



### MARYLAND

**In Fiscal Year 2010<sup>1</sup>, the state of Maryland received:**

- **Personal Responsibility Education Program funds totaling \$962,931**
- **Title V State Abstinence Education Program funds totaling \$486,550**

**In Fiscal Year 2010, 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.<sup>2</sup> 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.<sup>3</sup>

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."<sup>4</sup> 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."<sup>5</sup> 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) Data<sup>6</sup>

- In 2009, 86% of high school students in Maryland reported having been taught about AIDS/HIV in school compared to 87% 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 39<sup>th</sup> in the United States, with a rate of 32.8 births per 1,000 young women ages 15–19 compared to the national rate of 41.5 births per 1,000.<sup>7</sup> In 2008, there were a total of 5,556 live births reported to young women ages 15–19 in Maryland.<sup>8</sup>
- In 2005, Maryland’s teen pregnancy rate ranked 24<sup>th</sup> 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.<sup>9</sup> There were a total of 12,870 pregnancies among young women ages 15–19 reported in Maryland.<sup>10</sup>
- In 2005, Maryland’s teen abortion rate ranked 8<sup>th</sup> 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.<sup>11</sup>

#### *HIV and AIDS*

- Maryland’s AIDS rate ranks 2<sup>nd</sup> in the United States, with a rate of 27.6 cases per 100,000 individuals compared to the national rate of 12.3 cases per 100,000.<sup>12</sup>
- Maryland ranks 6<sup>th</sup> in number of reported AIDS cases in the United States among all age groups. In 2008, there were a total of 1,557 new AIDS cases reported in Maryland.<sup>13</sup>
- Maryland’s AIDS rate among young people ages 13–19 ranks 6<sup>th</sup> in the United States, with a rate of 3.1 cases per 100,000 young people compared to the national rate of 1.8 cases per 100,000.<sup>14</sup>

*Sexually Transmitted Diseases*

- Maryland ranks 10<sup>th</sup> in reported cases of Chlamydia among young people ages 15–19 in the United States, with an infection rate of 24.44 cases per 1,000 compared to the national rate of 19.51 cases per 1,000. In 2008, there were a total of 9,978 cases of Chlamydia reported among young people ages 15–19 in Maryland.<sup>15</sup>
- Maryland ranks 19<sup>th</sup> in reported cases of gonorrhea among young people ages 15–19 in the United States, with an infection rate of 5.24 cases per 1,000 compared to the national rate of 4.52 cases per 1,000. In 2008, there were a total of 2,140 cases of gonorrhea reported among young people ages 15–19 in Maryland.<sup>16</sup>
- Maryland ranks 12<sup>th</sup> in reported cases of primary and secondary syphilis among young people ages 15–19 in the United States, with an infection rate of 0.04 cases per 1,000, which is equal to the national rate of 0.04 cases per 1,000. In 2008, there were a total of 17 cases of syphilis reported among young people ages 15–19 in Maryland.<sup>17</sup>

**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 Maryland received \$1,342,138 in TPPI Tier 1 funding for Fiscal Year 2010.
- There are two TPPI Tier 1 grantees in Maryland: Women Accepting Responsibility, Inc., and Young Men’s Christian Association of Cumberland, MD, Inc.

Women Accepting Responsibility, Inc., \$890,798 (2010–2014)

Women Accepting Responsibility, Inc. is a community-based non-profit 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.”<sup>18</sup> 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.<sup>19</sup> 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.<sup>20</sup> *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<sup>21</sup>

#### YMCA of Cumberland, Maryland, \$451,340 (2010–2014)

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 Fiscal Years 2001 and 2004 the organization received \$1,274,976 in CBAE funding. It also received \$520,962 in AFLA funds between Fiscal Years 2004 and 2006. The organization was awarded a second CBAE grant for Fiscal Years 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.<sup>22</sup> 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."<sup>23</sup> 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.<sup>24</sup> 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.<sup>25</sup> 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.<sup>26</sup> *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.<sup>27</sup>

*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 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 Maryland Department of Health and Mental Hygiene received \$962,931 in federal PREP funds for Fiscal Year 2010.
- A portion of the funds was awarded to the Baltimore City Foster Care program. Additional sub-grantees will be selected through a Request for Applications (RFA) process. At the time of publication they had yet to be determined.

