



SIECUS

State Profile

SOUTH CAROLINA

In Fiscal Year 2013,¹ the state of South Carolina received:

- **Division of Adolescent and School Health funds totaling \$60,000**
- **Personal Responsibility Education Program funds totaling \$716,946**
- **Title V State Abstinence Education Program funds totaling \$829,819**

In Fiscal Year 2013, local entities in South Carolina received:

- **Teen Pregnancy Prevention Initiative funds totaling \$2,955,712**
 - **Pregnancy Assistance Fund dollars totaling \$1,500,000**
 - **Competitive Abstinence Education funds totaling \$200,000**

SEXUALITY EDUCATION LAW AND POLICY

Schools in South Carolina are required to provide sexually transmitted disease (STDs) education beginning in grade 6; but cannot provide information on STDs to students prior to grade 6.² Schools are not required to teach about HIV or AIDS. State law specifies that age-appropriate instruction in reproductive health may be offered for grades K–5. STDs and reproductive health are required to be included as a part of comprehensive health education in grades 6–8 and pregnancy prevention may be addressed.³ Students must also receive “at least 750 minutes of reproductive health education and pregnancy prevention education at least one time over the course of grades nine through twelve.”⁴ Pregnancy prevention education must be provided in gender-divided classes.⁵

According to South Carolina Code:

“Reproductive health education” means instruction in human physiology, conception, prenatal care and development, childbirth, and postnatal care, but does not include instruction concerning sexual practices outside marriage or practices unrelated to reproduction except within the context of the risk of disease. Abstinence and the risks associated with sexual activity outside of marriage must be strongly emphasized.”⁶

The law explains, “[c]ontraceptive information must be given in the context of future family planning,” which has been interpreted to mean that any information about contraception must be in the context of use during marriage.⁷ In addition, no school may distribute contraceptives. Abortion may only be discussed in the context of the complications that it may cause and “must not be mentioned as a method of birth control.”⁸ Further, the law specifies that:

“The program of instruction provided for in this section may not include a discussion of alternate sexual lifestyles from heterosexual relationships including, but not limited to, homosexual relationships, except in the context of instruction concerning sexually transmitted diseases.”⁹

The state does not require or suggest a specific curriculum; however, the state’s health education curriculum standards cover sexuality education, including an “[e]mphasis on the rights and responsibilities of family members; on understanding, accepting, and managing one’s sexuality; and on acquiring the skills that promote abstinence.”¹⁰ In order to develop its curriculum, each local school board must “appoint a thirteen-member local advisory committee consisting of two parents, three clergy, two health professionals, two teachers, two students, one being the president of the student body of a high school, and two other persons not employed by the local school district.”¹¹ South Carolina also states that the department of education and local school boards must provide “staff development activities” for educators participating in the comprehensive health program.¹²

Parents must be informed in advance of any sexuality specific instruction and are allowed to remove their children from any part of the health education classes.¹³ This is referred to as an “opt-out” policy.

See South Carolina Code Annotated §§ 59-32-10, et seq., and South Carolina Health and Safety Education Curriculum Standards.

2013 STATE LEGISLATIVE SESSION ACTIVITY

Bill to Require Comprehensive Health Education

HB 3435 proposes changes to the state’s current sex education law, updating the longstanding Comprehensive Health Education Act of 1988. Changes include providing pregnancy prevention instruction, requiring schools to use approved comprehensive health education curricula, and certifying health education teachers. HB 3435 passed out of the House Education and Public Works Subcommittee, awaiting full committee hearing, and carries over to the legislative session in 2014.

YOUTH SEXUAL HEALTH DATA

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

South Carolina Youth Risk Behavior Survey (YRBS) Data¹⁴

- In 2013, 44.3% of female high school students and 50.7% of male high school students in South Carolina reported ever having had sexual intercourse, compared to 46% of female high school students and 47.5% of male high school students nationwide.
- In 2013, 3.5% of female high school students and 9.7% of male high school students in South Carolina reported having had sexual intercourse before age 13, compared to 3.1% of female high school students and 8.3% of male high school students nationwide.
- In 2013, 32% of female high school students and 32.4% of male high school students in South Carolina reported being currently sexually active (defined as having had sexual intercourse in the three months prior to the survey), compared to 35.2% of female high school students and 32.7% of male high school students nationwide.
- In 2013, 13.1% of female high school students and 7.5% of male high school students in South Carolina who dated or went out with someone during the 12 months before the survey reported experiencing physical dating violence one or more times during that time period (defined as being hit, slammed into something, or injured with an object or weapon on purpose by someone they were dating or going out with), compared to 13% of female high school students and 7.4% of male high school students nationwide.

