



MISSISSIPPI

In Fiscal Year 2010¹, the state of Mississippi received:

- **Personal Responsibility Education Program funds totaling \$537,218**
- **Title V State Abstinence Education Program funds totaling \$824,462**

In Fiscal Year 2010, 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."²

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.”³ 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.”⁴

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 Requiring Schools to Teach an “Abstinence-Only” or “Abstinence-Plus” Curriculum

House Bill 999, introduced in January 2011, requires public schools to implement an “abstinence-only” or “abstinence-plus” sex education curriculum. Abstinence-only education must teach concepts including, the “harmful consequences to the child, the child’s parents and society that bearing children out of wedlock is likely to produce.” Abstinence-plus curricula are to include all components of abstinence-only curricula, but may also discuss contraceptives. Discussion of contraceptives must include risk and failure rates; and instruction on the application of condoms is prohibited. The bill passed the legislature and was signed into law by Governor Haley Barbour on March 16, 2011; it will go into effect June 30, 2012.

Sex Education Pilot Program Proposed

Senate Bill 2135, introduced in January 2011, would have established a sex education pilot program aimed at reducing the number of teenage pregnancies in the state. The State Department of Education would have selected school districts to implement the pilot program based on a number of factors, including teenage pregnancy rates, dropout rates, geographical location, demographics, and its accreditation level. The program would have provided students with factually and medically accurate information, and helping them develop skills to set goals, communicate about sex, understand the benefits of contraceptive use and abstinence, and resist peer pressure. The bill would have also established a school nurse intervention program within the Department of Health that would have offered preventive health services

to all school districts, including reproductive health education. The bill was referred to the Senate Education and Appropriations Committees, where it died.

Healthy Youth Act Introduced

Senate Bill 2313, also known as the *Healthy Youth Act*, was introduced in January 2011. The bill would have required every public school that offers education related to sex, including courses that teach only about abstinence, to ensure that all information is medically and scientifically accurate, including courses that teach abstinence only. In addition, abstinence-only programs would have been prohibited from misrepresenting information about contraceptives and disease prevention. The Department of Education, in consultation with the Department of Human Services and the Department of Health, would have been responsible for making sexual health information widely available to school districts and developing a list of sex-related education curricula that are consistent with these new guidelines. The bill was referred to the Senate Education and Appropriations Committees, where it died.

Bill to Implement a Personal Responsibility Curriculum

House Bill 1091, introduced in January 2011, would have required each school district to implement an evidence-based “Personal Responsibility” curriculum focused on improving health knowledge and developing life skills among students. The legislation would have mandated abstinence-based education to be the standard for any reproductive education offered in schools, although it would have allowed an individual school district to choose to expand beyond abstinence-based concepts and include a reproductive health component. The bill was referred to the House Committee on Education, where it died.

Bill to Require Abstinence Only or Abstinence-Plus Education

House Bill 507, introduced in January 2011, would have required all school districts to implement a sex education curriculum that teaches “abstinence-only” or “abstinence-plus” concepts. School districts implementing an abstinence-plus program would have been able to expand instruction beyond providing information on abstinence, within parameters defined by the Department of Education. The legislation would have also required the state’s health agencies to develop programs and strategies to promote pregnancy prevention and required the departments of health and education to develop a teen pregnancy prevention pilot program in each of the state’s health districts, given the availability of funding. The bill was sent to the Education Committee, where it died.

Bill to Require Comprehensive Sex Education in Schools

House Bill 965, introduced in January 2011, would have mandated that “comprehensive sex education” be offered to students in grades K–12. Such instruction would have provided factually accurate and age-appropriate information, including information about the prevention and transmission of HIV and other STDs. In addition, course materials would have included the most up-to-date factual information on the potential side effects and health benefits of all contraceptive methods, as well as their success and failure rates, among other requirements. The bill was referred to the Education Committee, where it died.

