



### VERMONT

**In Fiscal Year 2011<sup>1</sup>, the state of Vermont received:**

- **Personal Responsibility Education Program funds totaling \$250,000**

**In Fiscal Year 2011, local entities in Vermont received:**

- **Teen Pregnancy Prevention Initiative funds totaling \$600,000**

#### **SEXUALITY EDUCATION LAW AND POLICY**

The Vermont Education Code includes sexuality education as part of its comprehensive health program. This program must be taught in elementary and secondary schools.<sup>2</sup> The comprehensive health program has ten components that students must learn, four of which are related to sexuality:

- body structure and function, including the physical, psychosocial, and psychological basis of human development, sexuality, and reproduction;
- disease, such as HIV infection, other sexually transmitted diseases (STDs), as well as other communicable diseases, and the prevention of disease;
- family health and mental health, including instruction that promotes the development of responsible personal behavior involving decision making about sexual activity including abstinence; skills that strengthen existing family ties involving communication, cooperation, and interaction between parents and students; and instruction to aid in the establishment of strong family life in the future, thereby contributing to the enrichment of the community; and
- human growth and development, including understanding the physical, emotional, and social elements of individual development and interpersonal relationships including instruction in parenting methods and styles. This shall include information regarding the possible outcomes of premature sexual activity, contraceptives, adolescent pregnancy, childbirth, adoption, and abortion.<sup>3</sup>

The *Vermont Health Education Grade Expectations: Family, Social, and Sexual Health* outline benchmarks for students to achieve throughout their education. Beginning in grade five, students are expected to learn how outside influences affect aspects of individual perception, including sexual identity.<sup>4</sup> Following grades seven and eight, students must be able to “[i]dentify effective methods to prevent HIV, sexually transmitted infections, and pregnancy.”<sup>5</sup> In grades nine through 12, students should “[d]emonstrate strategies to promote acceptance and respect for all individuals,” including those of different sexual orientation.<sup>6</sup>

Parents or guardians may remove their children from a sexuality education class if the content is in conflict with their religious beliefs.<sup>7</sup> This is referred to as an “opt-out” policy.

See *Vermont Statutes Annotated*, Title 16 §§ 131, 133, 134, and 135; *Vermont Health Education Grade Expectations: Family, Social, and Sexual Health*; and *Sample Comprehensive HIV Policy for Schools: Pre-K-12*.

## RECENT LEGISLATION

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

## YOUTH SEXUAL HEALTH DATA

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

### Vermont Youth Risk Behavior Survey (YRBS) Data<sup>8</sup>

- In 2011, 3% of female high school students and 6% of male high school students in Vermont 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, 10% of female high school students and 12% of male high school students in Vermont 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, 33% of female high school students and 31% of male high school students in Vermont 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, 58% of females and 68% of males in Vermont reported having used condoms the last time they had sexual intercourse, compared to 54% of females and 67% of males nationwide.
- In 2011, among those high school students who reported being currently sexually active, 41% of females and 30% males in Vermont 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, 17% of females and 30% of males in Vermont reported having used alcohol or drugs the last time they had sexual intercourse, compared to 18% of females and 26% of males nationwide.

### Vermont Teen Pregnancy, HIV/AIDS, and Sexually Transmitted Disease Data

#### *Teen Pregnancy, Birth, and Abortion*

- Vermont's teen birth rate currently ranks 47th in the United States, with a rate of 17.9 births per 1,000 young women ages 15–19, compared to the national rate of 34.3 births per 1,000.<sup>9</sup> In 2010, there were a total of 401 live births to young women ages 15–19 reported in Vermont.<sup>10</sup>

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- In 2005, Vermont's teen pregnancy rate ranked 49th in the United States, with a rate of 40 pregnancies per 1,000 young women ages 15–19, compared to the national rate of 70 pregnancies per 1,000.<sup>11</sup> There were a total of 890 pregnancies among young women ages 15–19 in Vermont in 2005.<sup>12</sup>
- In 2005, Vermont's teen abortion rate ranked 20th 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.<sup>13</sup>

### *HIV and AIDS*

- In 2010, the rate of AIDS diagnoses among adolescents 13-19 years in Vermont was 0.0 per 100,000 compared to the national rate of 1.9 per 100,000.<sup>14</sup>
- In 2010, the rate of AIDS diagnoses among young adults aged 20-24 years in Vermont was 0.0 per 100,000 compared to the national rate of 10.4 per 100,000.<sup>15</sup>

### *Sexually Transmitted Diseases*

- Vermont ranks 47th in the United States for reported cases of chlamydia among young people ages 15–19, with an infection rate of 8.65 cases per 1,000, compared to the national rate of 20.03 cases per 1,000. In 2009, there were a total of 398 cases of chlamydia among young people ages 15–19 reported in Vermont.<sup>16</sup>
- Vermont ranks 45th in the United States for reported cases of gonorrhea among young people ages 15–19, with an infection rate of 0.35 cases per 1,000, compared to the national rate of 4.04 cases per 1,000. In 2009, there were a total of 16 cases of gonorrhea among young people ages 15–19 reported in Vermont.<sup>17</sup>

## **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 Vermont, New England Network for Child, Youth & Family Services, Inc., which received \$600,000 for FY 2011.

