



NEW JERSEY

In Fiscal Year 2011¹, the state of New Jersey received:

- **Personal Responsibility Education Program funds totaling \$1,407,330**
- **Title V State Abstinence Education Program funds totaling \$892,439**

In Fiscal Year 2011, local entities in New Jersey received:

- **Teen Pregnancy Prevention Initiative funds totaling \$2,446,848**

SEXUALITY EDUCATION LAW AND POLICY

New Jersey law mandates at least 150 minutes of health education during each school week in grades one through 12.² In addition, high school students must acquire 3 ¾ credits of health education each year.³ School districts must align their health education curricula with the New Jersey Department of Education's *Core Curriculum Content Standards for Comprehensive Health and Physical Education*, which among other instruction requirements state that "all students will learn the physical, emotional, and social aspects of human relationships and sexuality and apply these concepts to support a healthy, active lifestyle."⁴

In addition, to the *Core Curriculum Content Standards*, the New Jersey Department of Education published the *Comprehensive Health Education and Physical Education Curriculum Framework* in 1999, which provides a "compendium of sample learning strategies [and activities], background information, and resources" to assist school districts in developing curricula that will "enable all students to meet the standards."⁵ The *Curriculum Framework* includes detailed suggestions for teaching about HIV/AIDS, sexually transmitted diseases (STDs), and teen pregnancy prevention.

The *Curriculum Framework* aligns with the *Core Curriculum Content Standards* and addresses a wide variety of topics for students in kindergarten through high school, including families, peer pressure, media stereotypes, the reproductive system, pregnancy, HIV/AIDS, abstinence, contraception, gender assumptions, sexual orientation, and marriage. The *Framework* aims to "provide students with the knowledge and skills needed to establish healthy relationships and practice safe and healthful behaviors," including instruction on "healthy sexual development as well as the prevention of sexually transmitted diseases, HIV infection, and unintended pregnancy."⁶

State law also requires that all sexuality education programs and curricula stress abstinence.⁷ In addition, "[a]ny instruction concerning the use of contraceptives or prophylactics such as condoms shall also include information on their failure rates for preventing pregnancy, HIV and other sexually transmitted diseases in actual use among adolescent populations and shall clearly explain the difference between risk reduction through the use of such devices and risk elimination through abstinence."⁸

New Jersey allows parents or guardians to remove their children from any part of the health, family life, or sex education classes if it is "in conflict with his conscience, or sincerely held moral or religious beliefs."⁹ This is referred to as an "opt-out" policy.

See New Jersey Statutes Annotated §§ 18A:35-4.7, 18A:35-4.20, 18A:35-4.21, 18A:35-5, 18A:35-6, 18A:35-7, and 18A:35-8; New Jersey Administrative Code §§ 6A:7-1.7, 6A:8-3.1, and 6A:8-5.1; *New Jersey Core Curriculum Content Standards for Comprehensive Health and Physical Education*; and *New Jersey Comprehensive Health Education and Physical Education Curriculum Framework*.

RECENT LEGISLATION

SIECUS is not aware of any recent legislation regarding sexuality education in New Jersey.

YOUTH SEXUAL HEALTH DATA

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

New Jersey Youth Risk Behavior Survey (YRBS) Data¹⁰

- In 2011, 41% of female high school students and 48% of male high school students in New Jersey reported ever having had sexual intercourse, compared to 46% of female high school students and 49% of male high school students nationwide.
- In 2011, 3% of female high school students and 8% of male high school students in New Jersey 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 18% of male high school students in New Jersey 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, 31% of female high school students and 34% of male high school students in New Jersey 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 69% of males in New Jersey 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 15% of males in New Jersey 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, 18% of females and 26% of males in New Jersey reported having used alcohol or drugs the last time they had sexual intercourse, compared to 18% of females and 26% of males nationwide.

New Jersey Teen Pregnancy, HIV/AIDS, and Sexually Transmitted Disease Data

Teen Pregnancy, Birth, and Abortion

- New Jersey's teen birth rate currently ranks 45th in the United States, with a rate of 20.3 births per 1,000 young women ages 15–19, compared to the national rate of 34.3 births per 1,000.¹¹ In 2010, there were a total of 5,848 live births to young women ages 15–19 reported in New Jersey.¹²
- In 2005, New Jersey's teen pregnancy rate ranked 20th in the United States, with a rate of 68 pregnancies per 1,000 young women ages 15–19, compared to the national rate of 70 pregnancies per 1,000.¹³ There were a total of 20,020 pregnancies among young women ages 15–19 reported in New Jersey in 2005.¹⁴
- In 2005, New Jersey's teen abortion rate ranked second in the United States, with a rate of 36 abortions per 1,000 young women ages 15–19, compared to the national rate of 19 abortions per 1,000.¹⁵