Bill Requiring Youth Recipients of TANF Funds to Participate in Family Planning Programs

House Bill 967, introduced in January 2011, would have required all young people between the ages of 13 and 20 receiving Temporary Assistance for Needy Families (TANF) or Medicaid benefits to participate in programs that provide information about birth control, prenatal healthcare, abstinence, marriage, parenting skills, family preservation, and fatherhood. The bill was referred to the Public Health and Welfare Committee, 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) Data⁵

- In 2009, 58% of female high school students and 64% of male high school students in Mississippi reported ever having had sexual intercourse compared to 46% of female high school students and 46% of male high school students nationwide.
- In 2009, 8% 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 8% of male high school students nationwide.
- In 2009, 18% of female high school students and 30% of male high school students in Mississippi reported having had four or more lifetime sexual partners compared to 11% of female high school students and 16% of male high school students nationwide.
- In 2009, 44% of female high school students and 46% 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 36% of female high school students and 33% of male high school students nationwide.
- In 2009, among those high school students who reported being currently sexually active, 61% of females and 70% of males in Mississippi reported having used condoms the last time they had sexual intercourse compared to 54% of females and 69% of males nationwide.
- In 2009, among those high school students who reported being currently sexually active, 16% of females and 12% of males in Mississippi reported having used birth control pills the last time they had sexual intercourse compared to 23% of females and 16% of males nationwide.
- In 2009, among those high school students who reported being currently sexually active, 13% of females and 25% of males in Mississippi reported having used alcohol or drugs the last time they had sexual intercourse compared to 17% of females and 26% of males nationwide.
- In 2009, 83% of high school students in Mississippi reported having been taught about AIDS/HIV in school compared to 87% 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 1st in the United States, with a rate of 65.7 births per 1,000 young women ages 15–19 compared to the national rate of 41.5 births per 1,000.⁶ In 2008, there were a total of 6,513 live births reported to young women ages 15–19 in Mississippi.⁷
- In 2005, Mississippi's teen pregnancy rate ranked 6th 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 1,000.⁸ There were a total of 9,030 pregnancies among young women ages 15–19 in Mississippi.⁹
- In 2005, Mississippi's teen abortion rate ranked 34th 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 1,000.¹⁰

HIV and AIDS

- Mississippi's HIV infection rate ranks 6th in the United States, with a rate of 22.2 cases per 100,000 individuals compared to the national rate of 19.5 cases per 100,000.¹¹
- Mississippi ranks 16th in cases of HIV infection diagnosed in the United States among all age groups. In 2008, there were a total of 653 new cases of HIV infection diagnosed in Mississippi.¹²
- Mississippi's HIV infection rate among young people ages 13–19 ranks 1st in the United States, with a rate of 15.5 cases per 100,000 young people compared to the national rate of 9.1 cases per 100,000.¹³
- Mississippi ranks 24th in number of reported AIDS cases in the United States among all age groups. In 2008, there were a total of 370 new AIDS cases reported in Florida.¹⁴
- Mississippi's AIDS rate ranks 11th in the United States, with a rate of 12.6 cases per 100,000 individuals compared to the national rate of 12.3 cases per 100,000.¹⁵
- Mississippi's AIDS rate among young people ages 13–19 ranks 10th in the United States, with a rate of 2.1 cases per 100,000 young people compared to the national rate of 1.8 cases per 100,000.¹⁶

Sexually Transmitted Diseases

- Mississippi ranks 2nd in reported cases of Chlamydia among young people ages 15–19 in the United States, with an infection rate of 38.51 cases per 1,000 compared to the national rate of 19.51 cases per 1,000. In 2008, there were a total of 8,531 cases of Chlamydia reported among young people ages 15–19 in Mississippi.¹⁷

- Mississippi ranks 2nd in reported cases of gonorrhea among young people ages 15–19 in the United States, with an infection rate of 10.93 cases per 1,000 compared to the national rate of 4.52 cases per 1,000. In 2008, there were a total of 2,421 cases of gonorrhea reported among young people ages 15–19 in Mississippi.¹⁸
- Mississippi ranks 3rd in reported cases of primary and secondary syphilis among young people ages 15–19 in the United States, with an infection rate of 0.09 cases per 1,000 compared to the national rate of 0.04 cases per 1,000. In 2008, there were a total of 19 cases of syphilis reported among young people ages 15–19 in Mississippi.¹⁹

