



GEORGIA

In Fiscal Year 2010¹, the state of Georgia received:

- **Personal Responsibility Education Program funds totaling \$1,707,218**
- **Title V State Abstinence Education Program funds totaling \$1,810,331**

In Fiscal Year 2010, local entities in Georgia received:

- **Teen Pregnancy Prevention Initiative funds totaling \$6,283,418**

SEXUALITY EDUCATION LAW AND POLICY

Schools in Georgia are required to teach sexuality education and sexually transmitted disease (STD)/HIV-prevention education. Georgia law mandates that the state Board of Education determine minimum guidelines that sexuality education programs must satisfy. The guidelines created by the board require instruction to “emphasize abstinence from sexual activity until marriage and fidelity in marriage as important personal goals.”² In addition, the guidelines state that sex education instruction should address peer pressure and promote “high self-esteem, local community values, and abstinence from sexual activity as an effective method of prevention of pregnancy, sexually transmitted diseases, and acquired immune deficiency syndrome.”³ Local school boards are largely responsible for deciding the specific subjects this education must cover, age-appropriate messages, and the grade level in which topics are introduced.

The Georgia Department of Education has also established *Quality Core Curriculum (QCC) Standards* for kindergarten through 12th grade. The QCC health education standards suggest education resources, topics, and curricula for teaching STD- and HIV/AIDS-prevention education in grades six through 12. Beginning in grade six, the health education standards address STDs, HIV, and abstinence.⁴ In grades seven through 12, the standards also address pregnancy and STD-prevention methods.⁵

Parents or guardians may remove their children from all or part of sexuality and/or STD/HIV education by sending written notice to the school. This is referred to as an “opt-out” policy.

See [Georgia Code Annotated §§ 20-2-143](#), [Georgia Board of Education Rule 160-4-1-.12](#), and the [Georgia Department of Education *Quality Core Curriculum Standards*](#).

RECENT LEGISLATION

SIECUS is not aware of any proposed legislation regarding sexuality education in Georgia.

YOUTH SEXUAL HEALTH DATA

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

Georgia Youth Risk Behavior Survey (YRBS) Data⁶

- In 2009, 89% of high school students in Georgia reported having been taught about AIDS/HIV in school compared to 87% of high school students nationwide.

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

Teen Pregnancy, Birth, and Abortion

- Georgia's teen birth rate currently ranks 13th in the United States, with a rate of 51.8 births per 1,000 young women ages 15-19 compared to the national rate of 41.5 births per 1,000.⁷ In 2008, there were a total of 13,105 live births reported to young women ages 15–19 in Georgia.⁸
- In 2005, Georgia's teen pregnancy rate ranked 8th in the United States, with a rate of 80 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 24,990 pregnancies among young women ages 15–19 reported in Georgia.¹⁰
- In 2005, Georgia's teen abortion rate ranked 18th in the United States, with a rate of 15 abortions per 1,000 young women ages 15–19 compared to the national rate of 19 abortions per 1,000.

HIV and AIDS

- Georgia's HIV infection rate ranks 2nd in the United States, with a rate of 38.2 cases per 100,000 individuals compared to the national rate of 19.5 cases per 100,000.¹¹
- Georgia ranks 4th in cases of HIV infection diagnosed in the United States among all age groups. In 2008, there were a total of 3,703 new cases of HIV infection diagnosed in Georgia.¹²
- Georgia's HIV infection rate among young people ages 13–19 ranks 5th in the United States, with a rate of 12.6 cases per 100,000 young people compared to the national rate of 9.1 cases per 100,000.¹³
- Georgia ranks 5th in number of reported AIDS cases in the United States among all age groups. In 2008, there were a total of 1,908 new AIDS cases reported in Georgia.¹⁴
- Georgia's AIDS rate ranks 6th in the United States, with a rate of 19.7 cases per 100,000 individuals compared to the national rate of 12.3 cases per 100,000.¹⁵
- Georgia's AIDS rate among young people ages 13–19 ranks 9th in the United States, with a rate of 2.3 cases per 100,000 young people compared to the national rate of 1.8 cases per 100,000.¹⁶

Sexually Transmitted Diseases

- Georgia ranks 17th in reported cases of Chlamydia among young people ages 15–19 in the United States, with an infection rate of 21.12 cases per 1,000 compared to the national rate of 19.51 cases per 1,000. In 2008, there were a total of 14,343 cases of Chlamydia reported among young people ages 15–19 in Georgia.¹⁷
- Georgia ranks 12th in reported cases of gonorrhea among young people ages 15–19 in the United States, with an infection rate of 6.48 cases per 1,000 compared to the national rate of 4.52 cases per 1,000. In 2008, there were a total of 4,399 cases of gonorrhea reported among young people ages 15–19 in Georgia.¹⁸
- Georgia ranks 4th in reported cases of primary and secondary syphilis among young people ages 15–19 in the United States, with an infection rate of 0.08 cases per 1,000 compared to the national rate of 0.04 cases per 1,000. In 2008, there were a total of 56 cases of syphilis reported among young people ages 15–19 in Georgia.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 \$110 million in discretionary funding for Fiscal Year 2010. 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 Georgia received \$4,783,418 in TPPI Tier 1 funding for Fiscal Year 2010.
- There are six TPPI Tier 1 grantees in Georgia: The Center for Black Women’s Wellness, Inc.; Clayton County Board of Health; Columbus Wellness Center Outreach and Prevention Project, Inc.; Metro Atlanta Youth for Christ; More Than Conquerors, Inc.; and Morehouse School of Medicine.

