

State Profiles **FISCAL YEAR 2017**

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

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

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In Fiscal Year 2017,¹ the state of South Carolina received:

- **Division of Adolescent and School Health funds totaling \$80,000**
- **Personal Responsibility Education Program funds totaling \$710,492**
- **Title V State Abstinence Education Program funds totaling \$1,243,133**

In Fiscal Year 2017, local entities in South Carolina received:

- **Teen Pregnancy Prevention Program funds totaling \$3,771,132**

SEXUALITY EDUCATION LAW AND POLICY

STATE LAW

Public schools in South Carolina are required to provide sexually transmitted disease (STD) education beginning in 6th grade, but they are prohibited from providing information on STDs to students prior to that time.² Schools are not required to teach about human immunodeficiency virus (HIV) or acquired immunodeficiency syndrome (AIDS). State law specifies that age-appropriate reproductive health education may be offered for grades K–5. STDs and reproductive health are required to be included as a part of comprehensive health education in grades 6–8, and pregnancy prevention may be addressed.³ Students must also receive “at least 750 minutes of reproductive health education and pregnancy prevention education at least one time over the course of grades 9 through 12.”⁴ Pregnancy prevention education must be presented separately to male and female students.⁵

According to [South Carolina Code Annotated §§ 59-32-10](#), “‘Reproductive health education’ means instruction in human physiology, conception, prenatal care and development, childbirth, and postnatal care, but it does not include instruction concerning sexual practices outside marriage or practices unrelated to

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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.”⁶

The law explains, “[c]ontraceptive information must be given in the context of future family planning.”⁷ In addition, no school may distribute contraceptives. Abortion may only be discussed in the context of the complications that it may cause and “must not be mentioned as a method of birth control.”⁸ Further, the law specifies that “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 [STDs].”⁹

Parents must be informed in advance of any sexuality-specific instruction and are allowed to remove their children from any part of the health education classes.¹⁰ [This is referred to as an “opt-out” policy.](#)

STATE STANDARDS

The state does not require or suggest a specific curriculum; however, the [South Carolina Academic Standards for Health Education](#) provides guidance for curricula development. The standards stress abstinence but allow students to be taught “the effective methods for the prevention of [sexually transmitted infections (STIs) [STDs], HIV, and unintended pregnancy.” In order to develop its curriculum, each local school board must “appoint a [13]-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.”¹¹ South Carolina also states that the State Department of Education and local school boards must provide “staff development activities” for educators participating in the comprehensive health program.¹²

STATE LEGISLATIVE SESSION ACTIVITY

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

YOUTH SEXUAL HEALTH DATA

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

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

respective surveys and are not a representation of SIECUS' positions or values. For more information regarding SIECUS' use of data, please read the FY 2017 Executive Summary, [*A Portrait of Sexuality Education in the States*](#).

SOUTH CAROLINA YOUTH RISK BEHAVIOR SURVEY (YRBS) DATA¹³

The following sexual health behavior and outcome data represent some of the most recent information available on the health of young people who attend high schools in South Carolina. Though not perfect—for instance, using broad race and ethnicity categories can often distort and aggregate the experiences of a diverse group of respondents—the YRBS is a critical resource for understanding the health behaviors of young people when used carefully and with an awareness of its limitations. Any missing data points indicate either a lack of enough respondents for a subcategory or the state's decision not to administer a question on the survey. SIECUS commends the Centers for Disease Control and Prevention (CDC) for conducting decades' worth of field studies to improve the accuracy and relevancy of the YRBS. Like the CDC, SIECUS underlines that “school and community interventions should focus not only on behaviors but also on the determinants of those behaviors.”¹⁴

Reported ever having had sexual intercourse

- In 2015, 37% of female high school students and 43.6% of male high school students in South Carolina reported ever having had sexual intercourse, compared to 39.2% of female high school students and 43.2% of male high school students nationwide.
- In 2015, 46.7% of black high school students and 35.8% of white high school students in South Carolina reported ever having had sexual intercourse, compared to 48.5% of black high school students and 39.9% of white high school students nationwide.

Reported having had sexual intercourse before age 13

- In 2015, 2.4% of female high school students and 10.5% of male high school students in South Carolina reported having had sexual intercourse before age 13, compared to 2.2% of female high school students and 5.6% of male high school students nationwide.
- In 2015, 10.2% of black high school students and 3.3% of white high school students in South Carolina reported having had sexual intercourse before age 13, compared to 8.3% of black high school students and 2.5% of white high school students nationwide.

Reported being currently sexually active

- In 2015, 26.7% of female high school students and 28.2% of male high school students in South Carolina reported being currently sexually active, compared to 29.8% of female high school students and 30.3% of male high school students nationwide.
- In 2015, 27.7% of black high school students and 26.7% of white high school students in South Carolina reported being currently sexually active, compared to 33.1% of black high school students and 30.3% of white high school students nationwide.

