



### MISSISSIPPI

**In Fiscal Year 2011<sup>1</sup>, the state of Mississippi received:**

- **Personal Responsibility Education Program funds totaling \$531,355**
- **Title V State Abstinence Education Program funds totaling \$761,307**

**In Fiscal Year 2011, local entities in Mississippi received:**

- **Teen Pregnancy Prevention Initiative funds totaling \$1,514,493**

#### **SEXUALITY EDUCATION LAW AND POLICY**

Mississippi's new sex education law requires each school district to adopt either an "abstinence-only" or an "abstinence-plus" education policy by June 30, 2012, and to implement a corresponding curriculum by the start of the 2012–2013 school year. Previous Mississippi law did not require schools to teach sexuality education or sexually transmitted disease (STD)/HIV education. If schools chose to teach either or both forms of education, such instruction must have stressed abstinence-until-marriage. School boards had the option to authorize the teaching of contraception so long as instruction presented the failure rates and risks of each contraceptive method. School boards also had the option, through a majority vote, to authorize the teaching of sex education that did not stress abstinence-until-marriage. Parents had the right to remove their child from instruction.

Under the new law, both "abstinence-only" and "abstinence-plus" instruction must include "abstinence-only education." Such instruction must teach:

- "the social, psychological and health gains to be realized by abstaining from sexual activity, and the likely negative psychological and physical effects of not abstaining;
- "the harmful consequences to the child, the child's parents and society that bearing children out of wedlock is likely to produce, including the health, educational, financial, and other difficulties the child and his or her parents are likely to face, as well as the inappropriateness of the social and economic burden placed on others;
- "that unwanted sexual advances are irresponsible and teaches how to reject sexual advances and how alcohol and drug use increases vulnerability to sexual advances;
- "that abstinence from sexual activity before marriage, and fidelity within marriage, is the only certain way to avoid out-of-wedlock pregnancy, sexually transmitted diseases and related health problems;
- "the current state law related to sexual conduct, including forcible rape, statutory rape, paternity establishment, child support and homosexual activity; and
- "that a mutually faithful monogamous marriage is the only appropriate setting for sexual intercourse."<sup>2</sup>

Human sexuality instruction provided in schools need not address every component of “abstinence-only education”; however, no instruction provided under an “abstinence-only” program can contradict any of these components. Instruction may also include a discussion of condoms and contraceptives, so long as it includes “a factual presentation of the risks and failure rates.” In addition to teaching abstinence-only concepts, “abstinence-plus” education may discuss broader sexual health topics, such as “the nature, causes and effects of sexually transmitted diseases,” and STD/HIV-prevention education. However, the education “shall not include instruction and demonstrations on the application and use of condoms.” The Department of Education must approve each district’s curriculum as well as establish a protocol for ensuring that provided instruction is “age, grade and developmentally appropriate.”<sup>3</sup> Students must be separated by gender at all times when sexuality instruction is taught. In addition, no instruction provided through an “abstinence-only” or “abstinence-plus” curriculum shall teach that “abortion can be used to prevent the birth of a baby.”

The Department of Health and the Department of Education must implement a Teen Pregnancy Pilot Program in districts with the highest number of teen pregnancies, given the availability of funding. Such programs must be coordinated through the school nurse and include education on abstinence, reproductive health, teen pregnancy, and STDs. Mississippi public school nurses may not provide abortion counseling to students nor may they refer students to abortion services. In addition, the Department of Human Services, in collaboration with the Department of Health, must develop programs and strategies “promoting pregnancy prevention and providing information on the consequences of unprotected, uninformed, and underage sex.”<sup>4</sup>

Parents or guardians must receive notification at least one week prior to the provision of any human sexuality instruction, and they must request for their child to participate in such classes. This is referred to as an “opt-in” policy.

See Mississippi [House Bill 999](#) and [Comprehensive Health Framework](#).

## **RECENT LEGISLATION**

### *Bill to Mandate Comprehensive Sex Education*

House Bill 203, introduced in February 2012, required that comprehensive sex education be taught in grades K–12 and established course material requirements. All instruction must be age-appropriate and medically accurate. Course material would cover the prevention of sexually transmitted diseases while emphasizing abstinence as the expected norm. Parents have the option to excuse their children from instruction by notifying the school in writing. The bill was referred to the House Committee on Public Health and Human Services and the House Committee on Education, where it died.

### *Bill to Mandate Abstinence-Plus Sex Education*

Senate Bill 2599, introduced in February 2012, amended the current school code to read “abstinence-plus” in regard to abstinence education and prescribed the components of an abstinence-plus curriculum. Students must be separated by gender during instruction, taught that abstinence outside of marriage is the only proper setting for sexual intercourse and provided information about the nature, causes, and effects of sexually transmitted diseases. The bill was referred to the Committee on Education, where it died.

## **YOUTH SEXUAL HEALTH DATA**

SIECUS has compiled the following data to provide an overview of adolescent sexual health in Mississippi. The data collected represents the most current information available.

