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South Carolina 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.¹ 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.² 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 12.³ Pregnancy prevention education must be provided in gender-divided classes.⁴

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.⁵

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.⁶ 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.”⁷ 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.⁸

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.”⁹ 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.”¹⁰

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.¹¹

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.¹² 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.

South Carolina’s Youth: Statistical Information of Note¹³

- In 2009, 51% of female high school students and 56% of male high school students in South Carolina reported ever having had sexual intercourse compared to 46% of female high school students and 46% of male high school students nationwide.
- In 2009, 6% of female high school students and 12% 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 8% of male high school students nationwide.
- In 2009, 15% of female high school students and 25% of male high school students in South Carolina reported having had four or more lifetime sexual partners compared to 11% of female high school students and 16% of male high school students nationwide.
- In 2009, 37% of female high school students and 40% 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 36% of female high school students and 33% of male high school students nationwide.
- In 2009, among those high school students who reported being currently sexually active, 54% of females and 66% of males in South Carolina reported having used condoms the last time they had sexual intercourse compared to 54% of females and 69% of males nationwide.
- In 2009, among those high school students who reported being currently sexually active, 21% of females and 19% of males in South Carolina reported having used birth control pills the last time they had sexual intercourse compared to 23% of females and 16% of males nationwide.
- In 2009, among those high school students who reported being currently sexually active, 20% of females and 18% of males in South Carolina reported having used alcohol or drugs the last time they had sexual intercourse compared to 17% of females and 26% of males nationwide.

- In 2009, 90% of high school students in South Carolina reported having been taught about AIDS/HIV in school compared to 87% of high school students nationwide.

South Carolina Youth Sexual Health Statistics

Teen Pregnancy, Birth, and Abortion

- South Carolina's teen pregnancy rate ranks 10th in the U.S., with a rate of 79 pregnancies per 1,000 young women ages 15–19 compared to the national rate of 70 pregnancies per 1,000.¹⁴ There were a total of 11,610 pregnancies among young women ages 15–19 reported in 2005, the most recent year for which data are available, in South Carolina.¹⁵
- South Carolina's teen birth rate ranked 10th in the U.S. in 2005, with a rate of 51 births per 1,000 young women ages 15–19 compared to the national rate of 40.5 births per 1,000.¹⁶ In 2005, there were a total of 7,478 live births reported to young women ages 15–19 in South Carolina.¹⁷
- In 2006, the U.S. teen birth rate increased for the first time in 15 years by 3% from 40.5 to 41.9 births per 1,000 young women ages 15–19, after having steadily declined between 1991 and 2005.¹⁸ In contrast, South Carolina's teen birth rate increased 4% between 2005 and 2006, from 51 to 53 births per 1,000 young women ages 15–19.¹⁹
- South Carolina's teen abortion rate ranks 37th in the U.S., with a rate of 8 abortions per 1,000 young women ages 15–19 compared to the national rate of 19 abortions per 1,000. In 2005, there were a total of 1,255 abortions reported among young women ages 15–19 in South Carolina.²⁰

HIV and AIDS

- South Carolina ranks 17th in cases of HIV infection diagnosed in the U.S. among all age groups. In 2007, there were a total of 451 new cases of HIV infection diagnosed in South Carolina.²¹
- South Carolina ranks 14th in cases of HIV/AIDS diagnosed among young people ages 13–19 out of the 34 states with confidential, name-based HIV infection reporting. In 2007, there were a total of 39 young people ages 13–19 diagnosed with HIV/AIDS in South Carolina.²²
- South Carolina's AIDS rate ranks 8th in the U.S., with a rate of 16.8 cases per 100,000 population compared to the national rate of 12.5 cases per 100,000.²³
- South Carolina ranks 13th in number of reported AIDS cases in the U.S. among all age groups. In 2007, there were a total of 742 new AIDS cases reported in South Carolina.²⁴
- South Carolina ranks 13th in number of reported AIDS cases in the U.S. among young people ages 13–19. In 2007, there were a total of 11 AIDS cases reported among young people ages 13–19 in South Carolina.²⁵

Sexually Transmitted Diseases

- South Carolina ranks 3rd in reported cases of Chlamydia among young people ages 15–19 in the U.S., with an infection rate of 30.84 cases per 1,000 compared to the national rate of 19.51 cases per 1,000. In 2008, there were a total of 9,816 cases of Chlamydia reported among young people ages 15–19 in South Carolina.²⁶
- South Carolina ranks 3rd in reported cases of gonorrhea among young people ages 15–19 in the U.S., with an infection rate of 9.39 cases per 1,000 compared to the national rate of 4.52 cases per 1,000. In 2008, there were a total of 2,988 cases of gonorrhea reported among young people ages 15–19 in South Carolina.²⁷