Visit the Centers for Disease Control and Prevention's [Youth Online database](#) for additional information on youth risk behaviors.

South Carolina Teen Pregnancy, HIV/AIDS, and Other STD Data

Teen Pregnancy, Birth, and Abortion

- In 2010, South Carolina's teen pregnancy rate ranked ninth in the United States, with a rate of 65 pregnancies per 1,000 young women ages 15–19, compared to the national rate of 57 per 1,000.¹⁵ There were a total of 10,490 pregnancies among young women ages 15–19 in South Carolina in 2010.¹⁶
- In 2012, South Carolina's teen birth rate ranked 13th in the United States, with a rate of 36.6 births per 1,000 young women ages 15–19, compared to the national rate of 29.4 per 1,000.¹⁷ In 2012, there were a total of 5,537 live births to young women ages 15–19 reported in South Carolina.¹⁸
- In 2010, South Carolina's teen abortion rate ranked 20th in the United States, with a rate of 13 abortions per 1,000 young women ages 15–19, compared to the national rate of 15 per 1,000.¹⁹ There were a total of 2,060 abortions among young women ages 15–19 reported in South Carolina in 2010.²⁰

HIV and AIDS

- In 2011, the rate of diagnoses of HIV infection among adolescents ages 13–19 in South Carolina was 12.2 per 100,000, compared to the national rate of 7.6 per 100,000.²¹
- In 2011, the rate of AIDS diagnoses among adolescents ages 13–19 in South Carolina was 5.8 per 100,000, compared to the national rate of 1.9 per 100,000.²²
- In 2011, the rate of diagnoses of HIV infection among young adults ages 20–24 in South Carolina was 55.6 per 100,000, compared to the national rate of 36.3 per 100,000.²³
- In 2011, the rate of AIDS diagnoses among young adults ages 20–24 in South Carolina was 21.8 per 100,000, compared to the national rate of 10.9 per 100,000.²⁴

Sexually Transmitted Diseases

- In 2012, South Carolina ranked sixth in the United States for reported cases of chlamydia among young people ages 15–19, with an infection rate of 2,734.4 cases per 100,000, compared to the national rate of 2,001.7 per 100,000. In 2012, there were a total of 8,697 cases of chlamydia among young people ages 15–19 reported in South Carolina.²⁵
- In 2012, South Carolina ranked sixth in the United States for reported cases of gonorrhea among young people ages 15–19, with an infection rate of 613.4 cases per 100,000, compared to the national rate of 376.8 per 100,000. In 2012, there were a total of 1,951 cases of gonorrhea among young people ages 15–19 reported in South Carolina.²⁶
- In 2012, South Carolina ranked ninth in the United States for reported cases of primary and secondary syphilis among young people ages 15–19, with an infection rate of 6.6 cases per 100,000, compared to the national rate of 4.1 per 100,000. In 2012, there were a total of 21 cases of syphilis among young people ages 15–19 reported in South Carolina.²⁷

FEDERAL FUNDING FOR SEX EDUCATION, TEEN PREGNANCY PREVENTION, AND ABSTINENCE-ONLY-UNTIL-MARRIAGE 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 FY 2013. 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. OAH utilizes the remaining appropriated funds to provide program support, implementation evaluation, and technical assistance to grantees. TPPI also dedicates \$8.5 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 and minimize underlying behavioral risk factors or other associated risk factors.

- There is one TPPI Tier 1 grantee in South Carolina, South Carolina Campaign to Prevent Teen Pregnancy, which received \$1,469,480 in FY 2013.