**Mississippi Youth Risk Behavior Survey (YRBS) Data<sup>5</sup>**

- In 2011, 53% of female high school students and 63% of male high school students in Mississippi reported ever having had sexual intercourse, compared to 46% of female high school students and 49% of male high school students nationwide.
- In 2011, 5% of female high school students and 19% of male high school students in Mississippi reported having had sexual intercourse before age 13, compared to 3% of female high school students and 9% of male high school students nationwide.
- In 2011, 14% of female high school students and 31% of male high school students in Mississippi reported having had four or more lifetime sexual partners, compared to 13% of female high school students and 18% of male high school students nationwide.
- In 2011, 39% of female high school students and 45% of male high school students in Mississippi reported being currently sexually active (defined as having had sexual intercourse in the three months prior to the survey), compared to 34% of female high school students and 33% of male high school students nationwide.
- In 2011, among those high school students who reported being currently sexually active, 57% of females and 72% of males in Mississippi reported having used condoms the last time they had sexual intercourse, compared to 54% of females and 67% of males nationwide.
- In 2011, among those high school students who reported being currently sexually active, 18% of females and 11% of males in Mississippi reported having used birth control pills the last time they had sexual intercourse, compared to 23% of females and 13% of males nationwide.
- In 2011, among those high school students who reported being currently sexually active, 13% of females and 24% of males in Mississippi reported having used alcohol or drugs the last time they had sexual intercourse, compared to 18% of females and 26% of males nationwide.
- In 2011, 77% of high school students in Mississippi reported having been taught about AIDS/HIV in school, compared to 84% of high school students nationwide.

**Mississippi Teen Pregnancy, HIV/AIDS, and Sexually Transmitted Disease Data**

*Teen Pregnancy, Birth, and Abortion*

- Mississippi's teen birth rate currently ranks first in the United States, with a rate of 55 births per 1,000 young women ages 15–19, compared to the national rate of 34.3 births per 1,000.<sup>6</sup> In 2010, there were a total of 6,077 live births to young women ages 15–19 reported in Mississippi.<sup>7</sup>
- In 2005, Mississippi's teen pregnancy rate ranked fifth in the United States, with a rate of 85 pregnancies per 1,000 young women ages 15–19, compared to the national rate of 70 pregnancies per 1,000.<sup>8</sup> There were a total of 9,030 pregnancies among young women ages 15–19 in Mississippi in 2005.<sup>9</sup>

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- In 2005, Mississippi's teen abortion rate ranked 33rd in the United States, with a rate of 11 abortions per 1,000 young women ages 15–19, compared to the national rate of 19 abortions per 1,000.<sup>10</sup>

### *HIV and AIDS*

- In 2010, the rate of diagnoses of HIV infection among adolescents aged 13-19 years in Mississippi was 11.7 per 100,000 compared to the national rate of 7.9 per 100,000.<sup>11</sup>
- In 2010, the rate of AIDS diagnoses among adolescents 13-19 years in Mississippi was 3.0 per 100,000 compared to the national rate of 1.9 per 100,000.<sup>12</sup>
- In 2010, the rate of diagnoses of HIV infection among young adults aged 20-24 years in Mississippi was 48.2 per 100,000 compared to the national rate of 36.9 per 100,000.<sup>13</sup>
- In 2010, the rate of AIDS diagnoses among young adults aged 20-24 years in Mississippi was 17.8 per 100,000 compared to the national rate of 10.4 per 100,000.<sup>14</sup>

### *Sexually Transmitted Diseases*

- Mississippi ranks 2nd in the United States for reported cases of chlamydia among young people ages 15–19, with an infection rate of 42.89 cases per 1,000, compared to the national rate of 20.03 cases per 1,000. In 2009, there were a total of 9,509 cases of chlamydia among young people ages 15–19 reported in Mississippi.<sup>15</sup>
- Mississippi ranks second in the United States for reported cases of gonorrhea among young people ages 15–19, with an infection rate of 11.04 cases per 1,000, compared to the national rate of 4.04 cases per 1,000. In 2009, there were a total of 2,447 cases of gonorrhea among young people ages 15–19 reported in Mississippi.<sup>16</sup>
- Mississippi ranks fourth in the United States for reported cases of primary and secondary syphilis among young people ages 15–19, with an infection rate of 0.12 cases per 1,000, compared to the national rate of 0.05 cases per 1,000. In 2009, there were a total of 26 cases of syphilis among young people ages 15–19 reported in Mississippi.<sup>17</sup>

## **FEDERAL FUNDING FOR SEX EDUCATION, TEEN PREGNANCY PREVENTION, AND ABSTINENCE-ONLY PROGRAMS**

### **President's Teen Pregnancy Prevention Initiative**

The President's Teen Pregnancy Prevention Initiative (TPPI) funds medically accurate and age-appropriate programs to reduce teen pregnancy. The U.S. Department of Health and Human Services, Office of Adolescent Health (OAH) administers the grant program, which totaled \$105 million in discretionary funding for Fiscal Year (FY) 2011. TPPI consists of two funding tiers that provide grants to local public and private entities. Tier 1 totals \$75 million and provides funding for the replication of evidence-based programs proven to prevent unintended teen pregnancy and address underlying behavioral risk factors. Tier 2 totals \$25 million and provides funding to develop and test additional models and innovative strategies. A portion of the Tier 2 funds, \$15.2 million, was allocated for research and demonstration grants to test innovative approaches, while the remaining funding, \$9.8 million, was

allocated for grants to support communitywide initiatives. TPPI also dedicates \$4.5 million in funding to conduct evaluations of individual programs.

*TPPI Tier 1: Evidence-Based Programs*

The TPPI Tier 1 grant program supports the replication of evidence-based programs proven effective through rigorous evaluation to prevent unintended teen pregnancy, underlying behavioral risk factors, or other associated risk factors.

- Local organization in Mississippi received \$1,514,493 in TPPI Tier 1 funding for FY 2011.
- There are two TPPI Tier 1 grantees in Mississippi: Southeast Mississippi Rural Health Initiative, Inc., and Youth Opportunities Unlimited, Inc.

