



SOUTH CAROLINA

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

- **Personal Responsibility Education Program funds totaling \$755,337**
- **Title V State Abstinence Education Program funds totaling \$849,017**

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

- **Teen Pregnancy Prevention Initiative funds totaling \$2,955,712**

SEXUALITY EDUCATION LAW AND POLICY

Schools in South Carolina are required to provide sexually transmitted disease (STD) education beginning in grade six; but cannot provide information on STDs to students prior to grade six.² Schools are not required to teach about HIV or AIDS. State law specifies that age-appropriate instruction in reproductive health may be offered for grades kindergarten through five. STDs and reproductive health are required to be included as a part of comprehensive health education in grades six through eight and pregnancy prevention may be addressed.³ Students must also receive “at least 750 minutes of reproductive health education and pregnancy prevention education at least one time over the course of grades nine through 12.”⁴ Pregnancy prevention education must be provided in gender-divided classes.⁵

According to the law:

“Reproductive health education” means instruction in human physiology, conception, prenatal care and development, childbirth, and postnatal care, but does not include instruction concerning sexual practices outside marriage or practices unrelated to reproduction except within the context of the risk of disease. Abstinence and the risks associated with sexual activity outside of marriage must be strongly emphasized.⁶

The law explains, “[c]ontraceptive information must be given in the context of future family planning,” which has been interpreted to mean that any information about contraception must be in the context of use during marriage.⁷ In addition, no school may distribute contraceptives. Abortion may only be discussed in the context of the complications that it may cause and “must not be mentioned as a method of birth control.”⁸ Finally, the law specifies that:

The program of instruction provided for in this section may not include a discussion of alternate sexual lifestyles from heterosexual relationships including, but not limited to, homosexual relationships, except in the context of instruction concerning sexually transmitted diseases.⁹

The state does not require or suggest a specific curriculum; however, the state's health education curriculum standards cover sexuality education, including an "[e]mphasis on the rights and responsibilities of family members; on understanding, accepting, and managing one's sexuality; and on acquiring the skills that promote abstinence."¹⁰ In order to develop its curriculum, each local school board must "appoint a thirteen-member local advisory committee consisting of two parents, three clergy, two health professionals, two teachers, two students, one being the president of the student body of a high school, and two other persons not employed by the local school district."¹¹ South Carolina also states that the department of education and local school boards must provide "staff development activities" for educators participating in the comprehensive health program.¹²

Parents must be informed in advance of any sexuality specific instruction and are allowed to remove their children from any part of the health education classes.¹³ This is referred to as an "opt-out" policy.

See South Carolina Code Annotated §§ 59-32-10, et seq., and South Carolina Health and Safety Education Curriculum Standards

RECENT LEGISLATION

SIECUS is not aware of any recent legislation regarding sexuality education in South Carolina.

YOUTH SEXUAL HEALTH DATA

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

South Carolina Youth Risk Behavior Survey (YRBS) Data¹⁴

- In 2011, 52% of female high school students and 61% of male high school students in South 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, 4% of female high school students and 17% of male high school students in South 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, 17% of female high school students and 26% of male high school students in South 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, 39% of female high school students and 45% of male high school students in South 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, 51% of females and 64% of males in South Carolina reported having used condoms the last time they had sexual intercourse, compared to 54% of females and 67% of males nationwide.

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- In 2011, among those high school students who reported being currently sexually active, 21% of females and 14% of males in South Carolina 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 34% of males in South Carolina 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, 81% of high school students in South Carolina reported having been taught about AIDS/HIV in school, compared to 84% of high school students nationwide.

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

Teen Pregnancy, Birth, and Abortion

- South Carolina's teen birth rate currently ranks 12th in the United States, with a rate of 42.5 births per 1,000 young women ages 15–19, compared to the national rate of 34.3 births per 1,000.¹⁵ In 2010, there were a total of 6,839 live births to young women ages 15–19 reported in South Carolina.¹⁶
- In 2005, South Carolina's teen pregnancy rate ranked 10th in the United States, with a rate of 79 pregnancies per 1,000 young women ages 15–19, compared to the national rate of 70 pregnancies per 1,000.¹⁷ There were a total of 11,610 pregnancies among young women ages 15–19 in South Carolina in 2005.¹⁸
- In 2005, South Carolina's teen abortion rate ranked 19th 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 1,000.¹⁹