South Carolina Campaign to Prevent Teen Pregnancy, \$1,469,480 (FY 2013)

The South Carolina Campaign to Prevent Teen Pregnancy (SC Campaign) is a nonprofit dedicated to the prevention of adolescent pregnancy in South Carolina through education, technical assistance, public awareness, advocacy, and research. The organization believes “that the most effective health and sexuality education is abstinence-first, age-appropriate, and comprehensive.”²⁸ To this end, it supports and advocates for comprehensive sexuality education that contains information on both abstinence and contraception as a means to prevent teen pregnancy.²⁹

With its TPPI Tier 1 funding, the SC Campaign implements the “Keep it Real, South Carolina” teen pregnancy prevention program. The program aims to decrease the number of adolescent girls in South Carolina who become pregnant before graduating from high school and increase the number of middle schools in the state that institutionalize the provision of an evidence-based teen pregnancy prevention program. The SC Campaign partners with 24 middle schools across the state to implement the program, which uses the curriculum, *It's Your Game: Keep It Real*.

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 South Carolina.

TPPI Tier 2: Communitywide Initiatives

The TPPI Tier 2 grant program also supports communitywide initiatives to reduce rates of teenage pregnancy and births in communities with the highest rates. The program awards grants to national organizations as well as state- and community-based organizations. Funded national partners provide training and technical assistance to local grantees. The Centers for Disease Control and Prevention (CDC) administer the grant program in partnership with OAH.

- There is one TPPI Tier 2 Communitywide Initiatives grantee in South Carolina, South Carolina Campaign to Prevent Teen Pregnancy, which received \$1,486,232 for FY 2013.

South Carolina Campaign to Prevent Teen Pregnancy, \$1,486,232 (FY 2013)

With its TPPI Tier 2 Communitywide Initiative grant, the SC Campaign leads a communitywide effort to implement evidence-based, teen pregnancy prevention programs in Horry and Spartanburg counties. The program aims to “significantly increase the scope and reach of culturally competent teen pregnancy prevention services in the two target communities.” Such services include the implementation of evidence-based programming and the utilization of reproductive health clinics. The initiative seeks to establish a sustainable, multi-component, teen pregnancy prevention strategy in each of the target communities and to decrease the rates of teen pregnancy in these communities by 10% over the next five years.³⁰

To carry out the initiative, the SC Campaign engages young people ages 10–19, with a focus on 15–19 year-olds, along with parents, key stakeholders, and community members. The initiative primarily focuses on African Americans and Latinos in the two target communities, while providing services to all priority youth. Multiple local agencies serve as active partners on the initiative, including schools, institutions of higher education, community- and faith-based organizations, foundations, youth and family service agencies, city and county agencies, and health care service providers. Teen pregnancy prevention programming is implemented in a variety of settings and implemented by a broad range of community partners in order to reach young people. Parents and community members are also engaged in programming in order to “ensure implementation of evidence-informed policies and procedures, and positive changes in social norms, awareness, and parent-child communication.”³¹

Division of Adolescent and School Health

The Division of Adolescent and School Health (DASH), within the Centers for Disease Control and Prevention (CDC), provides funding to 17 state and 19 local education agencies to help districts and schools strengthen student health through exemplary sexual health education (ESHE) that emphasizes HIV and other STD prevention, increased access to key sexual health services (SHS), and the establishment of safe and supportive environments (SSE) for students and staff. In addition, DASH funds nine national non-governmental organizations (NGOs) to help state and local education agencies achieve these goals.

- There were no DASH grantees in South Carolina funded to strengthen student health through ESHE, SHS, and SSE in FY 2013.

DASH also funds three local education agencies and one NGO to implement multiple program activities to meet the HIV/STD-prevention needs of young men who have sex with men (YMSM) and to develop strategic partnerships and collaborations between schools and community-based, mental health, and social services organizations to accomplish this work.

- There were no DASH grantees in South Carolina funded to deliver YMSM programming in FY 2013.

DASH also provides funding for state, territorial, and local education agencies and state health agencies to establish and strengthen systematic procedures to collect and report Youth Risk Behavior Survey (YRBS) and School Health Profiles data for policy and program improvements.

- There was one DASH grantee in South Carolina funded to collect and report YRBS and School Health Profiles data in FY 2013, the South Carolina Department of Education (\$60,000).