Maryland's PREP state-grant program provides funding to support school and community-based programs that serve youth ages 10–19. The program prioritizes providing services to youth in foster care and other state-run programs. Particular target populations include African-American and Latino youth, as well as youth living in counties that have teen pregnancy rates that are higher than the state average. Local public and private entities will be eligible to apply for sub-grants, including local health departments, school districts, faith-based organizations, community-based organizations, and other youth-serving agencies. All sub-grantees must use curricula from the list of 28 evidence-based programs developed by OAH. (Please see the [OAH Intervention Implementation Reports](#) for more information about these programs.)<sup>28</sup>

#### Baltimore City Foster Care program, \$402,000 (2010)

The Baltimore City Foster Care program provides support services and short-term care to out-of-home children and places youth into foster homes and group care settings.<sup>29</sup> The program's PREP funds will be used to implement *Power Through Choices* to youth in foster care and provide additional resources to caregivers.<sup>30</sup> *Power Through Choices* is HIV-, STD-, and pregnancy-prevention curriculum designed for youth ages 14–18 residing in group homes, foster homes, or other residential care settings.<sup>31</sup> The curriculum focuses on reducing sexual risk behaviors related to unintended pregnancy and STD/HIV infection. It engages youth in interactive exercises “to build self-empowerment and increase their decision making skills.”<sup>32</sup> Additionally, the program provides instruction to help youth gain and practice skills for using contraception, communicating effectively, and accessing available resources and health services.<sup>33</sup> *Power Through Choices* consists of ten, 90-minute sessions that are designed to be implemented twice a week over a period of five to six weeks. Lessons include activities, time for reflection, and group discussion.<sup>34</sup> An evaluation of the program pilot published in *Child Welfare* showed the curriculum held promise in reducing risky sexual behaviors among program participants.<sup>35</sup>

#### *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 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 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 Maryland Department of Health and Mental Hygiene received \$486,550 in federal Title V abstinence-only funding for Fiscal Year 2010.
- The state provides sub-grants to four local public and private entities: Girls, Inc. of Washington County, Maryland; One Day At A Time, Inc.; Wicomico County Health Department; and Worcester County Health Department.

- In Maryland, sub-grantees contribute to the match through in-kind services.

Girls, Inc. of Washington County, Maryland \$50,000 (2010)

Girls, Inc. of Washington County, Maryland is a local affiliate of the national non-profit organization, Girls, Inc., which is “dedicated to inspiring all girls to be strong, smart, and bold”.<sup>36</sup> The organization aims to empower “girls to be self-sufficient, responsible and confident women by delivering research-based, age-appropriate, after-school and summer programs.”<sup>37</sup> With its Title V abstinence-only funds the organization partners with the Washington County Health Department to provide in-school and after-school instruction to middle school students. The program implements *Will Power/Won't Power* to female participants and the *Wise Guys Male Responsibility Curriculum (Wise Guys)* curricula to male participants.

*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. called, *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.<sup>38</sup>

*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.<sup>39</sup> 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.<sup>40</sup> *Wise Guys* is appropriate for use in both school- and community-based settings.

