
A STERLING OPPORTUNITY: 25 Years After the Comprehensive Health Education Act

A REPORT ON COMPLIANCE AND REPRODUCTIVE HEALTH EDUCATION IN SOUTH CAROLINA

David C. Wiley, PHD, MCHES
Kelly L. Wilson, PHD, MCHES
Kathryn E. Zenger, MPH

Health Advocates, LLC &
New Morning Foundation

JANUARY 2013



TABLE OF
CONTENTS

AUTHORS' FOREWORD i

EXECUTIVE SUMMARY ii

I. INTRODUCTION 1

II. STUDY METHODOLOGY 8

III. RESULTS 10

FINDING #1 11

FINDING #2 16

FINDING #3 19

FINDING #4 26

FINDING #5 30

IV. RECOMMENDATIONS 34

V. DISTRICT LEVEL COMPLIANCE TABLE 38

VI. APPENDICES & REFERENCES 42

APPENDIX A 43

APPENDIX B 46

APPENDIX C 51

APPENDIX D 52

APPENDIX E 54

REFERENCES 57



Public schools are busy places with many moving parts. Conducting research in schools presents unique challenges because of the demands placed upon schools by politicians, parents, and the general public. Such stressors can trump research projects in which school officials often see the research as "one more thing to do." When research projects involve a potentially controversial topic such as sex education, greater reluctance to fully participate may be experienced. Also, when the Freedom of Information Act (FOIA) is used to gather data, suspicions are raised and the research project may be seen as a "gotcha" designed to "catch" school districts doing something wrong.

This project was designed to learn as much as possible about how sex education is taught in South Carolina public schools, as well as how compliant districts were with the Comprehensive Health Education Act (CHEA). There was no intent to make this project a "gotcha," but previous experience showed the FOIA was necessary to obtain a 100% response rate.

Throughout this research project a mixture of responses were received from school districts. Some districts eagerly provided the information without any problems or delays. Most districts required second and third contacts along with numerous questions about the "appropriate" responses to satisfy the FOIA request. What was most telling about working with school districts is how many different people had to be contacted within a single district to be provided the requisite information. It was rare for one person to have the necessary information to respond the request. It could be argued that the request asked for so much information that a number of people needed to be contacted or that no one single person or department was charged with monitoring the health and reproductive education program. Readers can make that determination themselves.

In its time, the CHEA was considered a groundbreaking piece of legislation and remains a model of a statewide policy. To this day, very few states have time requirements and specific content outlines for reproductive health education. However, our research found the CHEA is in need of an update. Many of the provisions are outdated and unnecessary, and new elements need to be added. In addition, school districts need training and support from the South Carolina Department of Education (SCDE). The majority of districts were at least aware of the CHEA, but responses about compliance were wide and varied. The greatest need is a revised and renewed emphasis on compliance monitoring, which would require a dedicated funding stream and increased staffing at the SCDE.

We hope this report stimulates conversations at the state and local levels about health education, sexuality education, teen pregnancy prevention, and how all adolescent health risk behaviors affect high school graduation rates and, ultimately, the future of South Carolina. We thank all the local school districts

who responded to our FOIA request to help us build this vast data base and we hope they find the report useful as well.

Finally, the authors wish to thank several individuals whom without their help we couldn't have completed this project. First, we commend Bonnie Adams Kapp, Kathryn Zenger, and the staff at New Morning Foundation for their foresight and support in commissioning this study. Funding and supporting such a large project demonstrates a true concern about the health of South Carolina youth and the role of public schools in helping these young people succeed. Second, we thank Lynn Hammond and Christine Beyer from the SCDE. Both responded immediately to the numerous requests for information and explanations of their data bases. Their support was invaluable in the completion of this report. Finally, we thank our research assistants in Texas who contacted school districts, explained the study repeatedly to school district officials, and organized the reams of data we received. A special thanks to Kelsie Heppler, Onnalita Sutton, and Rebecca Smith. This report would have been impossible to organize and write without their patience, professional assistance, and many hours of support.



David Wiley PHD, MCHES
TEXAS STATE UNIVERSITY



Kelly Wilson PHD, MCHES
TEXAS A&M UNIVERSITY

ABOUT HEALTH ADVOCATES, LLC

Located in Mountain City, TX, Health Advocates LLC is a leader in health education evaluation and training. Drs. David Wiley and Kelly Wilson of Health Advocates were the lead researchers for this project, having conducted a similar study of sexuality education in Texas public schools (www.justsaydontknow.org). Dr. Wiley is a Professor of Health Education at Texas State University and Dr. Wilson is an Associate Professor of Health Education at Texas A&M University.

The goal of this study was to assess whether South Carolina's schools, by and large, are in compliance with The Comprehensive Health Education Act (CHEA), and whether the General Assembly's legislative intentions have been fulfilled. The resulting study examined not only what reproductive health education curricula and materials are used in public schools, but also district policies and procedures related to reproductive health education instruction. This study is the first of its kind to assess the types of materials used to teach reproductive health education (i.e. sexuality education) in South Carolina public schools.

The Freedom of Information Act (FOIA) was used to ensure compliance with the request for data from all SC school districts. Every school district filed a response to the FOIA request resulting in a 100% response rate.

Results indicated the majority of school districts are not in compliance with the reproductive health education aspects of CHEA. Further, many districts do not have adequate or up-to-date policies regarding reproductive health education instruction. Despite efforts by the South Carolina Department of Education (SCDE) to monitor the delivery of health education instruction in schools, the data currently collected cannot adequately determine whether instruction in the classroom is of sufficient quality to reduce risky behaviors in school-aged youth. It is recommended the SCDE be given resources to provide intensive training for districts about the CHEA.

It was also determined that teacher training is inadequate and inconsistent. Specifically, there is no requirement that reproductive health instruction be delivered by a certified and qualified health educators. Results from this study found health education instruction is delivered by a variety of content-specific teachers ranging from science, to physical education, to consumer and family science teachers, and occasionally, even to the school nurse. There is no health education teacher certification offered in teacher preparation programs in SC universities, thus those teaching health education (and reproductive health education) have a variety of certification areas that may not be related to health education. It is recommended that reproductive health classes be taught by trained, qualified, and certified health education instructors. It is also recommended the SCDE mandate specific time requirements for staff development in health education and designates the proportion of time that must be dedicated to sexuality education training.

Results showed that reproductive health education instruction lacks standardization and is often inadequate. There was no standard method of delivering instruction in human sexuality, human reproduction, or pregnancy prevention in South Carolina schools. Results from this study and the 2011 SCDE annual survey showed these content areas were integrated into a variety of courses (i.e. physical education, biology, life skills,

etc. courses), and taught by a variety of teachers. Additionally, results from the FOIA materials and a content analysis of the most frequently-used textbooks in the state suggest that many South Carolina students received incomplete information about their bodies, reproduction, and sexuality. While there is evidence that the majority of students received ample instruction on abstinence, reproductive health lessons included little to no information about contraception or condom use. It is recommended that evaluation and monitoring of the CHEA be strengthened considerably. Districts should be required to report details of instructional practices, particularly details on how classroom time is spent delivering reproductive health education.

It was also revealed that discriminatory and misleading curricula and instructional materials still exist in some school districts. Students in some school districts are exposed to reproductive health education that includes outdated gender roles, idealized family structures, and medically inaccurate information. A number of districts report using abstinence-only-until-marriage (AOUM) curricula, and these program materials are often rife with incomplete, misleading, and blatantly incorrect information. Specifically, students within these programs are commonly presented misinformation regarding human papillomavirus (HPV) and condom efficacy. Such materials commonly do not include scientific discussions of condoms as a preventive measure to reduce transmission of sexually transmitted diseases. It is recommended the CHEA be amended to require instruction in reproductive health education be evidence-based and medically-accurate.

The CHEA requires every school district to establish a Local Health Advisory Committee (HAC), charged with providing recommendations and assisting local school boards in the selection of curriculum components and materials that addresses the subject of reproductive health education, family life education, and pregnancy prevention education. Results from this study found that these committees are not functioning as intended. The CHEA provides requirements for membership of these committees, but little guidance in how they should function. It is recommended the role of the HAC be reviewed in its entirety. There is no guidance given as to length of terms of committee members, how often these committees should meet, how they should conduct business, the manner in which they consider instructional materials and convey recommendations to the local board, or selection of the committee leaders and membership.

The CHEA was groundbreaking legislation when it was first enacted in 1988, but it is in need of a thorough review. The current structure of CHEA is inadequate to ensure that SC students receive medically-accurate and age-appropriate reproductive health instruction. It is essential to improve the quality of reproductive health education being delivered to SC students in order to reduce sexual risk-taking among this population.

I.

Introduction

The South Carolina Comprehensive Health Education Act (CHEA) was adopted by both houses of the South Carolina General Assembly on April 6, 1988 and subsequently signed into law by then Governor Carroll A. Campbell, Jr., a Republican and former member of the US House of Representatives. The intent of the legislation, according to its sponsors at the time, was to standardize health education instruction in South Carolina public schools in order to "reduce substantially the amount of money the state spends to care for teenage mothers and their often sickly babies."¹ Republican and Democratic legislators also hoped to mitigate the state's school dropout rate. "If it works the way we hope it will, it could have tremendous economic impact," said the late Harriet Keyserling, D-Beaufort, twenty-five years ago.¹

The CHEA of 1988 included specific prescriptive requirements for teaching reproductive health education (also referred to throughout this document as sexuality education or sexual health education). The law also mandated that schools begin providing the instruction during the 1988–1989 academic year, even specifying "no later than January 1"² of 1989, and it assigned the responsibility for monitoring schools' compliance with the law to the South Carolina Department of Education (SCDE). Today, the SCDE has a full-time staff member with responsibilities that include collecting survey data from schools and reporting districts' compliance. While this annual survey data are available to the public, there has been a dearth of information available to substantiate what, if any, sexual and reproductive health education instructional materials are actually used in South Carolina's public schools.

In response to this lack of information about reproductive health education programs in SC schools, New Morning Foundation contracted with Health Advocates, LLC - a group of health

education professionals specializing in adolescent health and human sexuality research. The goal was to assess whether the state's schools, by and large, are in compliance with CHEA, and whether the General Assembly's legislative intentions have been fulfilled. The resulting study examined not only what reproductive health education curricula and materials are used in public schools, but also district policies and procedures related to reproductive health education instruction. Based on the findings, New Morning Foundation and Health Advocates are presenting recommendations for school districts and their respective Boards of Trustees, school principals, instructors, and parents to use for improving CHEA compliance and the teaching of effective sexual and reproductive health education in South Carolina.

OUR GOAL:

To assess whether the state's schools, by and large, are in compliance with CHEA, and whether the General Assembly's legislative intentions have been fulfilled.

South Carolina Youth Need Quality Sexuality Education

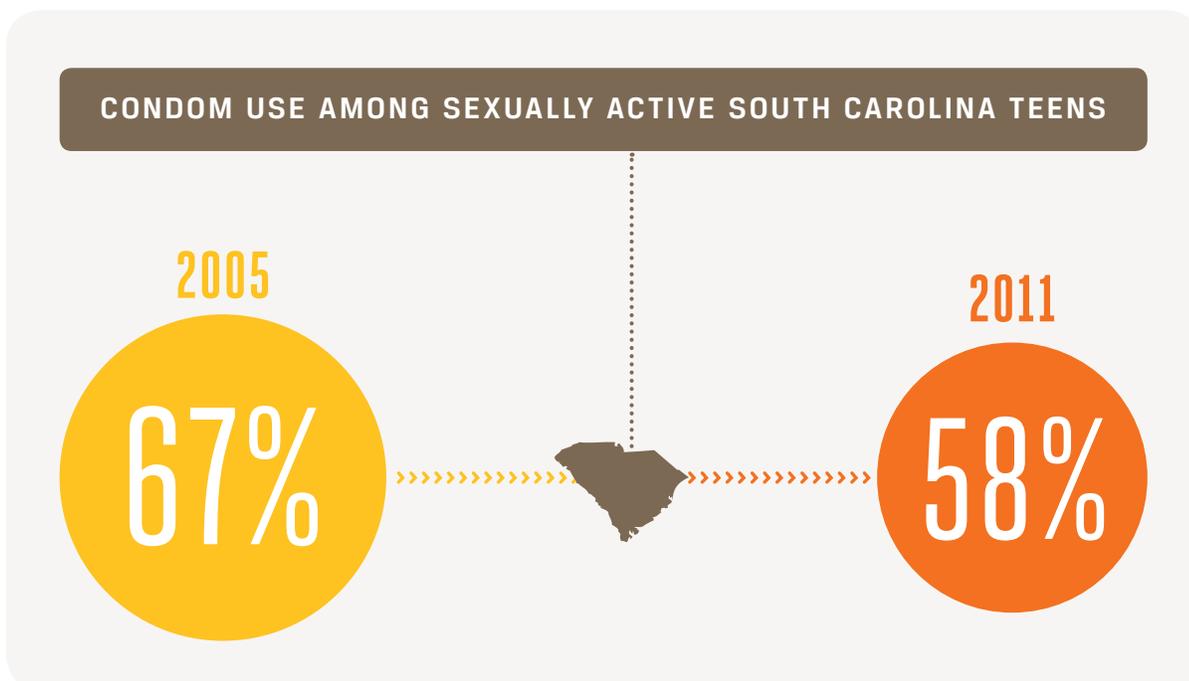
Birth control and age-appropriate sex education are crucial in preventing unplanned teen pregnancies and sexually-transmitted diseases (STDs), and in South Carolina, it is necessary that schools teach young people the facts about their bodies so they can make healthy choices. While improvements have been made in reducing sexual risk behaviors in South Carolina youth between 1991–2011, the state still exceeds national averages. Youth in South Carolina consistently report engaging in behaviors that put them at risk for serious health problems. Condom use among sexually active teens has dropped from 67% in 2005 to 58% in 2011, leaving South Carolina youth at higher risk for unintended pregnancies and sexually transmitted diseases, including HIV(Human Immunodeficiency Virus).³ South Carolina consistently ranks among the top ten states in the US for the highest case rates of AIDS (Acquired Immunodeficiency Syndrome), chlamydia and gonorrhea,⁴ and ranks 12th in teen births nationally.⁵

In addition, teen birth rates in South Carolina expose significant disparities by race and ethnicity. White youth have proportionally lower birth rates than Latina and African American youth: 15–19 year old Latinas comprise 5% of the total population in South Carolina, but 8% of the overall births among 15–19 year old females; African-American females make up 36% of South Carolina's population of 15–19 year old females, but account for nearly half (47%) of all births to teens in this age group.⁶

Researchers have established solid correlations between sociodemographic factors (such as age, race and ethnicity,

and poverty) and poor sexual health (such as increased teen pregnancy and STD rates).⁷ Poverty and lack of education are often both causes and consequences of teen pregnancy. Youth who drop out of school are more likely to become pregnant, and the children of teenage mothers are less likely to graduate from high school, which is necessary for well-paying jobs. Teens living in poverty are more likely to become pregnant, and teenage mothers are more likely to live in poverty and drop out of high school.⁸ Multiple studies suggest that a lack of appropriate sex education and constrained access to sexual health services are key contributing factors of unintended pregnancy and STDs, including HIV/AIDS.⁹

In addition to SC's high rates of teen pregnancies and STDs, inadequate sex education also takes a hefty economic toll on all citizens. Births to teen mothers cost South Carolina taxpayers approximately \$197 million annually. This cost includes, among other things, \$34 million for public healthcare, \$23 million for child welfare, and \$69 million in lost tax revenue due to decreased earnings and spending. At an average cost of \$11,700 per birth, the public sector spent \$11 billion per year nationally on births as a result of unintended pregnancy. Between 1991 and 2008, there were approximately 151,849 teen births in South Carolina, costing taxpayers a total of \$4.1 billion.¹⁰



Controversy over Sexuality Education Instruction

Concerns about AIDS and teen pregnancy in the 1970s and 80s initiated widespread discussion about the need for improved sex education in schools.¹¹ In many communities, the debate about whether or not sex education should be taught has been replaced with a newer debate: *what should be taught*. Determining which content and skills to include and which curriculum to use has proven controversial in many communities. For example, questions such as, "Should emphasis be placed on teaching abstinence-only-until-marriage (AOUM), or information and skills about contraceptive use, including condoms?"¹² are being asked.

The debate over sex education philosophy and strategies has led many states to pass laws or statutes to regulate what is taught and at what age. Like South Carolina, most states have a policy requiring some type of education about human immunodeficiency virus (HIV), often as part of sexuality education instruction. In addition, many states have enacted legislation to cover content-specific material presented as a part of the sexuality education program. Other states' regulations often provide a great deal of latitude to local school boards (such as local control) to determine sexuality education policies and practices.¹³

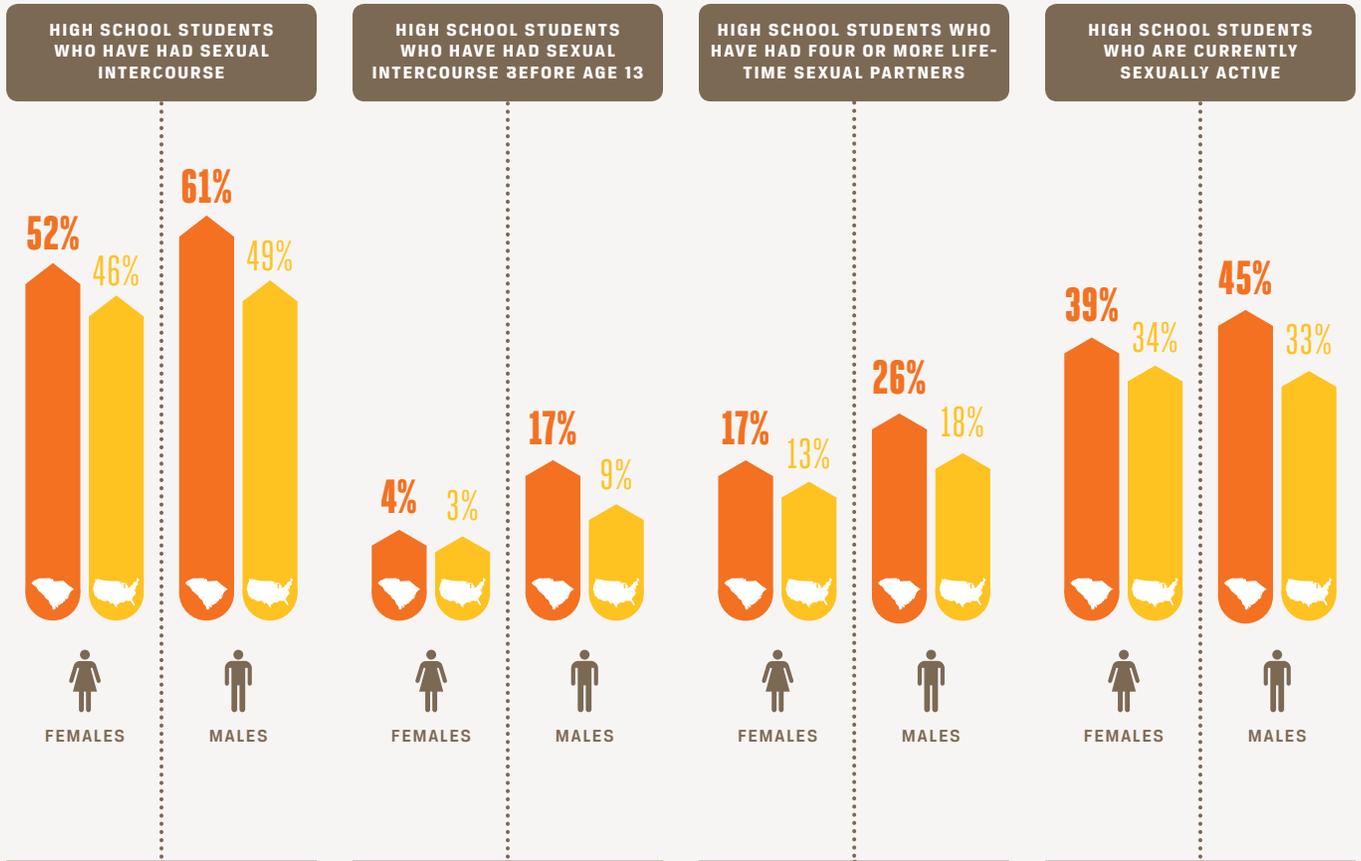
The South Carolina Comprehensive Health Education Act (CHEA) defines comprehensive health education as "health education in a school setting that is planned and carried out with the purpose of maintaining, reinforcing, or enhancing the health, health-related skills, and health attitudes and

practices of children and youth that are conducive to their good health and that promote wellness, health maintenance, and disease prevention."² Though the CHEA includes the content areas of community health, consumer health, environmental health, nutrition, substance use and abuse prevention, only reproductive health education has specific guidelines and restrictions. (See Table 1 for these guidelines.)