Pregnancy Assistance Fund

The Pregnancy Assistance Fund (PAF), administered by OAH, provides expecting and parenting teens, women, fathers, and their families with a network of support services. Established in FY 2010 through a 10-year authorization (FY 2010–FY 2019) in the Affordable Care Act (ACA), PAF is a \$25 million competitive grant program for state and tribal entities. PAF grants support programs that include at least one of the following four components:

1) support for expectant and parenting student services at institutions of higher education; 2) support for expectant and parenting teens, women, fathers, and their families at high schools and community centers; 3) improved services for pregnant women who are victims of domestic violence, sexual violence, sexual assault, and stalking; and 4) increased public awareness and education services for expectant and parenting teens, women, fathers, and their families. Now in the second round of awards, PAF supports 17 entities in 14 states and three tribal entities, most of which focus their efforts on serving teen parents.

- There is one Pregnancy Assistance Fund grantee in South Carolina, the Children’s Trust Fund of South Carolina which received \$1,500,000 for FY 2013.

The Children’s Trust Fund of South Carolina, \$1,500,000 (FY 2013)

The Children’s Trust Fund of South Carolina has four goals with their PAF grant: 1) increased number and quality of services for expectant and parenting teens, fathers, families, and students—and increased awareness of said services; 2) increased educational attainment among expectant and parenting young mothers and fathers; 3) reduced number of repeat teen births; and 4) improved parenting skills. Multiple communities work towards these goals; programming in each community will be provided through a “hub-and-spoke” model. This approach allows the community to bring partners like schools and clinics together to develop a full continuum of services.³²

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, \$3.1 million for Tribal PREP, for tribes and tribal organizations, and with remaining funds for evaluation, training, and technical assistance. In addition, provisions within the statute for PREP enable a competitive application process for community- and faith-based organizations within states and territories that do not directly seek PREP funding by the third year of the program; these competitive PREP (CPREP) grants were awarded to organizations in five states and three territories in FY 2013. Details on the state grant program, PREIS, Tribal PREP, and CPREP 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 STDs. 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 South Carolina Department of Health and Environmental Control received \$716,946 in federal PREP funds for FY 2013.
- The agency provides sub-grants to 14 local public and private entities.³³

The South Carolina Department of Health and Environmental Control (DHEC) implements the state’s PREP grant in partnership with 14 local sub-grantees in 17 rural counties with high-risk youth. The community- and school-based program serves middle school and high school students, with a small focus on youth transitioning out of the foster care and/or juvenile justice system. Grantees address adolescent development, healthy relationships, parent-child communication, and healthy life skills. Individual sub-grantees determine the settings in which they deliver programming and must utilize one of three evidence-based curricula approved by the DHEC: *Making Proud Choices!*, *Safer Choices*, and *What Could You Do?*³⁴

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. The 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 South Carolina.

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 young people 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 2013, 16 tribes and tribal organizations from nine states received a total of \$3.1 million.
- There are no Tribal PREP grantees in South Carolina.

Competitive Personal Responsibility Education Program (CPREP)

CPREP grants support evidence-based programs that provide young people with medically accurate and age-appropriate information for the prevention of unintended pregnancy, HIV/AIDS, and other STDs. Organizations and institutions in states and territories that did not apply for PREP formula grants in either of the past two fiscal years were eligible to submit competitive applications for CPREP grants. Thirty-seven grants, totaling \$18.6 million, were awarded in FY 2013 to organizations in American Samoa, the Commonwealth of Northern Mariana Islands, Florida, Guam, Indiana, North Dakota, Texas, and Virginia.

- There are no CPREP grantees in South Carolina.

Title V State Abstinence Education Grant Program

The Title V abstinence-only-until-marriage (Title V AOUM) program, administered by ACF, allocates \$50 million per year to states for FYs 2010–2014. The Title V AOUM 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 Title V AOUM 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 South Carolina Department of Health and Environmental Control received \$829,819 in federal Title V AOUM funding for FY 2013.
- The South Carolina Department of Health and Environmental Control provides sub-grants to two local entities: Heritage Community Services (\$543,750) and South Carolina Parents Involved in Education (\$56,250).³⁵
- In South Carolina, the two sub-grantees provide the match through in-kind funds.

