

State Profiles **FISCAL YEAR 2017**

The complete FY 2017 State Profiles comprise individual state-specific documents along with four other accompanying documents. The Executive Summary details the current state of sexuality education across the country, highlighting trends observed over the past few decades. Additionally, it is critical to examine the information from each state within the larger context of the laws and federal funding streams across the country. Please reference the following documents to inform and contextualize broader sexuality education trends:

- [Executive Summary](#)
- [Federal Funding Overview](#) – compared to [New Jersey's federal funding](#)
- [Sex/Sexuality and HIV and other STIs Education Laws by State](#) – compared to [New Jersey's education laws](#)
- [Descriptions of Curricula and Programs across the United States](#)

NEW JERSEY

In Fiscal Year 2017,¹ the state of New Jersey received:

- **Division of Adolescent and School Health funds totaling \$108,437**
- **Personal Responsibility Education Program funds totaling \$1,305,824**
- **Title V State Abstinence Education Program funds totaling \$1,359,445**

In Fiscal Year 2017, local entities in New Jersey received:

- **Teen Pregnancy Prevention Program funds totaling \$959,500**
- **Sexual Risk Avoidance Education Program funds totaling \$404,614**

SEXUALITY EDUCATION LAW AND POLICY

STATE LAW

New Jersey law, [§§ 18A:35-7 and -8](#), mandates at least 150 minutes of health education during each school week in grades 1-12.² In addition, high school students must acquire 3.75 credits of health education each year.³

State law also requires that all sex education programs and curricula stress abstinence.⁴ In addition, “[a]ny instruction concerning the use of contraceptives or prophylactics such as condoms shall also include information on their failure rates for preventing pregnancy, human immunodeficiency virus (HIV) and other [sexually transmitted diseases] STDs in actual use among adolescent populations and shall clearly explain the difference between risk reduction through the use of such devices and risk elimination through abstinence.”⁵

New Jersey allows parents or guardians to remove their children from any part of the health, family life, or sex education classes if it is “in conflict with his conscience, or sincerely held moral or religious beliefs.”⁶ [This is referred to as an “opt-out” policy.](#)

STATE STANDARDS

School districts must align their health education curricula with the New Jersey Department of Education’s [Core Curriculum Content Standards for Comprehensive Health and Physical Education](#), which among other instruction requirements states that “all students will learn the physical, emotional, and social aspects of human relationships and sexuality and apply these concepts to support a healthy, active lifestyle.”⁷

In addition to the *Core Curriculum Content Standards*, the New Jersey Department of Education published the [Comprehensive Health Education and Physical Education Curriculum Framework](#) in 1999, which provides a “compendium of sample learning strategies [and activities], background information, and resources” to assist school districts in developing curricula that will “enable all students to meet the standards.”⁸ The *Curriculum Framework* includes detailed suggestions for teaching about HIV/acquired immunodeficiency syndrome (AIDS), STDs, and teen pregnancy prevention. The *Curriculum Framework* aligns with the *Core Curriculum Content Standards* and addresses a wide variety of topics for students in kindergarten through high school, including families, peer pressure, media stereotypes, the reproductive system, pregnancy, HIV/AIDS, abstinence, contraception, gender assumptions, sexual orientation, and marriage. The *Framework* aims to “provide students with the knowledge and skills needed to establish healthy relationships and practice safe and healthful behaviors,” including instruction on “healthy sexual development as well as the prevention of [STDs], HIV infection, and unintended pregnancy.”⁹

STATE LEGISLATIVE SESSION ACTIVITY

SIECUS tracks all state legislative session activity in our state legislative reports. For more information on bills related to school-based sexuality education that were introduced or passed in 2016, please see the most recent analysis of state legislative activity, [SIECUS’ 2016 Sex Ed State Legislative Year-End Report: Top Topics and Takeaways](#).

YOUTH SEXUAL HEALTH DATA

Young people are more than their health behaviors and outcomes. For those wishing to support the sexual health and wellbeing of young people, it is important to utilize available data in a manner that tracks our progress and pushes policies forward while respecting and supporting the dignity of all young lives.

While data can be a powerful tool to demonstrate the sexuality education and sexual health care needs of young people, it is important to be mindful that these behaviors and outcomes are impacted by systemic inequities present in our society that affect an individual’s sexual health and wellbeing. That is, the context in which a young person’s health behavior and decision-making happens is not reflected in individual data points. Notably, one example demonstrating such inequities are the limitations as to how and what data are currently collected; please be mindful of populations who may not be included in surveys or who may be misrepresented by the data. The data categories and any associated language are taken directly from the respective surveys and are not a representation of SIECUS’ positions or values. For more information

regarding SIECUS' use of data, please read the FY 2017 Executive Summary, [*A Portrait of Sexuality Education in the States*](#).

NEW JERSEY YOUTH RISK BEHAVIOR SURVEY (YRBS) DATA¹⁰

The following sexual health behavior and outcome data represent some of the most recent information available on the health of young people who attend high schools in New Jersey. Though not perfect—for instance, using broad race and ethnicity categories can often distort and aggregate the experiences of a diverse group of respondents—the YRBS is a critical resource for understanding the health behaviors of young people when used carefully and with an awareness of its limitations. Any missing data points indicate either a lack of enough respondents for a subcategory or the state's decision not to administer a question on the survey. SIECUS commends the Centers for Disease Control and Prevention (CDC) for conducting decades' worth of field studies to improve the accuracy and relevancy of the YRBS. Like the CDC, SIECUS underlines that “school and community interventions should focus not only on behaviors but also on the determinants of those behaviors.”¹¹

Reported ever having had sexual intercourse

- In 2013, 39.8% of female high school students and 38.2% of male high school students in New Jersey reported ever having had sexual intercourse, compared to 46% of female high school students and 47.5% of male high school students nationwide.
- In 2013, 19.7% of Asian high school students, 52.1% of black high school students, 50.6% of Hispanic high school students, and 34.7% of white high school students in New Jersey reported ever having had sexual intercourse, compared to 22.6% of Asian high school students, 60.6% of black high school students, 49.2% of Hispanic high school students, and 43.7% of white high school students nationwide.

Reported having had sexual intercourse before age 13

- In 2013, 2.2% of female high school students and 7.1% of male high school students in New Jersey 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, 4.6% of Asian high school students, 13.3% of black high school students, 7.6% of Hispanic high school students, and 1.6% of white high school students in New Jersey reported having had sexual intercourse before age 13, compared to 3.5% of Asian high school students, 14% of black high school students, 6.4% of Hispanic high school students, and 3.3% of white high school students nationwide.