In South Carolina, sexuality education mandates have been the focus of legislative controversy for years. Numerous attempts to repeal or change CHEA have been made since 1990. One proposed amendment, in 1998, sought to change the purpose of the CHEA from "promote responsible sexual behavior," to "the goal of this act is to reduce the incidence of sexual activity among school aged youth." Another amendment, introduced in 2004, proposed reducing the 750 minutes of minimal instruction time to "not to exceed 200 minutes."¹⁴ Thus far, CHEA remains intact and unchanged, despite frequent attempts to weaken its impact on public school instruction.

Sexual Risk Behavior Survey Statistics

According to the 2011 Centers for Disease Control and Prevention (CDC) Youth Risk Behavior Survey (YRBS), South Carolina youth rate higher than their peers nationwide in sexual risk-taking.^{15,16}



52% of female high school students and **61%** of male high school students in South Carolina reported that they have had sexual intercourse compared to **46%** of female high school students and **49%** of male high school students nationwide.

4% of female high school students and **17%** of male high school students in South Carolina reported having sexual intercourse before age 13 compared to **3%** of female high school students and **9%** of male high school students nationwide.

17% of female high school students and **26%** of male high school students in South Carolina reported having four or more lifetime sexual partners compared to **13%** of female high school students and **18%** of male high school students nationwide.

39% of female high school students and **45%** of male high school students in South Carolina reported they are currently sexually active (defined as having sexual intercourse in the three months before to the survey) compared to **34%** of female high school students and **33%** of male high school students nationwide.

Language and Instruction Standards

While the full text of the CHEA is found in Appendix A, these key elements have direct impact on sex education instruction.

1

Comprehensive Health Education encompasses all aspects of a young person's life, not just sexuality. Included are, among other things: skills, attitudes, and practices of children and youth that are conducive to their good health and that promote wellness, health maintenance, and disease prevention.

2

Reproductive Health Education includes instruction in human physiology, conception, prenatal care and development, childbirth, and postnatal care. It does not include instruction concerning sexual practices outside of marriage or those unrelated to reproduction-except within the context of disease. Abstinence and the risks associated with sexual activity outside of marriage must be strongly emphasized.

3

Pregnancy Prevention Education must a) stress the importance of abstaining from sexual activity; b) help students develop skills to resist peer pressure; and c) explain methods of contraception and the risks and benefits of each method. Contraception education must be given in the context of future, marriage-based family planning.

4

Family Life Education is intended to a) develop an understanding of the physical, mental, emotional, social, economic, and psychological aspects of close personal relationships and an understanding of the physiological, psychological, and cultural foundations of human development; b) provide instruction that will support the development of responsible personal values and behavior and aid in establishing a strong family life for themselves in the future and emphasize the responsibilities of marriage; c) provide instruction as to the laws of this State relating to the sexual conduct of minors, including criminal sexual conduct.¹⁷

STUDENTS ARE TAUGHT:

Comprehensive health education has content restrictions based on age-appropriateness and grade levels. Key elements include:

GRADES K–FIVE (ELEMENTARY SCHOOL)

- » Community health, nutrition, personal health, dental health, growth and development, and accident prevention.
- » Age-appropriate instruction in reproductive health may be included at the discretion of the local school board. Discussion of contraception methods before sixth grade is not permitted.

GRADES SIX–EIGHT (MIDDLE SCHOOL)

- » Includes all topics included in grades K–5 plus environmental health, substance abuse, mental and emotional health, reproductive health education and sexually transmitted diseases.
- » The local school board, guided by the local Comprehensive Health Education Act (CHEA) Advisory Committee, may include family life education or pregnancy prevention instruction.

GRADES NINE–TWELVE (HIGH SCHOOL)

- » One time during four years of high school, each student shall receive at least 12.5 hours (750 minutes) of reproductive health and pregnancy prevention education as defined above.

LOCAL CONTROL

To provide school boards with guidance as to reproductive health education, local control of content is outlined. Important provisions are as follows:

- » Local school boards select the instructional materials that address reproductive health, family life and pregnancy prevention education.
- » Each school board appoints a 13-member committee to assist in the selection of instructional materials. The committee must contain parents (2), clergy (3), health professionals (2), teachers (2), students (2, including the president of a high school's student body), and non-school employees (2).
- » Parents are given advance notification of a student's enrollment in reproductive health or pregnancy prevention courses, have the opportunity to preview all materials, and exempt their children (i.e. "opt-out") from instruction.

RESTRICTIONS ON INSTRUCTION

- » Health education classes may not include discussions of "alternate sexual lifestyles from heterosexual relationships."
- » Schools may not distribute contraception on school grounds or contract with any provider to do so.
- » School districts cannot offer programs that include abortion counseling or any information concerning abortions.
- » Films and other materials may not contain actual or simulated portrayals of sexual activities or intercourse.

II.

Study Methodology

In order to determine South Carolina school districts' compliance with the CHEA, and determine the types of materials used to teach reproductive health education received by students, researchers requested that districts submit all materials used to teach sexuality education, human growth and development, and/or puberty education. In addition, information about district sex education policies was gathered, along with written recommendations from local advisory committees to local school boards.

Additionally, summary data from the South Carolina Department of Education's (SCDE) annual survey was collected. The SCDE, as mandated by the CHEA, requires each district to respond to an annual survey to help ensure compliance with the law. The annual survey asks each District Comprehensive Health Education Coordinator about health curriculum and instruction, teacher certification, health education professional development, and the district's Health Education Advisory Committee (HAC). Though the reporting requirement is mandated by law, there is no penalty for districts that do not comply.^{18,19} Staff from the SCDE provided data from the annual surveys. Data from the 2011 SCDE annual survey are used throughout this report. Executive summaries of the 2010 and 2011 survey data are provided in Appendix B.

Because sexuality education is often a sensitive issue, voluntary compliance with a request for data on sexuality education in schools is not guaranteed. Therefore, the Freedom of Information Act (FOIA) was used to gather the data outlined above, in order to ensure district compliance with the request. The data gathered in the SCDE annual survey did not address all the questions of interest in this study, thus the FOIA request allowed researchers to broaden the scope of their data collection. All requests asked districts to submit information from the 2008–2009, 2009–2010 and 2010–2011 academic years. Appendix C outlines the materials requested and the dates of data collection during this study. Additional information about the FOIA can be found in Appendix C as well.

All public school districts in the state were included in this study. However, it is important to note that school district makeup changes from year to year, so the number of districts that exist in South Carolina at the time of publication of this document might differ from the number of districts included in this report. Alternative schools, private schools, online schools, and homeschooling programs were not included in this study. An estimated 85% of districts failed to fully comply with the initial request, and a second round of requests was made with each respective district to help ensure they responded fully to the FOIA request. It should be noted it was rare that a single person in a school district had access to the necessary information. It was also common for various personnel within a district to become involved in the same response

process to provide information to complete the response. This multi-layered process made it extremely difficult to complete district files, because it took multiple e-mails and phone calls to the same district to explain the FOIA request and to obtain documentation of different elements of the request. The end result was an often disjointed process in which districts would respond with partial documentation, and researchers had to continually probe for more complete information. Eventually, 100% of districts provided some level of response to the FOIA.

Organization of this Report

Major findings were extracted from the extensive information gathered from local school districts and the SC Department of Education's annual survey. Data from this study and results from the SCDE are included to provide a "snapshot" of sexuality education in South Carolina public schools. Explanatory narrative, examples, and interpretation are provided in each section of the results. Finally, recommendations for improving the CHEA statute and sexuality education in South Carolina public schools are outlined.

III.

Results: Five Major Findings and Opportunities for Improvement

AUTHORS' NOTE: *A wealth of data were gathered for this report, but only a few examples are provided in each section. Additional data and examples exist to support the findings in this report.*

FINDING #1

The majority of districts are not in compliance with the law.

IMPROVEMENT: *Public schools need clarity on reproductive health education policy.*

The requirements of the Comprehensive Health Education Act are interpreted in a variety of ways on the local level. This varied interpretation makes compliance with the law difficult to determine; however, analysis of the materials gathered via the FOIA request suggests that the large majority of school districts in South Carolina are not in compliance with the reproductive health education aspects of the law. Further, many districts do not have adequate or up-to-date policies regarding the instruction of reproductive health education to students. Despite efforts by the SCDE to monitor the delivery of health education instruction in schools, the data currently collected cannot adequately determine whether instruction in the classroom is of sufficient quality to reduce risky behaviors in school-aged youth.

Lack of Compliance

Districts' technical compliance with the CHEA is very difficult to determine completely, because the scope of this study was limited to the self-reported responses in the SCDE annual survey and the information provided in response to the FOIA request. Additionally, because the language in the CHEA is vague, it is difficult to establish a clear, objective measurement for some features of the law. Again, this study only focused on compliance with the elements in the law that pertain to *reproductive health instruction*, and did not collect any information on other types of health education instruction or policies.

For the purposes of this report, a definition of full compliance with the CHEA was developed. Districts are considered to be in compliance with the sexuality education aspects of the law if they meet the following requirements:

1. Taught students in high school about reproductive health and pregnancy prevention;
2. Taught students in middle school (6th, 7th, & 8th grades) about reproductive health and sexually transmitted diseases;
3. Fulfilled the minimum time requirements for reproductive health education in high school (750 minutes);
4. Presented pregnancy prevention education separately to male and female students;
5. Provided staff development for teachers responsible for health education;
6. Had a Health Education Advisory Committee with all of the requisite 13 members;
7. Completed and submitted the Annual Survey Compliance Report to the South Carolina Department of Education;
8. Adhered to the classroom instruction requirements and restrictions of sexual health content outlined in the law (See Table 1);
9. Excluded information on abortion counseling or services and distribution of contraceptive devices or medication in or on school grounds;
10. Accommodated parents or legal guardians to exempt their child(ren) from any or all instruction on reproductive health, family life, and pregnancy prevention without penalty or embarrassment to the student.

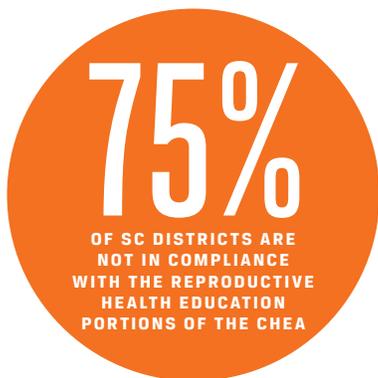
«« TABLE 1 »» PROHIBITIONS AND REQUIREMENTS OF CLASSROOM INSTRUCTION ²	
REQUIREMENTS	PROHIBITIONS
Emphasis on abstinence in reproductive health and pregnancy prevention.	No discussion of alternate sexual lifestyles, except in the context of STDs.
Instruction in the methods of contraception, risks and benefits, must occur in the context of future family planning.	No films, pictures, or diagrams may contain portrayals of actual or simulated sexual activities or sexual intercourse.
Information about adoption as a positive alternative must be given.	No programs on abortion counseling, information about services, or assistance in obtaining an abortion may be given.

Limitations of Determining District Compliance with CHEA

Compliance with all of the reproductive health requirements of the law proved to be impossible to determine with precision. Researchers were only able to measure information contained in records obtained under the Freedom of Information Act, and thus could not evaluate whether or how topics were covered during classroom instruction. Due to the limited scope of this study and the unavailability of in-classroom data, only six of the ten aspects of compliance with the CHEA are able to be measured at a district-by-district level.

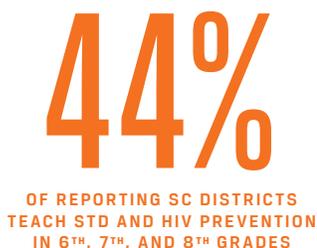
School District Compliance Table

A breakdown of district compliance with the reproductive health education aspects of the law can be found in the District Level Compliance Table, found on page 39. All information presented in the table was collected from the SCDE's 2011 annual survey, which is self-reported by the Comprehensive Health Education Coordinator in each district. Requirements 1, 2, 3, 5, 6, and 7 in the compliance requirements listed on the previous page are organized in the District Level Compliance Table; the other requirements were unable to be determined. Districts were considered to be in compliance with requirement 2, (Taught STD/HIV prevention and reproductive health in middle school), if they reported teaching STD/HIV prevention in **all three** middle school grades. The final column in the table totals the number of compliance violations out of the six for each South Carolina school district included in the study. If a district did not reply to a question on the survey or to the survey at all, that non-response was counted as a violation. Though a response is required by statute, only 69 of 85 districts (81%) submitted a response to the 2010-2011 SCDE annual survey.¹⁹ That means there are no data on 16 districts, thus levels of compliance cannot be determined for these districts. However, lack of a response by a district is a compliance violation in and of itself. Relevant statistics are highlighted below.²⁰

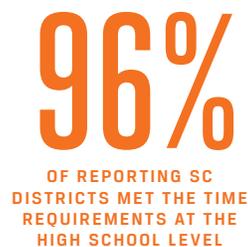


- » Of the 85 districts sent a survey by the SCDE in 2011, only 22 (25%) had no compliance violations. That means 75% of districts in South Carolina are not in compliance with at least one of the six measurable requirements of the reproductive health education components of the CHEA.

- » Of the 69 districts that responded to the 2011 SCDE survey, 44% reported teaching STD and HIV prevention education in 6th, 7th, and 8th grades.



- » Of the 69 districts that responded to the SCDE survey in 2011, 86% reported they provided staff development for teachers responsible for comprehensive health education, and 12% reported they did not provide staff development for those teachers. Twenty-two percent of districts either did not respond to the staff development question or did not respond to the survey at all.

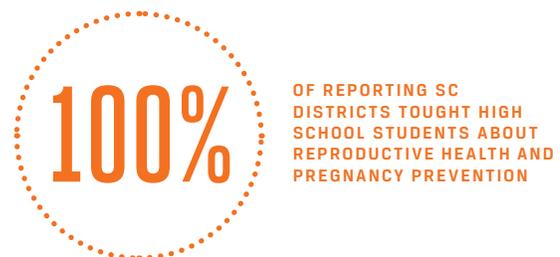


- » Of the 69 districts that responded to the 2011 SCDE annual survey, 96% reported meeting the 750 minute time requirement at the high school level.

- » Of the 69 districts that responded to the 2011 SCDE annual survey, 77% of districts were in compliance by fulfilling a 13 member health education advisory committee (HAC).



- » Of the 69 districts that responded to the SCDE annual survey, every district that answered the specific question about instruction reported teaching high school students about reproductive health and pregnancy prevention. Almost 19% of districts either ignored that question on the survey or disregarded the entire survey.



Inadequate Accountability

It is common for state agencies and other publicly funded entities to require the submission of an annual compliance report. Annual compliance reports allow the SCDE and school districts to monitor how the CHEA is being implemented and whether changes should be recommended. Section 59-32-60 of the CHEA states:

*“The department shall assure district compliance with this chapter. Each local school board shall consider the programs addressed in this chapter in developing its annual district report.”*²

Despite the fact that submitting the survey is required by law, not all districts completed the annual report. For example, during the 2009–2010 school year, only 73% of the districts submitted reports,¹⁸ with 81% of districts submitting reports for the 2010–2011 school year.¹⁹ Though a response rate of 81% is acceptable for a research study, school districts have the legal responsibility to complete their respective annual surveys. Therefore, a 100% response rate should be expected. The SCDE Executive Summaries for both years noted,

“Districts not in compliance were contacted following the deadline to verify and remind them they did not submit their report.”^{18,19}

In documents collected in the FOIA request, some school districts incorrectly stated that there was no annual reporting requirement to the SCDE. The response from Lee School District stated, “There are no annual reports required to be submitted to the SCDE regarding sexuality education in our district.”²¹ The Pickens School District commented, “We are not aware of any requirement by the South Carolina State Department of Education.”²² These school districts were not alone; Rock Hill/ York School District 3 and York School District 1 stated incorrectly that the SCDE did not request a report.^{23,24} Further, five districts (Barnwell 19, Colleton, Florence 2, Jasper, and York 3) have failed to submit their reports over the **last three consecutive years**.¹⁹

Because the CHEA has been in place since 1988, districts should be aware of the annual reporting requirement. One key reason for low compliance might be because there are no penalties proscribed in the law for non-compliance. Historically, districts have not been sanctioned, nor have they lost any portion of their state funding for non-compliance. Very recently, however, a proviso was passed in June of 2011 (Proviso 1.102. SDE: Health Education) that allows a reduction in funds

sent to districts that do not comply with the curriculum provisions in the CHEA. That proviso, to this date, has not been used to penalize any non-compliant districts. The proviso is a positive step towards enforcement of the law; however, corrective action must come from the district before a penalty can be assessed by the SCDE. This process of enforcement could make districts reluctant to report, since they would be enforcing a penalty on themselves. Furthermore, how exactly the SCDE would administer the funding cuts for a district in violation of the law is unclear in the language of the proviso.

In addition, the SCDE annual survey does not gather specific information on **how** time is spent teaching sexuality education. Districts must merely indicate if they comply with the 750 minute standard by checking a box on the annual compliance survey. No in-classroom monitoring of the quality of reproductive health education is required or performed.

Misperceptions and Ignorance of the Law

School districts interpret the CHEA in a variety of ways on the local level, often in opposition to the law itself. Examining parental consent letters written by school districts²⁵ reveals a significant gap between what the CHEA dictates and what school districts practice. For example, in an Allendale School District board meeting, it was noted that “all students must have parental **consent** before participating in the program”.²⁶ There is no legal requirement that parents give “permission” for their children to receive sexuality education instruction, thus the Allendale School Board either misunderstood the statute or created a more restrictive policy than statutorily mandated. In Marion School District 1 it was noted that “students without permission slips will be held by the following teachers on the following days.”²⁷ These mistakes are an indication that school district officials may be unclear as to the language, spirit, and intent of the CHEA.

Table 2 contrasts what the CHEA prescribes and what school districts practice.

**«« TABLE 2 »»
 CONTRAST BETWEEN WHAT CHEA REQUIRES
 AND WHAT SCHOOL DISTRICTS ALLOW²⁵**

CHEA SAYS...	DISTRICTS ALLOW...
<p>"...public school principals shall develop a method of notifying parents of students in the relevant grades of the content of the instructional materials concerning reproductive health, family life, pregnancy prevention, and of their option to exempt their child from this instruction..."</p>	<p>Districts allow parents to exempt students from all health instruction such as substance use and abuse or safety and accident prevention. TOTAL # OF DISTRICTS IN VIOLATION » 10</p>
<p>"A public school principal, upon receipt of a statement signed by a student's parent or legal guardian stating that participation by the student in the health education program conflicts with the family's beliefs, shall exempt that student from any portion...where any conflicts occur."</p>	<p>Instead of asking parents to sign a letter of exemption, some districts asked parents to sign a letter allowing their child to participate fully in health education, placing another obstacle between students and comprehensive health information. TOTAL # OF DISTRICTS IN VIOLATION » 26</p>
<p>"Local school boards may use the instructional unit made available by the board...or local boards may develop or select their own instructional materials addressing the subjects of reproductive health education, family life education, and pregnancy prevention education."</p>	<p>Districts allow either inappropriate or non-compliant curricula such as abstinence-only-until-marriage materials or use out-of-date state standards. TOTAL # OF DISTRICTS IN VIOLATION » 8</p>

Teacher training is inadequate and inconsistent.

