



NORTH CAROLINA

In Fiscal Year 2011¹, the state of North Carolina received:

- **Personal Responsibility Education Program funds totaling \$1,550,531**
- **Title V State Abstinence Education Program funds totaling \$1,652,476**

In Fiscal Year 2011, local entities in North Carolina received:

- **Teen Pregnancy Prevention Initiative funds totaling \$2,768,066**

SEXUALITY EDUCATION LAW AND POLICY

North Carolina schools are required to teach a comprehensive health education program, which includes instruction on the prevention of unintended pregnancy and sexually transmitted diseases (STDs), including HIV/AIDS. Schools must stress the importance of parental involvement and teach refusal skills and strategies to handle peer pressure.² Comprehensive health education must include “reproductive health and safety education” beginning in the seventh grade. Such instruction must teach “that abstinence from sexual activity outside of marriage is the expected standard for all school-age children” and “that a mutually faithful monogamous heterosexual relationship in the context of marriage is the best lifelong means of avoiding sexually transmitted diseases, including HIV/AIDS,” among other stipulations.³ With respect to contraception and family planning, the law requires instruction to teach:

- “how sexually transmitted diseases are and are not transmitted, the effectiveness and safety of all federal Food and Drug Administration (FDA)-approved methods of reducing the risk of contracting sexually transmitted diseases, and information on local resources for testing and medical care for sexually transmitted diseases...;⁴ and
- “the effectiveness and safety of all FDA-approved contraceptive methods in preventing pregnancy.”⁵

The information included in reproductive health and safety education must be age appropriate, objective, and based upon scientific research that is peer reviewed and accepted by professionals in the field of sexual health education.⁶ Students may receive information about where to obtain contraceptives and abortion referral services only in accordance with a local board’s policy regarding parental consent; contraceptives, including condoms and other devices, shall not be made available or distributed on school property.⁷

Instruction must also teach “awareness of sexual assault, sexual abuse, and risk reduction” and focus on healthy relationships.

The state board of education shall make available a list of reviewed materials, any approved textbooks and other approved materials for discussion regarding pregnancy and STD/HIV prevention to parents and legal guardians at least 60 days before such instruction is provided in the classroom.⁸

The North Carolina Department of Public Instruction provides several different resources for schools, including *Components of a Strong School HIV Policy*, *Healthful Living: Standard Course of Study and Grade-Level Competencies*, and *Communicable Diseases—Students*. These documents offer model policies and content outlines. However, school districts make the ultimate decision about classroom education. Each school district must also establish a school health advisory council.⁹

North Carolina law also requires local school boards to “adopt policies to provide opportunities either for parents and legal guardians to consent or for parents and legal guardians to withhold their consent to the students’ participation in any or all of these programs.”¹⁰ These are referred to as “opt-in” and “opt-out” policies, respectively.

See North Carolina General Statutes § 115C-81, *Components of a Strong School HIV Policy*, *Healthful Living: Standard Course of Study and Grade-Level Competencies*, and *Communicable Diseases—Students*.

RECENT LEGISLATION

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

YOUTH SEXUAL HEALTH DATA

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

North Carolina Youth Risk Behavior Survey (YRBS) Data¹¹

- In 2011, 47% of female high school students and 51% of male high school students in North Carolina reported ever having had sexual intercourse, compared to 46% of female high school students and 49% of male high school students nationwide.
- In 2011, 5% of female high school students and 12% of male high school students in North Carolina 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, 15% of female high school students and 19% of male high school students in North Carolina 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, 37% of female high school students and 33% of male high school students in North Carolina 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, 49% of females and 58% of males in North Carolina 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, 19% of females and 33% of males in North Carolina reported having used alcohol or drugs the last time they had sexual intercourse, compared to 18% of females and 26% of males nationwide.