The South Carolina Department of Health and Environmental Control implements the state Title V AOUM program in collaboration with two local entities. The state program targets young people ages 10–19 in both community- and school-based settings in more than 30 counties. Curricula used for programming is required to be medically accurate and comply with the federal A–H definition for “abstinence education,” and to include *Heritage Keepers* and *Worth the Wait*.³⁶

Heritage Community Services, \$543,750 (FY 2013)

Heritage Community Services is an AOUM industry leader that offers extensive programming in South Carolina and across the United States.

The nonprofit is a longtime recipient of federal funding for AOUM programs. Since FY 2003, the organization has received more than \$4.3 million in Title V AOUM funding from the state of South Carolina. Heritage Community Services also previously received federal AOUM funding through the Adolescent Family Life Act (AFLA) and the now-defunct Community-Based Abstinence Education (CBAE) grant programs. It has been the recipient of two CBAE grants, receiving a total of \$4.7 million in funding. The organization also received AFLA funding between FYs 2004–2009 totaling more than \$2 million.

In addition, for FYs 2004–2007 Heritage received \$804,000 in federal funding from the Prevention of Adolescent Sexual Activity through the CBAE grant program implemented by the U.S. Department of Health and Human Services, Office of Adolescent Pregnancy Programs. In all, the organization has received nearly \$12 million in federal funding for AOUM programs over the past 10 years.

Heritage Community Services was first formed in 1995 by Anne Badgley, who remains its president and CEO. Badgley formed the organization as an adjunct to the Lowcountry Crisis Pregnancy Center, which she founded in 1986 and continues to run. Crisis Pregnancy Centers typically advertise as providing medical services and then use anti-abortion propaganda, misinformation, and fear and shame tactics to dissuade women facing unintended pregnancy from exercising their right to choose. While the two groups have since become separate nonprofits, they remain closely linked. In addition, Badgley has close ties with other crisis pregnancy centers, including serving on the advisory board of National CareNet Centers for Tomorrow. CareNet’s mission is “to promote a culture of life through the delivery of valuable, life-affirming, evangelistic ministry to people facing unplanned pregnancies and related sexual issues.”

Over the years, Heritage Community Services has seen a great deal of favoritism from the government in South Carolina. In a highly irregular use of Title V AOUM funding, South Carolina awarded the entire amount of its federal and state funding to Heritage Community Services without first engaging in a competitive bidding process. The vast amounts of taxpayer funding and political favoritism lavished upon Heritage Community Services, both at the state and federal level, has enabled its AOUM programs to be disseminated across the country and internationally. The organization has created two curricula series for AOUM programs, including *Heritage Keepers Abstinence Education* and *Heritage Keepers Life Skills Education*.

South Carolina Parents Involved in Education, \$56,250 (FY 2013)

South Carolina Parents Involved in Education (SC PIE) provides AOUM programming to students, parents, and health care providers in public schools and faith communities. The organization is a former CBAE grantee and received a total of \$2,265,609 in CBAE AOUM funding for FYs 2005–2007.

SC PIE is run by Sheri Few, who helped direct South Carolina’s Title V AOUM state-grant program for the first years of its existence. Few also co-authored the *Healthy Image of Sex (HIS)* AOUM curriculum. One part of the *HIS* teacher guide instructs, “Ask students to consider what happens when these powerful things are used in healthy and unhealthy ways. Plane—consider Twin Towers; Cars—consider when used by children under age or people on drugs; Guns—when used by people who are not trained or do not have authority, or for play by children; Fire—when played with or when not in a safe place. Like many things with potential great benefits, sex can be damaging as well. Marriage is the safe place, outside of marriage is dangerous.”³⁷

Competitive Abstinence Education Grant Program

Administered by the ACF, the Competitive Abstinence Education (CAE) grant program provides grants for “abstinence education” as defined by the A–H statute in Title V of the Social Security Act, as well as for mentoring, counseling, and adult supervision that promotes abstinence outside of marriage. As currently implemented by ACF, the programs must also be medically accurate. In FY 2013, \$4.3 million was granted through a competitive application process to 10 grantees across nine states, in addition to the nine grantees implementing the second year of their CAE awards in some overlapping and additional states, for a total of 19 CAE grantees in 14 states.