Reported being currently sexually active

- In 2013, 29.3% of female high school students and 29% of male high school students in New Jersey reported being currently sexually active, compared to 35.2% of female high school students and 32.7% of male high school students nationwide.

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- In 2013, 12.7% of Asian high school students, 36.5% of black high school students, 36% of Hispanic high school students, and 27.3% of white high school students in New Jersey reported being currently sexually active, compared to 15.8% of Asian high school students, 42.1% of black high school students, 34.7% of Hispanic high school students, and 32.8% of white high school students nationwide.

Reported not using a condom during last sexual intercourse

- In 2013, 50.4% of female high school students and 31.6% of male high school students in New Jersey reported not using a condom during their last sexual intercourse, compared to 46.9% of female high school students and 34.2% of male high school students nationwide.
- In 2013, 44.5% of Hispanic high school students and 42.7% of white high school students in New Jersey reported not using a condom during their last sexual intercourse, compared to 41.7% of Hispanic high school students and 42.9% of white high school students nationwide.

Reported not using any method to prevent pregnancy during last sexual intercourse

- In 2013, 15.9% of female high school students and 11.4% of male high school students in New Jersey reported not using any method to prevent pregnancy during their last sexual intercourse, compared to 15.7% of female high school students and 11.5% of male high school students nationwide.
- In 2013, 23% of Hispanic high school students and 7.3% of white high school students in New Jersey reported not using any method to prevent pregnancy during their last sexual intercourse, compared to 19.7% of Hispanic high school students and 11.1% of white high school students nationwide.

Reported having had drunk alcohol or used drugs during last sexual intercourse¹²

- In 2013, 16.4% of female high school students and 26.7% of male high school students in New Jersey reported having had drunk alcohol or used drugs during their last sexual intercourse, compared to 19.3% of female high school students and 25.9% of male high school students nationwide.
- In 2013, 23.2% of Hispanic high school students and 20.2% of white high school students in New Jersey reported having had drunk alcohol or used drugs during their last sexual intercourse, compared to 24% of Hispanic high school students and 21.3% of white high school students nationwide.

Reported never having been tested for HIV

- In 2013, 89.7% of female high school students and 92.2% of male high school students in New Jersey reported never having been tested for HIV, compared to 85.4% of female high school students and 88.8% of male high school students nationwide.

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- In 2013, 94.3% of Asian high school students, 81.2% of black high school students, 86.6% of Hispanic high school students, and 94.6% of white high school students in New Jersey reported never having been tested for HIV, compared to 88.9% of Asian high school students, 80.2% of black high school students, 87.2% of Hispanic high school students, and 89.3% of white high school students nationwide.

Reported having been physically forced to have sexual intercourse

- In 2013, 11.3% of female high school students and 5.5% of male high school students in New Jersey reported having been physically forced to have sexual intercourse, compared to 10.5% of female high school students and 4.2% of male high school students nationwide.
- In 2013, 8% of Asian high school students, 15.1% of black high school students, 10.2% of Hispanic high school students, and 6% of white high school students in New Jersey reported having been physically forced to have sexual intercourse, compared to 6.8% of Asian high school students, 8.4% of black high school students, 8.7% of Hispanic high school students, and 6.1% of white high school students nationwide.

Visit the CDC [Youth Online](#) database for additional information on sexual behaviors.

NEW JERSEY SCHOOL HEALTH PROFILES DATA¹³

In 2015, the CDC released the School Health Profiles, which measures school health policies and practices and highlights which health topics were taught in schools across the country. Since the data was collected from self-administered questionnaires completed by schools' principals and lead health education teachers, the CDC notes that one limitation of the School Health Profiles is bias toward the reporting of more positive policies and practices.¹⁴ In the School Health Profiles, the CDC identifies 16 sexual education topics that it believes are critical to a young person's sexual health. Below are key instruction highlights for secondary schools in New Jersey as reported for the 2013–2014 school year.

16 CRITICAL SEXUAL EDUCATION TOPICS IDENTIFIED BY THE CDC

- 1) How to create and sustain healthy and respectful relationships
- 2) Influences of family, peers, media, technology, and other factors on sexual risk behavior
- 3) Benefits of being sexually abstinent
- 4) Efficacy of condoms
- 5) Importance of using condoms consistently and correctly
- 6) Importance of using a condom at the same time as another form of contraception to prevent both STDs and pregnancy
- 7) How to obtain condoms
- 8) How to correctly use a condom
- 9) Communication and negotiation skills
- 10) Goal-setting and decision-making skills
- 11) How HIV and other STDs are transmitted
- 12) Health consequences of HIV, other STDs, and pregnancy
- 13) Influencing and supporting others to avoid or reduce sexual risk behaviors
- 14) Importance of limiting the number of sexual partners
- 15) How to access valid and reliable information, products, and services related to HIV, STDs, and pregnancy
- 16) Preventive care that is necessary to maintain reproductive and sexual health.

Source: School Health Profiles, 2014

Reported teaching all 16 critical sexual health education topics

- 24.7% of New Jersey secondary schools taught students all 16 critical sexual health education topics in a required course in any of grades 6, 7, or 8.¹⁵
- 89.5% of New Jersey secondary schools taught students all 16 critical sexual health education topics in a required course in any of grades 9, 10, 11, or 12.¹⁶

Reported teaching about the benefits of being sexually abstinent

- 87.7% of New Jersey secondary schools taught students about the benefits of being sexually abstinent in a required course in any of grades 6, 7, or 8.¹⁷
- 100% of New Jersey secondary schools taught students about the benefits of being sexually abstinent in a required course in any of grades 9, 10, 11, or 12.¹⁸

Reported teaching how to access valid and reliable information, products, and services related to HIV, other sexually transmitted diseases (STDs), and pregnancy

- 82% of New Jersey secondary schools taught students how to access valid and reliable information, products, and services related to HIV, other STDs, and pregnancy in a required course in any of grades 6, 7, or 8.¹⁹
- 100% of New Jersey secondary schools taught students how to access valid and reliable information, products, and services related to HIV, other STDs, and pregnancy in a required course in any of grades 9, 10, 11, or 12.²⁰

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Reported teaching how to create and sustain healthy and respectful relationships

