



SIECUS

State Profile

MISSISSIPPI

In Fiscal Year 2013,¹ the state of Mississippi received:

- **Division of Adolescent and School Health funds totaling \$284,405**
- **Personal Responsibility Education Program funds totaling \$513,760**
- **Title V State Abstinence Education Program funds totaling \$659,157**

In Fiscal Year 2013, local entities in Mississippi received:

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

SEXUALITY EDUCATION LAW AND POLICY

In March of 2011, the Mississippi legislature passed House Bill 999, which amended Section 37-13-171 of the Mississippi Code of 1972. This new sex education law required 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 (STDs)/HIV education, but if schools chose to teach either or both forms of education, such instruction must have stressed abstinence-only-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-only-until-marriage (AOUM). 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.”²

MISSISSIPPI

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 AOUM 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.”³³ 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.”³⁴

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.

2013 STATE LEGISLATIVE SESSION ACTIVITY

Bill to Mandate Abstinence-Only Education

HB 1268, also known as the “Optimal Teen Health Act,” an abstinence-only bill, was introduced in January 2013. It requires that Sexual Risk Avoidance (SRA), the rebranding term for abstinence-only-until-marriage, be the state’s standard for sex education in public schools. The bill died in committee.

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) Data⁵

- In 2013, 49.1% of female high school students and 59.9% of male high school students in Mississippi reported ever having had sexual intercourse, compared to 46% of female high school students and 47.5% of male high school students nationwide.
- In 2013, 5% of female high school students and 19.3% of male high school students in Mississippi reported having had sexual intercourse before age 13, compared to 3.1% of female high school students and 8.3% of male high school students nationwide.

MISSISSIPPI

- In 2013, 36.8% of female high school students and 44.8% 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 35.2% of female high school students and 32.7% of male high school students nationwide.
- In 2013, 13.4% of female high school students and 7.3% of male high school students in Mississippi who dated or went out with someone during the 12 months before the survey reported experiencing physical dating violence one or more times during that time period (defined as being hit, slammed into something, or injured with an object or weapon on purpose by someone they were dating or going out with), compared to 13% of female high school students and 7.4% of male high school students nationwide.

Visit the Centers for Disease Control and Prevention's [Youth Online database](#) for additional information on youth risk behaviors.

Mississippi Teen Pregnancy, HIV/AIDS, and Other STD Data

Teen Pregnancy, Birth, and Abortion

- In 2010, Mississippi's teen pregnancy rate ranked second in the United States, with a rate of 76 pregnancies per 1,000 young women ages 15–19, compared to the national rate of 57 per 1,000.⁶ There were a total of 8,390 pregnancies among young women ages 15–19 in Mississippi.⁷
- In 2012, Mississippi's teen birth rate ranked third in the United States, with a rate of 46.1 births per 1,000 young women ages 15–19, compared to the national rate of 29.4 per 1,000.⁸ In 2012, there were a total of 4,781 live births to young women ages 15–19 reported in Mississippi.⁹
- In 2010, Mississippi's teen abortion rate ranked 32nd in the United States, with a rate of 9 abortions per 1,000 young women ages 15–19, compared to the national rate of 15 per 1,000.¹⁰ There were a total of 1,000 abortions among young women ages 15–19 reported in Mississippi in 2010.¹¹

HIV and AIDS

- In 2011, the rate of diagnoses of HIV infection among adolescents ages 13–19 in Mississippi was 13.7 per 100,000, compared to the national rate of 7.6 per 100,000.¹²
- In 2011, the rate of AIDS diagnoses among adolescents ages 13–19 in Mississippi was 5.5 per 100,000, compared to the national rate of 1.9 per 100,000.¹³
- In 2011, the rate of diagnoses of HIV infection among young adults ages 20–24 in Mississippi was 62.1 per 100,000, compared to the national rate of 36.3 per 100,000.¹⁴
- In 2011, the rate of AIDS diagnoses among young adults ages 20–24 in Mississippi was 21.4 per 100,000, compared to the national rate of 10.9 per 100,000.¹⁵

Sexually Transmitted Diseases

- In 2012, Mississippi ranked second in the United States for reported cases of chlamydia among young people ages 15–19, with an infection rate of 3,851.7 cases per 100,000, compared to the national rate of 2,001.7 per 100,000. In 2012, there were a total of 8,386 cases of chlamydia among young people ages 15–19 reported in Mississippi.¹⁶
- In 2012, Mississippi ranked second in the United States for reported cases of gonorrhea among young people ages 15–19, with an infection rate of 905.4 cases per 100,000, compared to the national rate of 376.8 per 100,000. In 2012, there were a total of 1,972 cases of gonorrhea among young people ages 15–19 reported in Mississippi.¹⁷
- In 2012, Mississippi ranked 11th in the United States for reported cases of primary and secondary syphilis among young people ages 15–19, with an infection rate of 6.4 cases per 100,000, compared to the national rate of 4.1 per 100,000. In 2012, there were a total of 14 cases of syphilis among young people ages 15–19 reported in Mississippi.¹⁸