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 \$110 million in discretionary funding for Fiscal Year 2010. 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 Fiscal Year 2010.
- 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 (2010–2014)

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.”²⁰ 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.²¹ The organization operates 15 clinics located in Beaumont, Brooklyn, Hattiesburg, Lumberton, New Augusta, Picayune, Seminary, and Sumrall, Mississippi.²²

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.”²³ 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.²⁴

Youth Opportunities Unlimited, Inc., \$1,014,493 (2010–2014)

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.”²⁵ 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.”²⁶

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 Fiscal Years 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 percent of the organization’s total revenue during the 2006 fiscal year. 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.²⁷

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 DREEAM: 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. Youth Opportunities Unlimited 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," signifying social protection, and AYA, meaning "the unifying fern," which signifies self-determination.²⁸ 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 non-violent conflict resolution. The curriculum draws upon African-American cultural values and uses culturally based teaching methods, such as story-telling, 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.²⁹

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 Fiscal Years 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 Indian tribes and tribal organizations, and \$6.5 million for evaluation, training, and technical assistance. Details on the state-grant program and PREIS are included below. At the time of publication, the funding for tribes and tribal organizations had not yet been awarded.

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 \$537,218 in federal PREP funds for Fiscal Year 2010.

The Mississippi PREP state-grant program will provide funding 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 K–12 that addresses both abstinence and contraception. The department of health will prioritize providing funding to school districts within the state’s eighteen counties which have teen birth rates that are twice the rate of the national average. These counties include: Benton, Chickasaw, Coahoma, Covington, George, Holmes, Humphreys, Leflore, Neshoba, Panola, Scott, Simpson, Tallahatchie, Tippah, Tunica, Washington, Wayne, and Yazoo. In addition, school districts within Sunflower and Tate counties that are currently being managed by the Mississippi Department of Education due to loss of accreditation will also receive priority for PREP funding.³⁰

To implement the PREP grant, the department of health partners with Mississippi First, a statewide organization that advocates for sound public policy, including education reform, within Mississippi.³¹ The organization will assist school districts in adopting a model “abstinence-plus” education policy and provide them with curricula, training, and technical assistance to implement more comprehensive sex education programming at no cost.³² (Please see the Comprehensive Approaches to Sexuality Education section below for more information on the model policy.) School districts will be required to choose among the following evidence-based interventions for the implementation of more comprehensive approaches to sex education: *Becoming a Responsible Teen (BART)*; *Draw the Line/Respect the Line, It’s Your Game: Keep it Real*; *Making a Difference!*; *Raising Healthy Children*; and *Reducing the Risk*. Each of the curricula appears on the list of 28 evidence-based programs approved by the OAH for replication under the Teen Pregnancy Prevention Initiative Tier 1 funding stream. (Please see the TPPI Tier 1: Evidence-Based Programs section above for information about *Making a Difference!*)

Becoming a Responsible Teen (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.³³ *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 use³⁴

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 a one-, two-, and three-year follow-up, 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.³⁵

It's Your Game: Keep it Real is an evidence-based HIV-, STD-, and pregnancy-prevention curriculum designed for seventh and eighth grade students. The curriculum consists of 24 classroom-based lessons designed to encourage participants to delay sexual initiation and to use condoms and contraception if and when they become sexually active. It incorporates group activities, computer-based sessions, role modeling, journaling, and group discussion and addresses how to set personal limits for risk behaviors, how to be aware of vulnerable situations that may challenge those limits, and how to use refusal and other skills to maintain limits. Topics addressed in seventh grade include healthy friendships, setting personal limits, human growth and development, and refusal skills, among others. Eighth grade topics include healthy dating relationships, the importance of STD and pregnancy testing, and skills for using condoms and contraceptives. An evaluation of the curriculum published in the *Journal of Adolescent Health* found, at a ninth grade follow-up, that students who were sexually inexperienced at the start of the program were significantly less likely to report having initiated sex than sexually inexperienced participants in the control group.³⁶