- 86.8% of New Jersey secondary schools taught students how to create and sustain healthy and respectful relationships in a required course in any of grades 6, 7, or 8.²¹
- 100% of New Jersey secondary schools taught students how to create and sustain healthy and respectful relationships in a required course in any of grades 9, 10, 11, or 12.²²

Reported teaching about preventive care that is necessary to maintain reproductive and sexual health

- 78.8% of New Jersey secondary schools taught students about preventive care that is necessary to maintain reproductive and sexual health in a required course in any of grades 6, 7, or 8.²³
- 98.1% of New Jersey secondary schools taught students about preventive care that is necessary to maintain reproductive and sexual health in a required course in any of grades 9, 10, 11, or 12.²⁴

Reported teaching how to correctly use a condom

- 31.2% of New Jersey secondary schools taught students how to correctly use a condom in a required course in any of grades 6, 7, or 8.²⁵
- 93.3% of New Jersey secondary schools taught students how to correctly use a condom in a required course in any of grades 9, 10, 11, or 12.²⁶

Reported teaching about all seven contraceptives

- 86.8% of New Jersey secondary schools taught students about all seven contraceptives—birth control pill, patch, ring, and shot; implants; intrauterine device; and emergency contraception—in a required course in any of grades 9, 10, 11, or 12.²⁷

Reported providing curricula or supplementary materials relevant to lesbian, gay, bisexual, transgender, and questioning (LGBTQ) youth

- 46% of New Jersey secondary schools provided students with curricula or supplementary materials that included HIV, STD, or pregnancy prevention information relevant to LGBTQ youth.²⁸

Visit the CDC's [School Health Profiles](#) report for additional information on school health policies and practices.

NEW JERSEY TEEN PREGNANCY, HIV/AIDS, AND OTHER STD DATA

The following data from the CDC and the Guttmacher Institute represent the most recent state-specific statistics documenting teen pregnancy, birth, abortion, HIV/AIDS, and other STDs. For those wishing to support the sexual health and wellbeing of young people, it is important to use the data to advance

their access to comprehensive education, resources, and services. However, the data is not intended to be used in a manner that is stigmatizing or shaming: Young people have the right to make informed decisions about their health and wellbeing, but this right must be accompanied by the ability to access and understand all available choices. Therefore, the following data should be used to advance a young person's right to make informed decisions about their body and health.

Teen Pregnancy, Birth, and Abortion

- In 2013, New Jersey had the 34th highest reported teen pregnancy rate in the United States, with a rate of 36 pregnancies per 1,000 young women ages 15–19, compared to the national rate of 43 per 1,000.²⁹ There were a total of 10,160 pregnancies among young women ages 15–19 reported in New Jersey in 2013.³⁰
- In 2015, New Jersey had the 46th highest reported teen birth rate in the United States, with a rate of 12.1 births per 1,000 young women ages 15–19, compared to the national rate of 22.3 per 1,000.³¹ There were a total of 3,374 live births to young women ages 15–19 reported in New Jersey in 2015.³²
- In 2013, New Jersey had the 2nd highest reported teen abortion rate³³ in the United States, with a rate of 17 abortions per 1,000 young women ages 15–19, compared to the national rate of 11 per 1,000.³⁴ There were a total of 4,670 abortions among young women ages 15–19 reported in New Jersey in 2013.³⁵

HIV and AIDS

- In 2015, the reported rate of diagnoses of HIV infection among adolescents ages 13–19 in New Jersey was 5.4 per 100,000, compared to the national rate of 5.8 per 100,000.³⁶
- In 2015, the reported rate of AIDS diagnoses among adolescents ages 13–19 in New Jersey was 0.2 per 100,000, compared to the national rate of 0.7 per 100,000.³⁷
- In 2015, the reported rate of diagnoses of HIV infection among young adults ages 20–24 in New Jersey was 28 per 100,000, compared to the national rate of 31.1 per 100,000.³⁸
- In 2015, the reported rate of AIDS diagnoses among young adults ages 20–24 in New Jersey was 6.1 per 100,000, compared to the national rate of 5.6 per 100,000.³⁹

STDs

- In 2015, New Jersey had the 48th highest rate of reported cases of chlamydia among young people ages 15–19 in the United States, with an infection rate of 1,139 cases per 100,000, compared to the national rate of 1,857.8 per 100,000. In 2015, there were a total of 6,569 cases of chlamydia among young people ages 15–19 reported in New Jersey.⁴⁰

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- In 2015, New Jersey had the 31st highest rate of reported cases of gonorrhea among young people ages 15–19 in the United States, with an infection rate of 236.5 cases per 100,000, compared to the national rate of 341.8 per 100,000. In 2015, there were a total of 1,364 cases of gonorrhea among young people ages 15–19 reported in New Jersey.⁴¹
- In 2015, New Jersey had the 26th highest rate of reported cases of primary and secondary syphilis among young people ages 15–19 in the United States, with an infection rate of 3.3 cases per 100,000, compared to the national rate of 5.4 per 100,000. In 2015, there were a total of 19 cases of syphilis reported among young people ages 15–19 in New Jersey.⁴²

Visit the Office of Adolescent Health’s (OAH) [New Jersey Adolescent Health Facts](#) for additional information.

FEDERAL FUNDING FOR SEXUALITY EDUCATION, UNINTENDED TEEN PREGNANCY, HIV AND OTHER STD PREVENTION, AND ABSTINENCE-ONLY-UNTIL-MARRIAGE (AOUM) PROGRAMS

FISCAL YEAR 2017 FEDERAL FUNDING IN NEW JERSEY

Grantee	Award
Division of Adolescent and School Health (DASH)	
New Jersey Department of Education	\$108,437
TOTAL	\$108,437
Teen Pregnancy Prevention Program (TPPP)	
TPPP Tier 2B	
Center for Supportive Schools	\$959,500
TOTAL	\$959,500
Personal Responsibility Education Program (PREP)	
PREP State-Grant Program	
New Jersey Department of Health and Senior Services (federal grant)	\$1,305,824
TOTAL	\$1,305,824
Title V Abstinence-Only-Until-Marriage Program (Title V AOUM)	
New Jersey Department of Health and Senior Services (federal grant)	\$1,359,445
TOTAL	\$1,359,445
Sexual Risk Avoidance Education (SRAE) Program	
New Jersey Physicians Advisory Group, Inc.	\$404,614
TOTAL	\$404,614
GRAND TOTAL	\$4,137,820

DIVISION OF ADOLESCENT AND SCHOOL HEALTH

The CDC's school-based HIV prevention efforts include funding and technical assistance to state and local education agencies through several funding streams to better student health, implement HIV/STD prevention programs, collect and report data on young people's risk behaviors, and expand capacity-building partnerships. In FY 2017, through the CDC's Division of Adolescent and School Health (DASH), 18 state education agencies and 17 school districts received funding to help the districts and schools strengthen student health through exemplary sexual health education (ESHE) that emphasizes HIV and other STD prevention, increases access to key sexual health services (SHS), and establishes safe and supportive environments (SSE) for students and staff. DASH funded six national, non-governmental organizations (NGOs) to help state and local education agencies achieve these goals.

