



TENNESSEE

In Fiscal Year 2010¹, the state of Tennessee received:

- **Personal Responsibility Education Program funds totaling \$1,012,182**
- **Title V State Abstinence Education Program funds totaling \$1,141,533**

In Fiscal Year 2010, local entities in Tennessee received:

- **Teen Pregnancy Prevention Initiative funds totaling \$3,002,846**

SEXUALITY EDUCATION LAW AND POLICY

Tennessee law states that the teaching of any sexuality education class cannot be implemented without approval of the local education agency. Any course in sexuality education must be taught by instructors deemed to be qualified by the local school board and must “include presentations encouraging abstinence from sexual intercourse during the teen and pre-teen years.”² In addition, all instruction and materials related to HIV/AIDS prevention must place “primary emphasis on abstinence from premarital intimacy and on the avoidance of drug abuse in controlling the spread of AIDS.”³

State law explains that if any county in Tennessee has pregnancy rates higher than 19.5 pregnancies per 1,000 females ages 15–17, then every school district in that county must implement family life education in accordance with curriculum guidelines provided by the state board of education. This education must emphasize abstinence until marriage and must include instruction in the prevention of HIV/AIDS and sexually transmitted diseases (STDs).⁴ Family life education must be taught for four years after the release of the initial teen pregnancy rates. If the school district fails to develop and implement its own family life education program, then it must adopt “the complete plan of family life instruction developed by the state board.”⁵ If the school board does not implement family life education, the commissioner of education for the state is instructed to withhold state funding.

Health and wellness courses at all grade levels must conform to the curriculum standards mandated by the state Board of Education.⁶ The *Tennessee Health Education Standards 3-5* include instruction on sexually transmitted disease (STDs), including HIV/AIDS, include instruction on STDs, including HIV/AIDS, beginning in grade three.⁷ The *Tennessee Health Education Standards 6-8* include the expectation that students will learn to “identify abstinence from sexual activity as the responsible and preferred choice for adolescents.”⁸

The *Tennessee Lifetime Wellness Curriculum Standards Grades 9-12* for wellness courses, which students must take in order to graduate high school, include a section on sexuality and family life. The standards describe abstinence as a “positive choice,” but also include instruction on contraception and alternatives for an unplanned pregnancy, including abortion.⁹ The wellness curriculum standards for grades six through 12 also require instruction on STDs, including HIV/AIDS.

Tennessee Code allows students to be removed from sexuality education classes upon written request from their parent or guardian.¹⁰ This is referred to as an “opt-out” policy.

See Tennessee Code Sections 49-6-1005, 49-6-1008, 49-6-1301, 49-6-1302, and 49-6-1303; Rules of the State Board of Education, Chapter 0520-1-3; Tennessee Health Education Standards 3-5, Tennessee Health Education Standards 6-8, and Tennessee Lifetime Wellness Curriculum Standards Grades 9-12.

RECENT LEGISLATION

Bill to Establish Guidelines for Integrated Sex Education

House Bill 1352 and Senate Bill 1305, introduced in February of 2011, would have amended state law to require each school district that provides human sexuality instruction to adopt an “integrated sex education” curriculum. As defined by the bill, “integrated sex education” is a medically accurate “comprehensive, abstinence-centered educational program” that teaches “the health, economic and societal benefits of refraining from non-marital sexual activity and encourages students to engage in self-regulation, goal-setting, and future orientation.” Instruction would have been required to “exclusively and emphatically” promote abstinence; and, among other restrictions, would have been prohibited from implicitly or explicitly promoting “any gateway sexual activity” that falls within the scope of abstinence, such as masturbation. Parents would have been allowed to remove their child from instruction. Both bills were referred to the Education Committee in their respective chamber and died in committee.

‘Don’t Say Gay’ Bill Passes State Senate

Senate Bill 49, introduced in February 2011, would have prohibited all elementary and middle schools from providing instruction on sexual orientation “other than heterosexuality.” The bill passed the Senate on May 20, 2011 and was amended to require that instruction provided in elementary and middle schools be “limited exclusively to natural human reproduction science.” No further action was taken on the bill and it died. An identical bill, House Bill 229, was also introduced in February 2011 and died in committee.

YOUTH SEXUAL HEALTH DATA

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

Tennessee Youth Risk Behavior Survey (YRBS) Data¹¹

- In 2009, 51% of female high school students and 56% of male high school students in Tennessee reported ever having had sexual intercourse compared to 46% of female high school students and 46% of male high school students nationwide.
- In 2009, 3% of female high school students and 12% of male high school students in Tennessee reported having had sexual intercourse before age 13 compared to 3% of female high school students and 8% of male high school students nationwide.

T E N N E S S E E

- In 2009, 13% of female high school students and 20% of male high school students in Tennessee 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, 38% of female high school students and 39% of male high school students in Tennessee 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, 51% of females and 68% of males in Tennessee 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, 21% of females and 12% of males in Tennessee 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, 15% of females and 21% of males in Tennessee 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, 84% of high school students in Tennessee reported having been taught about AIDS/HIV in school compared to 87% of high school students nationwide.