The Center for Black Women’s Wellness, Inc., \$555,677 (2010–2014)

Located in Atlanta, Georgia, The Center for Black Women’s Wellness, Inc. (CBWW) “is a non-profit organization that provides free and low-cost services to empower black women, and their families, toward physical, mental and economic wellness.” The organization provides self-employment training, mental health screening and referrals, and preventive, maternal, and child health services.

With its TPPI grant, CBWW implements *Teen Health Project* at community-based sites in metro-Atlanta neighborhoods, including Neighborhood Planning Units V and L, Adair Park, English Avenue, Mechanicsville, Peoplestown, Pittsburgh, Summerhill/Capitol Homes, and Vine City. The program serves predominately African-American youth ages 12–17. It provides instruction to same-gendered groups of approximately 15 participants. CBWW plans to reach 200 youth annually with its program.

Teen Health Project is a community-level, HIV risk-reduction program designed for young people ages 12–17 living in low-income housing developments. The purpose of the program is to reduce sexual activity, increase condom use and negotiation skills, and reduce risky sexual behavior among participants. The initial component of the program consists of two, three-hour workshops focusing on HIV/STD prevention and building skills. Some participants in the workshops are then nominated to the Teen Health Project Leadership Council which meets on a weekly basis during a six-month period to implement community activities and organize HIV-prevention activities for their peers. In addition, *Teen Health Project* includes a parent component which consists of a 90-minute HIV/AIDS education workshop that provides information to parents about risk reduction and talking to their children about sexual health issues. An evaluation of the program published in *AIDS* found, at a 12-month follow-up, that sexually inexperienced youth who participated in the program were significantly more likely to have remained abstinent; and, at an 18-month follow-up, sexually active youth who participated in the program were significantly more likely to report condom use at the time of last sexual intercourse than participants in the control group.²⁰

To implement the program, CBWW collaborates with multiple community-based organizations as well as educational institutions to ensure that the program has far-reaching impact. Partner organizations recruit youth and parent participants and provide meeting space for program activities. CBWW's *Teen Health Project* is implemented as an after-school program and also as part of the Summer Youth Leadership Training Program run by the organization. The program consists of six one-hour sessions and two 90-minute follow up sessions.²¹

In addition to teaching life skills, the program aims to develop young people's capacity for leadership. Two to three youth from each participating neighborhood serve on the program's *Teen Health Leadership Council*. CBWW will convene two council meetings each year. Among other tasks, council members will determine a specific name for the local Teen Health Project and Leadership Council.²²

Clayton County Board of Health, \$847,517 (2010–2014)

The Clayton County Board of Health (CCBOH) is a public health center located in Jonesboro, Georgia. CCBOH offers clinical and community health preventive services to residents of Clayton County.

CCBOH implements the “Clayton Can Soar to the TOP” program with its TPPI funding. The program serves African-American youth, ages 12–19, who are in the juvenile justice system, failing in school, or have been suspended from school. CCBOH's program aims to ensure that Clayton County adolescents will gain life-management skills, healthy behaviors, and a positive self-image. CCBOH implements the program in community-based settings, and plans to reach approximately 400 youth annually.

The program uses the *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.”²³ 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.²⁴ 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.²⁵

Columbus Wellness Center Outreach and Prevention Project, Inc., \$628,900 (2010–2014)

The Columbus Wellness Center Outreach and Prevention Project, Inc. (Columbus Wellness Center) is a public health center located in Columbus, Georgia that provides family planning and birth control services to area residents. With its TPPI funding, Columbus Wellness Center implements *Becoming Responsible Teen (BART)*, a comprehensive sexuality education curriculum. The program serves youth ages 13–19 in three Georgia counties and will reach approximately 90 youth annually.

Becoming a Responsible Teen (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.²⁶ *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 use²⁷

Metro Atlanta Youth for Christ, \$599,279 (2010–2014)

Metro Atlanta Youth for Christ (MAYFC), located in Norcross, Georgia, is an affiliate of Youth for Christ (YFC), a national evangelical Protestant organization. YFC's mission is to “[reach] young people everywhere, working together with the local church and other likeminded partners to raise up lifelong followers of Jesus who lead by their godliness in lifestyle, devotion to the Word of God and prayer, passion for sharing the love of Christ and commitment to social involvement.”

The organization is a former Community-Based Abstinence Education (CBAE) grantee and received a total of \$3,011,695 in CBAE abstinence-only-until-marriage funding between Fiscal Years 2003 and 2009. The CBAE grant MAYFC received in 2003 doubled its budget. MAYFC used the money to hire three “abstinence educators” who were not required to hold any specific public health credentials. However, they were required to be Christian, as MAYFC does not hire people who are not.