Southeast Mississippi Rural Health Initiative, Inc. \$500,000 (FY 2011)

The Southeast Mississippi Rural Health Initiative, Inc. (SeMRHI), is a public health center headquartered in Hattiesburg, Mississippi that provides medical, dental, and social services throughout five counties (Covington, Forrest, Lamar, Pearl River, and Perry). The organization's mission is to "provide access to affordable quality primary and preventive health care...in a patient centered, safe, compassionate environment."<sup>18</sup> Among its social services, SeMRHI operates a community clinic at Hattiesburg High School that offers counseling to students along with medical care. The organization also provides HIV-prevention education, counseling and testing to community members as well as case management, treatment, and support groups to people living with HIV and their families.<sup>19</sup> The organization operates 15 clinics located in Beaumont, Brooklyn, Hattiesburg, Lumberton, New Augusta, Picayune, Seminary, and Sumrall, Mississippi.<sup>20</sup>

With its TPPI funding, SeMRHI implements teen pregnancy and STD-prevention education to youth ages 12–15 in Forrest and Lamar counties. SeMRHI partners with Hattiesburg Public School District and Lamar County School District to deliver programming to sixth and seventh grade students. The organization also plans to provide programming through faith- and community-based organizations. The teen pregnancy prevention program implements *Making a Difference!*, and provides additional health services to participants upon request, including physical exams, birth control, and STD (including HIV) testing and counseling. The program aims to provide participants with "the foundation they need to abstain from sex for a longer period of time[.]...reduce their risk of STDs and furthering (sic) their education and career goals."<sup>21</sup> SeMRHI plans for the program to reach approximately 500 youth annually.

*Making a Difference!* is an evidence-based pregnancy-, STD-, and HIV-prevention education curriculum that emphasizes abstinence from sexual activity. Adapted from the evidence-based curriculum *Be Proud! Be Responsible!*, *Making a Difference!* aims to increase participants' knowledge about HIV, STD, and pregnancy prevention as well as their confidence to negotiate sexual pressure and intention to abstain from sex. It is designed for use with African-American, Latino, and white adolescents ages 11–13 and can be implemented in school- or community-based settings. The curriculum includes interactive activities, small-group discussions, and skill-building exercises, including role-plays, aimed to increase comfort and efficacy with practicing abstinence. An evaluation of the curriculum published in the *Journal of American Medical Association* found that, at a three-month follow-up, participants in the program were less likely to report having had sexual intercourse in the three months prior than peers in the control group. Evaluation results also showed that the program helped to delay sexual initiation among program participants who were sexually inexperienced.<sup>22</sup>

Youth Opportunities Unlimited, Inc., \$1,014,493 (FY 2011)

Youth Opportunities Unlimited, Inc. (Y.O.U.), is a community-based organization with a mission of providing "positive life options to underprivileged youth and their families through a diverse array of services that will empower participants to become self-sufficient, productive citizens."<sup>23</sup> The organization

provides programming to pregnant and parenting teens, youth who have dropped out of school, children of teen parents, and preadolescents in four counties in the Mississippi Delta (Coahoma, North Panola, Quitman, and West Tallahatchie.) Among its primary services, Y.O.U. offers GED preparation, ACT/SAT preparation, and remediation and tutorial services. Additional services include abstinence programming, community counseling, school-based health services, mentoring, childcare, and “a recreational and cultural enrichment program.”<sup>24</sup>

Y.O.U. previously received federal abstinence-only-until-marriage funding through the Adolescent Family Life Act (AFLA) and the now-defunct Community-Based Abstinence Education (CBAE) grant programs. Between FYs 2004 and 2009 the organization received more than \$3 million in abstinence-only-until-marriage funds. Moreover, federal grants for abstinence programming accounted for 75% of the organization’s total revenue during FY 2006. With its abstinence funding, Y.O.U. sponsored a community-based program promoting abstinence until marriage among young women and implemented school-based programming to middle school students using *Choosing the Best* curricula, one of the most popular abstinence-only-until-marriage programs in the country.<sup>25</sup>

With its TPPI Tier 1 grant, Y.O.U. implements the Delta DREEAM (DaRing to Excel through Education, Advocacy, and Modeling) program. Delta DREEAM provides school-based programming to youth attending schools in the Coahoma County, North Panola County, Quitman County, Tallahatchie County, and Tunica County school districts. The program primarily serves African-American rural youth ages 9–14. Delta DREEM implements *Aban Aya Youth Project* to participating youth. The program aims for participants to make healthy and safe choices to prevent unintended pregnancy and STD infection, including HIV. Y.O.U. plans for the program to reach approximately 780 youth annually.

*Aban Aya Youth Project* is an evidence-based social development program designed for African-American youth in grades five through eight. The program’s name is derived from the Ghanaian words *aban*, meaning “fence” and signifying social protection, and *aya*, meaning “the unifying fern,” which signifies self-determination.<sup>26</sup> The *Aban Aya Youth Project* consists of two components: a social development, classroom-based curriculum that focuses on reducing risky behaviors and a school/community intervention, which includes community and parent engagement. The curriculum, designed to be implemented over the course of four years, emphasizes abstinence from sexual activity, avoiding drug and alcohol use, and nonviolent conflict resolution. The curriculum draws upon African-American cultural values and uses culturally based teaching methods, such as storytelling, along with African-American history and literature. An evaluation of the program published in the *Archives of Pediatrics and Adolescent Medicine* found that, at three-year follow-up, male program participants were significantly less likely to report having had recent sexual intercourse than peers in a control group. In addition, program participants showed an increase in the rate of condom use compared to those in the control group.<sup>27</sup>

#### *TPPI Tier 2: Innovative Approaches*

The TPPI Tier 2 grant program supports research and demonstration programs in order to develop, replicate, refine, and test additional models and innovative strategies for preventing teenage pregnancy.

- There are no TPPI Tier 2 Innovative Approaches grantees in Mississippi.