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Reported not using a condom during last sexual intercourse

- In 2015, 50.2% of female high school students and 32% of male high school students in South Carolina reported not using a condom during their last sexual intercourse, compared to 48% of female high school students and 38.5% of male high school students nationwide.
- In 2015, 41.1% of white high school students in South Carolina reported not using a condom during their last sexual intercourse, compared to 43.2% of white high school students nationwide.

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

- In 2015, 14.2% of female high school students and 9.3% of male high school students in South Carolina reported not using any method to prevent pregnancy during their last sexual intercourse, compared to 15.2% of female high school students and 12.2% of male high school students nationwide.
- In 2015, 9.4% of white high school students in South Carolina reported not using any method to prevent pregnancy during their last sexual intercourse, compared to 10.4% of white high school students nationwide.

Reported having had drunk alcohol or used drugs during last sexual intercourse¹⁵

- In 2015, 15.7% of female high school students and 21.8% of male high school students in South Carolina reported having had drunk alcohol or used drugs during their last sexual intercourse, compared to 16.4% of female high school students and 24.6% of male high school students nationwide.
- In 2015, 18.4% of white high school students in South Carolina reported having had drunk alcohol or used drugs during their last sexual intercourse, compared to 19.3% of white high school students nationwide.

Reported never having been tested for HIV

- In 2015, 89.2% of female high school students and 90.1% of male high school students in South Carolina reported never having been tested for HIV, compared to 88.9% of female high school students and 90.7% of male high school students nationwide.
- In 2015, 87.2% of black high school students, 86.7% of Hispanic high school students, and 91.5% of white high school students in South Carolina reported never having been tested for HIV, compared to 83.4% of black high school students, 88.9% of Hispanic high school students, and 92% of white high school students nationwide.

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Reported having been physically forced to have sexual intercourse

- In 2015, 8.4% of female high school students and 6% of male high school students in South Carolina reported having been physically forced to have sexual intercourse, compared to 10.3% of female high school students and 3.1% of male high school students nationwide.
- In 2015, 6.4% of black high school students, 14.6% of Hispanic high school students, and 6.7% of white high school students in South Carolina reported having been physically forced to have sexual intercourse, compared to 7.3% of black high school students, 7% of Hispanic high school students, and 6% of white high school students nationwide.

Reported experiencing physical dating violence

- In 2015, 8.4% of female high school students and 7.7% of male high school students in South Carolina reported experiencing physical dating violence in the prior year, compared to 11.7% of female high school students and 7.4% of male high school students nationwide.
- In 2015, 6.3% of black high school students and 8.6% of white high school students in South Carolina reported experiencing physical dating violence in the prior year, compared to 10.5% of black high school students and 9% of white high school students nationwide.

Reported experiencing sexual dating violence

- In 2015, 9.8% of female high school students and 5.3% of male high school students in South Carolina reported experiencing sexual dating violence in the prior year, compared to 15.6% of female high school students and 5.4% of male high school students nationwide.
- In 2015, 5% of black high school students and 8.3% of white high school students in South Carolina reported experiencing sexual dating violence in the prior year, compared to 10% of black high school students and 10.1% of white high school students nationwide.

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

SOUTH CAROLINA SCHOOL HEALTH PROFILES DATA¹⁶

In 2015, the CDC released the School Health Profiles, which measures school health policies and practices and highlights which health topics were taught in schools across the country. Since the data was collected from self-administered questionnaires completed by schools' principals and lead health education teachers, the CDC notes that one limitation of the School Health Profiles is bias toward the reporting of more positive policies and practices.¹⁷ In the School Health Profiles, the CDC identifies 16 sexual education topics that it believes are critical to a young person's sexual health. Below are key instruction highlights for secondary schools in South Carolina as reported for the 2013–2014 school year.

16 CRITICAL SEXUAL EDUCATION TOPICS IDENTIFIED BY THE CDC

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

Source: School Health Profiles, 2014

Reported teaching all 16 critical sexual health education topics

- 22.7% of South Carolina secondary schools taught students all 16 critical sexual health education topics in a required course in any of grades 6, 7, or 8.¹⁸
- 45.1% of South Carolina secondary schools taught students all 16 critical sexual health education topics in a required course in any of grades 9, 10, 11, or 12.¹⁹

Reported teaching about the benefits of being sexually abstinent

- 83.8% of South Carolina secondary schools taught students about the benefits of being sexually abstinent in a required course in any of grades 6, 7, or 8.²⁰
- 88.4% of South Carolina secondary schools taught students about the benefits of being sexually abstinent in a required course in any of grades 9, 10, 11, or 12.²¹