HIV and AIDS

- In 2010, the rate of diagnoses of HIV infection among adolescents aged 13-19 years in South Carolina was 16.4 per 100,000 compared to the national rate of 7.9 per 100,000.²⁰
- In 2010, the rate of AIDS diagnoses among adolescents 13-19 years in South Carolina was 5.7 per 100,000 compared to the national rate of 1.9 per 100,000.²¹
- In 2010, the rate of diagnoses of HIV infection among young adults aged 20-24 years in South Carolina was 62.6 per 100,000 compared to the national rate of 36.9 per 100,000.²²
- In 2010, the rate of AIDS diagnoses among young adults aged 20-24 years in South Carolina was 19.8 per 100,000 compared to the national rate of 10.4 per 100,000.²³

Sexually Transmitted Diseases

- South Carolina ranks third in the United States for reported cases of chlamydia among young people ages 15–19, with an infection rate of 32.37 cases per 1,000, compared to the national rate of 20.03 cases per 1,000. In 2009, there were a total of 10,400 cases of chlamydia among young

people ages 15–19 reported in South Carolina.²⁴

- South Carolina ranks third in the United States for reported cases of gonorrhea among young people ages 15–19, with an infection rate of 8.3 cases per 1,000, compared to the national rate of 4.04 cases per 1,000. In 2009, there were a total of 2,667 cases of gonorrhea among young people ages 15–19 reported in South Carolina.²⁵
- South Carolina ranks 10th in the United States for reported cases of primary and secondary syphilis among young people ages 15–19, with an infection rate of 0.05 cases per 1,000, compared to the national rate of 0.05 cases per 1,000. In 2009, there were a total of 15 cases of syphilis among young people ages 15–19 reported in South Carolina.²⁶

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

President’s Teen Pregnancy Prevention Initiative

The President’s Teen Pregnancy Prevention Initiative (TPPI) funds medically accurate and age-appropriate programs to reduce teen pregnancy. The U.S. Department of Health and Human Services, Office of Adolescent Health (OAH) administers the grant program, which totaled \$105 million in discretionary funding for Fiscal Year (FY) 2011. TPPI consists of two funding tiers that provide grants to local public and private entities. Tier 1 totals \$75 million and provides funding for the replication of evidence-based programs proven to prevent unintended teen pregnancy and address underlying behavioral risk factors. Tier 2 totals \$25 million and provides funding to develop and test additional models and innovative strategies. A portion of the Tier 2 funds, \$15.2 million, was allocated for research and demonstration grants to test innovative approaches, while the remaining funding, \$9.8 million, was allocated for grants to support communitywide initiatives. TPPI also dedicates \$4.5 million in funding to conduct evaluations of individual programs.

TPPI Tier 1: Evidence-Based Programs

The TPPI Tier 1 grant program supports the replication of evidence-based programs proven effective through rigorous evaluation to prevent unintended teen pregnancy, underlying behavioral risk factors, or other associated risk factors.

- There is one TPPI Tier 1 grantee in South Carolina, South Carolina Campaign to Prevent Teen Pregnancy, which received \$1,469,480 in FY 2011.

South Carolina Campaign to Prevent Teen Pregnancy, \$1,469,480 (FY 2011)

The South Carolina Campaign to Prevent Teen Pregnancy (SC Campaign) is a nonprofit organization dedicated to the prevention of adolescent pregnancy in South Carolina through education, technical assistance, public awareness, advocacy, and research. The organization believes “that the most effective health and sexuality education is abstinence-first, age-appropriate, and comprehensive.”²⁷ To this end, it supports and advocates for comprehensive sexuality education that contains information on both abstinence and contraception as a means to prevent teen pregnancy.²⁸

With its TPPI Tier 1 funding, the SC Campaign implements the “Keep it Real, South Carolina” teen pregnancy prevention program. The program aims to decrease the number of adolescent girls in South Carolina who become pregnant before graduating from high school and increase the number of middle schools in the state that institutionalize the provision of an evidence-based teen pregnancy prevention

program. The SC Campaign partners with 24 middle schools across the state to implement the program, which uses the curriculum, *It's Your Game: Keep It Real*.

