

State Profiles **FISCAL YEAR 2018**

The complete FY 2018 State Profiles comprise individual state-specific documents along with four other accompanying documents. The Executive Summary details the current state of sex 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 sex education trends:

- [Executive Summary](#)
- [Federal Funding Overview](#) – compared to the [U.S. Outer Territories and Associated States’ federal funding](#)
- [Sex/Sexuality and human immunodeficiency virus \(HIV\) and other sexually transmitted infections \(STIs\) Education Laws by State](#) – compared to the [U.S. Outer Territories and Associated States’ education laws](#)
- [Descriptions of Curricula and Programs across the United States.](#)

U.S. OUTER TERRITORIES AND ASSOCIATED STATES

For the last 15 years, SIECUS has released the SIECUS State Profiles to provide an overview of federally funded adolescent sexual health promotion and abstinence-only-until-marriage (AOUM) programs in the United States. Indeed, the SIECUS State Profiles’ annual reporting provides invaluable insight into how funds for these programs are used and implemented in every state, the District of Columbia, and U.S. territories.

Unfortunately, the 2018 SIECUS State Profiles do not include the level of information that readers have come to expect. SIECUS has been unable to obtain information detailing federal funds issued through the Department of Health and Human Services’ (HHS) Office of Adolescent Health (OAH) and Federal Youth Service Bureau (FYSB). In February 2019, new information regarding FYSB FY 2019 grantees was released, but FY 2018 award amounts and grantee profiles for FYSB programs remain publicly unavailable.

The information SIECUS seeks to obtain is imperative for understanding how federal funding is used and the ways in which adolescent sexual health promotion and AOUM programs are designed and implemented. In place of the missing data, this report will instead highlight some of the adverse, and potentially unlawful, actions that agencies under the Trump administration have taken to subvert the commitment to adolescent sexual health information that these programs were founded upon.

This omission of information reinforces the need to broadcast this well-documented truth: AOUM programs (now being called “Sexual Risk Avoidance”) are ineffective.¹

Furthermore, SIECUS will continue to seek full transparency in reporting; push Congress to pursue its oversight authority; and ensure that policymakers and the public continue to receive accurate, up-to-date information needed to inform appropriate and effective use of public resources to advance the health and well-being of our nation’s youth.

SEXUALITY EDUCATION LAW AND POLICY

AMERICAN SAMOA

The American Samoa Department of Education health education program includes a human immunodeficiency virus (HIV) School Health Project, which provides education about HIV infection and acquired immunodeficiency syndrome (AIDS) to students. Students in grades 7-12 also receive information on sexually transmitted diseases (STDs), HIV/AIDS, and teen pregnancy through the Teenage Health Teaching Modules, which address issues affecting adolescents.² This program teaches students interpersonal communication, “refusal skills, self-esteem, decision-making, and role playing.”³

With the goal of reducing HIV infection, schools encourage students “to abstain from sexual intercourse, to not inject drugs, and, when deemed appropriate, to consistently and correctly use latex condoms to prevent HIV infection, if they become sexually active.”⁴

GUAM

Beginning in 9th grade, students in Guam learn about “Family Life and Human Sexuality.”⁵ The School Health Education Program of Guam addresses the “prevention of risk behaviors,” including “sexual behaviors that contribute to unintended pregnancy, HIV infection, and other [STDs].” The program’s goal is to “improve educational outcomes in Guam’s schools.”⁶ In the [Guam Department of Education K-12 Content Standards and Performance Indicators](#), pregnancy, sexually transmitted infections (STIs), and HIV are mentioned in Content Standard 1: Health Promotion and Disease Prevention.⁷

U.S. VIRGIN ISLANDS

[U.S. Virgin Islands Code, Title XVII Ch.5, § 41](#), requires sex education, including AIDS prevention education, to be a component of the health curriculum taught to students in grades K–12.⁸

REPUBLIC OF THE MARSHALL ISLANDS

Sex education is a requirement for all schools in the Republic of the Marshall Islands. The [Republic of the Marshall Islands Public School System Content Standards and Performance Indicators](#) refer to sexual activity as a risk behavior and suggest teaching refusal skills as well as “how STDs are transmitted and treated and behaviors that can protect against their transmission.”⁹ Refusal skills are taught as early as 4th grade. School curriculum includes HIV education, which is taught to both primary and secondary school students.¹⁰

REPUBLIC OF PALAU

In Palau’s *Education for All* plan, “providing more effective training on HIV/AIDS issues and policies” is a suggested activity.¹¹ One credit of health is required for graduation.¹²

OTHER U.S. OUTER TERRITORIES AND ASSOCIATED STATES

Sex education laws or related policies for the Commonwealth of the Northern Mariana Islands (CMNI) or the Federated States of Micronesia is unknown at the time of publication.

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 sex education that were introduced or passed by May 31, 2018, please see the most recent analysis of state legislative activity, [SIECUS’ 2018 Sex Ed State Legislative Mid-Year Report](#).

YOUTH SEXUAL HEALTH DATA

Young people are more than their health behaviors and outcomes. For those working to support the sexual health and well-being 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 sex 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 well-being. 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 2018 Executive Summary, [*A Portrait of Sex Education in the States*](#).

U.S. OUTER TERRITORIES AND ASSOCIATED STATES TEEN PREGNANCY, HUMAN IMMUNODEFICIENCY VIRUS (HIV)/ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS), AND OTHER SEXUALLY TRANSMITTED DISEASE (STD) DATA

The following data from the Centers for Disease Control and Prevention (CDC) and the Guttmacher Institute represent the most recent, uniform, state-specific statistics documenting teen pregnancy, birth, abortion, HIV/AIDS, and other STDs.¹³ While certain individual states may have more recent teen pregnancy or abortion data available, the data provided here represent cohesive information available for states across the nation. For those supporting the sexual health and well-being of young people, it is important to use the data to advance their access to comprehensive education, resources, and services. However, the data are 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 well-being, 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.

AMERICAN SAMOA TEEN PREGNANCY AND HIV/AIDS DATA

Teen Pregnancy, Birth, and Abortion

- In 2015, American Samoa's reported teen birth rate was 46.9 births per 1,000 young women ages 15–19, compared to the U.S. national rate of 22.3 per 1,000.¹⁴

HIV and AIDS

- In 2016, the reported rate of diagnoses of HIV infection among adolescents ages 13–19 in American Samoa was 0.0 per 100,000, compared to the U.S. national rate of 5.7 per 100,000.¹⁵
- In 2016, the reported rate of AIDS diagnoses among adolescents ages 13–19 in American Samoa was 0.0 per 100,000, compared to the U.S. national rate of 0.8 per 100,000.¹⁶
- In 2016, the reported rate of diagnoses of HIV infection among young adults ages 20–24 in American Samoa was 0.0 per 100,000, compared to the U.S. national rate of 30.2 per 100,000.¹⁷

- In 2016, the reported rate of AIDS diagnoses among young adults ages 20–24 in American Samoa was 0.0 per 100,000, compared to the U.S. national rate of 5.6 per 100,000.¹⁸

GUAM TEEN PREGNANCY, HIV/AIDS, AND OTHER STD DATA

Teen Pregnancy, Birth, and Abortion

- In 2015, Guam’s reported teen birth rate was 38.3 births per 1,000 young women ages 15–19, compared to the U.S. national rate of 22.3 per 1,000.¹⁹

HIV and AIDS

- In 2016, the reported rate of diagnoses of HIV infection among adolescents ages 13–19 in Guam was 0.0 per 100,000, compared to the U.S. national rate of 5.7 per 100,000.²⁰
- In 2016, the reported rate of AIDS diagnoses among adolescents ages 13–19 in Guam was 0.6 per 100,000, compared to the U.S. national rate of 0.8 per 100,000.²¹
- In 2016, the reported rate of diagnoses of HIV infection among young adults ages 20–24 in Guam was 7.4 per 100,000, compared to the U.S. national rate of 30.2 per 100,000.²²
- In 2016, the reported rate of AIDS diagnoses among young adults ages 20–24 in Guam was 7.4 per 100,000, compared to the U.S. national rate of 5.6 per 100,000.²³

STDs

- In 2016, the infection rate of chlamydia reported among young people ages 15–19 in Guam was 710.3 cases per 100,000, compared to the U.S. national rate of 1,929.2 per 100,000. In 2016, there were a total of 100 cases of chlamydia among young people ages 15–19 reported in Guam.²⁴
- In 2016, the infection rate of gonorrhea reported among young people ages 15–19 in Guam was 71 cases per 100,000, compared to the U.S. national rate of 379.8 per 100,000. In 2016, there were a total of 10 cases of gonorrhea among young people ages 15–19 reported in Guam.²⁵
- In 2016, the infection rate of primary and secondary syphilis reported among young people ages 15–19 in Guam was 0.0 cases per 100,000, compared to the national rate of 6.1 per 100,000. In 2016, there were a total of 0 cases of syphilis reported among young people ages 15–19 in Guam.²⁶

Visit OAH’s [Guam Adolescent Health Facts](#) for additional information.

