



INDIANA

In Fiscal Year 2011¹, local entities in Indiana received:

- **Teen Pregnancy Prevention Initiative funds totaling \$998,164**

SEXUALITY EDUCATION LAW AND POLICY

Indiana requires that schools provide instruction on HIV/AIDS, and “integrate this effort to the extent possible with instruction on other dangerous communicable diseases.”² The law states that the Department of Education must work with the Department of Health to develop HIV/AIDS-prevention educational materials and make them available to school districts. These materials must “stress the moral aspects of abstinence from sexual activity” and “state that the best way to avoid AIDS is for young people to refrain from sexual activity until they are ready as adults to establish, in the context of marriage, a mutually faithful monogamous relationship.”³

State law also mandates that local school boards establish an AIDS Advisory Council, consisting of 13 “parents, students, teachers, administrators, and representatives of the state department of health.” The council must review all curricula and materials for HIV/AIDS instruction to ensure that they “are based on sound medical principles and reflect the attitude of the community,” recommend the content of HIV/AIDS instruction, and ensure that it is age-appropriate.⁴

Schools are permitted to offer additional sexuality education instruction, which must meet the following criteria:

- teach abstinence from sexual activity outside of marriage as the expected standard for all school age children;
- include in the instruction that abstinence from sexual activity is the only certain way to avoid out-of-wedlock pregnancy, sexually transmitted diseases (STDs), and other associated health problems; and
- include in the instruction that the best way to avoid STDs and other associated health problems is to establish a mutually faithful monogamous relationship in the context of marriage.⁵

Indiana does not require parental permission for students to participate in sexuality or HIV/AIDS education nor does it state whether parents or guardians may remove their children from such classes.

See [Indiana Code 20-30-5-12](#), [20-30-5-13](#), [20-34-1-3](#), [20-34-1-13](#), and [20-34-3-17](#).

RECENT LEGISLATION

SIECUS is not aware of any recent legislation regarding sexuality education in Indiana.

YOUTH SEXUAL HEALTH DATA

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

Indiana Youth Risk Behavior Survey (YRBS) Data⁶

- In 2011, 51% of female high school students and 51% of male high school students in Indiana 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 7% of male high school students in Indiana 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, 15% of female high school students and 18% of male high school students in Indiana 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, 40% of female high school students and 37% of male high school students in Indiana 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, 55% of females and 61% of males in Indiana 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, 28% of females and 25% of males in Indiana 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, 20% of females and 20% of males in Indiana 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, 90% of high school students in Indiana reported having been taught about AIDS/HIV in school, compared to 84% of high school students nationwide.

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

Teen Pregnancy, Birth, and Abortion

- Indiana's teen birth rate currently ranks 19th in the United States, with a rate of 37.3 births per 1,000 young women ages 15–19, compared to the national rate of 34.3 births per 1,000.⁷ In 2010, there were a total of 8,665 live births reported to young women ages 15–19 in Indiana.⁸

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- In 2005, Indiana's teen pregnancy rate ranked 26th in the United States, with a rate of 62 pregnancies per 1,000 young women ages 15–19, compared to the national rate of 70 pregnancies per 1,000.⁹ There were a total of 13,740 pregnancies among young women ages 15–19 reported in Indiana in 2005.¹⁰
- In 2005, Indiana's teen abortion rate ranked 40th in the United States, with a rate of 10 abortions per 1,000 young women ages 15–19, compared to the national rate of 19 abortions per 1,000.¹¹

HIV and AIDS

- In 2010, the rate of diagnoses of HIV infection among adolescents aged 13-19 years in Indiana was 5.4 per 100,000 compared to the national rate of 7.9 per 100,000.¹²
- In 2010, the rate of AIDS diagnoses among adolescents 13-19 years in Indiana was 1.8 per 100,000 compared to the national rate of 1.9 per 100,000.¹³
- In 2010, the rate of diagnoses of HIV infection among young adults aged 20-24 years in Indiana was 21.0 per 100,000 compared to the national rate of 36.9 per 100,000.¹⁴
- In 2010, the rate of AIDS diagnoses among young adults aged 20-24 years in Indiana was 6.1 per 100,000 compared to the national rate of 10.4 per 100,000.¹⁵

Sexually Transmitted Diseases

- Indiana ranks 30th in the United States for reported cases of chlamydia among young people ages 15–19, with an infection rate of 16.62 cases per 1,000, compared to the national rate of 20.03 cases per 1,000. In 2009, there were a total of 7,658 cases of chlamydia reported among young people ages 15–19 in Indiana.¹⁶
- Indiana ranks 20th in the United States for reported cases of gonorrhea among young people ages 15–19, with an infection rate of 4.26 cases per 1,000, compared to the national rate of 4.04 cases per 1,000. In 2009, there were a total of 1,961 cases of gonorrhea reported among young people ages 15–19 in Indiana.¹⁷
- Indiana ranks 14th in the United States for reported cases of primary and secondary syphilis among young people ages 15–19, with an infection rate of 0.01 cases per 1,000, compared to the national rate of 0.05 cases per 1,000. In 2009, there were a total of four cases of syphilis reported among young people ages 15–19 in Indiana.¹⁸

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.