It's Your Game: Keep it Real is an evidence-based HIV-, STD-, and pregnancy-prevention curriculum designed for seventh and eighth grade students. The curriculum consists of 24 classroom-based lessons designed to encourage participants to delay sexual initiation and to use condoms and contraception if and when they become sexually active. It incorporates group activities, computer-based sessions, role modeling, journaling, and group discussion, and addresses how to set personal limits for risk behaviors, how to be aware of vulnerable situations that may challenge those limits, and how to use refusal and other skills to maintain limits. Topics addressed in seventh grade include healthy friendships, setting personal limits, human growth and development, and refusal skills, among others. Eighth grade topics include healthy dating relationships, the importance of STD and pregnancy testing, and skills for using condoms and contraceptives. An evaluation of the curriculum published in the *Journal of Adolescent Health* found, at a ninth grade follow-up, that students who were sexually inexperienced at the start of the program were significantly less likely to report having initiated sex than sexually inexperienced participants in the control group.²⁹

To implement programming, the SC Campaign provides training and intensive technical assistance to education administrators and teachers in each of the 11 participating school districts. Each individual district will make its own decisions regarding local implementation and all must participate in a rigorous evaluation of the program. All program delivery complies with South Carolina state law.³⁰ The organization plans to reach 2,400 youth annually.³¹

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 South 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 South Carolina, South Carolina Campaign to Prevent Teen Pregnancy, which received \$1,486,232 for FY 2011.

South Carolina Campaign to Prevent Teen Pregnancy, \$1,486,232 (FY 2011)

With its TPPI Tier 2 Communitywide Initiative grant, the SC Campaign will lead a communitywide effort to implement evidence-based, teen pregnancy-prevention programs in Horry and Spartanburg counties. The program aims to “significantly increase the scope and reach of culturally competent teen pregnancy prevention services in the two target communities.” Such services will include the implementation of evidence-based programming and the utilization of reproductive health clinics. The initiative seeks to establish a sustainable, multi-component, teen pregnancy-prevention strategy in each of the target communities and to decrease the rates of teen pregnancy in these communities by 10% over the next five years.³²

To carry out the initiative, the SC Campaign will engage young people ages 10–19, with a focus on 15–19 year-olds, along with parents, key stakeholders, and community members. The initiative will primarily focus on African-American and Latino youth in the two target communities while providing

services to all priority youth. Multiple local agencies will serve as active partners on the initiative, including schools, institutions of higher education, community- and faith-based organizations, foundations, youth and family service agencies, city and county agencies, and health care service providers. Teen pregnancy-prevention programming will be implemented in a variety of settings and implemented by a broad range of community partners in order to reach youth. Parents and community members will also be engaged in programming in order to “ensure implementation of evidence-informed policies and procedures, and positive changes in social norms, awareness, and parent-child communication.”³³

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 South Carolina Department of Health and Environmental Control received \$755,337 in federal PREP funds for FY 2011.
- The agency provides sub-grants to 16 local public and private entities.³⁴

The South Carolina Department of Health and Environmental Control (DHEC) implements the state’s PREP grant in partnership with the South Carolina Campaign to Prevent Teen Pregnancy. The program targets youth in the foster care system, those receiving substance abuse services, and those receiving contraceptive services. Communities with the highest teen pregnancy rates in the state receive priority for program services. Individual sub-grantees determine the settings in which they deliver programming and can choose which three adulthood preparation subjects to address. Sub-grantees must utilize one of three evidence-based curricula approved by the DHEC: *Making Proud Choices!*; *Safer Choices*; and *What Could You Do?*³⁵

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.”³⁶ 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.³⁷

Safer Choices is an evidence-based HIV-, STD-, and pregnancy-prevention program designed for students in the ninth and 10th grades. The program consists of experiential activities developed to build communication skills, skills for delaying sexual initiation, and condom-efficacy skills for those students who are or become sexually active. *Safer Choices* has five program components, including a “school health protection council” that involves students, parents, school faculty, and community members; a 20-session classroom-based curriculum; a peer team or club responsible for hosting school-wide activities; a parent education component with parent-child activities; and activities to expose and increase students’ awareness of local support services. An evaluation of the program published in the *Journal of Adolescent Health* found that the program was effective in delaying the initiation of sexual intercourse among Latino youth. Additional evaluations of *Safer Choices* showed that among participants it increased the use of contraception, increased condom use, reduced incidence of unprotected sex, and reduced number of sexual partners with whom condoms weren’t used.³⁸