IMPROVEMENT: *Increasing the quality of reproductive health education in the classroom could be achieved with better, more consistent teacher training.*

There is an ongoing issue that significantly impacts the quality of sexual health instruction in South Carolina schools. Specifically, there is no requirement that reproductive health instruction be delivered by a certified and qualified health educator. Health education instruction is delivered by a variety of content-specific teachers ranging from science, to physical education, to consumer and family science teachers, and occasionally, even the school nurse. It is common sense that mathematics or science courses are not taught by English or government teachers. Therefore, health education should be taught by qualified health educators. The health-related knowledge and skills needed by today's youth require that they be exposed to high quality curricula, taught by those with specific training in the field. Being trained as a science teacher or nurse is certainly relevant, but inadequate, for the delivery of quality reproductive health education to young people.

Certification Concerns

Reproductive health and sexuality education is a social science field that combines human physiology, behavior change theories, relationship education, and youth development principles in order to positively influence the behaviors of young people.²⁸ It is crucial that those delivering instruction are trained in these and other skills in order to create an effective learning environment for youth.

Currently, there is no statewide health education high school graduation requirement, though local districts can require a health education credit as a local graduation policy. This lack of a graduation requirement for health education has led to a dearth of certified health educators in the state. If students are not required to complete a health course to graduate, then teachers who choose to pursue a health education certification may not feel secure in their professional value to the school. Currently, there are no health education teacher preparation programs in higher education institutions in SC because the SCDE does not require teachers teaching health education to be certified in health education. Teachers can seek an "add-on" certification in health education, however. This add-on certificate requires 24 hours of additional course work to be completed, with specific courses required (i.e. additional anatomy and physiology, school health, first aid, and emergency preparedness) and additional coursework as electives (i.e. environmental health, nutrition education²⁹). The end result is that health education, including reproductive health education, is not usually taught by content-specific specialists in the field. In addition, given that health education instruction is often assigned to teachers with different primary certifications, there may be little interest in completing an additional certificate in a content area that is not a high school graduation requirement for students in South Carolina.

In the FOIA response, some school districts focused on who should teach lessons related to reproductive health education and pregnancy prevention education. Florence School District 1 materials noted, "due to a 'problem with a speaker in the past,' only teachers who participated in an in-service prior to teaching human sexuality can teach this topic."³⁰ It was clear that Florence School District 1 no longer allows outside speakers or substitutes to teach this topic. Dorchester School District 2 "approved the recommendation that the human reproduction course be taught by ... certified teachers."³¹ Because there is no health education certification in South Carolina teacher preparation programs, it is unclear if these teachers are certified to teach health or simply received training in how to teach sexuality education.

Certification Inconsistencies

Additionally, the 2010-2011 SCDE annual report revealed that 30% of instructors teaching health education were actually certified in physical education (P.E.), 11% certified in science, and 9% certified in biology.²⁰ Therefore, the majority of reproductive health education teachers in SC are P.E. teachers. In fact, South Carolina has more P.E. teachers delivering reproductive health education than any other state in the nation.³²

Guidelines from the SCDE state that only teachers certified in P.E., health, or science (biology) are allowed to teach comprehensive health (including the reproductive health components). However, it is common practice to have a nurse or other non-education credentialed person present the contraceptive information portion to high school students.

The 2011 SCDE annual survey identified the certification status of 156 teachers assigned to teach health education. A snapshot from the survey data of the areas of teacher certification for health education teachers is shown in Table 3 below.

«« TABLE 3 »» PERCENTAGES OF CERTIFICATION AREAS OF HEALTH EDUCATION TEACHERS IN SOUTH CAROLINA DURING THE 2010-2011 SCHOOL YEAR²⁰ 	
REPORTED TEACHER CERTIFICATION FOR HEALTH EDUCATION TEACHERS	PERCENTAGE
Physical Education	30%
Health and Physical Education (DUAL CERTIFICATION)	28%
Science	11%
Other Certification (IN SUBJECT AREAS OTHER THAN THOSE APPROVED IN SCDE RECOMMENDATION DOCUMENTS)	8%
Family & Consumer Science	6%

Professional Development Concerns

Teachers should recognize that merely implementing a program or curriculum without adequate training often results in ineffective delivery to students. Those teachers teaching sexuality education must not only have confidence in the curriculum being taught, she or he must also be comfortable teaching the subject matter.³³ Such comfort levels are often established and reinforced by quality, evidence-based professional development activities.

Given the dynamic, changing knowledge base in health and wellness promotion, staff development is a crucial component of professional competencies. In addition, with no health education teacher certification offered by South Carolina universities, the majority of teachers charged with teaching health education are not formally trained in the field. The lack of academic preparation makes professional development even more important. The CHEA specifically mentions staff development. Section 59-32-40 (Staff Development) of the CHEA states:

As part of their program for staff development, the department and local school boards shall provide appropriate staff development activities for educational personnel participating in the comprehensive health education program. Local school boards are encouraged to coordinate the activities with the department and institutions of higher learning.

According to the 2011 annual survey data from the SCDE, 86% of responding districts offered teacher professional development opportunities in accordance with the CHEA. However, reporting districts nevertheless cited training in the topic area of reproductive health as the **most needed professional development area**.¹⁹

Although the FOIA request did not require an explanation regarding staff development, many districts shared details about their respective staff development programs. For example, the Horry County School District and Orangeburg School District 5 staff participated in a three-hour workshop, *Tools to Assess the Characteristics of Effective Sex and STD/HIV Education Programs (TAC)*.^{34,35} The workshop was led by South Carolina Campaign to Prevent Teen Pregnancy (from here forward referred to as the "SC Campaign"), a reputable source of sexuality education and pregnancy prevention-related training. The workshop explained how to properly assess videos, materials, and

information brought before local advisory councils to be certain the school district was in compliance with the CHEA.³⁶ Another school district, Williamsburg,³⁷ also identified participating in "county training sponsored by the SC Campaign" for staff. Trainings offered by the SC Campaign provide professional Continuing Education Units (CEUs) for a variety of professionals working within the field of sexual health (e.g. Certified Health Education Specialists (CHES), nurses, and social workers).

The SCDE was also noted in the FOIA materials as a provider of staff training and professional development. Specifically, the Fairfield School District documented professional development through a district health educator coordinators meeting.³⁸ Also, Orangeburg School District 3 teachers participated in a *Healthy Schools Orientation* for middle and high school teachers.³⁹ Dorchester School District 2 utilized a district Health and Wellness Facilitator to provide the PE teachers professional development in sexual health in order to help the staff develop a comprehensive health curriculum.³¹ It is important to note that many districts placed a strong emphasis on ensuring teachers receive the necessary training to cover this material. This indicates a clear understanding of the role of staff development in teaching any subject, particularly one as sensitive as sexuality education.

There were a variety of opportunities for South Carolina teachers to participate in and receive training based on specific sexual health curricula. For teachers that assume the responsibility of teaching sexuality education, this was not only beneficial, but necessary. Once in the classroom, the teachers who participated in these trainings could utilize the knowledge and skills obtained in the trainings to enhance their teaching. However, it cannot be assumed that all trainings were created equal. Trainings must assume a certain level of knowledge, competence and comfort with the topic for the individual teacher that is involved, and be medically-accurate and evidence-based.

Instructional materials lack standardization and are often inadequate.

IMPROVEMENT: *Instructional materials need to be up-to-date and medically-accurate, and delivery of reproductive health education needs increased consistency and systematic monitoring.*

There is no standard method of delivering instruction in human sexuality, human reproduction, or pregnancy prevention in South Carolina schools. Results from this study and the 2011 SCDE annual survey showed that these content areas were integrated into a variety of courses (i.e. physical education, biology, life skills, etc.), and taught by a variety of teachers.¹⁹ Additionally, results from the FOIA materials and a content analysis of the most frequently used textbooks in the state suggested that many South Carolina students receive incomplete information about their bodies, reproduction, and sexual health. While there was evidence that the majority of students receive ample instruction on abstinence, reproductive health lessons included little to no information about practices that can protect youth from unintended pregnancy and STDs: contraception or condoms. The evaluation measures currently in place are not adequate to determine if there is a classroom focus on appropriate knowledge and skill development. Skills that help young people make healthy decisions and avoid risky behavior are essential tools that South Carolina students need to function as informed, health-literate individuals now and in the future.

Content Delivery Concerns

A general goal of sexuality education is to provide clear and consistent, developmentally appropriate instruction for school-age students. As a result, there are a number of resources and standards that support such an endeavor, including:

- » South Carolina Academic Standards for Health and Safety Education: Guiding document from the SCDE that describes what students in SC should know and be able to do by the end of each grade level. Teachers that follow the standards meet all the CHEA requirements for classroom instruction. (See **Appendix D** for more information on the SC Standards.)⁴⁰
- » National Health Education Standards: Guiding document created by national health and education organizations that help establish, promote and support health-enhancing behaviors through health education instruction for students in grades pre-K-12.²⁸
- » Health Education Curriculum Analysis Tool (HECAT): Comprehensive tool from the Centers for Disease Control and Prevention (CDC) that contains guidance, appraisal tools, and resources for carrying out a clear, complete, and consistent examination of health education curricula. Analysis results can help schools select or develop appropriate and effective health education curricula, strengthen the delivery of health education, and improve the ability of school health educators to influence healthy behaviors and healthy outcomes among school age youth.⁴¹
- » National Standards for Sexuality Education: Guiding document that proposes minimum standards for sexuality education instruction that is age and developmentally appropriate.⁴²

These guiding documents and tools identify the scope of information that should be provided, and at what grade level or sequence it is most beneficial to incorporate into student curriculum. The CHEA presents the following rule (59-32-30 A3, Receive Instruction) for schools concerning the scope and sequence of reproductive health education:²

Beginning with the 1989–90 school year, at least one time during the four years of grades nine through twelve, each student shall receive instruction in comprehensive health education, including at least seven hundred fifty minutes of reproductive health education and pregnancy prevention education.

The CHEA recognizes that reproductive health instruction is relevant to students and a part of normal, human development. While specific content requirements exist for grades K–5 and 6–8, instruction for grades 9–12 is very unclear beyond that it is expected for a certain length of time: 750 minutes total, *not per year of high school*.

The statute language is missing essential guidance on who should deliver this instruction, the type of material presented to students, and the need for age and developmentally appropriate information. Although the South Carolina Academic Standards for Health and Safety Education provide clear guidance as to the health education skills and knowledge students should obtain

by the end of a specific grade level, these standards are not legally binding and there is no penalty for bypassing them. The CHEA does not specify grade levels or a minimum amount of instruction for health or reproductive health education during the four years of high school, nor does it address core content and skills to provide a framework for teachers tasked with delivering health education instruction. Further, since the statute allows for the 750 minutes of instruction to occur at any point before high school graduation, there is danger that the scope and sequence of instruction is occurring too late in adolescents' developmental process. Because the majority of high school students in South Carolina already report having engaged in sexual activity by the time they are seniors,⁴³ then reproductive health instruction as it is taught currently is likely to be insufficient to prevent negative outcomes such as unplanned pregnancy and STD transmission.

The 2011 SCDE annual report indicated that 95% of high schools and 93% of middle schools met the time requirement for comprehensive health education as defined in the Academic Standards for Health and Safety Education.^{25,19} The SCDE annual survey asks district health coordinators whether they met a "time requirement" for middle school comprehensive health education. No such time mandate for middle school exists in the language of the CHEA; however, state regulations outline recommendations for time spent on comprehensive health subjects. While these statistics are reassuring, there is no way to verify how those reported minutes were spent, and whether the time offered included quality instruction at every grade level.

Integrated vs. Standalone Courses: Health Education Classroom Structure

The CHEA allows health education instruction to occur as part of an existing course or as a standalone course. According to the SCDE 2011 annual survey, few school districts, about 30%, have opted to establish standalone reproductive health education instruction. The majority of districts – 64% – have integrated this key instruction into existing coursework, most commonly a physical education class. Approximately half of districts indicated reproductive education instruction occurs in multiple courses. For example, 55 of 85 districts report reproductive health education occurs in a health education/family health, or a growth/development course. Even more – 59 districts – indicate instruction as part of PE/ROTC/Adaptive PE classes.²⁰ Some districts, Saluda School District and Sumter School District 17, for example, have made the commendable step of adding mandated health education instruction to their list of graduation requirements.^{44,45}

Furthermore, the statute offers no guidance regarding curricular fidelity – the practice of teachers following lessons as they were designed. With no requirements or monitoring system in place to ensure fidelity, it cannot be determined if instructors are maximizing the potential for positive behavioral outcomes. There is no requirement or monitoring system in place to ensure that these curricula are being delivered as designed. Using an effective program, but not teaching it as designed, is not recommended.³³ (See "Best Practices in Health Education," page 22.)

Pregnancy and STD Prevention Instruction

Teachers are in the prime position to address sexuality education through comprehensive, medically-accurate, and age and developmentally-appropriate instruction. With an estimated one in four teenagers being sexually active, there's a dire need for youth to receive pregnancy prevention and sexually transmitted disease (STD) prevention instruction.⁴⁶ Further proof lies in South Carolina ranking as eighth in the nation in new AIDS diagnoses.⁴ In 2010, one in five newly reported HIV/AIDS cases in SC was in someone under the age of 25.⁴

The CHEA prohibits STD instruction at elementary grade levels, but requires it in grades 6th, 7th and 8th, and at least once during the four years of high school.² The statute language sets forth a minimum standard for educators/teachers: to be responsive to the needs of their students. Unfortunately, it lacks any requirement that reproductive health instruction include scientifically- and medically-accurate educational components.

Very few school districts provided actual materials to demonstrate how they are meeting the STD or pregnancy prevention instruction requirements of the CHEA. The SCDE annual survey merely asks schools to indicate compliance with a check mark.

Self-report is the only proof that reproductive health instruction occurs in South Carolina classrooms.

For that reason, it is difficult to determine if or how reproductive health education standards are being met. Even schools that did document curriculum standards and performance indicators that address STD, HIV/AIDS and unintended pregnancy prevention, may not be incorporating best practice methods of instruction.

For example, the Kershaw County School District Reproductive Health Curriculum includes curriculum standards and performance indicators within the content area of family living and healthy sexuality.⁴⁷ Performance indicators describe strategies for the prevention of sexually transmitted diseases/infections (STDs/STIs), Acquired Immunodeficiency Syndrome (HIV/AIDS), and unintended pregnancy. The objectives include the following:

- » Students will define sexually transmitted disease and name at least five STDs/STIs.
- » Students will explain symptoms, consequences, and treatment for at least five STDs/STIs.
- » Students will describe abstinence as the best way to prevent STDs/ STIs.
- » Students will list at least two resources for information and/or treatment of STDs/STIs.⁴⁷

Kershaw School District is to be commended for addressing STDs in its performance indicators and student learning objectives. However, the objectives focus on lower-order thinking skills, instead of the development of behavioral skills for preventing STDs and pregnancy.

While increasing knowledge is certainly important, behavior change is the ultimate criterion for effectiveness in health education, particularly sexuality education. Materials that tend to focus on lower-order thinking skills (list, describe, define, etc.) do not often progress toward developing behavioral skills (i.e. strategies to develop skills for saying "no" to sexual activity, negotiating condom use, etc.) for preventing STDs and unintended pregnancy. (See "Best Practices in Health Education," page 22.) Merely increasing knowledge seldom results in long-term behavior change.

In addition, the Kershaw standards do not mention condoms as a protective medical device to reduce transmission of HIV and other STDs.⁴⁷ The CHEA does not prohibit discussion of condoms and other forms of contraception, but these learning objectives do not acknowledge the role of condoms as an established public health strategy.

The lack of information provided by districts as to how they teach about reducing STD transmission or preventing unplanned pregnancy makes any conclusions about how this information is conveyed to students speculative. What little information provided via the FOIA request showed teachers are unlikely to teach correct condom use or other ways to prevent STDs beyond abstinence.

BEST PRACTICES IN HEALTH EDUCATION

According to the CDC, effective school-based HIV/STD prevention programs tend to share a handful of common traits. Among other things, the health education lessons focus on skill building and supporting healthy behaviors.⁴⁸

The best health education programs teach students how to make health-promoting decisions that can benefit teens over their entire lives. Health education programs that promote behavior change and reduce negative sexual health outcomes are in contrast with less effective programs which overemphasize teaching scientific facts and increasing student knowledge.⁴⁹ Programs that teach teens how to communicate, solve problems, and participate in healthy sexual behaviors have been associated with long-term reductions in sexual risk behaviors.⁴⁸

In order to teach behavior changes, research suggests a progressive curriculum where each concept and lesson builds upon the next. The CDC's Health Education Curriculum Analysis Tool (HECAT) recommends "A progressive sequence" where "each lesson plan reinforces the one before it and sets the stage for the next one."⁴⁹ For example, in a progressive sequence curriculum, an instructor might cover basic information about STDs prevention; then lead a discussion on how behaviors could reduce susceptibility to STDs; then explore obstacles in following through on healthy behaviors, and finally reinforce the skills needed to perform healthy behaviors.⁵⁰

Instructional Materials, Curricula and Textbooks Vary Widely

Sexuality education curricula and instructional materials used in South Carolina districts as reported through the FOIA request are listed in Appendix E. However, some of the programs, materials, and curricula reported to researchers are not actual curricula, but are instead the names of the organization that created or provided training for a program or curriculum. Additionally, some districts, such as Barnwell/Blackville-Hilda 19 and Anderson 3, reported multiple curricula—some of which have contradictory messages about reproductive health and sexuality.^{51,52}

For a more detailed explanation of evidence-based, abstinence-only, abstinence-only-until-marriage and comprehensive sexual health education programs, please see "Sexuality Education Dictionary" on page 23.

Sexuality Education Dictionary

When discussing the sexuality education young people receive, many people refer to two distinct schools of thought: comprehensive sexuality education and abstinence-only-until-marriage programs. In reality, however, most schools in the United States teach programs that fall somewhere between the two ends of the spectrum and programs are often called by a variety of different names. The following terms and definitions provide a basic understanding of the types of sexuality education programs that are currently offered in schools and communities.

- 1** **Comprehensive Sexuality Education (CSE)** programs start in kindergarten and continue through 12th grade. These programs include age-appropriate, medically accurate information on a broad set of topics related to sexuality including human development, relationships, decision-making, abstinence, contraception, and disease prevention. They provide students with opportunities for developing skills as well as learning information.⁵³
- 2** **Abstinence-based** programs emphasize the benefits of abstinence. These programs also include information about sexual behavior other than intercourse as well as contraception and disease-prevention methods. These programs are also referred to as abstinence-plus or abstinence-centered.⁵³
- 3** **Abstinence-only** programs emphasize abstinence from all sexual behaviors. These programs do not include information about contraception or disease prevention methods.⁵³
- 4** **Abstinence-only-until-marriage (AOUM)** programs emphasize abstinence from all sexual behaviors outside of marriage. If contraception or disease-prevention methods are discussed, these programs typically emphasize failure rates. In addition, they often present marriage as the only morally correct context for sexual activity.⁵³
- 5** **Evidence-based** programs belong to a specific category of pregnancy prevention programs for youth and are defined by the Office of Adolescent Health at the federal Department of Health and Human Services (HHS). The HHS criteria for evidence-based programs requires studies to demonstrate that students experienced a period of reduced risk for teen pregnancy, sexually transmitted infections, or associated sexual risk behaviors after participating in the program.⁵⁴

Content Analysis: Textbooks Used for Reproductive Health Education

South Carolina public schools rely heavily on existing, state-approved textbooks to teach health education, and in conjunction, reproductive health education. Most districts – 78 out of the 85 districts that responded to the FOIA request – indicated use of at least one state-approved textbook, but several indicate use of multiple textbooks.