- There are no TPPI Tier 1 grantees in Indiana.

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 is one TPPI Tier 2 Innovative Approaches grantee in Indiana, PATH, Inc., who received \$998,164 for FY 2011.

PATH (A Positive Approach to Teen Health), Inc., \$998,164 (FY 2011)

PATH, Inc., describes itself as an “educational nonprofit organization committed to equipping, empowering and encouraging teens to make healthy choices.”¹⁹ The organization, located in Valparaiso, Indiana, is a long-time recipient of abstinence-only-until-marriage funding, having received grants under the now-defunct Community-Based Abstinence Education funding stream as well as sub-grants under the Title V abstinence-only-until-marriage program.

PATH, Inc., uses its Tier 2 grant to implement a three-year curriculum, *Planned Potential*, in 12 middle schools located in four rural Indiana counties: La Porte, Starke, Jasper, and Pulaski. *Planned Potential* is a combination of *Project AIM* and a module developed by the organization called Pathblazer. The program will serve 700 young people each year.

Project AIM (Adult Identity Mentoring) is an evidence-based youth development program designed to help adolescents identify their future goals and consider how engaging in risky behavior may negatively impact their ability to achieve those goals. The program is based on the “Theory of Possible Selves,” which proposes that an individual’s motivation is determined by the ability to imagine his future self. Those that are capable of imagining both possible positive and negative futures are therefore more inclined to work toward their life goals.²⁰ The school-based intervention consists of 10 sessions, which are divided into four units: 1) Legacy, Role Models, and Peers; 2) Self-Projection: Expanding Visions of Possible Selves; 3) Self-Expression through Work: Development of Possible Self; and 4) Skills of Fulfilling Positive Future Possible Selves.²¹ The lessons consist of group discussions, interactive activities, and role-playing exercises to encourage youth to explore their personal interests, social surroundings, and their goals for their future adult life.²² *Project AIM* is designed for use with African-American youth ages 11–14 and is also appropriate for use with Latino youth. Although it is a school-based program, it can also be implemented in community-based settings. An evaluation of the program published in the *Journal of Adolescent Medicine* found that, at a 19-week follow-up, adolescents who participated in the program were significantly less likely to report having had sexual intercourse than participants in the control group and, at a one-year follow-up, male participants were significantly less likely to report having had sexual intercourse than participants in the control group.²³

PATH, Inc., also operates a website for teens that includes videos, games, and other activities for youth that promote abstinence. For example, a game called “Hold ’Em, Fold ’Em” asks teens to decide whether to pursue a relationship after going on two dates, based on virtual cards that offer characteristics of the potential partner, such as “wants to move too fast,” “stays in shape,” and “has a red convertible.” The game then provides a response to tell the player if he or she made the right decision. For instance, a player who chooses to hold these three cards will receive this response: “Sounds like this one likes moving fast in more ways than one! Better stay away, you don’t want to be stuck in the fast lane!”²⁴

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 Indiana.

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.

- Indiana chose not to apply for PREP funds for FY 2011.

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 are no PREIS grantees in Indiana.

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

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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 Indiana.

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 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.

- Indiana chose not to apply for Title V abstinence-only funds for FY 2011.

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

Grantee	Award	Fiscal Years
Teen Pregnancy Prevention Initiative (TPPI)		
<i>TPPI Tier 2: Innovative Approaches</i>		
PATH (A Positive Approach to Teen Health), Inc.	\$998,164	2010–2014
TOTAL	\$998,164	
GRAND TOTAL	\$998,164	2011

COMPREHENSIVE APPROACHES TO SEXUALITY EDUCATION

SIECUS is not aware of any examples of model programs, policies, or best practices being implemented in Indiana public schools that provide a more comprehensive approach to sex education for young people.