HIV and AIDS

- In 2010, the rate of diagnoses of HIV infection among adolescents aged 13-19 years in New Jersey was 10.7 per 100,000 compared to the national rate of 7.9 per 100,000.¹⁶
- In 2010, the rate of AIDS diagnoses among adolescents 13-19 years in New Jersey was 4.4 per 100,000 compared to the national rate of 1.9 per 100,000.¹⁷
- In 2010, the rate of diagnoses of HIV infection among young adults aged 20-24 years in New Jersey was 52.5 per 100,000 compared to the national rate of 36.9 per 100,000.¹⁸
- In 2010, the rate of AIDS diagnoses among young adults aged 20-24 years in New Jersey was 11.4 per 100,000 compared to the national rate of 10.4 per 100,000.¹⁹

Sexually Transmitted Diseases

- New Jersey ranks 40th in the United States for reported cases of chlamydia among young people ages 15–19, with an infection rate of 14.4 cases per 1,000, compared to the national rate of 20.03 cases per 1,000. In 2009, there were a total of 8,348 cases of chlamydia among young people ages 15–19 reported in New Jersey.²⁰
- New Jersey ranks 30th in the United States for reported cases of gonorrhea among young people ages 15–19, with an infection rate of 2.35 cases per 1,000, compared to the national rate of 4.04 cases per 1,000. In 2009, there were a total of 1,365 cases of gonorrhea among young people ages 15–19 reported in New Jersey.²¹
- New Jersey ranks 13th in the United States for reported cases of primary and secondary syphilis among young people ages 15–19, with an infection rate of 0.02 cases per 1,000, compared to the national rate of 0.05 cases per 1,000. In 2009, there were a total of nine cases of syphilis among young people ages 15–19 reported in New Jersey.²²

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.

- Local organizations in New Jersey received \$1,481,326 in TPPI Tier 1 funding for FY 2011.
- There are two TPPI Tier 1 grantees in New Jersey: The Central Jersey Family Health Consortium (formerly the Regional Perinatal Consortium of Monmouth and Ocean County) and South Jersey Healthcare.

Central Jersey Family Health Consortium, Inc., \$481,326 (FY 2011)

The Central Jersey Family Health Consortium (CJFHC), formerly the Regional Perinatal Consortium of Monmouth and Ocean Counties, is a network of private nonprofit organizations composed of perinatal and pediatric providers, hospitals, community-based agencies, consumers, and consumer advocacy groups with an interest in health services for women, children, and families.²³ The organization aims to improve the health of pregnant women and children in Central New Jersey by identifying barriers to health care access, and planning and coordinating preventive, educational, and clinical services.²⁴

With its TPPI funding, CJFHC provides programming to suburban and rural African-American youth under the age of 19 attending Neptune and Asbury Park school districts in Monmouth and Ocean counties. CJFHC implements *Teen Outreach Program (TOP)*, 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.”²⁵ 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.²⁶ 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.²⁷

CJFHC plans for the program to reach approximately 900 youth annually.

South Jersey Healthcare, \$1,000,000 (FY 2011)

South Jersey Healthcare (SJH) is a charitable, nonprofit health care organization made up of a network of hospitals, health care providers, and doctors in Southern New Jersey. It provides the full continuum of primary, acute, and advanced care services.

With its TPPI funding, SJH implements the “Cumberland County Partnership for Healthy Teens.” The overall goal of the program is to reduce the teen pregnancy rate in targeted areas of South Jersey. The program replicates *Children’s Aid Society – Carrerra Adolescent Pregnancy Prevention Program (CAS – Carrerra)*, an evidence-based positive youth development program designed for students in grades six through 12. The program consists of seven integrated components that can be delivered in an after- or in-school setting over the course of a year. These units include Education, Job Club, Family Life and Sexuality Education, Mental Health, Medical and Dental Services, Self Expression, and Lifetime Individual Sports.²⁸ The program uses a positive youth development approach to increase developmental competency and identity formation among participants in order to encourage youth to avoid early parenthood and risky sexual behavior. *CAS – Carrerra* runs six days a week throughout the academic year and also includes a summer program component.²⁹ An evaluation of the program published in *Perspectives on Sexual and Reproductive Health* found that, at a three-year follow-up, female participants were significantly less likely to report a pregnancy or report being sexually active than participants in the control group.³⁰

“Cumberland County Partnership for Healthy Teens” serves primarily Latino youth attending the sixth grade in Bridgeton and Vineland school districts, selected for their high incidence of teen pregnancy (Cumberland County has the highest rate of teen pregnancy in New Jersey).³¹ SJH partners with local schools and community agencies, including Community Health Care, Inc., and the Boys & Girls Club and YMCA of Vineland, to deliver the program to students six days a week.³² SJH plans for the program to serve the same 120 students over the five-year period of the grant.

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 is one TPPI Tier 2 Innovative Approaches grantee in New Jersey, Princeton Center for Leadership Training, which received \$965,522 for FY 2011.