What Could You Do? is an evidenced-based, STD risk-reduction program that uses an interactive video to encourage safer sexual behaviors among female high school students. The program is designed as a one-on-one intervention, with each participant viewing the video individually. It aims to increase participants’ knowledge of STDs along with reducing their sexual risk behavior and risk of STD infection. The video includes vignettes featuring ethnically diverse young women involved in realistic scenarios related to sexual risk behavior, where the viewer must choose what action the character should take from different options. The vignettes give viewers the opportunity to practice how they would respond in different situations. The video covers sexual situations, risk reduction, reproductive health, and STDs. In addition, the video associates condom use with positive outcomes, such as pleasure and reassurance. *What Could You Do?* can be used in a physician’s office or clinic setting and could potentially be used in other settings, such as schools, as long as there was enough privacy for the viewer. An evaluation of the program published in *Social Science & Medicine* found that, at a six-month follow-up to the intervention, participants were almost twice as likely not to have been diagnosed with an STD as those in the control group.³⁹

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 South 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 South 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 South Carolina Department of Health and Environmental Control received \$849,017 in federal Title V abstinence-only funding for FY 2011.
- The South Carolina Department of Health and Environmental Control provides sub-grants to two local entities: Heritage Community Services (\$450,000) and South Carolina Parents Involved in Education (\$150,000).⁴⁰
- In South Carolina, the two sub-grantees provide the match through direct revenue.

The South Carolina Department of Health and Environmental Control implements the state Title V Abstinence-Only Program in collaboration with two local entities. The state program targets young people ages 10–19 in both community-based and school-based settings. There are nine counties in which programming is implemented: Anderson, Charleston, Chester, Dillon, Florence, Greenville, Marion, Marlboro, and Sumter. Curricula used for programming must be medically accurate and comply with the federal A-H definition for “abstinence education,” and include *Heritage Keepers*, *Abstinence Education and Life Skills I–II*, *Worth the Wait*, *Promoting Health Among Teens*, and *Let’s Talk Chester County*.⁴¹

Heritage Community Services, \$450,000 (FY 2011)

Heritage Community Services is an abstinence-only-until-marriage industry leader that offers extensive programming in South Carolina and across the United States. The nonprofit organization is a longtime recipient of federal funding for abstinence-only-until-marriage programs. Since FY 2003, the organization has received more than \$4.3 million in Title V abstinence-only-until-marriage funding from the state of South Carolina. Heritage Community Services also previously received federal abstinence-only-until-marriage funding through the Adolescent Family Life Act (AFLA) and the now-defunct Community-Based Abstinence Education (CBAE) grant programs. It has been the recipient of two CBAE grants, receiving a total of \$4.7 million in funding. The organization also received AFLA funding between FYs 2004–2009 totaling more than \$2 million.

In addition, for FYs 2004–2007 Heritage received \$804,000 in federal funding from the Prevention of Adolescent Sexual Activity through the CBAE grant program implemented by the U.S. Department of Health and Human Services, Office of Adolescent Pregnancy Programs. In all, the organization has received nearly \$12 million in federal funding for abstinence-only-until-marriage programs over the past ten years.

Heritage Community Services was first formed in 1995 by Anne Badgley, who remains the President and CEO. Badgley formed the organization as an adjunct to the Lowcountry Crisis Pregnancy Center, which she founded in 1986 and continues to run. Crisis Pregnancy Centers typically advertise as providing medical services and then use anti-abortion propaganda, misinformation, and fear and shame tactics to dissuade women facing unintended pregnancy from exercising their right to choose. While the two groups have since become separate nonprofits, they remain closely linked. In addition, Badgley has close ties with other crisis pregnancy centers, including serving on the advisory board of National CareNet Centers for

Tomorrow. CareNet’s mission is “to promote a culture of life through the delivery of valuable, life-affirming, evangelistic ministry to people facing unplanned pregnancies and related sexual issues.”