- In FY 2017, there were no DASH grantees in New Jersey funded to strengthen student health through ESHE, SHS, and SSE (1308 Strategy 2).

In addition, DASH funds local education agencies and NGOs to implement multiple program activities to meet the HIV- and other 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.

- In FY 2017, there were no DASH grantees in New Jersey funded to deliver YMSM programming (1308 Strategy 4).

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 YRBS and School Health Profiles data for policy and program improvements.

- In FY 2017, there was one DASH grantee in New Jersey funded to collect and report YRBS and School Health Profiles data (1308 Strategy 1): The New Jersey Department of Education (\$108,437).

TEEN PREGNANCY PREVENTION PROGRAM (TPPP)

The OAH, within the U.S. Department of Health and Human Services (HHS), administers TPPP, which funds evidence-based or innovative evidence-informed, medically accurate, and age-appropriate programs to reduce teen pregnancy. In FY 2017, total funding for TPPP was \$101 million, supporting 84 states, cities, non-profit organizations, school districts, universities, community-based organizations, and tribal organizations. These grantees were in year three of five TPPP funding tiers' five-year cooperative agreements in 33 states, the District of Columbia, and the Marshall Islands. In June 2017, however, 81 of the 84 grantees were notified, without cause or explanation, that their project periods were shortened to just three years, to end on June 30, 2018. Since the other three grantees are on a different grant cycle, they had not yet received notice on the status of their funding at the time of publication. OAH provides program support, implementation evaluation, and technical assistance to grantees and receives an additional \$6.8 million in funding for evaluation purposes. Below is information on the five TPPP funding tiers:

Tier 1A: Capacity building to support replication of evidence-based TPP programs.

- In FY 2017, there were no TPPP Tier 1A grantees in New Jersey.

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Tier 1B: Replicating evidence-based TPP programs to scale in communities with the greatest need.

- In FY 2017, there were no TPPP Tier 1B grantees in New Jersey.

Tier 2A: Supporting and enabling early innovation to advance adolescent health and prevent teen pregnancy.

- In FY 2017, there were no TPPP Tier 2A grantees in New Jersey.

Tier 2B: Rigorous evaluation of new or innovative approaches to prevent teen pregnancy.

- In FY 2017, there was one TPPP Tier 2B grantee in New Jersey: Center for Supportive Schools (\$959,500).

CENTER FOR SUPPORTIVE SCHOOLS, \$959,500 (FY 2017)

The Center for Supportive Schools (CSS), headquartered in Princeton, aims to provide “evidence-based, K–12 solutions that enable and inspire schools” to improve learning environments and equip students to make responsible decisions.⁴³ With its TPPP funding, CSS will evaluate the impact of Peer Group Connection – High School (PGC-HS) on teen pregnancy rates. PGC-HS is “a program designed to immerse freshmen in safe, supportive groups led by older leaders” and “trains select school faculty to prepare high school juniors/seniors to mentor and educate freshmen and create a positive school environment.”⁴⁴ The program targets economically disadvantaged and minority students in communities with high birth rates. PGC-HS intends to sustain itself through an assembly of a stakeholder team comprised of administrators, faculty, parents, and students, who will implement the program and troubleshoot obstacles. CSS aims to reach 500 ninth-grade students a year in South Bronx, NY and three counties in North Carolina: Bertie, Duplin, and Scotland.⁴⁵

Tier 2C: Effectiveness of TPP programs designed specifically for young males.

- In FY 2017, there were no TPPP Tier 2C grantees in New Jersey.

PERSONAL RESPONSIBILITY EDUCATION PROGRAM (PREP)

The Family and Youth Services Bureau (FYSB), within the Administration for Children and Families (ACF) division of HHS, administers PREP, which was authorized for a total of \$75 million in FY 2017 for the state-grant program; local entities through the competitively awarded Personal Responsibility Education Innovative Strategies (PREIS) program; and the Tribal PREP, which funds tribes and tribal organizations. In addition, provisions within the PREP statute enable a competitive application process for community- and faith-based organizations within states and territories that do not directly seek PREP state grants to apply for funding through the Competitive Personal Responsibility Education Program (CPREP).

Similar to other programs highlighted in the State Profiles, the grants for the various PREP programs are awarded throughout the year, with several awarded in the final month of the fiscal year for use and implementation throughout the following year. SIECUS reports on funding amounts appropriated in FY 2017 and any programmatic activities that occurred during FY 2017, or October 1, 2016–September 30, 2017. It is important to remember, however, that reported programmatic activities for this period may have utilized FY 2016 funds. Details on the state grants, PREIS, Tribal PREP, and CPREP are included below.

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More information and clarification surrounding funding announcements are also included below, as well as in the FY 2017 Executive Summary: [A Portrait of Sexuality Education in the States](#).

PREP State-Grant Program

State-grant PREP supports evidence-based programs that provide young people with medically accurate and age-appropriate information for the prevention of unintended pregnancy, HIV, and other STDs. In FY 2017, 44 states, the District of Columbia, the Federated States of Micronesia, Guam, Puerto Rico, the Republic of Palau, and the Virgin Islands received PREP state-grant 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.

