

Sex Education in Mississippi: Why 'Just Wait' Just Doesn't Work



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INTRODUCTION

The federal government's heavy investment in abstinence-only-until-marriage funding over the past few decades has promulgated a myriad of state policies, state agencies, and community-based organizations focused on promoting an abstinence-only-until-marriage ideology. The trickle-down effect of the funding for abstinence-only-until-marriage programs and the industry it created has impacted states throughout the nation, with a disparate impact on Southern states, including Mississippi.

Though a shift away from abstinence-only-until-marriage programs is taking place at the national level, spurred by overwhelming evidence proving these programs to be ineffective, they continue to prosper in Mississippi. Federal funding for such programs has begun to dry up in favor of more comprehensive approaches to sex education that include information about abstinence and contraception, among other topics; however, Mississippi continues to see a steady stream of abstinence-only-until-marriage programming and it will take time and vigilance before a shift away from the abstinence-only-until-marriage approach is seen in the state.

In an effort to inform all of Mississippi's residents about the colossal failure of these programs and the on-going waste of taxpayer dollars, Planned Parenthood in Mississippi and the Sexuality Information and Education Council of the United States (SIECUS) have joined together to take a closer look at Mississippi's investment in the abstinence-only-until-marriage approach.

Federal Investment in Abstinence-Only-Until-Marriage and Sexuality Education Programs

Beginning in 1981 under the Reagan administration, the federal government increasingly put its support and money behind abstinence-only-until-marriage programs. By the end of the George W. Bush administration, over a quarter of a century later, there existed three separate funding streams supporting these programs—the Adolescent Family Life Act (AFLA), the Title V abstinence-only-until-marriage program, and the Community-Based Abstinence Education (CBAE) grant program. During this time period, more than \$1.5 billion dollars in both federal and state matching funds were funneled directly into abstinence-only-until-marriage programs.

Along with these funding streams, the federal government developed an eight-point definition of “abstinence education.” Among other things, this definition requires programs to teach that, “a mutually faithful monogamous relationship in the context of marriage is the expected standard of sexual activity,” and that “sexual activity outside of the context of marriage is likely to have harmful psychological and physical effects.” Organizations using federal abstinence-only-until-marriage funds must comply with this federal definition.¹

There is clear evidence that abstinence-only-until-marriage programs are not effective in stopping or even delaying teen sex. The federal government has been supporting and evaluating single-purpose abstinence-only-until-marriage promotion programs since the early 1980s, and there is now an overwhelming body of research proving these programs to be completely ineffective at their stated goals.

For example, a 2007 study, conducted by Mathematica Policy Research over nine years, on behalf of the Department of Health and Human Services and at a cost of almost \$8 million, closely examined

four programs supported by Title V abstinence-only dollars. Out of 700 programs, the four programs studied weren't selected randomly—they were hand-picked because they were thought to be the most promising and, yet, they still failed. After following more than 2,000 teens for as long as six years, the evaluation found that none of the four programs was able to demonstrate a statistically significant beneficial impact on young people's sexual behavior. Individuals who participated in the programs were no more likely to abstain than those who did not.² As prominent researcher Dr. Doug Kirby has said, "This was a very rigorous study with very clear results."³

That same year, the National Campaign to Prevent Teen and Unplanned Pregnancy released *Emerging Answers 2007*, an authoritative and comprehensive review of research findings on the effectiveness of HIV and sex education programs. The report concludes that despite improvements in the quality and quantity of evaluation research in this field, "there does not exist any strong evidence that any abstinence program delays the initiation of sex, hastens the return to abstinence, or reduces the number of sexual partners."⁴

Abstinence-only programs have also been sharply criticized by leading medical professional organizations for being, by their very nature, antithetical to the principles of science and medical ethics. As a matter of federal law, abstinence-only-until-marriage programs are required to promote ideas that are scientifically questionable and withhold public health and life-saving information. As such, they may not credibly assert that they are "medically accurate." It is little wonder, then, that leading health professional organizations—including the American Medical Association, the American Academy of Pediatrics, the Society of Adolescent Medicine, and the American Psychological Association—have raised serious ethical concerns about the government's support for such programs.

In contrast, these leading medical and public health groups, and many more, support comprehensive sex education, which provides young people with the tools to make informed decisions and build healthy relationships. Comprehensive sex education includes age-appropriate, medically accurate information on a broad set of topics related to sexuality including human development, relationships, decision making, abstinence, contraception, and disease prevention. Such education uses a holistic approach to provide young people with complete, medically accurate, and age-appropriate information that helps them reduce their risk of HIV/AIDS, other sexually transmitted diseases (STDs), and unintended pregnancy. It stresses the value of abstinence while also preparing young people for when they choose to become sexually active, providing medically accurate information about the health benefits and side effects of all contraceptives, including condoms, as a means to prevent pregnancy and reduce the risk of contracting STDs, including HIV/AIDS. Comprehensive sex education encourages family communication about sexuality between parent and child and teaches young people the skills to make responsible decisions about sexuality, including how to avoid unwanted verbal, physical, and sexual advances. Comprehensive programs also teach young people how alcohol and drug use can affect responsible decision making.

More comprehensive approaches to sex education have been found effective at reducing risk behaviors. Most recently, the Centers for Disease Control and Prevention's (CDC's) Task Force on Community Preventive Services reviewed Comprehensive Risk Reduction programs and found sufficient evidence to recommend their use and support a conclusion that these kinds of interventions can have a beneficial effect on public health.⁵ In fact, there is evidence that these programs can be effective in reducing a number of self-reported risk behaviors, including engagement in any sexual activity, frequency of sexual activity, number of partners, and frequency of

unprotected sexual activity. In addition, there is evidence that they increase the self-reported use of protection against pregnancy and Sexually Transmitted Diseases (STDs) and reduce the incidence of self-reported or clinically documented STDs.

Today, because of the many concerns about abstinence-only-until-marriage programs and the evidence proving more comprehensive approaches to be effective, a paradigm shift away from the decade-long expansion of abstinence-only-until-marriage programs is underway.

For example, the Title V abstinence-only-until-marriage program was allowed to expire on June 30, 2009. Unlike the other funding streams for abstinence-only-until-marriage programs in which money went directly to program providers, under the Title V abstinence-only program the federal government provided grants to states. States that accepted the funding were required to provide three state-raised dollars or the equivalent in services for every four federal dollars received and were then responsible for disbursing the funds to community-based organizations, school districts, or other agencies. By the time the program expired, nearly half of the states had chosen not to participate in this program. Of the states that refused the money, 80 percent did so based on strong research and evaluations showing abstinence-only-until-marriage programs to be ineffective.⁶ These principled rejections came from diverse parts of the country and are not unique to any one political party affiliation.

The beginning of the Obama administration has brought with it a significant shift in resources and policy as the President and Congress have not only eliminated funding for existing abstinence-only-until-marriage programs, including the CBAE grant program and the abstinence-only portion of AFLA, but have also provided funding for a new initiative to support evidence-based programs and innovative models to prevent unintended teen pregnancy and sexually transmitted diseases (STDs), including HIV.

For Fiscal Year 2010, Congress allocated \$114.5 million toward teen pregnancy prevention initiatives that are medically accurate, age-appropriate, and discuss abstinence as well as contraception.⁷ Of the \$114.5 million appropriated, \$110 million will go toward “competitive contracts and grants to public and private entities to fund medically accurate and age appropriate programs that reduce teen pregnancy.” Of this \$110 million, a minimum of \$75 million must be used to replicate teenage pregnancy prevention programs proven effective through rigorous evaluation. Funding will also be available for programs that address the behavioral risk factors that underlie teen pregnancy. In addition, at least \$25 million must be available for “research and demonstration grants to develop, replicate, refine, and test additional models and innovative strategies for preventing teenage pregnancy.” The remaining \$4.5 million is provided for program evaluation funding, including longitudinal evaluations, of teenage pregnancy prevention approaches. These funds will fall under the purview of the newly established Office of Adolescent Health (OAH) within the Office of the Secretary of Health and Human Services.

Since the expiration of the Title V abstinence-only-until-marriage program in June 2009, there have been several attempts to continue the funding, as well as movement toward creating a comprehensive sex education grant program for the states. These attempts came to a head during the House’s and Senate’s consideration of the healthcare reform legislation that, at the time of the writing of this report, is still making its way through Congress.

The Senate bill currently being debated includes two amendments to the health care reform bill—one creating a comprehensive sex education for the states and the other extending the failed Title V abstinence-only-until-marriage program. The Senate legislation appropriates \$75 million in mandatory funding directly to states for a new funding stream, the Personal Responsibility Education program. The amendment passed in the Finance Committee 14–9 with bipartisan support. This new state grant initiative would fund evidence-based, medically accurate, age-appropriate programs designed to educate adolescents on both abstinence and contraception for the prevention of pregnancy and STDs, including HIV/AIDS, and at least three adulthood preparation subjects outlined in the program, including: healthy relationships, adolescent development, financial literacy, parent-child communication, educational and career success, and healthy life skills. However, the Senate bill also includes an amendment, which passed by a razor-thin margin of 12–11, to restore \$50 million annually in grants to the states for the Title V abstinence-only program that must conform to the highly restrictive eight-point definition.

The House defeated a similar amendment to extend the Title V abstinence-only program during consideration in the Energy and Commerce Committee. The House-passed version of healthcare reform legislation, however, does include a new Healthy Teen Initiative which would dedicate \$50 million in funding to states for evidence-based programs designed to prevent teen pregnancy and STDs, including HIV.⁸ The Healthy Teen Initiative would operate through the Centers for Disease Control and Prevention (CDC), be available to private and public entities, and require states to provide a match equal to one dollar for every four federal dollars received and then use the money or distribute it.⁹ Entities receiving the grant money would be required to use programs that have been proven “to delay initiation of sex; to decrease number of partners; to reduce teen pregnancy; to reduce sexually transmitted infection rates; or to improve rates of contraceptive use.”¹⁰

At the time of this writing, advocates for comprehensive sex education are hopeful that a state grant program for comprehensive sex education will be retained and that the extension of the Title V abstinence-only-until-marriage in the Senate bill will be removed from the final healthcare reform legislation signed by the President.

Nonetheless, some states, including Mississippi, continue to be heavily invested in an abstinence-only-until-marriage approach. It is clear from the evidence detailed in this report that a fundamental change is needed in how Mississippi educates its young people and prepares them to be sexually healthy adults.

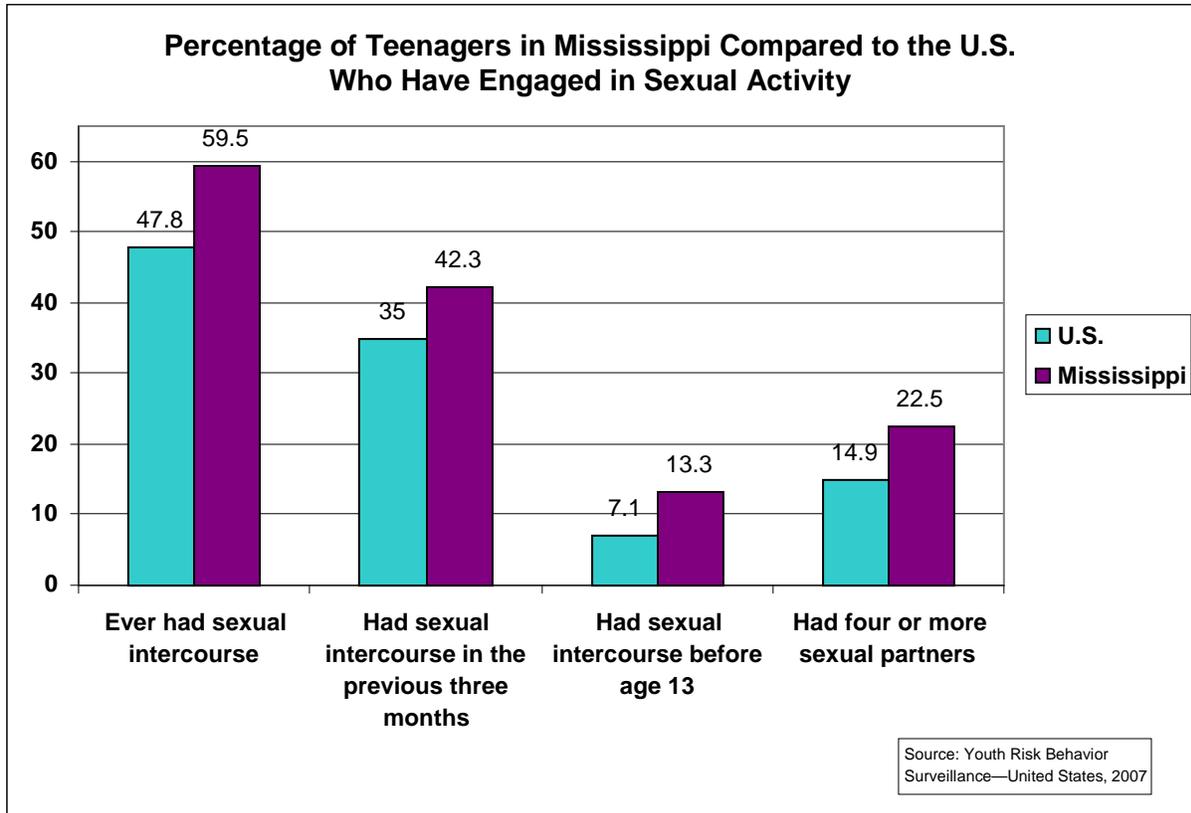
Adolescent Health in Mississippi

There is overwhelming evidence that young people in Mississippi lack the information and access to health services they need to make healthy decisions about their sexual behavior. Mississippi teenagers have higher rates of sexual activity, unintended pregnancy, and STD infection than their peers nationwide.