Over the years, Heritage Community Services has seen a great deal of favoritism from the government in South Carolina. In a highly irregular use of Title V Abstinence-Only-Until-Marriage Funding, South Carolina awarded the entire amount of its federal and state funding to Heritage Community Services without first engaging in a competitive bidding process in the first years of the program. The vast amounts of taxpayer funding and political favoritism lavished upon Heritage Community Services, both at the state and federal level, has enabled its abstinence-only-until-marriage programs to be disseminated across the country and internationally.

The organization has created two curricula series for abstinence-only-until-marriage-programs, including *Heritage Keepers Abstinence Education* and *Heritage Keepers Life Skills Education*. SIECUS reviewed *Heritage Keepers, Abstinence Education I* and found that it contains very little information about important topics in human sexuality such as puberty, anatomy, and sexual behavior. Even topics that are frequently discussed in detail in other abstinence-only-until-marriage programs, such as condoms and STDs, receive very little mention. Instead, the curriculum devotes most of its lessons to the importance of marriage and abstinence before marriage. It relies on messages of fear and shame and promotes biased views of gender, marriage, and pregnancy options.

South Carolina Parents Involved in Education, \$150,000 (FY 2011)

South Carolina Parents Involved in Education (SC PIE) provides abstinence-only-until-marriage programming to students, parents, and healthcare providers in public schools and faith communities. The organization is a former CBAE grantee and received a total of \$2,265,609 in CBAE abstinence-only-until-marriage funding for FYs 2005–2007.

SC PIE is run by Sheri Few, who helped direct South Carolina’s Title V abstinence-only-until-marriage state-grant program for the first years of its existence. Ms. Few also co-authored the *Healthy Image of Sex (HIS)* abstinence-only-until-marriage curriculum. One part of the *HIS* teacher guide instructs, “Ask students to consider what happens when these powerful things are used in healthy and unhealthy ways. Plane—consider Twin Towers; Cars—consider when used by children under age or people on drugs; Guns—when used by people who are not trained or do not have authority, or for play by children; Fire—when played with or when not in a safe place. Like many things with potential great benefits, sex can be damaging as well. Marriage is the safe place, outside of marriage is dangerous.”⁴²

The organization uses *Worth the Wait*, a popular fear-based abstinence-only-until-marriage curriculum. SIECUS reviewed the 2003 edition of *Worth the Wait* and found that it covers some important topics related to sexuality such as puberty, anatomy, and sexual abuse, and that the curriculum is based on reliable sources of data. Despite these strengths, *Worth the Wait* relies on messages of fear, discourages contraceptive use, and promotes biased views of gender, marriage, and pregnancy options. For example, the curriculum explains, “teenage sexual activity can create a multitude of medical, legal, and economic problems not only for the individuals having sex but for society as a whole.”⁴³ The curriculum has been updated since SIECUS’ review.

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South 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>		
South Carolina Campaign to Prevent Teen Pregnancy	\$1,469,480	2010–2014
TOTAL	\$1,469,480	
<i>TPPI Tier 2: Communitywide Initiatives</i>		
South Carolina Campaign to Prevent Teen Pregnancy	\$1,486,232	2010–2014
TOTAL	\$1,486,232	
Personal Responsibility Education Program (PREP)		
<i>PREP State-Grant Program</i>		
South Carolina Department of Health and Environmental Control (federal grant)	\$755,337	2011
TOTAL	\$755,337	
Title V Abstinence Education Grant Program (Title V Abstinence-Only)		
South Carolina Department of Health and Environmental Control (federal grant)	\$849,017	2011
<i>Sub-grantees</i>		
<i>Heritage Community Services</i>	<i>\$450,000</i>	2011
<i>South Carolina Parents Involved in Education</i>	<i>\$150,000</i>	2011
TOTAL	\$849,017	
GRAND TOTAL	\$4,560,066	2011

COMPREHENSIVE APPROACHES TO SEXUALITY EDUCATION

SIECUS has identified some examples of model programs, policies, and best practices being implemented in South Carolina public schools that provide a more comprehensive approach to sex education for young people.⁴⁴