With its Tier 1 grant, MAYFC implements the “ADAPT (Avoiding Disease and Pregnancy Training)” program. ADAPT provides after-school and summer instruction to at-risk middle and high school students, ages 11–17, at seven sites located in public housing communities in DeKalb and Fulton counties. The organization plans to serve approximately 175 youth annually.

The ADAPT program replicates *Teen Health Project*, a community-level, HIV-risk reduction intervention designed for young people ages 12–17 living in low-income housing developments. (Please see the information on the Center for Black Women's Wellness above for a description of *Teen Health Project*.)

More Than Conquerors, Inc., \$652,045 (2010–2014)

More Than Conquerors, Inc. (MTCI) is a contemporary church located in Stone Mountain, Georgia. Its mission is to “improve the capacity of young people in Metropolitan Atlanta to form safe and stable families sustained through a network of community support.”²⁸ MTCI offers a wide variety of programs

and ministries, some of which seem to promote traditional gender roles. For example, its “Daughters of Zion” ministry teaches girls ages 6–9 how to “conduct themselves as young ladies” and “how to embrace their feminine nature and enjoy being a girl.”²⁹ Likewise, in the “Baby Ruths” ministry, girls ages 10–12 learn “modesty and moderation.”³⁰

The organization implements the “College Health Awareness Messages Protecting Students (CHAMPS)” program with its TPPI grant. “CHAMPS” aims to reduce pregnancy and birth rates among participants through the implementation of *Teen Outreach Program (TOP)*. (Please see the information on Clayton County Board of Health above for a description of *TOP*.) The program will serve approximately 300 youth annually.

MTCI partners with Morris Brown College (MBC) in the implementation of *TOP*. Founded in 1881 by the African Methodist Episcopal Church, MBC is a historically black liberal arts college located in the Vine City community of Atlanta, Georgia. MBC retains its Christian affiliation, aiming “to provide higher education opportunities based on Christian principles” and an “understanding of, and respect for, the ethical, moral and spiritual values of the Christian faith.”³¹ In 2003, MBC lost its accreditation and federal funding due to financial mismanagement.³²

“CHAMPS” serves predominantly African-American youth ages 15–18 through the Morris Brown Transitions program and young adults ages 18–19 attending MBC. The Morris Brown Transitions program works with at-risk youth in order to prepare them for college, providing services such as tutoring, financial aid guidance, and referrals to social service agencies in the metro Atlanta area.³³ MTCI also partners with Bagley Youth Development, LLC, Committed 2 You, Elks Aidmore Children’s Center, Extended Families Services, Odyssey Family Counseling, and Rockdale Medical Center to implement the “CHAMPS” program.³⁴

Morehouse School of Medicine, \$1,500,000 (2010–2014)

Morehouse School of Medicine, located in Atlanta, Georgia, “is dedicated to... addressing primary health care needs through programs in education, research, and service, with an emphasis on people of color and the underserved urban and rural populations in Georgia and the nation.”³⁵ The TPPI funding was granted to the school’s Health Promotion Resource Center. The overall goals of the program are to reduce teen pregnancy and STI rates and increase contraceptive use among participants.

The TPPI Tier 1 program serves youth ages 13–15 using *Children’s Aid Society – Carrera Adolescent Pregnancy Prevention Program (CAS – Carrera)*. The curriculum is 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-school 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.³⁶ 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.³⁷ 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.³⁸

Morehouse partners with three community-based organizations in the implementation of the program: Get Ahead House; Lamar County Activity Center; and Right Way, Wrong Way, Inc. These partners are located in three distinct geographical areas, both urban and rural, but are all in communities with high rates of teenage pregnancy. Get Ahead House serves at-risk youth in the city of Monticello, located in Jasper County. Lamar County Activity Center, implements the TPPI program in Lamar and Spalding counties and provides “educational and enrichment activities that promote healthy lifestyle changes and behaviors for youth and families” in the economically disadvantaged, high-crime area it

serves. Right Way, Wrong Way, Inc. (RW/WW) is located in Cobb County and serves individuals involved in the criminal justice system. RW/WW implements *Carrera* as a summer camp program targeting fifth grade students attending the following schools: Campbell Middle School, Griffin Middle School, Lindley Middle School, and Jean Childs Young Middle School.

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 Georgia.

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 is one TPPI Tier 2 Communitywide Initiatives grantee in Georgia, Georgia Campaign for Adolescent Pregnancy Prevention, which received \$1,500,000 for Fiscal Year 2010.

Georgia Campaign for Adolescent Pregnancy Prevention, \$1,500,000 (2010–2014)

The Georgia Campaign for Adolescent Pregnancy Prevention (G-CAPP) is a non-profit organization founded in 1994 by actress Jane Fonda. Located in Atlanta, Georgia, the organization seeks to prevent adolescent pregnancy by addressing its underlying social issues, including poverty, unemployment, violence, drugs, racism, and gender bias, among others. To this end, G-CAPP approaches adolescent pregnancy prevention by working with adolescent males and females, their families, and communities to “create sustainable programs and a positive environment that will reduce the rate of adolescent pregnancy and increase opportunities for young people and their parents.”³⁹