Sexual Behavior

Nearly 60 percent of Mississippi high school students report ever having had sexual intercourse compared to 47.8 percent of high school students nationwide.¹¹ Moreover, teens in the state are nearly twice as likely to have engaged in sexual intercourse before the age of 13, and 50 percent more likely to have had four or more sexual partners than their peers nationwide.¹² This is

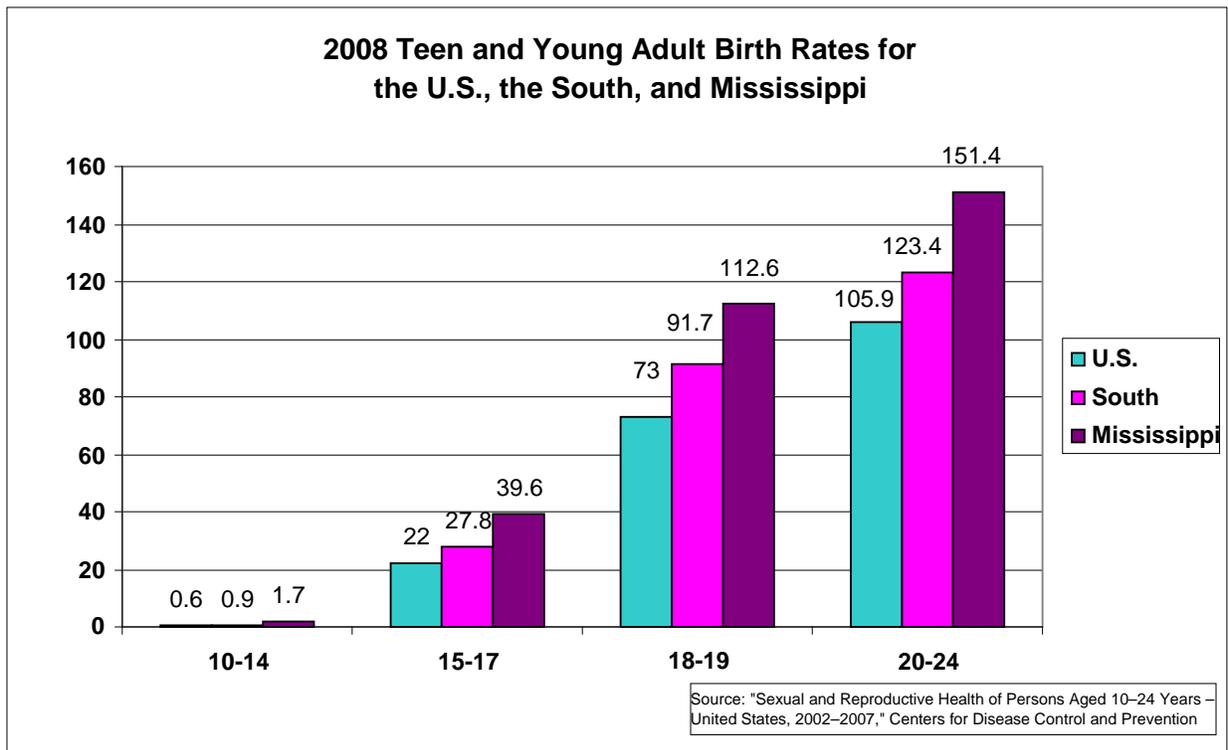
particularly troubling because research shows that teenagers who initiate sexual activity at an early age are more likely to have multiple partners, and that teens who have multiple sexual partners are at greater risk for contracting an STD.¹³



Teen Pregnancies and Births

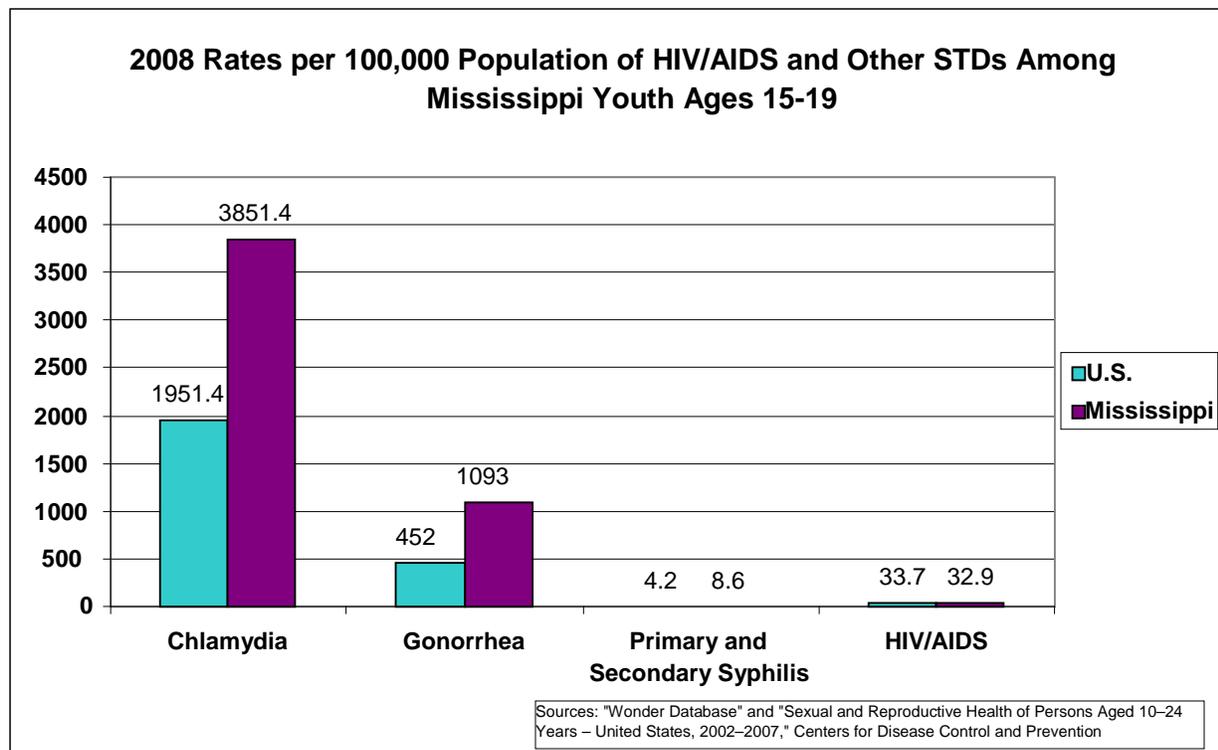
Mississippi has a teen pregnancy rate of 76.1 cases per 1,000 females ages 15–19 according to 2008 data.¹⁴ This rate is higher than the national rate of 70.6 cases reported in 2005—the most recent year for which national data is available.¹⁵ Geographic disparities exist in the rates of teen pregnancy across the state. For example, Mississippi Public Health Districts I, III, and VI, which encompass the northwest, Delta, and east central regions of the state (See Figure 1), have the highest teen pregnancy rates—with rates of 97.5, 83.9, and 82.6 pregnancies per 1,000 females ages 15–19 years, respectively.¹⁶ In particular, counties within the Mississippi Delta region have some of the highest teen pregnancy rates in the state including Tunica (140.3), Tallahatchie (122.3), Panola (120.1), Coahoma (119.3), Humphreys (113.6), Yazoo (110.9), Washington (110.6), Holmes (104.9), and Leflore (100.2).¹⁷

Mississippi also has the highest teen birth rate in the nation, with a rate of 68.4 live births per 1,000 females ages 15–19.¹⁸ This rate is significantly higher than the U.S. teen birth rate of 41.9 births.¹⁹ Between 2005 and 2006 the U.S. teen birth rate increased for the first time after steadily declining for the 15-year period between 1991 and 2005. Mississippi was one of 10 states that experienced the most significant increases in their rate of teen births.²⁰



Sexually Transmitted Diseases and HIV/AIDS

Mississippi not only has the highest teen birth rate in the nation, but also ranks high in rates of STD transmission. In 2008 the state had the highest rates of both Chlamydia and gonorrhea in the nation.²¹ These higher than average rates specifically impact young people. In fact, the rates of infection for Chlamydia, gonorrhea, and syphilis among Mississippi's youth are roughly double the national average.²² While the adolescent HIV/AIDS rate is slightly lower than the national average, Mississippi still ranks fifth of the 33 states with confidential, name-based HIV-infection reporting in 2006.²³ It is encouraging that the statistics for HIV/AIDS are markedly better than those for other STDs; however, HIV/AIDS is not adequately addressed in the classroom—Mississippi ranks next-to-last in the nation in the percentage of high school students who report ever being taught in school about AIDS or HIV infection.²⁴



Young people in Mississippi are disproportionately impacted by poor sexual health outcomes that not only negatively affect their health and well-being, but their ability to contribute to society as healthy and productive citizens. However, Mississippi youth are not being equipped with the proper tools to make healthy decisions and protect themselves against these negative outcomes.

Mississippi Sex Education Law and Policy

Health Education

Mississippi state law “authorize[s] and empower[s]” county health departments and the state board of health “to establish and provide for health education programs in the public schools...and to employ county health educators for such purpose.”²⁵ As dictated by the *Mississippi Public School Accountability Standards*, Mississippi students in kindergarten through eighth grade must receive 45 minutes of health education per week, and high school students must complete at least one-half of a Carnegie unit, which equals 60 hours of instruction, in Comprehensive Health or Family and Individual Health in order to graduate.²⁶

According to the *Standards*, the content of health classes should be based on the *Comprehensive Health Framework*—a curriculum framework which provides guidelines for health courses, identifies health topics, and recommends strategies for addressing those topics in the classroom.²⁷ This document provides minimum curriculum standards for each grade level, including ten core content strands for health courses: community/environmental health, nutrition, personal health, consumer health, disease prevention and control, family life, drug abuse prevention, mental health, human growth and development, and safety and first aid.²⁸

Sexuality Education

Mississippi schools are not required to teach sexuality education or provide instruction in HIV, STD, or pregnancy prevention.²⁹ If schools do choose to teach such classes, state law requires that “abstinence education” be the state standard for instruction and requires that it stresses abstinence-only-until-marriage.³⁰ Mississippi code outlines that, if taught, such instruction:

- (1) Teaches 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;
- (2) Teaches 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;
- (3) Teaches that unwanted sexual advances are irresponsible and teaches how to reject sexual advances and how alcohol and drug use increases vulnerability to sexual advances;
- (4) Teaches 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 instruction or program may include a discussion on contraceptives, but only if such discussion includes a factual presentation of the risks (failure rates, diseases not protected against) of those contraceptives. In no case shall the instruction or program include any demonstration of how condoms or other contraceptives are applied;
- (5) Teaches the current state law related to sexual conduct, including forcible rape, statutory rape, paternity establishment, child support and homosexual activity; and
- (6) Teaches that a mutually faithful, monogamous relationship in the context of marriage is the only appropriate setting for sexual intercourse.³¹

Thus, the language of the law requires sex education to stress abstinence-only-until-marriage and that sexual activity is only appropriate in a monogamous heterosexual marriage. Furthermore, sex education programs in Mississippi should teach about “laws related to sexual conduct,” including telling student that there is a prison term of up to ten years associated with homosexual conduct, deemed “unnatural intercourse.”³² Both the laws criminalizing homosexual activity and mandating that this prohibition be taught as a component of sexuality education are still included in the Mississippi Code despite the 2003 Supreme Court ruling in *Lawrence v. Texas* that found laws prohibiting sodomy to be unconstitutional.³³

In addition, parents or guardians must be notified of any sexuality education instruction in writing at least one week prior to the instruction and be given the opportunity to review any related materials. By law, “upon the request of any parent, the school shall excuse the parent’s child for such instruction or presentation, without detriment to the student.”³⁴ This is referred to as an “opt-out” policy.

Although state law establishes “abstinence education” as the required standard, school boards are given considerable autonomy in determining the content of sexuality education should they choose to offer it and may even authorize, through a majority vote, “the teaching of sex education without

instruction on abstinence.”³⁵ However, Mississippi code also states that none of the six suggested components to “abstinence education” may be contradicted by any information offered in a sexuality education program.³⁶ Furthermore, if the school board authorizes the teaching of contraceptive methods, state law dictates that the failure rates and risks of each contraceptive method must be included and “in no case shall the instruction or program include any demonstration of how condoms or other contraceptives are applied.”³⁷ These conflicting regulations make it difficult to ascertain what information may or may not be included in a sex education program. The convoluted nature of the law leaves school districts with limited options to provide more comprehensive sex education to students—if they choose to teach sex education at all.

Many Mississippi school districts rely on the guidelines put forth in the *Comprehensive Health Framework* to address topics related to human sexuality. The *Framework* outlines seven competencies that students must achieve through health courses at all grade levels. None of the competencies specifically pertain to sexual and reproductive health. The only two competencies under which such information could be addressed are Competency One—“[c]omprehend concepts related to health promotion and disease prevention”—and Competency Six— “[d]emonstrate the ability to use goal-setting and decision-making skills to enhance health;” however, these competencies do not require students to receive any specific information related to STDs, HIV, or pregnancy prevention.³⁸

The *Framework* also includes suggested objectives for fulfilling the competencies at each grade level.³⁹ However, very few of the suggested objectives for any grade level specifically mention sex education topics. Only the *Framework* guidelines for high school include suggested objectives that address pregnancy, STDs, and HIV/AIDS. These suggested objectives include learning the “etiology and control of the AIDS virus,” the “transmission, symptoms, treatment, and prevention of communicable, and non-communicable sexually transmitted diseases,” and “the process of human reproduction from conception to birth,” as well as identifying reasons to abstain from pre-marital sexual activity.⁴⁰ The suggested objectives included in the *Framework*, however, are not mandatory to include in a health curriculum.

Due to the lack of statutory requirements, education standards, or curriculum guidelines that mandate school districts to teach sex education, Mississippi’s students often do not receive necessary sexual and reproductive health information in public schools.

Methodology of the Report

The poor sexual health outcomes among adolescents in Mississippi, the state’s heavy investment in abstinence-only-until-marriage programs, and the lack of sex education required in public schools is of great concern to education and public health advocates. SIECUS and Planned Parenthood in Mississippi worked together to gather in-depth information in order to bring attention to these issues and the disservice provided to Mississippi’s youth. This report takes a closer look at federally funded abstinence-only-until-marriage programs that young people are engaged in through their schools and communities and the status of sex education, or lack thereof, provided by Mississippi public schools.