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Charlotte-Mecklenburg County, North Carolina

- In 2011, 47% of female high school students and 54% of male high school students in Charlotte-Mecklenburg reported ever having had sexual intercourse, compared to 46% of female high school students and 49% of male high school students nationwide.
- In 2011, 5% of female high school students and 13% of male high school students in Charlotte-Mecklenburg 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, 15% of female high school students and 24% of male high school students in Charlotte-Mecklenburg 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, 34% of female high school students and 35% of male high school students in Charlotte-Mecklenburg 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, 53% of females and 71% of males in Charlotte-Mecklenburg 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, 16% of females and 9% of males in Charlotte-Mecklenburg 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, 26% of females and 26% of males in Charlotte-Mecklenburg reported having used alcohol or drugs the last time they had sexual intercourse, compared to 18% of females and 26% of males nationwide.
- In 2011, 84% of high school students in Charlotte-Mecklenburg reported having been taught about AIDS/HIV in school, compared to 84% of high school students nationwide.

North Carolina Teen Pregnancy, HIV/AIDS, and Sexually Transmitted Disease Data

Teen Pregnancy, Birth, and Abortion

- North Carolina's teen birth rate currently ranks 18th in the United States, based on the most recent data available, with a rate of 38.3 births per 1,000 young women ages 15–19, compared to the national rate of 34.3 births per 1,000.¹² In 2010, there were a total of 12,301 live births to young women ages 15–19 reported in North Carolina.¹³
- In 2005, North Carolina's teen pregnancy rate ranked 14th in the United States, with a rate of 76 pregnancies per 1,000 young women ages 15–19, compared to the national rate of 70 pregnancies

per 1,000.¹⁴ There were a total of 21,720 pregnancies among young women ages 15–19 in North Carolina in 2005.¹⁵

- In 2005, North Carolina’s teen abortion rate ranked 22nd in the United States, with a rate of 16 abortions per 1,000 young women ages 15–19, compared to the national rate of 19 abortions per 1,000.¹⁶

HIV and AIDS

- In 2010, the rate of diagnoses of HIV infection among adolescents aged 13-19 years in North Carolina was 10.1 per 100,000 compared to the national rate of 7.9 per 100,000.¹⁷
- In 2010, the rate of AIDS diagnoses among adolescents 13-19 years in North Carolina was 1.5 per 100,000 compared to the national rate of 1.9 per 100,000.¹⁸
- In 2010, the rate of diagnoses of HIV infection among young adults aged 20-24 years in North Carolina was 44.1 per 100,000 compared to the national rate of 36.9 per 100,000.¹⁹
- In 2010, the rate of AIDS diagnoses among young adults aged 20-24 years in North Carolina was 8.4 per 100,000 compared to the national rate of 10.4 per 100,000.²⁰

Sexually Transmitted Diseases

- North Carolina ranks 14th in the United States for reported cases of chlamydia among young people ages 15–19, with an infection rate of 22.91 cases per 1,000, compared to the national rate of 20.03 cases per 1,000. In 2009, there were a total of 14,786 cases of chlamydia among young people ages 15–19 reported in North Carolina.²¹
- North Carolina ranks 10th in the United States for reported cases of gonorrhea among young people ages 15–19, with an infection rate of 6.06 cases per 1,000, compared to the national rate of 4.04 cases per 1,000. In 2009, there were a total of 3,912 cases of gonorrhea among young people ages 15–19 reported in North Carolina.²²
- North Carolina ranks eighth in the United States for reported cases of primary and secondary syphilis among young people ages 15–19, with an infection rate of 0.07 per cases 1,000, which is equal to the national rate of 0.05 cases per 1,000. In 2009, there were a total of 42 cases of syphilis among young people ages 15–19 reported in North Carolina.²³

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 North Carolina received \$1,604,513 in TPPI Tier 1 funding for FY 2011.
- There are two TPPI Tier 1 grantees in North Carolina: Family Resource Center of Raleigh, Inc., and Iredell-Statesville Schools.

Family Resource Center of Raleigh, Inc., \$796,916 (FY 2011)

The Family Resource Center of Raleigh, Inc. (FRC), is a nonprofit organization that aims to help “families acquire skills and resources needed to be economically and socially self-sufficient.”²⁴ The organization focuses its programming on providing services to youth and families, including abstinence-only programming, foster care education and support, parenting training, drop-out prevention, and tax preparation assistance.