NORTHERN MARIANA ISLANDS TEEN PREGNANCY AND HIV/AIDS DATA

Teen Pregnancy, Birth, and Abortion

- In 2015, the Northern Mariana Islands’ reported teen birth rate was 36.9 births per 1,000 young women ages 15–19, compared to the U.S. national rate of 22.3 per 1,000.²⁷

HIV and AIDS

- In 2016, the reported rate of diagnoses of HIV infection among adolescents ages 13–19 in Northern Mariana Islands was 0.0 per 100,000, compared to the U.S. national rate of 5.7 per 100,000.²⁸

- In 2016, the reported rate of AIDS diagnoses among adolescents ages 13–19 in Northern Mariana Islands was 0.0 per 100,000, compared to the U.S. national rate of 0.8 per 100,000.²⁹
- In 2016, the reported rate of diagnoses of HIV infection among young adults ages 20–24 in Northern Mariana Islands was 0.0 per 100,000, compared to the U.S. national rate of 30.2 per 100,000.³⁰
- In 2016, the reported rate of AIDS diagnoses among young adults ages 20–24 in Northern Mariana Islands was 0.0 per 100,000, compared to the U.S. national rate of 5.6 per 100,000.³¹

Visit OAH's [Northern Mariana Islands Adolescent Health Facts](#) for additional information.

U.S. VIRGIN ISLANDS TEEN PREGNANCY, HIV/AIDS, AND OTHER STD DATA

Teen Pregnancy, Birth, and Abortion

- In 2015, the U.S. Virgin Islands reported teen birth rate was 39.1 births per 1,000 young women ages 15–19, compared to the U.S. national rate of 22.3 per 1,000.³²

HIV and AIDS

- In 2016, the reported rate of diagnoses of HIV infection among adolescents ages 13–19 in the U.S. Virgin Islands was 0.0 per 100,000, compared to the U.S. national rate of 5.7 per 100,000.³³
- In 2016, the reported rate of AIDS diagnoses among adolescents ages 13–19 in the U.S. Virgin Islands was 0.0 per 100,000, compared to the U.S. national rate of 0.8 per 100,000.³⁴
- In 2016, the reported rate of diagnoses of HIV infection among young adults ages 20–24 in the U.S. Virgin Islands was 65.8 per 100,000, compared to the U.S. national rate of 30.2 per 100,000.³⁵
- In 2016, the reported rate of AIDS diagnoses among young adults aged 20–24 years in the U.S. Virgin Islands was 0.0 per 100,000, compared to the U.S. national rate of 5.6 per 100,000.³⁶

STDs

- In 2016, the reported infection rate of chlamydia among young people ages 15–19 in the U.S. Virgin Islands was 2,958.1 cases per 100,000, compared to the national rate of 1,929.2 per 100,000. In 2016, there were a total of 154 cases of chlamydia among young people ages 15–19 reported in the U.S. Virgin Islands.³⁷
- In 2016, the reported infection rate of gonorrhea among young people ages 15–19 in the U.S. Virgin Islands was 96 cases per 100,000, compared to the national rate of 379.8 per 100,000. In 2016, there were a total of 5 cases of gonorrhea among young people ages 15–19 reported in the U.S. Virgin Islands.³⁸

REPUBLIC OF PALAU HIV/AIDS DATA

HIV and AIDS

- In 2016, the reported rate of diagnoses of HIV infection among adolescents ages 13–19 in the Republic of Palau was 0.0 per 100,000, compared to the U.S. national rate of 5.7 per 100,000.³⁹

- In 2016, the reported rate of AIDS diagnoses among adolescents ages 13–19 in the Republic of Palau was 0.0 per 100,000, compared to the U.S. national rate of 0.8 per 100,000.⁴⁰
- In 2016, the reported rate of diagnoses of HIV infection among young adults ages 20–24 in the Republic of Palau was 53.2 per 100,000, compared to the U.S. national rate of 30.2 per 100,000.⁴¹
- In 2016, the reported rate of AIDS diagnoses among young adults ages 20–24 in the Republic of Palau was 0.0 per 100,000, compared to the U.S. national rate of 5.6 per 100,000.⁴²

Visit OAH’s [Palau Adolescent Health Facts](#) for additional information.

OTHER U.S. OUTER TERRITORIES AND ASSOCIATED STATES

There is no youth sexual health data available for the Federated States of Micronesia or the Republic of the Marshall Islands.

U.S. OUTER TERRITORIES AND ASSOCIATED STATES YOUTH RISK BEHAVIOR SURVEY (YRBS) DATA⁴³

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 Alabama. 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 Youth Risk Behavior Survey (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 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.”⁴⁴

AMERICAN SAMOA YRBS DATA

Reported ever having had sexual intercourse

- In 2013, 27.2% of female high school students and 44.2% of male high school students in American Samoa 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, 47.2% of Hispanic high school students and 34.3% of Native Hawaiian or Other Pacific Islander (NHOPI) high school students in American Samoa reported ever having had sexual intercourse, compared to 49.2% of Hispanic high school students and 43.8% of NHOPI high school students nationwide.

Reported having had sexual intercourse before age 13

- In 2013, 4% of female high school students and 13% of male high school students in American Samoa 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, 15.9% of Hispanic high school students and 7.5% of NHOPI high school students in American Samoa reported having had sexual intercourse before age 13, compared to 6.4% of Hispanic high school students and 3.3% of NHOPI high school students nationwide.

Reported being currently sexually active

- In 2013, 18.4% of female high school students and 29.8% of male high school students in American Samoa reported being currently sexually active, compared to 35.2% of female high school students and 32.7% of male high school students nationwide.
- In 2013, 30.4% of Hispanic high school students and 23.2% of NHOPI high school students in American Samoa reported being currently sexually active, compared to 34.7% of Hispanic high school students and 33.2% of NHOPI high school students nationwide.

Reported not using a condom during last sexual intercourse

- In 2013, 70.8% of female high school students and 50.4% of male high school students in American Samoa 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, 58.4% of NHOPI high school students in American Samoa reported not using a condom during their last sexual intercourse. Comparative national data for NHOPI high school students are unavailable.

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

- In 2013, 45.5% of female high school students and 31.8% of male high school students in American Samoa 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, 36.1% of NHOPI high school students in American Samoa reported not using any method to prevent pregnancy during their last sexual intercourse. Comparative national data for NHOPI high school students are unavailable.

Reported having had alcohol or used drugs during last sexual intercourse⁴⁵

- In 2013, 22.7% of female high school students and 37.8% of male high school students in American Samoa reported having had 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, 32.7% of NHOPI high school students in American Samoa reported having had alcohol or used drugs during their last sexual intercourse. Comparative national data for NHOPI high school students are unavailable.

Reported never having been tested for HIV

- In 2013, 86.7% of female high school students and 82.1% of male high school students in American Samoa 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.
- In 2013, 82.1% of Hispanic high school students and 84.4% of NHOPI high school students in American Samoa reported never having been tested for HIV, compared to

87.2% of Hispanic high school students and 80.3% of NHOPI high school students nationwide.

Reported having been physically forced to have sexual intercourse

- In 2013, 26% of female high school students and 21.5% of male high school students in American Samoa 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, 35.8% of Hispanic high school students and 22.9% of NHOPI high school students in American Samoa reported having been physically forced to have sexual intercourse, compared to 8.7% of Hispanic high school students and 9.7% of NHOPI high school students nationwide.

Reported experiencing sexual dating violence

- In 2013, 38.7% of female high school students and 32.1% of male high school students in American Samoa reported experiencing sexual dating violence in the prior year, compared to 14.4% of female high school students and 6.2% of male high school students nationwide.
- In 2013, 47.5% of Hispanic high school students and 34.7% of NHOPI high school students in American Samoa reported experiencing sexual dating violence in the prior year, compared to 11.5% of Hispanic high school students nationwide. Comparative national data for NHOPI high school students are unavailable.

Reported experiencing physical dating violence

- In 2013, 16.4% of female high school students and 18% of male high school students in American Samoa reported experiencing physical dating violence in the prior year, compared to 13% of female high school students and 7.4% of male high school students nationwide.
- In 2013, 21.6% of Hispanic high school students and 16.8% of NHOPI high school students in American Samoa reported experiencing physical dating violence in the prior year, compared to 10.4% of Hispanic high school students nationwide. Comparative national data for NHOPI high school students are unavailable.

U.S. VIRGIN ISLANDS YRBS DATA

The U.S. Virgin Islands did not participate in the 2013, 2015, or 2017 YRBS.

GUAM YRBS DATA⁴⁶

Reported ever having had sexual intercourse

- In 2017, 32.4% of female high school students and 34.8% of male high school students in Guam reported ever having had sexual intercourse, compared to 37.7% of female high school students and 41.4% of male high school students nationwide.
- In 2017, 41.4% of lesbian, gay, or bisexual (LGB) high school students, 21.9% of high school students who were unsure of their sexual orientation, and 33.2% of heterosexual high school students in Guam reported ever having had sexual intercourse, compared to 48.4% of

LGB high school students, 28.4% of high school students who were unsure of their sexual orientation, and 39.1% of heterosexual high school students nationwide.

- In 2017, 18.4% of Asian high school students, 39.5% of Native Hawaiian or Other Pacific Islander (NHOPI) high school students, and 38.4% of high school students who identified as multiple races in Guam reported ever having had sexual intercourse, compared to 16.5% of Asian high school students, 48.1% of NHOPI high school students, and 41.6% of high school students who identified as multiple races nationwide.

Reported having had sexual intercourse before age 13

- In 2017, 1.5% of female high school students and 7.8% of male high school students in Guam reported having had sexual intercourse before age 13, compared to 2% of female high school students and 4.8% of male high school students nationwide.
- In 2017, 3.3% of LGB high school students, 7.1% of high school students who were unsure of their sexual orientation, and 4.1% of heterosexual high school students in Guam reported having had sexual intercourse before age 13, compared to 6.1% of LGB high school students, 4.1% of high school students who were unsure of their sexual orientation, and 3% of heterosexual high school students nationwide.
- In 2017, 1.1% of Asian high school students, 5.1% of NHOPI high school students, and 2.3% of high school students who identified as multiple races in Guam reported having had sexual intercourse before age 13, compared to 1.3% of Asian high school students and 5% of high school students who identified as multiple races nationwide. Comparative national data for NHOPI high school students are unavailable.