With its TPPI Tier 2 Communitywide Initiatives grant, G-CAPP will partner with 10 youth serving organizations and five family planning clinics in Richmond County to implement a communitywide initiative to reduce the county’s teen pregnancy and birth rates by 10 percent over the next five years. The initiative will provide young people with access to evidence-based, teen pregnancy prevention programs and clinical services. It plans to reach 16,000 youth ages 15–19 in total. G-CAPP will provide training and technical assistance to the youth serving organizations in order to equip them to select, implement, and evaluate an evidence-based program. The initiative also will engage policymakers and other decision makers in the community to enact local policies that support adolescent sexual and reproductive health, and garner support from both state and local funders.⁴⁰

As part of the implementation plan, G-CAPP and its collaboration partners will establish a community advisory board made up of key stakeholders and local leaders to assess the progress of the initiative; discuss its strengths, challenges, and potential ramifications on other communities in Georgia; and evaluate its sustainability and ability to be replicated in other high need communities. A youth advisory panel will also be developed to provide input on program activities and youth friendly materials, increase linkages to clinics and programs, and advocate for policy change.⁴¹

Personal Responsibility Education Program

The Personal Responsibility Education Program (PREP) totals \$75 million per year for Fiscal Years 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 Indian tribes and tribal organizations, and \$6.5 million for evaluation, training, and technical assistance. Details on the state-grant program and PREIS are included below. At the time of publication, the funding for tribes and tribal organizations had not yet been awarded.

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 Georgia Department of Human Services, Division of Family and Children Services received \$1,707,218 in federal PREP funds for Fiscal Year 2010.
- The department will issue an application announcement for available funds under the state's PREP grant program. At the time of publication, sub-grantees had not yet been determined.

The Georgia PREP state-grant program will provide funds to local public and private entities to serve youth ages 10–19. The program will be monitored and implemented by the Department of Human Services, Division of Family and Children Services in collaboration with the Department of Community Health, Division of Public Health. Programming will be provided to youth in both school-based and community-based settings. The following ten counties will be eligible to receive programming through PREP: Bibb, Chatham, Clayton, Cobb, DeKalb, Fulton, Gwinnett, Hall, Muscogee, and Richmond. Funds will be awarded to local public and private entities. Sub-grantees must choose to implement one of the following evidence-based curricula: *Be Proud! Be Responsible! Be Protective!*, *¡Cuidate!, Making a Difference!*, *Making Proud Choices!*, and *Reducing the Risk*. Each sub-grantee will determine which three adulthood preparation topics to address in its individual PREP program. A Request for Proposals (RFP) will be issued for available PREP funds. At the time of publication, the RFP had not yet been released. An independent evaluation will be conducted of the Georgia PREP program.

Be Proud! Be Responsible! Be Protective! is an evidence-based program that targets pregnant and parenting teens and focuses on the concept of maternal protectiveness to encourage adolescent mothers and soon-to-be mothers to make healthy sexual decisions; take responsibility and be accountable for their sexual activity; and decrease risky sexual behavior. The curriculum is an adaptation of *Be Proud! Be Responsible!*, an evidence-based HIV-prevention curriculum designed for African-American males. *Be Proud! Be Responsible! Be Protective!* discusses the impact of HIV/AIDS on inner-city communities and particularly addresses its impact on pregnant women and their children, providing information on preventing transmission during pregnancy and the postpartum period. The curriculum consists of eight, one-hour lessons and uses interactive activities, group discussion, and videos to educate participants. It covers such topics as HIV risk and prevention; family planning and parenting; communication; attitudes and beliefs about HIV/AIDS and safer sex; condom use skills; stress and emotion management; and staying healthy. The intervention can be delivered in four, two-hour sessions or over the course of eight days and is appropriate for use in school-based settings.⁴² An evaluation of the program published in *Family and*

Community Health found, at a six-month follow-up, that program participants reported having significantly fewer sexual partners during the previous three months than participants in the control group.⁴³

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.⁴⁴

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.”⁴⁵ 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.⁴⁶

Reducing the Risk: Building Skills to Prevent Pregnancy, STD and HIV is an evidence-based, pregnancy-, STD-, and HIV-prevention curriculum designed for classroom use with students in the ninth and tenth grades. It is appropriate for use with multi-ethnic populations.⁴⁷ *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.⁴⁸

Personal Responsibility Education Innovative Strategies (PREIS)

The PREIS Program 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 Georgia.

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 Fiscal Years 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.

- The Georgia Governor’s Office of Planning and Budget received \$1,810,331 in federal Title V abstinence-only funding for Fiscal Year 2010.
- In Georgia, the match will be provided through a combination of state revenue, totaling \$642,230, and matching funds from sub-grantees. Sub-grantees may contribute direct revenue or in-kind services.

The Governor’s Office for Children and Families (GOCF) manages the Title V Abstinence-Only Program in Georgia. The agency assists local communities to provide services to children, youth, and families. Its “system of care approach” assists communities in coordinating and integrating child prevention and intervention programs that address child maltreatment, delinquency prevention, and youth development. The Title V Abstinence-Only Program will fund local entities to deliver “abstinence education in intensive youth development program models.” This includes offering prevention, health education, youth development, and social service activities to a specific youth population.