FRC previously received abstinence-only-until-marriage funding through the now-defunct Community-Based Abstinence Education (CBAE) grant. The organization was awarded a five-year CBAE grant in FY 2008 and received \$1 million in funding before the grant program was eliminated in 2010. The funding supported the organization’s Youth AWAKE (Always Works and Aligns With K12 Education) program, which serves youth ages 11–18 with an “exclusive purpose”: to teach “the social, psychological and health gains to be realized by abstaining from sexual activity until marriage.”²⁵

FRC uses its new federal grant to continue to support the Youth AWAKE program and provide in-school, abstinence-only programming to youth in five counties: Durham, Edgecombe, Orange, Wake, and Wilson. The organization partners with local schools to implement *Promoting Health Among Teens! – Abstinence-Only Intervention (PHAT)* to youth ages 11–14 in grades six through nine, and *All4You!* to high school students ages 14–19 attending alternative schools.²⁶

PHAT is an evidence-based curriculum developed to increase knowledge and awareness about STDs, including HIV; increase an understanding of how abstinence can prevent pregnancy and HIV/STDs; and build refusal and negotiation skills for practicing abstinence. *PHAT* aims for participants to abstain from vaginal, oral, and anal intercourse until a time later in life, when they are ready to handle the potential consequences of having sex, and neither discourages nor encourages condom use.²⁷ Although originally intended for use with urban, African-American youth in small groups, the intervention can be adapted for use with larger groups and those in rural settings.²⁸ The curriculum is designed as eight one-hour modules that include group discussions, videos, role-playing, skill-building activities, games, and other experiential exercises. It is appropriate for use in both school- and community-based settings. An evaluation of the program published in the *Archives of Pediatrics & Adolescent Medicine* found that, at a 24-month follow-up, participants who were sexually inexperienced at the time of the program were significantly less likely to have initiated sex than participants in the control group.²⁹

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.³⁰

FRC implements *PHAT* in the following schools throughout its five-county service area: Charles Darden Middle School, Chewning Middle School, East Garner Middle School, Gravely Hill Middle School, Orange County High School, Rogers-Herr Middle School, Southeast Raleigh High School, Southern High School, and West Edgecombe Middle School. It plans to implement the intervention to 2,700 youth over the course of five years.³¹ In addition, the organization implements *All4You!* in three alternative schools: Lakeview High School in Durham County, M.E. Phillips High School in Wake County, and Partnership Academy High School in Orange County. This portion of the program will serve 300 students over the course of five years.³² It also offers a 90-minute “Parent Prep” workshop that serves as an introduction to the program.³³

Iredell-Statesville Schools, \$807,597 (FY 2011)

The Iredell-Statesville school district (I-SS), located in Statesville, North Carolina, serves more than 20,000 students residing in urban, suburban, and rural communities and is one of the 20 largest school districts in North Carolina.³⁴

With its TPPI funding, the school district partners with the Boys & Girls Club of Piedmont, the Iredell County Health Department, the Partnership for Young Children, and the Statesville Housing Authority to implement the Proud and Responsible Communities of Iredell-Statesville Project (PARC). The program delivers evidence-based programming to at-risk youth ages 13–19. Its overall goal is to enable the community to address the needs of the most at-risk youth in order to prevent unintended pregnancy or subsequent pregnancies among the teens. I-SS plans to reach 1,500 youth annually through PARC.³⁵

I-SS implements PARC programming at 19 sites, including nine middle schools, five high schools, and two alternative schools, as well as at the location sites of its partnering organizations. PARC replicates *Making Proud Choices!* and *Be Proud! Be Responsible! Be Protective!* Participation requires a signed permission slip from a parent or guardian. The program provides free transportation and childcare to participants. In addition, upon completion of the program, participants receive a \$100 stipend.³⁶

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.”³⁷ 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.³⁸

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.³⁹ 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.⁴⁰

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 North Carolina.

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 is one TPPI Tier 2 Communitywide Initiatives grantee in North Carolina, the Adolescent Pregnancy Prevention Campaign of North Carolina, which received \$1,163,553 for FY 2011.