- South Carolina ranks 16th in reported cases of primary and secondary syphilis among young people ages 15–19 in the U.S., with an infection rate of 0.03 cases per 1,000 compared to the national rate of 0.04 cases per 1,000. In 2008, there were a total of 8 cases of syphilis reported among young people ages 15–19 in South Carolina.²⁸

Comprehensive Approaches to Sex 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.*²⁹

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.”³⁰

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.”³¹ 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 12.³² 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).³³

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.³⁴ 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.³⁵ 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.”³⁶

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.³⁷

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.³⁸

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

Federal Funding for Abstinence-Only-Until-Marriage Programs

The Department of Health and Environmental Control and community-based organizations in South Carolina received \$2,963,840 in federal funds for abstinence-only-until-marriage programs in Fiscal Year 2009.³⁹

Title V Abstinence-Only-Until Marriage Funding

- South Carolina received \$564,243 in federal Title V abstinence-only-until-marriage funding in Fiscal Year 2009. Due to the expiration of the grant program on June 30, 2009, three months prior to the end of the federal fiscal year, the state received three quarters of the total funding allocated for the full fiscal year.
- The South Carolina Department of Health and Environmental Control distributes federal Title V abstinence-only-until-marriage funds to two sub-grantees, including one community-based organization and one school district.
- The Title V abstinence-only-until marriage grant required states to provide three state-raised dollars or the equivalent in services for every four federal dollars received. The state match could have been provided in part or in full by local groups.

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- In South Carolina, sub-grantees contributed to the match through in-kind services and other contributions.

Community-Based Abstinence Education (CBAE) Funding

- Organizations in South Carolina received \$2,399,597 in CBAE funding for Fiscal Year 2009.
- There are four CBAE grantees in South Carolina, including three community-based organizations and one faith-based organization.

Adolescent Family Life Act (AFLA) Funding

- There are no AFLA grantees in South Carolina

Abstinence-Only-Until-Marriage Curricula Used by Grantees

Some abstinence-only-until-marriage grantees in South Carolina use commercially available curricula. These include, but are not limited to:

- *A.C. Green’s Game Plan*
- *ASPIRE: Live your life. Be free.*
- *Choosing the Best*
- *Navigator*
- *Responsible Social Values (RSVP)*

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

Federal Funding for Abstinence-Only-Until-Marriage Programs in FY 2009⁴⁰

Abstinence-Only-Until-Marriage Grantee	Title V	CBAE (Length of Grant)	AFLA (Length of Grant)
South Carolina Department of Health and Environmental Control www.scdhec.gov	\$564,243 (federal grant)		
Clarendon School District Two www.clarendon2.k12.sc.us		\$600,000 (2007–2012)	
Heritage Community Services www.heritageservices.org	\$337,500 (sub-grant)	\$600,000 (2006–2011)	

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Abstinence-Only-Until-Marriage Grantee	Title V	CBAE (Length of Grant)	AFLA (Length of Grant)
Life Support, Inc. www.life-support-inc.org		\$599,597 (2007–2012)	
Palmetto Family Council www.palmettofamily.org		\$600,000 (2008–2013)	
South Carolina Parents Involved in Education (SCPIE) www.scpie.org	\$112,500 (sub-grant)		

Adolescent Health Contact⁴¹

Owens Goff, Jr.
 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

South Carolina Organizations that Support Comprehensive Sexuality Education

ACLU of South Carolina
 2712 Middleburg Drive, Suite 104
 Columbia, SC 29204
 Phone: (803) 799-5151
www.aclusc.org

New Morning Foundation
 P.O. Box 11531
 Columbia, SC 29211
 Phone: (803) 929-0088
www.newmorningfoundation.org

South Carolina Campaign to Prevent
 Teen Pregnancy
 1331 Elmwood Avenue, Suite 140
 Columbia, SC 29201
 Phone: (803) 771-7700
www.teenpregnancysc.org

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South Carolina Organizations that Oppose Comprehensive Sexuality Education

Heritage Community Services
2810 Ashley Phosphate Road, Suite B-9
Charleston, SC 29418
Phone: (843) 863-0508, ext. 119
www.heritageservices.org

Palmetto Family Council
P.O. Box 11953
Columbia, SC 29211
Phone: (803) 733-5600
www.palmettofamily.org

