



### MAINE

**In Fiscal Year 2011<sup>1</sup>, the state of Maine received:**

- **Personal Responsibility Education Program funds totaling \$250,000**

#### **SEXUALITY EDUCATION LAW AND POLICY**

Maine’s sexuality education law mandates that the state Department of Health and Human Services “undertake initiatives to implement effective, comprehensive family life education services.”<sup>2</sup> The state must provide:

- training for teachers, parents, and community members;
- forums among youth and community members in communities with a high need for sexuality education;
- staff to provide trainings, develop curricula, and evaluate the program;
- funding for issue management and policy development training for school boards, superintendents, principals, and administrators; and
- funding for programs that have shown outstanding work around sexuality education.<sup>3</sup>

“Comprehensive family life education” must be taught in kindergarten through 12th grade. The information provided must be medically accurate and age-appropriate, and must respect community values and encourage parent-child communication. Programs must teach about abstinence, healthy relationships, contraception, and conflict resolution. No specific curriculum is mandated.

Parents or guardians may remove their children from sexuality education and/or STD/HIV education classes. This is referred to as an “opt-out” policy.

See Maine Revised Statutes Annotated Title 22, §§ 1902, 1910, and 1911.

#### **RECENT LEGISLATION**

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

#### **YOUTH SEXUAL HEALTH DATA**

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

### **Maine Youth Risk Behavior Survey (YRBS) Data<sup>4</sup>**

- In 2011, 45% of female high school students and 45% of male high school students in Maine reported ever having had sexual intercourse, compared to 46% of female high school students and 49% of male high school students nationwide.
- In 2011, 2% of female high school students and 6% of male high school students in Maine 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, 10% of female high school students and 11% of male high school students in Maine 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, 36% of female high school students and 31% of male high school students in Maine 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, 55% of females and 66% of males in Maine 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, 41% of females and 28% of males in Maine 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, 13% of females and 21% of males in Maine 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, 89% of high school students in Maine reported having been taught about AIDS/HIV in school, compared to 84% of high school students nationwide.

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

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

- Maine's teen birth rate currently ranks 44th in the United States, with a rate of 21.4 births per 1,000 young women ages 15–19, compared to the national rate of 34.3 births per 1,000.<sup>5</sup> In 2010, there were a total of 917 live births to young women ages 15–19 reported in Maine.<sup>6</sup>
- In 2005, Maine's teen pregnancy rate ranked 48th in the United States, with a rate of 43 pregnancies per 1,000 young women ages 15–19, compared to the national rate of 70 pregnancies per 1,000.<sup>7</sup> There were a total of 1,950 pregnancies among young women ages 15–19 reported in Maine in 2005.<sup>8</sup>

- In 2005, Maine’s teen abortion rate ranked 29th 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.<sup>9</sup>

*HIV and AIDS*

- In 2010, the rate of diagnoses of HIV infection among adolescents aged 13-19 years in Maine was 0.9 per 100,000 compared to the national rate of 7.9 per 100,000.<sup>10</sup>
- In 2010, the rate of AIDS diagnoses among adolescents 13-19 years in Maine was 0.0 per 100,000 compared to the national rate of 1.9 per 100,000.<sup>11</sup>
- In 2010, the rate of diagnoses of HIV infection among young adults aged 20-24 years in Maine was 7.0 per 100,000 compared to the national rate of 36.9 per 100,000.<sup>12</sup>
- In 2010, the rate of AIDS diagnoses among young adults aged 20-24 years in Maine was 0.0 per 100,000 compared to the national rate of 10.4 per 100,000.<sup>13</sup>

