



MARYLAND

In Fiscal Year 2011¹, the state of Maryland received:

- **Personal Responsibility Education Program funds totaling \$961,478**
- **Title V State Abstinence Education Program funds totaling \$504,147**

In Fiscal Year 2011, local entities in Maryland received:

- **Teen Pregnancy Prevention Initiative funds totaling \$1,342,138**

SEXUALITY EDUCATION LAW AND POLICY

There is no state law governing sex education in Maryland; however, Maryland's Code of Administrative Regulations mandates that each local school board work with its county health department in establishing a school health education program with a number of specified goals.² Sexuality education is included under the goal of helping students "recognize the family as a basic unit of society that perpetuates life and promotes healthy growth and development." Accordingly, schools must help students:

- develop and use skills for making responsible decisions about sexual behavior based on its consequences for the individual and others;
- develop and use skills for making responsible decisions about family planning and preventing pregnancy; and
- learn about a variety of family structures and roles of family members, male and female roles in American society, sexual variations, contraception, and family planning.³

Maryland requires that health education classes be taught in kindergarten through grade 12. Direct teaching of human reproduction, however, may not begin earlier than age 10 or later than age 12.⁴ The Code of Administrative Regulations also mandates that "local school systems shall provide annual instruction in AIDS to all students at least once in grades three to six, six to nine, and nine to twelve."⁵ Each local school board determines the actual grade.

In addition, regulations state that an elective sexuality education course must be offered in middle and high schools. This course must be designed with an appointed citizen advisory committee that broadly represents the views of the community and must cover a number of topics including contraception, family planning, and sexually transmitted diseases (STDs). Students may be separated by gender for instruction regarding human sexuality, but must receive the same information.

Local school boards are empowered to determine the criteria for selecting teachers of sexuality education classes; however, teachers must have additional preparation, which can include both educational and professional development opportunities, prior to teaching the class. Any teacher who feels "inadequate or uncomfortable" with the curriculum does not have to teach the class.

Parents or guardians may remove their children from any or all sexuality education classes. This is referred to as an “opt-out” policy. The elective courses offered in middle and high schools require parental permission in order for a student to participate; this is known as an “opt-in” policy.

See Maryland Code of Administrative Regulations §§ 13A.04.18.02–.04.

RECENT LEGISLATION

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

YOUTH SEXUAL HEALTH DATA

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

Maryland Youth Risk Behavior Survey (YRBS) Data⁶

- In 2011, 83% of high school students in Maryland reported having been taught about AIDS/HIV in school, compared to 84% of high school students nationwide.

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

Teen Pregnancy, Birth, and Abortion

- Maryland’s teen birth rate currently ranks 37th in the United States, with a rate of 27.2 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 5,395 live births to young women ages 15–19 reported in Maryland.⁸
- In 2005, Maryland’s teen pregnancy rate ranked 23rd in the United States, with a rate of 65 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 12,870 pregnancies among young women ages 15–19 reported in Maryland in 2005.¹⁰
- In 2005, Maryland’s teen abortion rate ranked eighth in the United States, with a rate of 25 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 AIDS diagnoses among adolescents 13-19 years in Maryland was 3.1 per 100,000 compared to the national rate of 1.9 per 100,000.¹²
- In 2010, the rate of AIDS diagnoses among young adults aged 20-24 years in Maryland was 20.8 per 100,000 compared to the national rate of 10.4 per 100,000.¹³

Sexually Transmitted Diseases

- Maryland ranks 13th in the United States for reported cases of chlamydia among young people ages 15–19, with an infection rate of 23.41 cases per 1,000, compared to the national rate of 20.03 cases per 1,000. In 2009, there were a total of 9,402 cases of chlamydia among young people ages 15–19 reported in Maryland.¹⁴

- Maryland ranks 16th in the United States for reported cases of gonorrhea among young people ages 15–19, with an infection rate of 4.96 cases per 1,000, compared to the national rate of 4.04 cases per 1,000. In 2009, there were a total of 1,992 cases of gonorrhea among young people ages 15–19 reported in Maryland.¹⁵
- Maryland ranks ninth in the United States for reported cases of primary and secondary syphilis among young people ages 15–19, with an infection rate of 0.06 cases per 1,000, which is equal to the national rate of 0.05 cases per 1,000. In 2009, there were a total of 24 cases of syphilis among young people ages 15–19 reported in Maryland.¹⁶

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 Maryland received \$1,342,138 in TPPI Tier 1 funding for FY 2011.
- There are two TPPI Tier 1 grantees in Maryland: Women Accepting Responsibility, Inc., and YMCA of Cumberland, MD, Inc.