SC Parents Involved in Education
PO Box 819
Lugoff, SC 29078
Phone: (8093) 408-0860
www.scpic.org

Newspapers in South Carolina⁴²

Charleston City Paper
Newsroom
1049 B Morrison Drive
Charleston, SC 29403
Phone: (843) 577-5304
www.charlestoncitypaper.com

Free Times
Newsroom
6904 Main Street #108
Columbia, SC 29203
Phone: (803) 765-0707
www.free-times.com

The Greenville News
Newsroom
P.O. Box 1688
Greenville, SC 29602
Phone: (864) 298-4100
www.greenvilleonline.com

The Post and Courier
Newsroom
134 Columbus Street
Charleston, SC 29403
Phone: (843) 577-7111
www.charleston.net

Spartanburg Herald-Journal
Newsroom
189 West Main Street
Spartanburg, SC 29306
Phone: (864) 562-7218
www.goupstate.com

The State
Newsroom
P.O. Box 1333
Columbia, SC 29202
Phone: (803) 771-8380
www.thestate.com

The Sun News
Newsroom
914 Frontage Road E
Myrtle Beach, SC 29577
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.typepad.com/ygatoday

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- ¹ S.C. Code Ann. §§ 59-32-30(A)(1)–(2), <<http://www.scstatehouse.gov/code/t59c032.htm>>.
 - ² S.C. Code Ann. § 59-32-30(A)(2).
 - ³ S.C. Code Ann. §§ 59-32-30(A)(3) and (6).
 - ⁴ S.C. Code Ann. § 59-32-30(F).
 - ⁵ S.C. Code Ann. § 59-32-10(1).
 - ⁶ S.C. Code Ann. § 59-32-10(4)(c).
 - ⁷ S.C. Code Ann. § 59-32-30(D); S.C. Code Ann. § 59-32-10(4)(c).
 - ⁸ S.C. Code Ann. § 59-32-30(A)(5).
 - ⁹ *South Carolina Health and Safety Education Curriculum Standards*, 21.
 - ¹⁰ S.C. Code Ann. § 59-32-30(B).
 - ¹¹ S.C. Code Ann. § 59-32-40.
 - ¹² S.C. Code Ann. § 59-32-50.
 - ¹³ Danice K. Eaton, et. al., “Youth Risk Behavior Surveillance—United States, 2009,” *Surveillance Summaries, Morbidity and Mortality Weekly Report*, vol. 59, no. SS-5 (4 June 2010): 98–109, accessed 4 June 2010, <<http://www.cdc.gov/mmwr/pdf/ss/ss5905.pdf>>.
 - 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 5 March 2010, <<http://www.guttmacher.org/pubs/USTPtrends.pdf>>, Table 3.1.
 - ¹⁵ *Ibid.*, Table 3.2.
 - ¹⁶ Joyce A. Martin, et. al., “Births: Final Data for 2006,” *National Vital Statistics Reports*, vol. 57, number 7 (Hyattsville, MD: Centers for Disease Control and Prevention, 7 January 2009), accessed 5 March 2010, <http://www.cdc.gov/nchs/data/nvsr/nvsr57/nvsr57_07.pdf>, Table B.
 - ¹⁷ *U.S. Teenage Pregnancies, Births, and Abortions: National and State Trends and Trends by Race and Ethnicity*, Table 3.2.
 - ¹⁸ Martin, et. al., “Births: Final Data for 2006,” 4.
 - ¹⁹ *Ibid.*, Table B.
 - ²⁰ *U.S. Teenage Pregnancies, Births, and Abortions: National and State Trends and Trends by Race and Ethnicity*, Table 3.5.
 - ²¹ “Cases of HIV Infection and AIDS in the United States and Dependent Areas, 2007,” *HIV/AIDS Surveillance Report*, vol. 19, (Atlanta, GA: Centers for Disease Control and Prevention, February 2009), accessed 5 March 2010, <<http://www.cdc.gov/hiv/topics/surveillance/resources/reports/2007report/pdf/2007SurveillanceReport.pdf>>, Table 18.
 - ²² Slide 6: “Estimated Numbers of HIV/AIDS Cases among Adolescents 13 to 19 Years of Age, 2007—34 States,” *HIV/AIDS Surveillance in Adolescents and Young Adults (through 2007)*, (Atlanta, GA: Centers for Disease Control and Prevention, May 2009), accessed 25 March 2010, <<http://www.cdc.gov/hiv/topics/surveillance/resources/slides/adolescents/index.htm>>.
 - ²³ *Ibid.*; “AIDS Case Rate per 100,000 Population, All Ages, 2007,” (Menlo Park, CA: Kaiser Family Foundation), accessed 5 March 2010, <<http://www.statehealthfacts.org/comparetable.jsp?ind=513&cat=11&sub=120&yr=62&typ=1&sort=a>>.
 - ²⁴ *Ibid.*, Table 16.
 - ²⁵ Slide 15: “Reported AIDS Cases among Adolescents 13 to 19 Years of Age, 2007—United States and Dependent Areas,” *HIV/AIDS Surveillance in Adolescents and Young Adults (through 2007)*, (Atlanta, GA: Centers for Disease Control and Prevention, May 2009), accessed 25 March 2010, <<http://www.cdc.gov/hiv/topics/surveillance/resources/slides/adolescents/index.htm>>.
 - ²⁶ “Wonder Database: Selected STDs by Age, Race/Ethnicity, and Gender, 1996-2008 Results,” (Atlanta, GA: Centers for Disease Control and Prevention), 30 June 2009, accessed 5 March 2010, <<http://wonder.cdc.gov/>>; see also Table 10: “Chlamydia: Reported Cases and Rates Per 100,000 Population by Age Group and Sex: United States, 2004–2008,” *Sexually Transmitted Disease Surveillance 2008*, (Atlanta, GA: Centers for Disease Control and Prevention, Division of STD Prevention, November 2009), accessed 5 March 2010, <<http://www.cdc.gov/std/stats08/surv2008-Complete.pdf>>, 95.
 - ²⁷ *Ibid.*; see also Table 20: “Gonorrhea—Reported Cases and Rates per 100,000 Population by Age Group and Sex: United States, 2004–2008,” *Sexually Transmitted Disease Surveillance 2008*, 106.