We started by following the abstinence-only-until-marriage money from the federal government to both state and community-based agencies and looked closely at the programs and messages these funds were supporting. We submitted an Open Records Request to the Mississippi Department of

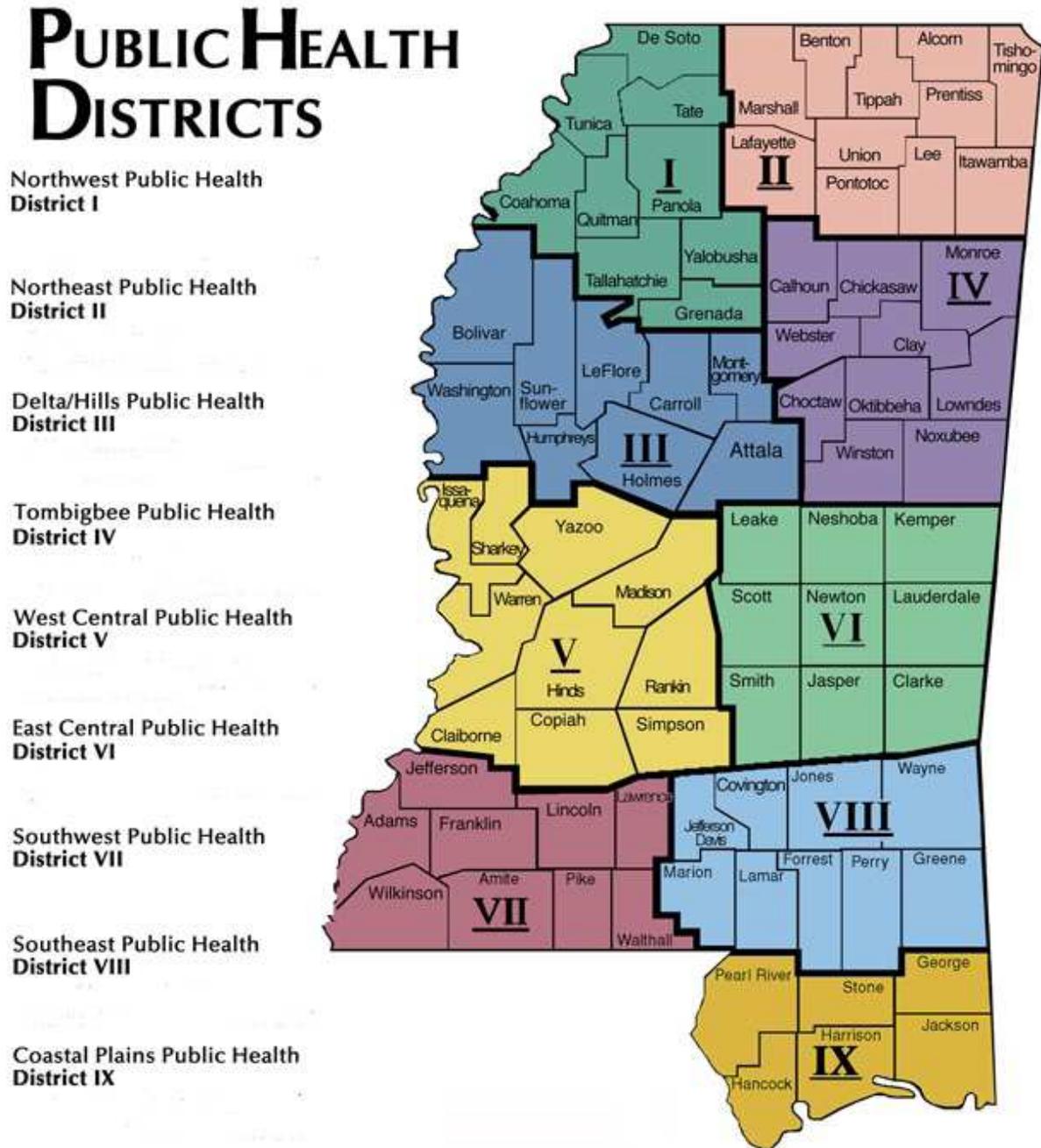
Human Services in order to gain information on the activities supported by the federal Title V abstinence-only-until-marriage program. In addition, we submitted a Freedom of Information Act request to the federal Administration for Children and Families (ACF) of the United States Department of Health and Human Services (HHS) in order to learn more about the state's six Community-Based Abstinence Education (CBAE) grantees that receive money directly from the federal government.

In order to take a closer look at school-based programs, we selected a representative sample of 52 school districts in Mississippi, approximately a third of the state's 152 school districts. (See Appendix 1.) To ensure that we selected school districts with regional diversity, we selected at least one school district in each of Mississippi's nine public health districts. (See Figure 1.) Within each of those regions, we focused on school districts in counties with high rates of teen pregnancy, STD transmission, and HIV incidence, where applicable. In addition, we identified those school districts within counties where CBAE grantees operate their programs. Finally, we selected a diversity of both small and large school districts and ones located in both urban and rural areas.

We then submitted a Public Records Request to each district requesting copies of materials pertaining to instruction on human sexuality education provided during the 2008–2009 school year, including instruction on abstinence from sexual activity, sexually transmitted diseases and HIV/AIDS, contraception, and pregnancy prevention. A total of 37 school districts responded to our Public Records Request.

The following sections of the report detail our findings. This research presents a clear picture of the heavy investment that Mississippi has made in the abstinence-only-until-marriage approach, and, as a result, what young people in the state are and are not learning.

Figure 1. Map of Mississippi Public Health Districts



Source: Mississippi State Department of Health,
<http://www.msdh.state.ms.us/msdhsite/index.cfm/4,9025,204.html>

WHAT YOUNG PEOPLE ARE LEARNING IN MISSISSIPPI

The majority of sex education programs in Mississippi, whether provided by schools, state agencies, community organizations, or churches, take an abstinence-only-until-marriage approach. Messages promoting abstinence-until-marriage are pervasive in the state outside of formal programs as well—appearing on billboards, print media, and radio and television ads. Indeed, young people in Mississippi are practically bombarded with messages about staying abstinent until marriage.

Many of these programs, media campaigns, and activities are supported by federal funds. In fact, the state receives one of the largest amounts of funding for these types of programs in the country.

Federally Funded Abstinence-Only-Until-Marriage Programs in Mississippi

In Fiscal Year 2008, Mississippi received \$5,742,594 in federal funds for abstinence-only-until-marriage programs, which was the eighth largest funding amount awarded to any state.⁴¹ The state received funding from all three federal funding streams—Title V abstinence-only-until-marriage program, CBAE, and AFLA. For Fiscal Year 2009, Mississippi received approximately \$4,678,644 in abstinence-only-until-marriage federal funding. Two former CBAE grants awarded in the state ended at the end of Fiscal Year 2008, and no new abstinence-only-until-marriage grants from the federal government were issued for Fiscal Year 2009. Due to the immense amount of federal funding for abstinence-only-until-marriage programs that Mississippi receives, ineffective programs saturate the state.

Type of Funding	Fiscal Year 2008 Total
Title V Section 510(b)	\$828,953
CBAE	\$4,653,008
AFLA	\$260, 633
Total	\$5,742,594

By far, the largest recipient of abstinence-only-until-marriage funding in the state is the Mississippi Department of Human Services (MDHS) which receives money from both the Title V abstinence-only-until-marriage and CBAE grant programs. As a dual grantee, MDHS received a total of \$1,428,753 for Fiscal Year 2008 (\$828,953 *Title V abstinence-only*, \$599,800 per fiscal year, *CBAE 2007–2012*), approximately 25 percent of the total federal abstinence-only-until-marriage funding distributed in Mississippi.⁴² MDHS administers numerous programs using the Title V abstinence-only and CBAE money it receives from the federal government. The agency also allocates additional federal funding to local groups to carry out abstinence-only-until-marriage programming. In Fiscal Year 2008 MDHS sub-granted a portion of its Temporary Assistance for Needy Families (TANF) funding to 29 community-based organizations through its Mississippi Abstinence Education Program (MAEP).⁴³

In addition to MDHS, there are five other CBAE grantees, including: Community Matters, Inc. (\$600,000 per fiscal year, 2007–2012), MCP, Inc., formerly Partnership for a Healthy Scott County, Inc., (\$600,000 per fiscal year, 2007–2012), Redemption Outreach Ministries International, Inc. (\$600,000 per fiscal year, 2006–2011), Shaw School District (\$600,000 per fiscal year, 2006–2011), and Youth Opportunities Unlimited (\$589,258 per fiscal year 2004–2009).⁴⁴ There is one AFLA grantee in Mississippi, Youth Opportunities Unlimited, which, in addition to its CBAE grant, receives annual AFLA funding in the amount of \$260,633 for fiscal years 2007–2012.⁴⁵

Mississippi Department of Human Services

Under its Department of Economic Assistance, MDHS manages the statewide Abstinence Education Unit, which was developed to address the state's high rate of out-of-wedlock births and teen pregnancy. The Unit operates the "Just Wait" Abstinence Program, which was established to serve as a "resource of technical support for communities who desire to address [teen pregnancy] at the local level."⁴⁶ To this end, "Just Wait" coordinates its efforts to provide abstinence-only-until-marriage programs to young people with non-profit organizations, public and private entities, and community groups.⁴⁷ The Department explains that its approach rests on the belief that "if concerned citizens, parents, churches, schools, youth and community serving organizations, state agencies and politicians would embrace [the rates of teen pregnancy and out-of-wedlock births in the state] as epidemic and make a commitment to work within their own areas, dramatic improvements will follow."⁴⁸

Media Campaign

The "Just Wait" program includes an "aggressive public service campaign" that uses billboards, printed media, and public service announcements (PSAs) broadcasted via radio and television to promote abstinence until marriage.⁴⁹ With its Fiscal Year 2008 Title V abstinence-only-until-marriage funding, MDHS contracted with TeleSouth Communications, Inc. to implement a statewide media campaign. The campaign consisted of on-air radio spots along with Public Service Announcements (PSAs) broadcasted on radio and television that targeted both teens and parents with messages promoting abstinence until marriage. With TeleSouth's two subsidiaries, Mississippi Network, which consists of 73 stations, and Southern Urban Network, consisting of 14 stations, on-air interviews with abstinence-only-until-marriage providers and teens funded by the campaign reached a total of 112,300 teens ages 12–17 and approximately 484,600 adults ages 25–49.⁵⁰

The PSAs, titled "In the Heat of the Moment," rely on fear and shame and suggest that premarital sex is inevitably harmful. Two of the ads focus on "Patrick" and "Stephanie," whose decision to have sex before marriage is shown to have had a devastating impact on their lives. Patrick, a teen father, explains how his son, born with a birth defect, has undergone three operations in his infancy. "Having a baby is a problem itself as a teen," Patrick states in the PSA, "but having a baby with a birth defect is even worse."⁵¹ "My teenage years should've been hype and fun," Patrick laments.⁵² Stephanie tells a similar story, "Basketball was my big thing. I had a chance to play ball for college," Stephanie explains.⁵³ She describes the mistake she made in choosing to have sex with her boyfriend. "He told me that I wasn't going to get pregnant, and he wasn't going to get me pregnant. He's full of it. It's like [getting pregnant] snatched all that out from under me."⁵⁴ Images featured in the Public Service Announcements portray Patrick and Stephanie's lives as difficult and lonely. They are both shown struggling to care for their children without any social support. The stories portrayed in these PSAs are hyperbolic and falsely imply that choosing to have sex before marriage will inevitably result in pregnancy and, furthermore, ruin one's life. In addition, the PSAs fail to provide any

information that addresses prevention methods or support services that teenagers and young parents can access.

The “Just Wait” campaign also features billboards that are displayed alongside prominent thoroughfares throughout the state. The billboards aim to dissuade teens from engaging in sex by pairing words promoting abstinence-until-marriage alongside images or text portraying the risks and negative consequences of premarital sex. For example, one billboard features a photograph of the pregnant torso of a young woman. The text appearing alongside the image simply reads, “A teen parent is usually a single parent. CHOOSE ABSTINENCE,”⁵⁵ A billboard with a similar message simply features text stating, “Feedings: 3:00 a.m. Dirty Diapers: 8 a day. Just Saying NO: Priceless.”⁵⁶

Another billboard features the image of a Valentine heart with the words “I Love You” inscribed on it. The accompanying text states, “If he really loves you, he can wait.”⁵⁷ The billboard, obviously targeted to young women, reinforces outdated gender norms that impose a double standard of chastity on women and characterize men as sexual predators who lack any self-control in delaying sex or setting personal boundaries.

By relying on fear- and shame-based messages about pre-marital sex and messages that reinforce gender stereotypes, the statewide media campaign is not only biased but misses an important opportunity to educate teens and parents on a broad range of effective prevention methods for avoiding unintended pregnancy and STDs, including HIV. Given the poor sexual health outcomes for teens in Mississippi, it seems clear that young people would benefit from a campaign that included honest and accurate information that helps them make safe and healthy decisions.

Events and Speakers

In addition to the media campaign, MDHS sponsors a number of abstinence-only-until-marriage-themed events including an annual teen summit, an annual rally at the state capitol, and a conference for youth in the foster care system. MDHS also uses its Title V abstinence-only funds to send abstinence-only-until-marriage speakers into schools across the state.

The annual “Abstinence Works! Let’s Talk About It!” Teen Summit is geared toward young people along with educators, faith leaders, social workers, parents, and other individuals concerned with the “high rate of teen out-of-wedlock pregnancies and sexually transmitted diseases” who are willing to support the message of abstinence-only-until-marriage.⁵⁸ Each year, youth from across the state of Mississippi attend the summit with their schools, church groups, and youth programs. Approximately 5,000 young people attended the 2009 Teen Summit.⁵⁹

Planning for the summit is a collaboration between community-based organizations and multiple state agencies, including the Departments of Rehabilitation Services, Mental Health, Health, Education, Employment Securities, as well as the Office of the Attorney General, and MDHS Divisions of Child Support Enforcement and Youth Services. The Teen Summit promotes abstinence-only-until-marriage as the only acceptable option for youth and provides participants with a day-long program featuring local celebrities, faith leaders, and public officials along with performances by youth groups that reinforce this message. Each year, the event includes speakers that are closely associated with the national abstinence-only-until-marriage industry.

For example, speakers for the 2008 summit included, Luis Galdamez, Director of Abstinence Education (A-H), and a CBAE consultant. Galdamez works with many of the industry leaders including the Abstinence Clearinghouse and Worth the Wait, Inc. Also speaking was rapper Carlos “Los-1” Ramirez—a popular performer at abstinence-only-until-marriage rallies and author of the *Los-1 Life Skills* curriculum, which uses hip hop music to provide a modern approach to teaching abstinence-only-until-marriage.⁶⁰ Each lesson features a song that is geared to teaching youth to remain abstinent. Students listen to the song and then answer group discussion questions based on the lyrics of the song.