SOUTH CAROLINA

- There is one CAE grantee in South Carolina, The Children’s Council, which received \$200,000 for FY 2013. At the time of publication, more information on these grantees was not available.

South Carolina TPPI, DASH, PAF, PREP, Title V AOUM, and CAE Funding in FY 2013

Grantee	Award	Fiscal Years
Teen Pregnancy Prevention Initiative (TPPI)		
<i>TPPI Tier 1: Replication of Evidence-Based Programs</i>		
South Carolina Campaign to Prevent Teen Pregnancy	\$1,469,480	2010–2014
TOTAL	\$1,469,480	
<i>TPPI Tier 2: Communitywide Initiatives</i>		
South Carolina Campaign to Prevent Teen Pregnancy	\$1,486,232	2010–2014
TOTAL	\$1,486,232	
Division of Adolescent and School Health (DASH)		
South Carolina Department of Education	\$60,000	2013–2017
TOTAL	\$60,000	
Pregnancy Assistance Fund		
Children’s Trust Fund of South Carolina	\$1,500,000	2013
TOTAL	\$1,500,000	
Personal Responsibility Education Program (PREP)		
<i>PREP State-Grant Program</i>		
South Carolina Department of Health and Environmental Control (federal grant)	\$716,946	2013
TOTAL	\$716,946	
Title V Abstinence-Only-Until-Marriage Program (Title V AOUM)		
South Carolina Department of Health and Environmental Control (federal grant)	\$829,819	2013
TOTAL	\$829,819	
Competitive Abstinence Education Grant (CAE)		
The Children’s Council	\$200,000	2013
TOTAL	\$200,000	
GRAND TOTAL		
	\$6,262,477	2013

POINTS OF CONTACT

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¹ This refers to the federal government's fiscal year, which begins on October 1 and ends on September 30. The fiscal year is designated by the calendar year in which it ends; for example, FY 2013 began on October 1, 2012, and ended on September 30, 2013.

² S.C. Code Ann. §§ 59-32-30(A)(1)–(2), <http://www.scstatehouse.gov/code/t59c032.php>.

³ S.C. Code Ann. § 59-32-30(A)(2).

⁴ S.C. Code Ann. §§ 59-32-30(A)(3) and (6).

⁵ S.C. Code Ann. § 59-32-30(F).

⁶ S.C. Code Ann. § 59-32-10(1).

⁷ S.C. Code Ann. § 59-32-10(4)(c).

⁸ S.C. Code Ann. § 59-32-30(D); S.C. Code Ann. § 59-32-10(4)(c).

⁹ S.C. Code Ann. § 59-32-30(A)(5).

¹⁰ *South Carolina Health and Safety Education Curriculum Standards*, 21,

<http://north.uscb.edu/library/Warren/WarrenSCHHealthandsafetieducationcurriculumstandards.pdf>

¹¹ S.C. Code Ann. § 59-32-30(B), <http://www.scstatehouse.gov/code/t59c032.php>.

¹² S.C. Code Ann. § 59-32-40.

¹³ S.C. Code Ann. § 59-32-50.

¹⁴ Kann, Laura, et al., “Youth Risk Behavior Surveillance—United States, 2013,” *Surveillance Summaries, Morbidity and Mortality Weekly Report*, Vol. 63, No. 4 (June 13, 2014): accessed July 17, 2014, <http://www.cdc.gov/mmwr/pdf/ss/ss6304.pdf>.

¹⁵ Kost, K., and S. Henshaw, *U.S. Teenage Pregnancies, Births, and Abortions, 2010: State Trends by Age, Race, and Ethnicity* (New York: Guttmacher Institute, 2014), accessed July 8, 2014, <http://www.guttmacher.org/pubs/USTPtrends10.pdf>, Table 3.1.

¹⁶ *Ibid.*, Table 3.2.