Memphis, Tennessee

- In 2009, 53% of female high school students and 71% of male high school students in Memphis, Tennessee reported ever having had sexual intercourse compared to 46% of female high school students and 46% of male high school students nationwide.
- In 2009, 4% of female high school students and 22% of male high school students in Memphis, Tennessee 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, 13% of female high school students and 34% of male high school students in Memphis, Tennessee 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, 39% of female high school students and 49% of male high school students in Memphis, Tennessee 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, 68% of females and 77% of males in Memphis, Tennessee 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, 12% of females and 6% of males in Memphis, Tennessee 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, 8% of females and 21% of males in Memphis, Tennessee 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, 79% of high school students in Memphis, Tennessee reported having been taught about AIDS/HIV in school compared to 87% of high school students nationwide.

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

Teen Pregnancy, Birth, and Abortion

- Tennessee's teen birth rate currently ranks 7th in the United States, with a rate of 55.6 births per 1,000 young women ages 15–19 compared to the national rate of 45.1 births per 1,000.¹² In 2008, there were a total of 9,179 live births reported to young women ages 15–19 in Tennessee.¹³ Up-to-date data are not currently available for teen pregnancy and abortion rates.
- In 2005, Tennessee's teen pregnancy rate ranked 10th in the United States, with a rate of 79 pregnancies per 1,000 young women ages 15–19 compared to the national rate of 70 pregnancies per 1,000.¹⁴ There were a total of 15,560 pregnancies among young women ages 15–19 in Tennessee.¹⁵
- In 2005, Tennessee's teen abortion rate ranked 30th in the United States, with a rate of 12 abortions per 1,000 young women ages 15–19 compared to the national rate of 19 abortions per 1,000.¹⁶

HIV and AIDS

- Tennessee's HIV infection rate ranks 8th in the United States, with a rate of 19.6 cases per 100,000 individuals compared to the national rate of 19.5 cases per 100,000.¹⁷
- Tennessee ranks 9th in cases of HIV infection diagnosed in the United States among all age groups. In 2008, there were a total of 1,216 new cases of HIV infection diagnosed in Tennessee.¹⁸

- Tennessee’s HIV infection rate among young people ages 13–19 ranks 11th in the United States, with a rate of 9.7 cases per 100,000 young people compared to the national rate of 9.1 cases per 100,000.¹⁹
- Tennessee ranks 16th in number of reported AIDS cases in the United States among all age groups. In 2008, there were a total of 597 new AIDS cases reported in Tennessee.²⁰
- Tennessee’s AIDS rate ranks 18th in the United States, with a rate of 9.6 cases per 100,000 individuals compared to the national rate of 12.3 cases per 100,000.²¹
- Tennessee’s AIDS rate among young people ages 13–19 ranks 26th in the United States, with a rate of 1.1 cases per 100,000 young people compared to the national rate of 1.8 cases per 100,000.²²

Sexually Transmitted Diseases

- Tennessee ranks 8th in reported cases of Chlamydia among young people ages 15–19 in the United States, with an infection rate of 25.27 cases per 1,000 compared to the national rate of 19.51 cases per 1,000. In 2008, there were a total of 10,413 cases of Chlamydia reported among young people ages 15–19 in Tennessee.²³
- Tennessee ranks 11th in reported cases of gonorrhea among young people ages 15–19 in the United States, with an infection rate of 6.52 cases per 1,000 compared to the national rate of 4.52 cases per 1,000. In 2008, there were a total of 2,686 cases of gonorrhea reported among young people ages 15–19 in Tennessee.²⁴
- Tennessee ranks 4th in reported cases of primary and secondary syphilis among young people ages 15–19 in the United States, with an infection rate of 0.08 cases per 1,000 compared to the national rate of 0.04 cases per 1,000. In 2008, there were a total of 34 cases of syphilis reported among young people ages 15–19 in Tennessee.²⁵

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 Tennessee received \$3,002,846 in TPPI Tier 1 funding for Fiscal Year 2010.
- There are four TPPI Tier 1 grantees in Tennessee: Centerstone of Tennessee, Inc.; Douglas-Cherokee Economic Authority, Inc.; Knox County Health Department; and Le Bonheur Community Health and Well-Being.

Centerstone of Tennessee, Inc., \$1,000,000 (2010–2014)

Centerstone of Tennessee, Inc., located in Nashville, Tennessee, provides professional behavioral health services and advanced programs to treat mental illness and substance abuse problems. The Centerstone network includes more than 63 facilities throughout Middle Tennessee and serves the following Tennessee counties: Bedford, Cheatham, Coffee, Davidson, Dickson, Franklin, Giles, Hickman, Houston, Humprheys, Lawrence, Lewis, Lincoln, Marshall, Maury, Montgomery, Robertson, Sumner, Wayne, and Williamson.

