



### NEW JERSEY

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

- **Personal Responsibility Education Program funds totaling \$1,412,929**
- **Title V State Abstinence Education Program funds totaling \$913,938**

**In Fiscal Year 2010, local entities in New Jersey received:**

- **Teen Pregnancy Prevention Initiative funds totaling \$2,446,848**

#### SEXUALITY EDUCATION LAW AND POLICY

New Jersey law mandates at least 150 minutes of health education during each school week in grades one through 12.<sup>2</sup> In addition, high school students must acquire 3 <sup>3</sup>/<sub>4</sub> credits of health education each year.<sup>3</sup> School districts must align their health education curricula with the New Jersey Department of Education's *Core Curriculum Content Standards for Comprehensive Health and Physical Education*, which among other instruction requirements state that "all students will learn the physical, emotional, and social aspects of human relationships and sexuality and apply these concepts to support a healthy, active lifestyle."<sup>4</sup>

In addition, to the *Core Curriculum Content Standards*, the New Jersey Department of Education published the *Comprehensive Health Education and Physical Education Curriculum Framework* in 1999, which provides a "compendium of sample learning strategies [and activities], background information, and resources" to assist school districts in developing curricula that will "enable all students to meet the standards."<sup>5</sup> The *Curriculum Framework* includes detailed suggestions for teaching about HIV/AIDS, sexually transmitted diseases (STDs), and teen pregnancy prevention.

The *Curriculum Framework* aligns with the *Core Curriculum Content Standards* and addresses a wide variety of topics for students in kindergarten through high school, including families, peer pressure, media stereotypes, the reproductive system, pregnancy, HIV/AIDS, abstinence, contraception, gender assumptions, sexual orientation, and marriage. The *Framework* aims to "provide students with the knowledge and skills needed to establish healthy relationships and practice safe and healthful behaviors," including instruction on "healthy sexual development as well as the prevention of sexually transmitted diseases, HIV infection, and unintended pregnancy."<sup>6</sup>

State law also requires that all sexuality education programs and curricula stress abstinence.<sup>7</sup> In addition, "[a]ny instruction concerning the use of contraceptives or prophylactics such as condoms shall also include information on their failure rates for preventing pregnancy, HIV and other sexually transmitted diseases in actual use among adolescent populations and shall clearly explain the difference between risk reduction through the use of such devices and risk elimination through abstinence."<sup>8</sup>

New Jersey allows parents or guardians to remove their children from any part of the health, family life, or sex education classes if it is “in conflict with his conscience, or sincerely held moral or religious beliefs.”<sup>9</sup> This is referred to as an “opt-out” policy.

See New Jersey Statutes Annotated §§ 18A:35-4.7, 18A:35-4.20, 18A:35-4.21, 18A:35-5, 18A:35-6, 18A:35-7, and 18A:35-8; New Jersey Administrative Code §§ 6A:7-1.7, 6A:8-3.1, and 6A:8-5.1; *New Jersey Core Curriculum Content Standards for Comprehensive Health and Physical Education*; and *New Jersey Comprehensive Health Education and Physical Education Curriculum Framework*.

## RECENT LEGISLATION

*SIECUS is not aware of any recent legislation regarding sexuality education in New Jersey.*

## YOUTH SEXUAL HEALTH DATA

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

### **New Jersey Youth Risk Behavior Survey (YRBS) Data<sup>10</sup>**

- In 2009, 44% of female high school students and 49% of male high school students in New Jersey reported ever having had sexual intercourse compared to 46% of female high school students and 46% of male high school students nationwide.
- In 2009, 2% of female high school students and 7% of male high school students in New Jersey reported having had sexual intercourse before age 13 compared to 3% of female high school students and 8% of male high school students nationwide.
- In 2009, 9% of female high school students and 16% of male high school students in New Jersey reported having had four or more lifetime sexual partners compared to 11% of female high school students and 16% of male high school students nationwide.
- In 2009, 34% of female high school students and 34% of male high school students in New Jersey reported being currently sexually active (defined as having had sexual intercourse in the three months prior to the survey) compared to 36% of female high school students and 33% of male high school students nationwide.
- In 2009, among those high school students who reported being currently sexually active, 57% of females and 74% of males in New Jersey reported having used condoms the last time they had sexual intercourse compared to 54% of females and 69% of males nationwide.
- In 2009, among those high school students who reported being currently sexually active, 23% of females and 16% of males in New Jersey reported having used birth control pills the last time they had sexual intercourse compared to 23% of females and 16% of males nationwide.

- In 2009, among those high school students who reported being currently sexually active, 14% of females and 25% of males in New Jersey reported having used alcohol or drugs the last time they had sexual intercourse compared to 17% of females and 26% of males nationwide.
- In 2009, 92% of high school students in New Jersey reported having been taught about AIDS/HIV in school compared to 87% of high school students nationwide.