The *Los-1 Life Skills* curriculum relies on fear- and shame-based messages and discourages condom use in order to promote abstinence until marriage. For example, the song, “Be Easy,” includes these lyrics: “Little Johnny’s smart so he wraps it up/ Saw the commercial on tv [sic] and he wised up/ Put his life in the hands of a condom/ Hit that thing and now he has Syphilis.”⁶¹ The information in these lyrics is inaccurate and misleading—leading students to believe that condoms do not work and that engaging in premarital sex will ultimately lead to contracting an STD. In fact, the CDC reports that “correct and consistent use of latex condoms can reduce the risk of sexually transmitted diseases (STDs) including discharge and genital ulcers disease [like syphilis].”⁶²

Another Summit speaker was Dr. Freda McKissic Bush, a Mississippi obstetrician-gynecologist who serves on the board of the Medical Institute (formerly the Medical Institute for Sexual Health).⁶³ The Medical Institute is a national organization that provides technical assistance to abstinence-only-until-marriage providers and describes itself as a “medical, educational, and research organization” founded “to confront the global epidemics of teen pregnancy and sexually transmitted infections (STIs).”⁶⁴ The organization provides assistance to abstinence-only-until-marriage program providers. Dr. Bush’s biography included in the summit program states that “her passion is to help women to ‘raise a standard.’ To that end, she teaches and encourages a lifestyle of abstinence until marriage.”⁶⁵ She is also co-author of the book, *Hooked: New Science on How Casual Sex is Affecting Our Children*, which argues that engaging in premarital sex is damaging to the developing adolescent brain, causing teens’ brains to form chemical bonds with multiple sexual partners, which therefore diminishes their brains’ ability to form a lasting bond with a partner in marriage. It warns that sex outside of marriage is particularly damaging to young women due to the chemical impact sex has on their brains. The book concludes that “most human beings’ brains seem to be structured to best experience sex in an exclusive lifelong mutually faithful and monogamous relationship.”⁶⁶

The 2009 Teen Summit also featured speakers strongly associated with national abstinence-only-until-marriage organizations, including David Mahan, CEO of Frontline Youth Communications, and an abstinence-only-until-marriage motivational speaker.⁶⁷ Frontline Youth Communications provides presentations, print media materials, and web design and communication workshops geared toward youth that address the “benefits of abstinence until marriage” among other topics.⁶⁸ Mahan is a board member of the National Abstinence Clearinghouse and served as a speaker and workshop presenter at the 2008 National Abstinence Education Grantees Conference for CBAE grantees sponsored by the Administration for Children and Family Services.⁶⁹

In a blatant misuse of government funds, the 2009 Summit included speakers and presenters that espoused religious messages during the government-sponsored event. Such presentations included an invocation given by Reverend Gary Bell as well as prayers and lyrical pantomime performed to gospel music by the Pilgrim Rest Mime Ministry, among others.⁷⁰ This use of overtly religious speech during an event sponsored by taxpayer dollars violates the separation of church and state

protected under the United States Constitution and is an egregious misappropriation of government funding.

One speaker in particular, Judge John N. Hudson of the Adams County Court in Natchez, Mississippi, openly made reference to religious teachings and recited Bible scripture. In his speech, Judge Hudson recounted each of the Ten Commandments, and even related the Commandments to the Summit's message on abstinence-only-until-marriage:

“And then, finally, that rule of abstinence that is most closely associated with what we are here for today. ‘Abstain’, God says, ‘from promiscuous sex.’ ‘Thou shall not commit adultery.’ But why? Is not God being a killjoy? Did He not create this great gift which is so good and wonderful? Why would he tell us not to do it? He’s not. He’s telling us that He created this great and wonderful gift for a special and unique committed relationship that is to last forever... You see, God knows what is best for us, and what indeed we can look forward to to pursue our happy life... Do unto others as you would have them do unto you. And Jesus adds, ‘love thy neighbor as you would love yourself.’ It’s all wrapped up in that. Is it loving to steal, to lie, to kill, to gossip, to put down, to abuse drugs? No it’s not. Is it loving to make someone else an object of our sexual pleasure? No, it’s not. So our faith calls us to abstain but it causes us to fill those moments of abstinence with those moments of active love. To honor each other as wonderful creatures and creations of God.”⁷¹ Judge Hudson finally concluded by paraphrasing a benediction given by St. Francis of Assisi.⁷²

On September 9, 2009, the American Civil Liberties Union (ACLU) and the ACLU of Mississippi filed a lawsuit against the Mississippi Department of Human Services for allowing religious content to be espoused during a government-sponsored event.⁷³ In the lawsuit, the ACLU states that “the summit impermissibly communicates a message of governmental endorsement of and preference for religion generally, and Christianity specifically.”⁷⁴ The lawsuit asks that the Department be barred from “sponsoring and promoting religious messages in their abstinence-only-until-marriage programs.”⁷⁵

In its response to the lawsuit, MDHS admitted that federal abstinence-only-until-marriage funding had been used to sponsor the annual summits. The Department, however, argues that the lawsuit is moot because the state does not plan to host a summit for 2010 or in the foreseeable future.⁷⁶ At the release of this report, additional motions had been filed by both the plaintiffs and defendants but a date for oral argument had not yet been set.

The written materials that participants at the Teen Summit receive contain similar messages to those presented by the event speakers. These materials promote abstinence-only-until-marriage using messages of fear and shame and gender stereotypes.

For example, a handout included in the 2008 program booklet lists “15 Benefits of Abstinence from Premarital Sex,” which details 15 “freedoms” one maintains by choosing to remain abstinent. Many of the “freedoms” listed deliver the false message that engaging in sex will ultimately lead to negative consequences. These “freedoms” include the freedom from, “having to give up your baby for adoption,” “the physical and emotional problems associated with an abortion,” and “exploitation by and of others.”⁷⁷ Other freedoms seem purposefully derogatory toward young people who are sexually active. For example, the handout suggests that abstinence gives young people the freedom to, “respect yourself and others,” “be in control of your life and your body,” and “establish greater trust in your marriage.”⁷⁸ Such tactics unfairly characterize individuals who choose to have sex as

lacking respect for themselves and others, and lacking control over their lives and their bodies. It is important to remember that 60 percent of high school students in Mississippi have had sexual intercourse. It is unfair and inexcusable to suggest that this majority lack respect for themselves or are less worthy of the respect of others.

Other written materials rely on blatant gender stereotypes. A poem “I Have Never Been Opened,” featured in both the 2008 and 2009 program booklet, is written by a student author. The poem relies on an antiquated idea of sex and gender that views women as objects whose value is determined based on their beauty, youth, and, of course, virginity. The poem reads:

I am a gift.
I know that I am special.
Whoever receives me will be pleasantly surprised.
I have never been opened.
I am an extremely expensive gift.
My value increases with age.
Gifts this good are hard to come by.
Whoever receives me will be pleasantly surprised.
I have never been opened.

I am the type of gift that many destroy, like the board games that everyone wants to play with their little pieces, with their constant usage by so many hands.
So, many of the pieces get lost along the way.
The board games begin to fall apart.
They age so quickly, but not me; I have never been opened.

I am a gift that will not be opened until I am sure that the person I belong to will not trade me like cards until I know that the person I belong to will take care of me, because I am fragile that the person I belong to will love me, because I am special.
Treasure me because I am rare, because I am a virgin.⁷⁹

In addition to the annual Teen Summit, MDHS also hosts an annual abstinence rally at the state capitol. In a press release for the 7th Annual Abstinence Rally held in May 2008, MDHS DEA Director Cheryl Sparkman states, “Mississippi has one of the highest percentages of births to teens in the nation, so one of our main objectives is to raise public awareness and stress that sexual purity through abstinence is the best and safest choice for our teenagers.”⁸⁰ Referring to abstinence as “sexual purity” suggests that the department’s stand on abstinence comes from an ideological point of view rather than one of public health.

Finally, MDHS runs a CBAE program that is geared toward youth in foster care and their families and is administered in partnership with the Division of Family and Children Services (F&CS). Awarded in 2007, the five-year grant allocates \$599, 800 in annual funds to the state agency. MDHS sub-grants its CBAE funding to Southern Christian Services for Children and Youth, Inc., (SCSCY) to provide program services. Foster youth ages 10 and 11 receive abstinence-only-until-marriage programming in group homes and shelter settings on a weekly basis. Programming is delivered to older youth and foster parents during foster/adopt resource parent support group meetings held on a monthly basis. In addition, the CBAE program administers abstinence-only-until-marriage programming on a bi-monthly basis to youth of the Mississippi Band of Choctaw Indians Reservation and youth in the state’s juvenile justice system attending the Oakley Training School.

Other activities hosted by MDHS with support from its CBAE grant include the “Looking to the Future” conference held in June 2009, family retreats, and workshops sponsored by F&CS.⁸¹

Through these individual programs and events, the state agency reaches a vast array of Mississippi adolescents while also targeting some of the state’s most vulnerable and disadvantaged youth, who are at greater risk of engaging in risky sexual activity and negative health outcomes. Ineffective abstinence-only-until-marriage programming is being targeted to those youth most in need of accurate information that will equip them with the necessary tools to avoid unintended pregnancy and STDs, including HIV, and to make safe and healthy decisions.

Curricula and Materials

All of the abstinence-only-until-marriage programs administered by MDHS use the same curricula, including *ASPIRE: Live your life. Be free.* and the *Connections* curricula series, which teaches about healthy relationships and marriage. In fact, sub-grantees are required to use these curricula.

SIECUS reviewed *ASPIRE: Live your life. Be free.* and found that it is based on one set of values and opinions—that marriage should be everyone’s ultimate goal and that sex outside of marriage is wrong—which it presents as universally held truths. In an effort to convince students that these opinions are facts, the curriculum provides incomplete and biased information, promotes fear and shame, and undermines young people’s confidence in their own decision-making abilities. For example, students are asked which life decision—college, career, or marriage—will have the most impact on their life. The answer is marriage because “College is for a few years, and you may have a number of careers. But marriage is for life.”⁸² Considering that there were more than 65,000 divorces in Mississippi between 2004 and 2008, this statement is questionable at best.⁸³

Based on a 2006 recommendation by the Government Accountability Office (GAO) and a directive by the House Appropriations Committee, the ACF (the division of HHS responsible for administering the CBAE program) developed a medical accuracy review process that evaluates the scientific accuracy of curricula and curriculum materials used by program supported by federal abstinence-only-until-marriage funding. ACF’s review of *ASPIRE* found that the first edition of the curriculum included incorrect data on the rate of teen pregnancy in the United States, the number of AIDS-related deaths from the beginning of the epidemic through 2006, and percentages of sexually active male and female high school students in the United States from 1991 to 2007.⁸⁴

In addition to using commercially available curricula and materials, MDHS produces supplemental materials for its abstinence-only-until-marriage programs. These materials also rely on inaccurate and biased information. For instance, an activity used in the Title V “Just Wait” abstinence-only program, called the “Cookie Exercise,” aims to teach students how easily STDs are transmitted. The exercise asks for five volunteers to come to the front of the classroom. The five volunteers are each handed a cup of water. Four of the five volunteers are given an Oreo cookie.⁸⁵ The four volunteers who have a cookie are instructed to bite off a piece of it, chew it without swallowing, and then to spit the contents of their mouth into a cup of water. They are then instructed to swap cups with the other volunteers and asked to drink the water. According to the lesson, the four volunteers with the cookie contents in their cup represent “sexual activity” while the fifth volunteer with the clean cup of water “represents purity.”⁸⁶ The entire class is then asked which one of the five cups they would choose.

The messages of this exercise are clear—young people who have had sexual intercourse are dirty; they are the equivalent of spit. Moreover, though billed as an exercise that teaches about how STDs are transmitted, the activity includes no factual information about transmission. The accompanying materials provide only a brief description of common STDs—including Chlamydia, gonorrhea, syphilis, HIV/AIDS, and genital herpes, as well as common symptoms of each. Furthermore, the information given does not provide any detailed explanation of how STDs are spread, but simply states that transmission occurs through “intimate contact.”⁸⁷ Only the description of genital herpes offers a greater explanation—stating that transmission can be made through “direct contact,” which may be sexual intercourse or oral contact.⁸⁸ No information is given on how sexually young people can prevent, test for, or treat STDs.

Seen as a trusted state entity, the Mississippi Department of Human Services wields great influence, and therefore great responsibility, in disseminating public health information that is effective in equipping Mississippians with accurate and comprehensive scientific knowledge. Unfortunately, MDHS is responsible for promulgating a public health message that fails to provide students with the necessary information for their health and well-being.

Other Community-Based Abstinence Education and Adolescent Family Life Act Grantees

The majority of the state’s CBAE grantees administer abstinence-only-until-marriage programs to rural communities located in Central Mississippi and the Mississippi Delta Region. The most popularly served counties include Bolivar, Coahoma, Panola, Quitman, and Tallahatchie counties in the Mississippi Delta, and Copiah, Hinds, Rankin, Scott, and Simpson counties in Central Mississippi. These counties represent some of the areas in the state most impacted by poor adolescent sexual health outcomes. However, despite the sexual and reproductive health and economic challenges facing Mississippians in these areas, abstinence-only-until-marriage programs and media campaigns dominate the information young people receive and infiltrate all facets of the community, including churches, community centers, and even public schools.

Most of these organizations provide in-school, abstinence-only-until-marriage programs to middle and high school students. In fact, five out of the state’s six grantees provide abstinence-only-until-marriage programming in public schools, administering programs in more than 43 schools.

Another CBAE Grantee, MCP, Inc., formerly, Partnership for a Healthy Scott County Inc., is a non-profit community development organization that specializes in providing substance abuse prevention and care services to Mississippi residents. MCP provides abstinence-only-until-marriage classes to adolescents ages 12–18 living in Hinds, Lauderdale, Leake, Rankin, and Scott counties. The program is administered to youth in both school and faith-based settings. Its out-of-school programming is provided in collaboration with organizations and churches located in the various counties served, including the R&W Learning Center, Mt. Zion Missionary Baptist Church, and Crestwood Missionary Baptist Church. The organization uses the *Choosing the Best* curricula.⁸⁹

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*. SIECUS recently reviewed the latest edition of the series and found that the author had toned down some of the outrageous messages of fear and corrected medical inaccuracies included in previous editions. Nonetheless, the curricula continue to rely on messages of fear and shame, misleading information, and biased views of marriage and

sexual orientation. For example, SIECUS' most recent review of the *Choosing the Best WAY*, which is designed for 6th grade students, found that the curriculum relies on negative messages, some of which attempt to instill students with feelings of guilt and shame. In one video segment, a young woman compares a person who has had pre-marital sex to pre-chewed gum. She then says she would not want to hand that wad of gum to her husband.⁹⁰ The curriculum instructs teachers to explain: "Gum that has already been chewed isn't as appealing as when it is unwrapped and new."⁹¹

Redemption Outreach Ministries International, Inc., another CBAE grantee, is a faith-based organization that teaches abstinence-only-until-marriage. The founder of the organization, Larry McAdoo, was recently appointed to the board of the National Abstinence Education Association (NAEA), which is the lobbying arm of the abstinence-only-until-marriage movement.⁹² Since its inception the NAEA has undertaken a number of media campaigns that use fear and misinformation in an attempt to discredit comprehensive sexuality education. Redemption Outreach operates the "STARS (Students Taking a Radical Stand)" abstinence program in Jackson, Mississippi. STARS encourages teens to take a "radical stand against all risky behavior, such as alcohol, drugs and pre-marital sexual activity [in order to] experience success in school and avoid the negative consequences associated with these activities."⁹³ The program "advances the message of abstinence-before-marriage as the only standard for adolescent behavior."⁹⁴ STARS reaches youth ages 12–18 in metro-Jackson schools and emphasizes certain themes including, "A mutually faithful sexual relationship between husband and wife inside the marriage relationship is the expected standard of human sexuality," and "Serious health risks result when youth become involved in sexual activities prior to marriage."⁹⁵ The program uses the *FACTS* curriculum.