The organization previously received federal abstinence-only-until-marriage funding through the now-defunct Community-Based Abstinence Education (CBAE) grant. In Fiscal Year 2001, Centerstone received CBAE funds totaling \$74,067. It received a second CBAE grant for Fiscal Years 2004–2006 totaling \$2.3 million. With its CBAE funding, Centerstone operated the “Rural Abstinence Program,” which stressed avoiding STDs; developing healthy, non-sexual relationships; and encouraging emotional and physical health through abstinence. The school-based program provided instruction to students in grades 7–12 during health and science classes and encouraged “adolescents to make responsible choices and educate[d] them about the benefits of abstaining from sex until marriage.”²⁶ The program, which ran in 10 Tennessee counties, used two curricula: *Practicing Abstinence through Communications Training* (PACT), for middle school students, and *Choosing the Best*, for high school students.²⁷

Centerstone implements the “Be in Charge” program with its TPPI funding. The overall goals of the program are to establish and sustain a community-based, teen pregnancy-prevention program for adolescents; reduce teen pregnancy risk; conduct outreach and education of teen pregnancy (prevalence, risks, costs, etc.); and develop and disseminate a thoroughly documented service model for replication across Tennessee and the rest of the nation. In order to accomplish these goals, Centerstone will provide outreach and education to stakeholders and launch a social marketing campaign to reach 60 percent of area residents.

Centerstone’s program targets adolescents, ages 12–19, attending schools in a 26-county area of Middle Tennessee. The teen birth rate in each of these counties either meets or exceeds the Tennessee teen birth rate. Centerstone partners with multiple stakeholders, including local school systems, teachers, counselors, local health departments/councils, and primary and behavioral health care providers in its effort to accomplish program objectives. The organization plans to serve 2,500 youth annually with the program.

“Be in Charge” uses *Promoting Health Among Teens! (Abstinence-Only Intervention)*, an evidence-based curriculum developed to increase knowledge and awareness about STDs, including HIV, increase an understanding of how abstinence can prevent pregnancy and HIV/STDs, and build refusal and negotiation skills for practicing abstinence. *Promoting Health Among Teens!* aims for participants to abstain from vaginal, oral and anal intercourse until a time later in life when they are ready to handle the potential consequences of having sex and neither discourages nor encourages condom use.²⁸ Although originally intended for use with urban, African-American youth in small groups, the intervention can be adapted for

use with larger groups and those in rural settings.²⁹ The curriculum is designed as eight, one-hour modules that include group discussions, videos, role-playing, skill-building activities, games, and other experiential exercises. It is appropriate for use in both school- and community-based settings. An evaluation of the program published in the *Archives of Pediatrics & Adolescent Medicine* found that at a 24-month follow-up, participants who were sexually inexperienced at the time of the program were significantly less likely to have initiated sex than participants in the control group.³⁰

Douglas Cherokee Economic Authority, \$600,000 (2010–2014)

The Douglas Cherokee Economic Authority (DCEA) is a non-profit organization located in Morristown, Tennessee. The organization serves low-income families residing in six rural Appalachian counties in East Tennessee: Cooke, Grainger, Hamblen, Jefferson, Monroe, and Sevier. DCEA has Community Action Agency status, meaning that its structure is designed to promote the participation of the entire community in its poverty reduction and elimination measures. In addition to providing direct service, Community Action Agencies develop comprehensive antipoverty plans, conduct community-wide needs assessments, advocate on behalf of low-income populations, and involve the low-income population it serves in the planning, implementation, and evaluation of its programs.

The organization previously received federal abstinence-only-until-marriage funding through the now defunct Community-Based Abstinence Education (CBAE) grant. Between Fiscal Years 2008 and 2009, DCEA received a total of \$1,137,468 in CBAE funds.

DCEA's Tier 1 program targets students in grades six through eight at two middle schools in Morristown, Tennessee. The program aims to help participants develop the skills necessary to make a successful transition to adulthood and self-sufficiency without the burden of teen pregnancy and early childbearing. DCEA's program combines an interactive classroom-based intervention with community service learning using *Teen Outreach Program (TOP)*. DCEA plans to reach approximately 925 youth annually with its program.

Teen Outreach Program (TOP) is 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.”³¹ 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.³² 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.³³

Knox County Health Department, \$602,846 (2010–2014)

The Knox County Health Department's Tier 1 program targets a diverse community of rural, suburban, and urban youth, ages 14–19. The health department implements the program in clinics throughout the eastern Appalachian region of Tennessee. The program's overall goal is to reduce the incidence of behavioral risk factors underlying teen pregnancy and STIs through increased access to comprehensive sexuality education. The health department plans to reach 1,600 youth annually.