## **New Jersey Teen Pregnancy, HIV/AIDS, and Sexually Transmitted Disease Data**

### *Teen Pregnancy, Birth, and Abortion*

- New Jersey's teen birth rate currently ranks 47<sup>th</sup> in the United States, with a rate of 24.5 births per 1,000 young women ages 15–19 compared to the national rate of 41.5 births per 1,000.<sup>11</sup> In 2008, there were a total of 6,366 live births reported to young women ages 15–19 in New Jersey.<sup>12</sup>
- In 2005, New Jersey's teen pregnancy rate ranked 21<sup>st</sup> in the United States, with a rate of 68 pregnancies per 1,000 young women ages 15–19 compared to the national rate of 70 pregnancies per 1,000.<sup>13</sup> There were a total of 20,020 pregnancies among young women ages 15–19 reported in New Jersey.<sup>14</sup>
- In 2005, New Jersey's teen abortion rate ranked 3<sup>rd</sup> in the United States, with a rate of 36 abortions per 1,000 young women ages 15–19 compared to the national rate of 19 abortions per 1,000. In 2005, there were a total of 5,453 abortions reported among young women ages 15–19 in New Jersey.<sup>15</sup>

### *HIV and AIDS*

- New Jersey's HIV infection rate ranks 7<sup>th</sup> in the United States, with a rate of 20.9 cases per 100,000 individuals compared to the national rate of 19.5 cases per 100,000.<sup>16</sup>
- New Jersey ranks 6<sup>th</sup> in cases of HIV infection diagnosed in the United States among all age groups. In 2008, there were a total of 1,818 new cases of HIV infection diagnosed in New Jersey.<sup>17</sup>
- New Jersey's HIV infection rate among young people ages 13–19 ranks 14<sup>th</sup> in the United States, with a rate of 9 cases per 100,000 young people compared to the national rate of 9.1 cases per 100,000.<sup>18</sup>
- New Jersey ranks 7<sup>th</sup> in number of reported AIDS cases in the United States among all age groups. In 2008, there were a total of 1,527 new AIDS cases reported in New Jersey.<sup>19</sup>
- New Jersey's AIDS rate ranks 7<sup>th</sup> in the United States, with a rate of 17.6 cases per 100,000 individuals compared to the national rate of 12.3 cases per 100,000.<sup>20</sup>
- New Jersey's AIDS rate among young people ages 13–19 ranks 4<sup>th</sup> in the United States with a rate of 3.6 cases per 100,000 young people compared to the national rate of 1.8 cases per 100,000.<sup>21</sup>

*Sexually Transmitted Diseases*

- New Jersey ranks 42<sup>nd</sup> in reported cases of Chlamydia among young people ages 15–19 in the United States, with an infection rate of 13.38 cases per 1,000 compared to the national rate of 19.51 cases per 1,000. In 2008, there were a total of 7,943 cases of Chlamydia reported among young people ages 15–19 in New Jersey.<sup>22</sup>
- New Jersey ranks 28<sup>th</sup> in reported cases of gonorrhea among young people ages 15–19 in the United States, with an infection rate of 2.87 cases per 1,000 compared to the national rate of 4.52 cases per 1,000. In 2008, there were a total of 1,701 cases of gonorrhea reported among young people ages 15–19 in New Jersey.<sup>23</sup>
- New Jersey ranks 16<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 0.03 cases per 1,000 compared to the national rate of 0.04 cases per 1,000.<sup>24</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 New Jersey received \$1,481,326 in TPPI Tier 1 funding for Fiscal Year 2010.
- There are two TPPI Tier 1 grantees in New Jersey: The Central Jersey Family Health Consortium (formerly the Regional Perinatal Consortium of Monmouth and Ocean County) and South Jersey Healthcare.

#### Central Jersey Family Health Consortium, Inc., \$481,326 (2010–2014)

The Central Jersey Family Health Consortium (CJFHC), formerly the Regional Perinatal Consortium of Monmouth and Ocean Counties, is a network of private non-profit organizations composed of perinatal and pediatric providers, hospitals, community-based agencies, consumers, and consumer advocacy groups with an interest in health services for women, children, and families.<sup>25</sup> The organization aims to improve

the health of pregnant women and children in Central New Jersey by identifying barriers to health care access, and planning and coordinating preventive, educational, and clinical services.<sup>26</sup>

With its TPPI funding, CJFHC provides programming to suburban and rural, African-American youth under the age of 19 attending Neptune and Asbury Park school districts in Monmouth and Ocean counties. CJFHC implements *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.”<sup>27</sup> 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.<sup>28</sup> 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.<sup>29</sup>

CJFHC plans for the program to reach approximately 900 youth annually.

