



SIECUS

State Profile

MONTANA

Montana Sexuality Education Law and Policy

Montana Administrative Rules require that school districts include a “health enhancement” program among their academic offerings.¹ According to the health enhancement program’s content standards, “a student must have a basic knowledge and understanding of concepts that promote comprehensive health.”² Specifically, by the end of fourth grade, students should be able to “identify personal health enhancing strategies that encompass... injury/disease prevention, including HIV/AIDS prevention.”³ By the end of eighth grade, students should be able to understand the reproductive system as well as personal health-enhancing strategies about sexual activity and HIV/AIDS prevention.⁴ By graduation, students should be able to understand the impact of personal behaviors on the body, including the reproductive system, and have personal health-enhancing strategies about sexual activity and HIV/AIDS prevention.⁵ The Montana Board of Public Education’s guidelines, designed to aid school districts in developing their HIV education programs, recommend that “students receive proper education about HIV before they reach the age when they may adopt behaviors which put them at risk of contracting the disease.”⁶

Due to the autonomous nature of Montana school districts, standards for the sexuality education portion of the health enhancement program are not defined. While the Office of Public Instruction acknowledges that sexuality education programs may be “abstinence-based, abstinence until marriage or abstinence only,” it does recommend that they be “consistent with the most reasoned approach of public health and health education professionals.”⁷

Montana neither requires parental permission for students to participate in sexuality or HIV/AIDS education nor does it say whether parents or guardians may remove their children from such classes.

See Montana Code Annotated § 20-2-121; Montana Administrative Rules §§ 10.54.7010, 7011, 7012, and 7013; 10.54.2501, and 10.55.905; *Communicable Diseases: Model Policies and Procedures for HIV Education, Infected Students and Staff, and Work Site Safety*; *Montana Accreditation Standards for Health Enhancement*; and *Montana Board of Public Education Position Statement on HIV/AIDS*.

Recent Legislation

Healthy Teen Act Introduced

House Bill 596, titled the *Healthy Teen Act*, was introduced in February 2009 and would have required the state to expand its existing HIV-prevention education program to address other STDs as well as unintended pregnancy. The modified program would have provided age-appropriate and medically accurate sexuality education to students in kindergarten through 12th grade. Such education would have been required to include information on both abstinence and contraception, emphasize communication and responsible decision-making skills, and promote self-esteem and healthy relationships. HB 596 died after it failed to pass out of the Committee on Human Services, and a vote to bring the measure before the full House failed by a vote of 51–49.

Montana's Youth: Statistical Information of Note⁸

- In 2009, 47% of female high school students and 48% of male high school students in Montana reported ever having had sexual intercourse compared to 46% of female high school students and 46% of male high school students nationwide.
- In 2009, 3% of female high school students and 8% of male high school students in Montana reported having had sexual intercourse before age 13 compared to 3% of female high school students and 8% of male high school students nationwide.
- In 2009, 15% of female high school students and 17% of male high school students in Montana reported having had four or more lifetime sexual partners compared to 11% of female high school students and 16% of male high school students nationwide.
- In 2009, 34% of female high school students and 31% of male high school students in Montana reported being currently sexually active (defined as having had sexual intercourse in the three months prior to the survey) compared to 36% of female high school students and 33% of male high school students nationwide.
- In 2009, among those high school students who reported being currently sexually active, 58% of females and 77% of males in Montana reported having used condoms the last time they had sexual intercourse compared to 54% of females and 69% of males nationwide.
- In 2009, among those high school students who reported being currently sexually active, 34% of females and 20% of males in Montana reported having used birth control pills the last time they had sexual intercourse compared to 23% of females and 16% of males nationwide.
- In 2009, among those high school students who reported being currently sexually active, 22% of females and 29% of males in Montana reported having used alcohol or drugs the last time they had sexual intercourse compared to 17% of females and 26% of males nationwide.
- In 2009, 87% of high school students in Montana reported having been taught about AIDS/HIV in school compared to 87% of high school students nationwide.