Reported being currently sexually active

- In 2017, 24.8% of female high school students and 23.3% of male high school students in Guam reported being currently sexually active, compared to 28.8% of female high school students and 28.6% of male high school students nationwide.
- In 2017, 32.3% of LGB high school students, 14.5% of high school students who were unsure of their sexual orientation, and 23.5% of heterosexual high school students in Guam reported being currently sexually active, compared to 33.7% of LGB high school students, 19.8% of high school students who were unsure of their sexual orientation, and 28.5% of heterosexual high school students nationwide.
- In 2017, 13% of Asian high school students, 28.7% of NHOPI high school students, and 25.9% of high school students who identified as multiple races in Guam reported being currently sexually active, compared to 12.6% of Asian high school students and 29.2% of high school students who identified as multiple races nationwide. Comparative national data for NHOPI high school students are unavailable.

Reported not using a condom during last sexual intercourse

- In 2017, 69.6% of female high school students and 58.1% of male high school students in Guam reported not using a condom during their last sexual intercourse, compared to 53.1% of female high school students and 38.7% of male high school students nationwide.
- In 2017, 65.1% of NHOPI high school students in Guam reported not using a condom during their last sexual intercourse. Comparative national data for NHOPI high school students are unavailable.

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

- In 2017, 34.7% of female high school students and 30.5% of male high school students in Guam reported not using any method to prevent pregnancy during their last sexual intercourse, compared to 16.7% of female high school students and 10.5% of male high school students nationwide.
- In 2017, 34.3% of NHOPI high school students in Guam reported not using any method to prevent pregnancy during their last sexual intercourse. Comparative national data for NHOPI high school students are unavailable.

Reported having had alcohol or used drugs during last sexual intercourse⁴⁷

- In 2017, 8% of female high school students and 18.4% of male high school students in Guam reported having had alcohol or used drugs during their last sexual intercourse, compared to 15.9% of female high school students and 21.6% of male high school students nationwide.
- In 2017, 12% of NHOPI high school students in Guam reported having had alcohol or used drugs during their last sexual intercourse. Comparative national data for NHOPI high school students are unavailable.

Reported never having been tested for HIV

- In 2017, 76.8% of female high school students and 80.5% of male high school students in Guam reported never having been tested for HIV, compared to 89.5% of female high school students and 91.9% of male high school students nationwide.
- In 2017, 75.3% of LGB high school students, 77% of high school students who were unsure of their sexual orientation, and 79.3% of heterosexual high school students in Guam reported never having been tested for HIV, compared to 86% of LGB high school students, 92.6% of high school students who were unsure of their sexual orientation, and 90.9% of heterosexual high school students nationwide.
- In 2017, 83.4% of Asian high school students, 76.7% of NHOPI high school students, and 75.9% of high school students who identified as multiple races in Guam reported never having been tested for HIV, compared to 92.8% of Asian high school students, 86.8% of NHOPI high school students, and 88.4% of high school students who identified as multiple races nationwide.

Reported having been physically forced to have sexual intercourse

- In 2017, 13.9% of female high school students and 9.6% of male high school students in Guam reported having been physically forced to have sexual intercourse, compared to 11.3% of female high school students and 3.5% of male high school students nationwide.
- In 2017, 16.7% of LGB high school students, 6% of high school students who were unsure of their sexual orientation, and 10.9% of heterosexual high school students in Guam reported having been physically forced to have sexual intercourse, compared to 21.9% of LGB high school students, 13.1% of high school students who were unsure of their sexual orientation, and 5.4% of heterosexual high school students nationwide.
- In 2017, 5.8% of Asian high school students, 13.8% of NHOPI high school students, and 14.5% of high school students who identified as multiple races in Guam reported having been physically forced to have sexual intercourse, compared to 4.6% of Asian high school students, 8.2% of NHOPI high school students, and 9.6% of high school students who identified as multiple races nationwide.

Reported experiencing sexual dating violence

- In 2017, 11.5% of female high school students and 6.1% of male high school students in Guam reported experiencing sexual dating violence in the prior year, compared to 10.7% of female high school students and 2.8% of male high school students nationwide.
- In 2017, 10.3% of LGB high school students, 34.2% of high school students who were unsure of their sexual orientation, and 7.9% of heterosexual high school students in Guam reported experiencing sexual dating violence in the prior year, compared to 15.8% of LGB high school students, 14.1% of high school students who were unsure of their sexual orientation, and 5.5% of heterosexual high school students nationwide.
- In 2017, 9.2% of Asian high school students and 8.8% of NHOPI high school students in Guam reported experiencing sexual dating violence in the prior year, compared to 7.7% of Asian high school students nationwide. Comparative national data for NHOPI high school students are unavailable.

Reported experiencing physical dating violence

- In 2017, 14.4% of female high school students and 10.9% of male high school students in Guam reported experiencing physical dating violence in the prior year, compared to 9.1% of female high school students and 6.5% of male high school students nationwide.
- In 2017, 20.7% of LGB high school students, 42% of high school students who were unsure of their sexual orientation, and 10% of heterosexual high school students in Guam reported experiencing physical dating violence in the prior year, compared to 17.2% of LGB high school students, 14.1% of high school students who were unsure of their sexual orientation, and 6.4% of heterosexual high school students nationwide.
- In 2017, 10.9% of Asian high school students and 13.5% of NHOPI high school students in Guam reported experiencing physical dating violence in the prior year, compared to 6.1% of

Asian high school students nationwide. Comparative national data for NHOPI high school students are unavailable.

NORTHERN MARIANA ISLANDS YRBS DATA⁴⁸

Reported ever having had sexual intercourse

- In 2017, 34.1% of female high school students and 33.4% of male high school students in the Northern Mariana Islands reported ever having had sexual intercourse, compared to 37.7% of female high school students and 41.4% of male high school students nationwide.
- In 2017, 42.8% of lesbian, gay, or bisexual (LGB) high school students, 18% of high school students who were unsure of their sexual orientation, and 33.2% of heterosexual high school students in the Northern Mariana Islands reported ever having had sexual intercourse, compared to 48.4% of LGB high school students, 28.4% of high school students who were unsure of their sexual orientation, and 39.1% of heterosexual high school students nationwide.
- In 2017, 21.2% of Asian high school students and 45.1% of Native Hawaiian or Other Pacific Islander (NHOPI) high school students in the Northern Mariana Islands reported ever having had sexual intercourse, compared to 16.5% of Asian high school students and 48.1% of NHOPI high school students nationwide.

Reported having had sexual intercourse before age 13

- In 2017, 3.1% of female high school students and 5.1% of male high school students in the Northern Mariana Islands reported having had sexual intercourse before age 13, compared to 2% of female high school students and 4.8% of male high school students nationwide.
- In 2017, 3.8% of LGB high school students, 0.9% of high school students who were unsure of their sexual orientation, and 4.2% of heterosexual high school students in the Northern Mariana Islands reported having had sexual intercourse before age 13, compared to 6.1% of LGB high school students, 4.1% of high school students who were unsure of their sexual orientation, and 3% of heterosexual high school students nationwide.
- In 2017, 1.6% of Asian high school students and 5.8% of NHOPI high school students in the Northern Mariana Islands reported having had sexual intercourse before age 13, compared to 1.3% of Asian high school students nationwide. Comparative national data for NHOPI high school students are unavailable.

Reported being currently sexually active

- In 2017, 25.7% of female high school students and 22.8% of male high school students in the Northern Mariana Islands reported being currently sexually active, compared to 28.8% of female high school students and 28.6% of male high school students nationwide.
- In 2017, 28.5% of LGB high school students, 12% of high school students who were unsure of their sexual orientation, and 24.4% of heterosexual high school students in the Northern Mariana Islands reported being currently sexually active, compared to 33.7% of LGB high

school students, 19.8% of high school students who were unsure of their sexual orientation, and 28.5% of heterosexual high school students nationwide.

- In 2017, 16.1% of Asian high school students and 31.9% of NHOPI high school students in the Northern Mariana Islands reported being currently sexually active, compared to 12.6% of Asian high school students nationwide. Comparative national data for NHOPI high school students are unavailable.

Reported not using a condom during last sexual intercourse

- In 2017, 53.5% of female high school students and 39.5% of male high school students in the Northern Mariana Islands reported not using a condom during their last sexual intercourse, compared to 53.1% of female high school students and 38.7% of male high school students nationwide.
- In 2017, 46.2% of LGB high school students and 48.4% of heterosexual high school students in the Northern Mariana Islands reported not using a condom during their last sexual intercourse, compared to 60.1% of LGB high school students and 43.9% of heterosexual high school students nationwide.
- In 2017, 53% of NHOPI high school students in the Northern Mariana Islands reported not using a condom during their last sexual intercourse. Comparative national data for NHOPI high school students are unavailable.

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

- In 2017, 28.6% of female high school students and 17.5% of male high school students in the Northern Mariana Islands reported not using any method to prevent pregnancy during their last sexual intercourse, compared to 16.7% of female high school students and 10.5% of male high school students nationwide.
- In 2017, 33% of LGB high school students and 23% of heterosexual high school students in the Northern Mariana Islands reported not using any method to prevent pregnancy during their last sexual intercourse, compared to 27.4% of LGB high school students and 11.5% of heterosexual high school students nationwide.
- In 2017, 24.8% of NHOPI high school students in the Northern Mariana Islands reported not using any method to prevent pregnancy during their last sexual intercourse. Comparative national data for NHOPI high school students are unavailable.

