ifrl.org

Illinois Family Institute
Carol Stream, IL
Phone: (708) 781-9328
www.illinoisfamily.org

MEDIA OUTLETS**Newspapers in Illinois**⁵⁶

Belleville News-Democrat
 Belleville, IL
 Phone: (618) 239-2451
www.bnd.com

Chicago Sun-Times
 Chicago, IL
 Phone: (312) 321-2522
www.suntimes.com

Chicago Tribune
 Chicago, IL
 Phone: (312) 222-4411
www.tribune.com

Daily Herald
 Arlington Heights, IL
 Phone: (847) 427-4300
www.dailyherald.com

The Daily Journal
 Kankakee, IL
 Phone: (815) 937-3382
www.daily-journal.com

Hoy Chicago
 Chicago, IL
 Phone: (312) 527-8467
www.hoyinternet.com

Journal Star
 Peoria, IL
 Phone: (309) 686-3000
www.pjstar.com

Rockford Register Star
 Rockford, IL
 Phone: (815) 987-1374
www.rstar.com

The State Journal-Register
 Springfield, IL
 Phone: (217) 788-1300
www.sj-r.com

Political Blogs in Illinois

Chicago Now
www.chicagonow.com/blogs/chicago-political-commentary

Illinois Democratic Network
www.illinoisdemnet.com

Illinois Policy Institute
www.illinoispolicy.org/blog

Prairie State Blue: Progressive Illinois Politics
www.prairiestateblue.com

Progress Illinois
www.progressillinois.com

¹ This refers to the federal government's fiscal year, which begins on October 1st and ends on September 30th. The fiscal year is designated by the calendar year in which it ends; for example, Fiscal Year 2011 began on October 1, 2010 and ended on September 30, 2011.

² Illinois Code 105 ILCS 5/27-9.1, Section (b),
<http://www.ilga.gov/legislation/ilcs/ilcs4.asp?DocName=010500050HArt.+27&ActID=1005&ChapAct=105%26nbsp%3BILCS%26nbsp%3B5%2F&ChapterID=17&ChapterName=SCHOOLS&SectionID=49363&SeqStart=149700000&SeqEnd=156200000&ActName=School+Code>.

³ Illinois Code 105 ILCS 5/27-9.1, Section 2,
<http://www.ilga.gov/legislation/ilcs/ilcs4.asp?DocName=010500050HArt.+27&ActID=1005&ChapAct=105%26nbsp%3BILCS%26nbsp%3B5%2F&ChapterID=17&ChapterName=SCHOOLS&SectionID=49363&SeqStart=149700000&SeqEnd=156200000&ActName=School+Code>.

⁴ 105 Ill. Comp. Stat. §§ 5/27-9.1(c)(5) and (7).

⁵ 105 Ill. Comp. Stat. § 5/27-9.2,

<http://www.ilga.gov/legislation/ilcs/ilcs4.asp?DocName=010500050HArt.+27&ActID=1005&ChapAct=105%26nbsp%3BLCS%26nbsp%3B5%2F&ChapterID=17&ChapterName=SCHOOLS&SectionID=49363&SeqStart=149700000&SeqEnd=156200000&ActName=School+Code>

⁶ Ibid.

⁷ Danice K. Eaton, et. al., “Youth Risk Behavior Surveillance—United States, 2011,” *Surveillance Summaries, Morbidity and Mortality Weekly Report*, vol. 61, no. SS-4 (June 8, 2012): accessed June 18, 2012, <http://www.cdc.gov/mmwr/pdf/ss/ss6104.pdf>. Note: Chicago also participated in the 2011 YRBS.

⁸ “Birth rate for U.S. teenagers reach historic lows for all age and ethnic groups,” NCHS data brief, no. 89, (Hyattsville, MD: National Center for Health Statistics, 2012), accessed June 27, 2012, <http://www.cdc.gov/nchs/data/databriefs/db89.pdf>, Data table for figure 6.

⁹ Ibid.

¹⁰ *U.S. Teenage Pregnancies, Births, and Abortions: National and State Trends and Trends by Race and Ethnicity*, (Washington, DC: Guttmacher Institute, January 2010), accessed May 7, 2012, <http://www.guttmacher.org/pubs/USTPtrends.pdf>, Table 3.1.

¹¹ Ibid., Table 3.2.

¹² *U.S. Teenage Pregnancies, Births, and Abortions: National and State Trends and Trends by Race and Ethnicity*, Table 3.1.

¹³ Slide 9: “Rates of Diagnoses of HIV Infection among Adolescents Aged 13–19 Years, 2010—46 States and 5 U.S. Dependent Areas,” *HIV Surveillance in Adolescents and Young Adults*, (Atlanta, GA: Centers for Disease Control and Prevention), accessed January 3, 2013, <http://www.cdc.gov/hiv/topics/surveillance/resources/slides/adolescents/index.htm>.