Middle School Textbooks

Per the FOIA request, the most popular middle school textbook in South Carolina is the series, *Decisions for Health* published by Holt, Rinehart, and Winston. Data indicates 40 districts use the sixth grade edition,⁵⁵ 38 districts use the seventh grade edition⁵⁶ and 37 districts use the eighth grade edition.⁵⁷ Another common middle school textbook is Glencoe's *Teen Health* with 19 districts using the sixth grade edition,⁵⁸ 18 districts using the seventh grade edition,⁵⁹ and 17 districts using the eighth grade edition.⁶⁰ Many districts identified using more than one textbook, thus the totals in the following paragraphs will exceed 100%.

Both texts have informational shortcomings. The Holt series repeatedly mentions "sexual contact" without ever defining the term, doing the same for key terms such as "sexually transmitted diseases" and "sexual activity." Fertilization is described as "one sperm and one egg coming together" and "sex cells of the man and woman join together," providing no information as to how these cells, eggs, or sperm actually unite through sexual intercourse.^{55,56,57} The *Teen Health* series also contained such limited information.^{58,59,60}

These texts are also focused exclusively on abstinence from sexual activity. The numerous references to "avoiding sexual activity or contact" and "abstinence until marriage" are noted throughout all three versions of the books. In Chapter 12, Lesson 3 in the *Decisions for Health* 7th grade book, the authors explain how alcohol can affect sexual decision-making by making the case that alcohol use increases the chances of "unplanned, unprotected, and unwanted sex." This is the only reference to risk-reduction strategies other than abstinence, but again, the term "unprotected" is undefined for students. At no point are condoms mentioned by name, nor is their consistent and correct use ever discussed.⁵⁶

Finally, language used to describe the risks of sexually transmitted diseases is exceptionally dire. For example, it is noted in the *Decisions for Health* 6th grade book that "untreated syphilis" (Chapter 10, Lesson 4) leads to death.⁵⁵ The 7th grade *Decisions for Health* text notes untreated STDs can cause "brain damage, paralysis, and death" (Chapter 14, Lesson 4).⁵⁶ What is left unsaid is that syphilis is a treatable condition, and the likelihood of someone suffering through the symptoms of syphilis and other STDs without seeking treatment is exceptionally rare.

High School Textbooks

Results from the FOIA showed four health education books were commonly used in South Carolina high schools: Glencoe *Health and Wellness*, 1st Edition⁶¹ (used by 20 districts); Glencoe *Health*, 9th Edition – Student Version⁶² (used by 18 districts); Holt *Lifetime Health*⁶³ (used by 18 districts); and, Glencoe *Human Sexuality Student Edition*⁶⁴ (used by 17 districts). The high school texts continue the pattern of instruction set by the middle school texts, promoting abstinence until marriage, using ineffective fear tactics, and providing no information about contraception.

With the exception of Glencoe *Human Sexuality*,⁶⁴ none of the high school textbooks provide information about condoms or other forms of contraception. Glencoe's *Health and Wellness* text offers an entire lesson on abstaining from sex until marriage, but contains no information about contraception.⁶¹ Students are taught about the reproductive system, with no mentions of contraception to prevent pregnancy or condoms to reduce the risk of STDs. "Unprotected sex" is mentioned but not defined. One lesson, "Abstinence: A Responsible Decision," is clearly defined and omits information on any behavior other than abstinence.⁶¹

The text incorrectly states "barrier protection" – again, mentioned but not defined – "is not effective at all against the HPV - human papillomavirus."⁶³ This is incorrect information. Holt *Lifetime Health* encourages students to "get plenty of rest" as a strategy for avoiding infection with STDs.⁶³ The book also provides a section entitled "Protecting Yourself from HIV and AIDS," which promotes abstinence before marriage and monogamy within marriage, but does not mention condoms as a risk-reduction method.⁶³

Glencoe's *Human Sexuality* text, however, offers extensive, accurate contraception information and methods, including latex condoms, contraceptive foams, jellies, creams, and suppositories.⁶⁴ However, only **17 school districts** reported using this book. Other approved high school textbooks have no such information and are being used in the vast majority of schools.

School districts that rely solely or heavily on state-approved textbooks should closely review the inadequacies of these texts. With the exception of one book, they contain no information about condoms or other forms of contraception. The majority of textbooks do not define critical terminology for readers and make it unclear as to where students would learn about disease and pregnancy prevention options.

GENDER SEPARATION DURING PREGNANCY PREVENTION INSTRUCTION

The South Carolina Comprehensive Health Education Act (CHEA) requires gender separation in the classroom through statute **59-32-30 F Pregnancy Males/Females**. The statute reads:

Instruction in pregnancy prevention education must be presented separately to male and female students.

According to the materials collected by the FOIA request, most schools support the statute and separate students by gender during instruction. The district data obtained is limited, and does not clarify the level of separation that occurs-- it is not clear whether students are segregated for pregnancy prevention specifically, or throughout reproductive health instruction. Although compliance with this aspect of the law is high, separating students by gender for reproductive health instruction is not necessarily beneficial to classroom instruction.

As previously noted, effective and comprehensive sexuality education instruction for youth is an absolute necessity. The Characteristics of Effective Curriculum-Based

Sex and HIV/STD Education Programs, which examines the impact of education and instruction on youth sexual risk-taking behaviors, has identified hallmarks of effective sexuality education delivery.³³ Separating students by gender is not included among the characteristics. Separating students does not contribute to providing clear, consistent and straightforward instruction for students. In fact, the two seminal guidelines that describe best practices for sexuality education— the Guiding Values and Principles for Sexuality Education and the Characteristics of Effective Sexuality Education — do not recommend the separation of male and female students during instruction.^{28,33,42}

Discriminatory and misleading curricula and instructional materials still exist in some school districts.

IMPROVEMENT: *It is important that schools remove inappropriate reproductive health education programs and materials that promote outdated gender stereotypes and overly rigid family structures.*

Although some school districts are doing their best to provide students with the information they need to become healthy adults, unfortunately, there are still outdated materials and biased curricula being used and taught in South Carolina schools. Reproductive health instruction is educating students about the basic human realities of sex, reproduction, and STDs/HIV in order to help young people make healthy decisions about their futures. However, students in some school districts are exposed to reproductive health education that includes outdated gender roles, idealized family structures, and medically inaccurate information.

Based on examples provided by South Carolina school districts for this study, there is reason for local advisory councils, school district officials, and parents to monitor classroom instruction and presentations to ensure that students are receiving complete, medically-accurate, and age-appropriate instruction. Local school districts are encouraged to use their local health advisory committees to closely review any curriculum under consideration for use. Merely adopting a program because "it's on the list" demonstrates a misunderstanding of inclusion criteria and is a misuse of the local review process provided by the CHEA. Curricula must be reviewed to ensure it fits with local community standards, has fidelity to best-practices research, and aligns with the CHEA and the South Carolina Academic Standards for Health and Safety Education.

Abstinence-Only-Until-Marriage Programs

At a minimum, the CHEA states educators and teachers should be guided by and responsive to students' needs. Unfortunately, it does not state that STD educational modules utilize scientifically- and medically-accurate components. Often, abstinence-only-until-marriage (AOUM) program materials are rife with incomplete, misleading, and blatantly incorrect information. Specifically, students within these programs are commonly presented misinformation regarding human papillomavirus (HPV) and condom efficacy.⁶⁵

Students learning from AOUM curriculums are, as a rule, learning from materials that are not evidence-based, include fear-based messages and promote biased views about marriage and divorce.⁶⁵ Fear-based instruction often includes activities that portray a grim future for all students that engage in premarital sexual behavior. While there can be negative consequences to any sexual activity, use of fear and shaming in youth instruction is a common and ineffective technique to try to "scare" youth away from sexual activity.⁶⁵

Furthermore, youth in AOUM programs are exposed to exaggerated consequences as part of sexuality education instruction. These exaggerated negative consequences often emphasize all sexual behaviors as being universally dangerous and having harmful effects. In addition, the benefits of consistent and correct condom use are almost never mentioned.⁶⁵

AOUM programs also promote the message that heterosexual marriage is **the** only goal for relationships, ignoring the 42% of South Carolina children who live in single parent households,⁶⁶ the 7% who live with cohabitating parents,⁶⁷ and the 47% who are born to single mothers.⁶⁸ The message also ignores the plain reality that 45–50 % of first marriages in the United States end in divorce.⁶⁹

While not minimizing the value of happy, successful marriages, an instructional program that delivers such restrictive messages ignores the potential for a spouse to be unfaithful or violent. Rather than exploring student/family/community values and different types of families, students are told which values to embrace. The language in these programs only acknowledges one type of relationship, despite the fact that there are many other types of families and family structures.

Abstinence-Only-Until-Marriage Programs in South Carolina Schools

There are two AOUM programs that were reported being used by South Carolina school districts in the FOIA request—*Heritage Keepers Abstinence Education* and *Worth*

the Wait. The *Heritage Keepers* curriculum is used in eight South Carolina school districts, and *Worth the Wait* is used in nine school districts. See Appendix E for the list of those districts that reported using these two programs.

Heritage Keepers Abstinence Education

Previous evaluations of Heritage Keepers have found that "the (*Heritage Keepers Abstinence Program*) Life Skills Education Component had little to no impact on sexual abstinence or activity."⁷⁰ Programs shown to be effective in lowering rates of teen sexual activity and reducing teen pregnancy generally contain unbiased, scientific discussions of contraceptive use. *Heritage Keepers* has no such information, yet is considered an "effective program" by the federal Office of Adolescent Health.⁷¹ *Heritage Keepers* provides no presentation or discussion about contraception, contains distorted information, uses fear and shame-based messaging, and promotes biased viewpoints on marriage and families that do not fit a certain mold.⁷²

Worth the Wait

The Marlboro School District submitted emails to document teachers' participation in *Worth the Wait* training, a curriculum incorporating topics such as puberty, anatomy, sexual abuse, and legal issues related to sexuality.^{74,75} Originally developed as an abstinence-only-until-marriage program, an optional contraceptive unit was added to the 2011 version of the curriculum.^{76,77,78} *Worth the Wait* was also recommended by Orangeburg School District 5 because the "comprehensive sex education programs extend to many areas of decision-making and confidence building among adolescents."³⁵ Yet, this curriculum is not comprehensive, as it was developed using federal abstinence-only-until-marriage funding. While *Worth the Wait* recently added an optional contraceptive unit, instructions to teachers still encourages scare tactics and promotion of worst-case scenarios when discussing teen sexual activity.

Although *Worth the Wait* has strengths, the curriculum still uses fear-based messaging, exaggerated worst-case scenarios, and promotes biased views of gender, marriage, and pregnancy options. Ultimately, it can be assumed these biased perspectives are included in *Worth the Wait* programs that are taught to students in the classroom. *Worth the Wait* is not considered an evidence-based program,⁷¹ and the training falls short of meeting the needs of teachers and educators who are working with young people.⁷⁹

Discrimination Based on Sexual Orientation

Sexual orientation and/or alternate sexual lifestyles are rarely discussed in materials and curricula used by South Carolina school districts. Fortunately, blatantly discriminatory or homophobic materials are relatively rare in South Carolina sexuality education instruction and there has been more of an effort to make schools safer, more welcoming environments for all students, regardless of sexual orientation. The CHEA statute does not depict non-heterosexual students as abnormal or their behaviors unlawful; it just ignores them. However, ignoring other relationship types can be damaging in many ways. It can contribute to homophobic attitudes and hostile school environments⁸⁰ and closes the door to the possibility of healthy relationships for gay, lesbian, and other sexual minority youth. In addition, studies show that almost half of sexual minority youth have experienced property damage by other youth and nearly one-third of these youth were involved in physical fights with classmates or threatened or injured with a weapon on school grounds.⁸¹ Though the CHEA does not acknowledge the existence of sexual minority students, they attend public schools and have the right to safe, nurturing, and supportive learning environments.

Outdated and Harmful Gender Stereotypes

Further damaging instructional elements include the gender and family stereotypes that are presented as fact, rather than opinion. For example, documents provided by Richland School District 2 via the FOIA request, an activity worksheet called "Protection Against Date Rape," was reported as an approved material for reproductive health instruction. This worksheet reinforces a longstanding societal gender double standard of institutionalized victim-blaming. Provided on this worksheet are statements such as, "A female may dress and act 'sexy' because she wants the male to find her attractive... The male may misinterpret her dress and actions as wanting more. This type of miscommunication sets up problems."⁸² Exposing youth to these messages plants or nurtures the idea that while young women are responsible for their sexual behaviors, young men cannot control theirs. Lessons such as these essentially place the responsibility for refusing sexual activity on the shoulders of young women. Males are often excused or given little to no responsibility for controlling sexual urges. The duty of controlling sexually charged situations rests solely with females.⁸⁵

WHAT'S WRONG WITH ASKING GIRLS TO KEEP THEMSELVES SAFE?

The advice to young girls to keep themselves safe from sexual assault that you might find in some health education books or curriculum, may seem innocuous or even good, common sense advice. Encouraging girls to "keep yourself safe" or "be aware of the signals you're sending" may seem like proactive tips for their safety or even promoting a type of control over their sexual health destinies.

However, research shows that such language actually promotes victim-blaming. By the "keep yourself safe" logic, the victim of sexual assault failed to keep herself safe. While some studies have shown that blatantly blaming rape victims has decreased in certain populations, a more insidious and subtle victim blame has replaced it, one where the female victim holds a responsibility for her rape if, for example, she was dressed provocatively or drinking alcohol.⁸³ The tendency for people to shift blame from the perpetrator to the victim has been plainly demonstrated,⁸⁴ particularly by people who read media articles

which perpetuate certain elements of the "rape myth" (such as in "real rape" the attacker is always a stranger).⁸⁵ In sexual assault cases that do not fit this myth (the majority of cases), people are likely to equivocate on whether the assault is "real rape."⁸⁵

Our youth in South Carolina are particularly vulnerable to sexual violence. In 2009, more than 50% of victims served by South Carolina's rape crisis centers were under 18 years old.⁸⁶ From 2004 to 2008, young people in South Carolina were five and a half times more likely to experience sexual violence than adults. Girls ages 15–17 were most likely to be victims of sexual violence, followed closely by girls ages 10–14.⁸⁶

Instead of putting the brunt of responsibility on females to protect themselves against sexual assault, we should instead teach our youth—both women and men—that healthy relationships foster open communication, understanding, respect, and freedom of choice.

"Homegrown" Materials

Despite availability of effective reproductive health education curricula, some school districts used existing materials to develop their own instructional programs. The statute allows districts to "develop" their own materials, and there is reason for concern about this element. Of the six districts that reported using self-developed materials (See Appendix E), only three indicated the materials had been approved by the local school board. The major concern here is that homegrown materials that are not approved by the local school board can be a loophole for personal opinion, religious beliefs, and other non-scientific perspectives to find their way into public school sex education classrooms.⁶⁵

Local Health Advisory Committees are not functioning as intended.

IMPROVEMENT: *Committees need guidelines, standards, and training in order to provide meaningful local input on the best reproductive health instructional materials for their communities.*

The Comprehensive Health Education Act (CHEA) includes the requirement that every school district establish a Local Advisory Committee, charged with providing recommendations and assisting local school boards in the selection of curriculum components and materials that addresses the subject of reproductive health education, family life education, and pregnancy prevention education. (Authors' note: Most districts refer to these groups as "Health Advisory Committees", or "HACs;" therefore this term will be used synonymously with "Local Advisory Committee" in this report.) Statute **59-32-30 B** of the CHEA outlines the intended functionality of these committees:

Local school boards may use the instructional unit made available by the board (i.e. State Board of Education) pursuant to Section 59-32-20, or local boards may develop or select their own instructional materials addressing the subjects of reproductive health education, family life education, and pregnancy prevention education. To assist in the selection of components and curriculum materials, each local school board shall appoint a thirteen-member local advisory committee consisting of two parents, three clergy, two health professionals, two teachers, two students, one being the president of the student body of a high school, and two other persons not employed by the local school district.

As described in Finding #3, the curricula and materials used to teach reproductive health education varies widely from school district to school district. The information school districts provided for this report confirms that HACs may be recommending a wide range of programs and using a variety of methods to make these endorsements. The statute supposes input from a HAC, but the mode and extent of contribution varies among these committees. Although local input is important, the processes by which the HACs operate are not explicated in the statute and how they are intended to make recommendations to local school boards is unclear.

HACs' Current Influence on Reproductive Health Curricula Selection

The documents submitted for the FOIA request provide examples of some HACs that are providing input to their respective school boards. The information school districts provided for this report confirms that HACs may be recommending a wide range of programs and using a variety of methods to make endorsements for local curriculum adoption. The statute supposes input from a HAC, but the mode and extent of contribution varies among these committees. Some HACs operate by taking local community input. For example, in Dorchester School District 2, the HAC noted a "change of grade level implementation of CBAE [Community Based Abstinence Education] due to parent complaints and newspaper articles."³¹

Additionally, in the Newberry School District, the school nurse coordinator, a middle school guidance counselor, and middle school health teacher met to review a curriculum that was part of a grant (during the 2010–2011 academic year).⁹⁷ All three concurred that the curriculum was "not appropriate" for the district and would not be presented to the Comprehensive Health Education Advisory Committee for possible adoption.⁹⁷ The CHEA does not provide for review committees to pre-approve materials presented to the HAC; therefore, the decision to have three employees to review the curriculum appears to be a local decision.

The Beaufort School District provided an exhaustive list of documents that supports the work of the HAC.⁸⁸ Specifically, the documentation identified HAC members using score cards to review curriculum materials under consideration. This same HAC commented that there was "funding support available for the curriculum through the SC Campaign to Prevent Teen Pregnancy is a very positive component, it is more important that it not be a primary consideration, and that voting should take place solely on the merits/features/quality of the curriculum alone. Committee members commented that it is too important and too 'high stakes' to do otherwise." The Beaufort School District also received signatures from all principals indicating support for the *It's Your Game* program **prior** to presenting the HAC (Authors' note: the term "CHEAC" was used by the district in their documentation, but were referring to their HAC) recommendation to the school board.⁸⁸

Evidence-Based Curricula Reviews

In response to the FOIA request, many school districts included references to their respective HAC's review of evidence-based curricula. This is very encouraging and suggests that these districts have at least a basic understanding of the concept of "effective programs". Although this study cannot assert whether the curricula selected are implemented with fidelity by teachers, it is important to acknowledge that some HACs are taking evidence-based programs into consideration.

For example, the Horry County School District acknowledged that "It is the committee's responsibility to preview and approve videos that are in compliance with CHE law for the new high school sex education curriculum that is being implemented this school year."³⁴ This comment referred to the selection of *Safer Choices*, an evidence-based teen pregnancy prevention curriculum.⁷¹ The Aiken School District documented implementing a new curriculum that was recommended and was identified as "research-based" and "effective in promoting positive body image to young girls."⁸⁹ However, the name of this curriculum was not provided. Fort Mill/York School District 4 provided a list of "Interventions With Evidence of Success." It was noted that these curricula were "endorsed," but there was no confirmed recommendation to the local school board. Curricula on the list included: *All4You!*, *Get Real About AIDS*, *It's Your Game: Keep it Real!*, and *Safer Choices*.⁹⁰

Other school districts reported their respective HAC recommended materials endorsed by the South Carolina Campaign to Prevent Teen Pregnancy ("SC Campaign"). Some of the evidence-based curricula recommended included *Making a Difference*, *Making Proud Choices*, and *It's Your Game...Keep it Real*.⁹¹ Spartanburg School District 4, included a similar "recommended" list of curricular materials, *Draw the Line*, *Respect the Line* and *Safer Choices*.⁹² It should be noted in fiscal year 2010, the SC Campaign received federal funding to replicate evidence-based programs.⁹³ Spartanburg 7 and Horry County are two of the districts included in the SC Campaign program and reported using these curricula.⁹⁴

Lack of Guidelines Affects HAC Functionality

The 2011 SCDE annual survey²⁰ includes questions about how HACs are fulfilling their statutory obligation to provide local input on sexuality education decisions. Data regarding the local advisory committees are troubling. The data indicate 53 school districts (77% of the 69 districts that submitted their 2011 annual survey) were in compliance with the requirement of having 13 members as part of the HAC.²⁰ The remainder of the districts did not submit survey data, thus it is unclear if these districts are in compliance, or reported not having the full complement of members as required by law. That means only 3/4 of SC public school districts can verify fully meeting the HAC membership requirement. In addition, of the 53 districts that reported having a thirteen member committee, 9 districts (17%) reported not meeting during the 2010-2011 school year.¹⁹ Combining the districts who did not respond to the SCDE annual survey and/or the districts who admit to not fully meeting the HAC membership requirement translates into one in four school districts being in violation of the CHEA. It is unclear how these districts are approving reproductive health education programs without input from their respective HAC.