Knox County Health Department partners with a collaborative of organizations through the Knox Adolescent Pregnancy Prevention Initiative (KAPPI), a community coalition of 33 organizations that work together to address issues regarding teen pregnancy and parenting. KAPPI

aims “to prevent adolescent pregnancy while improving services available for pregnant and parenting adolescents.”³⁴ The coalition asserts that abstinence “is the most responsible and effective means of preventing pregnancy and sexually transmitted infections, and should be strongly encouraged. However, it is recognized that some adolescents may become pregnant in spite of these efforts. Work must be done to insure (sic) that needed health, education, vocational, and social services are accessible to these adolescents and their children.”³⁵

With its Tier 1 grant, the health department implements *Safer Sex*, a clinic-based intervention designed for female adolescents. The intervention is delivered to participants in a one-on-one setting and seeks to reduce their incidence of STD infection and improve their efficacy of condom use. The intervention is administered by a female health educator and begins with the viewing of a brief video clip that uses celebrities to dramatize buying condoms as well as negotiating condom use. The video is followed by a 30-minute discussion with the health educator, which is tailored to meet the interests and risk level of the individual participant. The discussion addresses the consequences of having unprotected sex, methods for preventing unintended pregnancy and STDs, including HIV, secondary abstinence, and condom-use skills. Participants also conduct a self-assessment to evaluate their sexual risk and are provided with written information about safer sex and contraception use. In addition, the intervention includes one-, three-, and six-month booster sessions at which time participants are invited back to the clinic for follow-up. An evaluation of the program published in the *Archives of Pediatrics and Adolescent Medicine* found, at a six-month follow-up, that the intervention reduced the incidence of multiple sexual partners among participants.³⁶

Le Bonheur Community Health and Well-Being, \$800,000 (2010–2014)

Le Bonheur Community Health and Well-Being is a community service initiative of Le Bonheur Children’s Hospital, located in Memphis, Tennessee. The initiative engages in community outreach that addresses the social, economic, and environmental factors threatening children’s health and wellbeing.

Le Bonheur’s Tier 1 program targets African-American youth ages 13–18 in North Memphis and Shelby County. The organization aims to reduce high-risk behaviors, increase knowledge of HIV and other STDs, and increase confidence in negotiating safer sex practices among participants. The program provides instruction to students at Northside, Frayser, and Trezevant high schools, Memphis Academy of Health Science Middle and High School, and at community centers and churches.

Le Bonheur implements *Be Proud! Be Responsible!*, an evidence-based HIV-prevention curriculum originally designed for urban, African-American males ages 13–18.³⁷ The curriculum seeks to provide young people with the knowledge, motivation, and skills necessary to reduce their risk of HIV, other STDs, and causing unintended pregnancy. It also aims to impact sexual behavior by equipping youth with negotiation, refusal, and condom-use skills. The curriculum uses a “sense-of-community” approach that emphasizes how HIV/AIDS has affected inner-city communities and discusses the importance of protecting the community in order to instill accountability, sexual responsibility, and a sense of pride in participants. Although originally designed for use with small groups of six to 12 participants, the curriculum has been used with larger groups and is appropriate for both school-based and community-based settings.³⁸ An evaluation of the program published in the *American Journal of Community Psychology* found that the intervention reduced the number of female sexual partners participants had as well as the number of non-monogamous female sexual partners (those who were simultaneously involved with other male partners). In addition, the study found that the intervention decreased the frequency of vaginal and heterosexual anal intercourse, and increased condom use among participants.³⁹ Le Bonheur plans to reach approximately 2,500 youth annually.⁴⁰

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 Tennessee.

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 Tennessee.

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 Executive Office of the State of Tennessee received \$1,012,182 in federal PREP funds for Fiscal Year 2010.

The Tennessee PREP state-grant program is managed by the Governor’s Office of Children’s Care Coordination. The office focuses on the implementation of evidence-based practices, the collaboration and coordination of child-serving agencies, women’s health, infant mortality and prematurity prevention initiatives, and mental health services for children who have experienced abuse and trauma. Its purpose is to lead efforts to “translate science into public policy and to implement evidence-based practices” in order to improve the quality of health services provided to Tennessee children and youth.⁴¹

The “Tennessee Personal Responsibility Education Program” targets adolescent youth in foster care as well as foster parents and personnel serving foster youth and their families in order to prevent unintended teen pregnancy and train service providers in evidence-based approaches. A collaboration of state agencies, community-based organizations, and community members will lead efforts to implement the PREP state program, including the Department of Children’s Services, the Department of Health, the

Tennessee Commission on Children and Youth, TennCare, Youth Villages, and foster care alumni, among other groups.⁴²

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 Tennessee.

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 Tennessee Department of Health received \$1,141,533 in federal Title V abstinence-only funding for Fiscal Year 2010.
- The department has issued an application announcement for available funds under the state’s Title V abstinence-only grant program. At the time of publication, sub-grantees had not yet been determined.
- In Tennessee, sub-grantees will contribute to the match through a combination of direct revenue and in-kind services.