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

- 68.6% of South Carolina secondary schools taught students how to access valid and reliable information, products, and services related to HIV, other STDs, and pregnancy in a required course in any of grades 6, 7, or 8.²²
- 81.5% of South Carolina secondary schools taught students how to access valid and reliable information, products, and services related to HIV, other STDs, and pregnancy in a required course in any of grades 9, 10, 11, or 12.²³

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Reported teaching how to create and sustain healthy and respectful relationships

- 82% of South Carolina secondary schools taught students how to create and sustain healthy and respectful relationships in a required course in any of grades 6, 7, or 8.²⁴
- 81.3% of South Carolina secondary schools taught students how to create and sustain healthy and respectful relationships in a required course in any of grades 9, 10, 11, or 12.²⁵

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

- 67.7% of South Carolina secondary schools taught students about preventive care that is necessary to maintain reproductive and sexual health in a required course in any of grades 6, 7, or 8.²⁶
- 82.5% of South Carolina secondary schools taught students about preventive care that is necessary to maintain reproductive and sexual health in a required course in any of grades 9, 10, 11, or 12.²⁷

Reported teaching how to correctly use a condom

- 27.8% of South Carolina secondary schools taught students how to correctly use a condom in a required course in any of grades 6, 7, or 8.²⁸
- 63.3% of South Carolina secondary schools taught students how to correctly use a condom in a required course in any of grades 9, 10, 11, or 12.²⁹

Reported teaching about all seven contraceptives

- 42.3% of South Carolina secondary schools taught students about all seven contraceptives—birth control pill, patch, ring, and shot; implants; intrauterine device; and emergency contraception—in a required course in any of grades 9, 10, 11, or 12.³⁰

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

- 14.9% of South Carolina secondary schools provided students with curricula or supplementary materials that included HIV, STD, or pregnancy prevention information relevant to LGBTQ youth.³¹

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

SOUTH CAROLINA TEEN PREGNANCY, HIV/AIDS, AND OTHER STD DATA

The following data from the CDC and the Guttmacher Institute represent the most recent state-specific statistics documenting teen pregnancy, birth, abortion, HIV/AIDS, and other STDs. For those wishing to support the sexual health and wellbeing of young people, it is important to use the data to advance their access to comprehensive education, resources, and services. However, the data is not intended to

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be used in a manner that is stigmatizing or shaming: Young people have the right to make informed decisions about their health and wellbeing, but this right must be accompanied by the ability to access and understand all available choices. Therefore, the following data should be used to advance a young person's right to make informed decisions about their body and health.

Teen Pregnancy, Birth, and Abortion

- In 2013, South Carolina had the 11th highest reported teen pregnancy rate in the United States, with a rate of 48 pregnancies per 1,000 young women ages 15–19, compared to the national rate of 43 per 1,000.³² There were a total of 7,230 pregnancies among young women ages 15–19 reported in South Carolina in 2013.³³
- In 2015, South Carolina had the 16th highest reported teen birth rate in the United States, with a rate of 26.2 births per 1,000 young women ages 15–19, compared to the national rate of 22.3 per 1,000.³⁴ There were a total of 4,021 live births to young women ages 15–19 reported in South Carolina in 2015.³⁵
- In 2013, South Carolina had the 17th highest reported teen abortion rate³⁶ in the United States, with a rate of 9 abortions per 1,000 young women ages 15–19, compared to the national rate of 11 per 1,000.³⁷ There were a total of 1,380 abortions among young women ages 15–19 reported in South Carolina in 2013.³⁸

HIV and AIDS

- In 2015, the reported rate of diagnoses of HIV infection among adolescents ages 13–19 in South Carolina was 9.1 per 100,000, compared to the national rate of 5.8 per 100,000.³⁹
- In 2015, the reported rate of AIDS diagnoses among adolescents ages 13–19 in South Carolina was 1.8 per 100,000, compared to the national rate of 0.7 per 100,000.⁴⁰
- In 2015, the reported rate of diagnoses of HIV infection among young adults ages 20–24 in South Carolina was 40.6 per 100,000, compared to the national rate of 31.1 per 100,000.⁴¹
- In 2015, the reported rate of AIDS diagnoses among young adults ages 20–24 in South Carolina was 7.2 per 100,000, compared to the national rate of 5.6 per 100,000.⁴²

STDs

- In 2015, South Carolina had the 7th highest rate of reported cases of chlamydia among young people ages 15–19 in the United States, with an infection rate of 2,465.9 cases per 100,000, compared to the national rate of 1,857.8 per 100,000. In 2015, there were a total of 7,661 cases of chlamydia among young people ages 15–19 reported in South Carolina.⁴³
- In 2015, South Carolina had the 6th highest rate of reported cases of gonorrhea among young people ages 15–19 in the United States, with an infection rate of 551.1 cases per 100,000,

