



SIECUS

SOUTH DAKOTA

State Profile

In Fiscal Year 2013,¹ the state of South Dakota received:

- Division of Adolescent and School Health funds totaling \$60,000
- Personal Responsibility Education Program funds totaling \$250,000
- Title V State Abstinence Education Program funds totaling \$100,087

In Fiscal Year 2013, local entities in South Dakota received:

- Teen Pregnancy Prevention Initiative funds totaling \$1,199,202
- Tribal Personal Responsibility Education Program funds totaling \$293,271

SEXUALITY EDUCATION LAW AND POLICY

South Dakota law does not specifically mention sexuality education; however, public schools must conform to the educational standards established by the state Board of Education.² The *South Dakota Health Education Standards* specify that a comprehensive health education program should include instruction on sexuality.³ The *Standards* also include teaching the connection between sexual activity and sexually transmitted diseases (STDs) as a suggested objective of comprehensive health education beginning in grade 8.⁴ In addition, schools are required to teach “character development instruction,” which includes sexual abstinence.⁵

South Dakota does not require parental permission for students to participate in sexuality or HIV/AIDS education, nor does it say whether parents or guardians can remove their children from such classes.

See [South Dakota Codified Laws §§ 13-33-1 and 13-33-6.1](#) and the [South Dakota Health Education Standards](#).

2013 STATE LEGISLATIVE SESSION ACTIVITY

SIECUS is not aware of any proposed legislation regarding sexuality education in South Dakota.

YOUTH SEXUAL HEALTH DATA

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

South Dakota Youth Risk Behavior Survey (YRBS) Data⁶

- In 2013, 36.6% of female high school students and 43.8% of male high school students in South Dakota reported ever having had sexual intercourse, compared to 46% of female high school students and 47.5% of male high school students nationwide.

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- In 2013, 1.7% of female high school students and 6.1% of male high school students in South Dakota reported having had sexual intercourse before age 13, compared to 3.1% of female high school students and 8.3% of male high school students nationwide.
- In 2013, 26.4% of female high school students and 28.5% of male high school students in South Dakota reported being currently sexually active (defined as having had sexual intercourse in the three months prior to the survey), compared to 35.2% of female high school students and 32.7% of male high school students nationwide.
- In 2013, 9.6% of female high school students and 6% of male high school students in South Dakota who dated or went out with someone during the 12 months before the survey reported experiencing physical dating violence one or more times during that time period (defined as being hit, slammed into something, or injured with an object or weapon on purpose by someone they were dating or going out with), compared to 13% of female high school students and 7.4% of male high school students nationwide.

Visit the Centers for Disease Control and Prevention's [Youth Online database](#) for additional information on youth risk behaviors.

South Dakota Teen Pregnancy, HIV/AIDS, and Other STD Data

Teen Pregnancy, Birth, and Abortion

- In 2010, South Dakota's teen pregnancy rate ranked 38th in the United States, with a rate of 47 pregnancies per 1,000 young women ages 15–19, compared to the national rate of 57 per 1,000.⁷ There were a total of 1,300 pregnancies among young women ages 15–19 in South Dakota in 2010.⁸
- In 2012, South Dakota's teen birth rate ranked 19th in the United States, with a rate of 33.3 births per 1,000 young women ages 15–19, compared to the national rate of 29.4 per 1,000.⁹ In 2012, there were a total of 929 live births to young women ages 15–19 reported in South Dakota.¹⁰
- In 2010, South Dakota's teen abortion rate ranked 49th in the United States, with a rate of four abortions per 1,000 young women ages 15–19, compared to the national rate of 15 per 1,000.¹¹ There were a total of 120 abortions among young women ages 15–19 reported in South Dakota in 2010.¹²

HIV and AIDS

- In 2011, the rate of diagnoses of HIV infection among adolescents ages 13–19 in South Dakota was 0 per 100,000, compared to the national rate of 7.6 per 100,000.¹³
- In 2011, the rate of AIDS diagnoses among adolescents ages 13–19 in South Dakota was 0 per 100,000, compared to the national rate of 1.9 per 100,000.¹⁴
- In 2011, the rate of diagnoses of HIV infection among young adults ages 20–24 in South Dakota was 1.8 per 100,000, compared to the national rate of 36.3 per 100,000.¹⁵
- In 2011, the rate of AIDS diagnoses among young adults ages 20–24 in South Dakota was 1.9 per 100,000, compared to the national rate of 10.9 per 100,000.¹⁶