We encourage you to submit any updated or additional information on comprehensive approaches to sex education being implemented in Indiana 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

Adolescent Health Contact²⁵

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Phone: (317) 233-1374

ORGANIZATIONS THAT SUPPORT COMPREHENSIVE SEXUALITY EDUCATION

ACLU of Indiana
Indianapolis, IN
Phone: (317) 635-4059, ext. 230
www.aclu-in.org

Indiana Youth Group
Indianapolis, IN
Phone: (317) 541-8726
www.indianayouthgroup.org

Center for Sexual Health Promotion
Bloomington, IN
Phone: (812) 855-0861
www.sexualhealth.indiana.edu

Indiana Religious Coalition
for Reproductive Choice
Lafayette, IN
Phone: (877) 441-5797
www.ircrc.org

Gay Indy NOW
Indianapolis, IN
Phone: (866) 977-GLB
www.gayindy.org

The League of Women Voters of Indiana
Indianapolis, IN
Phone: (317) 241-VOTE
www.lwvin.org

Get Real, Indiana!
Indianapolis, IN
(317) 637-4343
www.getrealindiana.org

National Association of Social Workers—
Indiana Chapter
Indianapolis, IN
Phone: (317) 923-9878
www.naswin.org

Indiana AIDS Fund
Indianapolis, IN
Phone: (317) 630-1805
www.indianaaidsfund.org

Planned Parenthood of Indiana
Indianapolis, IN
Phone: (317) 637-4343
www.ppin.org

Indiana Equality
Indianapolis, IN
Phone: (888) 567-0750
www.indianaequalityaction.org

ORGANIZATIONS THAT OPPOSE COMPREHENSIVE SEXUALITY EDUCATION

Indiana Family Institute
Indianapolis, IN
Phone: (317) 423-9178
www.hoosierfamily.org

American Family Association of Indiana
Indianapolis, IN
Phone: (317) 257-7221
www.afain.net

MEDIA OUTLETS

Newspapers in Indiana²⁶

Indianapolis Star
Indianapolis, IN
Phone: (317) 444-4000
www.indystar.com

The News-Sentinel
Fort Wayne, IN
Phone: (260) 461-8444
www.news-sentinel.com

South Bend Tribune
South Bend, IN
Phone: (574) 235-1765
www.southbendtribune.com

The Star Press
Muncie, IN
Phone: (765) 213-5830
www.thestarpress.com

The Journal Gazette
Fort Wayne, IN
Phone: (260) 461-8831
www.journalgazette.net

The Times
Munster, IN
Phone: (219) 933-3200
www.timesonline.com

Tribune Star
Terre Haute, IN
Phone: (812) 231-4241
www.tribstar.com

Political Blogs in Indiana

Advance Indiana
www.advanceindiana.blogspot.com

Blue Indiana
www.blueindiana.net

Had Enough Indy?
www.hadenoughindy.blogspot.com

Indiana Politico
www.inpolitico.blogspot.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 Indiana Code 20-30-5-12, <http://www.in.gov/legislative/ic/code/title20/ar30/ch5.html#IC20-30-5-12>.

³ Indiana Code 20-34-3-17, <http://www.ai.org/legislative/ic/code/title20/ar34/ch3.html#IC20-34-3-17>.

⁴ Indiana Code 20-34-1-13, <http://www.in.gov/legislative/ic/code/title20/ar34/ch1.html#IC20-34-1-3>.

⁵ Indiana Code 20-30-5-13, <http://www.in.gov/legislative/ic/code/title20/ar30/ch5.html#IC20-30-5-13>.

⁶ 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>.

⁷ “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.

⁸ Ibid.

⁹ *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.

¹⁰ Ibid., Table 3.2.

¹¹ *U.S. Teenage Pregnancies, Births, and Abortions: National and State Trends and Trends by Race and Ethnicity*, Table 3.1.

¹² 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>.

¹³ 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>.

¹⁴ 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>.

¹⁵ 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>.

¹⁶ “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>.

¹⁷ Ibid.

¹⁸ Ibid.

¹⁹ “About Us,” A Positive Approach to Teen Health, accessed August 30, 2011, <http://www.pathblazer.org/about.php>.

²⁰ *Adult Identity Mentoring (Project AIM) 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=573>; see also “Project AIM: Adult Identity Mentoring, A Youth Development Intervention for HIV Risk Reduction,” Centers for Disease Control and Prevention, Division of HIV/AIDS Prevention, accessed August 18, 2011, http://www.cdc.gov/hiv/topics/prev_prog/rep/packages/pdf/aim.pdf.

²¹ *Adult Identity Mentoring (Project AIM) 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=573>.

²² *Adult Identity Mentoring (AIM)*, Promising Practices, San Bernardino County Department of Public Health, accessed July 1, 2011, <http://www.healthysanbernardinocounty.org/modules.php?op=modload&name=PromisePractice&file=promisePractice&pid=3633>.

²³ “Pregnancy Prevention Intervention Implementation Report: Adult Identity Mentoring (Project AIM),” 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/adult_identity_mentoring_project_aim.pdf.

²⁴ “The Games,” A Positive Approach to Teen Health (PATH), Inc., accessed August 30, 2011, <http://www.pathblazer.org/games.php>.

²⁵ The person listed represents the designated personnel in the state responsible for adolescent reproductive health.

²⁶ This section is a list of major newspapers in the state and is by no means exhaustive of local print outlets.