Reported having had alcohol or used drugs during last sexual intercourse⁴⁹

- In 2017, 21.1% of female high school students and 27.9% of male high school students in the Northern Mariana Islands reported having had alcohol or used drugs during their last sexual intercourse, compared to 15.9% of female high school students and 21.6% of male high school students nationwide.
- In 2017, 29.8% of LGB high school students and 23% of heterosexual high school students in the Northern Mariana Islands reported having had alcohol or used drugs during their last

sexual intercourse, compared to 20.3% of LGB high school students and 18% of heterosexual high school students nationwide.

- In 2017, 16.6% of Asian high school students and 25.5% of NHOPI high school students in the Northern Mariana Islands reported having had alcohol or used drugs during their last sexual intercourse. Comparative national data for Asian and NHOPI high school students are unavailable.

Reported never having been tested for HIV

- In 2017, 83.3% of female high school students and 80.5% of male high school students in the Northern Mariana Islands reported never having been tested for HIV, compared to 89.5% of female high school students and 91.9% of male high school students nationwide.
- In 2017, 78.3% of LGB high school students, 86.7% of high school students who were unsure of their sexual orientation, and 82.1% of heterosexual high school students in the Northern Mariana Islands reported never having been tested for HIV, compared to 86% of LGB high school students, 92.6% of high school students who were unsure of their sexual orientation, and 90.9% of heterosexual high school students nationwide.
- In 2017, 87.5% of Asian high school students and 78.2% of NHOPI high school students in the Northern Mariana Islands reported never having been tested for HIV, compared to 92.8% of Asian high school students and 86.8% of NHOPI high school students nationwide.

Reported having been physically forced to have sexual intercourse

- In 2017, 17.6% of female high school students and 8.4% of male high school students in the Northern Mariana Islands reported having been physically forced to have sexual intercourse, compared to 11.3% of female high school students and 3.5% of male high school students nationwide.
- In 2017, 22.7% of LGB high school students, 17.4% of high school students who were unsure of their sexual orientation, and 11% of heterosexual high school students in the Northern Mariana Islands reported having been physically forced to have sexual intercourse, compared to 21.9% of LGB high school students, 13.1% of high school students who were unsure of their sexual orientation, and 5.4% of heterosexual high school students nationwide.
- In 2017, 8.1% of Asian high school students, 26.1% of Hispanic high school students, and 15.2% of NHOPI high school students in the Northern Mariana Islands reported having been physically forced to have sexual intercourse, compared to 4.6% of Asian high school students, 7.3% of Hispanic high school students, and 8.2% of NHOPI high school students nationwide.

Reported experiencing sexual dating violence

- In 2017, 10.8% of female high school students and 5.6% of male high school students in the Northern Mariana Islands reported experiencing sexual dating violence in the prior year,

compared to 10.7% of female high school students and 2.8% of male high school students nationwide.

- In 2017, 18.8% of LGB high school students, 18.4% of high school students who were unsure of their sexual orientation, and 6.3% of heterosexual high school students in the Northern Mariana Islands reported experiencing sexual dating violence in the prior year, compared to 15.8% of LGB high school students, 14.1% of high school students who were unsure of their sexual orientation, and 5.5% of heterosexual high school students nationwide.
- In 2017, 8.2% of Asian high school students and 5.7% of NHOPI high school students in the Northern Mariana Islands reported experiencing sexual dating violence in the prior year, compared to 7.7% of Asian high school students nationwide. Comparative national data for NHOPI high school students are unavailable.

Reported experiencing physical dating violence

- In 2017, 8.6% of female high school students and 9.3% of male high school students in the Northern Mariana Islands reported experiencing physical dating violence in the prior year, compared to 9.1% of female high school students and 6.5% of male high school students nationwide.
- In 2017, 15.2% of LGB high school students, 10.2% of high school students who were unsure of their sexual orientation, and 7.8% of heterosexual high school students in the Northern Mariana Islands reported experiencing physical dating violence in the prior year, compared to 17.2% of LGB high school students, 14.1% of high school students who were unsure of their sexual orientation, and 6.4% of heterosexual high school students nationwide.
- In 2017, 7% of Asian high school students and 9% of NHOPI high school students in the Northern Mariana Islands reported experiencing physical dating violence in the prior year, compared to 6.1% of Asian high school students nationwide. Comparative national data for NHOPI high school students are unavailable.

REPUBLIC OF THE MARSHALL ISLANDS YRBS DATA

The Republic of the Marshall Islands did not participate in the 2013, 2015, or 2017 YRBS.

FEDERATED STATES OF MICRONESIA YRBS DATA

The Federated States of Micronesia did not participate in the 2013, 2015, or 2017 YRBS.

REPUBLIC OF PALAU YRBS DATA⁵⁰

Reported ever having had sexual intercourse

- In 2013, 31.9% of female high school students and 46.4% of male high school students in the Republic of Palau reported ever having had sexual intercourse, compared to 46% of female high school students and 47.5% of male high school students nationwide.

Reported having had sexual intercourse before age 13

- In 2013, 4.2% of female high school students and 11% of male high school students in the Republic of Palau 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.

Reported being currently sexually active

- In 2013, 24.1% of female high school students and 28.2% of male high school students in the Republic of Palau reported being currently sexually active, compared to 35.2% of female high school students and 32.7% of male high school students nationwide.

Reported having been physically forced to have sexual intercourse

- In 2013, 16.2% of female high school students and 20.3% of male high school students in the Republic of Palau 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.

Reported experiencing sexual dating violence

- In 2013, 25.4% of female high school students and 34.3% of male high school students in the Republic of Palau reported experiencing sexual dating violence in the prior year, compared to 14.4% of female high school students and 6.2% of male high school students nationwide.

Reported experiencing physical dating violence

- In 2013, 20.8% of female high school students and 33.3% of male high school students in the Republic of Palau reported experiencing physical dating violence in the prior year, compared to 13% of female high school students and 7.4% of male high school students nationwide.

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

U.S. OUTER TERRITORIES AND ASSOCIATED STATES SCHOOL HEALTH PROFILES DATA⁵¹

In 2017, the CDC released the School Health Profiles, which measure school health policies and practices and highlight which health topics were taught in schools across the country. Since the data were 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.⁵² In the School Health Profiles, the CDC identifies 19 sexual education topics that it believes are critical to a young person's sexual health. Below are key instruction highlights for secondary schools in the Northern Mariana Islands, Guam, and the Republic of Palau as reported for the 2015–2016 school year. The CDC did not collect information as to instruction on the 19 critical sexual education topics in the other U.S. Outer Territories and Associated States.

19 CRITICAL SEXUAL EDUCATION TOPICS IDENTIFIED BY THE CDC

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

Source: School Health Profiles, 2016

NORTHERN MARIANA ISLANDS SCHOOL HEALTH PROFILES DATA

Reported teaching all 19 critical sexual health education topics

- 57.1% of Northern Mariana Islands secondary schools taught students all 19 critical sexual health education topics in a required course in any of grades 6, 7, or 8.⁵³
- 60% of Northern Mariana Islands secondary schools taught students all 19 critical sexual health education topics in a required course in any of grades 9, 10, 11, or 12.⁵⁴

Reported teaching about the benefits of being sexually abstinent

- 85.7% of Northern Mariana Islands secondary schools taught students about the benefits of being sexually abstinent in a required course in any of grades 6, 7, or 8.⁵⁵
- 80% of Northern Mariana Islands secondary schools taught students about the benefits of being sexually abstinent in a required course in any of grades 9, 10, 11, or 12.⁵⁶

Reported teaching how to access valid and reliable information, products, and services related to HIV, other STDs, and pregnancy

- 85.7% of Northern Mariana Islands 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 8.⁵⁷
- 80% of Northern Mariana Islands 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 12.⁵⁸

Reported teaching how to create and sustain healthy and respectful relationships

- 85.7% of Northern Mariana Islands secondary schools taught students how to create and sustain healthy and respectful relationships in a required course in any of grades 6, 7, or 8.⁵⁹
- 80% of Northern Mariana Islands 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 12.⁶⁰

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

- 85.7% of Northern Mariana Islands 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 8.⁶¹
- 80% of Northern Mariana Islands 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 12.⁶²

Reported teaching how to correctly use a condom

- 85.7% of Northern Mariana Islands secondary schools taught students how to correctly use a condom in a required course in any of grades 6, 7, or 8.⁶³
- 80% of Northern Mariana Islands secondary schools taught students how to correctly use a condom in a required course in any of grades 9, 10, 11, or 12.⁶⁴

Reported teaching about methods of contraception other than condoms

- 85.7% of Northern Mariana Islands secondary schools taught students about methods of contraception other than condoms in a required course in any of grades 6, 7, or 8.⁶⁵
- 80% of Northern Mariana Islands secondary schools taught students about methods of contraception other than condoms in a required course in any of grades 9, 10, 11, or 12.⁶⁶

Reported teaching about sexual orientation

- 57.1% of Northern Mariana Islands secondary schools taught students about sexual orientation in a required course in any of grades 6, 7, or 8.⁶⁷
- 60% of Northern Mariana Islands secondary schools taught students about sexual orientation in a required course in any of grades 9, 10, 11, or 12.⁶⁸

Reported teaching about gender roles, gender identity, or gender expression

- 57.1% of Northern Mariana Islands secondary schools taught students about gender roles, gender identity, or gender expression in a required course in any of grades 6, 7, or 8.⁶⁹
- 60% of Northern Mariana Islands secondary schools taught students about gender roles, gender identity, or gender expression in a required course in any of grades 9, 10, 11, or 12.⁷⁰