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compared to the national rate of 341.8 per 100,000. In 2015, there were a total of 1,588 cases of gonorrhea among young people ages 15–19 reported in South Carolina.⁴⁴

- In 2015, South Carolina had the 25th highest rate of reported cases of primary and secondary syphilis among young people ages 15–19 in the United States, with an infection rate of 3.5 cases per 100,000, compared to the national rate of 5.4 per 100,000. In 2015, there were a total of 11 cases of syphilis reported among young people ages 15–19 in South Carolina.⁴⁵

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

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

FISCAL YEAR 2017 FEDERAL FUNDING IN SOUTH CAROLINA

Grantee	Award
Division of Adolescent and School Health (DASH)	
South Carolina Department of Education	\$80,000
TOTAL	\$80,000
Teen Pregnancy Prevention Program (TPPP)	
TPPP Tier 1A	
South Carolina Campaign to Prevent Teen Pregnancy	\$716,000
TOTAL	\$716,000
TPPP Tier 1B	
The Children’s Council	\$486,679
Mary Black Foundation	\$1,069,463
South Carolina Campaign to Prevent Teen Pregnancy	\$1,498,990
TOTAL	\$3,055,132
Personal Responsibility Education Program (PREP)	
PREP State-Grant Program	
South Carolina Department of Health and Environmental Control (federal grant)	\$710,492
TOTAL	\$710,492
Title V Abstinence-Only-Until-Marriage Program (Title V AOUM)	
South Carolina Department of Health and Environmental Control (federal grant)	\$1,243,133
TOTAL	\$1,243,133
GRAND TOTAL	\$5,804,757

DIVISION OF ADOLESCENT AND SCHOOL HEALTH

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

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

In addition, DASH funds local education agencies and NGOs to implement multiple program activities to meet the HIV- and other STD-prevention needs of young men who have sex with men (YMSM) and to develop strategic partnerships and collaborations between schools and community-based, mental health, and social services organizations to accomplish this work.

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

DASH also provides funding for state, territorial, and local education agencies and state health agencies to establish and strengthen systematic procedures to collect and report YRBS and School Health Profiles data for policy and program improvements.

- In FY 2017, there was one DASH grantee in South Carolina funded to collect and report YRBS and School Health Profiles data (1308 Strategy 1): The South Carolina Department of Education (\$80,000).

TEEN PREGNANCY PREVENTION PROGRAM (TPPP)

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

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

- In FY 2017, there was one TPPP Tier 1A grantee in South Carolina: The South Carolina Campaign to Prevent Teen Pregnancy (\$716,000).

SOUTH CAROLINA CAMPAIGN TO PREVENT TEEN PREGNANCY (SC CAMPAIGN), \$716,000 (FY 2017)

The SC Campaign was founded in 1994 to combat increasingly high rates of teen pregnancy in the state. The SC Campaign is a non-profit dedicated to the prevention of adolescent pregnancy in South Carolina through education, training, technical assistance, public awareness, advocacy, research, and evaluation. The organization believes “that the most effective health and sexuality education is age-appropriate and medically accurate, emphasizes abstinence, and provides information about contraception.”⁴⁶ To this end, it supports and advocates for comprehensive sex education that contains information on both abstinence and contraception as a means to prevent teen pregnancy.⁴⁷

With its TPPP Tier 1A funding, the SC Campaign will offer capacity-building assistance to 16 organizations in South Carolina that “currently provide programs and services to youth in the juvenile justice or foster care system but do not have capacity to deliver evidence-based [TPP] programs.” The SC Campaign will help each organization develop a HIV/STD and TPP plan that includes implementation of evidence-based programming, referrals to teen-friendly healthcare services, and educational options for parents and caregivers. The SC Campaign aims to reach 1,000 young people ages 13-19 per year.⁴⁸

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

- In FY 2017, there were three TPPP Tier 1B grantees in South Carolina: The Children’s Council (\$486,679); Mary Black Foundation (\$1,069,463); and the SC Campaign (\$1,498,990).
- These local organizations in South Carolina received a total of \$3,055,132 in TPPP Tier 1B funding.