One Day At A Time, Inc. \$227,197 (2010)

One Day At A Time, Inc. is a non-profit, community-based organization that provides social services to youth and families in Prince George’s County, Maryland. The organization offers education and training services, including workforce readiness, life skills training, youth mentoring, academic remediation, teen pregnancy prevention, and health and fitness, among others.<sup>41</sup> One Day At A Time, Inc. uses its Title V abstinence-only funds to provide school-based programming to middle and high school students. The organization works in partnership with Prince George’s County Public Schools to implement the popular abstinence-only-until-marriage curricula, *A.C. Green’s Game Plan*.<sup>42</sup>

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.”<sup>43</sup>

Wicomico County Health Department, \$15,811 (2010)

The Wicomico County Health Department provides “technical assistance, health education, and promotional efforts to reduce teen pregnancy in Wicomico County.”<sup>44</sup> Its teen pregnancy prevention

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initiatives include abstinence programming for youth, parents, and community groups. The health department is one of the lead agencies of the Coalition for Healthy Youth, a local coalition which serves as an advisory board for all of the teen pregnancy prevention programs operated in Wicomico County.<sup>45</sup> The coalition also spearheads the Adults and Children Talking local campaign, which “encourages parents and others responsible for raising children to discuss and pass on values, provide accurate information, and to express their feelings about sexuality.”<sup>46</sup> With its Title V abstinence-only funding, the health department provides programming to middle school students and their parents/caregivers. The agency implements *Just Friends* to youth and *Let’s Talk* to parents.<sup>47</sup>

Worcester County Health Department, \$25,000 (2010)

Worcester County Health Department provides abstinence-only-until-marriage programming to elementary and middle school girls in after school and summer programs. The health department implements *WAIT Training* and *Managing Pressures Before Marriage*.<sup>48</sup>

*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 Training* 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.”<sup>49</sup>

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

<b>Grantee</b>	<b>Award</b>	<b>Fiscal Years</b>
<b>Teen Pregnancy Prevention Initiative (TPPI)</b>		
<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
<b>TOTAL</b>	<b>\$1,342,138</b>	
<b>Personal Responsibility Education Program (PREP)</b>		
<i>PREP State-Grant Program</i>		
Maryland Department of Health and Mental Hygiene (federal grant)	\$962,931	2010
<i>Sub-grantees</i>		
<i>Baltimore City Foster Care program</i>	<i>\$402,000</i>	2010
<b>TOTAL</b>	<b>\$962,931</b>	
<b>Title V Abstinence Education Grant Program (Title V Abstinence-Only)</b>		
Maryland Department of Health and Mental Hygiene (federal grant)	\$486,550	2010



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Grantee	Award	Fiscal Years
<i>Sub-grantees</i>		
<i>Girls Inc. of Washington County, Maryland</i>	\$50,000	
<i>One Day At A Time, Inc.</i>	\$227,197	
<i>Wicomico County Health Department</i>	\$15,811	
<i>Worcester County Health Department</i>	\$25,000	
<b>TOTAL</b>	<b>\$486,550</b>	
<b>GRAND TOTAL</b>	<b>\$2,791,619</b>	<b>2010</b>

**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.*<sup>50</sup>

*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 ten 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.<sup>51</sup>

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.<sup>52</sup>

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.<sup>53</sup> Following the ruling, the school board voted to discontinue the controversial curriculum and create another sexuality education curriculum.<sup>54</sup>

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 tenth 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.<sup>55</sup> The tenth grade lesson expands upon these concepts, including addressing transgenderism.<sup>56</sup> The tenth grade program materials also include a condom demonstration DVD. The revised curriculum was first piloted during the 2007 spring semester.<sup>57</sup>

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*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 SIECUS State Profiles. Please visit SIECUS' "Contact Us" webpage at [www.siecus.org](http://www.siecus.org) to share information. Select "state policy" as the subject heading.*

### POINTS OF CONTACT

#### Adolescent Health Contact<sup>58</sup>

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#### PREP and Title V Abstinence-Only State-Grant Coordinator

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Maryland Department of Health and Mental Hygiene  
201 West Preston Street  
Baltimore, MD 21201  
Phone: (410) 767-5824