#### South Jersey Healthcare, \$1,000,000 (2010–2014)

South Jersey Healthcare (SJH) is a charitable, non-profit health care organization made up of a network of hospitals, health care providers, and doctors in Southern New Jersey. SJH It provides the full continuum of primary, acute, and advanced care services.

With its TPPI funding, SJH implements the “Cumberland County Partnership for Healthy Teens.” The overall goal of the program is to reduce the teen pregnancy rate in targeted areas of South Jersey. The program replicates *Children’s Aid Society – Carrera Adolescent Pregnancy Prevention Program (CAS – Carrera)*, an evidence-based positive youth development program designed for students in grades six through 12. The program consists of seven integrated components that can be delivered in an after-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.<sup>30</sup> 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.<sup>31</sup> 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.<sup>32</sup>

“Cumberland County Partnership for Healthy Teens” serves primarily Latino youth attending the sixth grade in Bridgeton and Vineland school districts, selected for their high incidence of teen pregnancy (Cumberland County has the highest rate of teen pregnancy in New Jersey).<sup>33</sup> SJH partners with local schools and community agencies, including Community Health Care, Inc., and the Boys & Girls Club and YMCA of Vineland, to deliver the program to students six days a week.<sup>34</sup> SJH plans for the program to serve the same 120 students over the five-year period of the grant.

#### *TPPI Tier 2: Innovative Approaches*

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

- There is one TPPI Tier 2 Innovative Approaches grantee in New Jersey, Princeton Center for Leadership Training, which received \$965,522 for Fiscal Year 2010.

Princeton Center for Leadership Training, \$965,522 (2010–2014)

The Princeton Center for Leadership Training is a community-based organization that develops, disseminates, and promotes “peer leadership, advisory, and other evidence-based K–12 solutions that enable and inspire educators to more fully engage students in learning, better connect students to their schools, motivate and equip students to make decisions responsibly, and accelerate academic achievement.”<sup>35</sup> The organization uses its Tier 2 grant to implement and test the *Teen Prevention Education Project (Teen PEP)* in five rural and low-income communities in five North Carolina counties: Columbus, Greene, Forsyth, Lenoir, and Rockingham. The program will serve approximately 1,080 young people in 16 high schools each year.

*Teen PEP* “is a comprehensive, sexual health program that utilizes peer-to-peer education to increase students’ knowledge, attitudes, skills, and behaviors associated with healthy decisionmaking.”<sup>36</sup> It was created by the Princeton Center for Leadership Training, HiTOPS (Health Interested Teens’ Own Program on Sexuality), Inc., and the New Jersey Department of Health and Senior Services. (Please see the Comprehensive Sex Education in Public Schools section below for more information.)

During the first year of the program, stakeholders throughout the community and program advisors are identified and trained to implement *Teen PEP*. In the following year, program advisors identify students to function as peer educators and train them utilizing the *Teen PEP* curriculum. The peer educators will conduct outreach workshops with younger youth that address postponing sexual activity; preventing unintended pregnancy and STDs, including HIV; puberty; combating homophobia; and preventing date rape and partner violence during and after regular school hours. They will also conduct workshops with parents, school educators, and other groups.<sup>37</sup>

*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 New Jersey.

**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 New Jersey Department of Health and Senior Services received \$1,412,929 in federal PREP funds for Fiscal Year 2010.
- The department has issued 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 New Jersey PREP state-grant will support up to six projects that will provide evidence-based programming to New Jersey municipalities with some of the highest teen birth rates in the state. Local public and private entities are eligible to apply for the funds. The state-grant program requires funded programs to serve youth ages 10–19; and 50 percent of the youth served through each program must reside in one of the state's 30 municipalities with the highest teen birth rates. In addition, the department will fund one local agency in each of the north, central, and south regions of the state. Sub-grantees may use any of the 28 evidence-based programs approved by the Office of Adolescent Health for replication.<sup>38</sup> (Please see the [OAH Intervention Implementation Reports](#) for more information about these programs.)

#### *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 New Jersey.

#### **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 New Jersey Department of Health & Senior Services received \$913,938 in federal Title V abstinence-only funding for Fiscal Year 2010.
- The department provided sub-grants to four local public and private entities.
- In New Jersey, sub-grantees contributed to the match.