THE CHILDREN’S COUNCIL, \$486,679 (FY 2017)

Founded in 1989, The Children’s Council of Lancaster’s mission is to support, endorse, and help establish any program or project that enhances the health, development and wellbeing of Lancaster County children ages 0-18, as well as their families.⁴⁹ With its TPPP Tier 1B funding, The Children’s Council will partner with the Lancaster School District and University of South Carolina at Lancaster to implement programs for every 7th and 9th grade student in Lancaster County. Programming that will be offered includes [Making a Difference!](#), [Making Proud Choices!](#), and [Seventeen Days](#). The Children’s Council aims to serve more than 2,100 young people per year.⁵⁰

MARY BLACK FOUNDATION (MBF), \$1,069,463 (FY 2017)

MBF is a private foundation established to improve the health of people in Spartanburg County, South Carolina. The foundation focuses on advancing early childhood development, healthy eating, and healthy living by providing funding and technical assistance to non-profit organizations in the area.⁵¹ With its TPPP Tier 1B funding, MBF will offer programming in Spartanburg County to vulnerable young people in school-, clinic-, and community-based settings with the goal of reducing the teen birth rate in the county by 20%. MBF hopes to raise awareness of adolescent issues and break the barriers around stigmatized issues. MBF also works with community partners to replicate evidence-based interventions and uses the following curricula: [Love Notes](#), [Seventeen Days](#), [Be Proud! Be Responsible!](#), [Making a Difference!](#), [Making Proud Choices!](#), [Sexual](#)

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[*Health and Adolescent Risk Prevention \(SHARP\)*](#), [*Teen Health Project*](#), and [*Sisters Informing, Healing, and Educating \(SiHLE\)*](#). The foundation aims to serve 3,320 young people per year.⁵²

SOUTH CAROLINA CAMPAIGN TO PREVENT TEEN PREGNANCY (SC CAMPAIGN), \$1,498,990 (FY 2017)
As mentioned above, the SC Campaign is a non-profit dedicated to the prevention of adolescent pregnancy in South Carolina through education, training, technical assistance, public awareness, advocacy, research, and evaluation. With its TPPP Tier 1B funding, the SC Campaign will partner with local organizations to offer evidence-based programming to young people in Aiken, Anderson, and Orangeburg counties. The SC Campaign will contract with the Center for Health Services and Policy Research at the University of South Carolina to conduct evaluation activities. Curricula used will include: [*Draw the Line/Respect the Line*](#), [*Making a Difference!*](#), [*Making Proud Choices!*](#), [*Reducing the Risk*](#), [*Be Proud! Be Responsible!*](#), and [*Seventeen Days*](#). The SC Campaign aims to serve 6,000 young people per year.⁵³

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

- In FY 2017, there were no TPPP Tier 2A grantees in South Carolina.

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

- In FY 2017, there were no TPPP Tier 2B grantees in South Carolina.

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

- In FY 2017, there were no TPPP Tier 2C grantees in South Carolina.

PERSONAL RESPONSIBILITY EDUCATION PROGRAM (PREP)

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

Similar to other programs highlighted in the State Profiles, the grants for the various PREP programs are awarded throughout the year, with several awarded in the final month of the fiscal year for use and implementation throughout the following year. SIECUS reports on funding amounts appropriated in FY 2017 and any programmatic activities that occurred during FY 2017, or October 1, 2016–September 30, 2017. It is important to remember, however, that reported programmatic activities for this period may have utilized FY 2016 funds. Details on the state grants, PREIS, Tribal PREP, and CPREP are included below. More information and clarification surrounding funding announcements are also included below, as well as in the FY 2017 Executive Summary, [*A Portrait of Sexuality Education in the States*](#).

PREP State-Grant Program

State-grant PREP supports evidence-based programs that provide young people with medically accurate and age-appropriate information for the prevention of unintended pregnancy, HIV, and other STDs. In FY

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2017, 44 states, the District of Columbia, the Federated States of Micronesia, Guam, Puerto Rico, the Republic of Palau, and the Virgin Islands received PREP state-grant funds. Funded programs must discuss abstinence and contraception and place substantial emphasis on both. Programs must also address at least three of the following adulthood preparation subjects: healthy relationships, positive adolescent development, financial literacy, parent-child communication skills, education and employment skills, and healthy life skills.

- In FY 2017, the South Carolina Department of Health and Environmental Control received \$710,492 in federal PREP funds.⁵⁴
- The Department provides sub-grants to 13 entities. The sub-grantee information is listed below.⁵⁵

Sub-grantee	Setting	Amount
SC Campaign to Prevent Teen Pregnancy	See narrative below	\$583,200
Axis I of Barnwell County	See narrative below	\$65,154
Barnwell School District #45	See narrative below	\$10,477
Barnwell School District #29	See narrative below	\$7,263
Barnwell School District #19	See narrative below	\$6,080
Bamberg School District #2	See narrative below	\$75,000
Ashleigh Place Girls Home	See narrative below	\$2,151
Low Country Health Center Systems	See narrative below	\$14,865
Sigma Gamma Rho Sorority	See narrative below	\$10,000
McCleod Dillon – Hospital System	See narrative below	\$29,350
Dillon School District #4	See narrative below	\$20,000
Dillon Boys and Girls Youth Center	See narrative below	\$23,777
CareSouth Carolina	See narrative below	\$14,865