Montana Youth Sexual Health Statistics*Teen Pregnancy, Birth, and Abortion*

- Montana's teen pregnancy rate ranks 38th in the U.S., with a rate of 56 pregnancies per 1,000 young women ages 15–19 compared to the national rate of 70 pregnancies per 1,000.⁹ There were a total of 1,900 pregnancies among young women ages 15–19 reported in 2005, the most recent year for which data are available, in Montana.¹⁰
- Montana's teen birth rate ranked 31st in the U.S. in 2005, with a rate of 42.5 births per 1,000 young women ages 15–19 compared to the national rate of 40.5 births per 1,000.¹¹ In 2005, there were a total of 8,611 live births reported to young women ages 15–19 in Montana.¹²

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- In 2006, the U.S. teen birth rate increased for the first time in 15 years by 3% from 40.5 to 41.9 births per 1,000 young women ages 15–19, after having steadily declined between 1991 and 2005.¹³ In contrast, Montana’s teen birth rate increased 13% between 2005 and 2006, from 35.2 to 39.6 births per 1,000 young women ages 15–19.¹⁴
- Montana’s teen abortion rate ranks 26th in the U.S., with a rate of 12 abortions per 1,000 young women ages 15–19 compared to the national rate of 19 abortions per 1,000. In 2005, there were a total of 400 abortions reported among young women ages 15–19 in Montana.¹⁵

HIV and AIDS

- Montana ranks 47th in cases of HIV infection diagnosed in the U.S. among all age groups. In 2007, there were a total of 5 new cases of HIV infection diagnosed in Montana.¹⁶
- Montana’s AIDS rate ranks 44th in the U.S., with a rate of 2.6 cases per 100,000 population compared to the national rate of 12.5 cases per 100,000.¹⁷
- Montana ranks 46th in number of reported AIDS cases in the U.S. among all age groups. In 2007, there were a total of 25 new AIDS cases reported in Montana.¹⁸
- In 2007, there were no AIDS cases reported among young people ages 13–19 in Montana.¹⁹

Sexually Transmitted Diseases

- Montana ranks 32nd in reported cases of Chlamydia among young people ages 15–19 in the U.S., with an infection rate of 16.49 cases per 1,000 compared to the national rate of 19.51 cases per 1,000. In 2008, there were a total of 1,111 cases of Chlamydia reported among young people ages 15–19 in Montana.²⁰
- Montana ranks 46th in reported cases of gonorrhea among young people ages 15–19 in the U.S., with an infection rate of 0.49 cases per 1,000 compared to the national rate of 4.52 cases per 1,000. In 2008, there were a total of 33 cases of gonorrhea reported among young people ages 15–19 in Montana.²¹
- There are no available statewide data on the rate of syphilis among young people.

Comprehensive Approaches to Sex Education

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

We encourage you to submit any updated or additional information on comprehensive approaches to sex education being implemented in Montana public schools for inclusion in future publications of the SIECUS State Profiles. Please visit SIECUS’ “Contact Us” webpage at www.siecus.org to share information. Select “state policy” as the subject heading.

Federal Funding for Abstinence-Only-Until-Marriage Programs

Montana did not receive abstinence-only-until-marriage funding in Fiscal Year 2009.²²

Title V Abstinence-Only-Until Marriage Funding

- Montana chose not to participate in the Title V abstinence-only-until-marriage program in Fiscal Year 2009. The state was eligible for approximately \$616,398 in funding. Due to the expiration of the grant program on June 30, 2009, three months prior to the end of the federal fiscal year, the state would have received three quarters of the total funding allocated for the full fiscal year.

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Community-Based Abstinence Education (CBAE) Funding

- There are no CBAE grantees in Montana.

Adolescent Family Life Act (AFLA) Funding

- There are no AFLA grantees in Montana.

Abstinence-Only-Until-Marriage Curricula

SIECUS is not aware of any commercially available abstinence-only-until-marriage curricula used in Montana.

To read reviews of abstinence-only-until-marriage curricula commonly used by federal grantees please visit the “Curricula and Speaker Reviews” webpage of SIECUS’ Community Action Kit at www.communityactionkit.org.