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

- 80% of Northern Mariana Islands secondary schools provided students with curricula or supplementary materials that included HIV, STD, or pregnancy prevention information relevant to LGBTQ youth.⁷¹

GUAM SCHOOL HEALTH PROFILES DATA

Reported teaching all 19 critical sexual health education topics

- 0% of Guam secondary schools taught students all 19 critical sexual health education topics in a required course in any of grades 6, 7, or 8.⁷²
- 83.3% of Guam secondary schools taught students all 19 critical sexual health education topics in a required course in any of grades 9, 10, 11, or 12.⁷³

Reported teaching about the benefits of being sexually abstinent

- 50% of Guam secondary schools taught students about the benefits of being sexually abstinent in a required course in any of grades 6, 7, or 8.⁷⁴
- 100% of Guam secondary schools taught students about the benefits of being sexually abstinent in a required course in any of grades 9, 10, 11, or 12.⁷⁵

Reported teaching how to access valid and reliable information, products, and services related to HIV, other STDs, and pregnancy

- 50% of Guam 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 8.⁷⁶
- 100% of Guam 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 12.⁷⁷

Reported teaching how to create and sustain healthy and respectful relationships

- 40% of Guam secondary schools taught students how to create and sustain healthy and respectful relationships in a required course in any of grades 6, 7, or 8.⁷⁸
- 100% of Guam 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 12.⁷⁹

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

- 33.3% of Guam 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 8.⁸⁰
- 100% of Guam 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 12.⁸¹

Reported teaching how to correctly use a condom

- 0% of Guam secondary schools taught students how to correctly use a condom in a required course in any of grades 6, 7, or 8.⁸²
- 100% of Guam secondary schools taught students how to correctly use a condom in a required course in any of grades 9, 10, 11, or 12.⁸³

Reported teaching about methods of contraception other than condoms

- 0% of Guam secondary schools taught students about methods of contraception other than condoms in a required course in any of grades 6, 7, or 8.⁸⁴
- 100% of Guam secondary schools taught students about methods of contraception other than condoms in a required course in any of grades 9, 10, 11, or 12.⁸⁵

Reported teaching about sexual orientation

- 0% of Guam secondary schools taught students about sexual orientation in a required course in any of grades 6, 7, or 8.⁸⁶
- 83.3% of Guam secondary schools taught students about sexual orientation in a required course in any of grades 9, 10, 11, or 12.⁸⁷

Reported teaching about gender roles, gender identity, or gender expression

- 0% of Guam secondary schools taught students about gender roles, gender identity, or gender expression in a required course in any of grades 6, 7, or 8.⁸⁸
- 83.3% of Guam secondary schools taught students about gender roles, gender identity, or gender expression in a required course in any of grades 9, 10, 11, or 12.⁸⁹

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

- 50% of Guam secondary schools provided students with curricula or supplementary materials that included HIV, STD, or pregnancy prevention information relevant to LGBTQ youth.⁹⁰

REPUBLIC OF PALAU SCHOOL HEALTH PROFILES DATA

Reported teaching all 19 critical sexual health education topics

- 25% of Republic of Palau secondary schools taught students all 19 critical sexual health education topics in a required course in any of grades 6, 7, or 8.⁹¹
- 100% of Republic of Palau secondary schools taught students all 19 critical sexual health education topics in a required course in any of grades 9, 10, 11, or 12.⁹²

Reported teaching about the benefits of being sexually abstinent

- 87.5% of Republic of Palau secondary schools taught students about the benefits of being sexually abstinent in a required course in any of grades 6, 7, or 8.⁹³

- 100% of Republic of Palau secondary schools taught students about the benefits of being sexually abstinent in a required course in any of grades 9, 10, 11, or 12.⁹⁴

Reported teaching how to access valid and reliable information, products, and services related to HIV, other STDs, and pregnancy

- 85.7% of Republic of Palau 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 8.⁹⁵
- 100% of Republic of Palau 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 12.⁹⁶

Reported teaching how to create and sustain healthy and respectful relationships

- 85.7% of Republic of Palau secondary schools taught students how to create and sustain healthy and respectful relationships in a required course in any of grades 6, 7, or 8.⁹⁷
- 100% of Republic of Palau 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 12.⁹⁸

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

- 71.4% of Republic of Palau 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 8.⁹⁹
- 100% of Republic of Palau 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 12.¹⁰⁰

Reported teaching how to correctly use a condom

- 25% of Republic of Palau secondary schools taught students how to correctly use a condom in a required course in any of grades 6, 7, or 8.¹⁰¹
- 100% of Republic of Palau secondary schools taught students how to correctly use a condom in a required course in any of grades 9, 10, 11, or 12.¹⁰²

Reported teaching about methods of contraception other than condoms

- 37.5% of Republic of Palau secondary schools taught students about methods of contraception other than condoms in a required course in any of grades 6, 7, or 8.¹⁰³
- 100% of Republic of Palau secondary schools taught students about methods of contraception other than condoms in a required course in any of grades 9, 10, 11, or 12.¹⁰⁴

Reported teaching about sexual orientation

- 37.5% of Republic of Palau secondary schools taught students about sexual orientation in a required course in any of grades 6, 7, or 8.¹⁰⁵

- 100% of Republic of Palau secondary schools taught students about sexual orientation in a required course in any of grades 9, 10, 11, or 12.¹⁰⁶

Reported teaching about gender roles, gender identity, or gender expression

- 85.7% of Republic of Palau secondary schools taught students about gender roles, gender identity, or gender expression in a required course in any of grades 6, 7, or 8.¹⁰⁷
- 100% of Republic of Palau secondary schools taught students about gender roles, gender identity, or gender expression in a required course in any of grades 9, 10, 11, or 12.¹⁰⁸

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

- 18.2% of Republic of Palau secondary schools provided students with curricula or supplementary materials that included HIV, STD, or pregnancy prevention information relevant to LGBTQ youth.¹⁰⁹

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

FEDERAL FUNDING FOR SEX EDUCATION, UNINTENDED TEEN PREGNANCY, HUMAN IMMUNODEFICIENCY VIRUS (HIV) AND OTHER SEXUALLY TRANSMITTED DISEASE (STD) PREVENTION, AND ABSTINENCE-ONLY-UNTIL-MARRIAGE (AOUM) PROGRAMS

Congress provides funding for evidence-based and innovative approaches to sex education through the CDC, OAH, and FYSB. These programs support the implementation of comprehensive sexuality education components and prioritize prevention of unintended pregnancy, HIV, and other STIs among young people. The following is an overview of the federal programs and funding awarded to this state. Throughout this section, all programs are identified as they appear in official, federal documentation. However, SIECUS believes that AOUM, or so-called “Sexual Risk Avoidance,” programs are not to be identified as “educational.” These programs’ practice of withholding information from young people is not education but is, rather, the absence of education.

FEDERAL FUNDING IN THE U.S. OUTER TERRITORIES AND ASSOCIATED STATES

Grantee	FY17 Award	FY18 Award
Division of Adolescent and School Health (DASH)		
The Commonwealth of the Northern Marianas Public School System	\$10,000	N/A
Guam Department of Education	\$12,000	N/A
TOTAL	\$22,000	N/A
Teen Pregnancy Prevention Program (TPPP)		
TPPP Tier 1B		
Youth to Youth in Health (Marshall Islands)	\$583,000	N/A*
TOTAL	\$583,000	N/A*

Personal Responsibility Education Program (PREP)		
PREP State-Grant Program		
Republic of Palau (federal grant)	\$250,000	Data withheld
Virgin Islands Department of Human Services	\$250,000	Data withheld
The Federated States of Micronesia Department of Health and Social Affairs	\$250,000	Data withheld
Guam Department of Education (federal grant)	\$250,000	Data withheld
TOTAL	\$1,000,000	Data withheld
Competitive Personal Responsibility Education Program (CPREP)		
CNMI Public School System	\$250,000	Data withheld
Intersections, Inc. (American Samoa)	\$250,000	Data withheld
WestCare Pacific Islands, Inc. (Guam)	\$500,000	Data withheld
TOTAL	\$1,000,000	Data withheld
Title V Sexual Risk Avoidance Education Program (Title V SRAE)		
Territory of the Federated States of Micronesia	\$47,492	\$47,492
TOTAL	\$47,492	\$47,492
GRAND TOTAL	\$2,652,492	\$47,492

* See Teen Pregnancy Prevention Program section.

DIVISION OF ADOLESCENT AND SCHOOL HEALTH (DASH)

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 2018, through the CDC's Division of Adolescent and School Health (DASH), 28 school districts received funding to help the districts and schools strengthen student health through sexual health education (SHE) that emphasizes HIV and other STD prevention, increases access to key sexual health services (SHS), and establishes safe and supportive environments (SSEs) for students and staff. DASH funded six national, non-governmental organizations (NGOs) to help state and local education agencies achieve these goals.

- In FY 2018, there were no DASH grantees in the U.S. Outer Territories and Associated States funded to strengthen student health through SHE, SHS, and SSEs (1807 Component 2).

DASH also provides funding for state, territorial, local, and tribal 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 2018, there were no DASH grantees in the U.S. Outer Territories and Associated States funded to collect and report YRBS and School Health Profiles data (1807 Component 1).

TEEN PREGNANCY PREVENTION PROGRAM (TPPP)

OAH, within the U.S. Department of Health and Human Services (HHS), administers the Teen Pregnancy Prevention Program (TPPP), which, according to FY 2018 appropriations language, funds evidence-based (Tier 1) or innovative evidence-informed (Tier 2), medically accurate, and age-appropriate programs to reduce teen pregnancy. In FY 2018, total funding for TPPP was \$101 million. OAH also provides program

support, implementation evaluation, and technical assistance to grantees and receives an additional \$6.8 million in funding for evaluation purposes. For detailed information on the current status of TPPP funding, please refer to the explanation below.