The New Jersey Title V Abstinence-Only Program supports programs that provide abstinence education in addition to including one or more of the following program components: youth development, mentoring, counseling, or other adult-supervised activities. Programs must also address one or more of the following topics: healthy relationships, healthy behaviors, or life skills. Funded organizations provide programming to youth ages 10–14. The grant requires that 50 percent of youth served by each organization reside in one of the state's 30 municipalities with the highest teen birth rates. In addition, at least one sub-grantee is located in each of the north, central, and south regions of the state.<sup>39</sup>

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New Jersey’s Title V Abstinence-Only sub-grantees include: Institute for Relationship Intelligence, Inc.; Lifeguard, Inc.; Mount Olives Church of God, Inc.; and St. Peter’s Healthcare System. The majority of funded programs implement the *YES You Can!* curricula series with the exception of Relationship Intelligence, which uses its own curriculum.<sup>40</sup>

The *YES You Can!* curricula series was developed by Saint Michael’s Medical Center and is a product of “Project YES You Can!,” an abstinence-only-until-marriage program that previously received federal funding from the now-defunct Community-Based Abstinence Education funding stream. The project is intended to help youth “buck the tide of an over-sexualized social climate” by offering information on “the benefits of waiting,” “the impact sexual decisions have on the future,” and “the differences between males and females” among other topics.<sup>41</sup> The *Yes You Can!* series is comprised of three curricula: *YES You Can!...Experience True Freedom!* (seventh and eighth grades); *YES You Can!...Make Smart Choices!* (ninth and 10<sup>th</sup> grades); and *YES You Can!...Build Healthy Relationships!* (11<sup>th</sup> and 12<sup>th</sup> grades).<sup>42</sup>

**New Jersey TPPI, PREP, and Title V Abstinence-Only funding in FY 2010**

Grantee	Award	Fiscal Years
<b>Teen Pregnancy Prevention Initiative (TPPI)</b>		
<i>TPPI Tier 1: Replication of Evidence-Based Programs</i>		
The Central Jersey Family Health Consortium (formerly the Regional Perinatal Consortium of Monmouth and Ocean County)	\$481,326	2010–2014
South Jersey Healthcare	\$1,000,000	2010–2014
<b>TOTAL</b>	<b>\$1,481,326</b>	
<i>TPPI Tier 2: Innovative Approaches</i>		
Princeton Center for Leadership Training	\$965,522	2010–2014
<b>TOTAL</b>	<b>\$965,522</b>	
<b>Personal Responsibility Education Program (PREP)</b>		
<i>PREP State-Grant Program</i>		
New Jersey Department of Health & Senior Services (federal grant)	\$1,412,929	2010
<b>TOTAL</b>	<b>\$1,412,929</b>	
<b>Title V Abstinence Education Grant Program (Title V Abstinence-Only)</b>		
New Jersey Department of Health & Senior Services (federal grant)	\$913,938	2010
<i>Sub-grantees</i>		
<i>Institute for Relationship Intelligence, Inc.</i>		2010
<i>Lifeguard, Inc.</i>		2010
<i>Mount Olives Church of God, Inc.</i>		2010
<i>St. Peter’s Healthcare System</i>		2010
<b>TOTAL</b>	<b>\$913,938</b>	



Grantee	Award	Fiscal Years
<b>GRAND TOTAL</b>	<b>\$4,773,715</b>	<b>2010</b>

## COMPREHENSIVE APPROACHES TO SEXUALITY EDUCATION

*SIECUS has identified some examples of model programs, policies, and best practices being implemented in New Jersey public schools that provide a more comprehensive approach to sex education for young people.*<sup>43</sup>

### *Updated State Health Education Standards*

The *2009 New Jersey Core Curriculum Content Standards* establish “21<sup>st</sup>-century” knowledge, skills, concepts, “global perspectives,” and technology expectations for students in preschool through grade 12.<sup>44</sup> These standards are revised and updated from the previous standards that were adopted in 2004. There are two “critical education priorities” encompassed in the revised standards: 1) the standards “align with the knowledge and skills needed by all students for post-secondary opportunities,” including higher education and vocational training opportunities, and 2) the standards “reflect a framework for teaching and learning that [corresponds] to the needs of 21<sup>st</sup>-century digital learners” that require “new literacies” in a global, technology innovation economy. Thus, the standards call on educators and students to think critically, creatively, and to learn collectively while “working across and beyond traditional education disciplines.”<sup>45</sup>

The *Content Standards* address nine education content areas, including Comprehensive Health and Physical Education, which consist of six standards, 2.1–2.6. Standard 2.4, “Human Relationships and Sexuality,” addresses such concepts as families, relationships, gender, puberty, human sexuality, reproduction, pregnancy, and parenting. Concepts related to STD and HIV/AIDS prevention, risk behaviors, and risk-reduction are addressed under multiple standards, including Standards 2.1, 2.3, and 2.4.<sup>46</sup>