FEDERAL FUNDING FOR SEX EDUCATION, TEEN PREGNANCY PREVENTION, AND ABSTINENCE-ONLY-UNTIL-MARRIAGE 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 FY 2013. 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. OAH utilizes the remaining appropriated funds to provide program support, implementation evaluation, and technical assistance to grantees. TPPI also dedicates \$8.5 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 and minimize underlying behavioral risk factors or other associated risk factors.

- Local organizations in Mississippi received \$1,514,493 in TPPI Tier 1 funding for FY 2013.
- 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 2013)

The Southeast Mississippi Rural Health Initiative (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.”¹⁹

MISSISSIPPI

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.²⁰ The organization operates 15 clinics located in Beaumont, Brooklyn, Hattiesburg, Lumberton, New Augusta, Picayune, Seminary, and Sumrall, Mississippi.²¹

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 students in grades 6 and 7. The organization also provides 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 seeks 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.”²² SeMRHI aims for the program to reach approximately 500 youth annually.

Youth Opportunities Unlimited, Inc., \$1,014,493 (FY 2013)

Youth Opportunities Unlimited (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.”²³ 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.”²⁴

Y.O.U. previously received federal AOUM 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 AOUM 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 AOUM programs in the country.²⁵

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, North Panola, Quitman, Tallahatchie, and Tunica county school districts. The program primarily serves rural African-American youth ages 9–14. Delta DREEM implements *Aban Aya Youth Project* to participating youth. The program strives for participants to make healthy and safe choices to prevent unintended pregnancy and STD infection, including HIV. Y.O.U. aims for the program to reach approximately 780 youth annually.

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.

Division of Adolescent and School Health

The Division of Adolescent and School Health (DASH), within the Centers for Disease Control and Prevention (CDC), provides funding to 17 state and 19 local education agencies to help districts and schools strengthen student health through exemplary sexual health education (ESHE) that emphasizes HIV and other STD prevention, increased access to key sexual health services (SHS), and establishing safe and supportive environments (SSE) for students and staff. In addition, DASH funds nine national non-governmental organizations (NGOs) to help state and local education agencies achieve these goals.

- There was one DASH grantee in Mississippi funded to strengthen student health through ESHE, SHS, and SSE in FY 2013, The Mississippi Department of Education (\$224,405).

DASH also funds three local education agencies and one NGO to implement multiple program activities to meet the HIV/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.

- There were no DASH grantees in Mississippi funded to deliver YMSM programming in FY 2013.

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 Youth Risk Behavior Survey (YRBS) and School Health Profiles data for policy and program improvements.

- There was one DASH grantee in Mississippi funded to collect and report YRBS and School Health Profiles data in FY 2013, the Mississippi Department of Education (\$60,000).

Pregnancy Assistance Fund

The Pregnancy Assistance Fund (PAF), administered by OAH, provides expecting and parenting teens, women, fathers, and their families with a network of support services. Established in FY 2010 through a 10-year authorization (FY 2010–FY 2019) in the Affordable Care Act (ACA), PAF is a \$25 million competitive grant program for state and tribal entities. PAF grants support programs that include at least one of the following four components: 1) support for expectant and parenting student services at institutions of higher education; 2) support for expectant and parenting teens, women, fathers, and their families at high schools and community centers; 3) improved services for pregnant women who are victims of domestic violence, sexual violence, sexual assault, and stalking; and 4) increased public awareness and education services for expectant and parenting teens, women, fathers, and their families. Now in the second round of awards, PAF supports 17 entities in 14 states and three tribal entities, most of which focus their efforts on serving teen parents.

- There are no PAF 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, \$3.1 million for Tribal PREP, for tribes and tribal organizations, with remaining funds for evaluation, training, and technical assistance. In addition, provisions within the statute for PREP enable a competitive application process for community- and faith-based organizations within states and territories that do not directly seek PREP funding by the third year of the program; these competitive PREP (CPREP) grants were awarded to organizations in five states and three territories in FY 2013. Details on the state grant program, PREIS, Tribal PREP, and CPREP 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 STDs. 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 \$513,760 in federal PREP funds for FY 2013.
- In FY 2013, the public and private sub-grantees were as follows: Mississippi First (\$30,370); Women’s Fund of Mississippi (\$17,759); school districts (\$12,018); and CBOs (\$18,000).²⁶