Princeton Center for Leadership Training, \$965,522 (FY 2011)

The Princeton Center for Leadership Training is a community-based organization that develops, disseminates, and promotes “peer leadership, advisory, and other evidence-based K–12 solutions that enable and inspire educators to more fully engage students in learning, better connect students to their schools, motivate and equip students to make decisions responsibly, and accelerate academic achievement.”³³ The organization uses its Tier 2 grant to implement and test the *Teen Prevention Education Project (Teen PEP)* in five rural and low-income communities in five North Carolina counties: Columbus, Greene, Forsyth, Lenoir, and Rockingham. The program will serve approximately 1,080 young people in 16 high schools each year.

Teen PEP “is a comprehensive, sexual health program that utilizes peer-to-peer education to increase students’ knowledge, attitudes, skills, and behaviors associated with healthy decision making.”³⁴ It was created by the Princeton Center for Leadership Training, HiTOPS (Health Interested Teens’ Own Program on Sexuality), Inc., and the New Jersey Department of Health and Senior Services. (Please see the Comprehensive Sex Education in Public Schools section below for more information.)

During the first year of the program, stakeholders throughout the community and program advisors are identified and trained to implement *Teen PEP*. In the following year, program advisors identify students to function as peer educators and train them utilizing the *Teen PEP* curriculum. The peer

educators will conduct outreach workshops with younger youth that address postponing sexual activity; preventing unintended pregnancy and STDs, including HIV; puberty; combating homophobia; and preventing date rape and partner violence during and after regular school hours. They will also conduct workshops with parents, school educators, and other groups.³⁵

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 New Jersey.

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 New Jersey Department of Health and Senior Services received \$1,407,330 in federal PREP funds for FY 2011.
- The agency provides sub-grants to seven³⁶ local public and private entities.³⁷

The New Jersey PREP state-grant program is implemented by the New Jersey Department of Health with the help of seven local sub-grantees. The funded programs serve youth ages 10–19 living in the state's 30 municipalities with the highest teen birth rates. The sub-grantees selected curricula from the list of evidence-based program models provided by the Administration for Children and Families and they include: *Be Proud! Be Responsible!*, *Be Proud! Be Responsible! Be Protective!*, *Making Proud Choices!*, *Reducing the Risk*, *SiHLE (Sisters Informing, Healing, Living, and Empowering)*, *Teen Health Project*, and *Teen Outreach Program (TOP)*.³⁸

Be Proud! Be Responsible! is an evidence-based HIV-prevention curriculum originally designed for urban, African-American males ages 13–18.³⁹ 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.⁴⁰ 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.⁴¹

Be Proud! Be Responsible! Be Protective! is an evidence-based program that targets pregnant and parenting teens and focuses on the concept of maternal protectiveness to encourage adolescent mothers and soon-to-be mothers to make healthy sexual decisions, take responsibility and be accountable for their sexual activity, and decrease risky sexual behavior. The curriculum is an adaptation of *Be Proud! Be Responsible!*, an evidence-based HIV-prevention curriculum designed for African-American males. *Be Proud! Be Responsible! Be Protective!* discusses the impact of HIV/AIDS on inner-city communities and particularly addresses its impact on pregnant women and their children, providing information on preventing transmission during pregnancy and the postpartum period. The curriculum consists of eight one-hour lessons and uses interactive activities, group discussion, and videos to educate participants. It covers such topics as HIV risk and prevention, family planning and parenting, communication, attitudes and beliefs about HIV/AIDS and safer sex, condom use skills, stress and emotion management, and staying healthy. The intervention can be delivered in four two-hour sessions or over the course of eight days and is appropriate for use in school-based settings.⁴² An evaluation of the program published in *Family and Community Health* found, at a six-month follow-up, that program participants reported having significantly fewer sexual partners during the previous three months than participants in the control group.⁴³

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.”⁴⁴ 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.⁴⁵

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 10th grades. It is appropriate for use with multiethnic populations.⁴⁶ *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.⁴⁷

SiHLE 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.⁴⁸ The program

consists of four four-hour sessions, administered on consecutive Saturdays in a community-based setting and 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.⁴⁹

Teen Health Project is a community-level, HIV risk-reduction program designed for young people ages 12–17 living in low-income housing developments. The purpose of the program is to reduce sexual activity, increase condom use and negotiation skills, and reduce risky sexual behavior among participants. The initial component of the program consists of two three-hour workshops focusing on HIV/STD prevention and building skills. Some participants in the workshops are then nominated to the Teen Health Project Leadership Council, which meets on a weekly basis during a six-month period to implement community activities and organize HIV-prevention activities for their peers. In addition, *Teen Health Project* includes a parent component, which consists of a 90-minute HIV/AIDS education workshop that provides information to parents about risk reduction and talking to their children about sexual health issues. An evaluation of the program published in *AIDS* found, at a 12-month follow-up, that sexually inexperienced youth who participated in the program were significantly more likely to have remained abstinent and, at an 18-month follow-up, sexually active youth who participated in the program were significantly more likely to report condom use at the time of last sexual intercourse than participants in the control group.⁵⁰

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.”⁵¹ 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.⁵² 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.⁵³

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 New Jersey.