*Sexually Transmitted Diseases*

- Maine ranks 49th in the United States for reported cases of chlamydia among young people ages 15–19, with an infection rate of 8.25 cases per 1,000, compared to the national rate of 20.03 cases per 1,000. In 2009, there were a total of 730 cases of chlamydia among young people ages 15–19 reported in Maine.<sup>14</sup>
- Maine ranks 47th in the United States for reported cases of gonorrhea among young people ages 15–19, with an infection rate of 0.32 cases per 1,000, compared to the national rate of 4.04 cases per 1,000. In 2009, there were a total of 28 cases of gonorrhea among young people ages 15–19 reported in Maine.<sup>15</sup>

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

**President’s Teen Pregnancy Prevention Initiative**

The President’s Teen Pregnancy Prevention Initiative (TPPI) funds medically accurate and age-appropriate programs to reduce teen pregnancy. The U.S. Department of Health and Human Services, Office of Adolescent Health (OAH) administers the grant program, which totaled \$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 Maine.

*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 Maine.

*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 Maine.

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

- The Maine Center for Disease Control and Prevention received \$250,000 in federal PREP funds for FY 2011.
- The state agency sub-grants the funds to the Family Planning Association of Maine (\$241,317) who sub-contracts to Jobs for Maine’s Graduates (\$120,000).<sup>16</sup>

Through the PREP state-grant program, the Maine Center for Disease Control, Office of Minority Health partners with the Family Planning Association of Maine (FPA) and Jobs for Maine’s Graduates (JMG) to provide evidence-based programming to high school students in alternative school settings. Programming primarily serves high school juniors and seniors residing in counties with teen pregnancy and birth rates

that are higher than the state average. Those counties include Androscoggin, Aroostook, Somerset, Piscataquis, Waldo, and York. JMG uses *All4You!* in their programming.<sup>17</sup>

*All4You!* is an evidence-based pregnancy-, STD-, and HIV-prevention program designed for students ages 14–18 attending alternative high schools. It is adapted from two existing evidence-based programs, *Be Proud! Be Responsible!* and *Safer Choices*. The program, which includes both classroom instruction and a service learning component, aims to reduce the frequency of unprotected sex among participants. The 14-session classroom curriculum consists of nine lessons, which address: STD-, HIV and pregnancy-prevention, the risk of STD transmission and unintended pregnancy, negotiation skills, and condom-use skills, among other topics. *All4You!* includes interactive activities such as role-playing, condom demonstration, group discussion, and educational games. The service-learning component engages participants in volunteer activities. An evaluation of the program published in *AIDS Education and Prevention* compared the behavior of participants to that of peers in a control group six months after the intervention. Program participants reported a significantly lower frequency of having sex without a condom in the previous three months, were significantly more likely to report having used a condom at last sexual intercourse, and reported a significantly lower frequency of sexual intercourse in the previous three months than participants in the control group.<sup>18</sup>

*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. 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 Maine.

*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 Maine.

**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 for FYs 2010–2014. ACF administers the grant. 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.

- Maine chose not to apply for Title V abstinence-only funding for FY 2011.

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

<b>Grantee</b>	<b>Award</b>	<b>Fiscal Years</b>
<b>Personal Responsibility Education Program (PREP)</b>		
<i>PREP State-Grant Program</i>		
Maine Center for Disease Control and Prevention (federal grant)	\$250,000	2011
<i>Sub-grantees</i>		
<i>Family Planning Association of Maine</i>		2011
<b>TOTAL</b>	<b>\$250,000</b>	
<b>GRAND TOTAL</b>	<b>\$250,000</b>	<b>2011</b>

**COMPREHENSIVE APPROACHES TO SEXUALITY EDUCATION**

SIECUS has identified some examples of model programs, policies, and best practices being implemented in Maine public schools that provide a more comprehensive approach to sex education for young people.<sup>19</sup>

*Comprehensive Sex Education Programs in Public Schools*

Portland Public Schools

For approximately 30 years, Portland Public Schools has provided human sexuality education to students in elementary through high school.<sup>20</sup> The school district’s Family Living and Human Sexuality program is provided to students in grades four and five, six through eight, and nine and 10. The program is taught district-wide by three certified sex education teachers—one each for elementary, middle, and high school. Portland Public Schools has been the only public school district in Maine to fund full-time staff positions for sex education.<sup>21</sup>