Tier 1: Replicating programs – evidence-based,¹¹⁰ medically accurate, and age-appropriate programs to reduce teen pregnancy.

- OAH, under the Trump administration, has refused to fund TPPP Tier 1 grantees in accordance with the law.

Tier 2: New and innovative strategies – evidence-informed, medically accurate, and age-appropriate programs to reduce teen pregnancy.

- In FY 2018, there were no TPPP Tier 2 grantees in the U.S. Outer Territories and Associated States.

Trump Administration Attempts to Undermine Teen Pregnancy Prevention Program

The Trump administration has subjected the Teen Pregnancy Prevention Program (TPPP) to a wide variety of unlawful attacks, attempting to transform the program into an additional funding stream for abstinence-only-until-marriage (AOUM) (now being called “Sexual Risk Avoidance”) programs. Attacks to TPPP have largely been led by Trump-appointed ideologues who are known to be leading opponents of comprehensive sexuality education, despite objections of career staff at HHS.

Since taking office, the Trump administration has called for the elimination of TPPP through the president’s initial budget request, attempted to illegally shorten TPPP grant periods, and violated Congressional intent in attempts to shift programmatic guidelines—all in an effort to prioritize their abstinence-only ideology over evidence of what works best to ensure the sexual health and well-being of young people.

In June and July 2017, all 84 TPPP grantees were notified, without cause or explanation, that their five-year project periods would be shortened to three. Four legal challenges were filed against the Trump administration in response to the early termination of the TPPP grants. The courts ruled in favor of the plaintiffs, stating that the Trump administration’s action was unlawful.

In April 2018, the Office of Adolescent Health (OAH) released new funding opportunity announcements (FOAs) for TPPP Tier 1 (Replicating Programs) and Tier 2 (New and Innovative Strategies). The new FOAs represented a significant shift from funding evidence-based programs with a focus on evaluation toward the prioritization of abstinence-only ideology. Like the unlawful grant termination, the Tier 1 FOA was also challenged in court and ruled illegal for violating Congressional intent. The Tier 2 FOA, however, was not vacated by the courts, and SIECUS was able to obtain FY 2018 data for the Tier 2 grantees.

Fortunately, the Trump administration’s unlawful efforts to subvert TPPP funding have been consistently constrained by federal courts. However, HHS recently announced a list of grantees that, they claim, would have been awarded a total of \$19.4 million in FY 2018 TPPP Tier 1 funding – had the courts not determined it was an illegal attempt to subvert the will of Congress. The same announcement also attempted to blame the plaintiffs who sued the administration over its act of subterfuge. Furthermore, SIECUS’ attempts to identify how the missing \$19.4 million in designated TPPP Tier 1 funds have been reallocated or otherwise used have been blocked by the Trump administration. Currently, Congress is reasserting its oversight authority over the program, particularly since any use of these funds beyond what TPPP requires would be unlawful. Because information regarding the Tier 1 funds are being withheld, this year’s *State Profiles* only contain Tier 2 data.

PERSONAL RESPONSIBILITY EDUCATION PROGRAM (PREP)

FYSB, within the Administration for Children and Families (ACF) division of HHS, administers the Personal Responsibility Education Program (PREP), which was re-authorized for a total of \$75 million in FY 2018 and FY 2019. PREP funds a state-grant program, the Personal Responsibility Education Innovative Strategies (PREIS) program, which supports research and demonstration projects that implement innovative strategies for preventing pregnancy; and the Tribal Personal Responsibility Education Program (Tribal PREP), which funds tribes and tribal organizations. In addition, a provision within the PREP statute, called the Competitive Personal Responsibility Education Program (CPREP), enables community- and faith-based organizations within states and territories that do not directly seek PREP state grants to apply for funding through a competitive application process.

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 2018 and any programmatic activities that occurred during FY 2018 (October 1, 2017–September 30, 2018). It is important to remember, however, that reported programmatic activities for this period may have utilized FY 2017 funds. Details on the state grants, PREIS, Tribal PREP, and CPREP are included below. Please see below for detailed information on the PREP grantee data withheld by FYSB.

Missing: PREP Data

As of February 13, 2019, FYSB has not released the FY 2018 PREP award amounts or grantee profiles. Curiously, FY 2019 federal funding award amounts for State PREP and Title V SRAE have been released, but the FY 2018 funding data remains withheld from the public.

With a five-year reauthorization of PREP slated for 2019, SIECUS remains highly concerned about this missing data, as it is vital to understanding how adolescent sexual health promotion programs are designed and implemented.

Personal Responsibility Education Program (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, and other STDs. 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. PREP programs target young people who are experiencing homelessness, are in foster care, are living in rural areas or areas with high rates of adolescent births, and are from minority groups.

Personal Responsibility Education Innovative Strategies (PREIS)

PREIS funds local entities through a competitive grant program to support research and demonstration programs to develop, replicate, refine, and test innovative models for preventing unintended teen pregnancy, HIV, and other STDs among young people ages 10-19.

Tribal Personal Responsibility Education Program (Tribal PREP)

Tribal PREP supports the development and implementation of pregnancy-, HIV-, and other STD-prevention programs among native young people within tribes and tribal communities. Tribal PREP programs are designed to honor tribal needs, traditions, and cultures.

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.

TITLE V SEXUAL RISK AVOIDANCE EDUCATION GRANT PROGRAM

The Title V Sexual Risk Avoidance Education Grant program (“Title V SRAE”), previously called the Title V AOUM program,¹¹¹ is administered by FYSB, within ACF of HHS, and was authorized at \$75 million for FY 2018. This state-based program must exclusively promote that “the unambiguous and primary emphasis and context” for each topic required to be taught in the new A–F definition¹¹² of “education on sexual risk avoidance” is a “message to youth that normalizes the optimal health behavior of avoiding nonmarital sexual activity.” While grantees were required from FYs 1998–2017 to provide three state-raised dollars, or the equivalent in services, for every four federal dollars received, the state-match provision is no longer required. In FY 2018, FYSB withheld detailed information about Title V SRAE grantees and provided only the dollar amount awarded to each state.

Unlike TPPP and PREP, the Title V SRAE grant program was always intended to promote failed¹¹³ abstinence-only programs, or so-called “Sexual Risk Avoidance” programs, rather than evidence-based sex education. However, what began as a tiny sliver of the federal budget has been funded at exponentially higher levels every year. As evidence-based programs like TPPP face continued threats of elimination, SRAE has seen a seven-fold increase in funding since its inception in 2012 (when it was known as the Competitive Abstinence Education program). The Trump administration claims that the government does not have funds to spend on adolescent sexual health. However, the numbers prove the baselessness of this claim: To date, more than \$2.2 *billion* have been wasted on failed AOUM programs like Title V SRAE.

Federated States of Micronesia Title V Sexual Risk Avoidance Education Grant Program

- In FY 2018, the territory of the Federated States of Micronesia received \$47,492 in federal Title V SRAE funding.¹¹⁴

SEXUAL RISK AVOIDANCE EDUCATION (SRAE) PROGRAM

Administered by FYSB within ACF of HHS, the SRAE program—a rebranding of the Competitive Abstinence Education 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 2018, \$25 million was appropriated for the SRAE grant program, and \$11.9 million was awarded to 27 grantees in 15 states through a competitive application process.

- In FY 2018, there were no SRAE grantees in the U.S. Outer Territories and Associated States.

POINTS OF CONTACT

TPPP Contact

Todd Mulroy
Youth to Youth in Health

Phone: +011 (692) 625-3098
Email: y2ytp@gmail.com

PREP State-Grant Program Contacts

Natalie Bailey
U.S. Virgin Islands
Phone: (340) 772-7100 ext. 7101
Email: natalie.bailey@dhs.vi.gov

Cathryn Evanoff
Ministry of Education
Republic of Palau
PO Box 189
Koror, PW 96940
Phone: (680) 488-2552
Email: cathryn_e@hotmail.com

Paul Nededog
PREP and HIV Program Coordinator IV
Guam Department of Education
312 Aspinall Avenue
Hagatna, GU 96932
Phone: (671) 300-1255
Email: PDNededog@gdoe.net

Stuard H. Penias
Youth Program Coordinator
Department of Health and Social Affairs
Federated States of Micronesia National Government
P.O. Box PS 70
Palikir, Pohnpei, FM 96941
Phone: (691) 320-2619
Email: SPenias@fsmhealth.fm

Melisha San Nicolas
PREP Coordinator
CNMI Public School System
Saipan, CNMI
Phone: (670) 287-9516
Email: melisha.sannicolas@cnmipss.org

CPREP Contacts

Kimberly Rogers
WestCare Pacific Islands, Inc.
Hagatna, GU
Phone: (702) 385-2090

Melisha San Nicolas

PREP Coordinator
CNMI Public School System
Saipan, CNMI
Phone: (670) 237-3001
Email: melisha.sannicolas@cnmipss.org

Moelilia Seui
Executive Director
Intersections, Inc.
Pago Pago, AS
Phone: (684) 699-5314
Email: liaseui@gmail.com

Title V SRAE Grant Program Contact

Stuard H. Penias
Youth Program Coordinator
Department of Health and Social Affairs
Federated States of Micronesia National Government
P.O. Box PS 70
Palikir, Pohnpei, FM 96941
Phone: (691) 320-2619
Email: SPenias@fsmhealth.fm

¹ Chin, H, et al. Community Preventive Services Task Force. *The Effectiveness of Group-based Comprehensive Risk-reduction and Abstinence Education Interventions to Prevent or Reduce the Risk of Adolescent Pregnancy, Human Immunodeficiency Virus, and Sexually Transmitted Infections: Two Systematic Reviews for the Guide to Community Preventive Services*. American Journal of Preventive Medicine. 2012;42(3):272-94;
Trenholm, C, et al. *Impacts of Four Title V, Section 510 Abstinence Education Programs: Final Report*. Mathematica Policy Research Inc. April 2007.