New England Network for Child, Youth & Family Services, Inc., \$600,000 (FY 2011)

The New England Network for Child, Youth & Family Services, Inc. (NEN), is a private, nonprofit organization that works to support and advance youth services throughout New England. Its mission is to “[work] in partnership with organizations to advance promising practices with children, youth and families.”<sup>18</sup> NEN strengthens social services, promotes best practices, and responds to issues of policy and practice.

With its TPPI funding, NEN implements the TOPic (*Teen Outreach Program* in Connecticut) program. TOPic targets high-risk youth ages 14–19 who suffer from severe family problems, abuse, or emotional, developmental, and behavioral difficulties. NEN implements the *Teen Outreach Program (TOP)* to at-risk youth in 14 cities and towns across Connecticut in order to reduce teen pregnancy rates and the behavioral risks underlying teen pregnancy among participants. NEN plans to reach 500 youth annually.<sup>19</sup>

*TOP* is an evidence-based youth development program that engages young people in experiential learning activities in order to “prepare for successful adulthood and avoid problem behaviors.”<sup>20</sup> The program is designed for youth ages 12–17 and focuses on reducing rates of school failure, school suspension, and teen pregnancy. *TOP* consists of a nine-month curriculum that addresses such topics as relationships, peer pressure, decision making, values clarification, goal-setting, adolescent development, and sexual health.<sup>21</sup> It also includes a 20-hour community service component that engages participants in activities to enhance knowledge and develop skills, including self-efficacy, communication, conflict-management, and self-regulation. *TOP* can be delivered as an in-school, after-school, or community-based program. An evaluation of the program published in *Child Development* found that young women ages 15–19 who participated in *TOP* were significantly less likely to report a pregnancy during the program than participants in the control group.<sup>22</sup>

*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 Vermont.

*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 Vermont.

### 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 State of Vermont Department of Health received \$250,000 in federal PREP funds for FY 2011.
- There are four sub-grantees for the Vermont PREP state-grant program: Windsor County Youth Services (\$52,500), Service Rendered (\$67,200), Youth Services of Windham County (\$16,800), and Bristol Teen Hub and Skatepark (\$4,200).<sup>23</sup>

The Vermont Department of Health administers the PREP state-grant program in close collaboration with the Vermont Department of Education. Programming targets high school-aged runaway and homeless youth as well as youth in the juvenile justice system and in foster care throughout the state. Sub-grantees use *Reducing the Risk* for PREP state-grant funded programming.<sup>24</sup>

*Reducing the Risk: Building Skills to Prevent Pregnancy, STD and HIV* is an evidence-based, pregnancy-, STD-, and HIV-prevention curriculum designed for classroom use with students in the ninth and 10th grades. It is appropriate for use with multiethnic populations.<sup>25</sup> *Reducing the Risk* aims to reduce high-risk behaviors among participants and emphasizes strategies for abstaining from sex or practicing safer sex. The 16-lesson curriculum addresses both abstinence and contraception use and includes experiential activities that teach students to develop refusal, negotiation, and communication skills. An evaluation of the program published in *Family Planning Perspectives* found that it increased parent-child communication, especially among Latino youth, delayed the initiation of sexual intercourse, and reduced incidence of unprotected sex among lower-risk youth who participated in the program.<sup>26</sup>

#### *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 Vermont.

#### *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

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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 Vermont.

**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.

- Vermont chose not to apply for Title V abstinence-only funds for FY 2011.