¹⁴ Slide 18: “Rates of AIDS Diagnoses among Adolescents Aged 13–19 Years, 2010—United States and 6 U.S. Dependent Areas,” *HIV Surveillance in Adolescents and Young Adults*, (Atlanta, GA: Centers for Disease Control and Prevention), accessed January 3, 2013, <http://www.cdc.gov/hiv/topics/surveillance/resources/slides/adolescents/index.htm>.

¹⁵ Slide 10: “Rates of Diagnoses of HIV Infection among Young Adults Aged 20–24 Years, 2010—46 States and 5 U.S. Dependent Areas,” *HIV Surveillance in Adolescents and Young Adults*, (Atlanta, GA: Centers for Disease Control and Prevention), accessed January 3, 2013, <http://www.cdc.gov/hiv/topics/surveillance/resources/slides/adolescents/index.htm>.

¹⁶ Slide 19: “Rates of AIDS Diagnoses among Young Adults Aged 20–24 Years, 2010—United States and 6 U.S. Dependent Areas,” *HIV Surveillance in Adolescents and Young Adults*, (Atlanta, GA: Centers for Disease Control and Prevention), accessed January 3, 2013, <http://www.cdc.gov/hiv/topics/surveillance/resources/slides/adolescents/index.htm>.

¹⁷ “Wonder Database: Sexually Transmitted Disease Morbidity for selected STDs by age, race/ethnicity and gender 1996–2009 Results,” (Atlanta, GA: Centers for Disease Control and Prevention, June 2011), accessed December 18, 2012, <http://wonder.cdc.gov>.

¹⁸ Ibid.

¹⁹ Ibid.

²⁰ “Stats and Facts,” Chicago Public Schools, October 2009, accessed June 1, 2011, http://www.cps.edu/About_CPS/At-a-glance/Pages/Stats_and_facts.aspx.

²¹ “Teenage Pregnancy Prevention: Summary of Funded Evidence-Based Programs for 2010,” U.S. Department of Health & Human Services, accessed April 14, 2011, http://webcache.googleusercontent.com/search?q=cache:RstgXEd5vS0J:ip6v6.hhs.gov/ash/oah/prevention/grantees/models_2010_programs.html+&cd=2&hl=en&ct=clnk&gl=us&client=firefox-a.

²² Saras Chung and Annie Philipps, *Promoting Mental Health and Well-being in Adolescents: Recommendations for Wyman’s Teen Outreach Program*, (Eureka, MO: Wyman Teen Outreach Program, 2010), accessed July 1, 2011, <http://wymancercenter.org/wordpress/wp-content/uploads/2011/08/TOP-Promoting-Positive-Well-Being-in-Adolescents.pdf>, 3.

²³ Ibid, 9.

²⁴ “Pregnancy Prevention Intervention Implementation Report: Teen Outreach Program,” Programs for Replication – Intervention Implementation Reports, U.S. Department of Health and Human Services, accessed 1 July 1, 2011, http://www.hhs.gov/ash/oah/oah-initiatives/tpp/programs/teen_outreach_program.pdf.

²⁵ “About Us,” Children’s Home & Aid Society of Illinois, accessed July 1, 2011, <http://www.childrenshomeandaid.org/page.aspx?pid=199>.

²⁶ “Our Program,” The Children’s Aid Society – Carrera Adolescent Pregnancy Prevention Program, accessed July 1, 2011, <http://stopteenpregnancy.childrensaidsociety.org/our-program>.

²⁷ Ibid.

²⁸ “Pregnancy Prevention Intervention Implementation Report: Children’s Aid Society (CAS) – Carrera,” Programs for Replication – Intervention Implementation Reports, U.S. Department of Health and Human Services, accessed July 1, 2011, http://www.hhs.gov/ash/oah/oah-initiatives/tpp/programs/cas_carrera.pdf.

²⁹ “Carrera Adolescent Pregnancy Prevention Program,” Children’s Home & Aid Society, accessed June 1, 2011, <http://www.childrenshomeandaid.org/page.aspx?pid=1016>.