The Adolescent Pregnancy Prevention Campaign of North Carolina (APPCNC) is a nonprofit organization based in Durham, North Carolina, that serves to “support North Carolina communities in preventing adolescent pregnancy through advocacy, collaboration and education.”⁴¹ The organization advocates for policy and funding that supports effective pregnancy prevention programs, collaborates with community, state, and national level partners to serve pregnant and parenting teens and underserved communities, and provides education to community stakeholders, educators and health providers, parents, and adolescents on evidence-based approaches to preventing unintended pregnancy among teens.⁴²

The organization’s community-wide grant supports coordinated efforts in Gaston County to reduce the teen pregnancy and birth rates by 10% over the next five years. The initiative, Gaston Youth Connected: Integrating Education and Clinical Services for Gaston County Teens, brings together health care providers, youth-serving agencies, pregnancy prevention programs, and the faith community to implement evidence-based programs as well as provide clinical services and education to youth and parents.

Through the initiative, APPCNC has established three local advisory groups to lead program implementation, including a community advisory panel, youth advisory panel, and a core partner group. APPCNC is in the process of determining sub-grantees that will provide direct program services. These sub-grantees will make up the core partner group. Along with providing direct services, the initiative serves to develop the county’s infrastructure to provide sustainable teen pregnancy-prevention services and access to reproductive health care for youth.⁴³

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. 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 North Carolina Department of Health and Human Services received \$1,550,531 in federal PREP funds for FY 2011.
- The agency provides sub-grants to 11⁴⁴ local public and private entities.⁴⁵

The North Carolina Department of Health and Human Services, Division of Public Health implements the state's PREP grant. Through the grant program PREPare for Success, the agency collaborates with 11 sub-grantees to provide school and community-based programming to youth. Programming targets youth in grades six through 12 from counties in the top 25% of teen birth rates.⁴⁶ Part of the PREP funding has been allocated to Appalachian State University to provide training and technical assistance to middle school health teachers on the implementation of *Making Proud Choices!* (Please see the *TPPI Tier 1: Evidence-Based Programs* section above for more information on *Making Proud Choices!*) Additional sub-grants are allocated to local organizations to implement *Teen Outreach Program (TOP)* in both school and community-based settings. Programming is administered in the following counties: Bertie, Columbus, Craven, Graham, Greene, Halifax, Lee, Martin, Robeson, and Vance. Sub-grantees address the following adulthood preparation subjects: healthy relationships, parent-child communication, and healthy life skills.⁴⁷

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.”⁴⁸ 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.⁴⁹ 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.⁵⁰

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 North Carolina.

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 North Carolina.

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 North Carolina Department of Public Instruction received \$1,652,476 in federal Title V abstinence-only funding for FY 2011.
- The North Carolina Department of Public Instruction provides sub-grants to 19 local education agencies, two universities, and 11 public and private entities.⁵¹
- In North Carolina, the match is provided through in-kind contributions.

The North Carolina Department of Public Instruction provides Title V abstinence-only funding to support program efforts that address four of the state's eight coordinated school health components, including: health education, school health services, behavioral mental health, and family and community involvement. Programming targets students ages 10–14 in grades four through six. Priority will be given to school districts located in counties with high teen birth and pregnancy rates, high rates of children in the foster care system, high eligibility for free and reduced lunch in public schools, and academic risk factors. Targeted counties include: Allegheny, Anson, Ashe, Bertie, Bladen, Caldwell, Edenton/Chowan, Duplin, Edgecombe, Green, Halifax, Lee, Lenoir, Nash/Rocky Mount, Richmond, Robeson, Scotland, and Swain. Funding will also be allocated to the Community in Schools Academy charter school in Robeson County. The following curricula have been approved for use: *Puberty: The Wonder Years*; *Making a Difference*; *Promoting Health Among Teens! – Abstinence-Only Intervention (PHAT)*; *Abstinence Works*; *Wise Guys*; *Smart Girls Life Skills Training*; *Girls on the Run*; and *WhyTry*.⁵²

Puberty: The Wonder Years is a puberty education curriculum containing 20 lessons that are organized into units designed to be used with upper elementary and early middle school students over the course of three consecutive school years. The curriculum helps students develop skills in the areas of communication, limit

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setting, refusal, getting help, making friends, analyzing media messages, and distinguishing between reliable and unreliable sources of information.⁵³