SIECUS reviewed the *FACTS: Family Accountability Communicating Teen Sexuality* curricula and found that they provide incomplete and inaccurate medical information; present opinions and beliefs as universal truths; and portray a biased view of gender, marriage, family structure, sexual orientation, and pregnancy options. For example, *FACTS* includes the following list of negative consequences of premarital sex: "Pregnancy, financial aspect of fatherhood, abortion, HIV/AIDS, STDs, guilt, rejection, loss of reputation, inability to bond in the future, challenge to not compare future sexual partners, alienation from friends and family, poverty, and the inability to complete school."⁹⁶

Fueled by federal funding, abstinence-only programs run by community groups largely take the place of accurate and scientifically based instruction that should be provided in schools. The end result is that young people in Mississippi are not equipped with the information and resources they need to make responsible and healthy decisions.

Abstinence-Only-Until-Marriage and Sex Education Programs in Mississippi Public Schools

As noted previously, Mississippi school districts are not required to teach sex education. State law mandates that "abstinence education" be the standard if school districts choose to offer instruction in sex-related topics. In addition, the law outlines six components of "abstinence education" that requires instruction to stress abstinence-only-until-marriage and teach that engaging in sex before marriage will likely result in negative consequences to the individual and to society. School districts are not required to teach all the components of "abstinence education" outlined by the law and can

choose to implement sex education that does not stress abstinence; however, no instruction given can contradict any of the components of “abstinence education” included in the law.⁹⁷

The teaching of health topics, including those related to sexual and reproductive health, is governed by the *Comprehensive Health Framework*.⁹⁸ The *Framework* outlines seven core competencies that should be addressed in health instruction for each grade level; however, none of the competencies specifically pertain to sexual and reproductive health. For each grade level, the *Framework* offers suggested objectives for teaching the core competencies of health, but only the high school curriculum includes suggested objectives that pertain to sexual and reproductive health, including objectives that address pregnancy prevention and the prevention of HIV and other STDs.⁹⁹ Furthermore, the suggested objectives outlined in the *Framework* are not mandatory curriculum guidelines but only suggested topics for educators to address so that students may achieve the core competencies.¹⁰⁰ Thus, even within health classes there is no guarantee that students will receive information specific to sex education, such as effective methods for delaying sexual initiation and reducing the risk of unintended pregnancy, sexually transmitted disease, and HIV.

School Districts Provide Varied Instruction

Of the 37 school districts that responded to our Public Records Request, four responded stating that they neither provide sex education to students nor intend to do so in the future. A total of 12 school districts indicated that they limit the human sexuality information provided to students to only the bare minimum that is included under the competencies of the *Comprehensive Health Framework*. School districts in the Gulf Coast region were particularly likely to rely on the *Framework* without providing any additional resources or materials used for in-classroom instruction. In many of these districts information is limited to what is found in one or two chapters of a health textbook. One series of textbooks commonly used by those schools that provided information is *Health* which is published by Glencoe. This series advocates abstinence as a way to prevent HIV infection, without any mention of safer sex. In addition, the chapter devoted to teen parenting in Glencoe’s *Parenting, Rewards and Responsibilities* does not provide any information on contraception.

One district that responded to our request for information reported it is considering using a more comprehensive curriculum in the future. While currently relying on the *Comprehensive Health Framework* for the sex education provided to students, the Holmes County School District is considering implementing the F.L.A.S.H. (Family Life and Sexual Health) curriculum. F.L.A.S.H. is a comprehensive sexuality education program that acknowledges that schools have a responsibility to “educate young people about sexual health, especially to communicate factual information and teach survival skills.”¹⁰¹ The proposed curriculum includes lessons on contraception, HIV/AIDS and other STDs, unintended pregnancy, and preventing negative health outcomes.¹⁰²

In addition, several school districts directly receive government funding to provide abstinence-only-until-marriage programming to youth and their parents. Some of these programs take place on school campuses or are provided as classroom presentations or school assemblies, but they are separate from regular academic instruction and are not included as part of education curricula.

Under its Mississippi Abstinence Education Program (MAEP), MDHS granted funding to six school districts for Fiscal Year 2008; Forrest County, Jackson Public Schools, Lawrence County, Leflore County, and Poplarville school districts. Abstinence-only-until-marriage programs funded under MAEP target youth ages 10–19 of racial and ethnic minority groups.¹⁰³ The Mississippi Department of Human Services also grants TANF funds to community-based organizations and public agencies to develop

“comprehensive multi-service parent resource centers.” The centers, named Families First Resource Centers, are established to further the Department’s goal of promoting child well-being through encouraging parental involvement and healthy families. To this end, the centers’ objectives are to “advocate strong healthy marriages,” increase the involvement of fathers in the lives of their children, and to “reduce out-of-wedlock pregnancies.” Abstinence-only-until-marriage programming is one of the primary services that the centers provide.¹⁰⁴ For Fiscal Year 2008, five school districts received grant funding to operate Families First Resource Centers, including North Bolivar, Noxubee County, Poplarville, Starkville, and Yazoo City Schools school districts. Together, the Families First Resource Centers of these school districts provide services to Mississippians in 11 counties.

Starkville School District, a former CBAE grantee (\$381,430 per fiscal year, 2005–2008), includes a Families First Resource Center which runs the Abstinence ‘Til Marriage (Project ATM), intended to “help middle school and high school students understand the benefits of abstinence until marriage.”¹⁰⁵ According to a 2008 Annual Report to the Starkville School District Board of Trustees, Project ATMs activities have included developing libraries with abstinence and parenting information, co-sponsoring a summer camp, and providing in-class instruction using the curriculum *Sex Can Wait*.¹⁰⁶

The Emerson Family School of the Starkville School District also operates an abstinence-only-until-marriage program in both the Starkville and Oktibbeha County school districts. The program uses the *Why kNOW* curriculum. SIECUS reviewed *Why kNOW* and found that it offers limited information about important topics in human sexuality such as puberty, anatomy, and reproduction, and no information about sexual orientation and gender identity. The information that is included is outdated, inaccurate, and misleading. In addition, *Why kNOW* relies on negative messages, distorts information, and presents biased views on gender, marriage, family structure, sexual orientation, and pregnancy options.¹⁰⁷

Similarly, Shaw School District uses its CBAE grant to administer the Life Education for Abstinence and the Future (LEAF) programming to students in the sixth through 12th grades. The program serves students in the three school districts in Bolivar County, including Mound Bayou, Shaw, and West Bolivar. The LEAF program offers students “intensive,” in-class abstinence-only-until-marriage instruction, booster lessons provided through school assemblies, and an Abstinence Until Marriage Student Retreat. The in-class component of the program consists of a 15-hour instruction series that uses the *Worth the Wait* curriculum.¹⁰⁸

SIECUS’ review of *Worth the Wait* found that it covers some important topics related to sexuality such as puberty, anatomy, and sexual abuse, and that the curriculum is based on reliable sources of data. Despite these strengths, *Worth the Wait* relies on messages of fear, discourages contraceptive use, and promotes biased views of gender, marriage, and pregnancy options. For example, the curriculum explains, “teenage sexual activity can create a multitude of medical, legal, and economic problems not only for the individuals having sex but for society as a whole.”¹⁰⁹

Outside Groups Provide Abstinence-Only-Until-Marriage Programs

A number of school districts in Mississippi that do not provide sexuality education in their curricula or run their own abstinence-only-until-marriage programs do allow outside groups to provide such programming to students. Thirteen of the schools districts that submitted records to SIECUS fall into this category. These districts are primarily located in the Central Mississippi and Delta regions.

Many of these programs are funded by federal CBAE grants. In fact, almost all of the state's CBAE grantees provide abstinence-only-until-marriage programs in public schools. Four school districts, including Coahoma County, Oktibbeha County, Scott County, and West Tallahatchie Consolidated, provided SIECUS with information on the CBAE programs operated in their schools.

For example, Community Matters, Inc. describes itself as “a faith-inspired, community non-profit organization.”¹¹⁰ Located in Rankin County, Mississippi, the organization provides services primarily to “low-income communities.”¹¹¹ The organization runs the Rural Abstinence Partnership and is an affiliate partner of the Abstinence Clearinghouse. The Partnership conducts abstinence-only-until-marriage programming for young people ages 12–18 in four rural counties in central Mississippi.¹¹² Community Matters was awarded a three-year CBAE grant in 2004 (which totaled \$2,352,681) and a second CBAE grant in 2007. Federal funding for abstinence-only-until-marriage programming accounted for more than 80 percent of the organization's total revenue during its 2006 fiscal year.¹¹³

The Rural Abstinence Partnership (RAP), directed by Community Matters, Inc., delivers the “Not Now” abstinence program to middle school and high school students, in five school districts within the program's four-county service area.¹¹⁴ The program serves approximately 1,300 students annually, the majority of whom are African-American females. The stated purpose of the program is to encourage a standard among community members that recognizes “premarital sexual abstinence until marriage as the community norm.”¹¹⁵

“Not Now” heavily involves faith-based organizations in its programmatic work, and thus the project engages parents, community members, and youth in clearly religious programming. For instance, at the 2008 culminating celebration of the “Not Now” program, an adult participant asserted that the responsibility of teaching young adults to remain abstinent was a matter of religious faith, stating that “As Christian leaders concerned about training our children in the right direction, it is up to us to teach them about making decisions.”¹¹⁶

The organization also publishes a quarterly newsletter, “The Abstinence Times,” which details the activities of its “Not Now” program. The Spring 2009 issue of the newsletter features an account of a mock wedding ceremony in which students from the Scott County and Rankin County school districts participated. As the newsletter describes, the ceremony included the members of a traditional wedding party, complete with a “preacher,” bride, and groom. All roles were performed by the students. Other members of the class participated in the ceremony as wedding guests. During the wedding the bride and groom performed traditional ceremony practices including exchanging rings and lighting a unity candle. As part of the ceremony, the bride presented the groom with a dirty sneaker as a wedding present. The dirty sneaker signifies “a lifestyle of impurity” and relays the message that no sock (representing a condom) could ever fully protect the foot from “dirt and diseases.”¹¹⁷ The groom, on the other hand, gave the bride a clean sneaker representing his “purity up until marriage.”¹¹⁸ At the end of the wedding activity, the students “pledged to remain pure” and bring clean tennis shoes to marriage.¹¹⁹ The gift exchange portrays the bride as permanently spoiled since she chose to become sexually active before marriage. The symbolism of the shoe exchange perpetuates the outdated notion that, if a girl does not abstain from sexual activity until marriage, she will be undesirable to a future partner.

Another CBAE grantee, Youth Opportunities Unlimited (YOU), Inc. is a non-profit organization that provides services to underprivileged and at-risk youth in the Coahoma, Panola, Quitman, and

Tallahatchie counties of the Mississippi Delta. The organization's CBAE grant supports its "MADAME (Making Alternative Decisions and Modeling Excellence) Butterfly" abstinence-only-until marriage program, which targets high-risk, pre-teen and teenage girls. The program is designed to "empower African American girls to make healthy life choices and embrace a life style [sic] of abstinence."¹²⁰ The program partners with local Christian churches to create MADAME Butterfly Clubs in which the young women are paired with mentors from the congregation.¹²¹

The organization also operates the Generation W.A.I.T. (GW) program in its four-county service area. Through partnerships with local middle and high schools, GW provides abstinence-only-until-marriage instruction to students in both independent programs or as a supplemental unit provided within existing health classes. The program uses the *Choosing the Best* curricula.¹²² (See section of the report on Other Community-Based Abstinence Education and Adolescent Family Life Act Grantees for more information on the *Choosing the Best* curricula series.)

In addition to CBAE grantees, other outside community organizations operated human sexuality education programs in the schools during the 2008–2009 academic year. One group, Delta Health Partners, works with expectant and current teen mothers in the Coahoma County and Indianola school districts with the goal of improving infant health and reducing second pregnancies and does not appear to have an abstinence-only-until-marriage agenda. Others, however, communicate a strict abstinence-only-until-marriage message. Two such groups are active in Indianola schools, the Washington-Warren-Issaquena-Sharkey Community Action Agency, Inc. (WWISCAA), which is a MAEP sub-grantee, and the Mississippi Department of Health. WWISCAA conducted abstinence workshops entitled "R.I.S.E. to your Dreams" which discussed the importance of remaining abstinent until marriage, setting life goals, having respect for self and others as well as self control, a strong value system, character, and responsibility. In addition, Mississippi Department of Health employees led presentations in the district that included the message that the only safe sex is no sex."¹²³ The lack of any mention of safer sex, particularly information regarding disease prevention, is especially disturbing given that school district policy allows students with communicable diseases, including herpes simplex, hepatitis B, and AIDS/ARC (AIDS-Related Complex), to be permanently barred from school.¹²⁴

Pregnancy Resources of Mississippi (PROMISS), another one of the state's MAEP grantees, operates its Abstinence By Choice Project in the Jackson County and Moss Point school districts. In addition to its involvement in the schools, PROMISS is a crisis pregnancy center. Crisis pregnancy centers typically advertise as providing medical services and then use anti-abortion propaganda, misinformation, and fear and shame tactics to dissuade women facing unintended pregnancy from exercising their right to choose.

The PROMISS website contains many startling claims. For example, marriage is heavily promoted as the best option for pregnant women, including the assertion that "[c]ouples that marry because of a crisis pregnancy often enjoy a great deal of happiness."¹²⁵ The website lists a number of false consequences of surgical abortion, including greater risk of contracting Pelvic Inflammatory Disease or breast cancer, having an ectopic pregnancy in the future (which can lead to death), infertility, depression, substance abuse, and suicide.¹²⁶ In fact, abortion is a generally safe procedure, and medically sound research has shown that first trimester abortions cause almost no long-term fertility problems.¹²⁷ Regarding the claim that having an abortion increases a woman's risk of developing breast cancer, in February 2003, the National Cancer Institute convened a group of 100 experts on pregnancy and breast cancer risk who reviewed "existing population-based, clinical, and animal

studies on the relationship between pregnancy and breast cancer risk, including studies of induced and spontaneous abortion” and concluded that induced abortion is not linked to an increase in the risk of breast cancer.¹²⁸ A more recent study released in 2007 and conducted by researchers from Harvard Medical School confirmed that “neither induced nor spontaneous abortion was associated with the incidence of breast cancer.”¹²⁹ In addition, the website’s section on chemical abortions incorrectly refers to emergency contraception as a method of abortion rather than presenting it factually as a back-up method of contraception and a viable option for women who have experienced a contraceptive failure, been sexually assaulted, or have engaged in unprotected sex. It also misrepresents chemical abortion and its effects.

The organization’s website aims some of its information at the boyfriends/husbands of women facing an unintended pregnancy. It explains that “[m]any women who have had abortions report that they were waiting for their boyfriends/husbands to stop them,” and that both partners are at risk of suffering from post-abortion syndrome. More alarmingly, the website says bluntly, “[i]f you care about this woman, encourage her not to abort.”¹³⁰ There is no sound scientific evidence linking abortion to subsequent mental health problems, termed “post-abortion stress syndrome” by anti-abortion groups. Neither the American Psychological Association nor the American Psychiatric Association recognize “post-abortion stress syndrome” as a legitimate medical condition.¹³¹ Women have a variety of experiences with abortion and each individual reaction should be respected and validated. Nevertheless, abortion opponents often refer to studies that have been found to have severe methodological flaws or cite anecdotal evidence of this condition in an effort to scare women out of exercising their right to choose.