**Vermont TPPI, PREP, and Title V Abstinence-Only Funding in FY 2011**

| Grantee  | Award            | Fiscal Years |
|--|------------------|--------------|
| <b>Teen Pregnancy Prevention Initiative (TPPI)</b>           |                  |              |
| <i>TPPI Tier 1: Replication of Evidence-Based Programs</i>   |                  |              |
| New England Network for Child, Youth & Family Services, Inc. | \$600,000        | 2010–2014    |
| <b>TOTAL</b>   | <b>\$600,000</b> |              |
| <b>Personal Responsibility Education Program (PREP)</b>      |                  |              |
| <i>PREP State-Grant Program</i>                              |                  |              |
| State of Vermont Department of Health (federal grant)        | \$250,000        | 2011         |
| <b>TOTAL</b>   | <b>\$250,000</b> |              |
| <b>GRAND TOTAL</b>   |                  |              |
|  | <b>\$850,000</b> | <b>2011</b>  |

**COMPREHENSIVE APPROACHES TO SEXUALITY EDUCATION**

SIECUS is not aware of any examples of model programs, policies, or best practices being implemented in Vermont public schools that provide a more comprehensive approach to sex education for young people.

We encourage you to submit any updated or additional information on comprehensive approaches to sex education being implemented in Vermont public schools for inclusion in future publications of the State

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Profiles. Please visit SIECUS' "Contact Us" webpage at [www.siecus.org](http://www.siecus.org) to share information. Select "state policy" as the subject heading.

### POINTS OF CONTACT

#### Adolescent Health Contact<sup>27</sup>

Breana W. Holmes, M.D.  
Maternal and Child Health Director  
Vermont Department of Health  
108 Cherry Street  
P.O. Box 70  
Burlington, VT 05402  
Phone: (802) 863-7347

#### PREP State-Grant Coordinator

Ilisa Stalberg  
PREP Program Administrator  
Vermont Department of Health  
108 Cherry Street  
P.O. Box 70  
Burlington, VT 05402  
Phone: (802) 951-4026

### ORGANIZATIONS THAT SUPPORT COMPREHENSIVE SEXUALITY EDUCATION

ACLU of Vermont  
Montpelier, VT  
Phone: (802) 223-6304  
[www.acluvt.org](http://www.acluvt.org)

AIDS Project of Southern Vermont  
Brattleboro, VT  
Phone: (802) 254-8263  
[www.aidsprojectsouthernvermont.org](http://www.aidsprojectsouthernvermont.org)

Outright Vermont  
Burlington, VT  
Phone: (802) 865-9677  
[www.outrightvt.org](http://www.outrightvt.org)

Planned Parenthood of  
Northern New England  
Williston, VT  
Phone: (800) 287-8188  
[www.ppnne.org](http://www.ppnne.org)

Vermont Cares  
Burlington, VT  
Phone: (800) 649-2437  
[www.vtcares.org](http://www.vtcares.org)

### ORGANIZATIONS THAT OPPOSE COMPREHENSIVE SEXUALITY EDUCATION

Vermont Renewal  
Rutland, VT  
Phone: (802) 775-6247  
[www.vermont-elections.org](http://www.vermont-elections.org)

Vermont Right to Life Committee  
Montpelier, VT  
Phone: (802) 229-4885  
[www.vrlc.net](http://www.vrlc.net)

## MEDIA OUTLETS

### Newspapers in Vermont<sup>28</sup>

*The Burlington Free Press*  
Burlington, VT  
Phone: (802) 660-1874  
[www.burlingtonfreepress.com](http://www.burlingtonfreepress.com)

*Rutland Herald*  
Rutland, VT  
Phone: (802) 747-6133  
[www.rutlandherald.com](http://www.rutlandherald.com)

*St. Albans Messenger*  
Saint Albans, VT  
Phone: (802) 524-9771  
[www.samessenger.com](http://www.samessenger.com)

*The Times Argus*  
Barre, VT  
Phone: (802) 479-0191  
[www.timesargus.com](http://www.timesargus.com)

### Political Blogs in Vermont

*Green Mountain Daily*  
[www.greenmountaindaily.com](http://www.greenmountaindaily.com)

*Kirby Mountain*  
[www.kirbymtn.blogspot.com](http://www.kirbymtn.blogspot.com)

*The Prog Blog*  
[www.progressiveparty.org/blog](http://www.progressiveparty.org/blog)

*Vermont Commons*  
[www.vtcommons.org/blog](http://www.vtcommons.org/blog)

*The Vermont Daily Briefing*  
[www.vermontdailybriefing.com](http://www.vermontdailybriefing.com)

<sup>1</sup> 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.

<sup>2</sup> Vt. Stat. Ann. tit. 16 § 906(b)(3), <http://www.leg.state.vt.us/statutes/fullsection.cfm?Title=16&Chapter=023&Section=00906>.