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 New Jersey.

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 New Jersey Department of Health and Senior Services received \$892,439 in federal Title V abstinence-only funding for FY 2011.
- The department provided sub-grants to four local public and private entities: Institute for Relationship Intelligence (\$383,170); Lifeguard, Inc. (\$380,046); Mount Olives Church of God (\$157,925); and Saint Peter's University Hospital (\$383,190).⁵⁴
- In New Jersey, the match is made through a combination of in-kind funds and direct state revenue.

The New Jersey Title V Abstinence-Only Program is implemented by the New Jersey Department of Health in collaboration with four local entities. Funded organizations provide programming to youth ages 10–14 who reside in one of the state's 30 municipalities with the highest teen birth rates. The following curricula were selected to be used by the sub-grantees: *Yes You Can!*, *Project Respect Ed*, *Relationship Intelligence*, and *Peer Challenge*.⁵⁵

The *YES You Can!* curricula series was developed by Saint Michael's Medical Center and is a product of Project YES You Can!, an abstinence-only-until-marriage program that previously received federal funding from the now-defunct Community-Based Abstinence Education funding stream. The project is intended to help youth “buck the tide of an over-sexualized social climate” by offering information on “the benefits of waiting,” “the impact sexual decisions have on the future,” and “the differences between males and females” among other topics.⁵⁶ The *Yes You Can!* series is comprised of three curricula: *YES You Can!...Experience True Freedom!* (seventh and eighth grades); *YES You Can!...Make Smart Choices!* (ninth and 10th grades); and *YES You Can!...Build Healthy Relationships!* (11th and 12th grades).⁵⁷

Project Respect Ed is a locally created abstinence education program supported by a Title V Abstinence Education grant. An eight-week curriculum, *Project Respect Ed* is intended for students in sixth and seventh grade. The program intends to challenge students to evaluate the positives and negatives associated with risky behaviors, particularly teen sex. *Project Respect Ed* emphasizes the development of healthy relationships with friends, dating partners, and family.⁵⁸

Relationship Intelligence is curriculum developed by Richard A. Panzer, Ph.D., the founder and executive director of the Institute for Relationship Intelligence, Inc. Dr. Panzer is also the author of the *Free Teens HIV/AIDS, STDs, and Pregnancy Prevention* program. *Relationship Intelligence* is an abstinence-only-until-marriage curriculum that “brings together the insights of science, literature and psychology to guide

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students through such issues of friendship, family, stages of intimacy and love, male/female differences, dealing with anger and other emotions, core identity, communication skills, the benefits and pitfalls of marriage, and understanding and mastering the culture.”⁵⁹

Peer Challenge is a local program that has been serving schools and youth in New Jersey since 1998. *Peer Challenge* is available to the youth in Cape May and the surrounding counties of Atlantic, Burlington, Cumberland.⁶⁰ The *Peer Challenge* program website highlights a “Wheel of Misfortune,” where “each spin of the wheel increases your chances of dealing with pregnancy, STIs, or a host of emotional problems.”⁶¹

New Jersey TPPI, PREP, and Title V Abstinence-Only funding in FY 2011

Grantee	Award	Fiscal Years
Teen Pregnancy Prevention Initiative (TPPI)		
<i>TPPI Tier 1: Replication of Evidence-Based Programs</i>		
The Central Jersey Family Health Consortium (formerly the Regional Perinatal Consortium of Monmouth and Ocean County)	\$481,326	2010–2014
South Jersey Healthcare	\$1,000,000	2010–2014
TOTAL	\$1,481,326	
<i>TPPI Tier 2: Innovative Approaches</i>		
Princeton Center for Leadership Training	\$965,522	2010–2014
TOTAL	\$965,522	
Personal Responsibility Education Program (PREP)		
<i>PREP State-Grant Program</i>		
New Jersey Department of Health & Senior Services (federal grant)	\$1,407,330	2011
TOTAL	\$1,407,330	
Title V Abstinence Education Grant Program (Title V Abstinence-Only)		
New Jersey Department of Health & Senior Services (federal grant)	\$892,439	2011
<i>Sub-grantees</i>		
<i>Institute for Relationship Intelligence, Inc.</i>		2011
<i>Lifeguard, Inc.</i>		2011
<i>Mount Olives Church of God, Inc.</i>		2011
<i>St. Peter’s Healthcare System</i>		2011
TOTAL	\$892,439	
GRAND TOTAL	\$4,746,617	2011

COMPREHENSIVE APPROACHES TO SEXUALITY EDUCATION

SIECUS has identified some examples of model programs, policies, and best practices being implemented in New Jersey public schools that provide a more comprehensive approach to sex education for young people.⁶²

