



NEW JERSEY

New Jersey Sexuality Education Law and Policy

New Jersey law mandates at least 150 minutes of health education during each school week in grades one through 12.¹ In addition, high school students must acquire 3 ¾ credits of health education each year.² 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.”³

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.”⁴ 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.”⁵

State law also requires that all sexuality education programs and curricula stress abstinence.⁶ 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.”⁷

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.”⁸ 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.

New Jersey's Youth: Statistical Information of Note⁹

- In 2009, 44% of female high school students and 49% of male high school students in New Jersey reported ever having had sexual intercourse compared to 46% of female high school students and 46% of male high school students nationwide.
- In 2009, 2% of female high school students and 7% 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 8% of male high school students nationwide.
- In 2009, 9% of female high school students and 16% of male high school students in New Jersey 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, 34% 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 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 74% of males in New Jersey 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, 23% of females and 16% of males in New Jersey 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, 14% of females and 25% of males in New Jersey 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, 92% of high school students in New Jersey reported having been taught about AIDS/HIV in school compared to 87% of high school students nationwide.

New Jersey Youth Sexual Health Statistics

Teen Pregnancy, Birth, and Abortion

- New Jersey's teen pregnancy rate ranks 21st in the U.S., with a rate of 68 pregnancies per 1,000 young women ages 15–19 compared to the national rate of 70 pregnancies per 1,000.¹⁰ There were a total of 20,020 pregnancies among young women ages 15–19 reported in 2005, the most recent year for which data are available, in New Jersey.¹¹
- New Jersey's teen birth rate ranked 47th in the U.S. in 2005, with a rate of 23.4 births per 1,000 young women ages 15–19 compared to the national rate of 40.5 births per 1,000.¹² In 2005, there were a total of 6,874 live births reported to young women ages 15–19 in New Jersey.¹³

- In 2006, the U.S. teen birth rate increased for the first time in 15 years by 3% from 40.5 to 41.9 births per 1,000 young women ages 15–19, after having steadily declined between 1991 and 2005.¹⁴ In contrast, New Jersey’s teen birth rate increased 6% between 2005 and 2006, from 23.4 to 24.9 births per 1,000 young women ages 15–19.¹⁵
- New Jersey’s teen abortion rate ranks 10th in the U.S., with a rate of 18 abortions per 1,000 young women ages 15–19 compared to the national rate of 19 abortions per 1,000. In 2005, there were a total of 5,453 abortions reported among young women ages 15–19 in New Jersey.¹⁶

HIV and AIDS

- New Jersey ranks 10th in cases of HIV infection diagnosed in the U.S. among all age groups. In 2007, there were a total of 693 new cases of HIV infection diagnosed in New Jersey.¹⁷
- New Jersey ranks 7th in cases of HIV/AIDS diagnosed among young people ages 13–19 out of the 34 states with confidential, name-based HIV infection reporting. In 2007, there were a total of 77 young people ages 13–19 diagnosed with HIV/AIDS in New Jersey.¹⁸
- New Jersey’s AIDS rate ranks 12th in the U.S., with a rate of 13.4 cases per 100,000 population compared to the national rate of 12.5 cases per 100,000.¹⁹
- New Jersey ranks 9th in number of reported AIDS cases in the U.S. among all age groups. In 2007, there were a total of 1,164 new AIDS cases reported in New Jersey.²⁰
- New Jersey ranks 10th in number of reported AIDS cases in the U.S. among young people ages 13–19. In 2007, there were a total of 13 AIDS cases reported among young people ages 13–19 in New Jersey.²¹

Sexually Transmitted Diseases

- New Jersey ranks 42nd in reported cases of Chlamydia among young people ages 15–19 in the U.S., with an infection rate of 13.38 cases per 1,000 compared to the national rate of 19.51 cases per 1,000. In 2008, there were a total of 7,943 cases of Chlamydia reported among young people ages 15–19 in New Jersey.²²
- New Jersey ranks 28th in reported cases of gonorrhea among young people ages 15–19 in the U.S., with an infection rate of 2.87 cases per 1,000 compared to the national rate of 4.52 cases per 1,000. In 2008, there were a total of 1,701 cases of gonorrhea reported among young people ages 15–19 in New Jersey.²³
- New Jersey ranks 16th in reported cases of primary and secondary syphilis among young people ages 15–19 in the U.S., with an infection rate of 0.03 cases per 1,000 compared to the national rate of 0.04 cases per 1,000.²⁴

Comprehensive Approaches to Sex 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.*²⁵

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 12.²⁶ 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.”²⁷

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 2.4.²⁸

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.”²⁹

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,³⁰ and 12th grade students should be able to “evaluate information that supports abstinence from sexual activity using reliable research data.”³¹

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.”³²

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.”³³ 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.”³⁴

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.”³⁵ 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.”³⁶

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.”³⁷

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.”³⁸ 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.”³⁹

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.”⁴⁰ 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 year-long 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.⁴¹

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.⁴² 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 tenth 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.⁴³ 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.⁴⁴ More than 600 peer educators participate in the Teen PEP course.⁴⁵

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.”⁴⁶

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 SIECUS State Profiles. Please visit SIECUS’ “Contact Us” webpage at www.siecus.org to share information. Select “state policy” as the subject heading.