Updated State Health Education Standards

The South Carolina State Board of Education approved the state’s updated health education standards, the *2009 South Carolina Academic Standards for Health and Safety Education (Academic Standards)*, on July 8, 2009. South Carolina revises its health education standards every eight years. The state’s previous health standards, the South Carolina Health and Safety Curriculum Standards (*Curriculum Standards*), were adopted in 2000. The *Academic Standards* are based on the revised *National Health Education Standards (NHES)*, which were published in 2007 and “formulated on the basis of research” developed by the Centers for Disease Control and Prevention’s Division of Adolescent and School Health (CDC-DASH) “that identifies those characteristics of curricula that most positively influence students’ health practices and behaviors.”⁴⁵

The *Academic Standards* apply the eight health education standards determined by the NHES and serve as a framework for the development of locally produced curricula. The first standard addresses the content and knowledge that students should gain while the following seven standards address particular skills. The standards cover six content areas of health instruction. While South Carolina’s previous standards included “Family Living and Healthy Sexuality” as a content area, the revised standards replace this content area with a new one titled, “Growth, Development, and Sexual Health and Responsibility.”⁴⁶ The education standards include “performance indicators,” which serve as learning expectations—the concepts and skills that students should gain at a particular development level. The previous standards outlined performance indicators for three different “grade-level spans”, kindergarten through grade five, grades six through eight, and grades nine through 12.⁴⁷ In contrast, the new standards include performance indicators for each grade level; thus they provide greater specification for the skills and concepts that students should gain by the end of each grade.

For elementary school grade levels (kindergarten through five), information and skills that students should gain include the ability to identify the major body parts and how they function, stages of growth and change that occur during childhood and the life cycle, roles and responsibilities of family members, and different family structures, among other indicators. A new note included under the kindergarten performance indicator, “explain how families are alike and different,” provides the disclaimer that homosexuality can only be referenced in the context of instruction relating to STDs, according to the Comprehensive Health Education Act (South Carolina Code Annotated §§ 59-32-10).⁴⁸

The standards first mention the topic of puberty in the fourth grade. Students are expected to “identify examples of the physical, emotional, and social changes that occur in puberty and adolescence” and “identify people in the family, school, or community. . . who could provide valid health information about the changes that occur during puberty,” among the knowledge and skills they should gain related to puberty.⁴⁹ Under the former standards, performance indicators related to puberty were not included for elementary school grade levels.

Standards for elementary grade levels also include performance indicators that address abstinence. The previous standards included “identify abstinence from sexual activity as the expected and healthiest behavior for school-aged children” as a performance indicator for elementary school grades.⁵⁰ The performance indicator relating to abstinence in the new standards, however, states that students in fifth grade should be able to “discuss the benefits of deciding to abstain from sexual activity and to remain abstinent.”⁵¹

In middle school, the standards address topics of sexual abuse and assault and dating and domestic violence, as well as healthy relationships, communication skills, refusal skills, and influences on body image and sexuality. While performance indicators included under the previous standards only asked that students be able to “describe strategies for the prevention of [STDs], [HIV/AIDS], and unintended pregnancy,” under the updated standards, performance indicators also suggest that students in eighth grade should be able to describe the signs and symptoms along with effective treatments for STDs, HIV, and AIDS.⁵²

The revised standards for high school also include more detailed performance indicators and address a broader range of concepts and skills. For example, newly included performance indicators expect students to be able to “describe physical, social, and emotional changes that occur during adolescence”; “evaluate the impact of [STDs], HIV, and AIDS on individuals, families, and society”; “explore the benefits of adoption”; and “discuss South Carolina laws relating to the sexual conduct of minors, including criminal sexual conduct.”