- In FY 2017, the New Jersey Department of Health and Senior Services received \$1,305,824 in federal PREP funds.⁴⁶
- The agency provides sub-grants to six local public and private entities. The sub-grantee information is listed below.⁴⁷

Sub-grantee	Serving	Amount
Central Jersey Family Health Consortium	Middlesex and Mercer Counties	\$187,500
Hyacinth AIDS Foundation	Middlesex, Union, and Mercer Counties	\$142,500
Kean University	Hudson and Essex Counties	\$159,028
The Partnership for Maternal and Child Health	Essex, Bergen, Hudson, and Passaic Counties	\$222,500
Planned Parenthood of Central and Greater Northern New Jersey	Monmouth, Union, and Bergen Counties	\$197,500
Southern New Jersey Perinatal Cooperative	Atlantic, Cumberland, and Camden Counties	\$202,500

The New Jersey PREP state-grant program is implemented by the New Jersey Department of Health with the help of six local sub-grantees that serve young people ages 10-19 who reside in one of the 50 municipalities identified as high risk by the 2012 New Jersey Perinatal Risk Index. Funding provides education that addresses healthy relationships, adolescent development, and parent-child communication. Funded programs select their curricula from the list of evidence-based program models among the HHS-approved list of teen pregnancy prevention programs, including: [SiHLE \(Sisters Informing, Healing, Living and Empowering\)](#), [Making Proud Choices!](#), [Reducing the Risk](#), and [Teen Outreach Programs \(TOP\)](#).⁴⁸

CENTRAL JERSEY FAMILY HEALTH CONSORTIUM, \$187,500 (FY 2017)

The Central Jersey Family Health Consortium is a non-profit organization that aims to “improve the health of women of childbearing age, infants, and children” in Central Jersey.⁴⁹ The organization serves the following schools and community-based sites under the state PREP program: Carteret High School (HS), Middlesex County Vocational and Technical School, New Brunswick HS, Grace A. Dunn Middle School

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(MS), and Project TEACH. The Consortium implements [*Teen Outreach Program \(TOP\)*](#) and reached 220 young people in FY 2017.⁵⁰

HYACINTH AIDS FOUNDATION, \$142,500 (FY 2017)

Formerly known as New Jersey Women and AIDS Network, Hyacinth AIDS Foundation is dedicated to providing assistance to and serving as a voice for people living with AIDS in New Jersey.⁵¹ The Foundation serves the following schools and community-based sites under the state PREP program: Abundant Life Family Worship Church, the Barack Obama Academy for Academic & Civic Development, the Center for Great Expectations, Lincoln Garden Apartments (Community Center), Middlesex County Youth Shelter, New Brunswick Teen Center, Plainfield Academy for the Arts and Advanced Studies, South Second Street Youth Center, Neighborhood House Association, Daylight/Twilight HS, Isle's Youth Institute, Mercer County College, Trenton Central HS, Rivera Community MS, Urban Promise, Rainbow House, Shiloh Baptist Church Community Resource Center, and PEI Kids. Hyacinth implements [*SiHLE \(Sisters Informing, Healing, Living, and Empowering\) and Making Proud Choices!*](#) and reached 207 young people in FY 2017.⁵²

KEAN UNIVERSITY, \$159,028 (FY 2017)

Kean University is a public university located in Union and Hillside, New Jersey. The university serves the following schools and community-based sites under the state PREP program: Ferris HS, Snyder HS, and Marion P. Thomas Charter School. Kean University implements [*Reducing the Risk*](#) and reached 440 young people in FY 2017.⁵³

THE PARTNERSHIP FOR MATERNAL AND CHILD HEALTH, \$222,500 (FY 2017)

The Partnership for Maternal and Child Health of Northern New Jersey, under the licensure of the New Jersey Department of Health and Senior Services, coordinates education, outreach, and advocacy to provide healthcare to women, infants, and children in New Jersey.⁵⁴ The Partnership serves the following schools and community-based sites under the state PREP program: Abington Avenue School, the Bridge School-Based Youth Service, OTARTY Program, Paterson Charter School for Science and Technology, Trinity UAME, Jersey City Learning Community Charter School, Barringer HS, Hawkins Street School, East Side HS, Newark Tech, School Number 2, and John F. Kennedy HS. The Partnership implements [*Making Proud Choices!*](#) and reached 600 young people in FY 2017.⁵⁵

PLANNED PARENTHOOD OF CENTRAL AND GREATER NORTHERN NEW JERSEY, \$197,500 (FY 2017)

Planned Parenthood serves the following schools and community-based sites under the state PREP program: School-Based Youth Service Program at Long Branch HS, the Boys and Girls Club in Monmouth County, 21st Century Community Learning Centers at Plainfield MS, YES Program at Thomas Jefferson Academy and Elizabeth HS, and School-Based Youth Service Program at Dwight Morrow School. Planned Parenthood implements [*Reducing the Risk*](#) and [*Teen Outreach Program \(TOP\)*](#) and reached 290 young people in FY 2017.⁵⁶

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SOUTHERN NEW JERSEY PERINATAL COOPERATIVE, \$202,500 (FY 2017)

The Southern New Jersey Perinatal Cooperative is the state-licensed Maternal and Child Health Consortium for South Jersey. The Cooperative is dedicated to improve the health of pregnant women, infants, and children.⁵⁷ It serves the following schools and community-based sites under the state PREP program: Atlantic HS, DCF Regional Schools (Atlantic County Campus, Cape May Campus, and Cherry Hill), Youth Exposure, Pleasantville Youth Corp, Boys and Girls Club of Vineland (Carl Arthur Unit and Cunningham Alternative School), Bridgeton HS, Bridgeton Municipal Alliance, Cunningham Alternative School in Camelot, Landis MS (ELS Academy), Millville Senior HS, New Jersey Youth Corps Center, Vineland HS, Wallace MS, Creative Achievement Academy, Brimm Medical Arts School, School-Based Youth Service Program at Camden HS, Cooper B Hatch MS, MetEast HS, Veterans Memorial School, the Work Group Youth Corps, Woodrow Wilson HS, Landis School, Vineland Public Schools ESL, Landis School (21st Century CLC), and Cooper's Poynt Family School. Southern New Jersey Perinatal Cooperative implements [*Be Proud! Be Responsible!*](#) (phasing out) and [*Teen Outreach Program \(TOP\)*](#) and reached 105 young people in FY 2017.⁵⁸

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, HIV, and other STDs.

- In FY 2017, there were no PREIS grantees in New Jersey.

Tribal Personal Responsibility Education Program (Tribal PREP)

Tribal PREP supports the development and implementation of pregnancy-, HIV-, and other STD-prevention programs among young people within tribes and tribal communities. Tribal PREP programs target young people ages 10–19 who are in or are aging out of foster care, young people experiencing homelessness, young people living with HIV, young people who live in areas with high rates of adolescent births, and young people under age 21 who are pregnant and/or parenting. In FY 2017, eight tribes and tribal organizations from seven states received a total of \$3,271,693.

- In FY 2017, there were no Tribal PREP grantees in New Jersey.