Federal Funding for Abstinence-Only-Until-Marriage Programs

Community-based organizations in New Jersey received \$2,503,884 in federal funds for abstinence-only-until-marriage programs in Fiscal Year 2009.⁴⁷

Title V Abstinence-Only-Until Marriage Funding

- New Jersey chose not to participate in the Title V abstinence-only-until-marriage program in Fiscal Year 2009. The state was eligible for approximately \$914,495 in funding. Due to the expiration of the grant program on June 30, 2009, three months prior to the end of the federal fiscal year, the state would have received three quarters of the total funding allocated for the full fiscal year.

Community-Based Abstinence Education (CBAE) Funding

- Organizations in New Jersey received \$2,210,728 in CBAE funding for Fiscal Year 2009.
- There are four CBAE grantees in New Jersey, including two faith-based organizations, one community-based organization, and one hospital.

Adolescent Family Life Act (AFLA) Funding

- There is one AFLA grantee in New Jersey, the Freedom Foundation of New Jersey, which received \$293,156 in AFLA funding for Fiscal Year 2009.

Abstinence-Only-Until-Marriage Curricula Used by Grantees

SIECUS is not aware of any commercially available curricula used by abstinence-only-until-marriage grantees in New Jersey.

To read reviews of abstinence-only-until-marriage curricula commonly used by federal grantees please visit the “Curricula and Speaker Reviews” webpage of SIECUS’ Community Action Kit at www.communityactionkit.org.

Federal Funding for Abstinence-Only-Until-Marriage Programs in FY 2009⁴⁸

Abstinence-Only-Until-Marriage Grantee	Title V	CBAE (Length of Grant)	AFLA (Length of Grant)
Columbus Hospital ⁴⁹ www.cathedralhealth.org		\$510,728 (2007–2012)	
Free Teens USA, Inc. www.freeteensusa.org www.lovesmarts.org		\$550,000 (2008–2013)	
Freedom Foundation of New Jersey			\$293,156 (2004–2009)

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Abstinence-Only-Until-Marriage Grantee	Title V	CBAE (Length of Grant)	AFLA (Length of Grant)
Harvest of Hope Family Services Network, Inc. www.harvestofhopefamily.com		\$550,000 (2008–2013)	
IMPACT Community Development Corporation www.impactcdc.org		\$600,000 (2008–2013)	

Adolescent Health Contact⁵⁰

Cynthia A. Collins, MS, RD
 Program Manager, Child and Adolescent Health
 New Jersey Department of Health & Senior Services
 Child and Adolescent Health Program
 P.O. Box 364
 Trenton, NJ 08625-0364
 Phone: (609) 292-1723

New Jersey Organizations that Support Comprehensive Sexuality Education

ACLU of New Jersey
 P.O. Box 32159
 Newark, NJ 07102
 Phone: (973) 642-2084
www.aclu-nj.org

Answer
 41 Gordon Road, Suite C
 Piscataway, NJ 08854
 Phone: (732) 445-7929
answer.rutgers.edu

Family Planning Association
 of New Jersey
 210 West State Street
 Trenton, NJ 08608
 Phone: (609) 393-8423

HiTOPS
 21 Wiggins Street
 Princeton, NJ 08540
 Phone: (609) 683-5155
www.hitops.org

Hyacinth AIDS Foundation
 317 George Street, Suite 203
 New Brunswick, NJ 08901
 Phone: (732) 246-0204
www.hyacinth.org

NARAL Pro-Choice New Jersey
 P.O. Box 23312
 Trenton, NJ 08607
 Phone: (609) 439-4516
www.prochoicenj.org

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New Jersey Lesbian and Gay Coalition
P.O. Box 11335
New Brunswick, NJ 08906
Phone: (732) 828-6772
www.njlgc.org

New Jersey National Organization for Women
110 West State Street
Trenton, NJ 08608
Phone: (609) 393-0156
www.nownj.org

New Jersey Religious Coalition for
Reproductive Choice
P.O. Box 13
Mt. Freedom, NJ 07974
Phone: (973) 984-0118
www.rcrc.org

Planned Parenthood of Greater Northern
New Jersey
196 Speedwell Avenue
Morristown, NJ 07960
Phone: (973) 539-9580
www.ppgnnj.org