*TPPI Tier 2: Communitywide Initiatives*

The TPPI Tier 2 grant program also supports communitywide initiatives to reduce rates of teenage pregnancy and births in communities with the highest rates. The program awards grants to national organizations as well as state- and community-based organizations. Funded national partners provide training and technical assistance to local grantees. The Centers for Disease Control and Prevention (CDC) administer the grant program in partnership with OAH.

- There are no TPPI Tier 2 Communitywide Initiatives grantees in Mississippi.

**Personal Responsibility Education Program**

The Personal Responsibility Education Program (PREP) totals \$75 million per year for FYs 2010–2014 and is the first-ever dedicated funding stream for more comprehensive approaches to sexuality education. The U.S. Department of Health and Human Services, Administration for Children and Families (ACF) administers the grant. PREP includes a \$55 million state-grant program, \$10 million to fund local entities through the Personal Responsibility Education Innovative Strategies (PREIS) Program, \$3.5 million for the Tribal PREP Program for tribes and tribal organizations, and \$6.5 million for evaluation, training, and technical assistance. Details on the state-grant program, PREIS, and Tribal PREP are included below.

*PREP State-Grant Program*

The PREP state-grant program supports evidence-based programs that provide young people with medically accurate and age-appropriate information for the prevention of unintended pregnancy, HIV/AIDS, and other sexually transmitted infections (STIs). The grant program totals \$55 million per year and allocates funding to individual states. The grant does not require states to provide matching 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.

- The Mississippi State Department of Health received \$531,355 in federal PREP funds for FY 2011.
- In FY 2011, no funding for curriculum implementation was sub-granted to local entities.<sup>28</sup>

The Mississippi PREP state-grant program provides school-based and community-based interventions to school districts that have adopted an “abstinence-plus” education policy, under the stipulations of the new state sex education law, to provide evidence-based sex education to students in grades K–12 that addresses both abstinence and contraception. The Department of Health has completed Memorandum of Understanding (MOU) agreements with 33 of the 35 school districts that have adopted the “abstinence-plus” policy, and the remaining two MOU agreements are in the process for completion. School-based programming use *Reducing the Risk* and *Draw the Line/Respect the Line*, while community-based programming use *Becoming a Responsible Teen (BART)* and *What Could You Do?*<sup>29</sup>

*Reducing the Risk: Building Skills to Prevent Pregnancy, STD and HIV* is an evidence-based, pregnancy-, STD-, and HIV-prevention curriculum designed for classroom use with students in the ninth and 10th grades. It is appropriate for use with multiethnic populations.<sup>30</sup> *Reducing the Risk* aims to reduce high-risk behaviors among participants and emphasizes strategies for abstaining from sex or practicing safer sex. The 16-lesson curriculum addresses both abstinence and contraception use and includes experiential activities that teach students to develop refusal, negotiation, and communication skills. An evaluation of the program published in *Family Planning Perspectives* found that it increased parent-child communication, especially among Latino youth, delayed the initiation of sexual intercourse, and reduced incidence of unprotected sex among lower-risk youth who participated in the program.<sup>31</sup>

*Draw the Line/Respect the Line* is an evidence-based program designed to teach youth in grades six through eight to postpone sexual involvement while providing information about condoms and contraception. The school-based curriculum consists of 19 sessions divided between grades six through eight and includes group discussions, small-group activities, and role-playing exercises focused on teaching youth how to establish and maintain boundaries regarding sexual behavior. Lessons for sixth grade students address using refusal skills; lessons for the seventh grade focus on setting sexual limits, the consequences of unprotected sex, and managing sexual pressure; and eighth grade students practice refusal and interpersonal skills and receive HIV/STD-prevention education. The program also includes individual teacher consultations and parent engagement through homework activities. Although it is designed for use in the classroom, the program may also be delivered in a community-based setting. An evaluation of the program published in the *American Journal of Public Health* found, at one-, two-, and three-year follow-ups, that male participants were significantly less likely to report ever having had sexual intercourse or having had sexual intercourse during the previous 12 months, compared to participants in the control group.<sup>32</sup>

*BART* is an evidence-based HIV/AIDS-prevention education curriculum designed for African-American youth ages 14–18. *BART* teaches students to reduce sexual risk taking by promoting safer sex practices while also teaching that abstinence is the most effective way to prevent HIV and unintended pregnancy. The curriculum combines education with behavioral skills training on assertion, refusal, self-management, problem solving, risk recognition, and correct condom use.<sup>33</sup> *BART* includes interactive activities, group discussions, and role-plays developed by teens. It is designed for implementation in community-based settings and with single-sex groups. An evaluation of the program published in the *Journal of Consulting and Clinical Psychology* found that it increased participant knowledge of HIV and AIDS and increased participants' ability to manage the pressure to engage in unprotected sex as well as to provide information to their peers regarding safe sexual practices. The program was also found to delay the initiation of sexual intercourse, reduce the frequency of sex and the incidence of unprotected sex, and reduce the incidence of unprotected anal sex. Among male participants, the program was found to increase condom use.<sup>34</sup>

*What Could You Do?* is an evidenced-based, STD risk-reduction program that uses an interactive video to encourage safer sexual behaviors among female high school students. The program is designed as a one-on-one intervention, with each participant viewing the video individually. It aims to increase participants' knowledge of STDs, along with reducing their sexual risk behavior and risk of STD infection. The video includes vignettes featuring ethnically diverse young women involved in realistic scenarios related to sexual risk behavior, where the viewer must choose what action the character should take from different options. The vignettes give viewers the opportunity to practice how they would respond in different situations. The video covers sexual situations, risk reduction, reproductive health, and STDs. In addition, the video associates condom use with positive outcomes, such as pleasure and reassurance. *What Could You Do?* can be used in a physician's office or clinic setting and could potentially be used in other settings, such as schools, as long as there was enough privacy for the viewer. An evaluation of the program published in *Social Science & Medicine* found that, at a six-month follow-up to the intervention, participants were almost twice as likely not to have been diagnosed with an STD as those in the control group.<sup>35</sup>

#### *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. ACF administers the grant program in collaboration with OAH and provides a total of \$10 million in funding directly to local public and private entities.

