



ARKANSAS

In Fiscal Year 2011¹, the state of Arkansas received:

- **Personal Responsibility Education Program funds totaling \$476,238**
- **Title V State Abstinence Education Program funds totaling \$619,176**

SEXUALITY EDUCATION LAW AND POLICY

Arkansas law does not require schools to teach sexuality education or sexually transmitted disease (STD)/HIV education. If a school offers sexuality or STD/HIV education, it must stress abstinence, as “it is the policy of the State of Arkansas to discourage...sexual activity by students.”² Furthermore, every public school sex education and HIV/AIDS-prevention education program must “emphasize premarital abstinence as the only sure means of avoiding pregnancy and the sexual contraction of acquired immune deficiency syndrome and other sexually transmitted diseases.”³

In order to be accredited by the Arkansas Board of Education, public schools must offer health and safety education, and students are required to complete one-half unit of health and safety in order to graduate high school. Arkansas maintains curriculum standards for physical and health education addressing STDs and HIV beginning in grade five. The standards stress the importance of abstinence as well as the possible physical, emotional, and social consequences of sexual activity. Specific course content is left to the discretion of the local school districts.

Local school boards are empowered to establish school-based health clinics, which may provide sexuality education. Such education must include instruction on abstinence.⁴ School-based health clinics may also prescribe and distribute contraceptives with written parental consent; however, no state funds may be used to purchase condoms or contraceptives.⁵ Whether or not a school-based health clinic teaches sexuality education or distributes contraceptives is left to the discretion of the school board. Clinics must not provide abortion referrals.⁶

Arkansas does not require parental permission for students to participate in sexuality or HIV/AIDS education nor does it say whether parents or guardians may remove their children from such classes.

See Arkansas Code § 6-18-703, the Arkansas Department of Education Rules Governing Standards for Accreditation of Arkansas Public Schools and School Districts, the K-8 Physical Education and Health Curriculum Framework, and the Health and Wellness Curriculum Framework for grades nine through 12.

RECENT LEGISLATION

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

YOUTH SEXUAL HEALTH DATA

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

Arkansas Youth Risk Behavior Survey (YRBS) Data⁷

- In 2011, 49% of female high school students and 52% of male high school students in Arkansas reported ever having had sexual intercourse, compared to 46% of female high school students and 49% of male high school students nationwide.
- In 2011, 5% of female high school students and 12% of male high school students in Arkansas reported having had sexual intercourse before age 13, compared to 3% of female high school students and 9% of male high school students nationwide.
- In 2011, 16% of female high school students and 23% of male high school students in Arkansas reported having had four or more lifetime sexual partners, compared to 13% of female high school students and 18% of male high school students nationwide.
- In 2011, 40% of female high school students and 36% of male high school students in Arkansas reported being currently sexually active (defined as having had sexual intercourse in the three months prior to the survey), compared to 34% of female high school students and 33% of male high school students nationwide.
- In 2011, among those high school students who reported being currently sexually active, 47% of females and 64% of males in Arkansas reported having used condoms the last time they had sexual intercourse, compared to 54% of females and 67% of males nationwide.
- In 2011, among those high school students who reported being currently sexually active, 20% of females and 18% of males in Arkansas reported having used birth control pills the last time they had sexual intercourse, compared to 23% of females and 13% of males nationwide.
- In 2011, among those high school students who reported being currently sexually active, 16% of females and 23% of males in Arkansas reported having used alcohol or drugs the last time they had sexual intercourse, compared to 18% of females and 26% of males nationwide.
- In 2011, 82% of high school students in Arkansas reported having been taught about AIDS/HIV in school, compared to 84% of high school students nationwide.

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

Teen Pregnancy, Birth, and Abortion

- In 2010, Arkansas' teen birth rate ranked third in the United States, with a rate of 52.5 births per 1,000 young women ages 15–19, compared to the national rate of 34.3 births per 1,000.⁸ In 2010, there were a total of 5,229 live births to young women ages 15–19 reported in Arkansas.⁹

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- In 2005, Arkansas's teen pregnancy rate ranked seventh in the United States, with a rate of 80 pregnancies per 1,000 young women ages 15–19, compared to the national rate of 70 pregnancies per 1,000.¹⁰ In 2005, there were a total of 7,670 pregnancies among young women ages 15–19 reported in Arkansas.¹¹
- In 2005, Arkansas's teen abortion rate ranked 45th in the United States, with a rate of nine abortions per 1,000 young women ages 15–19, compared to the national rate of 19 abortions per 1,000.¹²