Women Accepting Responsibility, Inc., \$890,798 (FY 2011)

Women Accepting Responsibility, Inc., is a community-based nonprofit organization serving women and adolescent females of color in Baltimore, Maryland. Its mission is to “offer women and adolescent females whose lives have been shattered by crisis and transition, confidential, nurturing, and holistic service in a safe haven.”¹⁷ Through a variety of health, preventive, and educational services, the organization works to reduce the spread of HIV/AIDS and other STDs, drug abuse, and incarceration, as well as the recidivism rate. Its services include psychological counseling, free STD testing, transitional housing, and GED preparation classes.

With its TPPI funding, Women Accepting Responsibility provides after-school and summer programming to African-American youth ages 13–18. The program serves youth from three high schools in Northwest Baltimore and from high-need communities, including Forest Park, Garwyn Oaks, Walbrook Junction, and Windsor Hills.¹⁸ The goals of the program are to increase prevention knowledge,

sexual risk reduction skills, self-efficacy, and contraception use, as well as delay sexual initiation and decrease the number of teen births among the target population. Women Accepting Responsibility plans to reach approximately 230 youth annually.

The program uses *Becoming a Responsible Teen (BART)*, 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.¹⁹ *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.²⁰

YMCA of Cumberland, Maryland, \$451,340 (FY 2011)

The YMCA of Cumberland, Maryland, is an affiliate of the national YMCA (Young Men's Christian Association). The organization previously received federal abstinence-only-until-marriage funding as a Community-Based Abstinence Education (CBAE) and Adolescent Family Life Act (AFLA) grantee. Between FYs 2001 and 2004, the organization received \$1,274,976 in CBAE funding. It also received \$520,962 in AFLA funds between FYs 2004 and 2006. The organization was awarded a second CBAE grant for FYs 2007–2011 and received \$1,280,142 in funds before the grant program was eliminated in 2010. With these funds, the YMCA of Cumberland, Maryland, taught an eight-week abstinence-only-until-marriage curriculum to sixth and eighth grade students in Allegany County Public Schools.²¹ The organization discontinued the program due to its loss of funding.

With its TPPI Tier 1 grant, the organization provides programming to youth at five area middle schools and two group homes for adolescent females, as well as to additional participants recruited from foster care centers, homeless shelters, and/or referred by juvenile probation officers. The overall goals of the program are to increase sexual abstinence among participants and to redirect participants "away from risky sexual behaviors and toward positive life goals."²² The YMCA of Cumberland, Maryland, plans to reach 790 youth annually.

The program uses *Project AIM (Adult Identity Monitoring)*, 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.²³ 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.²⁴ 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.²⁵ *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.²⁶

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 Maryland.

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 Maryland.

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 Maryland Department of Health and Mental Hygiene received \$961,478 in federal PREP funds for FY 2011.
- The department awards sub-grants to local health departments ranging in size from \$34,000 to \$402,000.²⁷

Maryland’s PREP state-grant program is managed by the Department of Health and Mental Hygiene. The department funds eight local health departments to provide programming in both school and community-based settings. PREP funds serve young people ages 10–19 in Allegany, Anne Arundel, Baltimore City, Cecil, Dorchester, Garrett, Washington, and Wicomico. Sub-grantees are able to choose from the following curricula: *Promoting Health Among Teens! (Abstinence-Only Intervention)*; *Promoting Health Among Teens! Comprehensive Abstinence and Safer Sex–(PHAT-C)*; *Reducing the Risk: Building Skills to Prevent Pregnancy, STD and HIV*; *Making Proud Choices!*; and *It’s Your Game: Keep it Real*.²⁸