Updated State Health Education Standards

The *2009 New Jersey Core Curriculum Content Standards* establish “21st-century” knowledge, skills, concepts, “global perspectives,” and technology expectations for students in preschool through grade 12.⁶³ These standards are revised and updated from the previous standards that were adopted in 2004. There are two “critical education priorities” encompassed in the revised standards: 1) the standards “align with the knowledge and skills needed by all students for post-secondary opportunities,” including higher education and vocational training opportunities, and 2) the standards “reflect a framework for teaching and learning that [corresponds] to the needs of 21st-century digital learners” that require “new literacies” in a global, technology innovation economy. Thus, the standards call on educators and students to think critically, creatively, and to learn collectively while “working across and beyond traditional education disciplines.”⁶⁴

The *Content Standards* address nine education content areas, including Comprehensive Health and Physical Education, which consist of six standards, 2.1–2.6. Standard 2.4, “Human Relationships and Sexuality,” addresses such concepts as families, relationships, gender, puberty, human sexuality, reproduction, pregnancy, and parenting. Concepts related to STD and HIV/AIDS prevention, risk behaviors, and risk-reduction are addressed under multiple standards, including Standards 2.1, 2.3, and 2.4.⁶⁵

The standards provide “cumulative progress indicators” (CPIs) that determine the specific knowledge and skills students should gain by the completion of certain grade levels (preschool, grade two, four, six, eight, and 12). CPIs serve as education benchmarks. For example, one CPI related to sexuality education suggests that by the fourth grade, students should be able to “[d]ifferentiate the physical, social, and emotional changes occurring at puberty and explain why puberty begins and ends at different ages.”⁶⁶

A number of CPIs that fall under Standard 2.4, “Human Relationships and Sexuality,” address responsible sexual behavior including abstinence and contraception. Indicators for younger students about abstinence are primarily knowledge-based, while the indicators for higher grades are more skills-based standards. For example, a CPI for sixth graders states that students should be able to “summarize strategies to remain abstinent and resist pressures to become sexually active,” whereas eighth graders should be able to “determine the benefits of sexual abstinence and develop strategies to resist pressures to become sexually active,”⁶⁷ and 12th grade students should be able to “evaluate information that supports abstinence from sexual activity using reliable research data.”⁶⁸

Students are also expected to know about contraception. One CPI states that students in eighth grade should be able to “compare and contrast methods of contraception used by adolescents and factors that may influence their use;” while by the completion of 12th grade students should be able to “analyze factors that influence the choice, use, and effectiveness of contraception, including risk-reduction and risk-elimination strategies.”⁶⁹

To align with the development of 21st-century education standards, a new CPI included under Standard 2.4 addresses the use of technology within relationships. Specifically the standards state that 12th grade students should understand how “technology impacts the capacity of individuals to develop and maintain interpersonal relationships.”⁷⁰ The aligning CPI suggests that students should be able to “analyze how various technologies impact the developments and maintenance of local and global interpersonal relationships.”⁷¹

The 2009 revised standard also expand upon the previous learning expectations related to sexual identity and anti-bullying in regards to sexual orientation. The standards suggest that students in eighth and 12th grade should understand that discussions of sexuality are significant and sensitive and that such

discussions require “a safe, supportive environment where sensitivity and respect is shown to all.”⁷² Specifically, the CPI for eighth grade states that students should be able to “discuss topics regarding gender identity, sexual orientation, and cultural stereotyping,” and that by the completion of 12th grade, students should be able to “compare and contrast attitudes and beliefs about gender identity, sexual orientation, and gender equity across cultures.”⁷³

In another update, students are also expected to learn more about the human papillomavirus (HPV) and newly available vaccines. For example, one CPI states that students in sixth grade should be able to “determine behaviors that place one at risk for HIV/AIDS, STIs, HPV, or unintended pregnancy,” while another suggests that eighth grade students should be able to “explain the importance of practicing routine healthcare procedures such as breast self-examination, testicular examinations, and [the] HPV vaccine.”⁷⁴

Both previous and current standards include the learning expectation that high school students will be able to “determine the impact of physical, social, emotional, cultural, religious, ethical, and legal issues on elective pregnancy termination.”⁷⁵ For the 2009 revised standards, a newly added CPI states that 12th grade students should be able to “compare the legal rights and responsibilities of adolescents with those of adults regarding pregnancy, abortion, and parenting.”⁷⁶

Comprehensive Sex Education Programs in Public Schools

New Jersey Teen Prevention Education Program (Teen PEP)

The New Jersey Teen Prevention Education Program (Teen PEP) is a “sexual health promotion and peer education initiative” that trains high school students to serve as peer health educators, providing them with the knowledge and tools to become “effective and capable sexual health advocates and role models.”⁷⁷ The program, which began officially in 1999, is a collaboration of the New Jersey Department of Health and Senior Services, the Princeton Center for Leadership Training, and HiTOPS (Health Interested Teens’ Own Program on Sexuality), Inc. Through the initiative, the collaborating partners work with school districts across the state to implement the Teen PEP sexual health course in participating high schools. The course, which is aligned with the *New Jersey Core Curriculum Content Standards*, serves as an elective or alternative yearlong health class for selected high school students in their junior or senior year.