HIV and AIDS

- In 2010, the rate of diagnoses of HIV infection among adolescents aged 13-19 years in Arkansas was 2.7 per 100,000 compared to the national rate of 7.9 per 100,000.¹³
- In 2010, the rate of AIDS diagnoses among adolescents 13-19 years in Arkansas was 0.0 per 100,000 compared to the national rate of 1.9 per 100,000.¹⁴
- In 2010, the rate of diagnoses of HIV infection among young adults aged 20-24 years in Arkansas was 19.8 per 100,000 compared to the national rate of 36.9 per 100,000.¹⁵
- In 2010, the rate of AIDS diagnoses among young adults aged 20-24 years in Arkansas was 6.2 per 100,000 compared to the national rate of 10.4 per 100,000.¹⁶

Sexually Transmitted Diseases

- In 2009, Arkansas ranked seventh in the United States for reported cases of chlamydia among young people ages 15–19, with an infection rate of 28.13 cases per 1,000, compared to the national rate of 20.03 cases per 1,000. In 2009, there were a total of 5,607 cases of chlamydia reported among young people ages 15–19 in Arkansas.¹⁷
- In 2009, Arkansas ranked fifth in the United States for reported cases of gonorrhea among young people ages 15–19, with an infection rate of 7.6 cases per 1,000, compared to the national rate of 4.04 cases per 1,000. In 2009, there were a total of 1,514 cases of gonorrhea reported among young people ages 15–19 in Arkansas.¹⁸
- In 2009, Arkansas ranked third in the United States for reported cases of primary and secondary syphilis among young people ages 15–19, with an infection rate of 0.15 cases per 1,000, compared to the national rate of 0.05 cases per 1,000. In 2009, there were a total of 30 cases of syphilis reported among young people ages 15–19 in Arkansas.¹⁹

FEDERAL FUNDING FOR SEX EDUCATION, TEEN PREGNANCY PREVENTION, AND ABSTINENCE-ONLY PROGRAMS

President's Teen Pregnancy Prevention Initiative

The President's Teen Pregnancy Prevention Initiative (TPPI) funds medically accurate and age-appropriate programs to reduce teen pregnancy. The U.S. Department of Health and Human Services, Office of Adolescent Health (OAH) administers the grant program, which totaled \$105 million in discretionary funding for Fiscal Year (FY) 2011. TPPI consists of two funding tiers that provide grants to

local public and private entities. Tier 1 totals \$75 million and provides funding for the replication of evidence-based programs proven to prevent unintended teen pregnancy and address underlying behavioral risk factors. Tier 2 totals \$25 million and provides funding to develop and test additional models and innovative strategies. A portion of the Tier 2 funds, \$15.2 million, was allocated for research and demonstration grants to test innovative approaches, while the remaining funding, \$9.8 million, was allocated for grants to support communitywide initiatives. TPPI also dedicates \$4.5 million in funding to conduct evaluations of individual programs.

TPPI Tier 1: Evidence-Based Programs

The TPPI Tier 1 grant program supports the replication of evidence-based programs proven effective through rigorous evaluation to prevent unintended teen pregnancy, underlying behavioral risk factors, or other associated risk factors.

- There are no TPPI Tier 1 grantees in Arkansas.

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 Arkansas.

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 Arkansas.

Personal Responsibility Education Program

The Personal Responsibility Education Program (PREP) totals \$75 million per year for FYs 2010–2014 and is the first-ever dedicated funding stream for more comprehensive approaches to sexuality education. The U.S. Department of Health and Human Services, Administration for Children and Families (ACF) administers the grant. PREP includes a \$55 million state-grant program, \$10 million to fund local entities through the Personal Responsibility Education Innovative Strategies (PREIS) Program, \$3.5 million for the Tribal PREP Program for tribes and tribal organizations, and \$6.5 million for evaluation, training, and technical assistance. Details on the state-grant program, PREIS, and Tribal PREP are included below.

PREP State-Grant Program

The PREP state-grant program supports evidence-based programs that provide young people with medically accurate and age-appropriate information for the prevention of unintended pregnancy, HIV/AIDS, and other sexually transmitted infections (STIs). The grant program totals \$55 million per year and allocates funding to individual states. The grant does not require states to provide matching funds. Funded programs must discuss abstinence and contraception and place substantial emphasis on both. Programs must also address at least three of the following adulthood preparation subjects: healthy relationships, positive adolescent development, financial literacy, parent-child communication skills, education and employment skills, and healthy life skills.