Programming will target young people ages 10–20 and specific program efforts will focus on middle school or high school youth populations. The state will focus on targeting particular youth populations, including youth in housing authorities, youth involved in the juvenile justice system, and middle school students. The Georgia Title V Abstinence-Only Program is designed as a statewide intervention that will serve youth in all 159 counties of the state. Individual sub-grantees will be chosen to implement programming in particular areas. Sub-grantees will determine which particular abstinence-only curricula to implement and are encouraged to choose programs that best meet the needs of their communities. GOCF developed a list of recommended curricula for sub-grantees, including *ASPIRE: Live your life. Be Free.*, the *Choosing the Best* series, *Making a Difference!*, *Promoting Health Among Teens! (PHAT) – Abstinence-Only Intervention, Quest*, and *WAIT (Why Am I Tempted?) Training*. At the time of publication, sub-grantees had not yet been determined.

Making a Difference! and *Promoting Health Among Teens! (PHAT) – Abstinence-Only Intervention* are the only two evidence-based programs included on the list of recommended curricula. These curricula both appear on the list of 28 evidence-based programs approved by OAH for replication with Tier 1 Teen Pregnancy Prevention Initiative funds. (Please see the PREP State-Grant Program section above for information about *Making a Difference!*)

Promoting Health Among Teens! (PHAT) – Abstinence-Only Intervention is an evidence-based curriculum developed to increase knowledge and awareness about STDs, including HIV, increase an understanding of how abstinence can prevent pregnancy and HIV/STDs, and build refusal and negotiation skills for practicing abstinence. *Promoting Health Among Teens!* aims for participants to abstain from vaginal, oral and anal intercourse until a time later in life when they are ready to handle the potential consequences of having sex and neither discourages nor encourages condom use.⁴⁹ Although originally intended for use with urban, African-American youth in small groups, the intervention can be adapted for use with larger groups and those in rural settings.⁵⁰ The curriculum is designed as eight, one-hour modules that include group discussions, videos, role-playing, skill-building activities, games, and other experiential exercises. It is appropriate for use in both school- and community-based settings. An evaluation of the program published in the *Archives of Pediatrics & Adolescent Medicine* found that at a 24-month follow-up, participants who were sexually inexperienced at the time of the program were significantly less likely to have initiated sex than participants in the control group.⁵¹

ASPIRE: Live your life. Be free., the *Choosing the Best* series, and *WAIT Training* are all well-known, fear-based, abstinence-only-until-marriage curricula; and both *Choosing the Best* and *WAIT Training* are produced by leaders in the national abstinence-only-until-marriage industry. These programs reflect an ideological approach to sexuality education that promotes abstinence until marriage to the exclusion of providing full and complete information to young people. Such programs have not been proven effective in impacting sexual behavior. At best these programs are ineffective and at worst they may be harmful to youth.

ASPIRE: Live your life. Be free. is based on one set of values and opinions— that marriage should be everyone’s ultimate goal and that sex outside of marriage is wrong— which it tries to pass off as universally held truths. In an effort to convince students that these opinions are facts, the curriculum provides incomplete and biased information, promotes fear and shame, and undermines young people’s confidence in their own decision-making abilities. For example, students are asked which life decision— college, career, or marriage—will have the most impact on their life. The answer is marriage because “College is for a few years, and you may have a number of careers. But marriage is for life.”⁵²

The *Choosing the Best* series is one of the more popular abstinence-only-until-marriage programs in the country. The series is comprised of a number of curricula for students from sixth grade through high school: *Choosing the Best WAY*, *Choosing the Best PATH*, *Choosing the Best LIFE*, *Choosing the Best JOURNEY*, and *Choosing the Best SOULMATE*. The series has been revised in the past few years and the information about STDs is now medically accurate. However, *Choosing the Best* curricula continue to promote heterosexual marriage, rely on messages of fear and shame, and include biases about gender, sexual orientation, and pregnancy options. For example, *Choosing the Best PATH* asks students to brainstorm the “emotional consequences” of premarital sex. Suggested answers include “guilt, feeling scared, ruined relationships, broken emotional bonds.”⁵³

WAIT (Why Am I Tempted?) Training is an abstinence-only-until-marriage curriculum that uses fear- and shame-based tactics to promote abstinence as the only appropriate behavior outside of marriage. SIECUS reviewed the third edition of *WAIT Training* and found that, similar to previous editions, it includes little medical or biological information about puberty and reproduction. Instead, it contains information and statistics promoting the benefits of marriage, activities and skill-building exercises for developing healthy relationships, and information on STDs, including HIV. It also contains messages promoting biased views of gender, sexual orientation, and family structure. For example, *WAIT Training* explains, “When it comes to sex, men are like microwaves and women are like crockpots. . . [M]en respond sexually by what they see and women respond sexually by what they hear and how they feel about it.”⁵⁴

Georgia TPPI, PREP, and Title V Abstinence-Only Funding in FY 2010

Grantee	Award	Fiscal Years
Teen Pregnancy Prevention Initiative (TPPI)		
<i>TPPI Tier 1: Replication of Evidence-Based Programs</i>		
The Center for Black Women’s Wellness (CBWW), Inc.	\$555,677	2010–2014
Clayton County Board of Health	\$847,517	2010–2014
Columbus Wellness Center Outreach and Prevention Project, Inc.	\$628,900	2010–2014
Metro Atlanta Youth for Christ	\$599,279	2010–2014
Morehouse School of Medicine	\$1,500,000	2010–2014
More Than Conquerors, Inc.	\$652,045	2010–2014
TOTAL	\$4,783,418	