The South Carolina Department of Health and Environmental Control (SCDHEC) implements the state's PREP grant in school- and community-based settings in Barnwell, Bamberg, and Dillon counties. SCDHEC's goals are to "reduce teen births and HIV/STD incidence in three high-priority counties through a county-wide [evidence-based TPP] program for youth ages 10-19" and to "build the capacity of each county to be able to sustain a county-wide [evidence-based TPP] program."⁵⁶ Grantees address healthy relationships, parent-child communication, and healthy life skills. Individual sub-grantees determine the settings in which they deliver programming and must utilize at least one of three evidence-based curricula approved by the SCDHEC: [*Reducing the Risk*](#), [*Making a Difference!*](#), [*Making Proud Choices!*](#), [*Making Proud Choices!: Out of Home Youth*](#), [*Be Proud! Be Responsible!*](#), [*Nu-Culture*](#) and [*Sexual Health and Adolescent Risk Prevention \(SHARP\)*](#).⁵⁷

Personal Responsibility Education Innovative Strategies (PREIS)

PREIS supports research and demonstration programs to develop, replicate, refine, and test innovative models for preventing unintended teen pregnancy, HIV, and other STDs.

- In FY 2017, there were no PREIS grantees in South Carolina.

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Tribal Personal Responsibility Education Program (Tribal PREP)

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

- In FY 2017, there were no Tribal PREP grantees in South Carolina.

Competitive Personal Responsibility Education Program (CPREP)

CPREP grants support evidence-based programs that provide young people with medically accurate and age-appropriate information for the prevention of unintended pregnancy, HIV, and other STDs. Only organizations and institutions in states and territories that did not apply for PREP state grants are eligible to submit competitive applications for CPREP grants. In FY 2017, 21 CPREP grants, totaling \$10.2 million, were awarded to 21 organizations in Florida, Indiana, North Dakota, Texas, and Virginia, as well as in American Samoa, Guam, and the Northern Mariana Islands.

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

TITLE V “ABSTINENCE EDUCATION” STATE GRANT PROGRAM

The Title V “abstinence education” state grant program for AOUM programming, or the Title V AOUM program, is administered by FYSB, within ACF of HHS, and was authorized at \$75 million for FY 2017. The Title V AOUM program requires states to provide three state-raised dollars, or the equivalent in services, for every four federal dollars received. The state match may be provided in part or in full by local groups. All programs funded by Title V AOUM must exclusively promote abstinence from sexual activity and may provide mentoring, counseling, and adult supervision toward this end.⁵⁸

- In FY 2017, SCDHEC received \$1,243,133 in federal Title V AOUM funding.⁵⁹
- At the time of publication, additional information on South Carolina’s sub-grantees, approved curricula, and match was unavailable.

SCDHEC’s purported goal is to increase the proportion of adolescents postponing sexual activity and increase the number of adults and community areas that are supportive of adolescent delay of sexual activity. Specifically, SCDHEC aims to reduce the rate of out-of-wedlock births, rate of abortions, number of adolescents under the age of 20 who engage in sexual intercourse, rate of STDs, and rate of teen pregnancies.⁶⁰ Sub-grantees will use the [Heritage Keepers](#) and [Sex Can Wait](#) curricula to serve an estimated 3,000 young people ages 10-19 who live in rural areas or areas with high teen birth rates.⁶¹

“SEXUAL RISK AVOIDANCE EDUCATION” (SRAE) GRANT PROGRAM

Administered by FYSB within ACF of HHS, the SRAE program—a rebranding of the competitive AOUM grant program—provides funding for public and private entities for programs that “teach young people to voluntarily refrain from non-marital sexual activity and prevent other youth risk behaviors.” These programs are also required by statute to “teach the benefits associated with self-regulation; success sequencing for poverty prevention; healthy relationships; goal setting and resisting sexual coercion; dating violence; and

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other youth risk behaviors, such as underage drinking or illicit drug use, without normalizing teen sexual activity.” In FY 2017, \$15 million was appropriated for the SRAE grant program, and \$13.5 million was awarded to 27 grantees in 14 states through a competitive application process.

- In FY 2017, there were no SRAE grantees in South Carolina.

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¹ This refers to the federal government’s fiscal year, which begins on October 1 and ends on September 30. The fiscal year is designated by the calendar year in which it ends; for example, FY 2017 began on October 1, 2016, and ended on September 30, 2017.

² S.C. Code Ann. §§ 59-32-30(A)(1)–(2), www.scstatehouse.gov/code/t59c032.php.

³ S.C. Code Ann. § 59-32-30(A)(2).