The Mississippi PREP state-grant program is implemented by the Mississippi State Department of Health Office of Preventative Health. It provides school- and community-based interventions to school districts that have adopted an “abstinence-plus” education policy, under the stipulations of the state’s sexuality 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 agreements with 33 school districts that have adopted an “abstinence-plus” policy. In addition, the Mississippi PREP grant program has contracted with the Women’s Foundation of Mississippi to develop a teen- and youth-friendly website. PREP will fund the planning, execution, and project management activities related to the development of a website that provides medically accurate, age-appropriate sexual and reproductive health information for teens and their parents. School-based programming uses *Reducing the Risk* and *Draw the Line/Respect the Line*, while community-based programming uses *Becoming a Responsible Teen (BART)*.²⁷

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 young people 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 2013, 16 tribes and tribal organizations from nine states received a total of \$3.1 million.

- There are no Tribal PREP grantees in Mississippi.

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/AIDS, and other STDs. Organizations and institutions in states and territories that did not apply for PREP formula grants in either of the past two fiscal years were eligible to submit competitive applications for CPREP grants. Thirty-seven grants, totaling \$18.6 million, were awarded in FY 2013 to organizations in American Samoa, the Commonwealth of Northern Mariana Islands, Florida, Guam, Indiana, North Dakota, Texas, and Virginia.

- There are no CPREP grantees in Mississippi.

Title V State Abstinence Education Grant Program

The Title V abstinence-only-until-marriage (Title V AOUM) program, administered by ACF, allocates \$50 million per year to states for FYs 2010–2014. ACF administers the grant program. 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 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 \$659,157 in federal Title V AOUM funding for FY 2013.
- In Mississippi, funds are sub-granted to the Mississippi Alliance of Boys & Girls Clubs.²⁸
- 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 AOUM grant and sub-contracted the funds to the Mississippi Alliance of Boys & Girls Clubs. Programming is provided through the Boys & Girls Clubs to young people ages 10–17 in 30 counties across the state. Approved curriculum is required to follow the federal A–H guidelines, and funded programs use the *Choosing the Best* series.²⁹

Competitive Abstinence Education Grant Program

Administered by the ACF, the Competitive Abstinence Education (CAE) grant program provides grants for “abstinence education” as defined by the A–H statute in Title V of the Social Security Act, as well as for mentoring, counseling, and adult supervision that promotes abstinence outside of marriage. As currently implemented by ACF, the programs must also be medically accurate. In FY 2013, \$4.3 million was granted through a competitive application process to 10 grantees across nine states, in addition to the nine grantees implementing the second year of their CAE awards in some overlapping and additional states, for a total of 19 CAE grantees in 14 states.

- There are no CAE grantees in Mississippi.

MISSISSIPPI

Mississippi TPPI, DASH, PAF, PREP, Title V AOUM, and CAE Funding in FY 2013

Grantee	Award	Fiscal Years
Teen Pregnancy Prevention Initiative (TPPI)		
<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
TOTAL	\$1,514,493	
Division of Adolescent and School Health (DASH)		
Mississippi Department of Education	\$284,405	2013
TOTAL	\$284,405	
Personal Responsibility Education Program (PREP)		
<i>PREP State-Grant Program</i>		
Mississippi Department of Health (federal grant)	\$513,760	2013
TOTAL	\$513,760	
Title V Abstinence-Only-Until-Marriage Program (Title V AOUM)		
Mississippi Department of Human Services (federal grant)	\$659,157	2013
TOTAL	\$659,157	
GRAND TOTAL		
	\$2,971,815	2013

POINTS OF CONTACT

Adolescent Health Contact³⁰

Gwen Winters
 Adolescent Health Coordinator
 Office of Child and Adolescent Health
 Mississippi State Department of Health
 P.O. Box 1700
 Jackson, MS 39215
 Phone: (601) 576-8158

Danielle Lampton
 Adolescent Health State Coordinator
 Mississippi State Department of Health
 570 East Woodrow Wilson, Suite O-200
 Jackson, MS 39215
 Phone: 601-576-7619
 Email: danielle.lampton@msdh.state.ms.us

PREP State-Grant Coordinator

Kenyatta S. Parker, DrPH(c), MPH
 Bureau Deputy Director
 Personal Responsibility Education Program
 Office of Preventive Health
 Mississippi State Department of Health
 715 Pear Orchard Road—Plaza 1
 Ridgeland, MS 39157
 Phone: (601) 206-1564

Title V AOUM Grant Coordinator

Vera Butler
 Bureau Director 1
 Division of Family Foundations and Support
 Mississippi Department of Human Services
 750 North State Street
 Jackson, MS 39202
 Phone: (601) 359-4853

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 2013 began on October 1, 2012, and ended on September 30, 2013.