The Maternal and Child Section of the state department of health will implement and monitor the Title V abstinence-only grant program, which will target young people ages 11–14 in grades six through eight. The agency will award sub-grants of approximately \$150,000 to eight community-based agencies to provide programming through classroom instruction. Priority will be given to support programs implemented in the following 20 counties: Bedford, Coffee, Davidson, Dyer, Hamblen, Hamilton, Hardeman, Haywood, Henderson, Henry, Lake, Lauderdale, Macon, Madison, McNairy, Monroe, Polk, Rhea, Shelby, and Warren. The following five evidence-based programs have been approved for use through the Tennessee Title V abstinence-only program: *Making a Difference!*; *Promoting Health Among Teens!* (Abstinence-Only Intervention); *Reducing the Risk*; *SiHLE*, and *Teen Outreach Program (TOP)*.⁴³ (Please see the TPPI Tier 1 section above for more information on *TOP*.)

Making a Difference! is an evidence-based pregnancy-, STD-, and HIV-prevention education curriculum that emphasizes abstinence from sexual activity. Adapted from the evidence-based curriculum, *Be Proud! Be Responsible!*, *Making a Difference!* aims to increase participants’ knowledge about HIV, STD, and pregnancy prevention as well as their confidence to negotiate sexual pressure and intention to abstain from sex. It is designed for use with African-American, Latino, and white adolescents ages 11–13 and can be implemented in school- or community-based settings. The curriculum includes interactive activities, small group discussions, and skill-building exercises, including role-plays, aimed to increase comfort and efficacy with practicing abstinence. An evaluation of the curriculum published in the *Journal of American Medical Association* found that at a three-month follow-up, participants in the program were less likely to report having had sexual intercourse in the three months prior than peers in the control group. Evaluation

results also showed that the program helped to delay sexual initiation among program participants who were sexually inexperienced.⁴⁴

Promoting Health Among Teens!(Abstinence-Only Intervention) is an evidence-based curriculum developed to increase knowledge and awareness about STDs, including HIV, increase an understanding of how abstinence can prevent pregnancy and HIV/STDs, and build refusal and negotiation skills for practicing abstinence. *Promoting Health Among Teens!* aims for participants to abstain from vaginal, oral and anal intercourse until a time later in life when they are ready to handle the potential consequences of having sex and neither discourages nor encourages condom use.⁴⁵ Although originally intended for use with urban, African-American youth in small groups, the intervention can be adapted for use with larger groups and those in rural settings.⁴⁶ The curriculum is designed as eight, one-hour modules that include group discussions, videos, role-playing, skill-building activities, games, and other experiential exercises. It is appropriate for use in both school- and community-based settings. An evaluation of the program published in the *Archives of Pediatrics & Adolescent Medicine* found that at a 24-month follow-up, participants who were sexually inexperienced at the time of the program were significantly less likely to have initiated sex than participants in the control group.⁴⁷

Reducing the Risk: Building Skills to Prevent Pregnancy, STD and HIV is an evidence-based, pregnancy-, STD-, and HIV-prevention curriculum designed for classroom use with students in the ninth and tenth grades. It is appropriate for use with multi-ethnic populations.⁴⁸ *Reducing the Risk* aims to reduce high-risk behaviors among participants and emphasizes strategies for abstaining from sex or practicing safer sex. The 16-lesson curriculum addresses both abstinence and contraception use and includes experiential activities that teach students to develop refusal, negotiation, and communication skills. An evaluation of the program published in *Family Planning Perspectives* found that it increased parent-child communication, especially among Latino youth, delayed the initiation of sexual intercourse, and reduced incidence of unprotected sex among lower-risk youth who participated in the program.⁴⁹

SiHLE (Sisters Informing, Healing, Living, and Empowering) is an evidence-based HIV- and STD-prevention education program designed for African-American females ages 14–18 who are sexually active and at high risk for HIV. It is a peer-led, social skills training intervention based on social cognitive theory and the theory of gender and power.⁵⁰ The program consists of four, four-hour sessions that are administered on consecutive Saturdays in a community-based setting. Sessions are led by an African-American female adult and two peer-facilitators, ages 18–21. The sessions are designed to reinforce ethnic and gender pride and address HIV-prevention strategies, the transmission of STDs, communication and negotiation skills, condom-use skills, self-efficacy, healthy relationships, and personal empowerment. The program incorporates group discussion, lectures, games, and role-playing. Participants also complete homework assignments that provide opportunity for reflection and skills practice. An evaluation of the program published in the *Journal of the American Medical Association* found that at a six-month follow-up, program participants were significantly less likely to report being pregnant and significantly more likely to report having used condoms consistently in the previous six months than participants in the control group. In addition, at a twelve-month follow-up participants were significantly more likely to report consistent condom use in the previous 30 days and having used a condom during last sexual intercourse than participants in the control group.⁵¹

T E N N E S S E E

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

Grantee	Award	Fiscal Years
Teen Pregnancy Prevention Initiative (TPPI)		
<i>TPPI Tier 1: Replication of Evidence-Based Programs</i>		
Centerstone of Tennessee, Inc.	\$1,000,000	2010–2014
Knox County Health Department	\$602,846	2010–2014
Douglas-Cherokee Economic Authority, Inc.	\$600,000	2010–2014
Le Bonheur Community Health and Well-Being	\$800,000	2010–2014
TOTAL	\$3,002,846	
Personal Responsibility Education Program (PREP)		
<i>PREP State-Grant Program</i>		
Executive Office of the State of Tennessee (federal grant)	\$1,012,182	2010
TOTAL	\$1,012,182	
Title V Abstinence Education Grant Program (Title V Abstinence-Only)		
Tennessee Department of Health (federal grant)	\$1,141,533	2010
TOTAL	\$1,141,533	
GRAND TOTAL	\$5,156,561	2010

COMPREHENSIVE APPROACHES TO SEXUALITY EDUCATION

SIECUS is not aware of any examples of model programs, policies, or best practices being implemented in Tennessee public schools that provide a more comprehensive approach to sex education for young people.