Adolescent Health Contact²³

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Montana Department of Public Health and Human Services
Director’s Office
P.O. Box 4210
111 N. Sanders
Helena, MT 59620
Phone: (406) 444-4743

Montana Organizations that Support Comprehensive Sexuality Education

ACLU of Montana
P.O. Box 1317
Helena, MT 59624
Phone: (406) 443-8590
www.aclumontana.org

Blue Mountain Clinic
610 North California Street
Missoula, MT 59802
Phone: (406) 721-1646
www.bluemountainclinic.org

NARAL Pro-Choice Montana
P.O. Box 279
Helena, MT 59624
Phone: (406) 443-0276
www.prochoicemontana.org

Montana Human Rights Network
P.O. Box 1509
Helena, MT 59624
Phone: (406) 442-5506
www.mhrn.org

Yellowstone AIDS Project
2906 1st Avenue
N. Suite 200
Billings, MT 59101
Phone: (406) 245-2029
www.yapmt.org

Montana Organizations that Oppose Comprehensive Sexuality Education

Montana Family Foundation
P.O. Box 485
Laurel, MT 59044
Phone: (406) 628-1141
www.montanafamily.org

Right to Life of Montana
1900 Last Chance Gulch
P.O. Box 6787
Helena, MT 59601
Phone: (406) 443-0827
www.rtlmt.org

Newspapers in Montana²⁴

Billings Gazette
Newsroom
P.O. Box 36300
Billings, MT 59107
Phone: (406) 657-1200
www.billingsgazette.net

The Livingston Enterprise
Newsroom
P.O. Box 2000
Livingston, MT 59047
Phone: (406) 222-2000
www.livingstonenterprise.com

Miles City Star
Newsroom
P.O. Box 1216
Miles City, MT 59301
Phone: (406) 234-0450
www.milescitystar.com

Montana Standard
Newsroom
25 West Granite Street
Butte, MT 59701
Phone: (406) 496-5500
www.mtstandard.com

Bozeman Daily Chronicle
Newsroom
P.O. Box 1190
Bozeman, MT 59771
Phone: (406) 587-4491
www.bozemandailychronicle.com

Independent Record
Newsroom
P.O. Box 4249
Helena, MT 59604
Phone: (406) 447-4000
www.helenair.com

Missoulian
Newsroom
P.O. Box 8029
Missoula, MT 59807
Phone: (406) 523-5200
www.missoulian.com

Political Blogs in Montana

4 and 20 Blackbirds
www.4and20blackbirds.wordpress.com

Left in the West
www.leftinthewest.com

Intelligent Discontent
www.intelligentdiscontent.com

Missoula Red Tape
www.missoularedtape.com

¹ Mont. Admin. Rules § 10.54.7010.

² Ibid.

³ Mont. Admin. Rules § 10.54.7011(1)(d).

⁴ Mont. Admin. Rules § 10.54.7012.

⁵ Mont. Admin. Rules § 10.54.7013.

⁶ *Communicable Diseases: Model Policies and Procedures for HIV Education, Infected Students and Staff, and Work Site Safety* (Montana: Montana Board of Education, 2003), accessed 13 April 2010, <http://www.opi.mt.gov/pdf/HIVED/HIVModelPolicies_arch.pdf>, 1.

⁷ *Montana Accreditation Standards for Health Enhancement* (Montana: Montana Board of Education), accessed 13 April 2010, <<http://www.opi.mt.gov/pdf/HIVED/HEStandardsSexEd.pdf>>, 1-2.

⁸ Danice K. Eaton, et. al., “Youth Risk Behavior Surveillance—United States, 2009,” *Surveillance Summaries, Morbidity and Mortality Weekly Report*, vol. 59, no. SS-5 (4 June 2010): 98–109, accessed 4 June 2010, <<http://www.cdc.gov/mmwr/pdf/ss/ss5905.pdf>>.