Sierra Club – New Jersey Chapter
145 West Hanover Street
Trenton, NJ 08618
www.newjersey.sierraclub.org

New Jersey Organizations that Oppose Comprehensive Sexuality Education

Free Teens USA
P.O. Box 97
Westwood, NJ 07675
Phone: (201) 488-3733
www.freeteensusa.org

New Jersey Family Policy Council
P.O. Box 6011
Parsippany, NJ 07054
Phone: (800)653-7204
www.njfpc.org

New Jersey Right to Life
242 Old New Brunswick Road
Piscataway, NJ 08854
Phone: (732) 562-0563
www.njrtl.org

Newspapers in New Jersey⁵¹

Courier News
Newsroom
1201 Route 22 W.
Bridgewater, NJ 08807
Phone: (908) 722-8800
www.c-n.com

Courier-Post
Newsroom
301 Cuthbert Boulevard
Cherry Hill, NJ 08002
Phone: (856) 663-6000
www.courierpostonline.com

Herald News
Newsroom
1 Garret Mountain Plaza
West Paterson, NJ 07424
Phone: (973) 569-7100
www.myheraldnews.com

The Hudson Reporter
Newsroom
P.O. Box 3069
Hoboken, NJ 07030
Phone (201)798-7800
www.hudsonreporter.com

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The Jersey Journal
Newsroom
30 Journal Square
Jersey City, NJ 07306
Phone: (201) 653-1000
www.nj.com/jjournal

NJN/New Jersey Network
Newsroom
P.O. Box 777
Trenton, NJ 08625
Phone: (609) 777-5000
www.njn.net

The Star-Ledger
Newsroom
1 Star Ledger Plaza
Newark, NJ 07102
Phone: (973) 392-4141
www.starledger.com

The Times
Newsroom
P.O. Box 847
Trenton, NJ 08605
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 N.J. Stat. Ann. §§ 18A:35-7 and -8.

² N.J. Admin. Code § 6A:8-5.1(a)(1)(vi).

³ 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 20 May 2010,

<<http://www.njcccs.org/ContentAreaTabularView.aspx?code=2&Desc=Comprehensive+Health+and+Physical+Education>>

⁴ *New Jersey Comprehensive Health Education and Physical Education Curriculum Framework* (New Jersey; New Jersey Department of Education, 1999), accessed 13 April 2010, <<http://www.state.nj.us/education/frameworks/chpe/chapter3.pdf>>, 26.

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

⁶ N.J. Stat. Ann. § 18A:35-4.20.

⁷ N.J. Stat. Ann. § 18A:35-4.21(3).

⁸ N.J. Stat. Ann. § 18A:35-4.7.

⁹ 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>>.

¹⁰ *U.S. Teenage Pregnancies, Births, and Abortions: National and State Trends and Trends by Race and Ethnicity*, (Washington, DC: Guttmacher Institute, January 2010), accessed 5 March 2010, <<http://www.guttmacher.org/pubs/USTPtrends.pdf>>, Table 3.1.

¹¹ *Ibid.*, Table 3.2.

¹² Joyce A. Martin, et. al., “Births: Final Data for 2006,” *National Vital Statistics Reports*, vol. 57, number 7 (Hyattsville, MD: Centers for Disease Control and Prevention, 7 January 2009), accessed 5 March 2010, <http://www.cdc.gov/nchs/data/nvsr/nvsr57/nvsr57_07.pdf>, Table B.

¹³ *U.S. Teenage Pregnancies, Births, and Abortions: National and State Trends and Trends by Race and Ethnicity*, Table 3.2.

¹⁴ Martin, et. al, “Births: Final Data for 2006,” 4.

¹⁵ Ibid., Table B.

¹⁶ *U.S. Teenage Pregnancies, Births, and Abortions: National and State Trends and Trends by Race and Ethnicity*, Table 3.5.

¹⁷ “Cases of HIV Infection and AIDS in the United States and Dependent Areas, 2007,” *HIV/AIDS Surveillance Report*, vol. 19, (Atlanta, GA: Centers for Disease Control and Prevention, February 2009), accessed 5 March 2010,

<<http://www.cdc.gov/hiv/topics/surveillance/resources/reports/2007report/pdf/2007SurveillanceReport.pdf>>, Table 18.

¹⁸ Slide 6: “Estimated Numbers of HIV/AIDS Cases among Adolescents 13 to 19 Years of Age, 2007—34 States,” *HIV/AIDS Surveillance in Adolescents and Young Adults (through 2007)*, (Atlanta, GA: Centers for Disease Control and Prevention, May 2009), accessed 25 March 2010, <<http://www.cdc.gov/hiv/topics/surveillance/resources/slides/adolescents/index.htm>>.