Promoting Health Among Teens! (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. 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.²⁹ 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.³⁰ *Promoting Health Among Teens! Comprehensive Abstinence and Safer Sex--(PHAT-C)* is a program that aims to provide youth with information about abstinence, safer sex practices, pregnancy prevention, HIV and sexually transmitted infections (STIs). It claims to strengthen behavioral beliefs that support condom use and build refusal and negotiation skills for practicing abstinence, as well as for effective use of condoms.³¹

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 10th grades. It is appropriate for use with multi-ethnic populations.³² *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.³³

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.”³⁴ 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.³⁵

It's Your Game: Keep it Real is an evidence-based, HIV-, STD-, and pregnancy-prevention curriculum designed for seventh and eighth grade students. The curriculum consists of 24 classroom-based lessons designed to encourage participants to delay sexual initiation and to use condoms and contraception if and when they become sexually active. It incorporates group activities, computer-based sessions, role modeling, journaling, and group discussion and addresses how to set personal limits for risk behaviors, how to be aware of vulnerable situations that may challenge those limits, and how to use refusal and other skills to maintain limits. Topics addressed in seventh grade include healthy friendships, setting personal limits, human growth and development, and refusal skills, among others. Eighth grade topics include healthy dating relationships, the importance of STD and pregnancy testing, and skills for using condoms and contraceptives. An evaluation of the curriculum published in the *Journal of Adolescent Health* found, at a ninth-grade follow-up, that students who were sexually inexperienced at the start of the program were

significantly less likely to report having initiated sex than sexually inexperienced participants in the control group.³⁶

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 Maryland.

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 Maryland.

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.

- The Maryland Department of Health and Mental Hygiene received \$504,147 in federal Title V abstinence-only funding for FY 2011.
- The department awards sub-grants to local health departments ranging in size from \$20,000 to \$200,000.³⁷
- In Maryland, sub-grantees are required to provide the match through in-kind services.

The Maryland Department of Health and Mental Hygiene manages the Title V Abstinence-Only Program and sub-grants funds to seven local health departments. The funds are used for school- and community-based programming, primarily supporting programs serving elementary, middle, and some high school students. Young people living in communities with higher rates of adolescent pregnancy are targeted, as well as parents and caregivers. Programming is administered in Carroll, Caroline, Washington, Wicomico, Worcester, Somerset, and Prince George’s counties. Recommended curricula include *Game Plan*, *Navigator*, *WAIT (Why Am I Tempted?) Training*, *Will Power/Won’t Power*, *Wise Guys*, *Choosing the Best PATH*, and *Promoting Health Among Teens! (Abstinence-Only Intervention)*.³⁸

SIECUS reviewed *Game Plan* and found that, in order to convince high school students to remain abstinent until marriage, the curriculum relies on messages of fear and shame, inaccurate and misleading information, and biased views of marriage, sexual orientation, and family structure. In addition, *Game Plan*

fails to provide important information on sexual health, including how students can seek testing and treatment if they suspect they may have an STD. Finally, the format and underlying biases of the curriculum do not allow for cultural, community, and individual values, and discourage critical thinking and discussions of alternate points of view in the classroom. For example, *Game Plan* compares sex to fire and says: “In a fireplace, fire is beautiful and gives warmth to a home. Outside of the fireplace, it can cause serious harm. What about sex? In a marriage relationship, sex can be beautiful. Outside of marriage, it can cause serious harm.”³⁹

SIECUS reviewed *Navigator* and found that it relies on messages of fear and shame, inaccurate and misleading information, and biased views of marriage, sexual orientation, and pregnancy options. *Navigator* fails to provide important information on sexual health and the format and underlying biases of the curriculum dictate specific values and discourage critical thinking. For example, the authors explain “*Navigator* does not promote the use of contraceptives for teens. No contraceptive device is guaranteed to prevent pregnancy. Besides, students who do not exercise self-control to remain abstinent are not likely to exercise self-control in the use of a contraceptive device.”⁴⁰

WAIT (Why Am I Tempted?) Training is an abstinence-only-until-marriage curriculum that focuses on providing information about healthy relationships in preparation for marriage and uses fear- and shame-based tactics to promote abstinence as the only appropriate behavior outside of marriage. SIECUS reviewed the third edition of *WAIT* and found that, similar to previous editions, the curriculum 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.”⁴¹