- The Arkansas Department of Health received \$476,238 in federal PREP funds for FY 2011.

- The department provides a sub-grant to the Centers for Youth and Families (\$318,671).²⁰

The Arkansas Department of Health administers the state PREP grant in collaboration with the Centers for Youth and Families through community-based programming. The sub-grantee targets youth ages 11–18 in the foster care and juvenile justice system in Pulaski, Garland, and Lonoke counties. The funded program uses the *Be Proud! Be Responsible!* and *Making Proud Choices!* curricula and addresses the following adulthood preparation subjects: health life skills, financial literacy, and career success.²¹

Be Proud! Be Responsible! is an evidence-based HIV-prevention curriculum originally designed for urban, African-American males ages 13–18.²² 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.²³ 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.²⁴

Making Proud Choices! is an evidence-based STD-, HIV-, and pregnancy-prevention curriculum designed for use with African-American, Latino, and white adolescents ages 11–13. The curriculum aims to help youth understand the poor reasoning and decision making that can lead to STD/HIV infection and/or unintended pregnancy, as well as to increase their confidence, negotiation skills, and self-efficacy in using condoms. The program consists of eight one-hour sessions and can be implemented in school- or community-based settings. *Making Proud Choices!* includes interactive and skill-building activities that are designed to “increase comfort with practicing condom use, address concerns about negative effects of practicing safer sex, and build skills in condom use and negotiation.”²⁵ An evaluation of the program published in the *Journal of the American Medical Association* showed that program participants reported more consistent condom use and less unprotected sex as well as a higher frequency of condom use than those in the control group.²⁶

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 Administration for Children and Families 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 Arkansas.

Tribal Personal Responsibility Education Program (Tribal PREP)

Tribal PREP supports the development and implementation of comprehensive teen pregnancy prevention programs within tribes and tribal communities. Tribal PREP programs target youth ages 10–19 who are in or are aging out of foster care, homeless youth, youth with HIV/AIDS, pregnant and/or parenting youth who are under 21 years of age, and youth who live in areas with high adolescent birth rates. Programs must address at least three of the following adulthood preparation subjects: healthy

relationships, positive adolescent development, financial literacy, parent-child communication skills, education and employment skills, and healthy life skills.

- In FY 2011, 16 tribes and tribal organizations from nine states received a total of \$6.5 million.
- There are no Tribal PREP grantees in Arkansas.

Title V State Abstinence Education Grant Program

The Title V State Abstinence Education Grant Program (Title V Abstinence-Only Program) allocates \$50 million per year to states for FYs 2010–2014. ACF administers the grant program. The Title V Abstinence-Only Program requires states to provide three state-raised dollars or the equivalent in services for every four federal dollars received. The state match may be provided in part or in full by local groups. All programs funded by the Title V Abstinence-Only Program must promote abstinence from sexual activity as their exclusive purpose and may provide mentoring, counseling, and adult supervision toward this end. Programs must be medically accurate and age-appropriate and must ensure abstinence is an expected outcome.

- The Arkansas Department of Health received \$619,176 in federal Title V abstinence-only funding for FY 2011.
- The department chose to sub-grant the funds to Healthy Connections, Inc. (\$550,000).²⁷
- In Arkansas, the sub-grantee provides the match.

The Arkansas Department of Health administers the state’s Title V abstinence-only grant. The single sub-grantee in Arkansas is Healthy Connections, Inc., located in Mena. Healthy Connections, Inc., has sub-contracts throughout 11 counties in the state to provide both school- and community-based programming. Youth ages 12–19 receive programming using the following approved curricula: *Choosing the Best* and *Worth the Wait*.²⁸

The *Choosing the Best* series is one of the more popular abstinence-only-until-marriage programs in the country. The series is comprised of a number of curricula for students from sixth grade through high school: *Choosing the Best WAY*, *Choosing the Best PATH*, *Choosing the Best LIFE*, *Choosing the Best JOURNEY*, and *Choosing the Best SOULMATE*. The series has been revised in the past few years and the information about STDs is now medically accurate. However, *Choosing the Best* curricula continue to promote heterosexual marriage, rely on messages of fear and shame, and include biases about gender, sexual orientation, and pregnancy options. For example, *Choosing the Best PATH* asks students to brainstorm the “emotional consequences” of premarital sex. Suggested answers include “guilt, feeling scared, ruined relationships, broken emotional bonds.”²⁹

SIECUS reviewed the 2003 edition of *Worth the Wait* and found that it covers some important topics related to sexuality such as puberty, anatomy, and sexual abuse, and that the curriculum is based on reliable sources of data. Despite these strengths, *Worth the Wait* relies on messages of fear, discourages contraceptive use, and promotes biased views of gender, marriage, and pregnancy options. For example, the curriculum explains that “teenage sexual activity can create a multitude of medical, legal, and economic problems not only for the individuals having sex but for society as a whole.”³⁰ The curriculum has been updated since SIECUS’ review.