G E O R G I A

Grantee	Award	Fiscal Years
<i>TPPI Tier 2: Communitywide Initiatives</i>		
Georgia Campaign for Adolescent Pregnancy Prevention	\$1,500,000	2010–2014
TOTAL	\$1,500,000	
Personal Responsibility Education Program (PREP)		
<i>PREP State-Grant Program</i>		
Georgia Department of Division of Family and Children Services (federal grant)	\$1,707,218	2010
TOTAL	\$1,707,218	
Title V Abstinence Education Grant Program (Title V Abstinence-Only)		
Georgia Governor’s Office of Planning and Budget	\$1,810,331	2010
TOTAL	\$1,810,331	
GRAND TOTAL		
	\$9,800,967	2010

COMPREHENSIVE APPROACHES TO SEXUALITY EDUCATION

SIECUS is not aware of any examples of model programs, policies, or best practices being implemented in Georgia 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 Georgia public schools for inclusion in future publications of the SIECUS 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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 Chief Administrator’s Office
 Phone: (404) 463-0960

Title V Abstinence-Only Grant Coordinator

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Atlanta, GA 30303
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ORGANIZATIONS THAT SUPPORT COMPREHENSIVE SEXUALITY EDUCATION

AID Atlanta
Atlanta, GA
Phone: (404) 870-7700
www.aidatlanta.org

ACLU of Georgia
Atlanta, GA
Phone: (770) 303-9966
www.acluga.org

Georgia Campaign for Adolescent
Pregnancy Prevention
Atlanta, GA
Phone: (404) 524-2277
www.gcapp.org

Georgia Equality
Atlanta, GA
Phone: (404) 523-3070
www.georgiaequality.org

Georgia Parents for Responsible Health
Education
Atlanta, GA
www.gprhe.org

Georgia Tech Pride Alliance
Atlanta, GA
Phone: (404) 385-6554
www.pride.gatech.edu

Planned Parenthood of Georgia
Atlanta, GA
Phone: (404) 688-9305
www.ppga.org

ORGANIZATIONS THAT OPPOSE COMPREHENSIVE SEXUALITY EDUCATION

Georgia Christian Alliance
Marietta, GA
Phone: (770) 973-3793
www.gachristianalliance.org

Georgia Family Council
Norcross, GA
Phone: (770) 242-0001
www.georgiafamily.org

Georgia Right to Life
Lawrenceville, GA
Phone: (770) 339-6880
www.grtl.org

Teen Advisors
Columbus, GA
www.teenadvisors.org

MEDIA OUTLETS

Newspapers in Georgia⁵⁶

Atlanta Journal-Constitution
Atlanta, GA
Phone: (404) 526-7003
www.ajc.com

The Augusta Chronicle
Augusta, GA
Phone: (706) 724-0851
chronicle.augusta.com

Gwinnett Daily Post
Lawrenceville, GA
Phone: (770) 963-9205
www.gwinnettdailypost.com

The Macon Telegraph
Macon, GA
Phone: (478) 744-4411
www.macon.com

Savannah Morning News
Savannah, GA
Phone: (912) 652-0301
www.savannahnow.com

Political Blogs in Georgia

Atlanta Unsheltered
www.atlantaunsheltered.com

Beyond the Trestle
www.beyondthetrestle.com

Blue Heart of Dixie
www.blueheartofdixie.blogspot.com

Cracker Squire
www.crackersquire.blogspot.com

DoraBlog
www.doraville.org

Fresh Loaf
<http://blogs.creativeloafing.com/freshloaf>

Georgia Liberal
www.galiberal.com

Georgia Politics Unfiltered
www.georgiaunfiltered.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 2010 began on October 1, 2009 and ended on September 30, 2010.

² Ga. Board of Ed. Rule 160-4-2-.12(c), <<http://www.doe.k12.ga.us/documents/doe/legalservices/160-4-2-.12.pdf>>.

³ Ibid.

⁴ "Strand: Disease Prevention," Grade 6, Health, *Quality Core Curriculum Standards*, (Atlanta, Georgia: Georgia Department of Education, 2002), accessed 9 June 2010, <<https://www.georgiastandards.org/standards/GPS%20Support%20Docs/QCC%20Health%206-8.pdf>>.

⁵ Health, *Quality Core Curriculum Standards*, (Atlanta, Georgia: Georgia Department of Education, 2002), accessed 9 June 2010, <<https://www.georgiastandards.org/standards/GPS%20Support%20Docs/QCC%20Health%206-8.pdf>>.

⁶ Danice K. Eaton, et. al., "Youth Risk Behavior Surveillance—United States, 2009," *Surveillance Summaries, Morbidity and Mortality Weekly Report*, vol. 59, no. SS-5 (4 June 2010): 98–109, accessed 4 June 2010, <<http://www.cdc.gov/mmwr/pdf/ss/ss5905.pdf>>. Note: Georgia did not participate in the full 2009 YRBS.