Too many schools in Mississippi abdicate their responsibility and allow outside groups to educate students. Unfortunately, the majority of outside organizations teach ideology over fact and ultimately leave young people misinformed.

School Districts Provide Questionable Supplemental Materials

Many of the materials available to students, including those presented in the classroom as well as optional materials distributed to students, such as pamphlets, are rife with messages that are fear- and shame-based, promote gender stereotypes, advocate marriage, and include religious content. Some also include inaccurate and outdated STD information. These negative and erroneous messages do not provide teenagers with the information they need to make healthy choices.

In a handout distributed to students in Humphreys County High School entitled “Reasons for Having Sex?” students are given a list of 20 possible reasons to engage in sexual relations and are asked to rate each reason as “mature” or “immature.”¹³² Only two of the reasons listed are positive—“[t]o express love and commitment,” and “[t]o have a baby to love and care for.”¹³³ The rest of the options are negative, some overwhelmingly so, such as, “[t]o get even with someone,” and “[t]o have a baby for social services income.”¹³⁴ A transparency from the same school entitled, “Should I Have Premarital Sexual Experiences?” lists “[n]o exploitation of another individual,” and “[n]o guilt feelings concerning premarital experiences,” as benefits of abstinence, in addition to preventing pregnancy and contracting an STD.¹³⁵

A bookmark handed out to students in the Leland School District is published by the “Just Wait” Abstinence Campaign sponsored by the Mississippi Department of Human Services. It lists statements such as “[e]motionally healthy,” “[b]etter judgment,” and “[c]hance for positive relationships,” which correspond to each letter of the word “ABSTINENCE.”¹³⁶ The bookmark

also warns students to “[w]ear attractive but decent clothing,” and that “[p]rivacy and late hours can lead to unwanted activity.”¹³⁷ The most objectionable pamphlet handed out by the Leland School District, however, is entitled “The Truth About...Sex & Love.” It states, among other things, that sexually active high school females are three times, and sexually active high school males two times, more likely to suffer from depression. It goes on to suggest that “[t]een virgins can expect to earn \$370,000 more in income over their lifetimes.” Though the authors of the pamphlet do not explain how they arrived at that number, they do argue that virgins are significantly less likely to drop out of or be expelled from high school and much more likely to graduate from college.¹³⁸ There is no legitimate research to support these suggestions.

“The Truth about...Sex & Love,” also promotes gender stereotypes. It includes several letters written by teens to their future offspring. One letter states that if a boy does not treat a girl with respect, “he’s not the one. Once he leaves you, he has taken your respect, your trust, your commitment, and your virginity.”¹³⁹ Another letter also refers to a boy “taking” a girl’s virginity when she was 12 years old, impregnating her, and leaving her upon learning of her pregnancy.¹⁴⁰ Other materials are also rife with gender stereotypes. Another pamphlet available in the Leland School District, “Sexual Pressure: How To Say No,” features a female cartoon character baking a cake as a non-sexual way to show her affection.¹⁴¹ One pamphlet available in the Humphreys County School District, “20 Ways to Respond to Sexual Pressure,” outlines messages that teens may receive from their peers or potential sexual partners, including the phrase, “be a man, go for it.”¹⁴² Insinuating that boys must prove masculinity at all, much less through sexual prowess, is antiquated and destructive. In addition, one of the textbooks used in Health classes in the Forest Municipal School District states that many teen fathers run from the responsibility of being a parent.¹⁴³ Students are not challenged to question the nature, validity, or origin of these gender stereotypes, or to explore how stereotypes affect communication within friendships or sexual relationships. Such a presentation is detrimental to all young people by limiting their options, influencing their behavior, and coloring their expectations for future relationships.

Additionally, some of the materials received strongly advocate marriage as the best and only viable option for students. The rights to love, marry, and form a family unit are fundamental human rights. A couple’s decision to form a family and enter into a lasting union, including a legal marriage, is to be commended, supported, and affirmed by society. However, promoting marriage as the best and only real choice for students does not acknowledge the differing values and opinions that students may have around marriage and ostracizes students who do not wish to marry or who have not determined marriage to be a future goal. Furthermore, materials that idealize marriage invalidate the myriad non-traditional families in which young people are being raised, such as single parent families or families headed by unmarried partners to name a few. Messages promoting marriage therefore place undue shame, guilt, and burden on children of unmarried, divorced, or separated parents. Finally, marriage promotion is particularly damaging to lesbian, gay, bisexual, transgender, and questioning (LGBTQ) youth, as same-sex couples are not allowed to legally marry in most states, including Mississippi. Such materials present heterosexual marriage as superior to all other forms of committed partnerships and therefore discriminate against all students of unmarried parents, LGBTQ students, and future LGBTQ parents.

The aforementioned pamphlet, “The Truth about...Sex & Love,” contains many pro-marriage statements. For example, it contends that “on average, married people are healthier, live longer, are happier, suffer less domestic violence, have better and more sex and accumulate more wealth,” and includes the cautionary message that sex outside of marriage “is playing Russian Roulette with your

emotions, self-respect, health, and your future.”¹⁴⁴ Some in-class presentations heavily advocate marriage as well. While “building a marriage” is one of 14 competencies included in the *2008 Mississippi Curriculum Framework* governing Family Dynamics courses, it is a principal focus of some classes. In Lewisburg High School and Hernando High School, both in the DeSoto County School District, two weeks out of the nine-week course are devoted to wedding planning. Students are divided into groups in order to serve as wedding planners for different fictitious couples. They are given budgets of up to \$150,000 and must produce a poster including “pictures, color scheme, [and] swatches,” as well as a planning book including every minute detail of the wedding, from the guest book and pen to a rented arch.¹⁴⁵ It is inappropriate for programs to mandate future relationships for students.

Many of the education materials received included outdated, misleading, or incorrect information. For example, a PowerPoint presentation used in the Hattiesburg Public School District incorporates a graffiti-like image saying “AIDS KILLS.”¹⁴⁶ While it certainly is true that the AIDS virus can lead to death, modern treatment of HIV dramatically improves the health and increases the life-expectancy of HIV-positive individuals. Portraying AIDS as an automatic death sentence does nothing to educate students. In the fourth edition of *Glencoe Health: A Guide to Wellness*, which was published in 1994 and is still used in Forest Municipal school district, the only treatment listed for HIV is AZT; thus, the students may not be learning about antiretroviral therapy which, while it cannot rid the body of the virus, has proven extremely effective in treating HIV.¹⁴⁷ SIECUS also received a chapter from another textbook published in 1994, *Fearon’s Health* (2nd ed.). It does not include any method of treatment for HIV. In addition, its most recent statistics for AIDS are from 1991, including statistics indicating a mortality rate from 1981–1991 of 64 percent.¹⁴⁸ By contrast, the estimated AIDS mortality rate in 2006 was 38 percent.¹⁴⁹

Additionally, a transparency used in the Humphreys County School District, where 41 percent of the residents were categorized as living below the poverty line in 2007, includes personal or school problems, low self-esteem, and living in poverty as risk factors for contracting STDs.¹⁵⁰ While it may be true that some young people are more likely to have unprotected sex, none of the problems listed are in-and-of-themselves risk factors for STDs. Moreover, listing them as such does not help young people understand how to avoid STDs, and gives students the fatalistic notion that they should expect to contract an STD due to environmental factors beyond their control. In DeSoto County School District, students at Lewisburg High School are shown the video “Sex Still Has A Price Tag” which discusses sexually transmitted diseases. The Teacher’s Guide that accompanies the video includes misleading and inaccurate information on STDs. In one section of the Teacher’s Guide it states that “[c]ondoms are not effective AT ALL in preventing the spread of HPV and Herpes” (emphasis included in original).¹⁵¹ Scientific research has shown that condoms can reduce the risk of HPV transmission. According to a University of Washington study published in the *New England Journal of Medicine*, consistent condom use can cut a woman’s risk of infection by 70 percent and protect her from developing precancerous cervical changes.¹⁵²

Finally, some information presented in supplemental materials and handouts is completely irrelevant. For example, one handout on STDs from the Jackson Public School District curiously includes the fact that “[i]n Australia in the Kimberley area Australian Aboriginal children as young as 10 and 12 are being diagnosed with Chlamydia,” and that it “is widespread geographically and highly prevalent among these economically disadvantaged young women between 16 and 24 years old.”¹⁵³ It is incredibly alarming that such extraneous information is being delivered to students given the fact that in 2007 there were 432 cases of Chlamydia reported in Mississippi among persons ages 10–14.¹⁵⁴

Obviously the risk of Chlamydia is pertinent to young people in the state, but the handout does not offer any information on how students can protect themselves against Chlamydia or other STDs. Such information should not be presented as an issue that only impacts young people more than 8,000 miles away.

A few school districts did provide more comprehensive information in their supplemental materials. For example, some of the 16 pamphlets distributed in the Leland School District contained detailed instructions on condom application and use, as well as information about masturbation and wet dreams. Another pamphlet available, “Understanding adolescence,” which is geared toward the district’s parents, explains that teenagers are sexually curious and may experiment with members of the same or opposite sex.¹⁵⁵ And, one booklet available in the Clinton Public School District, “Just The Facts About Sexual Orientation and Youth,” discusses sexual orientation at length and describes the destructive impact that reparative therapy, sexual orientation conversion therapy, ex-gay ministries, and transformational ministries can have on LGBTQ students.¹⁵⁶

While it is encouraging that a small number of the materials available to students contain information that will help them make healthy decisions about their sexual behavior—and are based in fact rather than ideology—the vast majority do not.

More than anything else, sexuality education given to students in Mississippi schools promotes abstinence-only-until-marriage without providing any scientific or useful health information to students. Given that students rarely receive sufficient and accurate information on sexual health and behavior in the classroom, these supplemental materials only serve to exacerbate the problem of denying Mississippi students access to the comprehensive sexuality education they urgently need to avoid harmful sexual health outcomes.

CONCLUSION AND RECOMMENDATIONS

What is clear from our research is that Mississippi’s schools, public health agencies, and community organizations are failing to provide young people with the information they need to make informed and healthy decisions about their lives. The proliferation of ineffective abstinence-only-until-marriage programs in the state has left young people throughout the state at risk. Mississippi’s teens experience some of the highest rates of unintended teen pregnancy and STDs, including HIV/AIDS, in the country. Mississippi’s youth deserve better.

Every major medical and public health organization in this country and around the globe agrees that abstinence-only-until-marriage programs are not best for young people.¹⁵⁷ Instead, following the evidence of what works, they believe in the importance of providing comprehensive sexuality education. Teaching youth comprehensive information about abstinence and contraception will not increase young people’s sexual activity or lead them to engage in sex at an earlier age as many adults have feared. In fact, a more comprehensive approach to sex education has been shown to delay sexual initiation while also providing young people with the information and skills they need to protect themselves when they do become sexually active. Thus, a more comprehensive approach to sex education has actually been proven to do a better job of helping young people be abstinent and delay sex than do abstinence-only-until-marriage programs.

It is time for Mississippi to follow the route that we know works in meeting the health needs of our young people: end abstinence-only-until-marriage programs in the state and implement comprehensive sexuality education.

While abstinence-only-until-marriage programs remain the standard for sexuality education in Mississippi, state law does permit school districts to provide more comprehensive instruction. However, the provisions of the law are overly ambiguous and make it burdensome for school districts to implement more comprehensive sex education programs. Furthermore, many schools have ceded sex education to outside groups are allowed to conduct classes and other activities in the schools with little-to-no oversight or supervision. Students are therefore at risk of receiving inaccurate and ideologically biased instruction.

The lack of any statutory requirement to provide evidence-based, medically accurate sexuality education, and the reliance on outside groups to provide abstinence-only-until-marriage instruction in the schools, has resulted in a myriad of different, but equally ineffective, programs which leave young people at risk.

SIECUS and Planned Parenthood in Mississippi, therefore, recommend the following policy actions for the state of Mississippi:

1. Amend state law on sex education to require school districts that choose to teach human sexuality instruction to provide medically accurate, evidence-based, and comprehensive sex education, which, among other things, would include information about both abstinence and contraceptive methods for the prevention of unintended pregnancy and STDs, including HIV. The state law should also be amended to remove language that requires sex education to teach abstinence-only-until-marriage.
2. Update the state's health education standards to include specific curriculum standards for human sexuality education, including those that address pregnancy, STD, and HIV prevention, the effectiveness and proper use of all forms of contraception and barrier methods, including condoms, and how individuals can access sexual and reproductive health care services; and require academic instruction to comply with these standards.
3. Increase communication and coordination between the Mississippi Departments of Health, Education, and Human Services in order to update the health education standards as well as to provide curricula, public health resources, and teacher training to school districts who choose to provide sex education.

Mississippi must end ineffective and failed efforts in the state to address the epidemics of STDs, including HIV/AIDS, and unintended teen pregnancies. Public policy in the state must be made to follow the evidence and commit to a bold new plan to implement comprehensive sex education. The taxpayers and young people of Mississippi deserve nothing less.

Appendix 1. List of Mississippi school districts that received and responded to our Public Records Request

Mississippi School Districts that received our Public Records Request	Responded to the Public Records Request	Responded that no instruction is provided in sexuality education	Responded that instruction provided is solely based on the Health Framework
1. Biloxi Public School District			
2. Clarksdale Municipal School District	X		
3. Clinton Public School District	X		
4. Coahoma County School District	X		X ¹
5. DeSoto County School District	X		
6. Drew School District	X		
7. Durant Public School District	X	X	
8. East Tallahatchie Consolidated School District			
9. Forest Municipal School District	X		
10. Forrest County School District			
11. Greenville Public Schools	X	X	
12. Gulfport School District	X		X
13. Harrison County School District	X		X
14. Hattiesburg Public School District	X		
15. Hinds County School District	X		X
16. Hollandale School District			
17. Holmes County School District	X		X ²
18. Humphreys County School District	X		
19. Indianola School District	X		
20. Jackson County School District	X		
21. Jackson Public School District	X		
22. Lauderdale County School District			
23. Lee County School District			
24. Leland School District	X		

¹ School district responded that it relies on the *Comprehensive Health Framework* and provides additional information on puberty.

² Holmes County is currently considering implementing the *F.L.A.S.H.* sex education curriculum.