² Information provided by Netini Sene, Assistant Director of the Office of Curriculum and Instruction on August 31, 2016.

³ American Samoa *Office of Curriculum, Instruction, and Accountability Health Program Overview*.

⁴ Ibid.

⁵ Guam Department of Education, www.web.archive.org/web/20060519221149/http://www.gdoe.net/ci/high_sch_crse_desc/hlth_phys_desc.pdf.

⁶ Guam Public School System Health Education Program, http://web.archive.org/web/20060509081945/http://www.gdoe.net/ci/curr_desc/hlth_ed_curr.htm.

⁷ Guam Department of Education K-12 Content Standards and Performance Indicators, www.arkansased.gov/public/userfiles/Learning_Services/Curriculum%20and%20Instruction/Resource%20Mat/Foreign%20Lang/FW%20Com%20Files/U.S.%20States%20and%20Territories/Guam%20ContentStandardsfinalJune15,2010.pdf.

⁸ U.S. Virgin Islands Title XVII. Ch.5, § 41, www.lexisnexis.com/hotttopics/vicode/.

⁹ Republic of the Marshall Islands Public School System Content Standards and Performance Indicators, http://www.pss.edu.mh/files/HEALTH_15.pdf.

¹⁰ Marshall Islands National Composite Policy Index 2007, http://data.unaids.org/pub/Report/2008/marshallislands_2008_ncpi_en.pdf.

¹¹ Republic of Palau Ministry of Education, “Education Master Plan,” www.palaumoe.net/phs/documents/Palau%20Education%20Master%20Plan%202006-2016.pdf.

¹² Palau High School Graduation Requirements, www.palaumoe.net/phs/Graduation_Requirements.php.

¹³ SIECUS uses the term “sexually transmitted infections” (STIs). However, because the CDC uses “sexually transmitted diseases” (STDs), this report uses “STDs” when referencing their work for clarity purposes.

- ¹⁴ Hamilton, B.E., et al., *Births: Final Data for 2015*. National Vital Statistics Reports, Vol. 66, No. 1 (January 5, 2017), www.cdc.gov/nchs/data/nvsr/nvsr66/nvsr66_01.pdf, Table 12.
- ¹⁵ Slide 17: “Rates of Diagnosis of HIV Infection among Adolescents Aged 13–19 Years 2016—United States and 6 Dependent Areas,” *HIV Surveillance – Adolescents and Young Adults* (Atlanta, GA: Centers for Disease Control and Prevention), <https://www.cdc.gov/hiv/pdf/library/slidesets/cdc-hiv-surveillance-adolescents-young-adults-2016.pdf>.
- ¹⁶ Slide 20: “Rates of Diagnosed HIV Infection Classified as Stage 3 (AIDS) among Adolescents Aged 13–19 Years, 2016—United States and 6 Dependent Areas,” *HIV Surveillance – Adolescents and Young Adults* (Atlanta, GA: Centers for Disease Control and Prevention), <https://www.cdc.gov/hiv/pdf/library/slidesets/cdc-hiv-surveillance-adolescents-young-adults-2016.pdf>.
- ¹⁷ Slide 18: “Rates of Diagnoses of HIV Infection among Young Adults Aged 20–24 Years 2016—United States and 6 Dependent Areas,” *HIV Surveillance – Adolescents and Young Adults* (Atlanta, GA: Centers for Disease Control and Prevention), <https://www.cdc.gov/hiv/pdf/library/slidesets/cdc-hiv-surveillance-adolescents-young-adults-2016.pdf>.
- ¹⁸ Slide 21: “Rates of Diagnosed HIV Infection Classified as Stage 3 (AIDS) among Young Adults Aged 20–24, 2016—United States and 6 Dependent Areas,” *HIV Surveillance – Adolescents and Young Adults* (Atlanta, GA: Centers for Disease Control and Prevention), <https://www.cdc.gov/hiv/pdf/library/slidesets/cdc-hiv-surveillance-adolescents-young-adults-2016.pdf>.
- ¹⁹ Hamilton, B.E., et al., *Births: Final Data for 2015*. National Vital Statistics Reports, Vol. 66, No. 1 (January 5, 2017), www.cdc.gov/nchs/data/nvsr/nvsr66/nvsr66_01.pdf, Table 12.
- ²⁰ Slide 17: “Rates of Diagnosis of HIV Infection among Adolescents Aged 13–19 Years 2016—United States and 6 Dependent Areas,” *HIV Surveillance – Adolescents and Young Adults* (Atlanta, GA: Centers for Disease Control and Prevention), <https://www.cdc.gov/hiv/pdf/library/slidesets/cdc-hiv-surveillance-adolescents-young-adults-2016.pdf>.
- ²¹ Slide 20: “Rates of Diagnosed HIV Infection Classified as Stage 3 (AIDS) among Adolescents Aged 13–19 Years, 2016—United States and 6 Dependent Areas,” *HIV Surveillance – Adolescents and Young Adults* (Atlanta, GA: Centers for Disease Control and Prevention), <https://www.cdc.gov/hiv/pdf/library/slidesets/cdc-hiv-surveillance-adolescents-young-adults-2016.pdf>.
- ²² Slide 18: “Rates of Diagnoses of HIV Infection among Young Adults Aged 20–24 Years 2016—United States and 6 Dependent Areas,” *HIV Surveillance – Adolescents and Young Adults* (Atlanta, GA: Centers for Disease Control and Prevention), <https://www.cdc.gov/hiv/pdf/library/slidesets/cdc-hiv-surveillance-adolescents-young-adults-2016.pdf>.
- ²³ Slide 21: “Rates of Diagnosed HIV Infection Classified as Stage 3 (AIDS) among Young Adults Aged 20–24, 2016—United States and 6 Dependent Areas,” *HIV Surveillance – Adolescents and Young Adults* (Atlanta, GA: Centers for Disease Control and Prevention), <https://www.cdc.gov/hiv/pdf/library/slidesets/cdc-hiv-surveillance-adolescents-young-adults-2016.pdf>.
- ²⁴ NCHHSTP Atlas, “STD Surveillance Data” (Atlanta, GA: Centers for Disease Control and Prevention), <http://gis.cdc.gov/GRASP/NCHHSTPAtlas/main.html>.
- ²⁵ Ibid.
- ²⁶ Ibid.
- ²⁷ Hamilton, B.E., et al., *Births: Final Data for 2015*. National Vital Statistics Reports, Vol. 66, No. 1 (January 5, 2017), www.cdc.gov/nchs/data/nvsr/nvsr66/nvsr66_01.pdf, Table 12.
- ²⁸ Slide 17: “Rates of Diagnosis of HIV Infection among Adolescents Aged 13–19 Years 2016—United States and 6 Dependent Areas,” *HIV Surveillance – Adolescents and Young Adults* (Atlanta, GA: Centers for Disease Control and Prevention), <https://www.cdc.gov/hiv/pdf/library/slidesets/cdc-hiv-surveillance-adolescents-young-adults-2016.pdf>.
- ²⁹ Slide 20: “Rates of Diagnosed HIV Infection Classified as Stage 3 (AIDS) among Adolescents Aged 13–19 Years, 2016—United States and 6 Dependent Areas,” *HIV Surveillance – Adolescents and Young Adults* (Atlanta, GA: Centers for Disease Control and Prevention), <https://www.cdc.gov/hiv/pdf/library/slidesets/cdc-hiv-surveillance-adolescents-young-adults-2016.pdf>.
- ³⁰ Slide 18: “Rates of Diagnoses of HIV Infection among Young Adults Aged 20–24 Years 2016—United States and 6 Dependent Areas,” *HIV Surveillance – Adolescents and Young Adults* (Atlanta, GA: Centers for Disease Control and Prevention), <https://www.cdc.gov/hiv/pdf/library/slidesets/cdc-hiv-surveillance-adolescents-young-adults-2016.pdf>.
- ³¹ Slide 21: “Rates of Diagnosed HIV Infection Classified as Stage 3 (AIDS) among Young Adults Aged 20–24, 2016—United States and 6 Dependent Areas,” *HIV Surveillance – Adolescents and Young Adults* (Atlanta, GA: Centers for Disease Control and Prevention), <https://www.cdc.gov/hiv/pdf/library/slidesets/cdc-hiv-surveillance-adolescents-young-adults-2016.pdf>.
- ³² Hamilton, B.E., et al., *Births: Final Data for 2015*. National Vital Statistics Reports, Vol. 66, No. 1 (January 5, 2017), www.cdc.gov/nchs/data/nvsr/nvsr66/nvsr66_01.pdf, Table 12.
- ³³ Slide 17: “Rates of Diagnosis of HIV Infection among Adolescents Aged 13–19 Years 2016—United States and 6 Dependent Areas,” *HIV Surveillance – Adolescents and Young Adults* (Atlanta, GA: Centers for Disease Control and Prevention), <https://www.cdc.gov/hiv/pdf/library/slidesets/cdc-hiv-surveillance-adolescents-young-adults-2016.pdf>.
- ³⁴ Slide 20: “Rates of Diagnosed HIV Infection Classified as Stage 3 (AIDS) among Adolescents Aged 13–19 Years, 2016—United States and 6 Dependent Areas,” *HIV Surveillance – Adolescents and Young Adults* (Atlanta, GA: Centers for Disease Control and Prevention), <https://www.cdc.gov/hiv/pdf/library/slidesets/cdc-hiv-surveillance-adolescents-young-adults-2016.pdf>.
- ³⁵ Slide 18: “Rates of Diagnoses of HIV Infection among Young Adults Aged 20–24 Years 2016—United States and 6 Dependent Areas,” *HIV Surveillance – Adolescents and Young Adults* (Atlanta, GA: Centers for Disease Control and Prevention), <https://www.cdc.gov/hiv/pdf/library/slidesets/cdc-hiv-surveillance-adolescents-young-adults-2016.pdf>.