⁷ "Births: Final Data for 2008," *National Vital Statistics Report*, vol. 59, (Atlanta, GA: Centers for Disease Control and Prevention, December 2010), accessed 29 June 2011, http://www.cdc.gov/nchs/data/nvsr/nvsr59/nvsr59_01.pdf, Table 12.

- ⁸ “VitalStats: Birth Data Files by State, Age of Mother in Years, 2008,” (Atlanta, GA: Centers for Disease Control and Prevention), accessed 30 June 2011, <http://www.cdc.gov/nchs/data_access/vitalstats/VitalStats_Births.htm>.
- 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 5 March 2010, <<http://www.guttmacher.org/pubs/USTPtrends.pdf>>, Table 3.1.
- ¹⁰ *Ibid.*, Table 3.2.
- ¹¹ *HIV Surveillance Report, 2008*, (Atlanta, GA: Centers for Disease Control and Prevention, June 2010), accessed 28 June 2011, <<http://www.cdc.gov/hiv/surveillance/resources/reports/2008report/pdf/2008SurveillanceReport.pdf>>, Table 19.
- ¹² *Ibid.*
- ¹³ Slide 9: “Rates of Diagnoses of HIV Infection among Adolescents Aged 13–19 Years, 2009—40 States and 5 U.S. Dependent Areas,” *HIV Surveillance in Adolescents and Young Adults*, (Atlanta, GA: Centers for Disease Control and Prevention, July 2011), accessed 27 September 2011, <<http://www.cdc.gov/hiv/topics/surveillance/resources/slides/adolescents/index.htm>>.
- ¹⁴ *HIV Surveillance Report, 2008*, Table 20.
- ¹⁵ *Ibid.*
- ¹⁶ Slide 18: “Rates of Diagnoses of AIDS Infection among Adolescents Aged 13–19 Years, 2009—40 States and 5 U.S. Dependent Areas,” *HIV Surveillance in Adolescents and Young Adults*, (Atlanta, GA: Centers for Disease Control and Prevention, July 2011), accessed 27 September 2011, <<http://www.cdc.gov/hiv/topics/surveillance/resources/slides/adolescents/index.htm>>.
- ¹⁷ “Wonder Database: Selected STDs by Age, Race/Ethnicity, and Gender, 1996–2008 Results,” (Atlanta, GA: Centers for Disease Control and Prevention, 30 June 2009), accessed 5 March 2010, <<http://wonder.cdc.gov/>>; see also Table 10: “Chlamydia: Reported Cases and Rates Per 100,000 Population by Age Group and Sex: United States, 2004–2008,” *Sexually Transmitted Disease Surveillance 2008*, (Atlanta, GA: Centers for Disease Control and Prevention, Division of STD Prevention, November 2009), accessed 5 March 2010, <<http://www.cdc.gov/std/stats08/surv2008-Complete.pdf>>, 95.
- ¹⁸ *Ibid.*; see also Table 20: “Gonorrhea—Reported Cases and Rates per 100,000 Population by Age Group and Sex: United States, 2004–2008,” *Sexually Transmitted Disease Surveillance 2008*, 106.
- ¹⁹ *Ibid.*; see also Table 33: “Primary and Secondary Syphilis—Reported Cases and Rates per 100,000 Population by Age Group and Sex: United States, 2004–2008,” *Sexually Transmitted Disease Surveillance 2008*, 121.
- ²⁰ “Teen Health Project,” Evidence-Based Programs, Resource Center for Adolescent Pregnancy Prevention (ReCAPP), ETR Associates, accessed 1 July 2011, <<http://www.etr.org/recapp/index.cfm?fuseaction=pages.ebpDetail&PageID=576&PageTypeID=2>>.
- ²¹ Information provided by Keri McDonald Pridgeon, vice president for the Center for Black Women’s Wellness, 21 June 2011.
- ²² *Ibid.*
- ²³ 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 1 July 2011, <http://www.wymantop.org/pdfs/TOP_Positive_Well-Being.pdf>, 3.
- ²⁴ *Ibid.*, 9.
- ²⁵ “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 2011, <http://www.hhs.gov/ash/oah/prevention/research/programs/teen_outreach_program.html>.
- ²⁶ “Becoming A Responsible Teen,” Evidence-Based Programs, Resource Center for Adolescent Pregnancy Prevention (ReCAPP), ETR Associates, accessed 5 May 2010, <<http://www.etr.org/recapp/index.cfm?fuseaction=pages.ebpDetail&PageID=2&PageTypeID=2>>.
- ²⁷ *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 30 March 2010, <<http://www.advocatesforyouth.org/storage/advfy/documents/sciencesuccess.pdf>>, 76–78.
- ²⁸ More Than Conquerors, Inc., *FY10 Teenage Pregnancy Prevention: Replication of Evidence-based Programs (Tier 1)* (1 June 2010), Information obtained from the U.S. Department of Health and Human Services, Administration for Children and Families through a *Freedom of Information Act* request.
- ²⁹ “Daughters of Zion,” More Than Conquerors Faith Church, accessed 15 April 2011, <<http://www.mtcfc.org/content.asp?id=342237>>.
- ³⁰ “Baby Ruths,” More Than Conquerors Faith Church, accessed 15 April 2011, <<http://www.mtcfc.org/content.asp?id=342238>>.
- ³¹ “Our College,” Morris Brown College, accessed 15 April 2011, <http://www.morrisbrown.edu/01_04_ourcollege_a.htm>.
- ³² Errin Haines, “Morris Brown College To Have Debt Forgiven,” *The Huffington Post*, 25 April 2011, accessed 1 May 2011, <http://www.huffingtonpost.com/2011/04/26/morris-brown-college-to-h_n_853669.html>.