Raising Healthy Children is an evidence-based youth development program that seeks to reduce risk factors, including school failure, substance abuse, and delinquency, among students in grades one through six. It promotes positive youth development by incorporating multiple components, including individual, school, and family programming. *Raising Healthy Children* is designed as a multi-year, comprehensive, school-based program, and targets protective factors such as parent-child connectedness, children's bonding with their school, academic achievement, interpersonal problem solving skills, refusal skills, and positive classroom behavior to support educational and life success. A long-term evaluation of the program began in 1981 and follow-up conducted with former program participants at age 18 found that, in comparison to the control group, they were significantly less likely to report ever having had sexual intercourse; and those who were sexually active reported significantly fewer lifetime sexual partners. At age 21 follow-up, female participants were significantly less likely to report a lifetime pregnancy or birth than females in the control group; and at age 24 follow-up both male and female participants were significantly less likely to report having ever been diagnosed with an STD compared to those in the control group.³⁷

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 tenth grades. It is appropriate for use with multi-ethnic populations.³⁸ *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.³⁹

Personal Responsibility Education Innovative Strategies (PREIS)

The PREIS Program 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.

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 Fiscal Years 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 \$824,462 in federal Title V abstinence-only funding for Fiscal Year 2010.

The Mississippi Department of Human Services sub-contracted the state’s Title V abstinence-only grant to the Mississippi Department of Education to implement funding. The department of education will award funding to individual schools to implement abstinence-only-until-marriage programming in grades seven and eight. The following school districts will receive funding: Claiborne County Public School District, Humphreys County School District, Jefferson Davis County Schools, Oktibbeha County School District, Oxford School District, McComb School District, New Albany Schools, Pascagoula School District, Poplarville Schools, Starkville School District, South Delta School District, South Panola School District, South Pike School District, Union County School District, Winona School District, and Yazoo City Municipal School District.⁴⁰

Districts will be required to implement *Choosing the Best PATH* in seventh grade and *Choosing the Best LIFE* in eighth grade. 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.”⁴¹

Mississippi TPPI, PREP, and Title V Abstinence-Only funding in FY 2010

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	

MISSISSIPPI

Grantee	Award	Fiscal Years
Personal Responsibility Education Program (PREP)		
<i>PREP State-Grant Program</i>		
Mississippi Department of Health (federal grant)	\$537,218	2010
<i>Sub-grantees</i>		
<i>Mississippi First</i>		2010
TOTAL	\$537,218	
Title V Abstinence Education Grant Program (Title V Abstinence-Only)		
Mississippi Department of Human Services (federal grant)	\$824,462	2010
<i>Sub-grantees</i>		
<i>Claiborne County Public School District</i>		2010
<i>Humphreys County School District</i>		2010
<i>Jefferson Davis County Schools</i>		2010
<i>OkTibbeba County School District</i>		2010
<i>Oxford School District</i>		2010
<i>McComb School District</i>		2010
<i>New Albany Schools</i>		2010
<i>Pascagoula School District</i>		2010
<i>Poplarville Schools</i>		2010
<i>Starkville School District</i>		2010
<i>South Delta School District</i>		2010
<i>South Panola School District</i>		2010
<i>South Pike School District</i>		2010
<i>Union County School District</i>		2010
<i>Winona School District</i>		2010
<i>Yazoo City Municipal School District</i>		2010
TOTAL	\$824,462	
GRAND TOTAL		
	\$2,876,173	2010

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.⁴²

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 must choose 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 highlight “the likely negative psychological and physical effects of not abstaining [from sexual activity].”⁴³ 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, sexually transmitted diseases (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.⁴⁴

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.)