PHAT is an evidence-based, sexuality education curriculum developed to increase knowledge and awareness about STDs, including HIV, increase an understanding of how abstinence can prevent pregnancy and HIV/STDs, and build refusal and negotiation skills for practicing abstinence. Although originally intended for use with urban, African-American youth in small groups, the intervention can be adapted for use with larger groups and those in rural settings.⁵⁴ It is appropriate for use in both school- and community-based settings. The curriculum is designed as eight one-hour modules that include group discussions, videos, role-playing, skill-building activities, games, and other experiential exercises. *PHAT* aims for participants to abstain from vaginal, oral, and anal intercourse until a time later in life, when they are ready to handle the potential consequences of having sex. *PHAT* does not discourage nor encourage condom use.⁵⁵ An evaluation of the program published in the *Archives of Pediatrics & Adolescent Medicine* found, at a 24-month follow-up, that participants who were sexually inexperienced at the time of the program were significantly less likely to have initiated sex than participants in the control group.⁵⁶

Wise Guys Male Responsibility Curriculum (Wise Guys) is a teen pregnancy prevention curriculum designed for adolescent males ages 11–17. The curriculum was developed by the Family Life Council of Greensboro, North Carolina. *Wise Guys* focuses on equipping youth to “make wiser and more responsible decisions” about their sexual health.⁵⁷ The curriculum includes 10 lessons that address self-esteem, personal and family values, goal-setting, stereotypes of masculinity, communication skills, reproductive anatomy, puberty, STDs (including HIV), delaying sexual intercourse, the consequences of teenage pregnancy/early parenthood, and other topics.⁵⁸ *Wise Guys* is appropriate for use in both school- and community-based settings.

Information on *Abstinence Works*, *Smart Girls Life Skills Training*, *Girls on the Run*, and *WhyTry* were unavailable at the time of publication.

North Carolina 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>		
Family Resource Center of Raleigh, Inc.	\$796,916	2010–2014
Iredell-Statesville Schools	\$807,597	
TOTAL	\$1,604,513	
<i>TPPI Tier 2: Communitywide Initiatives</i>		
Adolescent Pregnancy Prevention Campaign of North Carolina	\$1,163,553	2010–2014
TOTAL	\$1,163,553	
Personal Responsibility Education Program (PREP)		
<i>PREP State-Grant Program</i>		
North Carolina Department of Health and Human Services (federal grant)	\$1,550,531	2011
<i>Sub-grantees</i>		
<i>North Carolina Comprehensive School Health Training Center</i>		
TOTAL	\$1,550,531	

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Grantee	Award	Fiscal Years
Title V Abstinence Education Grant Program (Title V Abstinence-Only)		
North Carolina Department of Public Instruction	\$1,652,476	2011
TOTAL	\$1,652,476	
GRAND TOTAL	\$5,971,073	2011

COMPREHENSIVE APPROACHES TO SEXUALITY EDUCATION

SIECUS has identified some examples of model programs, policies, and best practices being implemented in North Carolina public schools that provide a more comprehensive approach to sex education for young people.⁵⁹

Revised State Sex Education Policy

North Carolina’s revised sex education law, which was signed by Governor Beverly Purdue in June 2009, expands the requirements for human sexuality instruction provided in public schools and amends the state’s former abstinence-only-until-marriage policy to provide young people with a more comprehensive approach to sex education. Previous law required schools to teach “abstinence until marriage education” as part of the comprehensive health education requirement for students in grades kindergarten through nine. Such instruction emphasized the risks of premarital sexual activity, including the “health and emotional problems” associated with engaging in sexual activity before marriage. Under previous law, each local school board could choose to offer expanded instruction and provide a comprehensive sex education program only if all of the following requirements were met:

- the local school board held a public hearing before adopting a comprehensive sex education program and “after adequately notifying the public of the hearing”;
- the objectives and all instructional materials for the proposed program were made available for review at least 30 days before the public hearing took place;
- the objectives and all instructional materials for the proposed program remained available for review by the parents and legal guardians of school district students for at least 30 days after the public hearing; and
- the local school board adopted policies to allow for parents and legal guardians to provide or withhold their consent for their child’s participation in either an “abstinence until marriage” or comprehensive sex education program that provided information related to the prevention of STDs, including HIV/AIDS, or “the avoidance of out-of-wedlock pregnancy.”