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Arkansas TPPI, PREP, and Title V Abstinence-Only Funding in FY 2011

Grantee	Award	Fiscal Years
Personal Responsibility Education Program (PREP)		
<i>PREP State-Grant Program</i>		
Arkansas Department of Health (federal grant)	\$476,238	2011
TOTAL	\$476,238	
Title V Abstinence Education Grant Program (Title V Abstinence-Only)		
Arkansas Department of Health (federal grant)	\$619,176	2011
TOTAL	\$619,176	
GRAND TOTAL		
	\$1,095,414	2011

COMPREHENSIVE APPROACHES TO SEXUALITY EDUCATION

SIECUS is not aware of any examples of model programs, policies, or best practices being implemented in Arkansas 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 Arkansas public schools for inclusion in future publications of the State Profiles. Please visit SIECUS' "Contact Us" webpage at www.siecus.org to share information. Select "state policy" as the subject heading.

POINTS OF CONTACT

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ORGANIZATIONS THAT SUPPORT COMPREHENSIVE SEXUALITY EDUCATION

ACLU of Arkansas
Little Rock, AR
Phone: (501) 374-2660
www.acluarkansas.org

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

NWA Center for Equality
Fayetteville, AR
Phone: (479) 966-9014
www.nwacenterforequality.org

ORGANIZATIONS THAT OPPOSE COMPREHENSIVE SEXUALITY EDUCATION

Family Council of Arkansas
Little Rock, AR
Phone: (501) 375-7000
www.familycouncil.org

Reality Check, Inc.
Lowell, AR
Phone: (479) 631-7885
www.realitycheckinc.org

Greater Fellowship Ministries
Pine Bluff, AR
Phone: (870) 850-7447

Tree of Life Preventative Health Maintenance
Fort Smith, AR
Phone: (479) 782-3309

MEDIA OUTLETS

Newspapers in Arkansas³²

Arkansas Democrat-Gazette
Little Rock, AR
Phone: (501) 378-3568
www2.arkansasonline.com

Jonesboro Sun
Jonesboro, AR
Phone: (870) 935-5525
www.jonesborosun.com

The Morning News
Springdale, AR
Phone: (479) 872-5036
www.nwaonline.net

The Sentinel-Record
Hot Springs National Park, AR
Phone: (501) 623-7711
www.hotsr.com

Times Record
Fort Smith, AR
Phone: (479) 785-7748
www.swtimes.com

Political Blogs in Arkansas

Arkansas Blog
www.arktimes.com/blogs/arkansasblog

Street Jazz
www.arktimes.com/blogs/streetjazz

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, FY 2011 began on October 1, 2010, and ended on September 30, 2011.

² Ark. Code § 6-18-703(d), <http://www.arkleg.state.ar.us/assembly/ArkansasCode/6/6-18-703.htm>.

³ Ibid.

⁴ Ark. Code § 6-18-703(a)(3).

⁵ Ark. Code § 6-18-703(c)(1).

⁶ Ark. Code § 6-18-703(a)(3).

⁷ Danice K. Eaton, et. al., “Youth Risk Behavior Surveillance—United States, 2011,” *Surveillance Summaries, Morbidity and Mortality Weekly Report*, vol. 61, no. SS-4 (June 8, 2012): 24–29, accessed June 18, 2012, <http://www.cdc.gov/mmwr/pdf/ss/ss6104.pdf>.

⁸ “Birth rate for U.S. teenagers reach historic lows for all age and ethnic groups,” NCHS data brief, no. 89,

(Hyattsville, MD: National Center for Health Statistics, 2012), accessed June 27, 2012,

<http://www.cdc.gov/nchs/data/databriefs/db89.pdf>, Data table for figure 6.

⁹ Ibid.