Sexually Transmitted Diseases

- In 2012, South Dakota ranked 22nd in the United States for reported cases of chlamydia among young people ages 15–19, with an infection rate of 2,061.6 cases per 100,000, compared to the national rate of 2,001.7 per 100,000. In 2012, there were a total of 1,194 cases of chlamydia among young people ages 15–19 reported in South Dakota.¹⁷
- In 2012, South Dakota ranked 26th in the United States for reported cases of gonorrhea among young people ages 15–19, with an infection rate of 283.2 cases per 100,000, compared to the national rate of 376.8 per 100,000. In 2012, there were a total of 164 cases of gonorrhea among young people ages 15–19 reported in South Dakota.¹⁸
- In 2012, South Dakota joined nine other states with a primary and secondary syphilis infection rate of zero among young people ages 15-19, compared to the national rate of 4.1 cases per 100,000.¹⁹

FEDERAL FUNDING FOR SEX EDUCATION, TEEN PREGNANCY PREVENTION, AND ABSTINENCE-ONLY-UNTIL-MARRIAGE 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 FY 2013. 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. OAH utilizes the remaining appropriated funds to provide program support, implementation evaluation, and technical assistance to grantees. TPPI also dedicates \$8.5 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 and minimize underlying behavioral risk factors or other associated risk factors.

- There is one TPPI Tier 1 grantee in South Dakota, Rural America Initiatives, which received \$599,621 for FY 2013.

Rural America Initiatives, \$599,621 (FY 2013)

Rural America Initiatives (RAI) is a nonprofit, Native American-governed social services agency that serves the Native American population of Rapid City, South Dakota. The organization provides health, economic, human, educational, and housing services to 500 low-income Native American families in Rapid City.²⁰ Its programs include a development and educational program for infants and toddlers, fatherhood mentoring, and substance abuse treatment.

The organization previously received federal abstinence-only-until-marriage (AOUM) funding through the now-defunct Community-Based Abstinence Education (CBAE) and Adolescent Family Life Act grant programs. In 2008, the organization was awarded a five-year CBAE grant and received nearly \$1.5 million in funding before the program was eliminated in 2010.

In FY 2011, RAI was awarded both a TPPI Tier 1: Evidence-Based Programs grant and a Tier 2: Innovative Approaches grant. With its TPPI funding, RAI implements the Ateyapi Identify Mentoring Program, which targets Native American youth ages 12–14 attending public middle schools, and their parents. The program uses *Project AIM (Adult Identity Monitoring)*, an evidence-based youth development program designed to help adolescents identify their future goals and consider how engaging in risky behavior may negatively impact their ability to achieve those goals. The overall goal of the program is to reduce risks associated with sexual behavior by specifically encouraging youth to delay sexual initiation and increasing their knowledge base regarding safe sexual behaviors. RAI plans for the program to serve approximately 120 youth annually.

TPPI Tier 2: Innovative Approaches

The TPPI Tier 2 grant program supports research and demonstration programs in order to develop, replicate, refine, and test additional models and innovative strategies for preventing teenage pregnancy.

- There is one TPPI Tier 2 Innovative Approaches grantee in South Dakota, Rural America Initiatives, which received \$599,581 for FY 2013.

Rural America Initiatives, \$599,581 (FY 2013)

Rural America Initiatives uses its TPPI Tier 2 funding to support its Ateyapi Identity Mentoring Program. With the funding, Rural America Initiatives implements a hybrid curriculum that combines *Project AIM* with the Lakota Indian Vision Quest ritual. The Lakota Vision Quest ritual is a rite of passage for young Native Americans in which the individual receives spiritual guidance and makes important life decisions. The program will serve approximately 240 Native American students in grades 9–12 per year. (See the *TPPI Tier 1: Evidence-Based Programs* section above for additional information on the organization and its programming.)

