



SIECUS

State Profile

MAINE

In Fiscal Year 2010¹, 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."² 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.³

"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) Data⁴

- In 2009, 46% of female high school students and 46% of male high school students in Maine 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 7% of male high school students in Maine 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, 11% of female high school students and 13% of male high school students in Maine 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, 37% of female high school students and 33% 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 36% of female high school students and 33% of male high school students nationwide.
- In 2009, among those high school students who reported being currently sexually active, 57% of females and 64% of males in Maine 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, 39% of females and 29% of males in Maine 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, 17% of females and 24% of males in Maine 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, 87% of high school students in Maine reported having been taught about AIDS/HIV in school compared to 87% 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 45th in the United States, with a rate of 26.1 births per 1,000 young women ages 15–19 compared to the national rate of 41.5 births per 1,000.⁵ In 2008, there were a total of 1,061 live births reported to young women ages 15–19 in Maine.⁶
- 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 1,000.⁷ There were a total of 1,950 pregnancies among young women ages 15–19 reported in Maine.⁸

- In 2005, Maine’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 1,000.⁹

HIV and AIDS

- Maine’s AIDS rate ranks 44th in the United States, with a rate of 2.7 cases per 100,000 individuals compared to the national rate of 12.3 cases per 100,000.¹⁰
- Maine ranks 43rd in number of reported AIDS cases in the United States among all age groups. In 2008, there were a total of 36 new AIDS cases reported in Maine.¹¹
- Maine’s AIDS rate among young people ages 13–19 ranks 41st in the United States, with a rate of 0 cases per 100,000 young people compared to the national rate of 1.8 cases per 100,000.¹²

Sexually Transmitted Diseases

- Maine ranks 48th in reported cases of Chlamydia among young people ages 15–19 in the United States, with an infection rate of 8.76 cases per 1,000 compared to the national rate of 19.51 cases per 1,000. In 2008, there were a total of 782 cases of Chlamydia reported among young people ages 15–19 in Maine.¹³
- Maine ranks 49th in reported cases of gonorrhea among young people ages 15–19 in the United States, with an infection rate of 0.21 cases per 1,000 compared to the national rate of 4.52 cases per 1,000. In 2008, there were a total of 19 cases of gonorrhea reported among young people ages 15–19 in Maine.¹⁴
- There are no available statewide data on the rate of syphilis among young people.

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.

- 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 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 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 Fiscal Year 2010.
- The state agency sub-contracts the funds to the Family Planning Association of Maine.

Through the PREP state-grant program, the Maine Center for Disease Control, Teen and Young Adult Health Program 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. These counties include: Androscoggin, Aroostook, Kennebec, Somerset, Penobscot, Piscataquis, Waldo, Washington, and York.¹⁵

The Family Planning Association of Maine implements the grant funds and provides training, technical assistance and program monitoring and evaluation. FPA provides reproductive health and family planning services and comprehensive sexuality education to Maine communities. The organization supports 45 clinics across the state as well as operates its own clinics in four communities.¹⁶ With the PREP funds, FPA will provide training and technical assistance to JMG program specialists to implement evidence-based sexuality education to targeted youth. JMG operates a one-year “school-to-work” training program for “Maine youth facing barriers to education” in order to assist them to “achieve their full potential and develop a meaningful career and productive adulthood.”¹⁷ The curriculum consists of “applied learning activities” that teach oral and written communication skills, time management, financial literacy, team-building and positive work habits in addition to providing community service opportunities and academic support.¹⁸ With PREP funding, comprehensive sexuality education will be incorporated into the curriculum using *All4You!* Maine PREP aims to serve 320 youth in its first year and increase the number of youth served to 1,000 over five years, ultimately providing education to youth in 17 schools in both urban and rural communities.¹⁹

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.²⁰

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 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 Fiscal Years 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 Fiscal Year 2010.