### ORGANIZATIONS THAT SUPPORT COMPREHENSIVE SEXUALITY EDUCATION

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

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

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

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

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

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

### ORGANIZATIONS THAT OPPOSE COMPREHENSIVE SEXUALITY EDUCATION

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

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

### MEDIA OUTLETS

#### Newspapers in Maryland<sup>59</sup>

*The Baltimore Sun*  
Baltimore, MD  
Phone: (410) 332-6000  
[www.baltimoresun.com](http://www.baltimoresun.com)

*The Washington Post*  
Washington, DC  
Phone: (202) 334-7313  
[www.washingtonpost.com](http://www.washingtonpost.com)

*The Capital*  
Annapolis, MD  
Phone: (410) 280-5919  
[www.hometownannapolis.com](http://www.hometownannapolis.com)

*Carroll County Times*  
Westminster, MD  
Phone: (410) 857-7861  
[www.carrollcountytimes.com](http://www.carrollcountytimes.com)

*The Frederick News-Post*  
Frederick, MD  
Phone: (301) 662-1177  
[www.fredericknewspost.com](http://www.fredericknewspost.com)

*The Morning Herald*  
Hagerstown, MD  
Phone: (301) 733-5131  
[www.herald-mail.com](http://www.herald-mail.com)

#### Political Blogs in Maryland

*Free State Politics*  
[www.freestatepolitics.us](http://www.freestatepolitics.us)

*Maryland Politics Watch*  
[www.maryland-politics.blogspot.com](http://www.maryland-politics.blogspot.com)

*Just up the Pike*  
[www.justupthepike.com](http://www.justupthepike.com)

*The Tentacle*  
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<sup>1</sup> This refers to the federal government's fiscal year, which begins on October 1<sup>st</sup> and ends on September 30<sup>th</sup>. 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.

<sup>2</sup> Maryland Regulations 13A.04.18.04

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

<sup>4</sup> 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>>.

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

<sup>6</sup> 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: Maryland did not participate in the full 2009 YRBS.

<sup>7</sup> "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](http://www.cdc.gov/nchs/data/nvsr/nvsr59/nvsr59_01.pdf)>, Table 12.

<sup>8</sup> "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](http://www.cdc.gov/nchs/data_access/vitalstats/VitalStats_Births.htm)>.

<sup>9</sup> 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.

- <sup>10</sup> Ibid., Table 3.2.
- <sup>11</sup> U.S. *Teenage Pregnancies, Births, and Abortions: National and State Trends and Trends by Race and Ethnicity*, Table 3.3.
- <sup>12</sup> *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 20.
- <sup>13</sup> Ibid.
- <sup>14</sup> 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>>.
- <sup>15</sup> “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.
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- <sup>17</sup> 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.
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- <sup>39</sup> “Welcome,” Wise Guys, accessed 15 August 2011, <<http://www.wiseguysnc.org/default.asp>>.
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- <sup>43</sup> *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](http://www.communityactionkit.org/curricula_reviews.html)>.
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- <sup>48</sup> Information provided by Yvette McEachern, Director of Federal-State MCH Partnerships for the Maryland Department of Health and Mental Health, 25 February 2011.
- <sup>49</sup> 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](http://www.communityactionkit.org/curricula_reviews.html)>.
- <sup>50</sup> 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.
- <sup>51</sup> “Comprehensive Health Education in Grade 8,” Montgomery County Public Schools, accessed 27 May 2010, <<http://www.montgomeryschoolsmd.org/curriculum/health/middle/grade8/>>; see also “Comprehensive Health Education in Grade 10,” Montgomery County Public Schools, accessed 27 May 2010, <<http://www.montgomeryschoolsmd.org/curriculum/health/high/grade10/>>.
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- <sup>56</sup> “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), 27 May 2010, <<http://www.mcpscurriculum.com/pdf/10gradestories5.pdf>>.
- <sup>57</sup> Daniel de Vise, “Board of Education Approves New Sex-Ed Curriculum.”
- <sup>58</sup> The person listed represents the designated personnel in the state responsible for adolescent reproductive health.
- <sup>59</sup> This section is a list of major newspapers in the state and is by no means exhaustive of local print outlets.