TPPI Tier 2: Communitywide Initiatives

The TPPI Tier 2 grant program also supports communitywide initiatives to reduce rates of teenage pregnancy and births in communities with the highest rates. The program awards grants to national organizations as well as state- and community-based organizations. Funded national partners provide training and technical assistance to local grantees. The Centers for Disease Control and Prevention (CDC) administer the grant program in partnership with OAH.

- There are no TPPI Tier 2 Communitywide Initiatives grantees in South Dakota.

Division of Adolescent and School Health

The Division of Adolescent and School Health (DASH), within the Centers for Disease Control and Prevention (CDC), provides funding to 17 state and 19 local education agencies to help districts and schools strengthen student health through exemplary sexual health education (ESHE) that emphasizes HIV and other STD prevention, increased access to key sexual health services (SHS), and the establishment of safe and supportive environments (SSE) for students and staff. In addition, DASH funds nine national non-governmental organizations (NGOs) to help state and local education agencies achieve these goals.

- There were no DASH grantees in South Dakota funded to strengthen student health through ESHE, SHS, and SSE in FY 2013.

DASH also funds three local education agencies and one NGO to implement multiple program activities to meet the HIV/STD-prevention needs of young men who have sex with men (YMSM) and to develop strategic partnerships and collaborations between schools and community-based, mental health, and social services organizations to accomplish this work.

- There were no DASH grantees in South Dakota funded to deliver YMSM programming in FY 2013.

DASH also provides funding for state, territorial, and local education agencies and state health agencies to establish and strengthen systematic procedures to collect and report Youth Risk Behavior Survey (YRBS) and School Health Profiles data for policy and program improvements.

- There was one DASH grantee in South Dakota funded to collect and report YRBS and School Health Profiles data in FY 2013, the South Dakota Department of Health (\$60,000).

Pregnancy Assistance Fund

The Pregnancy Assistance Fund (PAF), administered by OAH, provides expecting and parenting teens, women, fathers, and their families with a network of support services. Established in FY 2010 through a 10-year authorization (FY 2010–FY 2019) in the Affordable Care Act (ACA), PAF is a \$25 million competitive grant program for state and tribal entities. PAF grants support programs that include at least one of the following four components: 1) support for expectant and parenting student services at institutions of higher education; 2) support for expectant and parenting teens, women, fathers, and their families at high schools and community centers; 3) improved services for pregnant women who are victims of domestic violence, sexual violence, sexual assault, and stalking; and 4) increased public awareness and education services for expectant and parenting teens, women, fathers, and their families. Now in the second round of awards, PAF supports 17 entities in 14 states and three tribal entities, most of which focus their efforts on serving teen parents.

- There are no PAF grantees in South Dakota.

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, \$3.1 million for Tribal PREP, for tribes and tribal organizations, and with remaining funds for evaluation, training, and technical assistance. In addition, provisions within the statute for PREP enable a competitive application process for community- and faith-based organizations within states and territories that do not directly seek PREP funding by the third year of the program; these competitive PREP (CPREP) grants were awarded to organizations in five states and three territories in FY 2013. Details on the state grant program, PREIS, Tribal PREP, and CPREP 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 STDs. 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 Dakota Department of Health received \$250,000 in federal PREP funds for FY 2013.
- In South Dakota, the funds are dispersed from the South Dakota Department of Health to the Department of Corrections and the Department of Social Services.²¹

The South Dakota Department of Health implements the state's PREP grant program in collaboration with the South Dakota Department of Corrections and the South Dakota Department of Social Services. The Department of Corrections provides school-based programming within their high school program for incarcerated youth and the Department of Social Services provides community-based programming for youth in foster care and in psychiatric residential treatment facilities.

The programs serve young people ages 14–19. The Department of Corrections administers programming to teens incarcerated in the STAR Academy, a correctional facility located outside of Custer, South Dakota, that houses incarcerated young people from throughout the state. The Department of Social Services contracts with Lutheran Social Services to administer the PREP grant in the following counties: Aurora, Beadle, Brown, Davison, Hutchinson, Lawrence, Meade, Minnehaha, and Pennington. The approved curricula being used are *Reducing the Risk* and *Be Proud! Be Responsible!*.²²

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 Dakota.

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 young people 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 2013, 16 tribes and tribal organizations from nine states received a total of \$3.1 million.
- The Great Plains Tribal Chairmen's Health Board received \$293,271 in Tribal PREP funds for FY 2013. At the time of publication, more information on this grantee was not available.