³⁶ Slide 21: “Rates of Diagnosed HIV Infection Classified as Stage 3 (AIDS) among Young Adults Aged 20–24, 2016—United States and 6 Dependent Areas,” *HIV Surveillance – Adolescents and Young Adults* (Atlanta, GA: Centers for Disease Control and Prevention), <https://www.cdc.gov/hiv/pdf/library/slidesets/cdc-hiv-surveillance-adolescents-young-adults-2016.pdf>.

³⁷ NCHHSTP Atlas, “STD Surveillance Data” (Atlanta, GA: Centers for Disease Control and Prevention), <http://gis.cdc.gov/GRASP/NCHHSTPAtlas/main.html>.

³⁸ Ibid.

³⁹ Slide 17: “Rates of Diagnosis of HIV Infection among Adolescents Aged 13–19 Years 2016—United States and 6 Dependent Areas,” *HIV Surveillance – Adolescents and Young Adults* (Atlanta, GA: Centers for Disease Control and Prevention), <https://www.cdc.gov/hiv/pdf/library/slidesets/cdc-hiv-surveillance-adolescents-young-adults-2016.pdf>.

⁴⁰ Slide 20: “Rates of Diagnosed HIV Infection Classified as Stage 3 (AIDS) among Adolescents Aged 13–19 Years, 2016—United States and 6 Dependent Areas,” *HIV Surveillance – Adolescents and Young Adults* (Atlanta, GA: Centers for Disease Control and Prevention), <https://www.cdc.gov/hiv/pdf/library/slidesets/cdc-hiv-surveillance-adolescents-young-adults-2016.pdf>.

⁴¹ Slide 18: “Rates of Diagnoses of HIV Infection among Young Adults Aged 20–24 Years 2016—United States and 6 Dependent Areas,” *HIV Surveillance – Adolescents and Young Adults* (Atlanta, GA: Centers for Disease Control and Prevention), <https://www.cdc.gov/hiv/pdf/library/slidesets/cdc-hiv-surveillance-adolescents-young-adults-2016.pdf>.

⁴² Slide 21: “Rates of Diagnosed HIV Infection Classified as Stage 3 (AIDS) among Young Adults Aged 20–24, 2016—United States and 6 Dependent Areas,” *HIV Surveillance – Adolescents and Young Adults* (Atlanta, GA: Centers for Disease Control and Prevention), <https://www.cdc.gov/hiv/pdf/library/slidesets/cdc-hiv-surveillance-adolescents-young-adults-2016.pdf>.

⁴³ “Youth Online,” Centers for Disease Control and Prevention, <https://nccd.cdc.gov/youthonline/App/Default.aspx>.

⁴⁴ “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.

⁴⁵ 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 2018 Executive Summary, [*A Portrait of Sex Education in the States*](#), for more context.

⁴⁶ “High School YRBS,” Centers for Disease Control and Prevention, <http://nccd.cdc.gov/youthonline/App/Default.aspx>.

⁴⁷ 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 2018 Executive Summary, [*A Portrait of Sex Education in the States*](#), for more context.

⁴⁸ “High School YRBS,” Centers for Disease Control and Prevention, <http://nccd.cdc.gov/youthonline/App/Default.aspx>.

⁴⁹ 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 2018 Executive Summary, [*A Portrait of Sex Education in the States*](#), for more context.

⁵⁰ “High School YRBS,” Centers for Disease Control and Prevention, <http://nccd.cdc.gov/youthonline/App/Default.aspx>.

⁵¹ “School Health Profiles 2016,” Centers for Disease Control and Prevention, https://www.cdc.gov/healthyyouth/data/profiles/pdf/2016/2016_Profiles_Report.pdf.

⁵² Ibid., pg. 61.

⁵³ Ibid., Table 9c.

⁵⁴ Ibid., Table 11c.

⁵⁵ Ibid., Table 9a.

⁵⁶ Ibid., Table 11a.

⁵⁷ Ibid., Table 9a.

⁵⁸ Ibid., Table 11a.

⁵⁹ Ibid., Table 9b.

⁶⁰ Ibid., Table 11b.

⁶¹ Ibid., Table 9b.

⁶² Ibid., Table 11b.

⁶³ Ibid., Table 9c.

⁶⁴ Ibid., Table 11c.

⁶⁵ Ibid., Table 9c.

⁶⁶ Ibid., Table 11c.

⁶⁷ Ibid., Table 9c.

⁶⁸ Ibid., Table 11c.

⁶⁹ Ibid., Table 9c.

⁷⁰ Ibid., Table 11c.

⁷¹ Ibid., Table 38.

⁷² Ibid., Table 9c.

⁷³ Ibid., Table 11c.

⁷⁴ Ibid., Table 9a.

⁷⁵ Ibid., Table 11a.

⁷⁶ Ibid., Table 9a.

⁷⁷ Ibid., Table 11a.

⁷⁸ Ibid., Table 9b.

⁷⁹ Ibid., Table 11b.

⁸⁰ Ibid., Table 9b.

⁸¹ Ibid., Table 11b.

⁸² Ibid., Table 9c.

⁸³ Ibid., Table 11c.

⁸⁴ Ibid., Table 9c.

⁸⁵ Ibid., Table 11c.

⁸⁶ Ibid., Table 9c.

⁸⁷ Ibid., Table 11c.

⁸⁸ Ibid., Table 9c.

⁸⁹ Ibid., Table 11c.

⁹⁰ Ibid., Table 38.

⁹¹ Ibid., Table 9c.

⁹² Ibid., Table 11c.

⁹³ Ibid., Table 9a.

⁹⁴ Ibid., Table 11a.

⁹⁵ Ibid., Table 9a.

⁹⁶ Ibid., Table 11a.

⁹⁷ Ibid., Table 9b.

⁹⁸ Ibid., Table 11b.

⁹⁹ Ibid., Table 9b.

¹⁰⁰ Ibid., Table 11b.

¹⁰¹ Ibid., Table 9c.

¹⁰² Ibid., Table 11c.

¹⁰³ Ibid., Table 9c.

¹⁰⁴ Ibid., Table 11c.

¹⁰⁵ Ibid., Table 9c.

¹⁰⁶ Ibid., Table 11c.

¹⁰⁷ Ibid., Table 9c.

¹⁰⁸ Ibid., Table 11c.

¹⁰⁹ Ibid., Table 38.

¹¹⁰ Evidence-informed curricula are intended to educate youth, building knowledge and skills, while evidence-based programs and interventions are focused solely on reducing “negative” health outcomes.

¹¹¹ In the FY 2018 reauthorization, the “Title V State Abstinence Education Grant Program” was renamed the “Title V Sexual Risk Avoidance Education” (SRAE) program. The definition of the Title V program was changed to mandate that grantees adhere to a new A-F definition as opposed to the [old A-H definition](#) for Title V programs.

¹¹² 42 U.S.C. 710, Title V, Section 510 of the Social Security Act, the authorization for the Title V Sexual Risk Avoidance Education grant program, requires that “education on sexual risk avoidance” programs address each of the following topics: (A) the holistic individual and societal benefits associated with personal responsibility, self-regulation, goal setting, healthy decision-making, and a focus on the future;

(B) the advantage of refraining from nonmarital sexual activity in order to improve the future prospects and physical and emotional health of youth;

(C) the increased likelihood of avoiding poverty when youth attain self-sufficiency and emotional maturity before engaging in sexual activity;

(D) the foundational components of healthy relationships and their impact on the formation of healthy marriages and safe and stable families;

-
- (E) how other youth risk behaviors, such as drug and alcohol usage, increase the risk for teen sex; and
(F) how to resist and avoid, and receive help regarding, sexual coercion and dating violence, recognizing that, even with consent, teen sex remains a youth risk behavior.

Regarding contraception, Title V programs must also ensure that “students understand that contraception offers physical risk reduction, but not risk elimination” and that “the education does not include demonstrations, simulations, or distribution of contraceptive devices.”

[http://uscode.house.gov/view.xhtml?req=\(title:42%20section:710%20edition:prelim\)](http://uscode.house.gov/view.xhtml?req=(title:42%20section:710%20edition:prelim)).

¹¹³ Chin, H, et al. Community Preventive Services Task Force. *The Effectiveness of Group-based Comprehensive Risk-reduction and Abstinence Education Interventions to Prevent or Reduce the Risk of Adolescent Pregnancy, Human Immunodeficiency Virus, and Sexually Transmitted Infections: Two Systematic Reviews for the Guide to Community Preventive Services*. American Journal of Preventive Medicine. 2012;42(3):272-94; Trenholm, C, et al. *Impacts of Four Title V, Section 510 Abstinence Education Programs: Final Report*. Mathematica Policy Research Inc. April 2007.

¹¹⁴ “Title V State Sexual Risk Avoidance Education Awards FY2018,” Family and Youth Services Bureau, Administration for Children & Families, U.S. Department of Health & Human Services, <https://www.acf.hhs.gov/fysb/title-v-state-sexual-risk-avoidance-education>.