- There are no PREIS grantees in Mississippi.



*Tribal Personal Responsibility Education Program (Tribal PREP)*

Tribal PREP supports the development and implementation of comprehensive teen pregnancy prevention programs within tribes and tribal communities. Tribal PREP programs target youth ages 10–19 who are in or are aging out of foster care, homeless youth, youth with HIV/AIDS, pregnant and/or parenting youth who are under 21 years of age, and youth who live in areas with high adolescent birth rates. Programs must 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 2011, 16 tribes and tribal organizations from nine states received a total of \$6.5 million.
- There are no Tribal PREP grantees in Mississippi.

**Title V State Abstinence Education Grant Program**

The Title V State Abstinence Education Grant Program (Title V Abstinence-Only Program) allocates \$50 million per year to states for FYs 2010–2014. ACF administers the grant program. The Title V Abstinence-Only 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 the Title V Abstinence-Only Program must promote abstinence from sexual activity as their exclusive purpose and may provide mentoring, counseling, and adult supervision toward this end. Programs must be medically accurate and age-appropriate and must ensure abstinence is an expected outcome.

- The Mississippi Department of Human Services received \$761,307 in federal Title V abstinence-only funding for FY 2011.
- In Mississippi, funds are sub-granted to the Mississippi Alliance of Boys & Girls Clubs (\$761,307).<sup>36</sup>
- In Missouri, the match is provided by the sub-grantee through in-kind funds.

The Mississippi Department of Human Services administers the state's Title V abstinence-only grant and sub-contracted the funds to the Mississippi Alliance of Boys & Girls Clubs. Programming is provided through the Boys & Girls Clubs to youth ages 10–17 and their parents in Congressional Districts 1, 2, 3, and 4. Approved curriculum is required to follow the federal A-H guidelines, and funded programs are using the *Choosing the Best* series throughout the state of Mississippi.<sup>37</sup>

The *Choosing the Best* series is one of the more popular abstinence-only-until-marriage programs in the country. The series is comprised of a number of curricula for students from sixth grade through high school: *Choosing the Best WAY*, *Choosing the Best PATH*, *Choosing the Best LIFE*, *Choosing the Best JOURNEY*, and *Choosing the Best SOULMATE*. The series has been recently revised and the information about STDs is now medically accurate. However, *Choosing the Best* curricula continue to promote heterosexual marriage, rely on messages of fear and shame, and include biases about gender, sexual orientation, and pregnancy options. For example, *Choosing the Best PATH* asks students to brainstorm the “emotional consequences” of premarital sex. Suggested answers include “guilt, feeling scared, ruined relationships, broken emotional bonds.”<sup>38</sup>

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**Mississippi TPPI, PREP, and Title V Abstinence-Only funding in FY 2011**

Grantee	Award	Fiscal Years
<b>Teen Pregnancy Prevention Initiative (TPPI)</b>		
<i>TPPI Tier 1: Replication of Evidence-Based Programs</i>		
Southeast Mississippi Rural Health Initiative, Inc.	\$500,000	2010–2014
Youth Opportunities Unlimited, Inc.	\$1,014,493	2010–2014
<b>TOTAL</b>	<b>\$1,514,493</b>	
<b>Personal Responsibility Education Program (PREP)</b>		
<i>PREP State-Grant Program</i>		
Mississippi Department of Health (federal grant)	\$531,355	2011
<b>TOTAL</b>	<b>\$531,355</b>	
<b>Title V Abstinence Education Grant Program (Title V Abstinence-Only)</b>		
Mississippi Department of Human Services (federal grant)	\$761,307	2011
<i>Sub-grantee</i>		
<i>Mississippi Alliance of Boys &amp; Girls Clubs</i>	\$761,307	2011
<b>TOTAL</b>	<b>\$761,307</b>	
<b>GRAND TOTAL</b>	<b>\$2,807,155</b>	<b>2011</b>

**COMPREHENSIVE APPROACHES TO SEXUALITY EDUCATION**

SIECUS has identified some examples of model programs, policies, and best practices being implemented in Mississippi public schools that provide more comprehensive sex education to young people.<sup>39</sup>

*Revised State Sex Education Policy*

In March 2011, the Mississippi state legislature passed House Bill 999, a dual-option sex education bill that was signed into law by Governor Haley Barbour on March 16, 2011. Under the legislation, all school districts in Mississippi are required to teach human sexuality instruction and were required to adopt either an “abstinence-only” or “abstinence-plus” education policy by June 30, 2012. The law requires “abstinence-only” instruction to emphasize abstinence until marriage, including teaching, among other concepts, that “a mutually faithful, monogamous relationship in the context of marriage is the only appropriate setting for sexual intercourse” and also to highlight “the likely negative psychological and physical effects of not abstaining [from sexual activity].”<sup>40</sup> Although these concepts are included in the instruction guidelines stipulated by the law, instruction provided in the classroom is not required to include these concepts, but it can’t contradict them either.