Teen PEP is a team-taught course. Faculty advisors teaching the course “receive special training in sexual health and coordination of activity-based learning” and each year attend two one-day advanced training sessions.⁷⁸

Students, who must be given parental consent before participating, receive both sexual health education and the “skills needed to facilitate innovative prevention outreach workshops.” The course covers information on a diversity of sexual health issues, including postponing sexual involvement, unintended pregnancy, STDs and HIV/AIDS, “homophobia reduction,” dating violence, and sexual abuse among other issues.⁷⁹ After being trained, the students facilitate at least five workshops over the course of the year that are geared toward lower-class high school students (ninth and 10th graders) or parents.

The workshops address sexual and reproductive health issues and focus on “enhancing the critical skills needed to promote teen sexual health,” such as “communication (with parents and partners),” negotiation, problem-solving, decision-making, refusal, and self-management skills.⁸⁰ Students participating in the workshops must also receive parental consent.

The program is currently operating in more than 50 public high schools across 15 counties in New Jersey.⁸¹ More than 600 peer educators participate in the Teen PEP course.⁸²

Between 2000 and 2003, Rutgers University conducted an evaluation of Teen PEP. The program was shown to be effective in impacting students’ knowledge, attitudes, and behaviors. Among the peer educators, the evaluation showed that the students were more likely to speak with parents, friends, and partners about sexual health issues, delay sexual initiation, return to abstinence, and reduce their number

of sexual partners. In addition, they were more likely to access reproductive health care services and use condoms and birth control than their peers who were not in the program. Among workshop participants, students were more likely to speak with parents, friends, and partners about sexual health issues, delay sexual initiation, return to abstinence, reduce their frequency of sex, “abstain from sex while under the influence of alcohol and other drugs,” and “use birth control more often.”⁸³

We encourage you to submit any updated or additional information on comprehensive approaches to sex education being implemented in New Jersey 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 New Jersey
Newark, NJ
Phone: (973) 642-2084
www.aclu-nj.org

New Jersey Lesbian and Gay Coalition
New Brunswick, NJ
Phone: (732) 828-6772
www.njlgc.org

Answer
Piscataway, NJ
Phone: (732) 445-7929
answer.rutgers.edu

New Jersey National Organization for Women
Trenton, NJ
Phone: (609) 393-0156
www.nownj.org

NEW JERSEY

Family Planning Association
of New Jersey
Trenton, NJ
Phone: (609) 393-8423

HiTOPS
Princeton, NJ
Phone: (609) 683-5155
hitops.org

Hyacinth AIDS Foundation
New Brunswick, NJ
Phone: (732) 246-0204
www.hyacinth.org

NARAL Pro-Choice New Jersey
Trenton, NJ
Phone: (609) 439-4516
www.prochoicenj.org

New Jersey Religious Coalition for Reproducti
Choice
Mt. Freedom, NJ
Phone: (973) 984-0118
www.rcrc.org

Planned Parenthood of Greater Northern
New Jersey
Morristown, NJ
Phone: (973) 539-9580
www.ppgnnj.org

Sierra Club – New Jersey Chapter
Trenton, NJ
www.newjersey.sierraclub.org

ORGANIZATIONS THAT OPPOSE COMPREHENSIVE SEXUALITY EDUCATION

Free Teens USA
Westwood, NJ
Phone: (201) 488-3733
www.freeteensusa.org

New Jersey Right to Life
Piscataway, NJ
Phone: (732) 562-0563
www.njrtl.org

New Jersey Family Policy Council
Parsippany, NJ
Phone: (800) 653-7204
www.njfpc.org

MEDIA OUTLETS

Newspapers in New Jersey⁸⁵

Courier News
Bridgewater, NJ
Phone: (908) 722-8800
www.c-n.com

New Jersey Herald
Newton, NJ 07860
Phone: 973-383-1500
www.njherald.com

Courier-Post
Cherry Hill, NJ
Phone: (856) 663-6000
www.courierpostonline.com

The Hudson Reporter
Hoboken, NJ
Phone (201) 798-7800
www.hudsonreporter.com

The Jersey Journal
Jersey City, NJ
Phone: (201) 653-1000
www.nj.com/jjournal

NJN/New Jersey Network
Trenton, NJ
Phone: (609) 777-5000
www.njn.net

The Star-Ledger
Newark, NJ
Phone: (973) 392-4141
www.starledger.com

The Times
Trenton, NJ
Phone: (609) 989-5454
www.nj.com/times

Political Blogs in New Jersey

Blue Jersey
www.bluejersey.com

The Center of New Jersey Life
<http://centernjlife.blogspot.com/>

The Daily Newarker
www.dailynewarker.com

New Jersey: Politics Unusual
www.newjerseypoliticsunusual.blogspot.com

Politicker NJ
www.politickernj.com

The Ruins of Trenton
www.ruinsoftrenton.wordpress.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 2011 began on October 1, 2010, and ended on September 30, 2011.