The standards provide “cumulative progress indicators” (CPIs) that determine the specific knowledge and skills students should gain by the completion of certain grade levels (preschool, grade two, four, six, eight, and 12). CPIs serve as education benchmarks. For example, one CPI related to sexuality education suggests that by the fourth grade students should be able to “[d]ifferentiate the physical, social, and emotional changes occurring at puberty and explain why puberty begins and ends at different ages.”<sup>47</sup>

A number of CPIs that fall under Standard 2.4, “Human Relationships and Sexuality,” address responsible sexual behavior including abstinence and contraception. Indicators for younger students about abstinence are primarily knowledge-based while the indicators for higher grades are more skills-based standards. For example, a CPI for sixth graders states that students should be able to “summarize strategies to remain abstinent and resist pressures to become sexually active,” whereas eighth graders should be able to “determine the benefits of sexual abstinence and develop strategies to resist pressures to become sexually active,”<sup>48</sup> and 12<sup>th</sup> grade students should be able to “evaluate information that supports abstinence from sexual activity using reliable research data.”<sup>49</sup>

Students are also expected to know about contraception. One CPI states that students in eighth grade should be able to “compare and contrast methods of contraception used by adolescents and factors that may influence their use,” while by the completion of 12<sup>th</sup> grade students should be able to “analyze factors that influence the choice, use, and effectiveness of contraception, including risk-reduction and risk-elimination strategies.”<sup>50</sup>

To align with the development of 21<sup>st</sup>-century education standards, a new CPI included under Standard 2.4 addresses the use of technology within relationships. Specifically the standards state that 12<sup>th</sup> grade students should understand how “technology impacts the capacity of individuals to develop and maintain interpersonal relationships.”<sup>51</sup> The aligning CPI suggests that students should be able to “analyze

how various technologies impact the developments and maintenance of local and global interpersonal relationships.”<sup>52</sup>

The 2009 revised standard also expand upon the previous learning expectations related to sexual identity and anti-bullying in regards to sexual orientation. The standards suggest that students in eighth and 12<sup>th</sup> grade should understand that discussions of sexuality are significant and sensitive and that such discussions require “a safe, supportive environment where sensitivity and respect is shown to all.”<sup>53</sup> Specifically, the CPI for eighth grade states that students should be able to “discuss topics regarding gender identity, sexual orientation, and cultural stereotyping,” and that by the completion of 12<sup>th</sup> grade students should be able to “compare and contrast attitudes and beliefs about gender identity, sexual orientation, and gender equity across cultures.”<sup>54</sup>

In another update, students are also expected to learn more about the human papillomavirus (HPV) and newly available vaccines. For example, one CPI states that students in sixth grade should be able to “determine behaviors that place one at risk for HIV/AIDS, STIs, HPV, or unintended pregnancy,” while another suggests that eighth grade students should be able to “explain the importance of practicing routine healthcare procedures such as breast self-examination, testicular examinations, and [the] HPV vaccine.”<sup>55</sup>

Both previous and current standards include the learning expectation that high school students will be able to “determine the impact of physical, social, emotional, cultural, religious, ethical, and legal issues on elective pregnancy termination.”<sup>56</sup> For the 2009 revised standards, a newly added CPI states that 12<sup>th</sup> grade students should be able to “compare the legal rights and responsibilities of adolescents with those of adults regarding pregnancy, abortion, and parenting.”<sup>57</sup>

### *Comprehensive Sex Education Programs in Public Schools*

#### New Jersey Teen Prevention Education Program (Teen PEP)

The New Jersey Teen Prevention Education Program (Teen PEP) is a “sexual health promotion and peer education initiative” that trains high school students to serve as peer health educators, providing them with the knowledge and tools to become “effective and capable sexual health advocates and role models.”<sup>58</sup> The program, which began officially in 1999, is a collaboration of the New Jersey Department of Health and Senior Services, the Princeton Center for Leadership Training, and HiTOPS (Health Interested Teens’ Own Program on Sexuality), Inc. Through the initiative, the collaborating partners work with school districts across the state to implement the Teen PEP sexual health course in participating high schools. The course, which is aligned with the *New Jersey Core Curriculum Content Standards*, serves as an elective or alternative year-long health class for selected high school students in their junior or senior year.

Teen PEP is a team-taught course. Faculty advisors teaching the course “receive special training in sexual health and coordination of activity-based learning” and each year attend two, one-day advanced training sessions.<sup>59</sup>

Students, who must be given parental consent before participating, receive both sexual health education and the “skills needed to facilitate innovative prevention outreach workshops.” The course covers information on a diversity of sexual health issues, including postponing sexual involvement, unintended pregnancy, STDs and HIV/AIDS, “homophobia reduction,” dating violence, and sexual abuse among other issues.<sup>60</sup> After being trained, the students facilitate at least five workshops over the course of the year that are geared toward lower class high school students (ninth and tenth graders) or parents.