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

| Grantee | Award | Fiscal Years |
|--|------------------|--------------|
| Personal Responsibility Education Program (PREP) | | |
| <i>PREP State-Grant Program</i> | | |
| Maine Center for Disease Control and Prevention (federal grant) | \$250,000 | 2010 |
| <i>Sub-grantees</i> | | |
| <i>Family Planning Association of Maine</i> | | 2010 |
| TOTAL | \$250,000 | |
| GRAND TOTAL | | |
| | \$250,000 | |

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.*²¹

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.²² The school district’s “Family Living and Human Sexuality” program is provided to students in grades four, five, six through eight, and nine and ten. 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.²³

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 sexually transmitted diseases (STDs) among other topics discussed. At the high school level the course addresses additional topics, including dating violence and contraception.²⁴

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.²⁵ 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.²⁶

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.²⁷

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 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

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ORGANIZATIONS THAT SUPPORT COMPREHENSIVE SEXUALITY EDUCATION

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

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

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

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

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

ORGANIZATIONS THAT OPPOSE COMPREHENSIVE SEXUALITY EDUCATION

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

MEDIA OUTLETS

Newspapers in Maine²⁹

Bangor Daily News
Bangor, ME
Phone: (207) 990-8000
www.bangornews.com

Kennebec Journal
Augusta, ME
Phone: (207) 623-3811
www.kennebecjournal.mainetoday.com

Journal Tribune
Biddeford, ME
Phone: (207) 282-1535
www.journaltribune.com

Morning Sentinel
Waterville, ME
Phone: (207) 621-5645
www.morningsentinel.mainetoday.com

The Portland Phoenix
Portland, ME
Phone: (207) 773-8900
www.thephoenix.com/Portland

Portland Press Herald
Portland, ME
Phone: (207) 791-6650
www.pressherald.mainetoday.com

Sun Journal
Lewiston, ME
Phone: (207) 784-5411
www.sunjournal.com

The Times Record
Brunswick, ME
Phone: (207) 729-3311
www.timesrecord.com

Political Blogs in Maine

AsMaineGoeslolz!
www.asmainegoeslolz.com

Augusta Insider
www.augustainsider.us

Dirigo Blue
www.dirigoblue.com

Maine Politics
www.mainepolitics.net

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

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

⁴ 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>>.

⁵ “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.

⁶ “VitalStats: Birth Data Files by State, Age of Mother in Years, 2008,” (Atlanta, GA: Centers for Disease Control and Prevention), accessed 30 June 2011, <http://www.cdc.gov/nchs/data_access/vitalstats/VitalStats_Births.htm>.

⁷ 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.

⁸ *Ibid.*, Table 3.2.

⁹ U.S. *Teenage Pregnancies, Births, and Abortions: National and State Trends and Trends by Race and Ethnicity*, Table 3.3.

¹⁰ *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 20.

¹¹ *Ibid.*

¹² 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>>.

¹³ “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.

¹⁴ *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.

¹⁵ “Maine Personal Responsibility Education Program (PREP),” Project Abstract, Maine Center for Disease Control and Prevention. Information provided by Shannon Kind, adolescent health coordinator for the Maine Center for Disease Control and Prevention, 7 February 2011.

¹⁶ “About Us,” Family Planning Association of Maine, accessed 29 August 2011, <<http://www.mainefamilyplanning.org/about-fpam>>.

¹⁷ “Maine Personal Responsibility Education Program (PREP),” Project Abstract.

¹⁸ “Programs,” Jobs for Maine’s Graduates, accessed 29 August 2011, <<http://www.jmg.org/programs/>>.

¹⁹ “Maine Personal Responsibility Education Program,” Project Abstract.

²⁰ “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/all_4_you.html>.

²¹ 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.

²² Kelly Bouchard, “Changes in Sex Ed May force Overhaul of Health Program,” *Portland Press Herald*, 30 March 2010, accessed 23 May 2010, <http://www.pressherald.com/news/changes-in-sex-ed-may-force-overhaul-of-health-program_2010-03-30.html>.

²³ Elbert Aull, “Proposed Cut Renews Sex Education Debate,” *Portland Press Herald*, 2 January 2010, <http://www.pressherald.com/archive/city-again-to-weigh-proposed-sex-ed-cuts_2009-01-01.html>.

²⁴ *Ibid.*

²⁵ Kelly Bouchard, “Changes in Sex Ed May force Overhaul of Health Program.”

²⁶ *Ibid.*

²⁷ *Ibid.*

²⁸ The person listed represents the designated personnel in the state responsible for adolescent reproductive health.

²⁹ This section is a list of major newspapers in the state and is by no means exhaustive of local print outlets.