² N.J. Stat. Ann. §§ 18A:35-7 and -8.

³ N.J. Admin. Code § 6A:8-5.1(a)(1)(vi), http://www.michie.com/newjersey/lpext.dll/uanjadmin/1/20bf5/211d4/2132e/21332?f=templates&fn=document-frame.htm&2.0#JD_analysis8220.

⁴ N.J. Admin. Code § 6A:8-3.1; "Standard 2.4: Human Relationships and Sexuality," *2009 New Jersey Core Curriculum Content Standards for Comprehensive Health and Physical Education*, (Trenton, NJ: New Jersey Department of Education, 2009), accessed May 20, 2010, <http://www.state.nj.us/education/cccs/standards/2/2.pdf>.

⁵ *New Jersey Comprehensive Health Education and Physical Education Curriculum Framework* (New Jersey; New Jersey Department of Education, 1999), accessed April 13, 2010, <http://www.state.nj.us/education/frameworks/chpe>, 26.

⁶ *New Jersey Comprehensive Health Education and Physical Education Curriculum Framework* (New Jersey; New Jersey Department of Education, 1999), accessed April 13, 2010, <http://www.state.nj.us/education/frameworks/chpe>.

⁷ N.J. Stat. Ann. § 18A:35-4.20.

⁸ N.J. Stat. Ann. § 18A:35-4.21(3).

⁹ N.J. Stat. Ann. § 18A:35-4.7.

¹⁰ 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 June 18, 2012, <http://www.cdc.gov/mmwr/pdf/ss/ss6104.pdf>. Note: New Jersey did not participate in the full 2011 YRBS.

¹¹ "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.

¹² Ibid.

¹³ *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.

¹⁴ Ibid., Table 3.2.

¹⁵ *U.S. Teenage Pregnancies, Births, and Abortions*, Table 3.1.

¹⁶ 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>.

- ¹⁷ 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>.
- ¹⁸ 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>.
- ¹⁹ 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>.
- ²⁰ “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>.
- ²¹ Ibid.
- ²² Ibid.
- ²³ Central Jersey Family Health Consortium, Inc., “About CJFHC,” accessed June 3, 2011, <http://cjfhc.org/about-us/cjfhc>.
- ²⁴ Ibid.
- ²⁵ 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 July 1, 2011, <http://wymancercenter.org/wordpress/wp-content/uploads/2011/08/TOP-Promoting-Positive-Well-Being-in-Adolescents.pdf>, 3.
- ²⁶ Ibid, 9.
- ²⁷ “Pregnancy Prevention Intervention Implementation Report: Teen Outreach Program,” 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/teen_outreach_program.pdf.
- ²⁸ “Our Program,” The Children’s Aid Society – Carrera Adolescent Pregnancy Prevention Program, accessed July 1, 2011, <http://stopteenpregnancy.childrensaidsociety.org/our-program>.
- ²⁹ Ibid.
- ³⁰ “Pregnancy Prevention Intervention Implementation Report: Children’s Aid Society (CAS) – Carrera,” 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/cas_carrera.pdf.
- ³¹ Joel Landau, “Program fights to stop teen pregnancy,” *The Daily Journal*, October 19, 2010, accessed June 2, 2011, <http://www.thedailyjournal.com/article/20101019/NEWS01/10190313/Program-fights-stop-teen-pregnancy>.
- ³² Ibid.
- ³³ “Our Mission,” Princeton Center for Leadership Training, accessed August 30, 2011, <http://www.princetonleadership.org/venture/our-mission>.
- ³⁴ “Teen PEP Overview,” Teen PEP, accessed August 30, 2011, <http://www.teenpep.org/overview.cfm>.
- ³⁵ “Program Model,” Teen PEP, accessed August 30, 2011, <http://www.teenpep.org/polProgramModel.cfm>.
- ³⁶ Sub-grantees include: Central Jersey Family Health Consortium (\$200,000); Kean University (\$175,000); Northern New Jersey Maternal Child Health Consortium (\$240,000); New Jersey Women and AIDS Network (\$175,000); Planned Parenthood of Central New Jersey (\$175,000); Planned Parenthood of Greater Northern New Jersey (\$165,000); Southern New Jersey Perinatal Cooperatives (\$220,000).
- ³⁷ Information provided by Gilo Thomas, Public Health Consultant 1, Nursing, Child and Adolescent Health Program, Division of Family Health Services, New Jersey Department of Health and Senior Services, October 2, 2012.
- ³⁸ Ibid.
- ³⁹ *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.
- ⁴⁰ *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.
- ⁴¹ *Science and Success: Sex Education and Other Programs That Work to Prevent Teen Pregnancy, HIV & Sexually Transmitted Infections*, 56–59.