The workshops address sexual and reproductive health issues and focus on “enhancing the critical skills needed to promote teen sexual health,” such as “communication (with parents and partners),” negotiation, problem-solving, decision-making, refusal, and self-management skills.<sup>61</sup> Students participating in the workshops must also receive parental consent.

The program is currently operating in more than 50 public high schools across 15 counties in New Jersey.<sup>62</sup> More than 600 peer educators participate in the Teen PEP course.<sup>63</sup>

Between 2000 and 2003, Rutgers University conducted an evaluation of Teen PEP. The program was shown to be effective in impacting students' knowledge, attitudes, and behaviors. Among the peer educators, the evaluation showed that the students were more likely to speak with parents, friends, and partners about sexual health issues, delay sexual initiation, return to abstinence, and reduce their number of sexual partners. In addition, they were more likely to access reproductive health care services and use condoms and birth control than their peers who were not in the program. Among workshop participants, students were more likely to speak with parents, friends, and partners about sexual health issues, delay sexual initiation, return to abstinence, reduce their frequency of sex, "abstain from sex while under the influence of alcohol and other drugs," and "use birth control more often."<sup>64</sup>

*We encourage you to submit any updated or additional information on comprehensive approaches to sex education being implemented in New Jersey 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.*

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### **Title V Abstinence-Only Grant Coordinator**

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**ORGANIZATIONS THAT SUPPORT COMPREHENSIVE SEXUALITY EDUCATION**

ACLU of New Jersey  
Newark, NJ  
Phone: (973) 642-2084  
[www.aclu-nj.org](http://www.aclu-nj.org)

New Jersey Lesbian and Gay Coalition  
New Brunswick, NJ  
Phone: (732) 828-6772  
[www.njlgc.org](http://www.njlgc.org)

Answer  
Piscataway, NJ  
Phone: (732) 445-7929  
[answer.rutgers.edu](http://answer.rutgers.edu)

New Jersey National Organization for Women  
Trenton, NJ  
Phone: (609) 393-0156  
[www.nownj.org](http://www.nownj.org)

Family Planning Association  
of New Jersey  
Trenton, NJ  
Phone: (609) 393-8423

New Jersey Religious Coalition for Reproducti  
Choice  
Mt. Freedom, NJ  
Phone: (973) 984-0118  
[www.rcrc.org](http://www.rcrc.org)

HiTOPS  
Princeton, NJ  
Phone: (609) 683-5155  
[www.hitops.org](http://www.hitops.org)

Planned Parenthood of Greater Northern  
New Jersey  
Morristown, NJ  
Phone: (973) 539-9580  
[www.ppgnnj.org](http://www.ppgnnj.org)

Hyacinth AIDS Foundation  
New Brunswick, NJ  
Phone: (732) 246-0204  
[www.hyacinth.org](http://www.hyacinth.org)

Sierra Club – New Jersey Chapter  
Trenton, NJ  
[www.newjersey.sierraclub.org](http://www.newjersey.sierraclub.org)

NARAL Pro-Choice New Jersey  
Trenton, NJ  
Phone: (609) 439-4516  
[www.prochoicenj.org](http://www.prochoicenj.org)

**ORGANIZATIONS THAT OPPOSE COMPREHENSIVE SEXUALITY EDUCATION**

Free Teens USA  
Westwood, NJ  
Phone: (201) 488-3733  
[www.freeteensusa.org](http://www.freeteensusa.org)

New Jersey Right to Life  
Piscataway, NJ  
Phone: (732) 562-0563  
[www.njrtl.org](http://www.njrtl.org)

New Jersey Family Policy Council  
Parsippany, NJ  
Phone: (800) 653-7204  
[www.njfpc.org](http://www.njfpc.org)