The state merely gathers information as to whether or not the committees exist, not a comprehensive examination of how – or even *if* – these committees impact sexuality education decisions at the local level. Based on the lack of documentation from many districts, it is unknown if all school districts have established HACs, and if so, if these committees meet on a regular basis to perform their duties. Materials from the FOIA indicate that many districts have not updated their policies regarding local control or, more specifically, the functionality of the local HAC in years. Seventy seven school districts provided evidence that they have a current policy ("current" defined here as adopted since 2000), and 25 districts admitted that their current policy was outdated.⁹⁵ As an example, Lexington/Richland 5's HAC policy has not been updated since 1989.⁹⁶

HAC dysfunction was also documented via the FOIA request collection. The Charleston School District provided a very thorough list of approved materials; however, at times the meetings were described as "out of control."⁹⁷ The Chester School District acknowledged that their committee "did not meet at all last year" and were "out of compliance." It was noted, they "plan to meet due to state approval of two new curricula."⁹⁸ Clearly, not all districts have productive and functioning HACs.

Finally, there is no evidence that HAC members have received training on curriculum development, age-appropriateness, evidence-based programs, and other sexuality education issues. While having community input into curriculum selection can help reduce controversy, these HACs must be provided standards for operation. Merely having a group of untrained parents and community members meet to provide feedback can lead to decisions being made that are not based in science, but rather in personal opinion.



IV.

Recommendations

Sexuality education is often controversial in many communities and teachers, school nurses, administrators, and others involved in the delivery of school health are often silenced by controversy or the mere potential for controversy. In 1988 the Comprehensive Health Education Act (CHEA) was designed to provide guidance to these individuals about school health programming, but particular emphasis and restrictions were placed on the teaching of reproductive health education. As our state marks the 25th anniversary of this legislation, it is essential to review the provisions of the CHEA and amend it to address the realities of the 21st century.

Today's young people are surrounded by negative messaging about sexuality and school should be seen as a safe place to receive accurate, age-appropriate information about sexuality. Those who teach sexuality education should also be supported through proactive policies that support evidence-based instruction, as well as professional development activities that prepare them to address the myriad of issues related to teen sexuality. The following recommendations are necessary steps in making South Carolina one of the leaders in effective sexuality education in public schools. Local school and community leaders should embrace this report as a call to action to begin having thoughtful discussions about how to improve sexuality education policies and practices throughout South Carolina public schools.

1

It is recommended that reproductive health classes be taught by a trained, qualified and certified health educator. South Carolina needs more teachers with a primary certification in health education providing reproductive health to students. Teachers need to be knowledgeable about choosing the best evidence-based sexuality education curricula for their students and best-practices for sexuality education instruction.

2

It is recommended that evaluation and monitoring of the CHEA be considerably strengthened. Districts should also be required to report details of instructional practices (i.e. how classroom time is spent delivering sexuality education). In addition, other than indicating compliance on the SCDE annual report with a check-mark, there is no attempt to determine the types of instruction occurring and whether or not such instruction is evidence-based. It is recommended that greater detail be provided on the SCDE annual report as to the type of instruction occurring within the 750 minutes rather than merely the self-verification that the 750 minute requirement is being met. It is recommended the SCDE be provided additional resources to ensure school district compliance and accuracy of reports. In addition, it is recommended that districts face financial sanctions for failure to submit complete and accurate reports by the established deadlines.

3

It is recommended that the role of the Local Advisory Councils (LAC) (a.k.a. Health Advisory Committees- HAC) be reviewed in its entirety. There is no guidance given as to length of terms of committee members, how often these committees should meet, how they should conduct business (i.e. Roberts Rules of Order, majority vote vs. consensus, etc.), the manner in which they consider instructional materials and convey recommendations to the local board, selection of chair/leader of the committee, etc. Merely establishing the committees without training members is insufficient.

4

It is recommended that the CHEA be amended to require that instruction in sexuality education be evidence-based and medically-accurate.

5

It is recommended that the SCDE mandate specific time requirements for staff development in health education and designates the proportion of time that must be dedicated to sexuality education training. In addition, such training should be conducted by reputable professionals in the field such as staff at the SCDE or staff at the South Carolina Campaign to Prevent Teen Pregnancy. The CHEA requires staff development for those teaching in the comprehensive health education program, yet there is no specific requirement that this training involve sexuality education. As previously noted, sexuality education is taught by a variety of individuals with a myriad of backgrounds and there is a need for sexuality-specific training to occur.

6

It is recommended the CHEA be amended to include language that requires contraceptive information to be provided without contextual references to "future" family planning. The language in the CHEA implies that no unmarried persons are sexually active, and ignores the fact that the majority of high school seniors in South Carolina report having engaged in sexual activity.⁴³ Medically-accurate and age-appropriate instruction about condoms and other contraceptives is a necessary component of any effective sexual health education program.

7

It is recommended that the SCDE be given resources to provide intensive training for districts about the CHEA with specific emphasis on the opt-out requirement and parental notification.

8

It is recommended the South Carolina General Assembly mandate a health education course for high school graduation and that these courses be taught by trained professionals with a specialization in health education. Currently, there is no standard method of delivering instruction in sexuality, reproductive health, or pregnancy prevention.

9

It is recommended that the CHEA be amended to read that students "may" be separated for instruction by gender. One pedagogical issue in the CHEA is the requirement that students must be separated by gender for instruction in pregnancy prevention. While it **may** be necessary to separate students by gender for this type of instruction, teachers should be allowed to use their professional judgment in making these decisions. Elected officials are generally not experts in the teaching of pregnancy prevention and should not make blanket instructional decisions for teachers.

10

It is recommended that the CHEA be amended to require all school board trustees to be formally trained in evidence-based practices and policy development in sexuality education in order to make informed decisions about district policy regarding sexuality education.

District Level Compliance Table

V. DISTRICT LEVEL COMPLIANCE TABLE

Y: YES
 N: NO
 X: DID NOT RESPOND

SCHOOL DISTRICT NAME	TAUGHT STUDENTS IN HIGH SCHOOL (GRADES 9-12) ABOUT REPRODUCTIVE HEALTH AND PREGNANCY PREVENTION	TAUGHT STUDENTS IN MIDDLE SCHOOL ABOUT STD/HIV PREVENTION	MET MINIMUM TIME REQUIREMENT FOR REPRODUCTIVE HEALTH AND PREGNANCY PREVENTION IN HIGH SCHOOL (750 MINUTES)	PROVIDED STAFF DEVELOPMENT FOR TEACHERS RESPONSIBLE FOR HEALTH EDUCATION	HAD A HEALTH EDUCATION ADVISORY COMMITTEE (HAC) WITH ALL 13 MEMBERS REQUIRED BY LAW	COMPLETED AND SUBMITTED THE ANNUAL COMPLIANCE REPORT TO THE SC DEPT. OF EDUCATION	TOTAL NUMBER OF COMPLIANCE VIOLATIONS
ABBEVILLE	Y	N	Y	Y	Y	Y	1
AIKEN	Y	Y	Y	Y	Y	Y	0
ALLEDALE COUNTY	Y	Y	N	Y	Y	Y	1
ANDERSON DISTRICT 1	Y	Y	Y	Y	Y	Y	0
ANDERSON DISTRICT 2	Y	Y	Y	N	Y	Y	1
ANDERSON DISTRICT 3	Y	Y	Y	Y	Y	Y	0
ANDERSON DISTRICT 4	Y	X	Y	Y	Y	Y	1
ANDERSON DISTRICT 5	Y	Y	Y	Y	Y	Y	0
BAMBERG 1	X	X	X	X	X	X	6
BAMBERG 2	Y	N	Y	Y	Y	Y	1
BARNWELL/BLACKVILLE-HILDA 19	X	X	X	X	X	X	6
BARNWELL 45	X	X	X	X	X	X	6
BEAUFORT COUNTY	Y	N	Y	Y	Y	Y	1
BERKELEY COUNTY	X	X	X	X	X	X	6
CALHOUN COUNTY	Y	N	Y	N	Y	Y	2
CHARLESTON COUNTY	Y	N	Y	Y	Y	Y	1
CHEROKEE	X	X	X	X	X	X	6
CHESTER COUNTY	Y	Y	Y	Y	Y	Y	0
CHESTERFIELD COUNTY	Y	Y	Y	N	N	Y	2
CLARENDON 1	Y	N	N	Y	Y	Y	2
CLARENDON 2	X	X	X	X	X	X	6
CLARENDON 3	Y	N	Y	Y	Y	Y	1
CLOVER, YORK 2	Y	N	Y	Y	N	Y	2
COLLETON	X	X	X	X	X	X	6
DARLINGTON COUNTY	Y	Y	Y	Y	Y	Y	0
DILLON DISTRICT 2	Y	Y	Y	Y	Y	Y	0
DILLON DISTRICT 3	Y	Y	Y	Y	Y	Y	0
DILLON DISTRICT 4	X	X	X	X	X	X	6
DORCHESTER DISTRICT 2	Y	Y	Y	Y	N	Y	1
DORCHESTER DISTRICT 4	Y	N	Y	Y	Y	Y	1
EDGEFIELD COUNTY	X	X	X	X	X	X	6
FAIRFIELD COUNTY	Y	N	Y	Y	N	Y	2
FLORENCE COUNTY DISTRICT 1	Y	Y	Y	Y	Y	Y	0
FLORENCE COUNTY DISTRICT 2	X	X	X	X	X	X	6

Y: YES
 N: NO
 X: DID NOT RESPOND

SCHOOL DISTRICT NAME	TAUGHT STUDENTS IN HIGH SCHOOL (GRADES 9-12) ABOUT REPRODUCTIVE HEALTH AND PREGNANCY PREVENTION	TAUGHT STUDENTS IN MIDDLE SCHOOL ABOUT STD/HIV PREVENTION	MET MINIMUM TIME REQUIREMENT FOR REPRODUCTIVE HEALTH AND PREGNANCY PREVENTION IN HIGH SCHOOL (750 MINUTES)	PROVIDED STAFF DEVELOPMENT FOR TEACHERS RESPONSIBLE FOR HEALTH EDUCATION	HAD A HEALTH EDUCATION ADVISORY COMMITTEE (HAC) WITH ALL 13 MEMBERS REQUIRED BY LAW	COMPLETED AND SUBMITTED THE ANNUAL COMPLIANCE REPORT TO THE SC DEPT. OF EDUCATION	TOTAL NUMBER OF COMPLIANCE VIOLATIONS
FLORENCE COUNTY DISTRICT 3	Y	N	Y	Y	N	Y	2
FLORENCE COUNTY DISTRICT 4	Y	N	Y	Y	Y	Y	1
FLORENCE COUNTY DISTRICT 5	Y	N	Y	Y	N	Y	2
FORT MILL	Y	N	Y	Y	Y	Y	1
GEORGETOWN COUNTY	Y	Y	Y	Y	Y	Y	0
GREENVILLE COUNTY	Y	Y	Y	Y	Y	Y	0
GREENWOOD DISTRICT 50	Y	N	Y	Y	Y	Y	1
GREENWOOD DISTRICT 51	Y	N	Y	N	Y	Y	2
GREENWOOD DISTRICT 52	Y	Y	Y	N	Y	Y	1
HAMPTON DISTRICT 1	Y	N	Y	Y	N	Y	2
HAMPTON DISTRICT 2	Y	N	N	N	Y	Y	3
HORRY COUNTY	Y	Y	Y	Y	Y	Y	0
JASPER COUNTY	X	X	X	X	X	X	6
KERSHAW	Y	Y	Y	Y	Y	Y	0
LANCASTER	Y	Y	Y	Y	Y	Y	0
LAURENS DISTRICT 55	Y	Y	Y	Y	N	Y	1
LAURENS DISTRICT 56	X	X	X	X	X	X	6
LEE COUNTY	X	X	X	X	X	X	6
LEXINGTON DISTRICT 1	Y	Y	Y	Y	Y	Y	0
LEXINGTON DISTRICT 2	Y	Y	Y	X	Y	Y	1
LEXINGTON DISTRICT 3	Y	N	Y	Y	Y	Y	1
LEXINGTON DISTRICT 4	Y	N	Y	Y	Y	Y	1
LEXINGTON/RICHLAND DISTRICT 5	Y	N	Y	Y	N	Y	2
MARION DISTRICT 1	Y	N	Y	Y	Y	Y	1
MARION DISTRICT 2	Y	Y	Y	Y	Y	Y	0
MARION DISTRICT 7	Y	N	Y	Y	Y	Y	1
MARLBORO COUNTY	X	X	X	X	X	X	6
MCCORMICK COUNTY	Y	N	Y	Y	Y	Y	1
NEWBERRY	Y	N	Y	N	N	Y	3
OCCONEE	Y	Y	Y	Y	Y	Y	0
ORANGEBURG COUNTY DISTRICT 3	Y	N	Y	Y	Y	Y	1
ORANGEBURG COUNTY DISTRICT 4	X	X	X	X	X	X	6
ORANGEBURG COUNTY DISTRICT 5	Y	N	Y	Y	N	Y	2
PICKENS COUNTY	Y	N	Y	Y	Y	Y	1

Y: YES
 N: NO
 X: DID NOT RESPOND

SCHOOL DISTRICT NAME	TAUGHT STUDENTS IN HIGH SCHOOL (GRADES 9-12) ABOUT REPRODUCTIVE HEALTH AND PREGNANCY PREVENTION	TAUGHT STUDENTS IN MIDDLE SCHOOL ABOUT STD/HIV PREVENTION	MET MINIMUM TIME REQUIREMENT FOR REPRODUCTIVE HEALTH AND PREGNANCY PREVENTION IN HIGH SCHOOL (750 MINUTES)	PROVIDED STAFF DEVELOPMENT FOR TEACHERS RESPONSIBLE FOR HEALTH EDUCATION	HAD A HEALTH EDUCATION ADVISORY COMMITTEE (HAC) WITH ALL 13 MEMBERS REQUIRED BY LAW	COMPLETED AND SUBMITTED THE ANNUAL COMPLIANCE REPORT TO THE SC DEPT. OF EDUCATION	TOTAL NUMBER OF COMPLIANCE VIOLATIONS
RICHLAND DISTRICT 1	Y	Y	Y	Y	Y	Y	0
RICHLAND DISTRICT 2	Y	Y	Y	Y	N	N	2
SALUDA	X	X	X	X	X	X	6
SPARTANBURG DISTRICT 1	Y	N	Y	Y	N	Y	2
SPARTANBURG DISTRICT 2	Y	N	Y	N	Y	Y	2
SPARTANBURG DISTRICT 3	Y	Y	Y	Y	N	Y	1
SPARTANBURG DISTRICT 4	Y	N	Y	Y	Y	Y	1
SPARTANBURG DISTRICT 5	Y	N	Y	Y	Y	Y	1
SPARTANBURG DISTRICT 6	Y	N	Y	Y	Y	Y	1
SPARTANBURG DISTRICT 7	Y	N	Y	Y	Y	Y	1
SUMTER DISTRICT 17	Y	N	Y	Y	Y	Y	1
SUMTER DISTRICT 2	Y	Y	N	Y	Y	Y	1
UNION	Y	Y	Y	Y	Y	Y	0
WILLIAMSBURG COUNTY	Y	Y	Y	Y	N	N	2
WILLISTON DISTRICT 29	Y	N	Y	Y	Y	Y	1
YORK 3/ROCK HILL DISTRICT 3	X	X	X	X	X	X	6
YORK DISTRICT 1	Y	Y	Y	Y	Y	Y	0

VI.

Appendices and References

APPENDIX A: Full Text of The Comprehensive Health Education Act

TITLE 59 - EDUCATION CHAPTER 32. COMPREHENSIVE HEALTH EDUCATION PROGRAM

SECTION 59-32-5. Short title.

This may be cited as the "Comprehensive Health Education Act".

HISTORY: 1988 Act No. 437, Section 1.

SECTION 59-32-10. Definitions.

As used in this chapter:

(1) "Comprehensive health education" means health education in a school setting that is planned and carried out with the purpose of maintaining, reinforcing, or enhancing the health, health-related skills, and health attitudes and practices of children and youth that are conducive to their good health and that promote wellness, health maintenance, and disease prevention. It includes age-appropriate, sequential instruction in health either as part of existing courses or as a special course.

(2) "Reproductive health education" means instruction in human physiology, conception, prenatal care and development, childbirth, and postnatal care, but does not include instruction concerning sexual practices outside marriage or practices unrelated to reproduction except within the context of the risk of disease. Abstinence and the risks associated with sexual activity outside of marriage must be strongly emphasized.

(3) "Family life education" means instruction intended to:

(a) develop an understanding of the physical, mental, emotional, social, economic, and psychological aspects of close personal relationships and an understanding of the physiological, psychological, and cultural foundations of human development;

(b) provide instruction that will support the development of responsible personal values and behavior and aid in establishing a strong family life for themselves in the future and emphasize the responsibilities of marriage.

(c) provide instruction as to the laws of this State relating to the sexual conduct of minors, including criminal sexual conduct.

(4) "Pregnancy prevention education" means instruction intended to:

(a) stress the importance of abstaining from sexual activity until marriage;

(b) help students develop skills to enable them to resist peer pressure and abstain from sexual activity;

(c) explain methods of contraception and the risks and benefits of each method. Abortion must not be included as a

method of birth control. Instruction explaining the methods of contraception must not be included in any education program for grades kindergarten through fifth. Contraceptive information must be given in the context of future family planning.

(5) "Local school board" means the governing board of public school districts as well as those of other state-supported institutions which provide educational services to students at the elementary and secondary school level. For purposes of this chapter, programs or services provided by the Department of Health and Environmental Control in educational settings must be approved by the local school board.

(6) "Board" means the State Board of Education.

(7) "Department" means the State Department of Education.

HISTORY: 1988 Act No. 437, Section 3.

SECTION 59-32-20. Board to provide comprehensive health education instructional unit to local school districts.

Before August 1, 1988, the board, through the department, shall select or develop an instructional unit with separate components addressing the subjects of reproductive health education, family life education, pregnancy prevention education, and sexually transmitted diseases and make the instructional unit available to local school districts. The board, through the department, also shall make available information about other programs developed by other states upon request of a local school district.

HISTORY: 1988 Act No. 437, Section 3.

SECTION 59-32-30. Local school boards to implement comprehensive health education program; guidelines and restrictions.

(A) Pursuant to guidelines developed by the board, each local school board shall implement the following program of instruction:

(1) Beginning with the 1988-89 school year, for grades kindergarten through five, instruction in comprehensive health education must include the following subjects: community health, consumer health, environmental health, growth and development, nutritional health, personal health, prevention and control of diseases and disorders, safety and accident prevention, substance use and abuse, dental health, and mental and emotional health. Sexually transmitted diseases as defined in the annual Department of Health and Environmental Control List of Reportable Diseases are to be excluded from instruction on the prevention and control of

diseases and disorders. At the discretion of the local board, age-appropriate instruction in reproductive health may be included.