We encourage you to submit any updated or additional information on comprehensive approaches to sex education being implemented in Tennessee public schools for inclusion in future publications of the SIECUS State Profiles. Please visit SIECUS' "Contact Us" webpage at www.siecus.org to share information. Select "state policy" as the subject heading.

POINTS OF CONTACT

Adolescent Health Contact⁵²

Kimothy Warren
 Public Health Program Director
 Tennessee State Department of Health
 Maternal and Child Health Program
 Cordell Hull Building, 4th Floor
 425 Fifth Avenue, North
 Nashville, TN 37247
 Phone: (615) 253-2657

T E N N E S S E E

PREP State-Grant Coordinator

Kim Crane Mallory
Executive Office of the State of Tennessee
Governor's Office of Children's Care Coordination
27th Floor, William R. Snodgrass Tennessee Tower
312 Rosa L. Parks Avenue
Nashville, TN 37243
Phone: (615) 741-5192

Title V Abstinence-Only Grant Coordinator

Kimothy Warren
Public Health Program Director
Tennessee State Department of Health
Maternal and Child Health Program
Cordell Hull Building, 4th Floor
425 Fifth Avenue, North
Nashville, TN 37247
Phone: (615) 253-2657

ORGANIZATIONS THAT SUPPORT COMPREHENSIVE SEXUALITY EDUCATION

ACLU of Tennessee
Nashville, TN
Phone: (615) 320-7142
www.aclu-tn.org

Planned Parenthood Greater Memphis Region
Memphis, TN
Phone: (901) 725-1717
www.plannedparenthood.org/memphis

Knoxville Chapter of the National
Organization for Women
Knoxville, TN
Phone: (865) 281-8075
www.knoxvillenow.org

Planned Parenthood of Middle and East
Tennessee
Nashville, TN
Phone: (615) 345-0952
www.plannedparenthood.org/mid-east-tennessee

ORGANIZATIONS THAT OPPOSE COMPREHENSIVE SEXUALITY EDUCATION

Center for Bio-Ethical Reform
Knoxville, TN
Phone: (865) 609-9033
www.abortionno.org/CBRSoutheast

Tennessee Right to Life
State Central Office
Nashville, TN
Phone: (877) 246-6735
www.tennesseeighttolife.org

MEDIA OUTLETS

Newspapers in Tennessee⁵³

Chattanooga Times & Free Press
 Chattanooga, TN
 Phone: (423) 757-6357
www.timesfreepress.com

The City Paper
 Nashville, TN
 Phone: (615) 298-9833
www.nashvillecitypaper.com

The Memphis Daily News
 Memphis, TN
 Phone: (901) 523-1561
www.memphisdailynews.com

The Jackson Sun
 Jackson, TN
 Phone: (731) 427-3333
www.jacksonsun.com

Knoxville News Sentinel
 Knoxville, TN
 Phone: (865) 523-3131
www.knownews.com

The Leaf-Chronicle
 Clarksville, TN
 Phone: (931) 552-1808
www.theleafchronicle.com

The Tennessean
 Nashville, TN
 Phone: (615) 259-8000
www.tennessean.com

Political Blogs in Tennessee

Enclave
www.enclave-nashville.blogspot.com

Nashville 21
www.seanbraisted.blogspot.com

Post Politics
<http://politics.nashvillepost.com>

Sharon Cobb
www.sharoncobb0.blogspot.com

Tennessee Guerilla Woman
www.guerillawomentn.blogspot.com

¹ This refers to the federal government's fiscal year, which begins on October 1st and ends on September 30th. The fiscal year is designated by the calendar year in which it ends; for example, Fiscal Year 2010 began on October 1, 2009 and ended on September 30, 2010.

² Tenn. Code Ann. § 49-6-1005(a),
 <http://www.michie.com/tennessee/lpext.dll/tncode/1b6fd/1c4a7/1c608/1c63a?f=templates&fn=document-frame.htm&2.0#JD_49-6-1005>.

³ Tenn. Code Ann. § 49-6-1008(a),
 <<http://www.michie.com/tennessee/lpext.dll/tncode/1b6fd/1c4a7/1c608/1c649?f=templates&fn=document-frame.htm&2.0>>.