While the law defines “abstinence-plus” education as consisting of all the components included under “abstinence-only” instruction, it allows for instruction to address a broader range of sexual health topics, such as contraceptive methods, STDs, and STD/HIV prevention. The inclusion of such topics must be approved by the state’s Department of Education. Furthermore, “abstinence-plus” instruction must not be limited to instruction and demonstrations on the use of condoms and contraceptives.<sup>41</sup>

The state mandate affords all school districts the opportunity to adopt a more comprehensive sex education policy and implement curricula that discuss a broader range of sex education topics, and therefore provide education that better meets the needs of all youth. (Please see the Sexuality Education Law and Policy section above for more information on the state law.) Of the state’s 152 school districts, 71 had adopted an abstinence-plus policy at the time of publication.

#### *Revised School District Policy*

In conjunction with the passage of the state’s new sex education law, Mississippi First, a statewide advocacy organization for sound policy and education reform, developed the Creating Healthy and Responsible Teens (CHART) Initiative “as a means to improve teen sexual health and increase responsible decision-making.”<sup>42</sup> The CHART Initiative targets school districts within counties that have the highest rates of teen birth and STD infection in the state. Under the initiative, Mississippi First works directly with school districts to assist them in adopting a model policy drafted by the organization and disseminates additional policy advocacy tools to school districts, communities, parents, and other stakeholders to support the adoption of an “abstinence-plus” policy. The model policy establishes guidelines for implementing evidence-based, age-appropriate, and medically accurate sexuality education curricula in schools. The policy stipulates that instruction must:

1. “[Teach] the social, psychological, and health gains to be realized by abstaining from sexual activity;
2. “[Provide] instruction about effective methods of contraception, including rates of effectiveness and failure for ‘perfect use’ and ‘typical use’; and
3. “[Teach] students how to behave more responsibly by emphasizing the development of skills such as goal-setting, negotiation, self-esteem, and decision-making.”<sup>43</sup>

Among additional requirements, the chosen curricula must be included on the list of recommended evidence-based curricula developed by the Mississippi State Department of Health, which aligns with the list of approved evidence-based models determined by the U.S. Department of Health and Human Services. The curricula also must be taught by “licensed health educators, family and consumer science educators, or educators with a health education and/or science endorsement” who are currently employed by the school district; and all educators assigned to teach abstinence-based instruction must be trained in the adopted curricula.<sup>44</sup>

Finally, in order to ensure that the policy and chosen curricula are implemented with fidelity, each school district must assign a school district staff member to serve as program coordinator. The duties of the program coordinator include managing program implementation and ensuring program continuity, organizing trainings for program instructional staff, and organizing trainings for program support staff—such as school administrators, counselors, and community stakeholders—that are designed to assist them in developing community partnerships, supporting implementation efforts, and managing public relations in regards to the abstinence-plus program.

Once a school district adopts the model policy, Mississippi First provides the curricula, training, and technical assistance necessary to implement the evidence-based, abstinence-plus programming in schools. There are currently 35 school districts that have adopted the CHART model policy.<sup>45</sup>

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

**POINTS OF CONTACT**

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750 North State Street  
Jackson, MS 39202  
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**ORGANIZATIONS THAT SUPPORT COMPREHENSIVE SEXUALITY EDUCATION**

ACLU of Mississippi  
Jackson, MS  
Phone: (601) 354-3408  
[www.msaclu.org](http://www.msaclu.org)

Planned Parenthood Southeast  
Hattiesburg, MS  
Phone: (601) 296-6001  
[www.ppalabama.org](http://www.ppalabama.org)

Equality Mississippi  
Jackson, MS  
Phone: (601) 376-9007  
[www.equalityms.org](http://www.equalityms.org)

South Mississippi AIDS Taskforce  
Biloxi, MS  
Phone: (228) 385-1214  
[www.smatf.com](http://www.smatf.com)

Mississippi First  
Jackson, MS  
Phone: (601) 225-4107  
[www.mississippifirst.org](http://www.mississippifirst.org)

Women's Fund of Mississippi  
Jackson, MS  
Phone: (601) 326-0700  
[www.womensfundms.org](http://www.womensfundms.org)

Planned Parenthood  
Greater Memphis Region  
Memphis, TN  
Phone: (901) 725-1717  
[www.plannedparenthood.org/memphis](http://www.plannedparenthood.org/memphis)

MISSISSIPPI

**ORGANIZATIONS THAT OPPOSE COMPREHENSIVE SEXUALITY EDUCATION**

American Family Association  
Tupelo, MS  
Phone: (662) 844-5036  
[www.afa.net](http://www.afa.net)

Mississippi Center for Public Policy  
Jackson, MS  
Phone: (601) 969-1300  
[www.msolicy.org](http://www.msolicy.org)

**MEDIA OUTLETS**

**Newspapers in Mississippi<sup>47</sup>**

*The Clarion-Ledger*  
Jackson, MS  
Phone: (601) 961-7175  
[www.clarionledger.com](http://www.clarionledger.com)

*Commercial Dispatch*  
Columbus, MS  
Phone: (662) 328-2471  
[www.cdispatch.com](http://www.cdispatch.com)

*Delta Democrat Times*  
Greenville, MS  
Phone: (662) 335-1155  
[www.ddtonline.com](http://www.ddtonline.com)

*Enterprise-Journal*  
McComb, MS  
Phone: (601) 684-2421  
[www.enterprise-journal.com](http://www.enterprise-journal.com)

*Hattiesburg American*  
Hattiesburg, MS  
Phone: (601) 582-4321  
[www.hattiesburgamerican.com](http://www.hattiesburgamerican.com)

*Meridian Star*  
Meridian, MS  
Phone: (601) 693-1551  
[www.meridianstar.com](http://www.meridianstar.com)

*Mississippi Press*  
Pascagoula, MS  
Phone: (228) 762-3805  
[www.gulfive.com/mississippipress](http://www.gulfive.com/mississippipress)