The new law requires all school districts to provide “a reproductive health and safety education program” that teaches about STDs as a required part of instruction beginning in the seventh grade. Such instruction must address “how sexually transmitted diseases are and are not transmitted,” “the effectiveness and safety of all FDA-approved methods for reducing the risk of sexual disease transmission and FDA-approved contraceptive methods for preventing pregnancy,” “awareness of sexual assault, sexual abuse, and risk reduction,” and healthy relationships.⁶⁰ The law went into effect for the 2010–2011 school year.

Comprehensive Sex Education Programs in Public Schools

Even before the passage of the Healthy Youth Act, high schools in Chapel Hill-Carrboro City provided comprehensive sexuality education to high school students using *Reducing the Risk: Building Skills to Prevent*

Pregnancy, STD and HIV, 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.⁶¹ *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.⁶²

We encourage you to submit any updated or additional information on comprehensive approaches to sex education being implemented in North Carolina 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

Adolescent Health Contact⁶³

Carol Tant
Children and Youth Branch Head
Division of Public Health
North Carolina Department of Health and Human Services
5601 Six Forks Road
1928 Mail Service Center
Raleigh, NC 27699-1928
Phone: (919) 707-5610

PREP State-Grant Coordinator

Merissa Gremminger, MSW
PREP Coordinator
Division of Public Health
North Carolina Department of Health and Human Services
5601 Six Forks Road
1929 Mail Service Center
Raleigh, NC 27699-1929
Phone: (919) 707-5723

Title V Abstinence-Only Grant Coordinator

Nakisha Floyd
Abstinence Education Consultant
North Carolina Department of Public Instruction
6349 Mail Service Center
Raleigh, NC 27699
Phone: (919) 807-3942

NORTH CAROLINA

ORGANIZATIONS THAT SUPPORT COMPREHENSIVE SEXUALITY EDUCATION

ACLU of North Carolina
Raleigh, NC
Phone: (919) 834-3390
www.acluofnorthcarolina.org

Adolescent Pregnancy Prevention
Campaign of North Carolina
Durham, NC
Phone: (919) 226-1880
www.appcnc.org

Equality North Carolina
Raleigh, NC
Phone: (919) 829-0343
www.equalitync.org

NARAL Pro-Choice North Carolina
Raleigh, NC
Phone: (919) 829-9779
www.prochoicenc.org

Planned Parenthood of Central North
Carolina
Chapel Hill, NC
Phone: (919) 929-5402
www.plannedparenthood.org/centralnc
North Carolina Lambda Youth Network
Durham, NC
Phone: (919) 683-3037
www.angelfire.com/nc/nclambda

Western North Carolina AIDS Project
Asheville, NC
Phone: (828) 252-7489

ORGANIZATIONS THAT OPPOSE COMPREHENSIVE SEXUALITY EDUCATION

Christian Action League
of North Carolina
Raleigh, NC
Phone: (919) 787-0606
www.christianactionleague.org

John Locke Foundation
Raleigh, NC
Phone: (919) 828-3876
www.johnlocke.org

North Carolina Family Policy Council
Raleigh, NC
Phone: (919) 807-0800
www.ncfpc.org

North Carolina Right to Life
Greensboro, NC
Phone: (336) 274-LIFE
www.ncrtl.org

MEDIA OUTLETS

Newspapers in North Carolina⁶⁴

The Charlotte Observer
Charlotte NC
Phone: (704) 358-5000
www.charlotte.com

The Fayetteville Observer
Fayetteville, NC
Phone: (910) 323-4848
www.fayobserver.com

NORTH CAROLINA

The Independent
Durham, NC
Phone: (919) 286-1972
www.indyweek.com

The News & Observer
Raleigh, NC
Phone: (919) 829-4500
www.newsobserver.com

News & Record
Greensboro, NC
Phone: (336) 373-7000
www.news-record.com

Winston-Salem Journal
Winston-Salem, NC
Phone: (336) 727-7211
www.journalnow.com

Political Blogs in North Carolina

Blue NC
www.bluencc.com

The Jacksonian
www.andrewjacksondem.com

Orange Politics
www.orangepolitics.org

The Progressive Pulse
<http://pulse.ncpolicywatch.org>

Under the Dome
<http://projects.newsobserver.com/dome>

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.C. Gen. Stat. § 115C-81(e1)(4),
http://www.ncga.state.nc.us/EnactedLegislation/Statutes/HTML/BySection/Chapter_115C/GS_115C-81.html.