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 (C.H.A.R.T.) Initiative “as a means to improve teen sexual health and increase responsible decision-making.”⁴⁵ The C.H.A.R.T. 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.”⁴⁶

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.⁴⁷

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 three school districts have adopted the C.H.A.R.T. model policy: Benton County School District, Marshall County School District, and Tunica County School District.⁴⁸ Additionally, with funding from the state's PREP grant, Mississippi First assists school districts within the state's eighteen counties with teen birth rates above the national average to adopt the C.H.A.R.T. Initiative. (Please see the PREP State-Grant section above for more information on Mississippi PREP.)

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 SIECUS State Profiles. Please visit SIECUS' "Contact Us" webpage at www.siecus.org to share information. Select "state policy" as the subject heading.

POINTS OF CONTACT

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Title V Abstinence-Only Grant Coordinator

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Mississippi Department of Human Services
750 North State Street
Jackson, MS 39202
Phone: (601) 359-4853

MISSISSIPPI

ORGANIZATIONS THAT SUPPORT COMPREHENSIVE SEXUALITY EDUCATION

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

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

Equality Mississippi
Jackson, MS
Phone: (601) 376-9000
www.equalityms.org

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

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

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

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

ORGANIZATIONS THAT OPPOSE COMPREHENSIVE SEXUALITY EDUCATION

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

Mississippi Center for Public Policy
Jackson, MS
Phone: (601) 969-1300
www.msppolicy.org

MEDIA OUTLETS

Newspapers in Mississippi⁵⁰

The Clarion-Ledger
Jackson, MS
Phone: (601) 961-7175
www.clarionledger.com

Commercial Dispatch
Columbus, MS
Phone: (662) 328-2471
www.cdispatch.com

Delta Democrat Times
Greenville, MS
Phone: (662) 335-1155
www.ddtonline.com

Enterprise-Journal
McComb, MS
Phone: (601) 684-2421
www.enterprise-journal.com

MISSISSIPPI

Hattiesburg American
Hattiesburg, MS
Phone: (601) 582-4321
www.hattiesburgamerican.com

Meridian Star
Meridian, MS
Phone: (601) 693-1551
www.meridianstar.com

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

The Northeast Mississippi Daily Journal
Tupelo, MS
Phone: (662) 842-2611
www.djournal.com/pages/DailyJournal

Rankin Ledger
Jackson, MS
Phone: (601) 961-7175
www.rankinledger.com

Sun Herald
Biloxi, MS
Phone: (228) 896-2390
www.sunherald.com

Vicksburg Post
Vicksburg, MS
Phone: (601) 636-4545
www.vicksburgpost.com

Political Blogs in Mississippi

The Jackson Progressive
www.jacksonprogressive.com/

Magnolia Report
www.magnoliareport.com/political.html

Mississippi Political
www.mississippipolitical.com/

¹ This refers to the federal government's fiscal year, which begins on October 1st and ends on September 30th. This fiscal year is designated by the calendar year in which it ends; for example, Fiscal Year 2010 began on October 1, 2009 and ended on September 30, 2010.

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

³ Ibid.

⁴ Ibid.

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

⁶ "Births: Final Data for 2008," *National Vital Statistics Report*, vol. 59, (Atlanta, GA: Centers for Disease Control and Prevention, December 2010), accessed 29 June 2011, <http://www.cdc.gov/nchs/data/nvsr/nvsr59/nvsr59_01.pdf>, Table 12.

⁷ "VitalStats: Birth Data Files by State, Age of Mother in Years, 2008," (Atlanta, GA: Centers for Disease Control and Prevention), accessed 30 June 2011, <http://www.cdc.gov/nchs/data_access/vitalstats/VitalStats_Births.htm>.

⁸ U.S. *Teenage Pregnancies, Births, and Abortions: National and State Trends and Trends by Race and Ethnicity*, (Washington, DC: Guttmacher Institute, January 2010), accessed 5 March 2010, <<http://www.guttmacher.org/pubs/USTPtrends.pdf>>, Table 3.1.

⁹ Ibid., Table 3.2.