⁴ Tenn. Code Ann. §§ 49-6-1301(a) and (b),
 <http://www.michie.com/tennessee/lpext.dll/tncode/1b6fd/1c4a7/1c6eb/1c6ef?f=templates&fn=document-frame.htm&2.0#JD_49-6-1301>.

⁵ Tenn. Code Ann. § 49-6-1301(c),
 <http://www.michie.com/tennessee/lpext.dll/tncode/1b6fd/1c4a7/1c6eb/1c6ef?f=templates&fn=document-frame.htm&2.0#JD_49-6-1301>.

- ⁶ Rules of the State Bd. Of Ed. § 0520-1-3-.05(6)(e)(1), <<http://www.tn.gov/sos/rules/0520/0520-01/0520-01-03.20100829.pdf>>.
- ⁷ *Tennessee Health Education Standards 3–5* (Tennessee: Tennessee State Board of Education), accessed 15 April 2010, <http://www.state.tn.us/education/ci/health_pe/doc/health_3_5.pdf#page=12f>, 12.
- ⁸ *Tennessee Health Education Standards 3–5* (Tennessee: Tennessee State Board of Education), accessed 15 April 2010, <http://www.state.tn.us/education/ci/health_pe/doc/health_3_5.pdf#page=9>, 9.
- ⁹ *Tennessee Lifetime Wellness Curriculum Standards Grades 9-12* (Tennessee: Tennessee State Board of Education), accessed 15 April 2010, <http://www.state.tn.us/education/ci/health_pe/doc/health_3_5.pdf#page=19f>, 19.
- ¹⁰ Tenn. Code Ann. § 49-6-1303(b), <http://www.michie.com/tennessee/lpext.dll/tncode/1b6fd/1c4a7/1c6eb/1c6f9?f=templates&fn=document-frame.htm&2.0#JD_49-6-1303>.
- ¹¹ 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: Memphis also participated in the 2009 YRBS.
- ¹² “Births: Final Data for 2008,” *National Vital Statistics Report*, vol. 59, (Atlanta, GA: Centers For Disease Control and Prevention, December 2010), accessed 29 June 2011, <http://www.cdc.gov/nchs/data/nvsr/nvsr59/nvsr59_01.pdf>, Table 12.
- ¹³ “VitalStats: Birth Data Files by State, Age of Mother in Years, 2008,” (Atlanta, GA: Centers for Disease Control and Prevention: National Center for Health Statistics), accessed 30 June 2011, <<http://www.cdc.gov/nchs/VitalStats.htm>>.
- ¹⁴ *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.
- ¹⁵ *Ibid.*, Table 3.2.
- ¹⁶ *U.S. Teenage Pregnancies, Births, and Abortions: National and State Trends and Trends by Race and Ethnicity*, Table 3.3.
- ¹⁷ *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.
- ¹⁸ *Ibid.*
- ¹⁹ 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>>.
- ²⁰ *HIV Surveillance Report, 2008*, Table 20.
- ²¹ *Ibid.*
- ²² 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>>.
- ²³ “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.
- ²⁴ *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.
- ²⁵ *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.
- ²⁶ “Centerstone Receives Three Year Grant to Provide Sexual Abstinence Education,” Centerstone of Tennessee, Inc., 14 October 2004, accessed 26 May 2011, <<http://centerstone.org/centerstone-receives-three-year-grant-to-provide-sexual-abstinence-education>>.
- ²⁷ “Centerstone Receives Three Year Grant to Provide Sexual Abstinence Education,” Centerstone of Tennessee, Inc., 14 October 2004, accessed 26 May 2011, <<http://centerstone.org/centerstone-receives-three-year-grant-to-provide-sexual-abstinence-education>>.
- ²⁸ *Ibid.*
- ²⁹ “Promoting Health Among Teens! Abstinence-Only,” Evidence-Based Programs, Resource Center for Adolescent Pregnancy Prevention (ReCAPP), ETR Associates, accessed 1 July 2011, <<http://www.etr.org/recapp/index.cfm?fuseaction=pages.ebpDetail&PageID=575&PageTypeID=2>>.