(2) Beginning with the 1988-89 school year, for grades six through eight, instruction in comprehensive health must include the following subjects: community health, consumer health, environmental health, growth and development, nutritional health, personal health, prevention and control of diseases and disorders, safety and accident prevention, substance use and abuse, dental health, mental and emotional health, and reproductive health education. Sexually transmitted diseases are to be included as a part of instruction. At the discretion of the local board, instruction in family life education or pregnancy prevention education or both may be included, but instruction in these subjects may not include an explanation of the methods of contraception before the sixth grade.

(3) Beginning with the 1989-90 school year, at least one time during the four years of grades nine through twelve, each student shall receive instruction in comprehensive health education, including at least seven hundred fifty minutes of reproductive health education and pregnancy prevention education.

(4) The South Carolina Educational Television Commission shall work with the department in developing instructional programs and materials that may be available to the school districts. Films and other materials may be designed for the purpose of explaining bodily functions or the human reproductive process. These materials may not contain actual or simulated portrayals of sexual activities or sexual intercourse.

(5) The program of instruction provided for in this section may not include a discussion of alternate sexual lifestyles from heterosexual relationships including, but not limited to, homosexual relationships except in the context of instruction concerning sexually transmitted diseases.

(6) In grades nine through twelve, students must also be given appropriate instruction that adoption is a positive alternative.

(B) Local school boards may use the instructional unit made available by the board pursuant to Section 59-32-20, or local boards may develop or select their own instructional materials addressing the subjects of reproductive health education, family life education, and pregnancy prevention education. To assist in the selection of components and curriculum materials, each local school board shall appoint a thirteen-member local advisory committee consisting of two parents, three clergy, two health professionals, two teachers, two students, one being the president of the student body of a high school, and two other persons not employed by the local school district.

(C) The time required for health instruction for students in kindergarten through eighth grade must not be reduced below the level required during the 1986-87 school year. Health instruction for students in grades nine through twelve may be given either as part of an existing course or as a special course.

(D) No contraceptive device or contraceptive medication may be distributed in or on the school grounds of any public elementary or secondary school. No school district may contract with any contraceptive provider for their distribution in or on the school grounds. Except as to that instruction provided by this chapter relating to complications which may develop from all types of abortions, school districts may not offer programs, instruction, or activities including abortion counseling, information about abortion services, or assist in obtaining abortion, and materials containing this information must not be distributed in schools. Nothing in this section prevents school authorities from referring students to a physician for medical reasons after making reasonable efforts to notify the student's parents or legal guardians or the appropriate court, if applicable.

(E) Any course or instruction in sexually transmitted diseases must be taught within the reproductive health, family life, or pregnancy prevention education components, or it must be presented as a separate component.

(F) Instruction in pregnancy prevention education must be presented separately to male and female students.

HISTORY: 1988 Act No. 437, Section 3.

SECTION 59-32-40. Staff development.

As part of their program for staff development, the department and local school boards shall provide appropriate staff development activities for educational personnel participating in the comprehensive health education program. Local school boards are encouraged to coordinate the activities with the department and institutions of higher learning.

HISTORY: 1988 Act No. 437, Section 3.

SECTION 59-32-50. Notice to parents; right to have child exempted from comprehensive health education program classes.

Pursuant to policies and guidelines adopted by the local school board, public school principals shall develop a method of notifying parents of students in the relevant grades of the content of the instructional materials concerning reproductive health, family life, pregnancy prevention, and of their option to exempt their child from this instruction, and sexually transmitted diseases if instruction in the diseases is presented as a separate component. Notice must be provided sufficiently in advance of a student's enrollment in courses using these instructional materials to allow parents and legal guardians the opportunity to preview the materials and exempt their children.

A public school principal, upon receipt of a statement signed by a student's parent or legal guardian stating that participation by the student in the health education program conflicts with the family's beliefs, shall exempt that student from any portion or all of the units on reproductive health, family life, and pregnancy prevention where any conflicts occur. No student must be penalized as a result of an exemption. School districts shall use procedures

to ensure that students exempted from the program by their parents or guardians are not embarrassed by the exemption.

HISTORY: 1988 Act No. 437, Section 3.

SECTION 59-32-60. Department to ensure compliance; annual district report.

The department shall assure district compliance with this chapter. Each local school board shall consider the programs addressed in this chapter in developing its annual district report.

HISTORY: 1988 Act No. 437, Section 3.

SECTION 59-32-70. Applicability to private schools.

The provisions of this chapter do not apply to private schools.

HISTORY: 1988 Act No. 437, Section 3.

SECTION 59-32-80. Penalty for teacher's violation of or refusal to comply with chapter.

Any teacher violating the provisions of this chapter or who refuses to comply with the curriculum prescribed by the school board as provided by this chapter is subject to dismissal.

HISTORY: 1988 Act No. 437, Section 3.

SECTION 59-32-90. Restrictions on use of films, pictures or diagrams.

Films, pictures, or diagrams in any comprehensive health education program in public schools must be designed solely for the purpose of explaining bodily functions or the human reproduction process and may not include actual or simulated portrayals of sexual activities or sexual intercourse.

HISTORY: 1988 Act No. 437, Section 3.

Available at: <http://www.scstatehouse.gov/code/t59c032.php>

APPENDIX B: Executive Summaries of the 2011 and 2010 Comprehensive Health Education Survey from the South Carolina Department of Education

2011 SOUTH CAROLINA COMPREHENSIVE HEALTH EDUCATION SURVEY EXECUTIVE SUMMARY

ISSUED BY

The South Carolina Department of Education
Office of Curriculum and Standards

Mick Zais, PhD

STATE SUPERINTENDENT OF EDUCATION

The Comprehensive Health Education Survey was developed by the South Carolina Department of Education (SCDE) to collect data for monitoring school district compliance to the required components of the Comprehensive Health Education Act of 1988. SCDE administers the survey annually. District comprehensive health education coordinators are asked questions about health curriculum and instruction, teacher certification, and health education professional development.

SURVEY ADMINISTRATION

The 2010-2011 Comprehensive Health Education Compliance Survey was posted electronically and was announced as available for online submission to all district level health education coordinators on May 18, 2011. The survey was required to be completed by the comprehensive health education district coordinator. Both the coordinator and district Superintendent's signatures were required to verify the information submitted on the survey by faxed signature form. The deadline for SCDE receiving the survey was September 15th, 2011.

COMPLIANCE REPORTING

Eighty-one percent of districts completed the survey. This was an eight percent improvement in reporting from the previous year. Some of the districts were contacted by email and phone call to clarify survey responses. The additional information gathered assisted the Office of Standards and Support in verifying the accuracy of reported data. Districts that were not in compliance were contacted following the deadline to verify and remind them that they did not submit their report. Five districts have not submitted a report for three consecutive years. Those districts are Barnwell 19, Colleton, Florence 2, Jasper and York 3.

KEY FINDINGS

THIRTEEN MEMBER HEALTH ADVISORY COMMITTEE

The Comprehensive Health Education Act (S.C. Code Ann. § 59-32-20, B) states that *"local boards may develop or select their own instructional materials addressing the subjects of reproductive health education, family life education, and pregnancy prevention*

education. To assist in the selection of components and curriculum materials, each local school board shall appoint a thirteen member local advisory committee consisting of two parents, three clergy, two health professionals, two teachers, two students, one being the president of the student body of a high school, and two other persons not employed by the local school district." Fifty-eight percent of reporting districts are in compliance, having a full 13 member committee. Inability to have two health care professionals on the committee posed the biggest problem with 22 districts with only one health care member on their committee. Five districts have two vacant seats on their committee. Seventy-seven percent of the districts reported that their advisory group met during the 2010-2011 school calendar year. One district reported that their committee has not met in six years.

COMPREHENSIVE HEALTH EDUCATION COURSE DELIVERY

Twenty-two percent of districts reported that comprehensive health education instruction was offered as a one credit course in high school as is recommended in Comprehensive Health Education Act (S.C. Code Ann. § 59-32-30, C): *"Health instruction for students in grades nine through twelve may be given either as part of an existing course or as a special course."* (Section 59-32-30, A-3) requires *"at least one time during the four years of grades nine through twelve, each student shall receive instruction in comprehensive health education"*. Nine percent of districts reported that high school instruction in comprehensive health education was delivered in a one-half unit course. Sixty-four percent of school districts reported that they used the integration into an existing course model in the delivery of instruction.

In (S.C. Code Ann. § 59-32-30, C) of the law, "time required for health instruction for students in kindergarten through eighth grade must not be reduced below the level required during the 1986-87 school year." Seventy-six percent of districts said that they met the minimum time requirements for comprehensive health education instruction in grades K-6. Ninety-five percent of districts reported that they met the minimum time requirements for comprehensive health education instruction in grades 7 and 8.

COMPREHENSIVE HEALTH EDUCATION TOPICS

According to S.C. Code Ann. § 59-32-30, A-1 of the law, "comprehensive health education must include the following subjects: community health, consumer health, environmental health, growth and development, nutritional health, personal health, prevention and control of diseases and disorders, safety and accident prevention, substance use and abuse, dental health, community and mental and emotional health." All comprehensive health education topics are reported covered in sixty-eight percent of elementary schools, ninety-one percent of middle schools and seventy-six percent of high schools. The topics excluded most frequently in middle and high schools were dental, consumer, and community and environmental health. With the exception of reproductive health, more of the required comprehensive topic areas were excluded at the high school level. At the elementary level, the topics of disease prevention, mental and emotional health, and substance use and abuse were excluded most frequently.

SEXUALITY EDUCATION INSTRUCTION

It is required by law that "at least seven hundred fifty minutes of reproductive health education and pregnancy prevention education". (S.C. Code Ann. § 59-3259-32-30, A-3), be offered as part of the high school comprehensive health education curriculum. Ninety-five percent of districts reported that their high schools provided the required amount of pregnancy prevention instruction. The law requires that reproductive health and sexually transmitted diseases be included in grade 6-8 Comprehensive Health Education instruction (S.C. Code Ann. § 59-32-30, A-2). Seventy-six percent of districts reported that they provided instruction in sexually transmitted infections at the 6th grade level.

SEXUALITY EDUCATION EXEMPTION POLICY

The districts were asked to provide a sample letter of how parents are notified about sexuality instruction as outlined in the 1988 Comprehensive Health Education Act. Forty-eight of the reporting districts supplied copies of their policy letter that provides an explanation of exemption options to parents. Fifty percent of the letters submitted to SCDE contained errors that reflected non-compliance with the 1988 CHE Act. This is a 10% improvement from last year. All districts with letter errors were notified in writing to correct the errors. SCDE provided guidance to districts who requested clarification in the wording of the parent letter.

PROFESSIONAL DEVELOPMENT

Eighty-one percent of districts reported that they offered teacher professional development in comprehensive health education during the 2009-2010 school year. Training in the topic area of reproductive health was identified most often as a professional development area of need for districts. (Table 1)

«« TABLE 1 »» DISTRICTS REPORTING PROFESSIONAL DEVELOPMENT AREA OF NEED	
Reproductive Health curriculum training	13
Standards Implementation and Integration into other subject areas	6
Teacher/Coordinator awareness and compliance with laws and regulations	4
Health Education Assessment	3
Administrator awareness and compliance with laws and regulations	2
Training on current health related technology issues	2
Health Curriculum Guide/ Curriculum Development	2
Drug use awareness	1
Training for conducting Advisory Board Meetings	1

2010 SOUTH CAROLINA COMPREHENSIVE HEALTH EDUCATION SURVEY EXECUTIVE SUMMARY

ISSUED BY

The South Carolina Department of Education
Office of Standards and Support

Jim Rex, PhD

STATE SUPERINTENDENT OF EDUCATION

The Comprehensive Health Education Survey was developed by the South Carolina Department of Education (SCDE) to collect data for monitoring school district compliance to the required components of the Comprehensive Health Education Act of 1988. SCDE administers the survey annually. District comprehensive health education coordinators are asked questions about health curriculum and instruction, teacher certification, and health education professional development.

SURVEY ADMINISTRATION

The 2009-2010 Comprehensive Health Education Compliance Survey was posted electronically and was announced as available for online submission to all district level health education coordinators on April 28, 2010. The survey was required to be completed by the comprehensive health education district coordinator. Both the coordinator and district Superintendent's signatures were required to verify the information submitted on the survey by faxed signature form. The deadline for SCDE receiving the survey was June 15th, 2010.

COMPLIANCE REPORTING

Seventy-three percent of districts completed the survey. Some of the districts were contacted by email and phone call to clarify survey responses. The additional information gathered assisted the Office of Standards and Support in verifying the accuracy of reported data. Districts that were not in compliance were contacted following the deadline to verify and remind them that they did not submit their report.

KEY FINDINGS

THIRTEEN MEMBER HEALTH ADVISORY COMMITTEE

The Comprehensive Health Education Act (S.C. Code Ann. § 59-32-20, B) states that *"local boards may develop or select their own instructional materials addressing the subjects of reproductive health education, family life education, and pregnancy prevention education. To assist in the selection of components and curriculum materials, each local school board shall appoint a thirteen member local advisory committee consisting of two parents, three clergy, two health professionals, two teachers, two students, one being the president of the student body of a high school, and two other persons not employed by the local school district."* Eight-nine percent of reporting districts are in compliance, having a full 13 member committee. Seventy-

nine percent of the districts reported that their advisory group met during the 2009-2010 school calendar year.

COMPREHENSIVE HEALTH EDUCATION COURSE DELIVERY

Seventeen percent of districts reported that comprehensive health education instruction was offered as a one credit course in high school as is recommended in Comprehensive Health Education Act (S.C. Code Ann. § 59-32-30, C): *"Health instruction for students in grades nine through twelve may be given either as part of an existing course or as a special course."* (Section 59-32-30, A-3) requires "at least one time during the four years of grades nine through twelve, each student shall receive instruction in comprehensive health education". Eight percent of districts reported that high school instruction in comprehensive health education was delivered in a one-half unit course. Sixty-six percent of school districts reported that they used the integration into an existing course model in the delivery of instruction.

In (S.C. Code Ann. § 59-32-30, C) of the law, *"time required for health instruction for students in kindergarten through eighth grade must not be reduced below the level required during the 1986-87 school year."* Seventy-two percent of districts said that they met the minimum time requirements for comprehensive health education instruction in grades K-6. Ninety-four percent of districts reported that they met the minimum time requirements for comprehensive health education instruction in grades 7 and 8.

COMPREHENSIVE HEALTH EDUCATION TOPICS

According to S.C. Code Ann. § 59-32-30, A-1 of the law, *"comprehensive health education must include the following subjects: community health, consumer health, environmental health, growth and development, nutritional health, personal health, prevention and control of diseases and disorders, safety and accident prevention, substance use and abuse, dental health, and mental*

and emotional health." All comprehensive health education topics are reported covered in seventy percent of elementary schools, seventy-five percent of middle schools and seventy-seven percent of high schools. The topics excluded most frequently in middle and high schools were consumer and environmental health. At the elementary level, the topics of alcohol, tobacco, drugs, mental health, emotional health, consumer health and disease prevention were excluded most frequently.

SEXUALITY EDUCATION INSTRUCTION

It is required by law that "at least seven hundred fifty minutes of reproductive health education and pregnancy prevention education". (S.C. Code Ann. § 59-3259-32-30, A-3), be offered as part of the high school comprehensive health education curriculum. Ninety-five percent of districts reported that their high schools provided the required amount of pregnancy prevention instruction. The law requires that reproductive health and sexually transmitted diseases be included in grade 6-8 Comprehensive Health Education instruction (S.C. Code Ann. § 59-32-30, A-2). All districts reported that they provided instruction in reproductive health in middle grades. Forty-four percent of districts reported that they provided instruction in sexually transmitted infections at the 6th grade level.

SEXUALITY EDUCATION EXEMPTION POLICY

The districts were asked to provide a sample letter of how parents are notified about sexuality instruction as outlined in the 1988 Comprehensive Health Education Act. Seventy-seven percent of reporting districts supplied copies of their policy letter that provides an explanation of exemption options to parents.

Sixty percent of the letters submitted to SCDE contained errors that reflected non-compliance with the 1988 CHE Act. All districts with letter errors were notified in writing to correct the errors. SCDE provided guidance to districts who requested clarification in the wording of the parent letter.

HEALTH EDUCATION TEACHER CERTIFICATION

Four percent of districts reported that secondary level health instructors hold primary in-field teacher certification in Health Education. The majority of health instructors hold certification in Physical Education (46%). Twenty-four percent are dual certified in Health and Physical Education. Twenty-five percent have science certification. Twenty-nine percent of districts reported that they have health instructors who hold certification in subject areas other than those approved in SCDE recommendation documents (South Carolina Educator Certification Manual, 2003, Revised 2008). (Table 1)

«« TABLE 1 »» REPORTED TEACHER CERTIFICATION FOR HEALTH INSTRUCTOR	
Health	33
Physical Education	420
Health and Physical Education	218
Science	231
ROTC	7
Consumer Science	6
Guidance	6
Nursing	4
Social Studies & Sociology	4
Business	3
OTHER: Administration, Art, English, Math	1 in each area

PROFESSIONAL DEVELOPMENT

Eighty-one percent of districts reported that they offered teacher professional development in comprehensive health education during the 2009-2010 school year. Training in the topic area of reproductive health was identified most often as a professional development area of need for districts. (Table 2)

«« TABLE 2 »» DISTRICTS REPORTING PROFESSIONAL DEVELOPMENT AREA OF NEED	
Reproductive Health	5
Assessment (CCSSO module training)	4
Compliance with laws and regulations	4
Integration into other subject areas	4
Standards	4
Administrator District Coordinator training	3
Curriculum Development- Scope and Sequence	3

APPENDIX C: Freedom of Information Act Requests

FREEDOM OF INFORMATION ACT (FOIA)

Signed into law in 1966, the Freedom of Information Act (FOIA) is a federal law that allows for the full or partial disclosure of previously unreleased information and documents controlled by government agencies. The Act defines agency records subject to disclosure, outlines mandatory disclosure procedures, and exemptions to the statute.

In 1978 the South Carolina General Assembly codified the FOIA in through Section 30 of the Public Records Act. Section 30 specifically states:

The General Assembly finds that it is vital in a democratic society that public business be performed in an open and public manner so that citizens shall be advised of the performance of public officials and of the decisions that are reached in public activity and in the formulation of public policy. Toward this end, provisions of this chapter must be construed so as to make it possible for citizens, or their representatives, to learn and report fully the activities of their public officials at a minimum cost or delay to the persons seeking access to public documents or meetings.

The FOIA is very precise in what public entities are required to produce under the Act. Public bodies are not required to create new documents, but rather must only produce documents in their possession. Therefore, the researchers could not ask for a survey to be completed or for new information to be created. For example, the CHEA requires districts to provide 750 minutes of sexuality instruction to students during the four years of high school. However, on the SCDE annual survey, districts only have to certify with a check mark that this mandate is being met. Per FOIA requirements, researchers could not ask for districts to document how the 750 minute requirement was being met, because that would entail creating a new document for which districts are not legally required to complete.

Additionally, school districts are allowed to charge a "minimum" fee for their services. Of the 85 public school districts in South Carolina, 23 (27%) requested fees ranging from \$100.00 (Chester County Public Schools) to \$2,298.00 (Berkeley County Schools).¹⁵ Of the 23, four districts indicated they were "calculating or estimating the cost." While some districts requested fees, other districts of similar sizes requested no fee.

Finally, because of FOIA regulations, it is impossible to know if districts fully complied with the request by providing every single document tied to the request. Legally, districts are required to fully comply, but there is no mechanism available to verify if all documents were provided. Additionally, there were not any follow-up message attempts once districts submitted a complete response to all items requested. However, multiple follow up e-mails and phone calls were made to school district officials to clarify information provided in the respective responses by school districts. Once all questions were answered about the submitted materials, the file for each respective district was considered complete and was closed.