Appendix 1. continued: List of Mississippi school districts that received and responded to our Public Records Request

Mississippi School Districts that received our Public Records Request	Responded to the Public Records Request	Responded that no instruction is provided in sexuality education	Responded that instruction provided is solely based on the Health Framework
25. Long Beach School District	X		X
26. McComb Separate School District			
27. Meridian Separate School District	X		
28. Moss Point School District	X		
29. Nettleton School District			
30. North Panola School District	X		X
31. North Pike Consolidated School District	X		X
32. North Tippah Consolidated School District	X	X	
33. Noxubee County School District			
34. Ocean Springs School District	X		
35. Oktibbeha County School District	X		
36. Pascagoula Municipal Separate School District	X		X
37. Pass Christian Public School District	X		X
38. Pearl Public School District			
39. Petal School District	X		
40. Quitman County School District			
41. Rankin County School District	X		X
42. Scott County School District	X		
43. Shaw School District			
44. South Panola School District	X		X
45. South Pike School District			
46. South Tippah School District	X		
47. Starkville School District	X		X ¹
48. Sunflower County School District	X	X	
49. Tunica County School District			
50. Tupelo Public School District			
51. West Tallahatchie Consolidated School District	X		
52. Western Line School District	X		

¹ School district responded that it relies on the *Comprehensive Health Framework* and provides additional information on puberty.

¹ Section 510(b) of Title V of the Social Security Act, P.L. 104–193, For the purposes of this section, the term “abstinence education” means an educational or motivational program which:

- A. has as its exclusive purpose teaching the social, psychological, and health gains to be realized by abstaining from sexual activity;
- B. teaches abstinence from sexual activity outside marriage as the expected standard for all school-age children;
- C. teaches that abstinence from sexual activity is the only certain way to avoid out-of wedlock pregnancy, sexually transmitted diseases, and other associated health problems;
- D. teaches that a mutually faithful monogamous relationship in the context of marriage is the expected standard of sexual activity;
- E. teaches that sexual activity outside of the context of marriage is likely to have harmful psychological and physical effects;
- F. teaches that bearing children out-of-wedlock is likely to have harmful consequences for the child, the child's parents, and society;
- G. teaches young people how to reject sexual advances and how alcohol and drug use increase vulnerability to sexual advances; and
- H. teaches the importance of attaining self-sufficiency before engaging in sexual activity.

² Christopher Trenholm, et. al., “Impacts of Four Title V, Section 510 Abstinence Education Programs: Final Report,” (Trenton, NJ: Mathematica Policy Research, Inc., April 2007), accessed 20 June 2008, <www.mathematica-mpr.com/>.

³ Personal conversation between Douglas Kirby and William Smith, 13 April 2007.

⁴ Douglas Kirby, *Emerging Answers 2007: Research Findings on Programs to Reduce Teen Pregnancy and Sexually Transmitted Diseases*, (Washington, DC: The National Campaign to Prevent Teen and Unplanned Pregnancy).

⁵ *Prevention on HIV/AIDS, other STIs and Pregnancy: Comprehensive Risk Reduction Interventions*, (Atlanta: Task Force on Community Preventive Services, Centers for Disease Control and Prevention, 5 November 2009), accessed 3 December 2009, <<http://www.thecommunityguide.org/hiv/RRriskreduction.html>>.

⁶ “We’re Outta Here: 25 States Withdraw from Crumbling Title V Abstinence-Only-Until-Marriage Program,” SIECUS, accessed 4 December 2009,

<http://www.siecus.org/_data/global/images/25%20States%20Out%2010%208.pdf>; for individual state information see SIECUS *State Profiles* at

<<http://www.siecus.org/index.cfm?fuseaction=Page.viewPage&pageId=487&parentID=478>>.

⁷ “Congress Completes Fiscal Year 2010 Appropriations,” SIECUS, December 2009, accessed 4 January 2010, <<http://www.siecus.org/index.cfm?fuseaction=Feature.showFeature&featureid=1839&pageid=483&parentid=478>>.

⁸ Rep. Lois Capps, *Healthy Teen Initiative to Prevent Teen Pregnancy Amendment to H.R. 3200, America’s Affordable Health Choices Act of 2009*, 20 July 2009, accessed 3 December 2009,

<http://energycommerce.house.gov/Press_111/20090720/hr3200_capps_2.pdf>.

⁹ Ibid.

¹⁰ Ibid.

¹¹ Danice K. Eaton, et al., “Youth Risk Behavior Surveillance—United States, 2007,” *Surveillance Summaries*, vol. 57, number SS-4 (Atlanta, GA: Centers for Disease Control and Prevention, 6 June 2008), accessed 8 December 2009, <<http://www.cdc.gov/mmwr/PDF/ss/ss5704.pdf>>, 98.

¹² Ibid., 97-98; Ibid., 99-100.

¹³ Douglas Kirby, *Emerging Answers 2007*, 28.

¹⁴ *Mississippi Vital Statistics 2008*, (Jackson, MS: Mississippi State Department of Health, 2008), accessed 8 December 2009, <<http://www.msdh.state.ms.us/phs/2008/Bulletin/vr2008.pdf>>, 135.

¹⁵ Stephanie J. Ventura et al., *Estimated Pregnancy Rates for the United States, 1990–2005: An Update*, (Hyattsville, MD: Centers for Disease Control and Prevention, 2009), accessed 8 December 2009, <http://www.cdc.gov/nchs/data/nvsr/nvsr58/nvsr58_04.pdf>, 5.

¹⁶ “Mississippi Statistically Automated Health Resource System,” Mississippi State Department of Health, accessed 6 January 2010,

<<http://mstahrs.msdh.ms.gov/table/pregtable1.php?rw=7&cl=0&race=6&marital=2&agep=1&educ=5ð=2&yer>

%5B%5D=2008&geography=2&cnty%5B%5D=90&cnty%5B%5D=91&cnty%5B%5D=92&cnty%5B%5D=93&cnty%5B%5D=94&cnty%5B%5D=95&cnty%5B%5D=96&cnty%5B%5D=97&cnty%5B%5D=98&delta1=0&outcome=0&geom=3>.

¹⁷ *Mississippi Vital Statistics 2008*, 135-36.

¹⁸ Birth rate is the number of live births to mothers in a specific age group per 1,000 females in that age group; Joyce A. Martin et. al, "Births: Final Data for 2006," *National Vital Statistics Reports*, vol. 57, number 7 (Hyattsville, MD: Centers for Disease Control and Prevention, 7 January 2009), accessed 8 December 2009, <http://www.cdc.gov/nchs/data/nvsr/nvsr57/nvsr57_07.pdf>, 7.

¹⁹ *Ibid.*

²⁰ *Ibid.*, 10.

²¹ *Sexually Transmitted Disease Surveillance 2008*, (Atlanta, GA: Centers for Disease Control and Prevention, November 2009), accessed 8 December 2009, <<http://www.cdc.gov/std/stats08/surv2008-Complete.pdf>>, 87; *Ibid.*, 98.

²² "Wonder Database: Selected STDs by Age, Race/Ethnicity, and Gender, 1996-2008 Results," Centers for Disease Control and Prevention, 30 June 2009, accessed 16 December 2009, <<http://wonder.cdc.gov/>>.

²³ Lorrie Gavin, et al., "Sexual and Reproductive Health of Persons Aged 10-24 Years - United States, 2002-2007," *Surveillance Summaries*, vol. 58, number SS-6 (Atlanta, GA: Centers for Disease Control and Prevention, 17 July 2009), accessed 8 December 2009, <<http://www.cdc.gov/mmWR/PDF/ss/ss5806.pdf>>, 47.

²⁴ Danice K. Eaton et al., "Youth Risk Behavior Surveillance—United States, 2007," 104.

²⁵ Miss. Code Ann. § 37-13-21.

²⁶ "Mississippi Public School Accountability Standards 2008" Mississippi Department of Education, accessed 9 January 2010, <http://www.mde.k12.ms.us/accred/2008%20final_Account_Std.pdf>, 24; The Carnegie Foundation for the Advancement of Teaching, "The Carnegie Unit: What is it?" 2009, accessed 9 July 2009 from <<http://www.carnegiefoundation.org/about/sub.asp?key=17&subkey=1874>>; "Mississippi Public School Accountability Standards 2008," 31.

²⁷ *2006 Mississippi Comprehensive Health Framework*, Mississippi Department of Education, accessed 9 July 2009, <http://www.healthyschools.ms.org/health_education/2006ComprehensiveHealthFramework.pdf.pdf>.

²⁸ *Ibid.*

²⁹ "Mississippi School Health Policies," Mississippi Office of Healthy Schools, accessed 27 October 2009, <http://www.healthyschools.ms.org/ohs_main/resources/state_policies.htm>.

³⁰ Miss. Code Ann. § 37-13-171(1).

³¹ *Ibid.*

³² Miss. Code Ann. § 97-29-59.

³³ *Lawrence v. Texas*, 539 U.S. 558 (2003).

³⁴ Miss. Code Ann. § 37-13-173.

³⁵ Miss. Code Ann. § 37-13-171(3).

³⁶ Miss. Code Ann. § 37-13-171(2).

³⁷ Miss. Code Ann. § 37-13-171(1)(d).

³⁸ *2006 Mississippi Comprehensive Health Framework*, 2-3.

³⁹ *Ibid.*, iv.

⁴⁰ *Ibid.*, 44; *Ibid.*; *Ibid.*, 45.

⁴¹ See the SIECUS Fiscal Year 2008 *Mississippi State Profile*, <<http://www.siecus.org/index.cfm?fuseaction=Page.ViewPage&PageID=1125>>.

⁴² *Ibid.*

⁴³ "Fiscal Year 2008 Title V Abstinence Education Program Report", Mississippi Department of Human Services, submitted to the U.S. Department of Health and Human Services, Administration for Children and Families, 29 June 2009, 1.

⁴⁴ *Ibid.*; The CBAE grant awarded to Youth Opportunities Unlimited expired on September 30, 2009 at the end of the 2009 fiscal year.

⁴⁵ See the SIECUS Fiscal Year 2008 *Mississippi State Profile*.

⁴⁶ "Just Wait" Abstinence Education Program, Mississippi Department of Human Services.

⁴⁷ "Fiscal Year 2008 Title V Abstinence Education Program Report," 3.

⁴⁸ "Just Wait" Abstinence Unit, Mississippi Department of Human Services.

⁴⁹ *Ibid.*

⁵⁰ "Fiscal Year 2008 Title V Abstinence Education Program Report," 1, 3.

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- ⁵¹ “In the Heat of the Moment,” Public Service Announcement featuring Patrick, “Just Wait” Abstinence Unit, Mississippi Department of Human Services, accessed 2 November 2009, <<http://www.mdhs.state.ms.us/video2.html>>.
- ⁵² Ibid.
- ⁵³ “In the Heat of the Moment” Public Service Announcement featuring Stephanie, “Just Wait” Abstinence Unit, Mississippi Department of Human Services, accessed 2 November 2009, <<http://www.mdhs.state.ms.us/video.html>>.
- ⁵⁴ Ibid.
- ⁵⁵ Photograph of “A teen parent is usually a single parent. CHOOSE ABSTINENCE” billboard provided by the Mississippi Department of Human Services in response to the Open Records Request.
- ⁵⁶ Photograph of “Feedings: 3:00 a.m. Dirty Diapers: 8 a day. Just Saying NO: Priceless” billboard provided by the Mississippi Department of Human Services in response to the Open Records Request.
- ⁵⁷ Photograph of “If he really loves you, he can wait” billboard provided by the Mississippi Department of Human Services in response to the Open Records Request.
- ⁵⁸ “Abstinence Works! Let’s Talk About It!” Teen Summit, 2008 conference invitation, Mississippi Department of Human Services, “Just Wait” Abstinence Unit.
- ⁵⁹ “Fiscal Year 2008 Title V Abstinence Education Program Report,” 4.
- ⁶⁰ “Abstinence Works! Let’s Talk About It!” Teen Summit, 2008 conference program, “Just Wait” Abstinence Unit, Mississippi Department of Human Services, 15.
- ⁶¹ “Be Easy-Lyrics,” Impact, accessed 12 October 2008, <<http://www.whatisimpact.com/los/pdfFiles/Detox-Lyrics.pdf>>.
- ⁶² “Fact Sheet for Public Health Personnel: Male Latex Condoms and Sexually Transmitted Diseases,” Centers for Disease Control, Department of Health and Human Services, (January 2003), accessed 12 October 2008, <<http://www.cdc.gov/nchstp/od/condoms.pdf>>.
- ⁶³ “Abstinence Works! Let’s Talk About It!” Teen Summit, 2008 conference program, 11.
- ⁶⁴ “About Us: What is the Medical Institute?” Medical Institute for Sexual Health (2007), accessed 4 April 2008, <<http://www.medinstitute.org/content.php?name=aboutmi>>.
- ⁶⁵ “Abstinence Works! Let’s Talk About It!” Teen Summit, 2008 conference program, 11.
- ⁶⁶ “Why Isn’t Anyone Telling Our Kids About the Other Dangers of Casual Sex?” Family Research Council video briefing on *Hooked: New Science on How Casual Sex is Affecting Our Children*, accessed 26 January 2009, <<http://www.frc.org/event/policy-lecture--why-isnt-anyone-telling-our-kids-about-the-other-dangers-of-casual-sex#>>; see also Freda McKissic Bush and Joe S. McIlhaney, “Sexual Interest (‘Addiction’) and Sexual Bonding (‘Glueing’)—The Surprising Revelations of Recent Neuroscience Discoveries” PowerPoint presentation, *The Medical Institute*, <<http://downloads.frc.org/EF/EF09D28.pdf>>.
- ⁶⁷ “Abstinence Works! Let’s Talk About It!” Teen Summit, 2009 conference program, “Just Wait” Abstinence Unit, Mississippi Department of Human Services, 9.
- ⁶⁸ “The Messages,” Frontline Youth Communications (2009), accessed 2 November 2009, <<http://www.frontline4youth.com/doc/about/message>>; see also “What We Offer,” Frontline Youth Communications, accessed 4 December 2009, <<http://www.frontline4youth.com/doc/services>>.
- ⁶⁹ “Abstinence Works! Let’s Talk About It!” Teen Summit, 2009 conference program, 9; 2008 National Abstinence Education Grantees Conference program, U.S. Department of Health and Human Services, Administration for Children and Families, accessed 4 December 2009, <http://abstinence.pal-tech.com/assets/File/2008_Jan_National_Conference/AbstinEducProgram08BL.pdf>.
- ⁷⁰ “Abstinence Works! Let’s Talk About It!” Teen Summit, 2009 conference program, 12-13.
- ⁷¹ “Complaint,” *Robinson v. Thompson*, Civil Action No. 3:09CO537 WHB-LRA, U.S. District Court for the Southern District of Mississippi, filed 9 September 2009, accessed 2 December 2009, <http://www.aclu.org/files/pdfs/reproductiverights/robinsonvthompson_complaint.pdf>; see also Kate Royals, “God and Abstinence,” *The Huffington Post*, 9 June 2009, accessed 2 November 2009, <http://www.huffingtonpost.com/sexual-justice/god-and-abstinence_b_213462.html>, for video excerpts of the 2009 “Abstinence Works! Let’s Talk About It!” Teen Summit, produced by Stuart Productions.
- ⁷² Ibid.
- ⁷³ American Civil Liberties Union, “ACLU Asks Court to End Government Funding of Religion in Mississippi Abstinence-Only Program,” Press Release published 9 September 2009, accessed 2 November 2009, <<http://www.aclu.org/reproductive-freedom/aclu-asks-court-end-government-funding-religion-mississippi-abstinence-only-pro>>.