By expanding upon previous performance indicators, the new standards more broadly address reproductive health. Students are expected to understand health issues related to the male and female reproductive systems and be able to access resources and services for supporting reproductive health, such as conducting self-examinations and accessing medical professionals, including an obstetrician-

gynecologist or urologist. Finally, the high school standards build upon learning expectations introduced in earlier grades pertaining to healthy relationships, refusal and negotiation skills, and sexual violence prevention and recovery.⁵³

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

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South Carolina Department of Health and Environmental Control
Bureau of Maternal and Child Health
Mills/Jarrett Complex
1751 Calhoun Street
Columbia, SC 29201
Phone: (803) 545-4483

ORGANIZATIONS THAT SUPPORT COMPREHENSIVE SEXUALITY EDUCATION

ACLU of South Carolina
Columbia, SC
Phone: (803) 799-5151
www.aclusouthcarolina.org

South Carolina Campaign to Prevent
Teen Pregnancy
Columbia, SC
Phone: (803) 771-7700
www.teenpregnancysc.org

New Morning Foundation
Columbia, SC
Phone: (803) 929-0088
www.newmorningfoundation.org

ORGANIZATIONS THAT OPPOSE COMPREHENSIVE SEXUALITY EDUCATION

Heritage Community Services
Charleston, SC
Phone: (843) 863-0508, ext.
www.heritageservices.org

SC Parents Involved in Education
Lugoff, SC
Phone: (803) 408-0860
www.scpie.org

Palmetto Family Council
Columbia, SC
Phone: (803)733-5600
www.palmettofamily.org

MEDIA OUTLETS

Newspapers in South Carolina⁵⁵

Charleston City Paper
Charleston, SC
Phone: (843) 577-5304
www.charlestoncitypaper.com

Free Times
Columbia, SC
Phone: (803) 765-0707
www.free-times.com

The Greenville News
Greenville, SC
Phone: (864) 298-4100
www.greenvilleonline.com

The Post and Courier
Charleston, SC
Phone: (843) 577-7111
www.charleston.net

Spartanburg Herald-Journal
Spartanburg, SC
Phone: (864) 562-7218
www.goupstate.com

The State
Columbia, SC
Phone: (803) 771-8380
www.thestate.com

The Sun News
Myrtle Beach, SC
Phone: (843) 626-8555
www.myrtlebeachonline.com

Political Blogs in South Carolina

Blue South Carolina
www.bluesouthcarolina.blogspot.com

Brad Warthen
www.bradwarthen.com

Indigo Journal
www.indigojournal.com

The Politics of Jamie Sanderson
www.thepoliticsofjamiesanderson.blogspot.com

S.C. Politics Today
[www.thestatecom./politicstoday](http://www.thestate.com./politicstoday)

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 S.C. Code Ann. §§ 59-32-30(A)(1)–(2), <http://www.scstatehouse.gov/code/t59c032.php>.

³ S.C. Code Ann. § 59-32-30(A)(2).

⁴ S.C. Code Ann. §§ 59-32-30(A)(3) and (6).

⁵ S.C. Code Ann. § 59-32-30(F).

⁶ S.C. Code Ann. § 59-32-10(1).

⁷ S.C. Code Ann. § 59-32-10(4)(c).

⁸ S.C. Code Ann. § 59-32-30(D); S.C. Code Ann. § 59-32-10(4)(c).

⁹ S.C. Code Ann. § 59-32-30(A)(5).

¹⁰ *South Carolina Health and Safety Education Curriculum Standards*, 21, <http://north.uscb.edu/library/Warren/WarrenSCHealthandsafetyeducationcurriculumstandards.pdf#page=29>.

¹¹ S.C. Code Ann. § 59-32-30(B), <http://www.scstatehouse.gov/code/t59c032.php>.

¹² S.C. Code Ann. § 59-32-40.

¹³ S.C. Code Ann. § 59-32-50.

¹⁴ 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>.

¹⁵ “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.

¹⁶ *Ibid.*

¹⁷ *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.

¹⁸ *Ibid.*, Table 3.2.

¹⁹ *U.S. Teenage Pregnancies, Births, and Abortions: National and State Trends and Trends by Race and Ethnicity*, Table 3.1.

²⁰ 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>.

²¹ 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>.

²² 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>.

²³ 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>.

²⁴ “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>.

²⁵ *Ibid.*

²⁶ *Ibid.*

²⁷ “About Us,” South Carolina Campaign to Prevent Teen Pregnancy, accessed May 15, 2011, <http://www.teenpregnancysc.org/aboutus.aspx>.

²⁸ *What Can Policymakers Do*, South Carolina Campaign to Prevent Teen Pregnancy, accessed May 15, 2011, <http://www.teenpregnancysc.org/UserFiles/teenpregsc/Documents/What%20You%20Can%20Do%20-%20Policymakers.pdf>.