- ³⁰ “Pregnancy Prevention Intervention Implementation Report: Promoting Health Among Teens! Abstinence-Only Intervention,” Programs for Replication – Intervention Implementation Reports, U.S. Department of Health and Human Services, accessed 1 July 2011, <http://www.hhs.gov/ash/oah/prevention/research/programs/promoting_health.html>.
- ³¹ Saras Chung and Annie Philipps, *Promoting Mental Health and Well-being in Adolescents: Recommendations for Wyman’s Teen Outreach Program*, (Eureka, MO: Wyman Teen Outreach Program, 2010), accessed 1 July 2011, <http://www.wymantop.org/pdfs/TOP_Positive_Well-Being.pdf>, 3.
- ³² Ibid, 9.
- ³³ “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>.
- ³⁴ “Adolescent Pregnancy Prevention,” Knox County Health Department, accessed 15 May 2011, <http://www.knoxcounty.org/health/adolescent_pregnancy_prevention.php>.
- ³⁵ Ibid.
- ³⁶ “Pregnancy Prevention Intervention Implementation Report: Safer Sex,” 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/safer_sex.html>.
- ³⁷ *Science and Success: Sex Education and Other Programs That Work to Prevent Teen Pregnancy, HIV & Sexually Transmitted Infections* (Washington, DC: Advocates for Youth, 2008), accessed 1 July 2011, <<http://www.advocatesforyouth.org/storage/advfy/documents/sciencesuccess.pdf>>, 56–59.
- ³⁸ “Be Proud! Be Responsible!” Evidence-Based Programs, Resource Center for Adolescent Pregnancy Prevention (ReCAPP), ETR Associates, accessed 1 July 2011, <<http://www.etr.org/recapp/index.cfm?fuseaction=pages.ebpDetail&PageID=1&PageTypeID=2>>; *see also* “Pregnancy Prevention Intervention Implementation Report: Be Proud! Be Responsible!” Programs for Replication – Intervention Implementation Reports, U.S. Department of Health and Human Services, accessed 1 July 2011, <http://www.hhs.gov/ash/oah/prevention/research/programs/be_proud_responsible.html>.
- ³⁹ *Science and Success: Sex Education and Other Programs That Work to Prevent Teen Pregnancy, HIV & Sexually Transmitted Infections*, 56–59.
- ⁴⁰ “Be Proud! Be Responsible! Memphis!,” Le Bonheur Children’s Hospital, accessed 15 June 2011, <[http://www.lebonheur.org/lebonheur/Our+Services/Community+Services/Be+Proud!+Be+Responsible!+Memphis!](http://www.lebonheur.org/lebonheur/Our+Services/Community+Services/Be+Proud!+Be+Responsible!+Memphis!>)>.
- ⁴¹ “About the Governor’s Office of Children’s Care Coordination,” Governor’s Office of Children’s Care Coordination, accessed 15 August 2011, <<http://www.tn.gov/goccc/>>.
- ⁴² “Tennessee Receives \$1 Million Teen Pregnancy Prevention Grant,” Tennessee Government, accessed 15 August 2011, <<http://news.tennesseeanytime.org/node/6196>>.
- ⁴³ Information provided by Kimothy Warren, Public Health Program Director for the Tennessee State Department of Health, 16 February 2011.
- ⁴⁴ “Making a Difference!” Evidence-Based Programs, Resource Center for Adolescent Pregnancy Prevention (ReCAPP), ETR Associates, accessed 1 July 2011, <<http://www.etr.org/recapp/index.cfm?fuseaction=pages.ebpDetail&PageID=127&PageTypeID=2>>.
- ⁴⁵ Ibid.
- ⁴⁶ “Promoting Health Among Teens! Abstinence-Only,” Evidence-Based Programs, Resource Center for Adolescent Pregnancy Prevention (ReCAPP), ETR Associates, accessed 1 July 2011, <<http://www.etr.org/recapp/index.cfm?fuseaction=pages.ebpDetail&PageID=575&PageTypeID=2>>.
- ⁴⁷ “Pregnancy Prevention Intervention Implementation Report: Promoting Health Among Teens! Abstinence-Only Intervention,” Programs for Replication – Intervention Implementation Reports, U.S. Department of Health and Human Services, accessed 1 July 2011, <http://www.hhs.gov/ash/oah/prevention/research/programs/promoting_health.html>.
- ⁴⁸ *Science and Success: Sex Education and Other Programs That Work to Prevent Teen Pregnancy, HIV & Sexually Transmitted Infections* (Washington, DC: Advocates for Youth, 2008), accessed 30 March 2010, <<http://www.advocatesforyouth.org/storage/advfy/documents/sciencesuccess.pdf>>, 22.
- ⁴⁹ Ibid., 23–24.
- ⁵⁰ “Sisters Informing, Healing, Living, Empowering (SiHLE),” Evidence-Based Programs, Resource Center for Adolescent Pregnancy Prevention (ReCAPP), ETR Associates, accessed 1 July 2011, <<http://www.etr.org/recapp/index.cfm?fuseaction=pages.ebpDetail&PageID=567&PageTypeID=2>>.
- ⁵¹ *Science and Success: Sex Education and Other Programs That Work to Prevent Teen Pregnancy, HIV & Sexually Transmitted Infections* (Washington, DC: Advocates for Youth, 2008), accessed 1 July 2011, <<http://www.advocatesforyouth.org/storage/advfy/documents/sciencesuccess.pdf>>, 98–101; *see also* “Pregnancy Prevention Intervention Implementation Report: Sisters Informing, Healing, Living, and Empowering (SiHLE),” Programs for Replication

T E N N E S S E E

– Intervention Implementation Reports, U.S. Department of Health and Human Services, accessed 1 July 2011, <<http://www.hhs.gov/ash/oah/prevention/research/programs/sihle.html>>.

⁵² The person listed represents the designated personnel in the state responsible for adolescent reproductive health.

⁵³ This section is a list of major newspapers in the state and is by no means exhaustive of local print outlets.