³ N.C. Gen. Stat. § 115C-81(e1)(4)(d); N.C. Gen. Stat. § 115C-81(e1)(4)(e).

⁴ N.C. Gen. Stat. § 115C-81(e1)(4a)(a).

⁵ N.C. Gen. Stat. § 115C-81(e1)(4a)(b).

⁶ N.C. Gen. Stat. § 115C-81(e1)(4); N.C. Gen. Stat. § 115C-81(e1)(4a).

⁷ N.C. Gen. Stat. § 115C-81(e1)(9).

⁸ N.C. Gen. Stat. § 115C-81(e1)(5).

⁹ *Healthful Living: Standard Course of Study and Grade-Level Competencies* (Raleigh, NC: North Carolina Department of Public Instruction, 2006), accessed April 14, 2010,
<http://www.ncpublicschools.org/docs/curriculum/healthfulliving/scos/2006healthfullivingscos.pdf>, 81.

¹⁰ N.C. Gen. Stat. § 115C-81(e1)(7).

¹¹ 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: Charlotte-Mecklenburg County, North Carolina also participated in the 2011 YRBS. North Carolina did not participate in the full 2011 YRBS.

¹² "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.

¹³ Ibid.

¹⁴ *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.

¹⁵ Ibid., Table 3.2.

¹⁶ *U.S. Teenage Pregnancies, Births, and Abortions: National and State Trends and Trends by Race and Ethnicity*, Table 3.1.

¹⁷ 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>.

- ¹⁸ 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>.
- ¹⁹ 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>.
- ²⁰ 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>.
- ²¹ “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>.
- ²² Ibid.
- ²³ Ibid.
- ²⁴ “Family Resource Center of Raleigh,” Family Resource Center of Raleigh, accessed August 29, 2011, <http://www.frcofraleigh.org/index.php>.
- ²⁵ “Youth AWAKE,” Family Resource Center of Raleigh, Inc., accessed August 29, 2011, <http://www.frcofraleigh.org/index.php?page=awake>.
- ²⁶ “Youth AWAKE (Youth Always Works & Aligns With K12 Education) Teenage Pregnancy Prevention Program” *Application for Federal Funds SF-424*, FY10 Teenage Pregnancy Prevention: Replication of Evidence-Based Programs (Tier 1), Family Resource Center of Raleigh, Inc., (June 2010), 13–14. Information obtained through a Freedom of Information Act request submitted to the U.S. Department of Health and Human Services, Office of Adolescent Health.
- ²⁷ Ibid.
- ²⁸ *Promoting Health Among Teens! Abstinence-Only*, 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=575&PageTypeID=2>.
- ²⁹ “Pregnancy Prevention Intervention Implementation Report: Promoting Health Among Teens! Abstinence-Only Intervention,” 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/promoting_health.pdf.
- ³⁰ “Pregnancy Prevention Intervention Implementation Report: Be Proud! Be Responsible!” Programs for Replication – Intervention Implementation Reports, U.S. Department of Health and Human Services, accessed July 1, 2011, http://www.hhs.gov/ash/oah/oah-initiatives/tpp/programs/be_proud_responsible.pdf.
- ³¹ “Youth AWAKE (Youth Always Works & Aligns With K12 Education) Teenage Pregnancy Prevention Program” *Application for Federal Funds SF-424*, 17, 21.
- ³² Ibid.
- ³³ WAKE, “Family Resource Center of Raleigh, Inc.
- ³⁴ Iredell-Statesville Schools, “About Us,” accessed June 2, 2011, <http://iss.schoolwires.com/page/5>.
- ³⁵ “Iredell-Statesville Schools,” Teenage Pregnancy Prevention: Summary of Funded Evidence-Based Programs for 2010, U.S. Department of Health and Human Services, Office of Adolescent Health, accessed June 2, 2011, http://webcache.googleusercontent.com/search?q=cache:RstgXEd5vS0J:ip6.hhs.gov/ash/oah/prevention/grantees/models_2010_programs.html+&cd=2&hl=en&ct=clnk&q=us&client=firefox-a.
- ³⁶ “Proud and Responsible Communities in Iredell-Statesville (PARC),” Iredell-Statesville Schools, accessed June 2, 2011, <http://iss.schoolwires.com/page/701>.
- ³⁷ *Making Proud Choices!* Evidence-Based Programs, Resource Center for Adolescent Pregnancy Prevention (ReCAPP), ETR Associates, accessed April 15, 2010, <http://www.etr.org/recapp/index.cfm?fuseaction=pages.ebpDetail&PageID=128>.
- ³⁸ Ibid.
- ³⁹ *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>.
- ⁴⁰ “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/oah-initiatives/tpp/programs/be_proud_responsible.pdf.
- ⁴¹ “About Us,” Adolescent Pregnancy Prevention Campaign of North Carolina, accessed August 29, 2011, <http://appcnc.org/about-us>.
- ⁴² Ibid.