In elementary school, the program consists of a six-week course that addresses human anatomy, the male and female reproductive systems, puberty, sexual abuse and harassment, and STDs, among other topics. At the high school level, the course addresses additional topics, including dating violence and contraception.<sup>22</sup>

The Portland School Committee voted in April 2010 to end the program due to budget shortfalls at the completion of the 2010–2011 school year. The school district plans to incorporate human sexuality education into the health curriculum. Two of the three sex education teachers are expected to retire at the end of the 2009–2010 school year. The remaining sex educator will stay on staff for one more year and assist the district in transitioning the human sexuality program.<sup>23</sup> It is expected that district health educators will undergo teacher training to prepare them to teach sex education beginning in the 2011–2012 school year.<sup>24</sup>

While the program has been threatened with budget cuts for the past nine years, this is the first time the School Committee has voted to cut its funds. Supporters of the program have expressed concern that the lack of consistency and standardization of comprehensive health curricula across the district will impact the quality of sex education students receive—especially in grades four, five, six, eight, and nine, where no comprehensive health education course is offered. Due to some teachers’ discomfort and lack of experience with the material, proponents have also expressed concern that students will not receive complete instruction and be deprived of information that addresses difficult sexuality education topics.<sup>25</sup>

## MAINE

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

### POINTS OF CONTACT

#### Adolescent Health Contact<sup>26</sup> and PREP State-Grant Coordinator

Shannon King  
Adolescent Health Coordinator  
Teen and Young Adult Health Program  
Maine Center for Disease Control and Prevention  
286 Water Street, State House Station 11  
Augusta, ME 04333  
Phone: (207) 287-7213

### ORGANIZATIONS THAT SUPPORT COMPREHENSIVE SEXUALITY EDUCATION

Family Planning Association of Maine  
Augusta, ME  
Phone: (207) 662-7524  
[www.mainefamilyplanning.org](http://www.mainefamilyplanning.org)

Maine Civil Liberties Union  
Portland, ME  
Phone: (207) 774-5444  
[www.mclu.org](http://www.mclu.org)

Frannie Peabody Center:  
Comprehensive HIV and AIDS  
Services  
Portland, ME  
Phone: (207) 774-6877  
[www.peabodycenter.org](http://www.peabodycenter.org)

Planned Parenthood of Northern New  
England  
Scarborough, ME  
Phone: (800) 854-9762  
[www.ppnne.org](http://www.ppnne.org)

Maine AIDS Alliance  
Portland, ME  
Phone: (207) 899-9983  
[www.maineaidsalliance.org](http://www.maineaidsalliance.org)

### ORGANIZATIONS THAT OPPOSE COMPREHENSIVE SEXUALITY EDUCATION

Christian Civic League of Maine  
Augusta, ME  
Phone: (207) 622-7634  
[www.cclmaine.org](http://www.cclmaine.org)

## MEDIA OUTLETS

### Newspapers in Maine<sup>27</sup>

*Bangor Daily News*

Bangor, ME

Phone: (207) 990-8000

[www.bangornews.com](http://www.bangornews.com)

*Kennebec Journal*

Augusta, ME

Phone: (207) 623-3811

[www.kennebecjournal.maintoday.com](http://www.kennebecjournal.maintoday.com)

*Journal Tribune*

Biddeford, ME

Phone: (207) 282-1535

[www.journaltribune.com](http://www.journaltribune.com)

*Morning Sentinel*

Waterville, ME

Phone: (207) 621-5645

[www.morningsentinel.maintoday.com](http://www.morningsentinel.maintoday.com)

*The Portland Phoenix*

Portland, ME

Phone: (207) 773-8900

[www.thephoenix.com/Portland](http://www.thephoenix.com/Portland)