¹⁹ Ibid.; “AIDS Case Rate per 100,000 Population, All Ages, 2007,” (Menlo Park, CA: Kaiser Family Foundation), accessed 5 March 2010, <<http://www.statehealthfacts.org/comparabletable.jsp?ind=513&cat=11&sub=120&yr=62&typ=1&sort=a>>.

²⁰ Ibid., Table 16.

²¹ Slide 15: “Reported AIDS Cases among Adolescents 13 to 19 Years of Age, 2007—United States and Dependent Areas,” *HIV/AIDS Surveillance in Adolescents and Young Adults (through 2007)*, (Atlanta, GA: Centers for Disease Control and Prevention, May 2009), accessed 25 March 2010, <<http://www.cdc.gov/hiv/topics/surveillance/resources/slides/adolescents/index.htm>>.

²² “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.

²³ 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.

²⁴ Ibid; see also Table 33: “Primary and Secondary Syphilis—Reported Cases and Rates per 100,000 Population by Age Group and Sex: United States, 2004–2008,” *Sexually Transmitted Disease Surveillance 2008*, 121.

²⁵ 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

²⁶ “Introduction,” *2009 New Jersey Core Curriculum Content Standards*, (Trenton, NJ: New Jersey Department of Education, 2009), accessed 20 May 2010, <<http://www.njcccs.org/Worldclassstandards.aspx>>.

²⁷ Ibid.

²⁸ *2009 New Jersey Core Curriculum Content Standards for Comprehensive Health and Physical Education*.

²⁹ Ibid., 2.4.4.B.1.

³⁰ Ibid., 2.4.8.B.2.

³¹ Ibid., 2.4.6.B.2; Ibid., 2.4.8.B.2; Ibid., 2.4.12.B.2.

³² Ibid., 2.4.8.B.3.; Ibid., 2.4.12.B.3.

³³ *2009 New Jersey Core Curriculum Content Standards for Comprehensive Health and Physical Education*.

³⁴ Ibid., 2.4.12.A.6.

³⁵ Ibid.

³⁶ Ibid., 2.4.8.B.4; Ibid., 2.4.12.B.4.

³⁷ Ibid., 2.4.6.B.6; Ibid., 2.4.8.B.6.

³⁸ Ibid., 2.4.8.B.6.

³⁹ Ibid., 2.4.12.C.6.

⁴⁰ “New Jersey Teen Prevention Education Program,” New Jersey Department of Health and Senior Services, accessed 23 May 2010, <<http://www.state.nj.us/health/aids/teenpep.shtml#participants>>.

⁴¹ Ibid.

⁴² Ibid., “Educational Programs for Youth: Peer-Led Programs,” HiTOPS, accessed 23 May 2010, <<http://www.hitops.org/educationalprograms/programteens.shtml#peerledprograms>>.

⁴³ Ibid.

⁴⁴ Ibid.

⁴⁵ “Teen PEP,” HiTOPS, accessed 23 May 2010, <<http://www.hitops.org/peereducation/teenpep.shtml>>.

⁴⁶ “Teen PEP Program Evaluation Results,” New Jersey Teen Prevention Education Program, accessed 23 May 2010, <<http://www.state.nj.us/health/aids/teenpep.shtml>>.

⁴⁷ 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 2009 began on October 1, 2008 and ended on September 30, 2009.

⁴⁸ Through the Fiscal Year 2010 appropriations process, Congress eliminated all discretionary funding for abstinence-only-until-marriage programs, including the entire CBAE program and the abstinence-only-until-marriage portion of AFLA. The grant

years listed in the chart reflect the years for which funding was originally approved; however, the grants effectively ended in Fiscal Year 2009.

⁴⁹ Columbus Hospital closed in 2008. It is now the Columbus Campus of Saint Michael's Medical Center. *See* John Appezzato, "Newark's Columbus Hospital to provide some services after it closes," NJ.com, 30 April 2008, accessed 11 May 2010, <http://www.nj.com/news/index.ssf/2008/04/newarks_columbus_hospital_to_p.html>.

⁵⁰ SIECUS has identified this person as a state-based contact for information on adolescent health and if applicable, abstinence-only-until-marriage programs.

⁵¹ This section is a list of major newspapers in your state with contact information for their newsrooms. This list is by no means exhaustive and does not contain the local level newspapers which are integral to getting your message out to your community. SIECUS strongly urges you to follow stories about the issues that concern you on the national, state, and local level by using an internet news alert service such as [Google alerts](#), becoming an avid reader of your local papers, and establishing relationships with reporters who cover your issues. For more information on how to achieve your media goals visit the SIECUS [Community Action Kit](#).