¹⁷ Martin, J.A., et al., *Births: Final Data for 2012*. National Vital Statistics Reports, Vol. 62, No. 9. (December 30, 2013), accessed July 30, 2014, http://www.cdc.gov/nchs/data/nvsr/nvsr62/nvsr62_09.pdf, Table 12.

¹⁸ Centers for Disease Control and Prevention, VitalStats Interactive Data Tables, Hyattsville, MD: National Center for Health Statistics, <http://www.cdc.gov/nchs/vitalstats.htm>.

¹⁹ Kost, K., and S. Henshaw, *U.S. Teenage Pregnancies, Births, and Abortions, 2010: State Trends by Age, Race, and Ethnicity* (New York: Guttmacher Institute, 2014), accessed July 8, 2014, <http://www.guttmacher.org/pubs/USTPtrends10.pdf>, Table 3.1.

²⁰ *Ibid.*, Table 3.2.

²¹ Slide 9: “Rates of Diagnosis of HIV Infection among Adolescents Aged 13–19 Years, 2011—United States and 6 Dependent Areas,” *HIV Surveillance in Adolescents and Young Adults* (Atlanta, GA: Centers for Disease Control and Prevention), accessed May 30, 2013, <http://bit.ly/1mYVJHs>.

²² Slide 18: “Rates of Stage 3 (AIDS) Classifications among Adolescents Aged 13–19 Years with HIV Infection, 2011—United States and 6 Dependent Areas,” *HIV Surveillance in Adolescents and Young Adults* (Atlanta, GA: Centers for Disease Control and Prevention), accessed May 30, 2013, <http://bit.ly/1mYVJHs>.

²³ Slide 10: “Rates of Diagnoses of HIV Infection among Young Adults Aged 20–24 Years, 2011—United States and 6 Dependent Areas,” *HIV Surveillance in Adolescents and Young Adults* (Atlanta, GA: Centers for Disease Control and Prevention), accessed May 30, 2013, <http://bit.ly/1mYVJHs>.

²⁴ Slide 19: “Rates of Stage 3 (AIDS) Classifications among Adolescents Aged 20–24 Years with HIV Infection, 2011—United States and 6 Dependent Areas,” *HIV Surveillance in Adolescents and Young Adults* (Atlanta, GA: Centers for Disease Control and Prevention), accessed May 30, 2013, <http://bit.ly/1mYVJHs>.

²⁵ NCHHSTP Atlas, “STD Surveillance Data.” (Atlanta, GA: Centers for Disease Control and Prevention), accessed June 10, 2013, <http://gis.cdc.gov/GRASP/NCHHSTPAtlas/main.html>.

²⁶ *Ibid.*

²⁷ *Ibid.*

²⁸ “About Us,” South Carolina Campaign to Prevent Teen Pregnancy, accessed May 15, 2011, <http://www.teenpregnancysc.org/aboutus.aspx>.

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²⁹ *What Can Policymakers Do*, South Carolina Campaign to Prevent Teen Pregnancy, accessed May 15, 2011, <http://www.teenpregnancysc.org/UserFiles/teenpregsc/Documents/What%20You%20Can%20Do%20-%20Policymakers.pdf>.

³⁰ Information provided by Shannon Flynn, director of research and evaluation for the South Carolina Campaign to Prevent Teen Pregnancy, June 30, 2011.

³¹ *Ibid.*

³² “Children's Trust Fund of South Carolina,” Office of Adolescent Health, U.S. Department of Health and Human Services, accessed September 23, 2014, <http://www.hhs.gov/ash/oah/grants/grantees/paf-sc.html>.

³³ More information on sub-grantees was not available at the time of publication. Information provided by Martha Hinson, PREP grant coordinator/state adolescent health coordinator, South Carolina Department of Health and Environmental Control, August 5, 2014.

³⁴ *Ibid.*

³⁵ Information provided by Jill Varn, health risk reduction program coordinator, SC Department of Health and Environmental Control, August 8, 2014.

³⁶ *Ibid.*

³⁷ Jones, Pamela L., and Sheri Few, *Health Images of Sex* (HIS) Version I (Lugoff, SC: Healthy Image of Sex, 2008), p. 9.

³⁸ The person listed represents the designated personnel in the state responsible for adolescent reproductive health.