Will Power/Won't Power is a medically accurate pregnancy- and STD/HIV- prevention curriculum designed for adolescent females ages 12–14. The curriculum module is part of a three-part curricula series developed by Girls Inc., *Girls Inc. Preventing Adolescent Pregnancy*. *Will Power/Won't Power* is designed to encourage youth to delay sexual intercourse. It consists of 10 sessions that discuss values, healthy relationships, female health and hygiene, dispelling sexual myths, communication and assertiveness skills, resisting sexual pressure from peers and the media, avoiding risky situations, and the benefits of abstinence, among other topics.⁴²

Wise Guys is a teen pregnancy prevention curriculum designed for adolescent males ages 11–17. The curriculum was developed by the Family Life Council of Greensboro, North Carolina. *Wise Guys* focuses on equipping youth to “make wiser and more responsible decisions” about their sexual health.⁴³ The curriculum includes 10 lessons that address self-esteem, personal and family values, goal-setting, stereotypes of masculinity, communication skills, reproductive anatomy, puberty, STDs, including HIV, delaying sexual intercourse, the consequences of teenage pregnancy/early parenthood, and other topics.⁴⁴ *Wise Guys* is appropriate for use in both school- and community-based settings.

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.”⁴⁵

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Promoting Health Among Teens! (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. 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.⁴⁶ 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.⁴⁷

Maryland 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>		
Women Accepting Responsibility, Inc.	\$890,798	2010–2014
YMCA of Cumberland, Maryland	\$451,340	2010–2014
TOTAL	\$1,342,138	
Personal Responsibility Education Program (PREP)		
<i>PREP State-Grant Program</i>		
Maryland Department of Health and Mental Hygiene (federal grant)	\$961,478	2011
TOTAL	\$961,478	
Title V Abstinence Education Grant Program (Title V Abstinence-Only)		
Maryland Department of Health and Mental Hygiene (federal grant)	\$504,147	2011
TOTAL	\$504,147	
GRAND TOTAL	\$2,807,763	2011

COMPREHENSIVE APPROACHES TO SEXUALITY EDUCATION

SIECUS has identified some examples of model programs, policies, and best practices being implemented in Maryland public schools that provide a more comprehensive approach to sex education for young people.⁴⁸

Comprehensive Sex Education Programs in Public Schools
Montgomery County Public Schools

The Montgomery County school district provides comprehensive sexuality education to students in grades eight and 10 that includes instruction on healthy relationships, reproductive anatomy and the menstrual cycle, reproduction, fetal development and gestation, prenatal care, the responsibilities of parenting, the impact of teenage pregnancy, factors that influence sexual behavior, setting effective limits for sexual activity, and contraception methods, including potential side effects and benefits, among other topics.⁴⁹

Advocates and educators have been working to implement such a program since 2004, when the district faced an intense controversy over its decision to revise the sexuality education curriculum to include information on gender identity, sexual orientation, and homosexuality. The curriculum spoke positively of homosexuality, while also providing additional information on the importance of contraceptives in protecting the health of sexually active students.⁵⁰

Local and national opposition groups protested the new curriculum and led a campaign opposing the positive viewpoint of homosexuality that it offered. The opposition groups, including Citizens for a Responsible Curriculum and Parents and Friends of Ex-Gays and Gays (P-Fox), filed a lawsuit against the school district. A federal judge ruled to block implementation of the new curriculum in spring 2005, due to his assessment that the curriculum presented homosexuality as a “natural and morally correct lifestyle” to the exclusion of all other viewpoints on the subject.⁵¹ Following the ruling, the school board voted to discontinue the controversial curriculum and create another sexuality education curriculum.⁵²

In 2007, the school board unanimously approved a new, revised sexuality education program for students as part of the Family Life and Human Sexuality unit of eighth and 10th grade health courses. The program utilizes locally produced curriculum lessons, titled “Respect for Differences in Human Sexuality.” In eighth grade, this two-part lesson addresses the impact of stereotyping and harassment, “the positive results of respect, empathy, and tolerance on individuals and the school environment,” discusses gender identity, sexual identity, and sexual orientation, and examines the harmful effects of stereotyping people based on gender, sexual identity, and sexual orientation.⁵³ The 10th grade lesson expands upon these concepts, including addressing transgenderism.⁵⁴ The 10th grade program materials also include a condom demonstration DVD. The revised curriculum was first piloted during the 2007 spring semester.⁵⁵