⁴³ Adolescent Pregnancy Prevention Campaign of North Carolina, “APPCNC, Gaston County Awarded \$5.8 million Pregnancy Prevention Grant,” Press Release published September 30, 2010, accessed August 29, 2011, <http://appcnc.org/images/GYC%20Press%20Release%20FINAL.pdf>.

⁴⁴ Sub-grantees include: Albemarle Smart Start Partnership (\$85,000); Columbus County Health Department (\$85,000); Duke University (\$85,000); Graham County Schools (\$85,000); Greene County Health Care (\$85,000); Halifax County Health Department (\$85,000); Coalition for Families of Lee County (\$85,000); Martin-Tyrrell-Washington Health District (\$85,000); Robeson County Health Department (\$85,000); Infinite Possibilities (\$85,000); Appalachian State University (\$328,620).

⁴⁵ Information provided by Merissa Gremminger, PREP Coordinator, Division of Public Health, North Carolina Department of Health and Human Services, March 26, 2012.

⁴⁶ Ibid.

⁴⁷ Ibid.

⁴⁸ 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://wymancenter.org/wordpress/wp-content/uploads/2011/08/TOP-Promoting-Positive-Well-Being-in-Adolescents.pdf>, 3.

⁴⁹ Ibid, 9.

⁵⁰ “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.

⁵¹ Specific funding amounts for all grantees was not available at time of publication. Information provided by Nakisha Floyd, Abstinence Education Consultant, North Carolina Department of Public Instruction, November 6, 2012.

⁵² Ibid.

⁵³ *Puberty: The Wonder Years*, Curricula, Lesson Plans & Resources for Teaching About Sexuality, Curricula Biography, SexEd Library, December 13, 2012, <http://www.sexedlibrary.org/index.cfm?pageId=778>.

⁵⁴ *Promoting Health Among Teens! Abstinence-Only*, 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=575&PageTypeID=2>.

⁵⁵ Ibid.

⁵⁶ “Pregnancy Prevention Intervention Implementation Report: Promoting Health Among Teens! Abstinence-Only Intervention,” 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/promoting_health.html.

⁵⁷ “Welcome,” Wise Guys, accessed August 15, 2011, <http://www.wiseguysnc.org/default.asp>.

⁵⁸ “Curriculum Chapter Synopsis,” Wise Guys, accessed August 15, 2011, http://www.wiseguysnc.org/ch_synopsis.htm.

⁵⁹ 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.

⁶⁰ General Assembly of North Carolina, 2009 Regular Session, House Bill 88, “Healthy Youth Act of 2009,” final version of the bill as signed by the governor, June 30, 2009, accessed March 5, 2010, <http://www.ncleg.net/Sessions/2009/Bills/House/PDF/H88v8.pdf>.

⁶¹ *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.

⁶² Ibid., 23–24.

⁶³ The person listed represents the designated personnel in the state responsible for adolescent reproductive health.

⁶⁴ This section is a list of major newspapers in the state and is by no means exhaustive of local print outlets.