Competitive Personal Responsibility Education Program (CPREP)

CPREP grants support evidence-based programs that provide young people with medically accurate and age-appropriate information for the prevention of unintended pregnancy, HIV/AIDS, and other STDs. Organizations and institutions in states and territories that did not apply for PREP formula grants in either of the past two fiscal years were eligible to submit competitive applications for CPREP grants. Thirty-seven grants, totaling \$18.6 million, were awarded in FY 2013 to organizations in American Samoa, the Commonwealth of Northern Mariana Islands, Florida, Guam, Indiana, North Dakota, Texas, and Virginia.

- There are no CPREP grantees in South Dakota.

Title V State Abstinence Education Grant Program

The Title V State abstinence-only-until-marriage (Title V AOUM) program, administered by ACF, allocates \$50 million per year to states for FYs 2010–2014. The Title V AOUM 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 Title V AOUM 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 Dakota Department of Health received \$100,087 in federal Title V AOUM funding for FY 2013.
- The South Dakota Department of Health sub-grants to the Boys & Girls Club of Watertown (\$84,500).²³
- In South Dakota, the match is made using direct state revenue in the form of fees.

The South Dakota Department of Health administers the Title V AOUM program in collaboration with the Boys & Girls Club of Watertown, which provides services at 11 community-based sites statewide. The funded programs target young people ages 9–11, with preference for Native American youth.

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Programming is provided in the counties of Aberdeen, Brookings, Brown, Brule, Codington, Custer, Fall River, Flandreau, Hill City, Hot Springs, Hughes, Moody, Minnehaha, Pierre, Sioux Falls, Watertown, and Yankton. Sub-grantees use the *Smart Moves* curricula.²⁴

Competitive Abstinence Education Grant Program

Administered by the ACF, the Competitive Abstinence Education (CAE) grant program provides grants for “abstinence education” as defined by the A–H statute in Title V of the Social Security Act, as well as for mentoring, counseling, and adult supervision that promotes abstinence outside of marriage. As currently implemented by ACF, the programs must also be medically accurate. In FY 2013, \$4.3 million was granted through a competitive application process to 10 grantees across nine states, in addition to the nine grantees implementing the second year of their CAE awards in some overlapping and additional states, for a total of 19 CAE grantees in 14 states.

- There are no CAE grantees in South Dakota.

South Dakota TPPI, DASH, PAF PREP, Title V AOUM, and CAE Funding in FY 2013

Grantee	Award	Fiscal Years
Teen Pregnancy Prevention Initiative (TPPI)		
<i>TPPI Tier 1: Replication of Evidence-Based Programs</i>		
Rural America Initiatives	\$599,621	2010–2014
TOTAL	\$599,621	
<i>TPPI Tier 2: Innovative Approaches</i>		
Rural America Initiatives	\$599,581	2010–2014
TOTAL	\$599,581	
Division of Adolescent and School Health (DASH)		
South Dakota Department of Health	\$60,000	2013–2017
TOTAL	\$60,000	
Personal Responsibility Education Program (PREP)		
<i>PREP State-Grant Program</i>		
South Dakota Department of Health (federal grant)	\$250,000	2013
TOTAL	\$250,000	
<i>Tribal Personal Responsibility Education Program</i>		
Great Plains Tribal Chairmen’s Health Board	\$293,271	2013
TOTAL	\$293,271	
Title V Abstinence-Only-Until-Marriage Program (Title V AOUM)		
South Dakota Department of Health (federal grant)	\$100,087	2013
TOTAL	\$100,087	
GRAND TOTAL	\$1,902,560	2013

POINTS OF CONTACT

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¹ This refers to the federal government's fiscal year, which begins on October 1 and ends on September 30. The fiscal year is designated by the calendar year in which it ends; for example, FY 2013 began on October 1, 2012, and ended on September 30, 2013.

² S.D. Codified Laws § 13-33-1, <http://legis.sd.gov/statutes/DisplayStatute.aspx?Type=Statute&Statute=13-33-1>.

³ *South Dakota Health Education Standards: A Resource Guide for Achieving Health Literacy* (Pierre, SD: South Dakota Department of Education and Cultural Affairs, 2000), accessed July 2, 2013, <http://doe.sd.gov/schoolhealth/documents/K-12HealthEducationstandards.pdf>, 3.