CONTACT WITH SCHOOL DISTRICTS

All 85 public school districts in the state were included in this study. Alternative schools were not included in this study.

On March 15, 2011 each district was sent an inquiry letter that introduced the purpose of the project and detailed the specific items requested. The letters were addressed to the superintendent or public information official of each respective district. A second, more detailed letter that provided examples of a "typical response" was mailed on April 28, 2011. This example letter increased responses tremendously, as districts were able to determine what information was being sought and how to complete the request. Districts that did not respond to the first two letters were sent a reminder letter on May 31, 2011. In addition, multiple e-mail and phone contacts were made with districts throughout this project. Final data collection was completed in September of 2011.

SPECIFIC ITEMS REQUESTED

The focus of the project was compliance with the South Carolina CHEA, along with assessing the types of materials used to teach sex education human growth and development, and/or puberty education. In addition, information about district sex education policies was gathered, along with written recommendations from local advisory committees to local school boards. All requests targeted 2008-2009, 2009-2010 and 2010-2011 academic years. Items requested for this study included:

- » Course titles that list courses in which human sexuality education is being taught
- » Lists of state-approved textbooks used to teach human sexuality education
- » A copy of the cover, title page and copyright page of all other textbooks, workbooks, handbooks, etc. that are used in addition to the state-approved textbooks
- » Lists of any outside speakers who deliver information about sexuality education
- » Agendas from any school board meeting or citizen advisory group meetings in which sexuality education was an agenda item or discussed
- » Copies of any written recommendations from local citizen's advisory committees regarding sexuality education
- » Lists of all curricula approved for use by the school board
- » Rosters of members, term lengths and methods of member selection of local health school health advisory committee members
- » Copies of local school district sex education policies including the policy adoption date
- » Copies of any other reports, materials, etc. addressing compliance with the CHEA

APPENDIX D: Additional Information on the South Carolina Academic Standards for Health and Safety Education

THE 2009 SOUTH CAROLINA HEALTH AND SAFETY ACADEMIC STANDARDS

South Carolina Department of Education (SCDE) professional staff, working in collaboration with members of the Health and Safety Education Standards Review Committee and the Writing Team, created the document on the basis of two central resources: *the South Carolina Health and Safety Education Curriculum Standards*, published in 2000 by the South Carolina Department of Education, and the revised *National Health Education Standards (NHES)*, written by the Joint Committee on National Health Education Standards and published in 2007. In addition, the writers utilized the current health education standards documents of a number of other states.

The NHES establishes the concept of comprehensive health education as comprising “the development, delivery, and evaluation of planned, sequential, and developmentally appropriate instructions, learning experiences, and other activities designed to protect, promote, and enhance the health literacy, attitudes, skills and well-being of students from pre-kindergarten through grade 12” (p. 118). In line with that concept, the NHES importantly emphasizes the fact that the national health education standards and their performance indicators were formulated on the basis of “research that identifies those characteristics of curricula that most positively influence students’ health practices and behaviors” (p. 13).

That particular research, as the NHES goes on to explain, centers in the work of the Centers for Disease Control and Prevention, Division of Adolescent and School Health (CDC-DASH), which not only examined a synthesis of professional literature to determine the common characteristics of effective health education curricula but also conducted its own review of such programs. In addition to the national health education standards, a valuable result of the CDC-DASH’s efforts is a list of fourteen characteristics of an effective health education curriculum, which the NHES cites (pp. 13–16) as part of the introduction to its main text:

- » Focuses on clear health goals and related behavioral outcomes
 - » Is research-based and theory-driven
 - » Addresses individual values and group norms that support health-enhancing behaviors
 - » Focuses on increasing personal perception of risk and harmfulness of engaging in specific health risk behaviors, as well as reinforcing protective factors
 - » Addresses social pressures and influences
 - » Builds personal and social competence
 - » Provides functional health knowledge that is basic, accurate, and directly contributes to health-promoting decisions and behaviors
 - » Uses strategies designed to personalize information and engage students
- » Provides age-appropriate and developmentally appropriate information, learning strategies, teaching methods, and materials
 - » Incorporates learning strategies, teaching methods, and materials that are culturally inclusive
 - » Provides adequate time for instruction and learning behaviors
 - » Provides opportunities to reinforce skills and positive health behaviors
 - » Provides opportunities to make connections with other influential persons
 - » Includes teacher information and plans for professional development and training to enhance effectiveness of instruction and student learning

South Carolina has adopted the health education standards set forth in the NHES as the academic standards for health and safety education for the state’s public schools, fully recognizing that the fourteen characteristics enumerated by the CDC/DASH are vital to the effective implementation of each of those standards:

STANDARD 1 The student will comprehend concepts related to health promotion to enhance health.

STANDARD 2 The student will analyze the influence of family, peers, culture, media, technology, and other factors on health behaviors.

STANDARD 3 The student will demonstrate the ability to access valid information and products and services to enhance health.

STANDARD 4 The student will demonstrate the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks.

STANDARD 5 The student will demonstrate the ability to use decision-making skills to enhance health.

STANDARD 6 The student will demonstrate the ability to use goal-setting skills to enhance health.

STANDARD 7 The student will demonstrate the ability to practice health-enhancing behaviors and to avoid or reduce health risks.

STANDARD 8 The student will demonstrate the ability to advocate for personal, family, and consumer health.

In the standards, performance indicators are grouped by content area. Ordered in numerical sequence, each performance indicator is prefaced with the abbreviation for the content area it is designed to address:

D = Alcohol, Tobacco, and Other Drugs

G = Growth, Development, and Sexual Health and Responsibility

I = Injury Prevention and Safety

M = Mental, Emotional, and Social Health

N = Nutrition and Physical Activity

P = Personal and Community Health

It is important to note that:

- » Reproductive health instruction is permitted before grade six at the option of local school boards (Comprehensive Health Education Act of 1988, Section 59-32-30(A)).
- » Family life and pregnancy-prevention instruction is permitted in grades six, seven, and eight at the option of local school boards; STD-prevention instruction is required in these three grades (Comprehensive Health Education Act of 1988, Section 59-32-30(B)).
- » The locally appointed thirteen member Comprehensive Health Education Advisory Committee reviews and approves local materials used for instruction in reproductive health, family life, and STD/STI and pregnancy prevention.

The full text of the SC Health and Safety Academic Standards are available in PDF form here:

<http://ed.sc.gov/agency/se/Teacher-Effectiveness/Standards-and-Curriculum/documents/2009HealthEducationStandards.pdf>

APPENDIX E: Curricula and Other Materials Used in SC School Districts, as Reported by Districts in the FOIA Request

SAFER CHOICES: (20)

Allendale Public Schools
Anderson School District 3
Bamberg County School District 2
Berkeley County School District
Charleston County School District
Chesterfield County School District
Colleton County School District
Dorchester School District 2
Fairfield County School District
Florence School District 3
Fort Mill/York 4 School District
Hampton School District 1
Horry County School District
Laurens School District 56
Oconee School District
Orangeburg Consolidated School District 4
Richland County School District 1
Spartanburg School District 3
Sumter School District 17
Williston 29/Barnwell 29 School District

SEX CAN WAIT: (12)

Allendale Public Schools
Bamberg County School District 2
Berkeley County School District
Charleston County School District
Chester County School District
Dorchester School District 2
Florence School District 3
Fort Mill/York 4 School District
Georgetown School District
Oconee School District
Sumter School District 17
Williston 29/Barnwell 29 School District

WORTH THE WAIT: (9)

Clarendon School District 1
Clarendon School District 2
Dillon County School District 4 (Dillon 1 & 2)
Edgefield County School District
Florence School District 1
Florence School District 2
Florence School District 4
Marlboro County School District
Orangeburg Consolidated School District 5

MAKING A DIFFERENCE – ABSTINENCE/ HIV/STD/TEEN PREGNANCY: (7)

Anderson School District 3
Barnwell/Blackville-Hilda
County School District 19
Charleston County School District
Horry County School District
Lancaster County School District
Richland County School District 1
Spartanburg School District 3

HERITAGE KEEPERS – ABSTI- NENCE EDUCATION: (6)

Anderson School District 5
Florence School District 3
Florence School District 4
Marion County School District 1
Marion County School District 7
Sumter School District 17

DISTRICT DEVELOPED CURRICULA: (6)

Fort Mill/York 4 School District
Kershaw County School District
Richland County School District 2
Spartanburg School District 1
Spartanburg School District 2
York 3/Rock Hill 3 School District

SC CAMPAIGN TO PREVENT TEEN PREGNANCY: (5)

Allendale Public Schools
Barnwell County School District 45
Dorchester School District 2
Marion County School District 1
Spartanburg School District 1

MAKING PROUD CHOICES: (4)

Anderson School District 3
Barnwell/Blackville-Hilda
County School District 19
Richland County School District 1
Spartanburg School District 3

DRAW THE LINE/RESPECT THE LINE: (3)

Allendale Public Schools
Anderson School District 3
Berkeley County School District

WISE GUYS – MALE RESPON- SIBILITY CURRICULUM: (3)

Barnwell/Blackville-Hilda
County School District 19
Charleston County School District
Lexington School District 2

COMMUNITY-BASED ABSTINENCE EDUCATION (CBAE): (2)

Clarendon School District 1
Clarendon School District 2

SEXUALITY AND CHARAC- TER EDUCATION: (2)

Beaufort County School District
Lexington School District 1

JUST AROUND THE CORNER (BOYS/GIRLS): (2)

Dillon County School District 4 (Dillon 1&2)
Lexington School District 2

AXIS 1: (2)

Barnwell/Blackville-Hilda
County School District 19
Barnwell County School District 45

IMPACT: (2)

Anderson County School District 3
Anderson County School District 4

BOTVIN'S LIFESKILLS: (2)

Beaufort School District
Richland County School District 1

TEEN AID, INC. – ME, MY WORLD, MY FUTURE: (2)

Anderson School District 1
Fort Mill/York 4 School District

TEEN TALK: (2)

Bamberg School District 2
Richland County School District 1

HERITAGE KEEPERS-LIFE SKILLS: (2)

Marion County School District 1
Marion County School District 7

YOUTH DEVELOPMENT THROUGH SERVICE LEARNING- TEEN OUTREACH PROGRAM (TOP): (1)

Barnwell/Blackville-Hilda County School District 19

STAY TEEN: (1)

Barnwell County School District 45

CHANGING SCENES: (1)

Anderson School District 3

GROWING UP! FOR GIRLS: (1)

Lexington School District 1

GROWING UP! FOR BOYS: (1)

Lexington School District 1

APEX LEARNING- COMPUTER-BASED COMPREHENSIVE SEX ED: (1)

Anderson School District 2

GREAT-TO-WAIT: (1)

Horry County School District

SMART GIRLS: (1)

Berkeley County School District

PROJECT SNAPP (SKILLS AND KNOWLEDGE FOR AIDS AND PREGNANCY PREVENTION): (1)

Barnwell/Blackville-Hilda County School District 19

HEALTH SMART: (1)

Barnwell/Blackville-Hilda County School District 19

OTHER: BROCHURES/VIDEOS/ WEBSITES (29)

CLOVER/YORK 2 SCHOOL DISTRICT:

Middle School-Birth Control Choices (brochure)

DORCHESTER SCHOOL DISTRICT 2:

kidshealth.org; iwannaknow.com

EDGEFIELD:

Parenting Rewards & Responsibilities, The Developing Child
Diversified Health Occupations, 7th edition

FLORENCE SCHOOL DISTRICT 1:

Meeks Heit *Totally Awesome Health*

FLORENCE SCHOOL DISTRICT 3:

ABC News 20/20 Video Health Library; Videos from Delmar, Nursing Assistant Video Series 3rd Edition to supplement teaching skills.

National Public Radio report on fistulas caused by childbirth in Ethiopia.
<http://www.npr.org/templates/story/story.php?storyId=6907000>

All Grown Up and No Place to Go: Teenagers in Crisis by Dr. David Elkind. This is a Teacher Cadet only text.

High school:

Discovery Education:

1. A Baby is Born
2. Becoming an Embryo
3. Fetal Development and Birth
4. Effects of Pregnancy
5. Active Me, Healthy Me
6. Lily Series: birth through five
7. Understanding the Terrible two's
8. Social Emotional Development

Kidshealth.org/teen

1. Sexual health
2. Food and Fitness
3. Your Body
4. Drugs and Alcohol

FORT MILL/YORK 4 SCHOOL DISTRICT:

Human Sexuality Manual with script; Website- SC Department of Health and Environmental Control: STD/ HIV Program, SC's STD/HIV/AIDS Data, Family Planning, Birth Control methods (PDF), When Dating Turns Violent

GEORGETOWN SCHOOL DISTRICT:

Human Sexuality Mary Bronson Merki, Ph.D., McGraw Hill Glencoe 2004, A Teen's Guide to Sexuality Linda Meeks and Philip Heit

GREENVILLE SCHOOL DISTRICT:

Middle School Sexuality Education Videos: All About Boys/All About Character and All About Girls/All About Character; HIV/AIDS Know the Facts; Middle and High Student Worksheets (District Created)

JASPER COUNTY SCHOOL DISTRICT:

Student Services youth counselors

utilize Medicaid Adolescent Pregnancy Prevention Services (MAPPS) (page 4-9 of FOIA response)

LEXINGTON SCHOOL DISTRICT 1:

Videos/DVDs: We Are Family; AIDS Facts for Kids; In the Womb; Talking About Sex-Am I Normal?; This Ain't No Dress Rehearsal; Abstinence: It's the Right Choice; Miracle of Life; Teen Sexually Transmitted Dzs: The Rules Have Changed (MASE); Life's Greatest Miracles- online; Supplemental materials/ programs: Sexual Harassment/ Healthy Boundaries (Sexual Trauma Services)

LEXINGTON SCHOOL DISTRICT 2:

The Lost Children of Rockdale County Video (1999) and Study Guide; The Dark Side of the Sun / Practice Safe Sun DVD (2005); Discover: Healthy Sexual Development Workbook ; Just Around the Corner for Boys Video (2000); Just Around the Corner for Girls Video (updated 2011); The Human Reproductive System Video by National Geographic (updated 2009)

LEXINGTON 5/RICHLAND 5 SCHOOL DISTRICT:

District Curriculum (page 9 of FOIA response)

MARION SCHOOL DISTRICT 1:

"Education in Sexuality" – Glencoe McGraw Hill (textbook)

MARION SCHOOL DISTRICT 2:

Videos approved by local school board on 1/7/10: AIDS: Facts for Kids, Marsh Media; It's Up to You: Health, Nutrition, and Personal Hygiene, Nimco, Inc.; My Body's Changing: Puberty and Sexuality, Nimco, Inc.; Start Smart Now, Everything Revealed about Abstinence and STDs, Nimco, Inc.; Teen Hygiene: Health Habits for Life, Sunburst Visual Media; The Teen Files Flipped: Sexual Responsibility, AIMS Multimedia

NEWBERRY SCHOOL DISTRICT:

etvStreamlineSC videos entitled *Biologix---The Male Reproductive System* (United Learning, 1997); *Biologix---The Female Reproductive System* (Alberta Education, 1997); *Reality Matters: Teen*

Sexuality (Discovery Education, 2005); *Teen Parents* (Discovery Education, 2006); and *Hope is Not a Method* (Planned Parenthood of Syracuse, 2002); video: *The Womb* produced in 2002 by NOVA;

The school nurses utilize the *Always Changing About You* video for the fifth grade students. The video is gender specific and is used in gender separated classes. It was produced in 2009 by Proctor and Gamble.

ORANGEBURG CONSOLIDATED SCHOOL DISTRICT 3:

Glencoe McGraw-Hill *Parenting: Rewards & Responsibilities*, Glencoe *The Developing Child*

ORANGEBURG CONSOLIDATED SCHOOL DISTRICT 4:

Reducing the Risk- student workbook; "When Anger Turns to Rage", "When Dating Turns Dangerous"; "In Love and in Danger: Dating Violence"- Sunburst Communications

ORANGEBURG CONSOLIDATED SCHOOL DISTRICT 5:

DVD's: Just Thought You Ought to Know/ Sex Is Not a Game; Mothers Too Soon/ Fathers Too Soon;

RICHLAND COUNTY SCHOOL DISTRICT 1:

Second Step: A Violence Prevention Curriculum.; "The Nurturing Center, Foot Steps, Crisis Pregnancy Center, Into Me, Boys to Men, Project Hope"

RICHLAND COUNTY SCHOOL DISTRICT 2:

Videos: www.unitedstreaming.com- Dr. D's Birds and Bees: Crossing the Bridge to Adolescence; Your Reputation: Make it Change; www.unitedstreaming.com- HIV & AIDS: Staying Safe; AIDS Facts for Kids; United Streaming: "Puberty for Boys", "Puberty for Girls", "Amazing changes Inside and out", "Human Body System: The Reproductive System" (OMIT Conception); Learning relationship series; "AIDS Updated: The Latest Facts about HIV and AIDS"; United Streaming: "Update: Sexually Transmitted Diseases"; "Teens Who Choose Abstinence"; "Reality Matters: Sexual Pressures: Sexual Dangers";

United Streaming: "Teen Mothers and Fathers Speak Out"; Science Explorer- Human Biology and Health 6th grade Comprehensive Health Resource Guide;

SPARTANBURG SCHOOL DISTRICT 1:

South Carolina Campaign to Prevent Teen Pregnancy, *Abstinence-* Glencoe/ McGraw Hill, *Adolescence: Growing & Changing-* Glencoe/McGraw Hill, *Healthy Relationships & Sexuality-* Glencoe/ McGraw Hill, Glencoe *HIV/AIDS*, Meeks Heit *A Teens Guide to Sexuality*, Video Date Rape, Video Miracle of Life, Video Journey into Life, District Developed Power Point Presentation (with pretest and posttest)

SPARTANBURG SCHOOL DISTRICT 4:

SC Streamline videos: STDs, AIDS & the Clean Love Solution; Update: Sexually Transmitted Diseases; Hope is not a Solution; Miracle of Life

SPARTANBURG SCHOOL DISTRICT 6:

"Sex Respect" Student Workbook

SPARTANBURG SCHOOL DISTRICT 7:

Health & Wellness- Meeks Heit (Authors' note: Names of a number of videos, workbooks, etc, were submitted, but none dealt with the teaching of reproductive health education).