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, and other STDs. Only organizations and institutions in states and territories that did not apply for PREP state grants are eligible to submit competitive applications for CPREP grants. In FY 2017, 21 CPREP grants, totaling \$10.2 million, were awarded to 21 organizations in Florida, Indiana, North Dakota, Texas, and Virginia, as well as in American Samoa, Guam, and the Northern Mariana Islands.

- In FY 2017, New Jersey received PREP state-grant funding; therefore, entities in New Jersey were not eligible for CPREP.

TITLE V “ABSTINENCE EDUCATION” STATE GRANT PROGRAM

The Title V “abstinence education” state grant program for AOUM programming, or the Title V AOUM program, is administered by FYSB, within ACF of HHS, and was authorized at \$75 million for FY 2017. The Title V AOUM program requires states to provide three state-raised dollars, or the equivalent in

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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 exclusively promote abstinence from sexual activity and may provide mentoring, counseling, and adult supervision toward this end.⁵⁹

- In FY 2017, the New Jersey Department of Health, Maternal and Child Health received \$1,359,445 in federal Title V AOUM funding.⁶⁰
- The New Jersey Department of Health, Maternal and Child Health sub-grants to five local entities. The sub-grantee information is listed below.⁶¹
- In New Jersey, sub-grantees contribute to the match through in-kind funds. This year, grantees were required to provide a 54% match.⁶²

Sub-grantee	Serving	Amount
Central Jersey Family Health Consortium	See narrative below	\$149,400
Institute for Relationship Intelligence	Bayonne, Jersey City, North Bergen, Paterson, and Union City	\$326,164
Lifeguard, Inc.	Abescon, Atlantic City, Egg Harbor Township, Galloway, Pleasantville, Somers Point, Vineland, Wildwood, and Woodbine	\$354,514
Mount Olives Church of God, Inc.	Bloomfield, East Orange, Irvington, Newark, Orange, and West Orange	\$290,222
Saint Peter’s University Hospital	New Brunswick, Perth Amboy, and Plainfield	\$308,664

The New Jersey Department of Health, Maternal and Child Health administers the Title V AOUM grant, along with five local sub-grantees, to provide school- and community-based programming. Programming targets young people ages 10-19 living in the state’s 50 municipalities with the highest teen birth rates. Currently, the following counties are served: Atlantic, Cape May, Cumberland, Essex, Hudson, Middlesex, Passaic, and Union. Sub-grantees serve an estimated 8,500 young people ages 10-14 and use the [YES You Can!, Relationship Intelligence, Peer Challenge, Heritage Keepers, Teen Outreach Program \(TOP\), and Respect Ed](#) curricula.⁶³

INSTITUTE FOR RELATIONSHIP INTELLIGENCE, \$326,164 (FY 2017)

The Institute for Relationship Intelligence is a nonprofit organization that “seeks to support the creation of a positive youth culture in the U.S. that honors self-reliance, respectful relations between the sexes, marriage and parenthood, and services to others.”⁶⁴ The organization serves the following schools and community-based sites under the Title V AOUM program: Bayonne HS, Washington, Vroom, Harris, Bailey, Horace Mann, Oresko, Lincoln in Bayonne, Donahue, and Robinson in Bayonne; Schools #1-5, School #12, and Clair Memorial Church in Jersey City; Agape Church in Rahway; Lincoln, John F. Kennedy, Fulton, Franklin, and Horace Mann in North Bergen; St. Luke’s, Schools #6, 8, 10, 13, and 26, and Roberto Clemente in Peterson; and Freedom of Choice Health Care in Carson City. Institute for Relationship Intelligence implements [Relationship Intelligence](#) and serves 4,020 young people annually.⁶⁵

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LIFEGUARD, INC., \$354,514 (FY 2017)

Lifeguard, Inc., serves the following schools and community-based sites under the Title V AOUM program: Emma C. Attales MS, Covenant House, PAL, Boys & Girls Club in Atlantic City, Uptown Complex, New York Ave. MS, Pennsylvania Ave., Atlantic City HS, Fernwood Ave. MS, Galloway Youth Group, Pleasantville Youth Group, Jordan Rd. ES, Dawes Ave. ES, Wallace MS, Anthony Rossi MS, Landis, RAFT SBYS, Vineland HS, Wildwood MS, Margaret Mace, Woodbine ES, Wallace Middle Woodbine ES, and Mainland Baptist Youth Group. Lifeguard, Inc., implements [Peer Challenge](#) and [YES You Can!](#) and serves 4,149 young people annually.⁶⁶

MOUNT OLIVES CHURCH OF GOD, INC., \$290,222 (FY 2017)

The vision of Mount Olives Church of God, Inc., is “to build a multi-congregational, a multi-generational, and a multi-national Church of God.”⁶⁷ The church serves the following schools and community-based sites under the Title V AOUM program: Bloomfield HS, Sojourner Truth MS, John Costley MS, Park Ave., Orange Prep, STEM, New Hope Baptist Church, Sierra House, Church of God – Philadelphia, New Jerusalem Baptist Church, North Star HS, North Star Academy MS, Mount Olives Church of God, Lincoln Ave., Rosa Parks Community School, TOP, and First Shiloh Baptist Church. The church implements [YES You Can!](#) and serves 1,645 young people annually.⁶⁸

SAINT PETER’S UNIVERSITY HOSPITAL, \$308,664 (FY 2017)

Saint Peter’s University Hospital “is committed to humble service to humanity, especially the poor, through competence and good stewardship of resources” by “keeping faith with the teachings of the Roman Catholic Church.”⁶⁹ Saint Peter’s University Hospital serves the following schools and community-based sites under the Title V AOUM program: New Brunswick Civic League Summer Program, NB Middle, McKinley, Woodrow Wilson, Lincoln Annex, TOP, Boys & Girls Clubs Summer Program, and Barack Obama Charter. The hospital implements [YES You Can!](#) and [Respect Ed](#) and serves 1,820 young people annually.⁷⁰

At the time of publication, additional information about Central Jersey Family Health Consortium’s use of state PREP funds was unavailable.

“SEXUAL RISK AVOIDANCE EDUCATION” (SRAE) GRANT PROGRAM

Administered by FYSB within ACF of HHS, the SRAE program—a rebranding of the competitive AOUM grant program—provides funding for public and private entities for programs that “teach young people to voluntarily refrain from non-marital sexual activity and prevent other youth risk behaviors.” These programs are also required by statute to “teach the benefits associated with self-regulation; success sequencing for poverty prevention; healthy relationships; goal setting and resisting sexual coercion; dating violence; and other youth risk behaviors, such as underage drinking or illicit drug use, without normalizing teen sexual activity.” In FY 2017, \$15 million was appropriated for the SRAE grant program, and \$13.5 million was awarded to 27 grantees in 14 states through a competitive application process.