¹⁰ U.S. *Teenage Pregnancies, Births, and Abortions: National and State Trends and Trends by Race and Ethnicity*, Table 3.3.

¹¹ *HIV Surveillance Report, 2008*, (Atlanta, GA: Centers for Disease Control and Prevention, June 2010), accessed 28 June 2011, <<http://www.cdc.gov/hiv/surveillance/resources/reports/2008report/pdf/2008SurveillanceReport.pdf>>, Table 19.

¹² Ibid.

¹³ Slide 9: “Rates of Diagnoses of HIV Infection among Adolescents Aged 13–19 Years, 2009—40 States and 5 U.S. Dependent Areas,” *HIV Surveillance in Adolescents and Young Adults*, (Atlanta, GA: Centers for Disease Control and Prevention, July 2011), accessed 27 September 2011, <<http://www.cdc.gov/hiv/topics/surveillance/resources/slides/adolescents/index.htm>>.

¹⁴ *HIV Surveillance Report, 2008*, Table 20.

¹⁵ Ibid.

¹⁶ Slide 18: “Rates of Diagnoses of AIDS Infection among Adolescents Aged 13–19 Years, 2009—40 States and 5 U.S. Dependent Areas,” *HIV Surveillance in Adolescents and Young Adults*, (Atlanta, GA: Centers for Disease Control and Prevention, July 2011), accessed 27 September 2011, <<http://www.cdc.gov/hiv/topics/surveillance/resources/slides/adolescents/index.htm>>.

¹⁷ “Wonder Database: Selected STDs by Age, Race/Ethnicity, and Gender, 1996–2008 Results,” (Atlanta, GA: Centers for Disease Control and Prevention), 30 June 2009, accessed 5 March 2010, <<http://wonder.cdc.gov/>>; see also Table 10: “Chlamydia: Reported Cases and Rates Per 100,000 Population by Age Group and Sex: United States, 2004–2008,” *Sexually Transmitted Disease Surveillance 2008*, (Atlanta, GA: Centers for Disease Control and Prevention, Division of STD Prevention, November 2009), accessed 5 March 2010, <<http://www.cdc.gov/std/stats08/surv2008-Complete.pdf>>, 95.

¹⁸ Ibid; see also Table 20: “Gonorrhea—Reported Cases and Rates per 100,000 Population by Age Group and Sex: United States, 2004–2008,” *Sexually Transmitted Disease Surveillance 2008*, 106.

¹⁹ Ibid; see also Table 33: “Primary and Secondary Syphilis—Reported Cases and Rates per 100,000 Population by Age Group and Sex: United States, 2004–2008,” *Sexually Transmitted Disease Surveillance 2008*, 121.

²⁰ Southeast Mississippi Rural Health Initiative, Inc., accessed 2 June 2011, <<https://secure.semri.com/>>.

²¹ “Social Services Department,” Southeast Mississippi Rural Health Initiative, Inc., accessed 2 June 2011, <<https://secure.semri.com/social-services>>.

²² “Medical Clinics,” Southeast Mississippi Rural Health Initiative, Inc., accessed 2 June 2011, <<https://secure.semri.com/medical-clinics>>.

²³ “‘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.

²⁴ “‘Making a Difference!’ Evidence-Based Programs, Resource Center for Adolescent Pregnancy Prevention (ReCAPP), ETR Associates, accessed 1 July 2011, <<http://www.etr.org/recapp/index.cfm?fuseaction=pages.ebpDetail&PageID=127&PageTypeID=2>>.

²⁵ Youth Opportunities Unlimited, Inc., accessed 2 June 2011, <<http://www.msdelatyou.org/index.html>>.

²⁶ Ibid.

²⁷ 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, 23 September 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.

²⁸ “ABAN AYA Youth Project: Preventing High-Risk Behaviors Among African American Youth in Grades 5–8,” Sociometrics, accessed 1 July 2011, <<http://www.socio.com/srch/summary/pasha/full/passt24.htm>>.