²⁸ Ibid; see also Table 33: “Primary and Secondary Syphilis—Reported Cases and Rates per 100,000 Population by Age Group and Sex: United States, 2004–2008,” *Sexually Transmitted Disease Surveillance 2008*, 121.

²⁹ 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.

³⁰ *South Carolina Academic Standards for Health and Safety Education*, (Columbia, SC: South Carolina Department of Education, 8 July 2009), accessed 18 May 2010, <<http://ed.sc.gov/documents/EDITED-10-Health-Standards-07-16-09.pdf>>, 2.

³¹ Ibid., 4.

³² *South Carolina Health and Safety Education Curriculum Standards*, (Columbia, SC: South Carolina Department of Education, 10 May 2000), accessed 18 May 2010, <<http://ed.sc.gov/agency/Standards-and-Learning/Academic-Standards/old/cso/standards/health/documents/standards.pdf>>, vi.

³³ Ibid., 8.

³⁴ *South Carolina Academic Standards for Health and Safety Education*, (Columbia, SC: South Carolina Department of Education, 8 July 2009), accessed 18 May 2010, <<http://ed.sc.gov/documents/EDITED-10-Health-Standards-07-16-09.pdf>>, 42–45.

³⁵ *South Carolina Health and Safety Education Curriculum Standards*, 51.

³⁶ Ibid., 55.

³⁷ *South Carolina Academic Standards for Health and Safety Education*, 77.

³⁸ 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, 8 July 2009), accessed 18 May 2010, <<http://ed.sc.gov/documents/EDITED-10-Health-Standards-07-16-09.pdf>>, 91.

³⁹ This refers to the federal government’s fiscal year, which begins on October 1st and ends on September 30th. The fiscal year is designated by the calendar year in which it ends; for example, Fiscal Year 2009 began on October 1, 2008 and ended on September 30, 2009.

⁴⁰ Through the Fiscal Year 2010 appropriations process, Congress eliminated all discretionary funding for abstinence-only-until-marriage programs, including the entire CBAE program and the abstinence-only-until-marriage portion of AFLA. The grant years listed in the chart reflect the years for which funding was originally approved; however, the grants effectively ended in Fiscal Year 2009.

⁴¹ SIECUS has identified this person as a state-based contact for information on adolescent health and if applicable, abstinence-only-until-marriage programs.

⁴² This section is a list of major newspapers in your state with contact information for their newsrooms. This list is by no means exhaustive and does not contain the local level newspapers which are integral to getting your message out to your community. SIECUS strongly urges you to follow stories about the issues that concern you on the national, state, and local level by using an internet news alert service such as [Google alerts](#), becoming an avid reader of your local papers, and establishing relationships with reporters who cover your issues. For more information on how to achieve your media goals visit the SIECUS [Community Action Kit](#).