⁴ S.C. Code Ann. §§ 59-32-30(A)(3) and (6).

⁵ S.C. Code Ann. § 59-32-30(F).

⁶ S.C. Code Ann. § 59-32-10(1).

⁷ S.C. Code Ann. § 59-32-10(4)(c).

⁸ S.C. Code Ann. § 59-32-30(D); S.C. Code Ann. § 59-32-10(4)(c).

⁹ S.C. Code Ann. § 59-32-30(A)(5).

¹⁰ S.C. Code Ann. § 59-32-50.

¹¹ S.C. Code Ann. § 59-32-30(B), www.scstatehouse.gov/code/t59c032.php.

¹² S.C. Code Ann. § 59-32-40.

¹³ “Youth Online,” Centers for Disease Control and Prevention, <https://nccd.cdc.gov/youthonline/App/Default.aspx>.

¹⁴ “Methodology of the Youth Risk Behavior Surveillance System – 2013,” pg. 17, Centers for Disease Control and Prevention, www.cdc.gov/mmwr/pdf/rr/rr6201.pdf.

¹⁵ It is critical to examine social determinants when analyzing potentially stigmatizing data. Accounting for differences in people’s lived experiences based on race, ethnicity, sexual orientation, socioeconomic status, etc., is a vital part of understanding the context in which the data exist. We encourage readers to exercise caution when using the data and warn readers against using the data in a manner that conflates correlation with causation. Please visit the FY 2017 Executive Summary, [*A Portrait of Sexuality Education in the States*](#), for more context.

¹⁶ “School Health Profiles 2014,” Centers for Disease Control and Prevention, <https://nccd.cdc.gov/youthonline/App/Default.aspx>.

¹⁷ Ibid., pg. 51.

¹⁸ Ibid., Table 9c.

¹⁹ Ibid., Table 11c.

²⁰ Ibid., Table 9a.

²¹ Ibid., Table 11a.

²² Ibid., Table 9a.

²³ Ibid., Table 11a.

²⁴ Ibid., Table 9b.

²⁵ Ibid., Table 11b.

²⁶ Ibid., Table 9b.

²⁷ Ibid., Table 11b.

²⁸ Ibid., Table 9c.

²⁹ Ibid., Table 11c.

³⁰ Ibid., Table 13.

³¹ Ibid., Table 39.