²⁹ *It's Your Game: Keep it Real*, 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=574&PageTypeID=2>.

³⁰ “CEO Announces Significant Grants to Intensity its Efforts,” South Carolina Campaign to Prevent Teen Pregnancy, September 30, 2010, accessed May 15, 2011, <http://www.teenpregnancysc.org/News/index.php?nid=132>.

³¹ “Teenage Pregnancy Prevention: Summary of Funded Evidence-Based Programs for 2010,” U.S. Department of Health and Human Services, accessed April 14, 2011,

http://webcache.googleusercontent.com/search?q=cache:RstgXEd5vS0J:ipv6.hhs.gov/ash/oah/prevention/grantees/models2010_programs.html+&cd=2&hl=en&ct=clnk&gl=us&client=firefox-a.

³² Information provided by Shannon Flynn, director of research and evaluation for the South Carolina Campaign to Prevent Teen Pregnancy, June 30, 2011.

³³ Ibid.

³⁴ More information on sub-grantees was not available at the time of publication. Information provided by Lucy Gibson, Adolescent Health Coordinator, South Carolina Department of Health and Environmental Control, October 1, 2012.

³⁵ Ibid.

³⁶ *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>.

³⁷ Ibid.

³⁸ *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>, 26–28.

³⁹ *What Could You Do?* Evidence-Based Programs, Resource Center for Adolescent Pregnancy Prevention (ReCAPP), ETR Associates, accessed August 25, 2011,

<http://www.etr.org/RECAPP/index.cfm?fuseaction=pages.ebpDetail&PageID=617&PageTypeID=2>.

⁴⁰ Information provided by Jill Varn, Health Risk Reduction Program Coordinator, SC Department of Health and Environmental Control, October 12, 2012.

⁴¹ Ibid.

⁴² Pamela L. Jones and Sheri Few, *Health Images of Sex* (HIS) Version I, (Lugoff, SC: Healthy Image of Sex, 2008), p. 9.

⁴³ Patricia Sulak, *Worth the Wait* (Temple, TX: Scott & White Memorial Hospital, 2003). For more information, see SIECUS' review of *Worth the Wait* at http://www.communityactionkit.org/curricula_reviews.html.

⁴⁴ 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.

⁴⁵ *South Carolina Academic Standards for Health and Safety Education*, (Columbia, SC: South Carolina Department of Education, July 8, 2009), accessed May 18, 2010,

<http://uwadmnweb.uwyo.edu/wahperd/WY%20HE%20Standards/South%20Carolina%20Health%20Education%20Standards%202009.pdf>, 2.

⁴⁶ Ibid., 4.

⁴⁷ *South Carolina Health and Safety Education Curriculum Standards*, (Columbia, SC: South Carolina Department of Education, May 10, 2000), accessed May 18, 2010,

<http://north.uscb.edu/library/Warren/WarrenSCHhealthandsafetyeducationcurriculumstandards.pdf#page=29>, vi.

⁴⁸ Ibid., 8.

⁴⁹ *South Carolina Academic Standards for Health and Safety Education*, (Columbia, SC: South Carolina Department of Education, July 8, 2009), accessed May 18, 2010,

<http://uwadmnweb.uwyo.edu/wahperd/WY%20HE%20Standards/South%20Carolina%20Health%20Education%20Standards%202009.pdf>, 42–45.

⁵⁰ *South Carolina Health and Safety Education Curriculum Standards*, 51.

⁵¹ Ibid., 55.

⁵² *South Carolina Academic Standards for Health and Safety Education*, 77.

⁵³ Performance indicator G-HS.3.2. states, “Access local resources to help a survivor recover from sexual violence or abuse,”

South Carolina Academic Standards for Health and Safety Education, (Columbia, SC: South Carolina Department of Education, July 8, 2009), accessed May 18, 2010,

<http://uwadmnweb.uwyo.edu/wahperd/WY%20HE%20Standards/South%20Carolina%20Health%20Education%20Standards%202009.pdf>, 91.

⁵⁴ The person listed represents the designated personnel in the state responsible for adolescent reproductive health.

⁵⁵ This section is a list of major newspapers in the state and is by no means exhaustive of local print outlets.