- ³⁰ Information provided by Kim Fornero, Bureau of Positive Youth Development Chief, Division of Family and Support Services, Illinois Department of Human Services, January 27, 2013.
- ³¹ Ibid.
- ³² *Becoming A Responsible Teen*, Evidence-Based Programs, Resource Center for Adolescent Pregnancy Prevention (ReCAPP), ETR Associates, accessed May 5, 2010, <http://www.etr.org/recapp/index.cfm?fuseaction=pages.ebpDetail&PageID=2&PageTypeID=2>.
- ³³ *Science and Success: Sex Education and Other Programs That Work to Prevent Teen Pregnancy, HIV & Sexually Transmitted Infections* (Washington, DC: Advocates for Youth, 2008), accessed March 30, 2010, <http://www.advocatesforyouth.org/storage/advfy/documents/sciencesuccess.pdf>, 76–78.
- ³⁴ *Science and Success: Sex Education and Other Programs That Work to Prevent Teen Pregnancy, HIV & Sexually Transmitted Infections* (Washington, DC: Advocates for Youth, 2008), accessed July 1, 2011, <http://www.advocatesforyouth.org/storage/advfy/documents/sciencesuccess.pdf>, 56–59.
- ³⁵ *Be Proud! Be Responsible!* Evidence-Based Programs, Resource Center for Adolescent Pregnancy Prevention (ReCAPP), ETR Associates, accessed July 1, 2011, <http://www.etr.org/recapp/index.cfm?fuseaction=pages.ebpDetail&PageID=1&PageTypeID=2>; see also “Pregnancy Prevention Intervention Implementation Report: Be Proud! Be Responsible!” Programs for Replication – Intervention Implementation Reports, U.S. Department of Health and Human Services, accessed July 1, 2011, http://www.hhs.gov/ash/oah/prevention/research/programs/be_proud_responsible.html.
- ³⁶ *Science and Success: Sex Education and Other Programs That Work to Prevent Teen Pregnancy, HIV & Sexually Transmitted Infections*, 56–59.
- ³⁷ *Cuidate!* Evidence-Based Programs, Resource Center for Adolescent Pregnancy Prevention (ReCAPP), ETR Associates, accessed May 5, 2010, <http://recapp.etr.org/recapp/index.cfm?fuseaction=pages.ebpDetail&PageID=577>; see also *Science and Success: Sex Education and Other Programs That Work to Prevent Teen Pregnancy, HIV & Sexually Transmitted Infections, Second Edition* (Washington, DC: Advocates for Youth, 2008), accessed March 30, 2010, <http://www.advocatesforyouth.org/storage/advfy/documents/sciencesuccess.pdf>, 76–79.
- ³⁸ *Draw the Line/Respect the Line*, Emerging Answers (Washington, DC: The National Campaign to Prevent Teen and Unplanned Pregnancy, 2007), accessed July 1, 2011, http://www.thenationalcampaign.org/ea2007/desc/draw_pr.pdf; see also *Draw the Line/Respect the Line*, Programs for Replication – Intervention Implementation Reports, U.S. Department of Health and Human Services, accessed July 1, 2011, http://www.hhs.gov/ash/oah/oah-initiatives/tpp/programs/draw_the_line_respect_the_line.pdf.
- ³⁹ *Making a Difference!* Evidence-Based Programs, Resource Center for Adolescent Pregnancy Prevention (ReCAPP), ETR Associates, accessed July 1, 2011, <http://www.etr.org/recapp/index.cfm?fuseaction=pages.ebpDetail&PageID=127&PageTypeID=2>.
- ⁴⁰ *Making Proud Choices!* Evidence-Based Programs, Resource Center for Adolescent Pregnancy Prevention (ReCAPP), ETR Associates, accessed April 15, 2010, <http://www.etr.org/recapp/index.cfm?fuseaction=pages.ebpDetail&PageID=128>.
- ⁴¹ Ibid.
- ⁴² “Welcome to Demoiselle 2 Femme,” Demoiselle 2 Femme, NFP, accessed September 5, 2011, <http://www.demoiselle2femme.org/>.
- ⁴³ *Making a Difference!* Evidence-Based Programs, Resource Center for Adolescent Pregnancy Prevention (ReCAPP), ETR Associates, accessed July 1, 2011, <http://www.etr.org/recapp/index.cfm?fuseaction=pages.ebpDetail&PageID=127&PageTypeID=2>.
- ⁴⁴ “3-D Curriculum,” Demoiselle 2 Femme, NFP, accessed September 5, 2011, <http://www.demoiselle2femme.org/curriculum>.
- ⁴⁵ This is by no means a complete list of all comprehensive programming and policies related to sexuality education, but rather some examples of best practices and model programs that SIECUS identified.
- ⁴⁶ Section 704.6 “Family Life and Comprehensive Sexual Health Education,” Chicago Public Schools Policy Manual, adopted August 27, 2008, accessed May 24, 2010, <http://policy.cps.k12.il.us/documents/704.6.pdf>.
- ⁴⁷ Ibid.
- ⁴⁸ Ibid.
- ⁴⁹ Ibid.
- ⁵⁰ “The Chicago Public Schools’ Family Life and Comprehensive Sexual Health Education Policy,” Urban Initiative for Reproductive Health, *National Institute for Reproductive Health*, April 2010, accessed May 24, 2010, <http://www.urbaninitiative.org/>.
- ⁵¹ Ibid.
- ⁵² Ibid.
- ⁵³ *Science and Success: Sex Education and Other Programs That Work to Prevent Teen Pregnancy, HIV & Sexually Transmitted Infections* (Washington, DC: Advocates for Youth, 2008), accessed March 30, 2010, <http://www.advocatesforyouth.org/storage/advfy/documents/sciencesuccess.pdf>, 22.
- ⁵⁴ Ibid., 23–24.
- ⁵⁵ The person listed represents the designated personnel in the state responsible for adolescent reproductive health.

I L L I N O I S

⁵⁶ This section is a list of major newspapers in the state and is by no means exhaustive of local print outlets.