- ³² Arpaia, A., Kost, K., and Maddow-Zimet, I., *Pregnancies, Births and Abortions Among Adolescents and Young Women in the United States, 2013: State Trends by Age, Race, and Ethnicity* (New York: Guttmacher Institute, 2017), https://www.guttmacher.org/sites/default/files/report_downloads/us-adolescent-pregnancy-trends-2013_tables.pdf, Table 2.5.
- ³³ Ibid., Table 2.6.
- ³⁴ “Teen Birth Rate Comparison, 2015 Among Girls Age 15-19,” The National Campaign to Prevent Teen and Unplanned Pregnancy, <https://thenationalcampaign.org/data/compare/1701>.
- ³⁵ United States Department of Health and Human Services (US DHHS), Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Natality public-use data 2007-2015, on CDC WONDER Online Database, February 2017. Accessed at <http://wonder.cdc.gov/nativity-current.html>.
- ³⁶ “Abortion” used in this context refers to legally induced abortions. This rate does not include abortions that occur outside of health care facilities or are unreported. Unfortunately, there is no reliable source of information for actual rates of abortion.
- ³⁷ Arpaia, A., Kost, K., and Maddow-Zimet, I., *Pregnancies, Births and Abortions Among Adolescents and Young Women in the United States, 2013: State Trends by Age, Race, and Ethnicity* (New York: Guttmacher Institute, 2017), https://www.guttmacher.org/sites/default/files/report_downloads/us-adolescent-pregnancy-trends-2013_tables.pdf, Table 2.5.
- ³⁸ Ibid., Table 2.6.
- ³⁹ Slide 17: “Rates of Diagnoses of HIV Infection among Adolescents Aged 13–19 Years 2015—United States and 6 Dependent Areas,” *HIV Surveillance in Adolescents and Young Adults* (Atlanta, GA: Centers for Disease Control and Prevention), www.cdc.gov/hiv/pdf/library/slidesets/cdc-hiv-surveillance-adolescents-young-adults-2015.pdf.
- ⁴⁰ Slide 20: “Rates of Diagnosed HIV Infection Classified as Stage 3 (AIDS) among Adolescents Aged 13–19 Years, 2015—United States and 6 Dependent Areas,” *HIV Surveillance in Adolescents and Young Adults* (Atlanta, GA: Centers for Disease Control and Prevention), www.cdc.gov/hiv/pdf/library/slidesets/cdc-hiv-surveillance-adolescents-young-adults-2015.pdf.
- ⁴¹ Slide 18: “Rates of Diagnoses of HIV Infection among Young Adults Aged 20–24 Years 2015—United States and 6 Dependent Areas,” *HIV Surveillance in Adolescents and Young Adults* (Atlanta, GA: Centers for Disease Control and Prevention), www.cdc.gov/hiv/pdf/library/slidesets/cdc-hiv-surveillance-adolescents-young-adults-2015.pdf.
- ⁴² Slide 21: “Rates of Diagnosed HIV Infection Classified as Stage 3 (AIDS) among Young Adults Aged 20–24 Years, 2015—United States and 6 Dependent Areas,” *HIV Surveillance in Adolescents and Young Adults* (Atlanta, GA: Centers for Disease Control and Prevention), www.cdc.gov/hiv/pdf/library/slidesets/cdc-hiv-surveillance-adolescents-young-adults-2015.pdf.
- ⁴³ NCHHSTP Atlas, “STD Surveillance Data” (Atlanta, GA: Centers for Disease Control and Prevention), <http://gis.cdc.gov/GRASP/NCHHSTPAtlas/main.html>.
- ⁴⁴ Ibid.
- ⁴⁵ Ibid.
- ⁴⁶ “About Us,” South Carolina Campaign to Prevent Teen Pregnancy, www.teenpregnancysc.org/aboutus.
- ⁴⁷ “Policymakers,” South Carolina Campaign to Prevent Teen Pregnancy, www.teenpregnancysc.org/get-involved/support-your-community/policymakers.
- ⁴⁸ “South Carolina Campaign to Prevent Teen Pregnancy,” Grantees (SC) – TPP Tier 1A, U.S. Department of Health and Human Services, Office of Adolescent Health, www.hhs.gov/ash/oah/grants/grantees/tpp/1a/south-carolina-campaign-to-prevent-teen-pregnancy.html.
- ⁴⁹ “About the Children’s Council,” The Children’s Council, www.facebook.com/TheChildrensCouncil29720/about/?entry_point=page_nav_about_item&tab=page_info.
- ⁵⁰ “The Children’s Council,” Grantees (SC) – TPP Tier 1B, U.S. Department of Health and Human Services, Office of Adolescent Health, www.hhs.gov/ash/oah/grants/grantees/tpp/1b/the-childrens-council.html.
- ⁵¹ “About Us,” Mary Black Foundation, www.maryblackfoundation.org/about/.
- ⁵² “Mary Black Foundation,” Grantees (SC) – TPP Tier 1B, U.S. Department of Health and Human Services, Office of Adolescent Health, www.hhs.gov/ash/oah/grants/grantees/tpp/1b/mary-black-foundation.html.
- ⁵³ “South Carolina Campaign to Prevent Teen Pregnancy,” Grantees (SC) – TPP Tier 1B, U.S. Department of Health and Human Services, Office of Adolescent Health, www.hhs.gov/ash/oah/grants/grantees/tpp/1b/south-carolina-campaign-to-prevent-teen-pregnancy.html.
- ⁵⁴ “2017 State Personal Responsibility Education Program (PREP) Awards,” Family and Youth Services Bureau, Administration for Children & Families, U.S. Department of Health & Human Services, www.acf.hhs.gov/fysb/resource/2017-state-prep-awards.
- ⁵⁵ Information provided by Rebecca Williams-Agee, PREP/State Adolescent Health Coordinator, South Carolina Department of Health and Environmental Control, June 16, 2017.

⁵⁶ Ibid.

⁵⁷ Ibid.

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

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

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

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

(D) teaches that a mutually faithful monogamous relationship in context of marriage is the expected standard of human sexual activity;

(E) teaches that sexual activity outside of the context of marriage is likely to have harmful psychological and physical effects;

(F) teaches that bearing children out-of-wedlock is likely to have harmful consequences for the child, the child’s parents, and society;

(G) teaches young people how to reject sexual advances and how alcohol and drug use increases vulnerability to sexual advances; and

(H) teaches the importance of attaining self-sufficiency before engaging in sexual activity.”

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

⁵⁹ “2017 Title V State Abstinence Education Program Grant Awards,” Family and Youth Services Bureau, Administration for Children & Families, U.S. Department of Health & Human Services, www.acf.hhs.gov/fysb/resource/2017-aegp-awards.

⁶⁰ “Abstinence Education,” South Carolina Department of Health and Environmental Control, www.scdhec.gov/Health/ChildTeenHealth/Teens/AbstinenceEducation/.

⁶¹ “Title V State Abstinence Education Grantee Profiles,” Family and Youth Services Bureau, Administration for Children & Families, U.S. Department of Health & Human Services, April 25, 2017.