⁴ *Ibid.*, 55.

⁵ S.D. Codified Laws § 13-33-6.1.

⁶ Kann, Laura, et al., "Youth Risk Behavior Surveillance—United States, 2013," *Surveillance Summaries, Morbidity and Mortality Weekly Report*, Vol. 63, No. 4 (June 13, 2014): accessed July 17, 2014, <http://www.cdc.gov/mmwr/pdf/ss/ss6304.pdf>.

⁷ Kost, K., and S. Henshaw, *U.S. Teenage Pregnancies, Births, and Abortions, 2010: State Trends by Age, Race, and Ethnicity* (New York: Guttmacher Institute, 2014), accessed July 8, 2014, <http://www.guttmacher.org/pubs/USTPtrends10.pdf>, Table 3.1.

⁸ *Ibid.*, Table 3.2.

⁹ Martin, J.A., et al., *Births: Final Data for 2012*. National Vital Statistics Reports, Vol. 62, No. 9 (December 30, 2013), accessed July 30, 2014, http://www.cdc.gov/nchs/data/nvsr/nvsr62/nvsr62_09.pdf, Table 12.

¹⁰ Centers for Disease Control and Prevention, VitalStats Interactive Data Tables, Hyattsville, MD: National Center for Health Statistics, <http://www.cdc.gov/nchs/vitalstats.htm>.

¹¹ Kost, K., and S. Henshaw, *U.S. Teenage Pregnancies, Births, and Abortions, 2010: State Trends by Age, Race, and Ethnicity* (New York: Guttmacher Institute, 2014), accessed July 8, 2014, <http://www.guttmacher.org/pubs/USTPtrends10.pdf>, Table 3.1.

¹² *Ibid.*, Table 3.2.

¹³ Slide 9: "Rates of Diagnosis of HIV Infection among Adolescents Aged 13–19 Years, 2011—United States and 6 Dependent Areas," *HIV Surveillance in Adolescents and Young Adults* (Atlanta, GA: Centers for Disease Control and Prevention), accessed May 30, 2013, <http://bit.ly/1mYVJHs>.

¹⁴ Slide 18: "Rates of Stage 3 (AIDS) Classifications among Adolescents Aged 13–19 Years with HIV Infection, 2011—United States and 6 Dependent Areas," *HIV Surveillance in Adolescents and Young Adults* (Atlanta, GA: Centers for Disease Control and Prevention), accessed May 30, 2013, <http://bit.ly/1mYVJHs>.

¹⁵ Slide 10: "Rates of Diagnoses of HIV Infection among Young Adults Aged 20–24 Years, 2011—United States and 6 Dependent Areas," *HIV Surveillance in Adolescents and Young Adults* (Atlanta, GA: Centers for Disease Control and Prevention), accessed May 30, 2013, <http://bit.ly/1mYVJHs>.

¹⁶ Slide 19: "Rates of Stage 3 (AIDS) Classifications among Adolescents Aged 20–24 Years with HIV Infection, 2011—United States and 6 Dependent Areas," *HIV Surveillance in Adolescents and Young Adults* (Atlanta, GA: Centers for Disease Control and Prevention), accessed May 30, 2013, <http://bit.ly/1mYVJHs>.

¹⁷ NCHHSTP Atlas, "STD Surveillance Data." (Atlanta, GA: Centers for Disease Control and Prevention), accessed June 10, 2013, <http://gis.cdc.gov/GRASP/NCHHSTPAtlas/main.html>.

¹⁸ *Ibid.*

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¹⁹ Ibid.

²⁰ Rural America Initiatives, accessed July 14, 2011, <http://lhatten.qwestoffice.net/index.html>.

²¹ Exact amount of awards to sub-grantees were unavailable. Information provided by Amanda Ainslie, RN, family planning program manager, South Dakota Department of Health, June 13, 2014..

²² Ibid.

²³ Information provided by Jenny Williams, Office of Family and Community Health, South Dakota Department of Health, July 17, 2014.

²⁴ Ibid.

²⁵ The person listed represents the designated personnel in the state responsible for adolescent reproductive health.