²⁹ “Aban Aya Youth Project” Evidence-Based Programs, Resource Center for Adolescent Pregnancy Prevention (ReCAPP), ETR Associates, accessed 1 July 2011, <<http://www.etr.org/recapp/index.cfm?fuseaction=pages.ebpDetail&PageID=593&PageTypeID=2>>.

³⁰ Information provided by Jodi Rankin, director of the Bureau of Community & School Health for the Mississippi State Department of Health, 11 March 2011.

³¹ “Our Vision and Mission,” Mississippi First, accessed 29 August 2011, <<http://www.mississippifirst.org/our-vision-and-mission>>.

³² “Creating Healthy and Responsible Teens (C.H.A.R.T.) Initiative,” Mississippi First, accessed 29 August 2011, <<http://www.mississippifirst.org/CHART-initiative>>.

³³ “Becoming A Responsible Teen,” Evidence-Based Programs, Resource Center for Adolescent Pregnancy Prevention (ReCAPP), ETR Associates, accessed 5 May 2010, <<http://www.etr.org/recapp/index.cfm?fuseaction=pages.ebpDetail&PageID=2&PageTypeID=2>>.

³⁴ *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 30 March 2010, <<http://www.advocatesforyouth.org/storage/advfy/documents/sciencesuccess.pdf>>, 76–78.

³⁵ “Draw the Line/Respect the Line,” *Emerging Answers* (Washington, DC: The National Campaign to Prevent Teen and Unplanned Pregnancy, 2007), accessed 1 July 2011, <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 1 July 2011,

<http://www.hhs.gov/ash/oah/prevention/research/programs/draw_the_line_respect_the_line.html>.

³⁶ “It’s Your Game: Keep it Real,” Evidence-Based Programs, Resource Center for Adolescent Pregnancy Prevention (ReCAPP), ETR Associates, accessed 1 July 2011,

<<http://www.etr.org/recapp/index.cfm?fuseaction=pages.ebpDetail&PageID=574&PageTypeID=2>>.

³⁷ “Raising Healthy Children,” Evidence-Based Program, Resource Center for Adolescent Pregnancy Prevention (ReCAPP), ETR Associates, accessed 23 August 2011,

<<http://www.etr.org/recapp/index.cfm?fuseaction=pages.ebpDetail&PageID=611&PageTypeID=2>>.

³⁸ *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 30 March 2010,

<<http://www.advocatesforyouth.org/storage/advfy/documents/sciencesuccess.pdf>>, 22.

³⁹ *Ibid.*, 23–24.

⁴⁰ Information provided by Daren Vandevender, director of the Division of Human Resources for the Mississippi State Department of Human Services, 8 June 2011.

⁴¹ Bruce Cook, *Choosing the Best* (Marietta, GA: Choosing the Best, Inc., 2001-2007).

⁴² 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.

⁴³ Mississippi Legislature, 2011 Regular Session, House Bill 999, final version of bill as sent to the governor, introduced 17 January 2011, accessed 18 March 2011, <<http://billstatus.ls.state.ms.us/documents/2011/pdf/HB/0900-0999/HB0999SG.pdf>>.

⁴⁴ *Ibid.*

⁴⁵ “Creating Healthy and Responsible Teens (C.H.A.R.T.) Initiative, <<http://www.mississippifirst.org/CHART-initiative>>.

⁴⁶ *Creating Healthy and Responsible Teens (C.H.A.R.T.) 2011 Model Policy*, Mississippi First, accessed 29 August 2011, <<http://www.mississippifirst.org/docman/download-document/chart-policy-2011-f>>.

⁴⁷ *Ibid.*

⁴⁸ “Creating Healthy and Responsible Teens (C.H.A.R.T.) Initiative, <<http://www.mississippifirst.org/CHART-initiative>>.

⁴⁹ The person listed represents the designated personnel in the state responsible for adolescent reproductive health.

⁵⁰ This section is a list of major newspapers in the state and is by no means exhaustive of local print outlets.