² 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>.

³ Ibid.

⁴ Ibid.

⁵ Kann, Laura, et al., “Youth Risk Behavior Surveillance—United States, 2013,” *Surveillance Summaries, Morbidity and Mortality Weekly Report*, vol. 63, no. 4 (June 13, 2014): accessed July 17, 2014, <http://www.cdc.gov/mmwr/pdf/ss/ss6304.pdf>.

⁶ Kost, K., and S. Henshaw, *U.S. Teenage Pregnancies, Births, and Abortions, 2010: State Trends by Age, Race, and Ethnicity* (New York: Guttmacher Institute, 2014), accessed July 8, 2014, <http://www.guttmacher.org/pubs/USTPtrends10.pdf>, Table 3.1.

⁷ Ibid., Table 3.2.

⁸ Martin, J.A., et al., *Births: Final Data for 2012*. National Vital Statistics Reports, Vol. 62, No. 9 (December 30, 2013), accessed July 30, 2014, http://www.cdc.gov/nchs/data/nvsr/nvsr62/nvsr62_09.pdf. Table 12.

⁹ Centers for Disease Control and Prevention, VitalStats Interactive Data Tables, Hyattsville, MD: National Center for Health Statistics, <http://www.cdc.gov/nchs/vitalstats.htm>.

¹⁰ Kost, K., and S. Henshaw, *U.S. Teenage Pregnancies, Births, and Abortions, 2010: State Trends by Age, Race, and Ethnicity* (New York: Guttmacher Institute, 2014), accessed July 8, 2014, <http://www.guttmacher.org/pubs/USTPtrends10.pdf>, Table 3.1.

¹¹ Ibid., Table 3.2.

¹² Slide 9: “Rates of Diagnosis of HIV Infection among Adolescents Aged 13–19 Years, 2011—United States and 6 Dependent Areas,” *HIV Surveillance in Adolescents and Young Adults* (Atlanta, GA: Centers for Disease Control and Prevention), accessed May 30, 2013, <http://bit.ly/1dbYpAJ>.

¹³ Slide 18: “Rates of Stage 3 (AIDS) Classifications among Adolescents Aged 13–19 Years with HIV Infection, 2011—United States and 6 Dependent Areas,” *HIV Surveillance in Adolescents and Young Adults* (Atlanta, GA: Centers for Disease Control and Prevention), accessed May 30, 2013, <http://bit.ly/1dbYpAJ>.

¹⁴ Slide 10: “Rates of Diagnoses of HIV Infection among Young Adults Aged 20–24 Years, 2011—United States and 6 Dependent Areas,” *HIV Surveillance in Adolescents and Young Adults* (Atlanta, GA: Centers for Disease Control and Prevention), accessed May 30, 2013, <http://bit.ly/1dbYpAJ>.

¹⁵ Slide 19: “Rates of Stage 3 (AIDS) Classifications among Adolescents Aged 20–24 Years with HIV Infection, 2011—United States and 6 Dependent Areas,” *HIV Surveillance in Adolescents and Young Adults* (Atlanta, GA: Centers for Disease Control and Prevention), accessed May 30, 2013, <http://bit.ly/1dbYpAJ>.

¹⁶ NCHHSTP Atlas, “STD Surveillance Data.” (Atlanta, GA: Centers for Disease Control and Prevention), accessed June 10, 2013, <http://gis.cdc.gov/GRASP/NCHHSTPAtlas/main.html>.

¹⁷ Ibid.

¹⁸ Ibid.

MISSISSIPPI

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- ¹⁹ Southeast Mississippi Rural Health Initiative, Inc., accessed June 2, 2011, <https://secure.semrhi.com>.
- ²⁰ “Social Services Department,” Southeast Mississippi Rural Health Initiative, Inc., accessed June 2, 2011, <https://secure.semrhi.com/social-services>.
- ²¹ “Medical Clinics,” Southeast Mississippi Rural Health Initiative, Inc., accessed June 2, 2011, <https://secure.semrhi.com/medical-clinics>.
- ²² *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.
- ²³ Youth Opportunities Unlimited, Inc., accessed June 2, 2011, <http://www.youmsdelta.org/index.html>.
- ²⁴ *Ibid.*
- ²⁵ 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.
- ²⁶ Information provided by Crystal Harris, veterinary epidemiologist II, Office of Preventive Health, Mississippi State Department of Health, June 23, 2014.
- ²⁷ *Ibid.*
- ²⁸ Specific amount of sub-granted funds was not available. Information provided through a public records request of the Mississippi Department of Human Services, July 23, 2013.
- ²⁹ *Ibid.*
- ³⁰ The person listed represents the designated personnel in the state responsible for adolescent reproductive health.