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- ⁴² *Be Proud! Be Responsible! Be Protective!* Evidence-Based Programs Resource Center for Adolescent Pregnancy Prevention (ReCAPP), ETR Associates, accessed May 5, 2010, <http://www.etr.org/recapp/index.cfm?fuseaction=pages.ebpDetail&PageID=607&PageTypeID=2>.
- ⁴³ “Pregnancy Prevention Intervention Implementation Report: Be Proud! Be Responsible! Be Protective!” 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_protective.html.
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- ⁴⁵ Ibid.
- ⁴⁶ 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 March 30, 2010, <http://www.advocatesforyouth.org/storage/advfy/documents/sciencesuccess.pdf>, 22.
- ⁴⁷ Ibid., 23–24.
- ⁴⁸ *Sisters Informing, Healing, Living, Empowering (SiHLE)*, 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=567&PageTypeID=2>.
- ⁴⁹ 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>, 98–101; see also “Pregnancy Prevention Intervention Implementation Report: Sisters Informing, Healing, Living, and Empowering (SiHLE),” 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/sihle.html>.
- ⁵⁰ *Teen Health Project*, 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=576&PageTypeID=2>.
- ⁵¹ 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 July 1, 2011, http://www.wymantop.org/pdfs/TOP_Positive_Well-Being.pdf, 3.
- ⁵² Ibid, 9.
- ⁵³ “Pregnancy Prevention Intervention Implementation Report: Teen Outreach Program,” 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/teen_outreach_program.html.
- ⁵⁴ Information provided by Gilo Thomas, Public Health Consultant 1, Nursing, Child and Adolescent Health Program, Division of Family Health Services, New Jersey Department of Health and Senior Services, October 2, 2012.
- ⁵⁵ Ibid.
- ⁵⁶ “Message from the Director,” Project YES You Can!, accessed August 29, 2011, <http://projectyesyoucan.org/promo/message-from-the-director/>; see also “Students Respond to Project YES You Can!,” Project YES You Can!, accessed August 29, 2011, <http://projectyesyoucan.org/blog/students-respond-to-project-yes-you-can/>.
- ⁵⁷ “Curriculum,” Project YES You Can!, accessed August 29, 2011, <http://projectyesyoucan.org/educators/curriculum/>.
- ⁵⁸ “Abstinence Education,” Saint Peter’s Healthcare System, accessed November 12, 2012, <http://www.saintpetershcs.com/Abstinence-Education/>.
- ⁵⁹ “RQ Curriculum,” Institute for Relationship Intelligence (2010), accessed November 13, 2012, http://www.lovesmarts.org/stories/curricintro_ls.htm.
- ⁶⁰ “Home,” Peer Challenge Commit2Character (2012), accessed November 13, 2012.
- ⁶¹ “Know the Risks,” Peer Challenge Commit2Character (2012), accessed November 13, 2012.
- ⁶² 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
- ⁶³ “Introduction,” *2009 New Jersey Core Curriculum Content Standards*, (Trenton, NJ: New Jersey Department of Education, 2009), accessed May 20, 2010, <http://www.state.nj.us/education/cccs/standards/2/intro.pdf>.
- ⁶⁴ Ibid.

⁶⁵ *2009 New Jersey Core Curriculum Content Standards for Comprehensive Health and Physical Education.*

⁶⁶ Ibid., 2.4.4.B.1.

⁶⁷ Ibid., 2.4.8.B.2.

⁶⁸ Ibid., 2.4.6.B.2; Ibid., 2.4.8.B.2; Ibid., 2.4.12.B.2.

⁶⁹ Ibid., 2.4.8.B.3.; Ibid., 2.4.12.B.3.

⁷⁰ *2009 New Jersey Core Curriculum Content Standards for Comprehensive Health and Physical Education.*

⁷¹ Ibid., 2.4.12.A.6.

⁷² Ibid.

⁷³ Ibid., 2.4.8.B.4; Ibid., 2.4.12.B.4.

⁷⁴ Ibid., 2.4.6.B.6; Ibid., 2.4.8.B.6.

⁷⁵ Ibid., 2.4.8.B.6.

⁷⁶ Ibid., 2.4.12.C.6.

⁷⁷ "New Jersey Teen Prevention Education Program," New Jersey Department of Health and Senior Services, accessed May 23, 2010, <http://www.state.nj.us/health/aids/teenpep.shtml>.

⁷⁸ Ibid.

⁷⁹ Ibid., "Educational Programs for Youth: Peer-Led Programs," HiTOPS, accessed May 23, 2010, <http://www.hitops.org/educationalprograms/programteens.shtml#peerledprograms>.

⁸⁰ Ibid.

⁸¹ Ibid.

⁸² "Teen PEP," HiTOPS, accessed May 23, 2010, <http://www.hitops.org/peereducation/teenpep.shtml>.

⁸³ "Teen PEP Program Evaluation Results," New Jersey Teen Prevention Education Program, accessed May 23, 2010, <http://www.state.nj.us/health/aids/teenpep.shtml>.

⁸⁴ The person listed represents the designated personnel in the state responsible for adolescent reproductive health.

⁸⁵ This section is a list of major newspapers in the state and is by no means exhaustive of local print outlets.