- ⁷⁴ “Complaint,” *Robinson v. Thompson*, Civil Action No. 3:09CO537 WHB-LRA, U.S. District Court for the Southern District of Mississippi, filed 9 September 2009, accessed 2 December 2009, <http://www.aclu.org/files/pdfs/reproductiverights/robinsonvthompson_complaint.pdf>.
- ⁷⁵ *Ibid.*
- ⁷⁶ “Defendants’ Reply In Support Of Motion To Dismiss,” *Robinson v. Thompson*, Civil Action No. 3:09CO537 WHB-LRA, U.S. District Court for the Southern District of Mississippi, filed 18 November 2009, 7.
- ⁷⁷ “15 Benefits of Abstinence from Premarital Sex,” “Abstinence Works! Let’s Talk About It!” Teen Summit, 2008 conference program, Mississippi Department of Human Services, 24.
- ⁷⁸ *Ibid.*
- ⁷⁹ “Abstinence Works! Let’s Talk About It!” Teen Summit, 2008 conference program, 25.
- ⁸⁰ Mississippi Department of Human Services, “MDHS Urges Abstinence Among Teens,” Press Release published 7 May 2008.
- ⁸¹ “Community Based Abstinence Education Program Performance Progress Report,” Mississippi Department of Human Services, submitted to the U.S. Department of Health and Human Services, Administration for Children and Families, 29 April 2009.
- ⁸² Scott Phelps, *Aspire. Live your life. Be Free.* (Arlington, IL: Abstinence & Marriage Resources, 2006). For more information, see SIECUS’ review of *Aspire at* <http://www.communityactionkit.org/curricula_reviews.html>.
- ⁸³ “MSTAHRS Divorce Table Query,” Mississippi Statistically Automated Health Resource System, Mississippi State Department of Health, accessed 25 January 2010, <<http://www.mstahrs.ms.gov/forms/divtable.html>>.
- ⁸⁴ Letter sent to the Mississippi Department of Human Services by the U.S. Department of Health and Human Services, Administration for Children and Families, 29 January 2009.
- ⁸⁵ “‘Just Wait’ Abstinence Curriculum,” Mississippi Department of Human Services, 6.
- ⁸⁶ *Ibid.*
- ⁸⁷ *Ibid.*, 2-4.
- ⁸⁸ *Ibid.*, 4.
- ⁸⁹ Partnership for a Healthy Scott County, Inc., “Project Abstract” submitted to the Administration for Children and Families, 5.
- ⁹⁰ Bruce Cook, *Choosing the Best WAY*, Video Segment 5, (Marietta, GA: Choosing the Best, Inc. 2006). For more information, see SIECUS’ review of *Choosing the Best WAY at* <<http://www.communityactionkit.org/index.cfm?fuseaction=Page.ViewPage&PageID=1180&stopRedirect=1>>.
- ⁹¹ Bruce Cook, *Choosing the Best WAY*, Leader Guide, (Marietta, GA: Choosing the Best, Inc. 2006), 31. For more information, see SIECUS’ review of *Choosing the Best WAY at* <<http://www.communityactionkit.org/index.cfm?fuseaction=Page.ViewPage&PageID=1180&stopRedirect=1>>.
- ⁹² Will Caves, “JFP: Person of the Day,” *Jackson Free Press*, 25 January 2010, accessed 25 January 2010, <http://www.jacksonfreepress.com/index.php/site/comments/jfp_person_of_the_day_larry_mcdoo_012510/>.
- ⁹³ “Welcome to STARS—Redemption Outreach Ministries International, Inc.” Redemption Outreach Ministries International, Inc. (2008), accessed 2 December 2009, <<http://www.romi-inc.org/>>.
- ⁹⁴ “What We Do,” Redemption Outreach Ministries International, Inc. (2008), accessed 2 December 2009, <<http://www.romi-inc.org/?id=16>>.
- ⁹⁵ “Parent Resources,” Redemption Outreach Ministries International, Inc. (2008), accessed 17 October 2008, <<http://www.romi-inc.org/?id=35>>.
- ⁹⁶ Rose Fuller et al., *FACTS and Reason* (Portland, OR: Northwest Family Services, 2000); Rose Fuller, et al., *I’m in Charge of the FACTS* (Portland, OR: Northwest Family Services, 2000). For more information, see SIECUS’ review of *FACTS at* <<http://www.communityactionkit.org/index.cfm?fuseaction=page.viewpage&pageid=980>>.
- ⁹⁷ Miss. Code Ann. § 37-13-171(2)(3).
- ⁹⁸ “Curriculum and Instruction,” Mississippi Office of Healthy Schools, accessed 9 July 2009, <http://www.healthyschoolsms.org/health_education/curriculum_instruction.htm>.
- ⁹⁹ “Ninth-Twelfth Grade,” *2006 Mississippi Comprehensive Health Framework*, Mississippi Department of Education, accessed 27 October 2009, 44-45 <http://www.healthyschoolsms.org/health_education/2006ComprehensiveHealthFramework.pdf.pdf>.
- ¹⁰⁰ *2006 Mississippi Comprehensive Health Framework*.
- ¹⁰¹ *Family Life and Sexual Health, Grades 11 and 12, Unit Philosophy*, (Seattle, WA: Seattle and King County Department of Public Health, 2006), accessed 18 December 2009, <[http://www.kingcounty.gov/healthservices/health/personal/famplan/educators/~media/health/publichealth/documents/famplan/G1112_philosophy_prep.ashx](http://www.kingcounty.gov/healthservices/health/personal/famplan/educators/~/media/health/publichealth/documents/famplan/G1112_philosophy_prep.ashx)>.

- ¹⁰² “FLASH Curriculum: Grades 9-12: Mississippi Curriculum/Competencies,” provided by the Holmes County School District.
- ¹⁰³ Mississippi Department of Human Services, Request for Proposals, Mississippi Abstinence Education Program (MAEP), released 9 July 2007, 3.
- ¹⁰⁴ *Ibid*, 4.
- ¹⁰⁵ “Abstinence ‘Til Marriage: Project ATM,” Emerson Family Center (2009), accessed 20 October 2009, <http://starkville.ms.schoolwebpages.com/education/components/sectionlist/default.php?sectiondetailid=12333&&P_HPSESSID=07e6ee04ebbd7b108f78b323a2d66a0>.
- ¹⁰⁶ Starkville School District Department of Family-Centered Programs, *Annual Report to Starkville School District Board of Trustees*, 26 February 2008, 19-20, accessed 20 October 2009, <<http://www.boardbook.org/apps/bbv2/temp/C0516102-E162-DDA3-0D754A49A6A4FF87.pdf>>.
- ¹⁰⁷ Kris Frainie, *Why kNOW Abstinence Education Program Teacher’s Manual*, (Chattanooga, TN: Why kNOW Abstinence Education Programs, A Division of AAA Women’s Services, 2002). For more information, see SIECUS’ review of *Why kNOW* at <<http://www.communityactionkit.org/reviews/WhyKnow.html>>.
- ¹⁰⁸ Shaw School District, “2008–2009 Grant Continuation Application” submitted to the U.S. Department of Health and Human Services, Administration for Children and Families, 1–2.
- ¹⁰⁹ Patricia Sulak, *Worth the Wait* (Temple, TX: Scott & White Memorial Hospital, 2003). For more information, see SIECUS’ review of *Worth the Wait* at <http://www.communityactionkit.org/curricula_reviews.html>.
- ¹¹⁰ “Community Matters, Inc.,” Community Matters Inc. (2006), accessed 2 December 2009, <<http://www.communitymattersinc.net/index2.htm>>.
- ¹¹¹ *Ibid*.
- ¹¹² “Rural Abstinence Partnership,” Community Matters, Inc. (2006), accessed 2 December 2009, <<http://www.communitymattersinc.net/rap.htm>>.
- ¹¹³ Communities Matter, Inc., IRS Form 990, 2006, 1.
- ¹¹⁴ Community Matters, Inc., “CBAE Continuation Application 90AE0198” submitted to the U.S. Department of Health and Human Services, Administration for Children and Families, 3.
- ¹¹⁵ “Rural Abstinence Partnership.”
- ¹¹⁶ “The Abstinence Times”, Community Matters, Inc.—Rural Abstinence Project, Fall 2008, accessed 2 December 2009, <<http://www.communitymattersinc.net/newsletters/WEB-fall-newsletter-10-08.pdf>>, 3.
- ¹¹⁷ *Ibid*.
- ¹¹⁸ *Ibid*.
- ¹¹⁹ *Ibid*.
- ¹²⁰ Youth Opportunities International, Inc., Community Based Abstinence Education application, Fiscal Year 2007, 10.
- ¹²¹ *Ibid*.
- ¹²² 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.
- ¹²³ Written account of Abstinence Programs at Robert L. Merritt Middle School, Indianola School District, 6 July 2009.
- ¹²⁴ “Educating Students With Chronic Infectious Diseases Policy,” Indianola School District, September 2006.
- ¹²⁵ “Marriage,” Pregnancy Resources of Mississippi, (2008) accessed 4 November 2009, <<http://www.apromiss.com/marriage.aspx>>.
- ¹²⁶ “Abortion Risks,” Pregnancy Resources of Mississippi, (2008) accessed 4 November 2009, <<http://www.apromiss.com/AbortionRisks.aspx>>.
- ¹²⁷ Susan Cohen, “Abortion and Mental Health: Myths and Realities,” *Guttmacher Policy Review* (Summer 2006 Volume 9, Number 3), accessed 6 January 2010, <<http://www.guttmacher.org/pubs/gpr/09/3/gpr090308.pdf>>.
- ¹²⁸ National Cancer Institute, “Abortion, Miscarriage, and Breast Cancer Risk,” 30 May 2003, accessed 30 January 2007, <<http://www.cancer.gov/cancertopics/factsheet/Risk/abortion-miscarriage>>.
- ¹²⁹ Karin B. Michels et al., “Induced and Spontaneous Abortion and Incidence of Breast Cancer among Young Women,” *Archives of Internal Medicine* 167 (April 2007):814-820, <<http://archinte.ama-assn.org/cgi/reprint/167/8/814>>.
- ¹³⁰ “For Men,” Pregnancy Resources of Mississippi, (2008) accessed 4 November 2009, <<http://www.apromiss.com/Men.aspx>>.

-
- ¹³¹ Brenda Major et al, "Report of the APA Task Force on Mental Health and Abortion," *American Psychological Association*, (13 August 2008) accessed 8 October 2008, <<http://www.apa.org/releases/abortion-report.pdf>>.
- ¹³² "Reasons for Having Sex?" Handout: Chapter 16, p. 166 (obtained from Humphreys County School District).
- ¹³³ Ibid.
- ¹³⁴ Ibid.
- ¹³⁵ "Should I Have Premarital Sexual Experiences?" Transparency Master 11-6, Chapter 11, p. 194, obtained from Humphreys County School District.
- ¹³⁶ "ABSTINENCE" bookmark, Mississippi Department of Human Services "Just Wait" Abstinence Campaign, (800) 590-0818, obtained from Leland School District.
- ¹³⁷ Ibid.
- ¹³⁸ Ibid.
- ¹³⁹ "The Truth about ... Sex & Love", Free Teens USA, Inc./Center for Relationship Intelligence.
- ¹⁴⁰ Ibid.
- ¹⁴¹ "Sexual Pressure: How To Say No," (Santa Cruz, CA: Journeyworks Publishing, 1997, revised 2003).
- ¹⁴² "20 Ways to Respond to Sexual Pressure," (Santa Cruz, CA: Journeyworks Publishing, 2003, revised 2006).
- ¹⁴³ Verna Hildebrand, Ph.D., *Parenting: Rewards and Responsibilities* (New York, NY: Glencoe/McGraw-Hill, 2007), 130.
- ¹⁴⁴ "The Truth about ... Sex & Love."
- ¹⁴⁵ Katie Boleware, Hernando High School Family Dynamics teacher, "'The Wedding Planner' Project" instruction guide, DeSoto County School District; Katie Boleware, Hernando High School Family Dynamics teacher, "Wedding Plan Checklist," DeSoto County School District.
- ¹⁴⁶ "Sexually Transmitted Diseases." PowerPoint presentation, Allied Health Class, Hattiesburg High School, Hattiesburg School District.
- ¹⁴⁷ Mary Bronson Merki, Ph.D. and Don Merki, Ph.D., *Glencoe Health: A Guide to Wellness* (New York, NY: Glencoe/McGraw-Hill, 1994), 563.
- ¹⁴⁸ Marna Owen, *Fearon's Health* (Paramus, NJ: Globe Fearon Educational Publisher, 1994), 121.
- ¹⁴⁹ "HIV and AIDS in the United States: A Picture of Today's Epidemic," Centers for Disease Control and Prevention, (3 August 2008) accessed 4 November 2009, <http://www.cdc.gov/hiv/topics/surveillance/united_states.htm>.
- ¹⁵⁰ "At Risk," Transparency Master: Chapter 16, p. 254, obtained from Humphreys County School District.
- ¹⁵¹ "Sex Still Has A Price Tag," Teacher's Guide, Asset Learning.
- ¹⁵² Rachel Winer, Ph.D., "Condom Use and the Risk of Genital Human Papillomavirus Infection in Young Women," *New England Journal of Medicine* 354.25 (2006): 2645-2654.
- ¹⁵³ "Chlamydia," obtained from Jackson Public School District.
- ¹⁵⁴ "2007 Mississippi STD/HIV Report by Age Group, Sex, and Race," Mississippi Department of Health STD/HIV Bureau, 28 March 2008, accessed 25 January 2010, <http://msdh.ms.gov/msdhsite/_static/resources/3079.pdf>.
- ¹⁵⁵ *Understanding adolescence*, Channing Bete Company, Inc., 1979 (2002 edition).
- ¹⁵⁶ Just the Facts Coalition, *Just the Facts About Sexual Orientation and Youth: A Primer for Principals, Educators, and School Personnel* (Washington, DC: American Psychological Association, 2008).
- ¹⁵⁷ "In Good Company: Who Supports Comprehensive Sexuality Education?" SIECUS, October 2007, <http://www.siecus.org/_data/global/images/In%20Good%20Company-SIECUS-%2010.07.pdf>.