⁹ *U.S. Teenage Pregnancies, Births, and Abortions: National and State Trends and Trends by Race and Ethnicity*, (Washington, DC: Guttmacher Institute, January 2010), accessed 5 March 2010, <<http://www.guttmacher.org/pubs/USTPTrends.pdf>>, Table 3.1.

¹⁰ Ibid., Table 3.2.

¹¹ Joyce A. Martin, et. al, “Births: Final Data for 2006,” *National Vital Statistics Reports*, vol. 57, number 7 (Hyattsville, MD: Centers for Disease Control and Prevention, 7 January 2009), accessed 5 March 2010, <http://www.cdc.gov/nchs/data/nvsr/nvsr57/nvsr57_07.pdf>, Table B.

¹² *U.S. Teenage Pregnancies, Births, and Abortions: National and State Trends and Trends by Race and Ethnicity*, Table 3.2.

¹³ Martin, et. al, “Births: Final Data for 2006,” 4.

¹⁴ Ibid., Table B.

¹⁵ *U.S. Teenage Pregnancies, Births, and Abortions: National and State Trends and Trends by Race and Ethnicity*, Table 3.5.

¹⁶ “Cases of HIV Infection and AIDS in the United States and Dependent Areas, 2007,” *HIV/AIDS Surveillance Report*, vol. 19, (Atlanta, GA: Centers for Disease Control and Prevention, February 2009), accessed 5 March 2010, <<http://www.cdc.gov/hiv/topics/surveillance/resources/reports/2007report/pdf/2007SurveillanceReport.pdf>>, Table 18.

¹⁷ Ibid.; “AIDS Case Rate per 100,000 Population, All Ages, 2007,” (Menlo Park, CA: Kaiser Family Foundation), accessed 5 March 2010, <<http://www.statehealthfacts.org/comparetable.jsp?ind=513&cat=11&sub=120&yr=62&typ=1&sort=a>>.

¹⁸ Ibid., Table 16.

¹⁹ Slide 15: “Reported AIDS Cases among Adolescents 13 to 19 Years of Age, 2007—United States and Dependent Areas,” *HIV/AIDS Surveillance in Adolescents and Young Adults (through 2007)*, (Atlanta, GA: Centers for Disease Control and Prevention, May 2009), accessed 25 March 2010, <<http://www.cdc.gov/hiv/topics/surveillance/resources/slides/adolescents/index.htm>>.

²⁰ “Wonder Database: Selected STDs by Age, Race/Ethnicity, and Gender, 1996-2008 Results,” (Atlanta, GA: Centers for Disease Control and Prevention), 30 June 2009, accessed 5 March 2010, <<http://wonder.cdc.gov>>; see also Table 10: “Chlamydia: Reported Cases and Rates Per 100,000 Population by Age Group and Sex: United States, 2004–2008,” *Sexually Transmitted Disease Surveillance 2008*, (Atlanta, GA: Centers for Disease Control and Prevention, Division of STD Prevention, November 2009), accessed 5 March 2010, <<http://www.cdc.gov/std/stats08/surv2008-Complete.pdf>>, 95.

²¹ Ibid; see also Table 20: “Gonorrhea—Reported Cases and Rates per 100,000 Population by Age Group and Sex: United States, 2004–2008,” *Sexually Transmitted Disease Surveillance 2008*, 106.

²² This refers to the federal government’s fiscal year, which begins on October 1st and ends on September 30th. The fiscal year is designated by the calendar year in which it ends; for example, Fiscal Year 2009 began on October 1, 2008 and ended on September 30, 2009.

²³ SIECUS has identified this person as a state-based contact for information on adolescent health and if applicable, abstinence-only-until-marriage programs.

²⁴ This section is a list of major newspapers in your state with contact information for their newsrooms. This list is by no means exhaustive and does not contain the local level newspapers which are integral to getting your message out to your community. SIECUS strongly urges you to follow stories about the issues that concern you on the national, state, and local level by using an internet news alert service such as [Google alerts](#), becoming an avid reader of your local papers, and establishing relationships with reporters who cover your issues. For more information on how to achieve your media goals visit the SIECUS [Community Action Kit](#).