We encourage you to submit any updated or additional information on comprehensive approaches to sex education being implemented in Maryland 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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ORGANIZATIONS THAT SUPPORT COMPREHENSIVE SEXUALITY EDUCATION

Equality Maryland
Baltimore, MD
Phone: (410) 685-6567
www.equalitymaryland.org

Maryland National Organization for Women
Timonium, MD
Phone: (410) 668-4399
www.marylandnow.org

The GLBT Community Center of
Baltimore and Central Maryland
Baltimore, MD
Phone: (410) 837-5445
www.glccb.org

NARAL Pro-Choice Maryland
Silver Spring, MD
Phone: (301) 565-4154
www.prochoicemaryland.org

LGBT Studies Program at the
University of Maryland
College Park, MD
Phone: (301) 405-6349
www.lgbts.umd.edu

Planned Parenthood of Maryland Inc.
Baltimore, MD
Phone: (410) 576-1400
www.plannedparenthoodmd.org

ORGANIZATIONS THAT OPPOSE COMPREHENSIVE SEXUALITY EDUCATION

Association of Maryland Families
Annapolis, MD
Phone: (410) 705-6360
www.mdfamilies.org

Maryland Right to Life
Annapolis, MD
Phones: (410) 269-6397
www.mdrtl.org

MEDIA OUTLETS

Newspapers in Maryland⁵⁷

The Baltimore Sun
Baltimore, MD
Phone: (410) 332-6000
www.baltimoresun.com

The Washington Post
Washington, DC
Phone: (202) 334-7313
www.washingtonpost.com

The Capital
Annapolis, MD
Phone: (410) 280-5919
www.hometownannapolis.com

Carroll County Times
Westminster, MD
Phone: (410) 857-7861
www.carrollcountytimes.com

The Frederick News-Post
Frederick, MD
Phone: (301) 662-1177
www.fredericknewspost.com

The Morning Herald
Hagerstown, MD
Phone: (301) 733-5131
www.herald-mail.com

Political Blogs in Maryland

Free State Politics
www.freestatepolitics.us

Maryland Politics Watch
www.maryland-politics.blogspot.com

Just up the Pike
www.justupthepike.com

The Tentacle
www.thetentacle.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 Maryland Regulations 13A.04.18.04, <http://www.dsd.state.md.us/comar/comarhtml/13a/13a.03.02.04.htm>.

³ Maryland Regulations 13A.04.18.02, Section F, <http://www.dsd.state.md.us/comar/getfile.aspx?file=13a.04.18.02.htm>.

⁴ Maryland Regulations 13A.04.18.03, Section B-2(a), <http://www.dsd.state.md.us/comar/getfile.aspx?file=13a.04.18.03.htm>.

⁵ Maryland Regulations 13A.04.18.04, Section A-2, <http://www.dsd.state.md.us/comar/getfile.aspx?file=13a.04.18.04.htm>.

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>. Note: Maryland did not participate in the full 2011 YRBS.

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 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>.

¹³ 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>.

¹⁴ “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>.

¹⁵ Ibid.

¹⁶ Ibid.

¹⁷ “Vision,” Women Accepting Responsibility, accessed May 3, 2011, <http://www.womenacceptingresponsibility.org/vision.html>.

¹⁸ Liz F. Kay, “Nonprofit to share teen pregnancy prevention message with boys and girls: West Baltimore organization will use \$4 million federal grant to expand outreach over 5 years,” *The Baltimore Sun*, October 26, 2010, accessed May 5, 2010, http://articles.baltimoresun.com/2010-10-26/health/bs-md-ci-teen-pregnancy-20101026_1_teen-pregnancy-pregnancy-prevention-message-teen-girls.

¹⁹ *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>.

²⁰ *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.

²¹ The Associated Press, “Md. Sex-ed course veers off abstinence,” *The Washington Times*, June 16, 2010, accessed May 5, 2011, <http://www.fredericknewspost.com/sections/news/display.htm?StoryID=106229>.

²² “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:RstgXE5vS0J:ipv6.hhs.gov/ash/oah/prevention/grantees/models_2010_programs.html+&cd=2&hl=en&ct=clnk&gl=us&client=firefox-a.