SUMTER SCHOOL DISTRICT 17:

"Always Changing and Growing Up" pamphlets and video by Proctor and Gamble (Human growth and development, puberty, hygiene); "Talking with Your Daughter about Puberty"-Parent Guide; "It's a Happy Thing"- Girls guide; "Always Changing and Growing up"-boys guide

UNION COUNTY SCHOOL DISTRICT:

"Choosing the Best" -grades 6-12

WARE SHOALS SCHOOL DISTRICT 51:

Growing to Maturity, Human Sexuality: A Responsible Approach, A Teen's Guide to Sexuality: Building Healthy Relationship Skills, Meeks Heit Glencoe, *Education in Sexuality-* SC Edition 2010-11 added "Risks of Sexual Activity"

YORK 3/ROCK HILL SCHOOL DISTRICT 3:

Video: <http://www.brainpop.com/health/>

[bodysystems/reproductivesystem/](http://www.brainpop.com/health/geneticsgrowthanddevelopment/babies/); <http://www.brainpop.com/health/geneticsgrowthanddevelopment/babies/>; Videos: "Life's Greatest Miracle"-NOVA; "Hope is not a method"-SCETV Streamline SC; "It's Your Choice: Preventing Pregnancy and STDs"- Human Relations Media; "Why Abstinence: The Price Tag of Casual Sex"- Human Relations Media; "Straight Talk: The Truth about Alcohol and Sex"- Human Relations Media; "Alcohol and Sex: Prescriptions for Poor Decision Making"-Human Relations Media

REFERENCES

1. LeBlanc, C. (April 7, 1988). Classes on sex passed: Lawmakers adopt revised bill defining public school courses. *The State Newspaper* (Columbia, SC). Accessible from NewsBank- service provider for *The State* archives.
2. South Carolina Legislature. (April 1988). Comprehensive Health Education. South Carolina Code of Laws. Retrieved from http://www.scstatehouse.gov/query.php?search=DOC&searchtext=comprehensive%20health%20education%20act&category=CODE0FLAWS&conid=6880046&result_pos=0&keyval=1151&numrows=10.
3. Pluto, D. Adolescent sexual risk behaviors from the 2011 SC YRBS. Presented 15 January 2012, p. 6-7 SC SAASH meeting, Columbia, SC. Retrieved from <http://www.saashsc.org/wordpress/wp-content/uploads/2012/08/SAASH4web.pdf>.
4. South Carolina Department of Health and Environmental Control (SC DHEC). *South Carolina's STD/HIV/AIDS data: Surveillance report, December 31, 2011* [PDF document]. Retrieved from http://www.scdhec.gov/health/disease/stds/docs/SurveillanceReport_2011.pdf.
5. South Carolina Campaign to Prevent Teen Pregnancy. (2012). *Simply stated: South Carolina teen birth trends* [PDF document]. Retrieved from <http://www.teenpregnancysc.org/UserFiles/teenpregsc/Documents/Simply%20Stated%20-%20Winning%20the%20Battle%20-%20Teen%20Birth%20Data%202010.pdf>.
6. South Carolina Campaign to Prevent Teen Pregnancy. (2012). 2000-2010: South Carolina 15-19 year old birth trends. Retrieved from <http://www.teenpregnancysc.org/UserFiles/teenpregsc/Documents/2000-2012.pdf>.
7. Djamba, Y.K., Davidson, T.C., & Aga, M.G. (2012). *Sexual health of young people in the U.S. south*. Montgomery, Alabama: Center for Demographic Research. Retrieved from http://www.demographics.aum.edu/uploadedfile/CDR_SexualHealth_6-1.pdf.
8. National Campaign to Prevent Teen and Unplanned Pregnancy. (March 2010). *Why it matters: Teen pregnancy, poverty, and income disparity* [PDF document]. Retrieved from <http://www.thenationalcampaign.org/why-it-matters/pdf/poverty.pdf>.
9. Furstenberg, F. F. (2007). *Destinies of the disadvantaged: The politics of teen childbearing*. New York: Russell Sage Foundation.
10. The National Campaign to Prevent Teen and Unplanned Pregnancy. (June 2011). *Counting it up: The public costs of teen childbearing in South Carolina in 2008* [PDF document]. Retrieved from <http://www.thenationalcampaign.org/costs/pdf/counting-it-up/fact-sheet-south-carolina.pdf>.
11. Guttmacher Institute. (December 2012). State policies in brief: Sex and HIV education [PDF]. Retrieved from http://www.guttmacher.org/statecenter/spibs/spib_SE.pdf.
12. Alton, F. L., Valois, R. F., Oldendick, R., & Wanzer D. J. (2009). Public opinion on school-based sex education in South Carolina. *American Journal of Sexuality Education*, 4(2), 116-138. doi:10.1080/15546120903001381
13. Sexuality Information and Education Council of the United States (SEICUS). Sex Education Q & A. Retrieved from <http://www.siecus.org/index.cfm?fuseaction=page.viewpage&pageid=521&grandparentID=477&parentID=514>.
14. Alton, F. L. (2004). Survey of South Carolina Registered Voters Regarding Support of School-Based Education. University of South Carolina: Arnold School of Public Health.
15. Centers for Disease Control and Prevention (CDC). (2012). *Youth risk behavior surveillance system: Selected 2011 national health risk behaviors and health outcomes by sex* [PDF document]. Retrieved from http://www.cdc.gov/healthyyouth/yrbs/pdf/us_disparitysex_yrbs.pdf. Accessed June 19, 2012.
16. South Carolina Healthy Schools. (2012). *2011 South Carolina high school youth risk behavior survey (YRBS): South Carolina results by race and gender* [PDF document]. Retrieved from <http://ed.sc.gov/agency/se/Teacher-Effectiveness/Healthy-Schools/documents/2011HSALLbyRaceGender.pdf>. Accessed June 19, 2012.
17. South Carolina Campaign to Prevent Teen Pregnancy. (2008). *Comprehensive health education act* [PDF document]. Retrieved from <http://www.teenpregnancysc.org/UserFiles/teenpregsc/Documents/CHEA.pdf>.
18. Rex, J. (2010). *2010 South Carolina comprehensive health education survey executive summary*. South Carolina Department of Education Office of Curriculum Standards.

-
19. Zais, M. (2011). *2011 South Carolina comprehensive health education survey executive summary*. South Carolina Department of Education Office of Curriculum Standards.
 20. Beyer, C. (2011). *2010-2011 South Carolina comprehensive health education annual report data*. Unpublished raw data. South Carolina Department of Education Healthy Schools Division.
 21. Document submitted by Lee School District in response to Freedom of Information Act request. Document on file at Health Advocates, LLC.
 22. Document submitted by Pickens School District in response to Freedom of Information Act request. Document on file at Health Advocates, LLC.
 23. Document submitted by Rock Hill/York School District Three in response to Freedom of Information Act request. Document on file at Health Advocates, LLC.
 24. Document submitted by York School District One in response to Freedom of Information Act request. Document on file at Health Advocates, LLC.
 25. Documents collected by the Department of Education; from email correspondence with Christine Beyer, SCDE, May 14, 2012.
 26. Document submitted by Allendale School District in response to Freedom of Information Act request. Document on file at Health Advocates, LLC.
 27. Document submitted by Marion School District One in response to Freedom of Information Act request. Document on file at Health Advocates, LLC.
 28. Joint Committee on National Health Education Standards. (2007). *National health education standards: Achieving excellence*, (2nd Ed.). Atlanta, GA: American Cancer Society.
 29. South Carolina Department of Education (SCDE). (September 2003, revised March 2012). *South Carolina educator certification manual*. Division of School Effectiveness Office of Educator Certification, Recruitment and Preparation. Retrieved from <http://www.ed.sc.gov/agency/se/Educator-Certification-Recruitment-and-Preparation/CertManualEditedMar152012.pdf>.
 30. Document submitted by Florence School District One in response to Freedom of Information Act request. Document on file at Health Advocates, LLC.
 31. Document submitted by Dorchester School District Two in response to Freedom of Information Act request. Document on file at Health Advocates, LLC.
 32. Brener N. D., McManus T., Foti, K., Shanklin, S. L., Hawkins, J., Kann, L., & Speicher, N. (2009). *School health profiles 2008: Characteristics of health programs among secondary schools*. Atlanta: Centers for Disease Control and Prevention. Retrieved from http://www.cdc.gov/healthyyouth/profiles/2008/profiles_report.pdf.
 33. Kirby, D. (2007). *Emerging answers 2007: Research findings on programs to reduce teen pregnancy and sexually transmitted diseases*. Washington, DC: National Campaign to Prevent Teen and Unplanned Pregnancy. Retrieved from http://www.thenationalcampaign.org/EA2007/EA2007_full.pdf.
 34. Document submitted by Horry County School District in response to Freedom of Information Act request. Document on file at Health Advocates, LLC.
 35. Document submitted by Orangeburg School District Five in response to Freedom of Information Act request. Document on file at Health Advocates, LLC.
 36. Healthy Teen Network. *Healthy teen network resources for step #3: Evidence-based programs*. Retrieved from http://healthyteennetwork.org/index.asp?Type=B_BASIC&SEC=%7B177F552F-C830-4769-8D2F-40DD9B728159%7D&DE=%7BEC52A401-19D8-49FF-8F9C-BCC9C142DA5E%7D.
 37. Document submitted by Williamsburg School District in response to Freedom of Information Act request. Document on file at Health Advocates, LLC.
 38. Document submitted by Fairfield School District in response to Freedom of Information Act request. Document on file at Health Advocates, LLC.

-
39. Document submitted by Orangeburg School District Three in response to Freedom of Information Act request. Document on file at Health Advocates, LLC.
 40. Rex, J. (2009). South Carolina academic standards for health and safety education. Retrieved from <http://ed.sc.gov/agency/se/Teacher-Effectiveness/Standards-and-Curriculum/documents/2009HealthEducationStandards.pdf>.
 41. Centers for Disease Control and Prevention (CDC). (2007). *Health education curriculum analysis tool (HECAT) overview* [PDF document]. Retrieved from http://www.cdc.gov/healthyyouth/hecat/pdf/HECAT_Overview.pdf.
 42. Future of Sex Education Initiative. (2012). National sexuality education standards: Core content and skills, k-12 [a special publication of the Journal of School Health]. Retrieved from <http://www.futureofsexeducation.org/documents/josh-fose-standards-web.pdf>.
 43. Centers for Disease Control and Prevention (CDC). High school youth risk behavior survey data: South Carolina 2011 and United States 2011 results. Retrieved from <http://apps.nccd.cdc.gov/youthonline/App/Results.aspx?TT=G&OUT=0&SID=HS&QID=00&LID=SC&YID=2011&LID2=XX&YID2=2011&COL=&ROW1=&ROW2=&HT=00&LCT=&FS=1&FR=1&FG=1&FSL=&FRL=&FGL=&PV=&C1=SC2011&C2=XX2011&QP=G&DP=1&VA=CI&CS=N&SYID=&EYID=&SC=DEFAULT&SO=ASC&pf=1&TST=True>.
 44. Document submitted by Saluda School District in response to Freedom of Information Act request. Document on file at Health Advocates, LLC.
 45. Document submitted by Sumter 17 School District in response to Freedom of Information Act request. Document on file at Health Advocates, LLC.
 46. Centers for Disease Control and Prevention. (2012). Adolescent and School Health. Sexual risk behavior: HIV, STD, and teen pregnancy prevention. Retrieved from <http://www.cdc.gov/HealthyYouth/sexualbehaviors/>.
 47. Document submitted by Kershaw School District in response to Freedom of Information Act Request. Document on file at Health Advocates, LLC.
 48. Centers for Disease Control and Prevention. (2010). *Bringing high-quality HIV and STD prevention to youth in schools: CDC's division of adolescent and school health* [PDF document]. Retrieved from http://www.cdc.gov/healthyyouth/about/pdf/hivstd_prevention.pdf.
 49. Centers for Disease Control and Prevention. (2012). Adolescent and School Health. Health education curriculum analysis tool (HECAT). Retrieved from <http://www.cdc.gov/HealthyYouth/HECAT/index.htm>.
 50. Kirby, D., Laris, B.A., and Roller, L. (2006). *Sex and HIV education programs for youth: their impact and important characteristics*. Scotts Valley, CA: Family Health International. Retrieved from <http://healthyteenetwork.org/vertical/Sites/%7BB4D0CC76-CF78-4784-BA7C-5D0436F6040C%7D/uploads/%7B5656D6FF-7F99-4CD8-8B51-4266E1FAAB62%7D.PDF>.
 51. Document submitted by Barnwell/Blackville-Hilda 19 School District in response to Freedom of Information Act request. Document on file at Health Advocates, LLC.
 52. Document submitted by Anderson Three School District in response to Freedom of Information Act request. Document on file at Health Advocates, LLC.
 53. Sexuality Information Education Council of the United States (SIECUS). (2008). Sexuality education definitions. Retrieved from <http://www.communityactionkit.org/index.cfm?fuseaction=page.viewPage&pageId=886>.
 54. U.S. Department of Health and Human Services. Office of Adolescent Health. (2012). Teen pregnancy prevention: Evidence-based programs (31 programs). Retrieved from <http://www.hhs.gov/ash/oah/oah-initiatives/tpp/programs.html>.
 55. Holt, Rinehart, & Winston. (2007). *Holt Decisions for health: Level green, grade 6*. (Student Ed.). Orlando, FL: Holt, Rinehart & Winston.
 56. Holt, Rinehart, & Winston. (2007). *Holt Decisions for health: Level red, grade 7*. (Student Ed.). Orlando, FL: Holt, Rinehart & Winston.
 57. Holt, Rinehart, & Winston. (2007). *Holt Decisions for health: Level blue, grade 8*. (Student Ed.). Orlando, FL: Holt, Rinehart & Winston.
 58. Bronson, M. H., Cleary, M. J., Hubbard, B. M., & Zike, D. (2005). *Teen health: Course 1* (Grade 6, Student Ed.). New York, NY: Glencoe/McGraw-Hill.
 59. Bronson, M. H., Cleary, M. J., Hubbard, B. M., & Zike, D. (2005). *Teen health: Course 2* (Grade 7, Student Ed.). New York, NY: Glencoe/McGraw-Hill.

-
60. Bronson, M. H., Cleary, M. J., Hubbard, B. M., & Zike, D. (2005). *Teen health: Course 3* (Grade 8, Student Ed.). New York, NY: Glencoe/McGraw-Hill.
61. Meeks, L. Heit, P., Page, R. (2005). *Health and wellness* (1st Ed.). New York, NY: Glencoe/McGraw-Hill.
62. Bronson, M. H. (2005). *Glencoe health* (9th Ed.). New York, NY: Glencoe/McGraw Hill.
63. Friedman, Curtis, S.C., & Whalen, S. (2007). *Holt: Lifetime health* (2007). Orlando, FL: Holt, Rinehart, & Winston.
64. Bronson, M. (2007). *Glencoe health: Human sexuality* (Student Ed.). New York, NY: Glencoe/McGraw Hill.
65. Wiley, D., Wilson, K. (2008). *Just say don't know: Sexuality education in Texas public schools*. Valentine, R. (Ed.). Austin, TX: Texas Freedom Network Education Fund. Retrieved from http://www.tfn.org/site/DocServer/SexEdRort09_web.pdf.
66. The Annie E. Casey Foundation (2012). Kids count: Data center: Data across states: Children in single-parent families. Retrieved from <http://datacenter.kidscount.org/data/acrossstates/Rankings.aspx?ind=106>.
67. The Annie E. Casey Foundation. (2012). Kids count: Data center: Data across states: Children living with cohabitating domestic partners. Retrieved from <http://datacenter.kidscount.org/data/acrossstates/Rankings.aspx?ind=110>. Accessed March 10, 2012.
68. The Annie E. Casey Foundation. (2012). Kids count: Data center: Data across states: Percent of births to single mothers. Retrieved from <http://datacenter.kidscount.org/data/bystate/Rankings.aspx?state=SC&ind=2898>.
69. Copen, C. E., Daniels, K., Vespa, J., & Mosher, W. D. (March 2012). First marriages in the United States: Data from the 2006-2010 nation survey of family growth. *National Health Statistics Reports*, 49.
70. Clark, M. A., Trenholm, C. Devaney, B., Wheeler, J, Quay, L. (August 2007). *Impacts of the Heritage Keepers® Life Skills education component: Final report*. Princeton, NJ: Mathematica Policy Research, Inc. Retrieved from <http://www.mathematica-mpr.com/publications/PDFs/heritagekeepers08-07.pdf>.
71. The National Campaign to Prevent Teen and Unplanned Pregnancy. (2012). Interventions with evidence of success. Retrieved from <http://www.thenationalcampaign.org/resources/programs.aspx#search>. Accessed February 13, 2012.
72. Hauser, D., Rodriguez, M., Schroeder, E. (May 2012). He-men, virginity pledges, and bridal dreams: Obama administration quietly endorses dangerous ab-only curriculum. *RH Reality Check: Reproductive & Sexual Health and Justice, News, Analysis & Commentary*. Retrieved from <http://www.rhrealitycheck.org/article/2012/04/30/he-men-virginity-pledges-and-bridal-dreams-an-hhs-endorsed-curriculum>.
73. Heritage Community Services. (2012). Heritage Keepers® programs: Heritage Keepers® abstinence education. Retrieved from http://www.heritageservices.org/abstinence_education.html.
74. Document submitted by Marlboro School District in response to Freedom of Information Act request. Document on file at Health Advocates, LLC.
75. Scott & White Worth the Wait®. (2011). About the curriculum: The right content for each grade level-2011 update. Retrieved from <http://worththewait.org/curriculum.html>.
76. Scott & White Worth the Wait®. (2011). *Contraception & Teens: Providing the FACTS!* (PowerPoint). Copy on file at Texas State University Health Education library.
77. Sexuality Information Education Council of the United States (SIECUS). In brief: Federal funding streams for teen pregnancy prevention, sex education, and abstinence-only programs. Retrieved from <http://www.siecus.org/index.cfm?fuseaction=page.viewpage&pageid=1350>.
78. Scott & White Worth the Wait. (2011). *Contraceptive and teens: Providing the facts* [CD]. Temple, TX: Scott & White.
79. Sexuality Information Education Council of the United States (SIECUS). (2008). Worth the wait review. *Community Action Kit*. Retrieved from <http://www.communityactionkit.org/index.cfm?fuseaction=page.viewpage&pageid=996>.
80. Kay, J. F. Jackson, A. (2008). *Sex, lies and stereotypes: How abstinence-only programs harm women and girls*. New York, NY: Legal Momentum. Retrieved from http://www.legalmomentum.org/assets/pdfs/sexlies_stereotypes2008.pdf.
81. Boland, P. *Vulnerability to violence among gay, lesbian, and bisexual youth*. National Association of School Psychologists (NASP). Retrieved from http://www.nasponline.org/resources/crisis_safety/neat_vulnerability.aspx.

-
82. Document submitted by Richland School District Two in response to Freedom of Information Act request. Document on file at Health Advocates, LLC.
 83. McMahon, S. (2007). Understanding community specific rape myths: Exploring student-athlete culture. *Affilia*, 22(4), 357-370.
 84. Bieneck, S., & Krahe, B. (2011). Blaming the victim and exonerating the perpetrator in cases of rape and robbery: Is there a double standard? *Journal of Interpersonal Violence*, 26(9), 1785-1797.
 85. Franiuk, R., Seefeld, J. L., Cepress, S. L., & Vandello, J. A. (2008). Prevalence and effects of rape myths in print journalism. *Violence Against Women*, 14(3), 287-309.
 86. South Carolina Department of Public Safety. (2010). *By force and without consent: A five year overview of sexual violence in South Carolina, 2004-2008*. McManus, R. (Ed.). Retrieved from <http://www.statelibrary.sc.gov/scedocs/P9602SS/001792.pdf>.
 87. Document submitted by Newberry School District in response to Freedom of Information Act request. Document on file at Health Advocates, LLC.
 88. Document submitted by Beaufort School District in response to Freedom of Information Act request. Document on file at Health Advocates, LLC.
 89. Document submitted by Aiken School District in response to Freedom of Information Act request. Document on file at Health Advocates, LLC.
 90. Document submitted by Fort Mill/York School District Four in response to Freedom of Information Act request. Document of file at Health Advocates, LLC.
 91. Document submitted by Spartanburg School District Seven in response to Freedom of Information Act request. Document of file at Health Advocates, LLC.
 92. Document submitted by Spartanburg School District Four in response to Freedom of Information Act request. Document on file at Health Advocates, LLC.
 93. Sexuality Information Education Council of the United States (SIECUS). South Carolina state profile fiscal year 2010. Retrieved from http://www.siecus.org/index.cfm?fuseaction=Page.ViewPage&PageID=1324#_edn29.
 94. Centers for Disease Control and Prevention (CDC). Teen pregnancy prevention 2010-2015: Integrating services, programs, and strategies through communitywide initiatives: State- and community-based organizations: South Carolina campaign to prevent teen pregnancy. Retrieved from <http://www.cdc.gov/TeenPregnancy/State-Community-Orgs.htm>.
 95. Sutton, O. (2011). *2010-2011 all district data compiled in response to Freedom of Information Act request*. Unpublished raw data. Documentation on file at Health Advocates, LLC.
 96. Document submitted by Lexington and Richland School District Five in response to Freedom of Information Act request. Document on file at Health Advocates, LLC.
 97. Document submitted by Charleston School District in response to Freedom of Information Act request. Document on file at Health Advocates, LLC.
 98. Document submitted by Chester School District in response to Freedom of Information Act request. Document on file at Health Advocates, LLC.