*The Northeast Mississippi Daily Journal*  
Tupelo, MS  
Phone: (662) 842-2611  
[www.djournal.com](http://www.djournal.com)

*Rankin Ledger*  
Jackson, MS  
Phone: (601) 961-7175  
[www.rankinledger.com](http://www.rankinledger.com)

*Sun Herald*  
Biloxi, MS  
Phone: (228) 896-2390  
[www.sunherald.com](http://www.sunherald.com)

*Vicksburg Post*  
Vicksburg, MS  
Phone: (601) 636-4545  
[www.vicksburgpost.com](http://www.vicksburgpost.com)

**Political Blogs in Mississippi**

*The Jackson Progressive*  
[www.jacksonprogressive.com/](http://www.jacksonprogressive.com/)

*Magnolia Report*  
[www.magnoliareport.com](http://www.magnoliareport.com)

*Mississippi Political*  
[www.mississippipolitical.com/](http://www.mississippipolitical.com/)

<sup>1</sup> 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 2011 began on October 1, 2010, and ended on September 30, 2011.

<sup>2</sup> Mississippi Legislature, 2011 Regular Session, House Bill 999, final version of bill as sent to the governor, introduced January 17, 2011, accessed March 18, 2011, <http://billstatus.ls.state.ms.us/documents/2011/pdf/HB/0900-0999/HB0999SG.pdf>.

<sup>3</sup> Ibid.

<sup>4</sup> Ibid.

<sup>5</sup> Danice K. Eaton, et. al., "Youth Risk Behavior Surveillance—United States, 2011," *Surveillance Summaries, Morbidity and Mortality Weekly Report*, vol. 61, no. SS-4 (June 8, 2012): accessed June 18, 2012, <http://www.cdc.gov/mmwr/pdf/ss/ss6104.pdf>.

<sup>6</sup> "Birth rate for U.S. teenagers reach historic lows for all age and ethnic groups," NCHS data brief, no. 89, (Hyattsville, MD: National Center for Health Statistics, 2012), accessed June 27, 2012, <http://www.cdc.gov/nchs/data/databriefs/db89.pdf>, Data table for figure 6.

<sup>7</sup> Ibid.

<sup>8</sup> *U.S. Teenage Pregnancies, Births, and Abortions: National and State Trends and Trends by Race and Ethnicity*, (Washington, DC: Guttmacher Institute, January 2010), accessed May 7, 2012, <http://www.guttmacher.org/pubs/USTPtrends.pdf>, Table 3.1.

<sup>9</sup> Ibid., Table 3.2.

<sup>10</sup> *U.S. Teenage Pregnancies, Births, and Abortions: National and State Trends and Trends by Race and Ethnicity*, Table 3.1.

<sup>11</sup> Slide 9: "Rates of Diagnoses of HIV Infection among Adolescents Aged 13–19 Years, 2010—46 States and 5 U.S. Dependent Areas," *HIV Surveillance in Adolescents and Young Adults*, (Atlanta, GA: Centers for Disease Control and Prevention), accessed January 3, 2013, <http://www.cdc.gov/hiv/topics/surveillance/resources/slides/adolescents/index.htm>.

<sup>12</sup> Slide 18: "Rates of AIDS Diagnoses among Adolescents Aged 13–19 Years, 2010—United States and 6 U.S. Dependent Areas," *HIV Surveillance in Adolescents and Young Adults*, (Atlanta, GA: Centers for Disease Control and Prevention), accessed January 3, 2013, <http://www.cdc.gov/hiv/topics/surveillance/resources/slides/adolescents/index.htm>.

<sup>13</sup> Slide 10: "Rates of Diagnoses of HIV Infection among Young Adults Aged 20–24 Years, 2010—46 States and 5 U.S. Dependent Areas," *HIV Surveillance in Adolescents and Young Adults*, (Atlanta, GA: Centers for Disease Control and Prevention), accessed January 3, 2013, <http://www.cdc.gov/hiv/topics/surveillance/resources/slides/adolescents/index.htm>.

<sup>14</sup> Slide 19: "Rates of AIDS Diagnoses among Young Adults Aged 20–24 Years, 2010—United States and 6 U.S. Dependent Areas," *HIV Surveillance in Adolescents and Young Adults*, (Atlanta, GA: Centers for Disease Control and Prevention), accessed January 3, 2013, <http://www.cdc.gov/hiv/topics/surveillance/resources/slides/adolescents/index.htm>.

<sup>15</sup> "Wonder Database: Sexually Transmitted Disease Morbidity for selected STDs by age, race/ethnicity and gender 1996–2009 Results," (Atlanta, GA: Centers for Disease Control and Prevention, June 2011), accessed December 18, 2012, <http://wonder.cdc.gov>.

<sup>16</sup> Ibid.

<sup>17</sup> Ibid.

<sup>18</sup> Southeast Mississippi Rural Health Initiative, Inc., accessed June 2, 2011, <https://secure.semrhi.com/>.

<sup>19</sup> "Social Services Department," Southeast Mississippi Rural Health Initiative, Inc., accessed June 2, 2011, <https://secure.semrhi.com/social-services>.

<sup>20</sup> "Medical Clinics," Southeast Mississippi Rural Health Initiative, Inc., accessed June 2, 2011, <https://secure.semrhi.com/medical-clinics>.

<sup>21</sup> *Making a Difference! – Abstinence-Based Curriculum for Teens in 6th and 7th Grade, Application for Federal Funds SF-424, FY10 Teenage Pregnancy Prevention: Replication of Evidence-Based Programs (Tier 1)*, Southeast Mississippi Rural Health Initiative, (June 2010), 28. Information obtained through a Freedom of Information Act request submitted to the U.S. Department of Health and Human Services, Office of Adolescent Health.