- In FY 2017, there was one SRAE grantee in New Jersey: New Jersey Physicians Advisory Group, Inc. (\$404,614).⁷¹
- At the time of publication, no information on New Jersey Physicians Advisory Group, Inc.’s use of SRAE funds was available.

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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 2017 began on October 1, 2016, and ended on September 30, 2017.

² N.J. Stat. Ann. §§ 18A:35-7 and -8. www.state.nj.us/education/genfo/faq/faq_hfle.htm.

³ N.J. Admin. Code § 6A:8-5.1(a)(1)(vi), www.lexisnexis.com/hottopics/njcode/.

- ⁴ N.J. Stat. Ann. § 18A:35-4.20. http://lis.njleg.state.nj.us/cgi-bin/om_isapi.dll?clientID=131425&Depth=2&depth=2&expandheadings=on&headingswithhits=on&hitsperheading=on&infobase=statutes.nfo&record={84F1}&softpage=Doc_Frame_PG42.
- ⁵ N.J. Stat. Ann. § 18A:35-4.21(3). http://lis.njleg.state.nj.us/cgi-bin/om_isapi.dll?clientID=131425&Depth=2&depth=2&expandheadings=on&headingswithhits=on&hitsperheading=on&infobase=statutes.nfo&record={84F3}&softpage=Doc_Frame_PG42.
- ⁶ N.J. Stat. Ann. § 18A:35-4.7. http://lis.njleg.state.nj.us/cgi-bin/om_isapi.dll?clientID=131425&Depth=2&depth=2&expandheadings=on&headingswithhits=on&hitsperheading=on&infobase=statutes.nfo&record={84D4}&softpage=Doc_Frame_PG42.
- ⁷ N.J. Admin. Code § 6A:8-3.1; “Standard 2.4: Human Relationships and Sexuality,” *2009 New Jersey Core Curriculum Content Standards for Comprehensive Health and Physical Education*, (Trenton, NJ: New Jersey Department of Education, 2009), www.state.nj.us/education/cccs/2014/chpe/standards.pdf.
- ⁸ *New Jersey Comprehensive Health Education and Physical Education Curriculum Framework* (New Jersey; New Jersey Department of Education, 1999), www.state.nj.us/education/archive/frameworks/chpe.
- ⁹ Ibid.
- ¹⁰ “Youth Online,” Centers for Disease Control and Prevention, <https://nccd.cdc.gov/youthonline/App/Default.aspx>.
- ¹¹ “Methodology of the Youth Risk Behavior Surveillance System – 2013,” pg. 17, Centers for Disease Control and Prevention, www.cdc.gov/mmwr/pdf/rr/rr6201.pdf.
- ¹² It is critical to examine social determinants when analyzing potentially stigmatizing data. Accounting for differences in people’s lived experiences based on race, ethnicity, sexual orientation, socioeconomic status, etc., is a vital part of understanding the context in which the data exist. We encourage readers to exercise caution when using the data and warn readers against using the data in a manner that conflates correlation with causation. Please visit the FY 2017 Executive Summary, [A Portrait of Sexuality Education in the States](http://www.state.nj.us/education/cccs/2014/chpe/standards.pdf), for more context.
- ¹³ “School Health Profiles 2014,” Centers for Disease Control and Prevention, <https://nccd.cdc.gov/youthonline/App/Default.aspx>.
- ¹⁴ Ibid., pg. 51.
- ¹⁵ Ibid., Table 9c.
- ¹⁶ Ibid., Table 11c.
- ¹⁷ Ibid., Table 9a.
- ¹⁸ Ibid., Table 11a.
- ¹⁹ Ibid., Table 9a.
- ²⁰ Ibid., Table 11a.
- ²¹ Ibid., Table 9b.
- ²² Ibid., Table 11b.
- ²³ Ibid., Table 9b.
- ²⁴ Ibid., Table 11b.
- ²⁵ Ibid., Table 9c.
- ²⁶ Ibid., Table 11c.
- ²⁷ Ibid., Table 13.
- ²⁸ Ibid., Table 39.
- ²⁹ Arpaia, A., Kost, K., and Maddow-Zimet, I., *Pregnancies, Births and Abortions Among Adolescents and Young Women in the United States, 2013: State Trends by Age, Race, and Ethnicity* (New York: Guttmacher Institute, 2017), https://www.guttmacher.org/sites/default/files/report_downloads/us-adolescent-pregnancy-trends-2013_tables.pdf, Table 2.5.
- ³⁰ Ibid., Table 2.6.
- ³¹ “Teen Birth Rate Comparison, 2015 Among Girls Age 15-19,” The National Campaign to Prevent Teen and Unplanned Pregnancy, <https://thenationalcampaign.org/data/compare/1701>.
- ³² United States Department of Health and Human Services (US DHHS), Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Natality public-use data 2007-2015, on CDC WONDER Online Database, February 2017. Accessed at <http://wonder.cdc.gov/natality-current.html>.
- ³³ “Abortion” used in this context refers to legally induced abortions. This rate does not include abortions that occur outside of health care facilities or are unreported. Unfortunately, there is no reliable source of information for actual rates of abortion.

³⁴ Arpaia, A., Kost, K., and Maddow-Zimet, I., *Pregnancies, Births and Abortions Among Adolescents and Young Women in the United States, 2013: State Trends by Age, Race, and Ethnicity* (New York: Guttmacher Institute, 2017), https://www.guttmacher.org/sites/default/files/report_downloads/us-adolescent-pregnancy-trends-2013_tables.pdf, Table 2.5.

³⁵ Ibid., Table 2.6.

³⁶ Slide 17: “Rates of Diagnoses of HIV Infection among Adolescents Aged 13–19 Years 2015—United States and 6 Dependent Areas,” *HIV Surveillance in Adolescents and Young Adults* (Atlanta, GA: Centers for Disease Control and Prevention), www.cdc.gov/hiv/pdf/library/slidesets/cdc-hiv-surveillance-adolescents-young-adults-2015.pdf.

³⁷ Slide 20: “Rates of Diagnosed HIV Infection Classified as Stage 3 (AIDS) among Adolescents Aged 13–19 Years, 2015—United States and 6 Dependent Areas,” *HIV Surveillance in Adolescents and Young Adults* (Atlanta, GA: Centers for Disease Control and Prevention), www.cdc.gov/hiv/pdf/library/slidesets/cdc-hiv-surveillance-adolescents-young-adults-2015.pdf.