²³ *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.

²⁴ *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>.

²⁵ *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>.

²⁶ “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.

²⁷ More information on sub-grantees was unavailable. Information provided by Yvette McEachern, Title V MCH Programs Chief, Maryland Department of Health and Mental Hygiene, December 14, 2012.

²⁸ Ibid.

²⁹ *Promoting Health Among Teens! Abstinence-Only*, 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=575&PageTypeID=2>.

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³¹ Wicomico County Health Department Personal Responsibility And Education Program Grant Application, accessed December 15, 2012, <http://www.wicomicohealth.org/files/0/0/RFP%20fy%2012%20final.pdf>.

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³³ Ibid., 23–24.

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- ³⁴ *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>.
- ³⁵ Ibid.
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- ³⁷ More information on sub-grantees was unavailable. Information provided by Yvette McEachern, Title V MCH Programs Chief, Maryland Department of Health and Mental Hygiene, December 14, 2012.
- ³⁸ Ibid.
- ³⁹ *A.C. Green's Game Plan* (Golf, IL: Project Reality, 2007). For more information, see SIECUS' review of *A.C. Green's Game Plan* at http://www.communityactionkit.org/curricula_reviews.html.
- ⁴⁰ Scott Phelps and Libby Gray, *Navigator: Finding Your Way to A Healthy and Successful Future* (Golf, IL: Project Reality, 2003). For more information, see SIECUS' review of *Navigator* at http://www.communityactionkit.org/curricula_reviews.html.
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- ⁴² "Girls Inc. Preventing Adolescent Pregnancy," Girls Inc., accessed August 15, 2011, <http://www.girlsinc.org/about/programs/adolescent-pregnancy.html>.
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- ⁴⁵ Bruce Cook, *Choosing the Best* (Marietta, GA: *Choosing the Best, Inc.*, 2001– 2007).
- ⁴⁶ *Promoting Health Among Teens! Abstinence-Only*, 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=575&PageTypeID=2>.
- ⁴⁷ "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 July 1, 2011, http://www.hhs.gov/ash/oah/prevention/research/programs/promoting_health.html.
- ⁴⁸ 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.
- ⁴⁹ "Comprehensive Health Education in Grade 8," Montgomery County Public Schools, accessed May 27, 2010, <http://www.montgomeryschoolsmd.org/curriculum/health/middle/grade8/>; see also "Comprehensive Health Education in Grade 10," Montgomery County Public Schools, accessed May 27, 2010, <http://www.montgomeryschoolsmd.org/curriculum/health/high/grade10/>.
- ⁵⁰ Daniel de Vise, "Board of Education Approves New Sex-Ed Curriculum," *Washington Post*, January 10, 2007, accessed May 27, 2010, <http://www.washingtonpost.com/wp-dyn/content/article/2007/01/09/AR2007010901707.html>; see also "Montgomery County School Board Approves New Sexuality Education Curriculum," SIECUS Policy Update, February 2007, accessed May 27, 2010, <http://www.siecus.org/index.cfm?fuseaction=Feature.showFeature&featureid=970&pageid=483&parentid=478>.
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- ⁵² Ibid.
- ⁵³ "Respect for Differences in Human Sexuality Lesson," Family Life and Human Sexuality Unit, Grade 8 Lesson—Session 1, Health Education, (Montgomery County, MD: Montgomery County Public Schools, 2006) accessed May 27, 2010, <http://www.mcpscurriculum.com/pdf/Grade8-Sec1.pdf>.
- ⁵⁴ "Voices: Personal Statements on Being Different," Handout, Respect for Differences in Human Sexuality Lesson, Family Life and Human Sexuality Unit, Grade 10, Health Education, (Montgomery County, MD: Montgomery County Public Schools, 2006), May 27, 2010, <http://www.mcpscurriculum.com/pdf/10gradestories5.pdf>.
- ⁵⁵ Daniel de Vise, "Board of Education Approves New Sex-Ed Curriculum."
- ⁵⁶ The person listed represents the designated personnel in the state responsible for adolescent reproductive health.
- ⁵⁷ This section is a list of major newspapers in the state and is by no means exhaustive of local print outlets.