¹⁰ *U.S. Teenage Pregnancies, Births, and Abortions: National and State Trends and Trends by Race and Ethnicity*, (Washington, DC: Guttmacher Institute, January 2010), accessed May 7, 2012, <http://www.guttmacher.org/pubs/USTPtrends.pdf>, Table 3.1.

¹¹ Ibid., Table 3.2.

¹² *U.S. Teenage Pregnancies, Births, and Abortions: National and State Trends and Trends by Race and Ethnicity*, Table 3.1.

¹³ Slide 9: “Rates of Diagnoses of HIV Infection among Adolescents Aged 13–19 Years, 2010—46 States and 5 U.S. Dependent Areas,” *HIV Surveillance in Adolescents and Young Adults*, (Atlanta, GA: Centers for Disease Control and Prevention), accessed January 3, 2013, <http://www.cdc.gov/hiv/topics/surveillance/resources/slides/adolescents/index.htm>.

¹⁴ Slide 18: “Rates of AIDS Diagnoses among Adolescents Aged 13–19 Years, 2010—United States and 6 U.S. Dependent Areas,” *HIV Surveillance in Adolescents and Young Adults*, (Atlanta, GA: Centers for Disease Control and Prevention), accessed January 3, 2013, <http://www.cdc.gov/hiv/topics/surveillance/resources/slides/adolescents/index.htm>.

¹⁵ Slide 10: “Rates of Diagnoses of HIV Infection among Young Adults Aged 20-24 Years, 2010—46 States and 5 U.S. Dependent Areas,” *HIV Surveillance in Adolescents and Young Adults*, (Atlanta, GA: Centers for Disease Control and Prevention), accessed January 3, 2013, <http://www.cdc.gov/hiv/topics/surveillance/resources/slides/adolescents/index.htm>.

¹⁶ Slide 19: “Rates of AIDS Diagnoses among Young Adults Aged 20-24 Years, 2010—United States and 6 U.S. Dependent Areas,” *HIV Surveillance in Adolescents and Young Adults*, (Atlanta, GA: Centers for Disease Control and Prevention), accessed January 3, 2013, <http://www.cdc.gov/hiv/topics/surveillance/resources/slides/adolescents/index.htm>.

¹⁷ “Wonder Database: Sexually Transmitted Disease Morbidity for selected STDs by age, race/ethnicity and gender 1996-2009 Results,” (Atlanta, GA: Centers for Disease Control and Prevention, June 2011), accessed December 18, 2012, <http://wonder.cdc.gov>.

¹⁸ Ibid.

¹⁹ Ibid.

²⁰ Funding was for Arkansas State Fiscal Year 2012—September 1, 2011 to June 30, 2012. Information provided by Sharon Ashcraft, Women’s Health Section Chief, Arkansas Department of Health, September 25, 2012.

²¹ Ibid.

²² *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 July 1, 2011, <http://www.advocatesforyouth.org/storage/advfy/documents/sciencesuccess.pdf>, 56–59.

²³ *Be Proud! Be Responsible!* Evidence-Based Programs, Resource Center for Adolescent Pregnancy Prevention (ReCAPP), ETR Associates, accessed July 1, 2011, <http://www.etr.org/recapp/index.cfm?fuseaction=pages.ebpDetail&PageID=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 July 1, 2011, http://www.hhs.gov/ash/oah/prevention/research/programs/be_proud_responsible.html.

²⁴ *Science and Success: Sex Education and Other Programs That Work to Prevent Teen Pregnancy, HIV & Sexually Transmitted Infections*, 56–59.

²⁵ *Making Proud Choices!* Evidence-Based Programs, Resource Center for Adolescent Pregnancy Prevention (ReCAPP), ETR Associates, accessed April 15, 2010, <http://www.etr.org/recapp/index.cfm?fuseaction=pages.ebpDetail&PageID=128>.

²⁶ Ibid.

²⁷ Information provided by Robert Brech, Chief Financial Officer, Arkansas Department of Health, November 28, 2012.

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²⁸ Ibid.

²⁹ Bruce Cook, *Choosing the Best* (Marietta, GA: *Choosing the Best*, Inc., 2001-2007).

³⁰ Patricia Sulak, *Worth the Wait* (Temple, TX: Scott & White Memorial Hospital, 2003). For more information, see SIECUS' review at http://www.communityactionkit.org/curricula_reviews.html.

³¹ The person listed represents the designated personnel in the state responsible for adolescent reproductive health.

³² This section is a list of major newspapers in the state and is by no means exhaustive of local print outlets.