<sup>22</sup> *Making a Difference! Evidence-Based Programs*, Resource Center for Adolescent Pregnancy Prevention (ReCAPP), ETR Associates, accessed July 1, 2011, <http://www.etr.org/recapp/index.cfm?fuseaction=pages.ebpDetail&PageID=127&PageTypeID=2>.

<sup>23</sup> Youth Opportunities Unlimited, Inc., accessed June 2, 2011, <http://www.youmsdelta.org/index.html>.

<sup>24</sup> Ibid.

<sup>25</sup> Youth Opportunities Unlimited, Inc., "Generation W.A.I.T. Project 2007–2008 Annual Progress Report," submitted to the U.S. Department of Health and Human Services, Administration for Children and Family Services, September 23, 2008, 2; see also Youth Opportunities Unlimited, Inc., Community-Based Abstinence Education application, Fiscal Year 2007, 10. Information obtained through a Freedom of Information Act request.

<sup>26</sup> *Aban Aya Youth Project: Preventing High-Risk Behaviors Among African American Youth in Grades 5–8*, Sociometrics, accessed July 1, 2011, <http://www.socio.com/srch/summary/pasha/full/passt24.htm>.

- <sup>27</sup> Aban Aya Youth Project Evidence-Based Programs, Resource Center for Adolescent Pregnancy Prevention (ReCAPP), ETR Associates, accessed July 1, 2011, <http://www.etr.org/recapp/index.cfm?fuseaction=pages.ebpDetail&PageID=593&PageTypeID=2>.
- <sup>28</sup> Information provided by Kina Johnson, Deputy Bureau Director, Office of Preventive Health, Mississippi State Department of Health, October 9, 2012.
- <sup>29</sup> Ibid.
- <sup>30</sup> *Science and Success: Sex Education and Other Programs That Work to Prevent Teen Pregnancy, HIV & Sexually Transmitted Infections* (Washington, DC: Advocates for Youth, 2008), accessed March 30, 2010, <http://www.advocatesforyouth.org/storage/advfy/documents/sciencesuccess.pdf>, 22.
- <sup>31</sup> Ibid., 23–24.
- <sup>32</sup> *Draw the Line/Respect the Line, Emerging Answers* (Washington, DC: The National Campaign to Prevent Teen and Unplanned Pregnancy, 2007), accessed July 1, 2011, [http://www.thenationalcampaign.org/ea2007/desc/draw\\_pr.pdf](http://www.thenationalcampaign.org/ea2007/desc/draw_pr.pdf); see also *Draw the Line/Respect the Line, Programs for Replication – Intervention Implementation Reports*, U.S. Department of Health and Human Services, accessed July 1, 2011, [http://www.hhs.gov/ash/oah/oah-initiatives/tpp/programs/draw\\_the\\_line\\_respect\\_the\\_line.pdf](http://www.hhs.gov/ash/oah/oah-initiatives/tpp/programs/draw_the_line_respect_the_line.pdf).
- <sup>33</sup> *Becoming A Responsible Teen*, Evidence-Based Programs, Resource Center for Adolescent Pregnancy Prevention (ReCAPP), ETR Associates, accessed May 5, 2010, <http://www.etr.org/recapp/index.cfm?fuseaction=pages.ebpDetail&PageID=2&PageTypeID=2>.
- <sup>34</sup> *Science and Success: Sex Education and Other Programs That Work to Prevent Teen Pregnancy, HIV & Sexually Transmitted Infections* (Washington, DC: Advocates for Youth, 2008), accessed March 30, 2010, <http://www.advocatesforyouth.org/storage/advfy/documents/sciencesuccess.pdf>, 76–78.
- <sup>35</sup> *What Could You Do?*, Evidence-Based Programs, Resource Center for Adolescent Pregnancy Prevention (ReCAPP), ETR Associates, accessed August 25, 2011, <http://www.etr.org/RECAPP/index.cfm?fuseaction=pages.ebpDetail&PageID=617&PageTypeID=2>.
- <sup>36</sup> Information provided through a public records request of the Mississippi Department of Human Services, December 12, 2012.
- <sup>37</sup> Ibid.
- <sup>38</sup> Bruce Cook, *Choosing the Best* (Marietta, GA: *Choosing the Best, Inc.*, 2001–2007).
- <sup>39</sup> This is by no means a complete list of all comprehensive programming and policies related to sexuality education, but rather some examples of best practices and model programs that SIECUS identified.
- <sup>40</sup> Mississippi Legislature, 2011 Regular Session, House Bill 999, final version of bill as sent to the governor, introduced January 17, 2011, accessed March 18, 2011, <http://billstatus.ls.state.ms.us/documents/2011/pdf/HB/0900-0999/HB0999SG.pdf>.
- <sup>41</sup> Ibid.
- <sup>42</sup> “Creating Healthy and Responsible Teens (C.H.A.R.T.) Initiative, <http://www.mississippifirst.org/CHART-initiative>.
- <sup>43</sup> *Creating Healthy and Responsible Teens (C.H.A.R.T.) 2011 Model Policy*, Mississippi First, accessed August 29, 2011, <http://www.mississippifirst.org/docman/download-document/chart-policy-2012>.
- <sup>44</sup> Ibid.
- <sup>45</sup> “Creating Healthy and Responsible Teens (C.H.A.R.T.) Initiative, <http://www.mississippifirst.org/CHART-initiative>.
- <sup>46</sup> The person listed represents the designated personnel in the state responsible for adolescent reproductive health.
- <sup>47</sup> This section is a list of major newspapers in the state and is by no means exhaustive of local print outlets.