<sup>3</sup> Vt. Stat. Ann. tit. 16 §§ 131(1), (4), (5), and (8),

<http://www.leg.state.vt.us/statutes/fullsection.cfm?Title=16&Chapter=001&Section=00131>

<sup>4</sup> *Vermont Health Education Grade Expectations: Family, Social, and Sexual Health* (Vermont: Vermont Department of Education), accessed April 15, 2010,

[http://education.vermont.gov/new/pdfdoc/pubs/grade\\_expectations/rtf\\_doc\\_files/health\\_ed/content/content\\_fssh.pdf](http://education.vermont.gov/new/pdfdoc/pubs/grade_expectations/rtf_doc_files/health_ed/content/content_fssh.pdf), 50.

<sup>5</sup> *Ibid.*, 51.

<sup>6</sup> *Ibid.*, 53.

<sup>7</sup> Vt. Stat. Ann. tit. 16 § 134, <http://www.leg.state.vt.us/statutes/fullsection.cfm?Title=16&Chapter=001&Section=00134>.

<sup>8</sup> Danice K. Eaton, et. al., "Youth Risk Behavior Surveillance—United States, 2011," *Surveillance Summaries, Morbidity and Mortality Weekly Report*, vol. 61, no. SS-4 (June 8, 2012); accessed June 18, 2012,

<http://www.cdc.gov/mmwr/pdf/ss/ss6104.pdf>. Note: Vermont did not participate in the full 2011 YRBS.

<sup>9</sup> "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.

<sup>10</sup> *Ibid.*

<sup>11</sup> *U.S. Teenage Pregnancies, Births, and Abortions: National and State Trends and Trends by Race and Ethnicity*, (Washington, DC: Guttmacher Institute, January 2010), accessed March 5, 2010, <http://www.guttmacher.org/pubs/USTPTrends.pdf>, Table 3.1.

<sup>12</sup> *Ibid.*, Table 3.2.

<sup>13</sup> *U.S. Teenage Pregnancies, Births, and Abortions: National and State Trends and Trends by Race and Ethnicity*, Table 3.1.



<sup>14</sup> 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>.

<sup>15</sup> 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>.

<sup>16</sup> “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>.

<sup>17</sup> Ibid.

<sup>18</sup> “About New England Network,” New England Network for Child, Youth & Family Services, Inc., accessed June 15, 2011, <http://www.nenetwork.org/about-nen/about.html>.

<sup>19</sup> “Teenage Pregnancy Prevention: Summary of Funded Evidence-Based Programs for 2010,” U.S. Department of Health and Human Services, accessed June 15, 2011, [http://webcache.googleusercontent.com/search?q=cache:RstgXEd5vS0J:ipv6.hhs.gov/ash/oah/prevention/grantees/models\\_2010\\_programs.html+&cd=2&hl=en&ct=clnk&gl=us&client=firefox-a](http://webcache.googleusercontent.com/search?q=cache:RstgXEd5vS0J:ipv6.hhs.gov/ash/oah/prevention/grantees/models_2010_programs.html+&cd=2&hl=en&ct=clnk&gl=us&client=firefox-a).

<sup>20</sup> Saras Chung and Annie Philipps, *Promoting Mental Health and Well-being in Adolescents: Recommendations for Wyman’s Teen Outreach Program*, (Eureka, MO: Wyman Teen Outreach Program, 2010), accessed July 1, 2011, <http://wymancenter.org/wordpress/wp-content/uploads/2011/08/TOP-Promoting-Positive-Well-Being-in-Adolescents.pdf>, 3.

<sup>21</sup> Ibid, 9.

<sup>22</sup> “Pregnancy Prevention Intervention Implementation Report: Teen Outreach Program,” Programs for Replication – Intervention Implementation Reports, U.S. Department of Health and Human Services, accessed July 1, 2011, [http://www.hhs.gov/ash/oah/oah-initiatives/tpp/programs/teen\\_outreach\\_program.pdf](http://www.hhs.gov/ash/oah/oah-initiatives/tpp/programs/teen_outreach_program.pdf).

<sup>23</sup> Information provided by Ilisa Stalberg, PREP Program Administrator, Division of Maternal and Child Health, Vermont Department of Health, March 15, 2012.

<sup>24</sup> Ibid.

<sup>25</sup> *Science and Success: Sex Education and Other Programs That Work to Prevent Teen Pregnancy, HIV & Sexually Transmitted Infections* (Washington, DC: Advocates for Youth, 2008), accessed March 30, 2010, <http://www.advocatesforyouth.org/storage/advfy/documents/sciencesuccess.pdf>, 22.

<sup>26</sup> Ibid., 23–24.

<sup>27</sup> The person listed represents the designated personnel in the state responsible for adolescent reproductive health.

<sup>28</sup> This section is a list of major newspapers in the state and is by no means exhaustive of local print outlets.