*Portland Press Herald*

Portland, ME

Phone: (207) 791-6650

[www.pressherald.maintoday.com](http://www.pressherald.maintoday.com)

*Sun Journal*

Lewiston, ME

Phone: (207) 784-5411

[www.sunjournal.com](http://www.sunjournal.com)

*The Times Record*

Brunswick, ME

Phone: (207) 729-3311

[www.timesrecord.com](http://www.timesrecord.com)

### Political Blogs in Maine

*AsMaineGoeslolz!*

[www.asmainegoeslolz.com](http://www.asmainegoeslolz.com)

*Augusta Insider*

[www.augustainsider.us](http://www.augustainsider.us)

*Dirigo Blue*

[www.dirigoblue.com](http://www.dirigoblue.com)

*Maine Politics*

[www.maine-politics.net](http://www.maine-politics.net)

*Rapid Dissent*

[www.rapiddissent.com](http://www.rapiddissent.com)

<sup>1</sup> 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 2011 began on October 1, 2010, and ended on September 30, 2011.

<sup>2</sup> Me. Rev. Stat. Ann. Tit. 22, § 1910, <http://www.mainelegislature.org/legis/statutes/22/title22sec1910.html>.

<sup>3</sup> Me. Rev. Stat. Ann. Tit. 22, §§ 1910(1)–(4), <http://www.mainelegislature.org/legis/statutes/22/title22sec1910.html>.

<sup>4</sup> 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): accessed 18 June 18, 2012, <http://www.cdc.gov/mmwr/pdf/ss/ss6104.pdf>.

<sup>5</sup> “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.

<sup>6</sup> Ibid.

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

<sup>8</sup> Ibid., Table 3.2.

<sup>9</sup> *U.S. Teenage Pregnancies, Births, and Abortions: National and State Trends and Trends by Race and Ethnicity*, Table 3.1.

<sup>10</sup> 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>.

<sup>11</sup> 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>.

<sup>12</sup> 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>.

<sup>13</sup> 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>.

<sup>14</sup> “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>.

<sup>15</sup> Ibid.

<sup>16</sup> Information provided by Shannon King, Women’s Health Coordinator, Office of Minority Health, Maine Center for Disease Control, March 19, 2012.

<sup>17</sup> Ibid.

<sup>18</sup> “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/oah-initiatives/tpp/programs/be\\_proud\\_responsible.pdf](http://www.hhs.gov/ash/oah/oah-initiatives/tpp/programs/be_proud_responsible.pdf).

<sup>19</sup> This is by no means a complete list of all comprehensive programming and policies related to sexuality education, but rather some examples of best practices and model programs that SIECUS identified.

<sup>20</sup> Kelly Bouchard, “Changes in Sex Ed May force Overhaul of Health Program,” *Portland Press Herald*, March 30, 2010, accessed May 23, 2010, [http://www.pressherald.com/news/changes-in-sex-ed-may-force-overhaul-of-health-program\\_2010-03-30.html](http://www.pressherald.com/news/changes-in-sex-ed-may-force-overhaul-of-health-program_2010-03-30.html).

<sup>21</sup> Elbert Aull, “Proposed Cut Renews Sex Education Debate,” *Portland Press Herald*, January 2, 2010, [http://www.pressherald.com/archive/city-again-to-weigh-proposed-sex-ed-cuts\\_2009-01-01.html](http://www.pressherald.com/archive/city-again-to-weigh-proposed-sex-ed-cuts_2009-01-01.html).

<sup>22</sup> Ibid.

<sup>23</sup> Kelly Bouchard, “Changes in Sex Ed May force Overhaul of Health Program.”

<sup>24</sup> Ibid.

<sup>25</sup> Ibid.

<sup>26</sup> The person listed represents the designated personnel in the state responsible for adolescent reproductive health.

<sup>27</sup> This section is a list of major newspapers in the state and is by no means exhaustive of local print outlets.