**MEDIA OUTLETS****Newspapers in New Jersey<sup>66</sup>***Courier News*

Bridgewater, NJ

Phone: (908) 722-8800

[www.c-n.com](http://www.c-n.com)*Courier-Post*

Cherry Hill, NJ

Phone: (856) 663-6000

[www.courierpostonline.com](http://www.courierpostonline.com)*Herald News*

West Paterson, NJ

Phone: (973) 569-7100

[www.myheraldnews.com](http://www.myheraldnews.com)*The Hudson Reporter*

Hoboken, NJ

Phone (201) 798-7800

[www.hudsonreporter.com](http://www.hudsonreporter.com)*The Jersey Journal*

Jersey City, NJ

Phone: (201) 653-1000

[www.nj.com/ijournal](http://www.nj.com/ijournal)*NJN/New Jersey Network*

Trenton, NJ

Phone: (609) 777-5000

[www.njn.net](http://www.njn.net)*The Star-Ledger*

Newark, NJ

Phone: (973) 392-4141

[www.starledger.com](http://www.starledger.com)*The Times*

Trenton, NJ

Phone: (609) 989-5454

[www.nj.com/times](http://www.nj.com/times)**Political Blogs in New Jersey***Blue Jersey*[www.bluejersey.com](http://www.bluejersey.com)*The Center of New Jersey Life*<http://centernilife.blogspot.com/>*The Daily Newarker*[www.dailynewarker.com](http://www.dailynewarker.com)*New Jersey: Politics Unusual*[www.newjerseypoliticsunusual.blogspot.com](http://www.newjerseypoliticsunusual.blogspot.com)*Politicker NJ*[www.politickernj.com](http://www.politickernj.com)*The Ruins of Trenton*[www.ruinsoftrenton.wordpress.com](http://www.ruinsoftrenton.wordpress.com)

<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> N.J. Stat. Ann. §§ 18A:35-7 and -8.

<sup>3</sup> N.J. Admin. Code § 6A:8-5.1(a)(1)(vi),

<[http://www.michie.com/newjersey/lpext.dll/uanjadmin/1/20bf5/211d4/2132e/21332?f=templates&fn=document-frame.htm&2.0#JD\\_analysis8220](http://www.michie.com/newjersey/lpext.dll/uanjadmin/1/20bf5/211d4/2132e/21332?f=templates&fn=document-frame.htm&2.0#JD_analysis8220)>.

<sup>4</sup> N.J. Admin. Code § 6A:8-3.1; "Standard 2.4: Human Relationships and Sexuality," *2009 New Jersey Core Curriculum Content Standards for Comprehensive Health and Physical Education*, (Trenton, NJ: New Jersey Department of Education, 2009), accessed 20 May 2010, <[https://www13.state.nj.us/NJCCCS/ContentAreaTableView\\_Health.aspx](https://www13.state.nj.us/NJCCCS/ContentAreaTableView_Health.aspx)>

<sup>5</sup> *New Jersey Comprehensive Health Education and Physical Education Curriculum Framework* (New Jersey; New Jersey Department of Education, 1999), accessed 13 April 2010, <<http://www.state.nj.us/education/frameworks/chpe/chapter3.pdf>>, 26.

<sup>6</sup> *New Jersey Comprehensive Health Education and Physical Education Curriculum Framework* (New Jersey; New Jersey Department of Education, 1999), accessed 13 April 2010, <[www.state.nj.us/education/frameworks/chpe](http://www.state.nj.us/education/frameworks/chpe)>.

<sup>7</sup> N.J. Stat. Ann. § 18A:35-4.20.

- <sup>8</sup> N.J. Stat. Ann. § 18A:35-4.21(3).
- <sup>9</sup> N.J. Stat. Ann. § 18A:35-4.7.
- <sup>10</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>>.
- <sup>11</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>12</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>13</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>14</sup> *Ibid.*, Table 3.2.
- <sup>15</sup> U.S. Teenage Pregnancies, Births, and Abortions: National and State Trends and Trends by Race and Ethnicity, Table 3.3.
- <sup>16</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 19.
- <sup>17</sup> *Ibid.*
- <sup>18</sup> 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>>.
- <sup>19</sup> *HIV Surveillance Report, 2008*, Table 20.
- <sup>20</sup> *Ibid.*
- <sup>21</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>22</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.
- <sup>23</sup> *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.
- <sup>24</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.
- <sup>25</sup> Central Jersey Family Health Consortium, Inc., “About CJFHC,” accessed 3 June 2011, <<http://rpcmoc.net/AboutCJFHC.aspx>>.
- <sup>26</sup> *Ibid.*
- <sup>27</sup> 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](http://www.wymantop.org/pdfs/TOP_Positive_Well-Being.pdf)>, 3.
- <sup>28</sup> *Ibid.*, 9.
- <sup>29</sup> “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](http://www.hhs.gov/ash/oah/prevention/research/programs/teen_outreach_program.html)>.
- <sup>30</sup> “Our Program,” The Children’s Aid Society – Carrera Adolescent Pregnancy Prevention Program, accessed 1 July 2011, <<http://stopteenpregnancy.childrenguidance.org/our-program>>.
- <sup>31</sup> *Ibid.*
- <sup>32</sup> “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](http://www.hhs.gov/ash/oah/prevention/research/programs/cas_carrera.html)>.
- <sup>33</sup> Joel Landau, “Program fights to stop teen pregnancy,” *The Daily Journal*, 19 October 2010, accessed 2 June 2011, <<http://www.thedailyjournal.com/article/20101019/NEWS01/10190313/Program-fights-stop-teen-pregnancy>>.
- <sup>34</sup> *Ibid.*
- <sup>35</sup> “Our Mission,” Princeton Center for Leadership Training, accessed 30 August 2011, <<http://www.princetonleadership.org/venture/our-mission>>.
- <sup>36</sup> “Teen PEP Overview,” Teen PEP, accessed 30 August 2011, <<http://www.teenpep.org/overview.cfm>>.