³⁸ Slide 18: “Rates of Diagnoses of HIV Infection among Young Adults Aged 20–24 Years 2015—United States and 6 Dependent Areas,” *HIV Surveillance in Adolescents and Young Adults* (Atlanta, GA: Centers for Disease Control and Prevention), www.cdc.gov/hiv/pdf/library/slidesets/cdc-hiv-surveillance-adolescents-young-adults-2015.pdf.

³⁹ Slide 21: “Rates of Diagnosed HIV Infection Classified as Stage 3 (AIDS) among Young Adults Aged 20–24 Years, 2015—United States and 6 Dependent Areas,” *HIV Surveillance in Adolescents and Young Adults* (Atlanta, GA: Centers for Disease Control and Prevention), www.cdc.gov/hiv/pdf/library/slidesets/cdc-hiv-surveillance-adolescents-young-adults-2015.pdf.

⁴⁰ NCHHSTP Atlas, “STD Surveillance Data” (Atlanta, GA: Centers for Disease Control and Prevention), <http://gis.cdc.gov/GRASP/NCHHSTPAtlas/main.html>.

⁴¹ Ibid.

⁴² Ibid.

⁴³ “Our Mission,” Center for Supportive Schools, www.supportiveschools.org/venture/our-mission/.

⁴⁴ “Center for Supportive Schools,” Grantees (NJ) – TPP Tier 2B, U.S. Department of Health and Human Services, Office of Adolescent Health, www.hhs.gov/ash/oah/grants/grantees/tpp/2b/center-for-supportive-schools.html.

⁴⁵ Ibid.

⁴⁶ “2017 State Personal Responsibility Education Program (PREP) Awards,” Family and Youth Services Bureau, Administration for Children & Families, U.S. Department of Health & Human Services, www.acf.hhs.gov/fysb/resource/2017-state-prep-awards.

⁴⁷ Information provided by Tamiya Griffin, Program Specialist Trainee, Child and Adolescent Health Program, Division of Family Health Services, New Jersey Department of Health, June 23, 2017.

⁴⁸ Ibid.

⁴⁹ “Who We Are,” Central Jersey Family Health Consortium, www.cjfhc.org.

⁵⁰ Information provided by Tamiya Griffin, Program Specialist Trainee, Child and Adolescent Health Program, Division of Family Health Services, New Jersey Department of Health, June 23, 2017.

⁵¹ “Our Mission,” Hyacinth AIDS Foundation, www.hyacinth.org/about-hyacinth/our-mission/.

⁵² Information provided by Tamiya Griffin, Program Specialist Trainee, Child and Adolescent Health Program, Division of Family Health Services, New Jersey Department of Health, June 23, 2017.

⁵³ Ibid.

⁵⁴ “About Us,” Partnership for Maternal and Child Health of Northern New Jersey, www.partnershipmch.org/about-us/.

⁵⁵ Information provided by Tamiya Griffin, Program Specialist Trainee, Child and Adolescent Health Program, Division of Family Health Services, New Jersey Department of Health, June 23, 2017.

⁵⁶ Ibid.

⁵⁷ “Home Page,” Southern New Jersey Perinatal Cooperative, www.snjpc.org.

⁵⁸ Information provided by Tamiya Griffin, Program Specialist Trainee, Child and Adolescent Health Program, Division of Family Health Services, New Jersey Department of Health, June 23, 2017.

⁵⁹ 42 U.S.C. 710, Title V, Section 510 of the Social Security Act, the authorization for the Title V AOUM grant program, defines “abstinence education” as “an educational or motivational program which:

(A) has as its exclusive purpose, teaching the social, psychological, and health gains to be realized by abstaining from sexual activity;

(B) teaches abstinence from sexual activity outside marriage as the expected standard for all school-age children;

(C) teaches that abstinence from sexual activity is the only certain way to avoid out-of-wedlock pregnancy, sexually transmitted diseases, and other associated health problems;

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- (D) teaches that a mutually faithful monogamous relationship in context of marriage is the expected standard of human sexual activity;
 - (E) teaches that sexual activity outside of the context of marriage is likely to have harmful psychological and physical effects;
 - (F) teaches that bearing children out-of-wedlock is likely to have harmful consequences for the child, the child's parents, and society;
 - (G) teaches young people how to reject sexual advances and how alcohol and drug use increases vulnerability to sexual advances; and
 - (H) teaches the importance of attaining self-sufficiency before engaging in sexual activity.”

www.ssa.gov/OP_Home/ssact/title05/0510.htm.

⁶⁰ “2017 Title V State Abstinence Education Program Grant Awards,” Family and Youth Services Bureau, Administration for Children & Families, U.S. Department of Health & Human Services, www.acf.hhs.gov/fysb/resource/2017-aeep-awards.

⁶¹ Information provided by Jennie Blakney, Coordinator, Health Projects 3, Child and Adolescent Health Program, Division of Family Health Services, New Jersey Department of Health, June 22, 2017.

⁶² Ibid.

⁶³ Ibid.

⁶⁴ “Mission,” The Institute for Relationships Intelligence, <http://relationships101.org/about/mission/>.

⁶⁵ Information provided by Jennie Blakney, Coordinator, Health Projects 3, Child and Adolescent Health Program, Division of Family Health Services, New Jersey Department of Health, June 22, 2017.

⁶⁶ Ibid.

⁶⁷ “About Us,” Mount Olives Church of God, Inc., <http://www.mtolivescog.org/about-us.html>.

⁶⁸ Information provided by Jennie Blakney, Coordinator, Health Projects 3, Child and Adolescent Health Program, Division of Family Health Services, New Jersey Department of Health, June 22, 2017.

⁶⁹ “About Us,” Saint Peter’s University Hospital, <http://www.saintpetershcs.com/about-us>.

⁷⁰ Information provided by Jennie Blakney, Coordinator, Health Projects 3, Child and Adolescent Health Program, Division of Family Health Services, New Jersey Department of Health, June 22, 2017.

⁷¹ “Sexual Risk Avoidance Education (SRAE) Grantees FY2017,” Family and Youth Services Bureau, Administration for Children & Families, U.S. Department of Health & Human Services, <https://www.acf.hhs.gov/fysb/sexual-risk-avoidance-grantees-fy2017>.