- ³³ More Than Conquerors, Inc., *FY10 Teenage Pregnancy Prevention: Replication of Evidence-based Programs (Tier 1)* (1 June 2010), “Collaborations and Memoranda of Understanding (MOU),” 41. Information obtained from the U.S. Department of Health and Human Services, Administration for Children and Families through a *Freedom of Information Act* request.
- ³⁴ *Ibid.*, “Appendices,” 61.
- ³⁵ “About Us,” Morehouse School of Medicine, accessed 1 July 2011, <http://www.msm.edu/about_us.aspx>.
- ³⁶ “Our Program,” The Children’s Aid Society – Carrera Adolescent Pregnancy Prevention Program, accessed 1 July 2011, <<http://stopteenpregnancy.childrengsaidsociety.org/our-program>>.
- ³⁷ *Ibid.*
- ³⁸ “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 1 July 2011, <http://www.hhs.gov/ash/oah/prevention/research/programs/cas_carrera.html>.
- ³⁹ “About Us – History of G-CAPP,” Georgia Campaign for Adolescent Pregnancy Prevention, accessed 13 July 2011, <<http://www.gcapp.org/about-us-history-g-capp>>.
- ⁴⁰ Information provided by Kim Nolte, vice president for programs and training, Georgia Campaign for Adolescent Pregnancy Prevention, 14 June, 2011.
- ⁴¹ *Ibid.*
- ⁴² “Be Proud! Be Responsible! Be Protective!” Evidence-Based Programs Resource Center for Adolescent Pregnancy Prevention (ReCAPP), ETR Associates, accessed 5 May 2010, <<http://www.etr.org/recapp/index.cfm?fuseaction=pages.ebpDetail&PageID=607&PageTypeID=2>>.
- ⁴³ “Pregnancy Prevention Intervention Implementation Report: Be Proud! Be Responsible! Be Protective!,” Programs for Replication – Intervention Implementation Reports, U.S. Department of Health and Human Services, accessed 1 July 2011, <http://www.hhs.gov/ash/oah/prevention/research/programs/be_proud_responsible_protective.html>.
- ⁴⁴ “Making a Difference!” Evidence-Based Programs, Resource Center for Adolescent Pregnancy Prevention (ReCAPP), ETR Associates, accessed 1 July 2011, <<http://www.etr.org/recapp/index.cfm?fuseaction=pages.ebpDetail&PageID=127&PageTypeID=2>>.
- ⁴⁵ “Making Proud Choices!” Evidence-Based Programs, Resource Center for Adolescent Pregnancy Prevention (ReCAPP), ETR Associates, accessed 15 April 2010, <<http://www.etr.org/recapp/index.cfm?fuseaction=pages.ebpDetail&PageID=128>>.
- ⁴⁶ *Ibid.*
- ⁴⁷ *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 30 March 2010, <<http://www.advocatesforyouth.org/storage/advfy/documents/sciencesuccess.pdf>>, 22.
- ⁴⁸ *Ibid.*, 23–24.
- ⁴⁹ *Ibid.*
- ⁵⁰ “Promoting Health Among Teens! Abstinence-Only,” Evidence-Based Programs, Resource Center for Adolescent Pregnancy Prevention (ReCAPP), ETR Associates, accessed 1 July 2011, <<http://www.etr.org/recapp/index.cfm?fuseaction=pages.ebpDetail&PageID=575&PageTypeID=2>>.
- ⁵¹ “Pregnancy Prevention Intervention Implementation Report: Promoting Health Among Teens! Abstinence-Only Intervention,” Programs for Replication – Intervention Implementation Reports, U.S. Department of Health and Human Services, accessed 1 July 2011, <http://www.hhs.gov/ash/oah/prevention/research/programs/promoting_health.html>.
- ⁵² Scott Phelps, *Aspire. Live your life. Be Free.* (Arlington, IL: Abstinence & Marriage Resources, 2006). For more information, see SIECUS’ review of *Aspire* at <http://www.communityactionkit.org/curricula_reviews.html>.
- ⁵³ Bruce Cook, *Choosing the Best* (Marietta, GA: Choosing the Best, Inc., 2001-2007).
- ⁵⁴ Joneen Krauth-Mackenzie, *WAIT (Why Am I Tempted) Training, Second Edition* (Greenwood Village, CO: WAIT Training, undated). For more information, see SIECUS’ review of *WAIT Training* at <http://www.communityactionkit.org/curricula_reviews.html>.
- ⁵⁵ The person listed represents the designated personnel in the state responsible for adolescent reproductive health.
- ⁵⁶ This section is a list of major newspapers in the state and is by no means exhaustive of local print outlets.