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- <sup>37</sup> “Program Model,” Teen PEP, accessed 30 August 2011, <<http://www.teenpep.org/polProgramModel.cfm>>.
- <sup>38</sup> “New Jersey Personal Responsibility Education Program – Competitive Request for Applications,” New Jersey Department of Health and Senior Services (June 2011), accessed 29 August 2011, <[http://www.nj.gov/health/fhs/documents/pep\\_rfa\\_draft.pdf](http://www.nj.gov/health/fhs/documents/pep_rfa_draft.pdf)>.
- <sup>39</sup> “New Jersey Abstinence Education Project – Competitive Request for Applications,” New Jersey Department of Health and Senior Services (February 2011), accessed 29 August 2011, <<http://www.nj.gov/health/fhs/children/documents/rfa.pdf>>.
- <sup>40</sup> “New Jersey Abstinence Education Program – List of Grantees,” New Jersey Department of Health and Senior Services, accessed 29 August 2011, <<http://www.nj.gov/health/fhs/children/documents/grantees.pdf>>.
- <sup>41</sup> “Message from the Director,” Project YES You Can!, accessed 29 August 2011, <<http://projectyesyoucan.org/promo/message-from-the-director/>>; *see also* “Students Respond to Project YES You Can!,” Project YES You Can!, accessed 29 August 2011, <<http://projectyesyoucan.org/blog/students-respond-to-project-yes-you-can/>>.
- <sup>42</sup> “Curriculum,” Project YES You Can!, accessed 29 August 2011, <<http://projectyesyoucan.org/educators/curriculum/>>.
- <sup>43</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>44</sup> “Introduction,” *2009 New Jersey Core Curriculum Content Standards*, (Trenton, NJ: New Jersey Department of Education, 2009), accessed 20 May 2010, <<http://www.njcccs.org/Worldclassstandards.aspx>>.
- <sup>45</sup> Ibid.
- <sup>46</sup> *2009 New Jersey Core Curriculum Content Standards for Comprehensive Health and Physical Education*.
- <sup>47</sup> Ibid., 2.4.4.B.1.
- <sup>48</sup> Ibid., 2.4.8.B.2.
- <sup>49</sup> Ibid., 2.4.6.B.2; Ibid., 2.4.8.B.2; Ibid., 2.4.12.B.2.
- <sup>50</sup> Ibid., 2.4.8.B.3.; Ibid., 2.4.12.B.3.
- <sup>51</sup> *2009 New Jersey Core Curriculum Content Standards for Comprehensive Health and Physical Education*.
- <sup>52</sup> Ibid., 2.4.12.A.6.
- <sup>53</sup> Ibid.
- <sup>54</sup> Ibid., 2.4.8.B.4; Ibid., 2.4.12.B.4.
- <sup>55</sup> Ibid., 2.4.6.B.6; Ibid., 2.4.8.B.6.
- <sup>56</sup> Ibid., 2.4.8.B.6.
- <sup>57</sup> Ibid., 2.4.12.C.6.
- <sup>58</sup> “New Jersey Teen Prevention Education Program,” New Jersey Department of Health and Senior Services, accessed 23 May 2010, <<http://www.state.nj.us/health/aids/teenpep.shtml#participants>>.
- <sup>59</sup> Ibid.
- <sup>60</sup> Ibid., “Educational Programs for Youth: Peer-Led Programs,” HiTOPS, accessed 23 May 2010, <<http://www.hitops.org/educationalprograms/programteens.shtml#peerledprograms>>.
- <sup>61</sup> Ibid.
- <sup>62</sup> Ibid.
- <sup>63</sup> “Teen PEP,” HiTOPS, accessed 23 May 2010, <<http://www.hitops.org/peereducation/teenpep.shtml>>.
- <sup>64</sup> “Teen PEP Program Evaluation Results,” New Jersey Teen Prevention Education Program, accessed 23 May 2010, <<http://www.state.nj.us/health/aids/teenpep.shtml>>.
- <sup>65</sup> The person listed represents the designated personnel in the state responsible for adolescent reproductive health.
- <sup>66</sup> This section is a list of major newspapers in the state and is by no means exhaustive of local print outlets.